From Brown University's Watson Institute for International and Public Affairs, this is "Trending Globally," a bi-weekly podcast bridging research politics and policy to address today's critical global challenges. I'm your host, Sarah Baldwin. In August of this year, United Nations secretary-general Ban Ki-Moon apologized for the outbreak of cholera in Haiti, believed to have been caused by UN peacekeepers six years earlier in the aftermath of a devastating earthquake. Only two months later, on October 4th, Hurricane Matthew struck the island. About 1,000 human beings were killed by the storm. Many more are sick and dying of cholera, an infection that spreads through water contaminated by human waste.

I'm joined today by Tony Boggs, a scholar whose expertise spans intellectual history, political thought, and art. He is one of the leading intellectual historians of the Caribbean, and an expert on Haitian art and history. He has held several academic appointments from Addis Ababa to Cape Town, and is the inaugural director of the Center for Slavery and Justice at Brown University. Welcome Tony, thanks for coming today.

Thanks very much Sara, for inviting me.

I'm also joined by Dr. Adam Levine, an emergency medicine physician and an expert in the emerging field of disaster medicine. In recent years, Dr. Levine has responded to humanitarian emergencies in Haiti, Libya, South Sudan, and Liberia, and has led research and training initiatives in Zambia, Bangladesh, Rwanda, and Sierra Leone. An ongoing focus of his research is cholera and better ways of responding to cholera epidemics in resource-limited settings. Adam is the inaugural director of the Watson Institute's Humanitarian Innovation Initiative. Welcome, Adam.

Thank you, Sarah. It's wonderful to be here. Let's hear from you first, Adam. You recently returned from Haiti, where you managed a cholera treatment unit in Lisbon Gray in the aftermath of Hurricane Matthew. Help us see the situation there now. Take us to the field. What challenges did you face and what were you able to accomplish?

Well, cholera epidemics and epidemics of many different infectious diseases are common in the aftermath of humanitarian emergencies, including disasters such as Hurricane Matthew. What you have is a situation where an already impoverished population is now displaced by the event, in this case, a hurricane. You have many families who are living often with relatives, because their own homes have been destroyed, in very tight locations. Or as is the case in Haiti, you have a lot of people sheltering mostly in elementary and secondary school classrooms, which were turned in the Southern Peninsula into temporary shelters.

Many of these shelters were overcrowded. There are lack of access to adequate water and sanitation, adequate toilet facilities. And so as a result, you take a disease that was already endemic in the population since 2010,

cholera, and now you give it a very great opportunity to spread quickly from one person to the next. So as is typically the case in these types of settings, we did see an increase in cholera cases in the aftermath of Hurricane Matthew. And one of the things that my organization, that I was responding with International Medical Corps was doing was setting up these cholera treatment units in order to help care for the additional patients who were suffering from cholera.

And do you feel like progress is being made, or are you containing the outbreak? Have you reversed it?

Yes, so, there's definitely been a great deal of progress made. There was a large vaccination campaign that was launched by the World Health Organization, which my organization was part of implementing, and that helps a lot in terms of reducing the ability for cholera to spread from one person to the next by increasing the number of people in the population who have immunity. That, coupled with improvements in sanitation and reductions in overcrowding, have helped get the situation under control. But cholera is certainly not gone from Haiti. It's still there, and it continues to be an ever present problem, especially in the more poor and rural regions of the country.

You're working at the leading edge of disaster medicine, which is as I understand it, taking an academic approach to humanitarian response, medical response. What exactly does that mean? Did your research better prepare you for what you found in Haiti, and in turn will what you found in Haiti inform your research?

Yeah, well, I like to say that in developed countries like the United States and in European countries, we have the benefit of 50 years of evidence based medicine. Essentially 50 years of research into better treatments, better technologies to improve health care. In the humanitarian setting, we have almost a complete lack of research or work to improve the ways that we respond. And this is particularly true for responses in resource limited settings like Haiti. What we're trying to do, and what there's a greater movement right now is to think about how we can develop research protocols for specifically the types of diseases and the types of conditions that affect people in poor countries, and especially in the aftermath of humanitarian emergencies.

So the focus of my research, for instance, has been recently on cholera and specifically on figuring out better ways of managing cholera in the setting of outbreaks, and specifically ways that can be implemented cost-effectively in resource-limited settings that can be utilized by lower skilled practitioners such as nurses and community health workers and that fit with the context in which these disasters occur.

Tony, maybe you can give us some historical context. In the early 19th century, after what was arguably the only successful slave revolt in history, Haiti became the first fully free society in the Atlantic world and the second independent nation in the Americas. But today, it's the poorest country in the Western hemisphere. It has

recurrent political crises, and on top of that it seems almost cursed with natural disasters. So help us understand Haiti's struggle.

Yeah. A couple of things. One is that I would want to suggest that a lot of the disasters, quote unquote disasters that occur in Haiti or that occur and New Orleans becomes more exaggerated. One cannot stop hurricanes, one cannot stop earthquakes. But these disasters become more exaggerated and the consequences are more acute because of social and economic conditions that have been constructed both historically and in the contemporary moment. Whether it's New Orleans, or whether it is Haiti.

