A Public Health Framework for Generational Healing, Reparations, and Restitution in Haiti

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Abstract

Objective: Amid severe political crises, Haiti faces significant health disparities compared to its former colonial power, France, including lower life expectancy (64.8 vs. 82.3 years) and higher infant and maternal mortality rates. These challenges are compounded by mental health issues, food insecurity (50% acute vs. 37% moderate), and high homicide rates (13.35 vs. 1.35 per 100,000 inhabitants). With rising demands for France to return Haiti's independence ransoms, limited data exists on how slavery reparations and restitutions could impact Haiti's public health and community well-being or how healing programs might be effectively implemented.

Method: We conducted four focus group discussions between Spring and Fall 2023 with 28 Haitian women from Haiti and the U.S., exploring primary stressors and national healing strategies. This was followed by a comparative analysis of health data from Haiti and France, examining life expectancy, morbidity, and healthcare infrastructure. A return-on-investment model projected health improvements based on a $30 billion investment in healthcare, public health, and social services.

Results: Participants highlighted the urgent need for policies addressing Haiti's security crisis and improving access to resources. They stressed the importance of mental health education and stigma reduction. With a $30 billion restitution, Haiti could see life expectancy rise by 10–12 years, with infant and maternal mortality reduced by over 60%. Expanded mental health services could lower suicide rates to 4–5 per 100,000, while food insecurity could decrease by 20–25%, and homicide rates and violence against women could drop by 40–50% through targeted social welfare programs.

Conclusion: Haitian insights underscore the need to restore security, address social determinants of health, and implement community-based mental health programs. A biopsychosocial-ecological approach could guide reparations efforts, with a $30 billion investment promising substantial improvements in healthcare, mental health services, and security, leading to increased life expectancy, reduced mortality rates, and decreased violence.

Keywords: Haitian crisis, France, global health, reparation and multigenerational healing.

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Introduction

Haiti, over 220 years after its independence, continues to struggle with extreme poverty and impoverishment, a situation deeply rooted in historical injustices, anti-Black racism and, a colonial legacy, neocolonialism.[1-3] This includes the colonization by European powers, the genocide of the indigenous Taïno Arawak people, the slave trade, the enslavement of African ancestors, and the crippling economic impact of the reparation's indemnity paid to France following the Haitian Revolution. According to eminent French economist, Thomas Piketty, this "double ransom of independence" of 90 million Francs represented three years of Haitian production of 1825 and 300% of current Hait's GDP or over $US 30 billion[7], deprived Haiti of much of its export revenues, favoring France and draining Haiti's treasury[6] which severely limited investments in essential sectors like healthcare.[4-7]

Compelling Statistics Underpinning the Calls for Reparations and Restitutions for Haiti in 2024

Over 15 million men, women, and children were victims of the tragic transatlantic slave trade, which lasted approximately 400 years (United Nations, International Decade for People of African Descent; 2015-2024) and is considered one of the greatest genocides in history.[8] Prior to the 1791 revolution, three-quarters of a million captive Africans were dragged to colonial Haiti through the slave trade.[9] Combined with two centuries of enslavement and the ransoms of independence, the repercussions of the slave trade are profound and long-lasting on the mental and physical well-being of Haitians as well as on their political and economic stability, educational system, science,

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environment, spirituality, and more.[10] In 2024, Haiti and France present vastly different socio-economic and political realities. As indicated in Table 3, Haiti faces significant challenges in political stability and public health while France, despite its own challenges, has more developed and stable.[11-17] However, in 2024 amid the ongoing political crises and the growing demand for France to return the independence ransom to Haiti, there is limited data on how slavery reparations and restitutions could impact Haiti's public health and community well-being or how healing programs could be effectively implemented.

