The tug of war: delivering safe gynecologic oncology treatment amid insecurity in Haiti

Christophe Millien, Mirebalais, Haiti; Rebecca Henderson , Gainesville, USA; Jean Joel Saint Hubert, Mirebalais, Haiti; Nathalie D McKenzie , Orlando, USA and Thomas Randall , Boston, USA

Sometimes we are in clinic when we hear the news: a colleague kidnapped on the road to work, a formerly safe neighborhood invaded by violence, our patients fleeing their homes, another area where it is unsafe to travel, where patients are cut off from hospital care.

Mirebalais University Hospital (MUH) is a 350-bed hospital in the rural central plateau region of Haiti, built at the request of the Haitian government by Partners in Health (PIH) under the leadership of Dr Paul E Farmer after the 2010 earthquake. Since 2013 it has been delivering high-quality free care. The Department of Obstetrics and Gynecology performs approximately 500–600 deliveries and 500 gynecological consultations monthly. In 2017 we established an ACGME accredited residency in obstetrics and gynecology, and in 2022 we started a fellowship in gynecologic oncology supported by the International Gynecologic Cancer Society.

Since the withdrawal of UN troops in 2017, however, our country has been plagued by political and social insecurity, and since the assassination of the Haitian president in 2021, gang violence has spread throughout the capital city and beyond. Patients and physicians alike are terrorized. This crisis of insecurity hampers our care for patients in many ways.

First, it impairs travel for treatment. Patients present late to care and providers hesitate to ask women to travel for treatment or testing on roads controlled by gangs. Second, families are less able to pay for care outside of MUH. People often cannot safely work and many families have paid ransoms to the gangs. CT scans and other tests have become too expensive. Radiotherapy is only available in the Dominican Republic. Our patients can rarely afford this, and the border is often closed. Third, the control of our roads by gangs has created shortages of essential medications, which often expire before being delivered from customs or are stolen during transport. Fourth, the situation has strained an already overtaxed healthcare workforce. There is an exodus of healthcare professionals, which is exacerbated by the US humanitarian visa program. Those who remain in Haiti are under intense pressure, facing daily the possibility of kidnapping or acts of violence against us or our families. Many physicians have already been kidnapped, some ransomed back to desperate families, and some murdered. Some have sent families abroad for safety, now working alone for our patients. The stress is enormous.

Finally, our ability to build capacity has been limited. International colleagues can no longer visit and the embassies in Haiti issue few visas to allow Haitian clinicians to learn abroad. Even amid the turmoil, though, we have worked with international colleagues remotely to create a clinical program for gynecologic oncology, and Haiti's first gynecologic oncology fellowship. We are the only program available in our nation of more than 12 million. Although sometimes it seems Haiti is forgotten amid multiple crises, the chaos and collapse, we persist in making progress on behalf of some of the most vulnerable women in the world.

Correspondence to Dr Rebecca Henderson, University of Florida College of Medicine, Gainesville, FL 32610, USA; rrhenderson@ufl.edu

Twitter Nathalie D McKenzie @NathalieMckenz3 and Thomas Randall @trandallmd

Contributors All the authors contributed to this document, reviewed the final draft, and endorse the content. The article was primarily written by CM, RH and TR, and was reviewed/edited by the entire team.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Millien C, Henderson R, Saint Hubert JJ, *et al*. *Int J Gynecol Cancer* 2024;**34**:339.

Accepted 9 October 2023
Published Online First 30 October 2023

Int J Gynecol Cancer 2024;**34**:339.
doi:10.1136/ijgc-2023-005007

ORCID iDs
Rebecca Henderson http://orcid.org/0000-0003-2142-3566
Nathalie D McKenzie http://orcid.org/0000-0002-9550-3457
Thomas Randall http://orcid.org/0000-0002-3230-0310