And one of the things I think about Haiti is to begin to understand that this is a country that created a breach that opened the door for the abolition of slavery in the new world. Without the Haitian revolution, slavery may not have been abolished as quickly as it was in the 19th century. But that it also had to pay a cost for this, and part of the cost was an embargo for many years in the country. Part of the cost was an American invasion intervention from the 1950s to the 1930s, and that part of the cost was the ways in which after the red revolution, the whole people organized themselves to defend a revolution. I think that one has to think about the militarization of Haitian society, and its politics in the 19th century not as an inevitable consequence of the revolution, but as one consequence of the context of the revolution.

In other words, when you have a revolution that is a successful slave revolution in a context what everybody else is in slavery right around you, then the one political concept thing you have to think about is how do I defend this? And part of the difficulty of defending it is a certain kind of militarization, and certain ways in which questions of democracy become deeply troubling in how people organize themselves to defend themselves against the possibility of invasion. Which is not a dream but was a distinct possibility, when you look at the political forces that were allied in the 19th century.

I think that we also have to be careful, Sarah, in saying that a country is cursed. Because particularly when it comes to Haiti, there is a way in which we in the Americas-- and not just in America, but in the Americas, think of this place of Haiti as a strange place with a superstitious set of peoples that are not just poor, but don't seem to have the basic things of civilization. And that's very much a part of the narrative in this country, from the first making of the first voodoo film in 1931, was "White Zombie," was based on Haiti. One of the major Broadway hits in the 1920s was "Magic Island," which is a story about so-called zombies in Haiti

That was a really poor choice of words.

Kind of a poor choice of words. No, it's that-- that there is a way in which the Haiti is constructed as this strange place, right? Poor, yes, but also strange. And one of the things I think that is important to think about is what are the historical forces that led the country to led to the poverty? What are the historical factors that led to the political

instability that's there? Say you take the earthquake, for example. Devastation in Port-au-Prince. But you ask yourself, why was Port-au-Prince built for a small number of persons? Why would millions of people live in there? What is it that drove people from the rural Haiti up to the actual towns?

And we were fascinated to show that it actually was part of American policy that had to do with questions of agriculture, and the way in which food imports were privileged in the economy, that made those persons who were rural farmers have to leave Haiti to go to Port-au-Prince. And then cause overcrowding which then, when you have a natural disaster like an earthquake, that becomes much more exaggerated and acute. So those are the ways in which I think one has to think through these things. Now, not in kind of one sentence or one word snapshots, but really try to understand the complexities of a complex society.

Yeah. I appreciate that, that's really important context. So I think what you're saying is that if those conditions were very different, an earthquake in Haiti would be received differently.

And it wouldn't have the consequences. And it wouldn't have those consequences and hurricanes which you, again, you can't stop. We haven't developed the science to stop those. Then again, the consequences would not be as devastating.

I just want to echo, actually, a point that Tony was making. In the humanitarian world, we've actually moved away from referring to these events as natural disasters because in fact, almost all of them have human components to them. For instance, Hurricane Matthew that struck Haiti, that exact same hurricane struck Cuba and struck the United States, but caused not nearly as much damage, and this has to do with the human created systems in place in Haiti and the historical forces, as Tony was talking about, that have shaped that country's development as opposed to Cuba or the United States' development. And the earthquake in Haiti in 2010, the exact same magnitude earthquake struck Japan in 2011 and caused nearly as much damage. And so it's really important to remember that disasters may be natural in occurrence, though not always.

We know that hurricanes are more common now because of climate change, which is very much human induced, but even the ones that are natural occurrences still have effects that are very human related and have to do with the systems that are in place.

So give us the language. How do you talk about these events?

Generally the broad category is we talk about disasters and we also talk about their specific nature. So geologic disasters, climatilogic disasters, industrial or technical disasters, the ones caused by things like nuclear power plant meltdowns, et cetera. And then pandemics or epidemics, the ones that are principally due to infectious disease, outbreaks, many of which are also now more common thanks to the effects of climate change, for

instance. Because the vectors for many of these diseases and the areas in which they can live have spread because of the warming climate. So we respond to each disaster based on the local context. There are some general principles, but we have to understand that so much of what is being caused in terms of human suffering is not just about the disaster itself but about the context and the infrastructure in place.

Thank you for that. I think most people in the most superficial way think about humanitarian response as coming from a very positive impulse. It's built into the word humanitarian. But thinking about the UN peacekeepers and how that cast sort of doubt or at least a shadow on humanitarian response, bringing cholera to Haiti which it hadn't seen in 100 years, and now it's ravaging villages, is it possible, permissible to say that sometimes humanitarian aid can do more harm than good, or even that sometimes it's not the best thing?

I think one has to be careful. I think that once disaster happens, and I agree entirely with Adam. Once disaster happens, then there is an impulse to from people to say, OK, what can we do? I think that the humanitarian interventions becomes deeply problematic when they ignore context, when they do not pay attention to the history, when they do not pay attention to the social formations and the social fabric of the society, when they come and think that all we need to do is technical solutions without thinking through what exactly a group of persons who have been affected by disaster, in quotation marks, what do they have to say to us as well?