A Public Health Approach to Haiti Reparations

In May 2024, as part of the Haiti national reparations committee, we established a task force focused on "Historical/Multigenerational Traumas and Health Reparations." The goal is to advance reflections and data from a biopsychosocial-ecological (BPSE) perspective on the public health impacts of historical and generational traumas, including the invasion of Ayti, the *lands of high mountains* (Saint-Domingue) by Christopher Columbus in 1492, the enslavement of Indigenous and African ancestors, European colonization, and the ransoms Haiti were forced to pay to plantation owners in France, Germany and the United States (U.S).[18-20] Building on the National Academies of Sciences, Engineering, and Medicine, 2022 & Stineman and Streim, we also aim to explore the modalities of reparations through a health-focused lens (table 2, figure 1-2).[18,21]

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Figure 1: *LYRIC », a model to decipher and break free from the legacy of slavery in Haitian trauma.*



Our Haitian Well-Being Study, a pilot study project aiming mainly to identify psychosocial, neurological, genetic, sleep, physical health, socio-economic (SES), spiritual, and health behavior-related factors associated with mental well-being among a sample of Haitians in the U.S and Haiti, proposes a comprehensive scientific platform to nourish the public health approach of Haiti reparations movement. For example, through the Haitian Well-Being Study analysis conducted with Haitian men and women across Haiti and the U.S in 2023, we demonstrated the profound impact of Haiti's deteriorating situation on individual and communal well-being.[10] Participants' narratives underscore the severe health burden stemming from chronic exposure to socio-political instability, with reports of significant psychological distress and physical health complications

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such as hypertension, heart conditions, anxiety, substance abuse, suicidal ideations, sleep problems, depression, and post-traumatic stress disorders (PTSD). In this paper, we present the findings of a qualitative assessment that explores insights, guided by Haitian women, men, and caregivers, on how healing can be integrated into both personal lives and the broader Haitian community. Additionally, using a return-on-investment model, we propose preliminary projections for health improvements in Haiti through restitution-based investments totaling $30 billion (Table 3).

Methods

We conducted four focus groups via Zoom with 28 participants from various demographics of the Haitian population. Participants were located in western (Port-au-Prince, Cite Soleil), southern (Cayes), northern (Cap-Haïtien), and Artibonite regions (Saint-Marc), of Haiti and the United States. This study was approved by the Institutional Review Board of the University of Miami Miller School of Medicine (IRB#:20211103). Participants were recruited using established relationships of the research team through multiple ways. The team disseminated flyers to community-based organizations, health forums, social media, and texting groups. This ensured a broad and inclusive representation of voices. We enrolled participants between April and November of 2023. Semi-structured interview guides were used for the focus groups. (See Table 2). The research staff was trilingual in Haitian Creole, French and English. The inclusion criteria specified individuals who were (a) aged 18 years or older, (b) either citizens of Haiti or identified as of Haitian descent and (c) proficient in English or Haitian Creole. Exclusion criteria excluded individuals (a) with cognitive impairments that might hinder survey completion or understanding of the study's risks and benefits, (b) who did not identify as Haitian or of Haitian descent, and (c) who were not proficient in English or Haitian Creole.

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After the screening, participants provided online consent. Then the participants engaged in focus groups which lasted 60-90 minutes. These focus groups were audio recorded. An independent company, Datagain, transcribed the focus groups. The focus group transcriptions were reviewed by the study principal investigator. The transcripts were de-identified and reviewed for accuracy. The transcripts were then translated from Haitian Creole to English by bilingual study staff. The independent company analyzed the focus group data using thematic analysis.

Results

Each focus group consisted of 5 to 10 individuals. The cohort comprised 28 individuals overall, with 20 women and 8 men (Mean age = 29.5, SD = 9.8). Two sessions included women from Cite Soleil only, one session included Haiti-based men, another session included women from various departments of Haiti, and the last one was composed of U.S.-based Haitian Americans and immigrants.

Table 1: Focus Group Guide

Domain	**Questions**
Suggestions for Healing and Moving Forward	What would you want to see in a treatment intervention?
	What would be helpful to you for your healing/well-being?
	What would be helpful to the Haitian communities for their healing/well-being?

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	What suggestions do you have for moving forward?
	How do you think healing can be incorporated into your lives and in the Haitian community?

