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From childbirth to gang rape, women's bodies are being weaponised in Haiti

As gang violence intensifies in Haiti, the health and bodies of women and girls are being targeted

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Annie* (name changed for anonymity) is recovering well after her surgery, performed at one of the few functioning hospitals in her commune in Haiti's South Department. She had suffered debilitating internal injuries after being violently raped. She is a toddler.

Stories of horror like Annie's are not outliers among the 12 million people embroiled in the country's spiralling catastrophe. Armed gangs have exploited Haiti's escalating political unrest and conflict to expand their control, and as the crisis spirals, deliveries of medical supplies and fuel are blocked in Port-au-Prince and cannot be delivered to hospitals, while staff are increasingly unable to make it to the facilities they work at.

Rape is a common tactic used by gangs to spread fear. Members storm homes, raping women and girls in front of their brothers and fathers—who have the choice of joining the gang or being killed to avoid retaliation. Houses are often burned down so neighbours learn who controls the neighbourhood. And the horrors ripple outward, as sexual violence is normalised within the community, including against children like Annie. This culture of terror and silence is reigning in Haiti.

Reports of rape have risen more than sixfold since the escalation of the crisis in March¹—and these are only the reported cases, likely a tiny fraction of the true number. Survivors are rarely able to receive the care² they need, which raises not only the risks of sexually transmitted infections and untreated psychological trauma, but can also lead to higher rates of unintended pregnancies. We have noticed an increasingly high rate of pregnancy,³ particularly in certain displacement sites.

Women's bodies are being weaponised and the health systems meant to help survivors are being targeted. Just four remaining hospitals in Port-au-Prince offer emergency maternity services, including caesarean sections, for some 3 million people. Hôpital Universitaire de la Paix is the only facility offering all services, and it is swamped. One major facility, Hôpital de l'Université d'Etat d'Haïti, has become a grim monument to violence⁴: ransacked and overrun, it is being used as a base by gang members. Gynaecology and midwifery training has been suspended and the neonatal care unit is no longer functioning, leading to many more illnesses and deaths among newborns.

Limited or absent healthcare vastly increases the risk of maternal deaths, and Haiti already has one of the highest rates in the Americas.⁵ For the 3000 women due to give birth every month in the capital, the risks

are often too great to visit a clinic for childbirth, let alone a prenatal check-up. Even before the latest crisis, two thirds of births in Haiti happened away from a health facility and the system was already unable to cope with demand.⁶ This leaves more women with no choice but to give birth at home, often in unsanitary conditions and without medical help.

Since 2008 the Haitian Society of Obstetrics and Gynaecology and the United Nations Population Fund (UNFPA) have run a screening and treatment programme for obstetric fistula, a debilitating injury whereby a woman or girl experiences a tear to the vaginal wall, anus, or both—usually as a result of obstructed or prolonged and unassisted childbirth. But in the past two years, most of the women identified with this problem cannot travel to receive the free surgery they need. They endure incontinence and isolation, living with shame and rejection.

Even when patients manage to reach a hospital, there is no guarantee of enough staff to support them. As health workers are considered wealthy and their skills useful for treating injured gang members, they have become high value hostages and are often targeted and kidnapped.⁷ Since early March, at least 40% of doctors have fled the country, and countless more killed.

Health workers that remain show heroic dedication, risking their lives to keep the country alive. We saw this commitment in the gentleness of the health workers who repaired Annie's internal organs, and in those treating Joane* (name changed for anonymity), a woman in her 20s who is hearing impaired. This year Joane was gang raped, which left her pregnant and infected with HIV. She was able to receive psychosocial support, HIV treatment, and prenatal care from health workers coordinating services between the hospital, the Haitian Organization to Assist and Support the Deaf, and UNFPA. But receiving care is the exception, not the norm.

Near total control is wielded over the lives and bodies of women and girls in Haiti, from birth to motherhood and beyond. Overall, the future of medicine is in danger and consequently so is the health of the population, most of whom cannot afford private healthcare.

Haiti needs investment to rebuild its health system and security structure and to unite its communities. Survivors of all types of violence must have access to skilled health workers to heal both physically and psychologically from the traumas they have endured. But this support is falling drastically short. Gender based violence is known to spike in crises, yet efforts

to tackle it remain among the most underfunded⁸ and least prioritised humanitarian sectors, meaning that help is limited.

This is unacceptable, in any country or context. The world must take note: Haiti needs long term protection solutions to safeguard the rights and lives of all its civilians, and to put an end to this war on women and girls.

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