As we begin to do necessary humanitarian work, I think the key for me is to try to understand context and is to try and find ways in which the community also has input in the ways in which you want to think about the issues of help and of aid. So that therefore, this is not a one way street. This has got to be a two way street if it is actually to have some significant meaning.

And that's a really great point. And I'm wondering when these disasters happen, response, you have to mobilize or you want to mobilize as fast as you can. And do you have time to learn about context or train other people, inform other people about context. Haiti, you're probably familiar with by now. But let's say it's a context you don't, how do you get the knowledge you need to respond in a way that is actually helpful and healthy?

Well, the very best ways to ensure that the response is led by individuals who are actually from that country and living in that country and affected by the disaster. You know the cholera treatment unit I was just working in Les Anglais in Haiti, I was the only expat medical staff in that treatment unit. There were five Haitian doctors and 12 Haitian nurses who are all working together to care for the patients. And that's key, because while they may not have all been experts in cholera, some of them did have a bit of experience. But while they may not have all been experts in cholera, they all were experts in the Haitian people and they understood the cultures and customs of the people in that region who are presenting to the unit, and had a much better idea than I would about how to ensure that they got the best care possible.

And so it's really important, and in a lot of what I think the focus now in terms of humanitarian professionalization and humanitarian training is really about building up the systems in resource limited settings where disasters are so prominent, for individuals in those settings to have the capabilities and the capacities to respond to disasters in their own setting. And this is becoming more true as the future goes on. Humanitarian response is not about sort of individuals from the US or Europe rushing in to save people in Africa and Asia, Latin America. It's really about building disaster systems or disaster response systems in those countries which include human expertise in those countries to respond to emergencies as they occur.

That's so smart, and just to go back to the professionalization of disaster response, humanitarian response, and the systematizing of it and using evidence to inform practice. Are you embedding this sort of get context message in the field, in the discipline?

Yeah, absolutely. I like to say that humanitarian response is one of the most interdisciplinary fields, and here at Watson with our new humanitarian innovation initiative that we've launched, our faculty come from medicine, public health, anthropology, political science, international relations, gender studies. We have to run the entire gamut of all these different disciplines, because all of them are so pertinent and inform humanitarian response in such important ways. We can't work in our sort of academic silos as we would normally. We have to all be able to learn from each other and understand how to look at a emergency response from all these different points of view.

So for you, Adam, disaster medicine means in part saving lives that are endangered, not only by disaster but by Ebola outbreaks. But also civil wars. And I wonder, Tony, I've heard you say when you have argued for an optimism of the intellect and I'm quoting you here. "Somehow when we look at the world that faces us, we like to think that these things are almost beyond us, like things we cannot control. I want to argue that the mess we're in is the mess that we have created, and that if it is a mess that we have created and created historically, then it is a mess that is changeable." Are you optimistic about Haiti?

I'm very optimistic about Haiti. I was in Haiti in May for two weeks working on a project, and I went to a village about an hour and a half outside of Jacmel, the southern part of Haiti, and met with the young people. Particularly a young man, it was 30 odd years ago, who lived in a village where electricity did not exist, where we had to take a couple of different ways to get there because the river banks had broken.

And we walked into his house, which he has taken myself and a group of two other colleagues and he was a painter. And he had in that house, that room which he worked, some of the world's magnificent pieces of art that I have seen for a long time, that he painted. And then we had a discussion in his mother's house which was beside it, around questions of art. Haitian art, French literature, and Spanish literature, in a village oh and a half out of

Jacmel.

And then I thought to myself, as we were coming back into Port-au-Prince, after 1 o'clock at night, that if you have individuals like this, how can you not have hope and optimism about the future of a country? About a future of a group of people? And that therefore, the key is-- keys are perhaps two things. One, how does then one develop a politics that allows persons like him to come to the fore and their talent and their creativity, and secondly, how does one build a set of material economic infrastructures around that kind of creativity?

And it would seem to me that if you look at the history of the Haitian people, if you understand their literature, which we need to understand, understand their particular contributions, quite frankly, to the world, then one would have hope and optimism. But also, one has to have a political will that says, how do you work with and how do you get the politics right? And how do you therefore get the economics right, and the social structures right?

But I have no doubt in my mind that there is that Haiti will take its place, quite frankly, in the Americas, as a extraordinary site of creativity and human endeavor. if you go there, I don't know how often Adam has been, but you cannot help but feel that in the pulse, feel that in the place. In the midst of yes, horrendous poverty and yes, a certain kind of domination, which the elites of Haiti carry out. But you cannot help but feel in most ordinary people this extraordinary fortitude and extraordinary love of life that I think will carry them forward.

I hope you're right. We do hear that over and over about Haiti, and the Haitian people, and some very special, specific spirit. Well, thank you both for coming in today and talking to us and helping us better understand how we talk about things when we're talking about Haiti. It's been a real pleasure to talk to you today.

Thank you, Sarah.

Thank you.