Our discussions about how to heal or improve mental health support covered a wide range of responses, including a need to deal with social determinants of health stressors (housing, financial strain, unemployment, and education); to deal with security issues (organized crimes, or create a just society); to institute healthy workplace policies (strategies to reduce the stress workplaces cause for individuals and their families); to offer mental health education (training for citizens to improve mental health literacy and reduce stigma, address misconceptions on mental health and build trust from mental health practitioners, training community leaders and reinforce community support around these issues); to institute professional training and ethics (a need to train professionals and follow clear guidelines properly, so people can trust them); to build sustainable, long-term services (comments that reiterate the importance of establishing of long-term sustainable for all age groups).[10] These are reflected in Table 2.

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Table 2: Participants' Suggestions for Multigenerational Healing and Public Health Recommendations

Factors	Direct Quotes	English Translation
Social Determinants of Health Stressors	*" M ta renmen pou n ka jwenn swen. Epi, pou pwoblèm ensekirite a rezoud, pou lavi chè a desann. Paran yo ka voye timoun yo lekòl, paske pa gen travay. Lavi a di. Gen anpil fwa yo pa ka voye pitit yo lekòl. Gen anpil paran ki oblije chita lakay yo, epi yo pa ka soti, m ta renmen bagay sa yo rezoud pou ta ka genyen yon [inaudible]. Paske nan moman la ann ayiti, fanmi yo [inaudible], preske [inaudible] lopital yo fèmen, tout doktè yo fin pati. Se komsi, nou menm, nou jis lage poukont nou, [inaudible] l ap pati. Nou jis lage poukont nou, e nou ta renmen sa rezoud. Paske nou menm, peyi a se yon bon peyi e nou pa renmen rèt lakay nou, pou n travay, pou tout bagay vin se menm nan malman.*	

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	Mwen menm panse sa ta sipoze rezoud pou ke nou ka geri.	
Security Issues	*“ Pou kominote a geri nèt, pou l kapab geri, vrèmanvrè pou n jwenn gerizon nou, se ensekirite a, ki pa la ankò. Menmsi se pa a 100%. Menm a 70 a 80%. Si nou ta gen yon sekirite ki bokou stab pou nou. Sa te ka ede nou.* *Paske, lè nou gade nan tout kwen yo, vrèmanvrè, lè nou sibi depresyon nou genyen yo, se pwoblèm sekirite ki fè sa.” (Female, Cité Soleil).*	“For the community to heal completely, to truly find our healing, it’s the security that is no longer here. Even if it’s not 100%, even at 70 to 80%. If we had a very stable security for us, that could help us.” (Female, Cite Soleil)
Mental Health Services and Education	*“Se gerizon au cas par cas, jesyon emosyon jan kamarad lan dil la, mwen dakò, jesyon strès epi pafwa terapi au niveau konpòtemantal.” (Male, Port-au-Prince)*	“It’s case-by-case healing, emotion management as the friend said, I agree, stress management, and sometimes behavioral therapy.” *(Male, 38)*

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	"Si n ap pale de gerizon, tretman, dabò fòk moun nan admèt ke li malad, donk se vre nou menm nou plis kwè maladi a li fizik donk nou pa vreman fokis sou sikoloji an." (Female, Les Cayes/Cap-Haitien)	"If we are talking about healing, treatment, first the person must admit that he is sick, so it is true that we believe the disease is physical, so we do not really focus on the psychological." *(Female, 42)*
Culturally Tailored Interventions	"Sante mantal ki teni kont de aspè kiltirèl la."	"Mental health that takes into account the cultural aspect."
Multigenerational Long-term Services	*Yon pwogram ki vreman pa yon pwogram efemè, yon pwogram dirab sou kelke ane k ap panche sou pote èd non selman a jèn fi paske m wè etid lan plis baze kesyon jèn fanm, jenòm, nou selman pote sipò an sante mantal pou jèn yo men sitou pou timoun yo. Sa vrèman ka sa msansib pou li anpil. E sa fè nan tout, he, nan tout sijesyon ke mwen ka pote, eske gen posibilite nan menm pwogram sa, nan swivi k ap gen pou fet, eske kapab gen yon pati ki pran ka*	"My expectation, especially after a peer study, is a program that is really not an ephemeral program, but a sustainable program over several years that will focus on bringing help not only to young women because I see the study is more based on the question of young women, young men, we only bring mental health support to

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	sante mantal pou timoun yo? Pa selman jèn, se vre nou menm jèn nou gen bezwen l anpil men timoun yo ap viv sitiyasyon non selman ensekirite e pwoblèm katastròf natirèl, pwoblèm ensètitid pou demen, timoun yo ap viv li pi mal ke moun ki adilt. Non selman pou pote yon chanjman, yon amelyorasyon pou pote yon gerizon an pwofondè. Se pa yon pwogram k ap la inikman swa sou baz yon jou oubyen 2 jounen e de sansibilizasyon aktivite avèk jèn epi sa fini la. Eske ap gen posibilite pou pwogram nan kreye yon, yon, yon posibilite pou kapab pote yon solisyon an pwofondè pou sante mantal, timoun, jèn, granmou an Ayiti. (Female, Les Cayes)	young people but especially to children." "It is not a unique program either on the basis of one day or 2 days and two awareness activities with youth and that ends there."

[Insert Table 3 here]

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Table 3: Overview of Health Disparities between Haiti and France in 2024 and Projected Health Improvements in Haiti Through Reparations-Based Investments

Health Sector	Haiti (11.6 million inhabitants)	France (68,4 million)	Estimated Impact of Restitution ($30 Billion)
Infectious diseases outbreaks (introduced by the slave trade)	Anthrax, Cholera, Diphtheria, Dysentery, Influenza, Hepatitis B, Leprosy, Malaria, Measles, Parvovirus B19, Smallpox, Tetanus, Tuberculosis, Typhus, Yaws, Yellow Fever	Not applicable	Major reductions in infectious diseases like cholera and malaria with substantial investments in public health infrastructure.
Water and Sanitation	26% lacks access to an improved water source, with this figure rising to 41% among rural residents. 70% do not have access to an improved sanitation system, representing the lowest levels of access in the Western Hemisphere.	Universal access (99% of the population)	Advancements in water and sanitation infrastructure could raise access to improved water sources and sanitation systems to over 90%, leading to significant reductions in waterborne diseases and improved public health outcomes across urban and rural regions.
Life expectancy at birth (2023)	64.8 years	82.3 years	Could increase to 78–80 years over 10–15 years with $30 billion, assuming a 1.5% increase per $1 billion invested.
Life expectancy at birth (men)	61.7 years	79.4 years	Expected to increase to 74–75.5 years with targeted investments in male healthcare over a decade.
Life expectancy at birth (women)	67.3 years	85.1 years	Expected to rise to 80–82 years with focused investments in maternal and women's healthcare services.
Infant mortality per 1,000 live births	47	3.1	Could decrease to approximately 10 per 1,000 live births with $8 billion invested in maternal and infant care.
Maternal mortality per 100,000 live births	480 (highest in the Caribbean)	8	Could reduce to 120 per 100,000 live births with $8 billion invested in maternal health programs.
Suicide rate (2018–2024) per 100,000 inhabitants	5.7 to 11.17	13.8	With better mental health services, the suicide rate could stabilize around 4–5 per 100,000 inhabitants.

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Food insecurity	50% (5.4 million)	37%	Could decrease to 20–25% with investments in agriculture and food security programs, assuming a 25–30% reduction.
Prevalence of infectious diseases	Cholera, malaria, HIV/AIDS (highest in the Caribbean)	Seasonal flu, COVID-19	Major reductions expected in cholera and malaria. HIV prevalence could be reduced by 40–60% with public health investments.
Rate of Hypertension	27%	25%	Could decrease to 20–22% with improved healthcare access and early intervention programs.
Rate of Diabetes	8%	5%	Could reduce to 5–6% with investment in public health education and better healthcare access.
Rate of Hypercholesterolemia	18%	15%	Could reduce to 12–13% with enhanced healthcare services and public health campaigns.
Prostate cancer prevalence and mortality per 100,000 men	767 to 403 (one of the highest prostate cancer rates globally)	99 to 8	Mortality could decrease by 30–40% with $3–5 billion invested in cancer screening and treatment programs.
Cancer in women (Median age of diagnosis and mortality rate)	49 for Breast Cancer (BC), highest recorded death rate from cervical cancer globally.	63 for BC	A reduction in mortality of 20–30% is expected with $3–5 billion investment in cancer prevention and screening.
Gender-based violence (GBV)	Extremely high. 1.2 million women and girls in Haiti need GBV protection.	Moderate (rate unknown)	Could reduce by 40–50% through legal reforms, social services, and healthcare support with $2 billion allocated.
Femicide rate per 100,000 women	3.5	0.5	Could decrease by 50–60% with $2 billion invested in women's protection and judicial reforms.
Availability of hospital beds per 1000 inhabitants	4.8	6	Could rise by 20–30% with investments in healthcare infrastructure and resources.
Universal health coverage	Non-existent	Yes, universal social security	Could establish universal healthcare covering 70–80% of the population within 10–15 years if $12 billion is invested.

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Number of doctors and healthcare providers per 1,000 inhabitants	0.25	3.4	Could increase to 0.35–0.45 doctors per 1,000 inhabitants with $3 billion invested in medical education and healthcare infrastructure.
Leading causes of mortality	Infectious diseases, cardiovascular diseases, obstetric complications. The median age for both ischemic and hemorrhagic stroke is 10 years lower compared to other low- and middle-income countries (LMICs).	Cardiovascular diseases, cancers, respiratory diseases	Infectious disease mortality could reduce by 50–60%, and non-communicable diseases could emerge as leading causes of death with long-term healthcare investments.
Rate of Homicide & armed violence per 100,000 inhabitants	About 13.35	About 1.35	Could reduce by 40–50% over a decade with $3 billion invested in education, job creation, and social welfare programs.

Discussion

The primary objective of this study was to gather on-the-ground insights into the urgent need for a multigenerational healing movement within Haitian communities, particularly amid the severe political crises affecting Haiti and the increasing calls for reparations and restitution for slavery. This analysis was further enriched by comparing current health disparities between Haiti and its former colonial power, France, with a focus on life expectancy, morbidity, and healthcare infrastructure. Additionally, a return-on-investment model was applied to project potential health improvements based on a proposed $30 billion investment in healthcare, public health, and social services. Our focus groups insights align with an April 2024 survey conducted by the Haitian women-led coalition "Rasanble Pou Ayiti," which gathered responses from over 1,000 participants across Haiti's ten departments, revealing that psychological support is among the population's top priorities, alongside security, education, and economic stability[22].

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Mental Health Support and Interventions

Focus group participants acknowledged the need for diverse modes of mental health support and programming, including both individualized and collective strategies. Individualized mental health support requires opportunities for personalized, "case-by-case" therapeutic relationships between the provider and the patient. In addition to traditional diagnostic and therapeutic mental health services, participants specifically recognized the importance of strategies that include emotional management, stress management, and behavioral therapy. Research supporting emotion management programs has shown promising results in patients with schizophrenia spectrum disorders, including improved emotion recognition and expression, enhanced connectivity in the amygdala and prefrontal cortex, and overall better quality of life.[22-25]

Stress management and coping interventions are gaining attention in immigrant communities, although Haitian communities have not been studied as extensively as other immigrant populations.[26-30] Similarly, behavioral therapies have shown promise in treating PTSD, depression, and related mental health disorders in underserved immigrant populations, though the literature focusing on Haitians is limited.[31-36] Our findings suggest that members of our cohort are aware of the need for individualized mental health services and specific strategies within Haitian communities, which could benefit many community members as they have benefited other international and immigrant communities.[10]

"Nou konnen nou ka konte sou lòt" (We are aware that we can count on one another)

In addition to individualized services, participants highlighted the need for collective and community healing and the creation of a supportive environment. Beyond individual needs for personalized approaches, there is a recognized collective need for mental health support that

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addresses Haitian communities' unique challenges and needs. This finding may reflect a core Haitian cultural value of solidarity, often described as *tèt ansanm*, literally translated as "heads together." *Tèt ansanm* has been recognized as a vital, collective source of resilience in the face of struggles common to Haitian communities globally.[37,38] The latter value was well illustrated by a Haiti-based male participant: *Nou konnen nou ka konte sou lòt e se de faktè de pwoteksyon e kwayans nou tou, e pafwa li ka menm yon espwa.*

Culturally adapted mental health care

Culturally adapted mental health care approaches were also identified as important for effective mental health support. Indeed, group therapy and related collective approaches may be more conducive to cultural adaptation in Haitian populations, given the socio-economic and cultural constraints. The limitations of individualized mental health paradigms and the potential value of group or collective mental health approaches have been described in civilian populations affected by war and conflict.[39-41] Moreover, the sustainability of all forms of mental health services, including long-term support for vulnerable populations such as youth and the elderly, was also highlighted as an important need in our focus groups. Collectively, these findings underscore the emergency to prioritize health equity, sustainability, personalized and collective care, and culturally adapted interventions for mental health support and trauma-focused therapy among our Haitian participants.

Education and Culturally Sensitive Training

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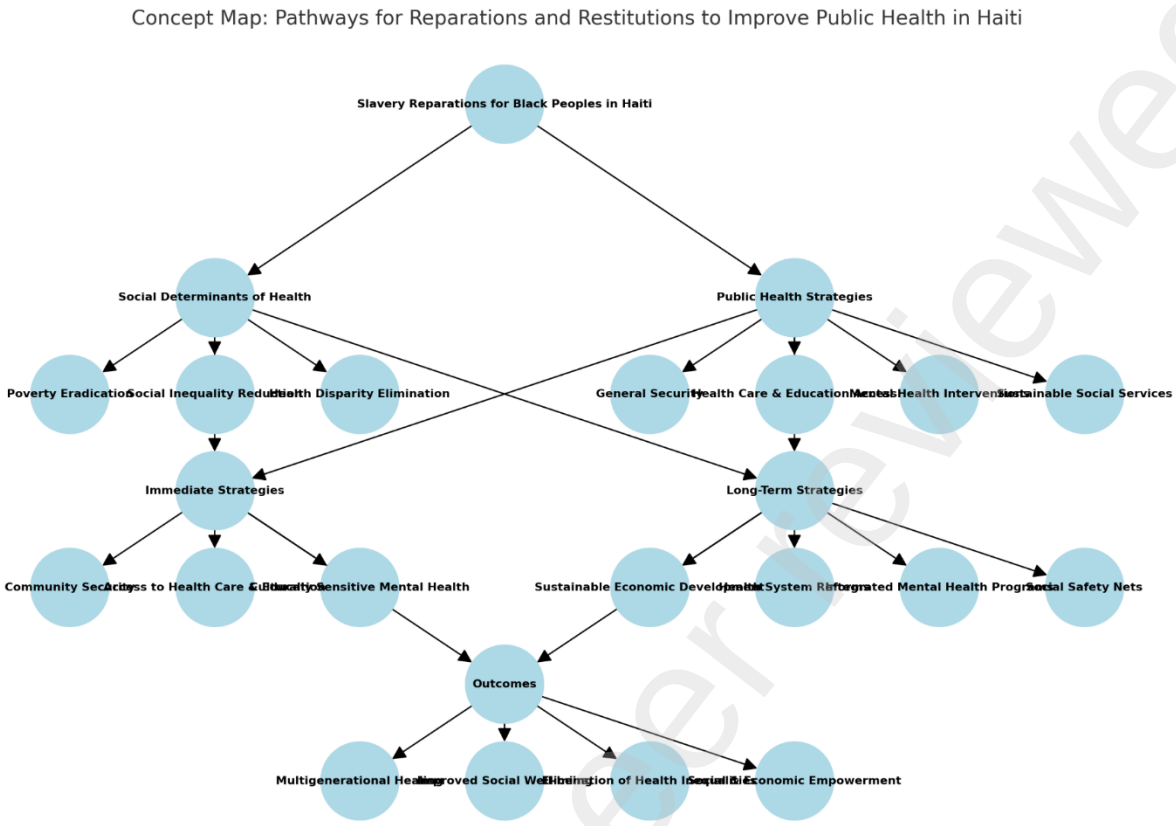
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The need for education and culturally responsive training about mental health and illness was specifically cited as key components of effective mental health care interventions. Focus group participants recognized that some degree of insight and awareness into one's mental health is required to begin the journey to seek mental health support. Conversely, the stigmatization of mental illness may result from a lack of education about mental health and disease, and educational interventions may provide a means of decreasing stigma-related barriers to seeking mental health care.[42,43] More broadly, access to education and level of education have been found to correlate with mental health care-seeking behavior and access to mental health services, especially in low- and middle-income countries like Haiti and comparable socially disadvantaged populations.[44,45] Incorporating the suggestions from the focus groups into a comprehensive healing program would yield several benefits, such as reducing the stigma surrounding mental health in Haiti, increasing awareness and understanding, and equipping community members with the skills necessary to address their unique needs. Strengthening community support to foster collective healing would contribute to improved mental health outcomes for the Haitian population. An important question to consider is how this large-scale mental health initiative could align with and contribute to the public health approach to the movement for Haiti's reparations and restitution.

*[Insert Figure 2 here] *

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Conclusion: A Biopsychosocial-ecological Paradigm for Haitian Healing and Reparations

" And power, money, and access to resources — good housing, better education, fair wages, safe workplaces, clean air, drinkable water, and healthier food — translate into good health.".

Bassets and Galeo, 2020[46]

The BPSE model, guided by Health Environmental Integration (HEI), promotes a comprehensive understanding of how illness, injury, limitations in activity, and restrictions in participation arise from the interaction between individuals and their environment. HEI acknowledges that complex, multilevel functional systems operate from the cellular level to an individual's experience within their environment.[18] The HEI framework offers a holistic approach to understanding the

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generational traumas associated with slave trade, chattel enslavement, colonialism and human exploitation In Haiti's case, centuries of physical and psychological aggression and injuries stemming from race-based slavery and colonial oppression continue to affect the population today.[10] HEI identifies the social and physical environments as crucial in both causing and exacerbating diseases and disabilities. The impoverishment, social inequalities, and lack of healthcare access in Haiti, rooted in colonial exploitation, perpetuate health disparities (see table 2-3). A global reparations and restitutions movement should therefore go beyond a moral and symbolic recognition and the financial compensation to address these environmental factors that continue to harm the Haitian population.

The BPSE model also suggests that the very environments responsible for harm can become sources of healing. In the case of Haiti, reparations and restitutions from former colonizers such as France, Germany and the United States, should encompass the development of healthcare systems, access to cleaner air, drinking water, better schools, the restoration of cultural and social networks, and psychological interventions to address unhealed historical traumas. Furthermore, the model's emphasis on integrating the body, mind, and societal connections promotes a broader understanding of healing—one that involves the restoration of dignity, social cohesion, safer neighborhood and cultural identity. Future research could examine how the biopsycho-ecological model fosters interdisciplinary approaches, guiding the reparations movement in uniting efforts across various fields to achieve comprehensive healing for Haiti, and how this framework addresses both immediate health needs and the long-term restoration of societal well-being.

As the call for slavery reparations to Black populations in the African diaspora, including Haiti, is gaining momentum, findings from our focus groups highlighted a wide range of areas that could be tackled within the context of a transnational reparations movement in Haitian communities to

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promote multigenerational healing and social well-being.[47] In table 3, we illustrated this by leveraging a projected impact approach to estimate proportional health improvements based on financial investments in specific Haitian health sectors over time. In table 3, we compare health disparities between Haiti and France in 2024, projecting improvements in Haiti with a $30 billion independence ransoms restitution investment. Haitian life expectancy could rise from 64.8 to 78–80 years, with major reductions in infant and maternal mortality. Significant decreases in infectious diseases like cholera and HIV, along with improvements in chronic conditions such as hypertension and diabetes, are expected. Suicide rates, gender-based violence, and homicide could drop significantly with targeted investments. Healthcare infrastructure would expand, potentially establishing universal coverage for 70–80% of the population within 10–15 years (See table 1 and figure 3).

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