

LETTER TO THE EDITOR

Global health is local health: why we should care about Haiti

Maxwell Meadow, MD^{1*}, Hailey B. King, BS² and Yvens G. Laborde, MD¹

¹Ochsner Clinic Foundation, New Orleans, LA, USA; ²Department of Medical Education, Tulane University School of Medicine, New Orleans, LA, USA

Abstract

Following the aftermath of Hurricane Melissa in 2025, the people of Haiti suffered immensely. Although the direct impact of the storm was devastating, it was truly the backdrop of an ongoing humanitarian crisis that primed Haiti for this disaster. Given that many worldwide are unaware of the scale of this humanitarian crisis, this article explores the details of a recent mission trip to provide medical aid to children and adults suffering from storm-related injuries. In doing so, an ideological framework is proposed to guide readers toward the quintessential question: ‘Why should those that are unaffected care?’

Dr Yvens Laborde, the Chief Community Medical Officer at Ochsner Health, has travelled back and forth to south-western Haiti for the past decade – providing humanitarian aid through FONDYLSAHH, a clinic he built. Despite having lived through five of the world’s most devastating natural disasters, his emotions upon returning to Haiti following Hurricane Melissa in November 2025 were no comparison. Despite being hit peripherally by the hurricane, Haiti showed comparable levels of destruction to the storm’s direct impact in Jamaica. This is largely due to decades of fragile infrastructure, limited healthcare capacity, and socioeconomic instability that primed Haiti for disaster, rather than the storm’s impact itself [1–3]. Yet, on a global scale, the attention given to the situation in Haiti is often sparse. Many people worldwide are unaware of the details of this ongoing humanitarian crisis.

On his trip to Haiti, Dr Laborde flew into Cap-Hatien with his team. It is the only location of an international airport commercially servicing the United States since the capital city was overrun with gang violence. Following the assassination of President Jovenel Moïse in 2021, the country has been without a President for the past 4 years, and the government has lost control of major urban regions. Traversing the island from North to South, passing through the Petit-Goâve and Grand’Anse regions, the team witnessed the impact of these factors: a significant damage to infrastructure, a massive displacement of people, and loss of life were prominent.

Most notable was the absence of healthcare. With many Haitian hospitals looted or targeted with arson, 70% of healthcare facilities have been forced to close in Haiti’s most populous city. Prior to the hurricane, the remaining 30% of facilities saw a doubling of admissions, particularly in patients affected by gunshot wounds, sexual

violence, or severe malnourishment [4]. Months before the hurricane, the distinguished charity Doctors Without Borders, known for its brazen mission trips to dangerous regions, had to abandon several of its posts in Haiti due to deteriorating security. Targeted attacks on their vehicles and staff, as well as gang violence nearby, prompted this difficult decision [5].

Thankfully, the FONDYLSAHH team arrived safely in Ti Gwav to treat patients at a schoolhouse that had been adapted into a temporary community health facility. With an increasingly strained health system, the team at FONDYLSAHH is an important source of medical care amid the recent disaster. In response to grim circumstances, the team led a local intervention focused on providing water supplies, sanitation and hygiene equipment, food assistance, and sheltering services, in addition to their efforts to provide emergency healthcare. Although the team is proudly composed of local doctors, a partnership with international doctors is essential. With international shipping and ground transportation nearly non-existent, international members became the primary conduit for supplies, packing what they could into commercially checked luggage. The team stuffed their duffel bags with as many emergency kits and tools as the airline would allow.

When treating patients, the most prominent of concerns were significant issues due to flooding and damaged water systems. Clean water was scarce and disease was rampant. Multiple patients were found to be suffering from cholera, a disease carried and transmitted through contact with unsanitary water. Cholera is a treatable illness with rapid rehydration and antibiotics, but in areas where water is already unclean and there is a limited availability of antibiotics, the disease can be deadly [6, 7].

There were also zoonotic infections, as flooding had caused livestock to die and contaminate water sources. Anthrax, which is typically transmitted via infected cattle, was found in a young child at the health facility. Leptospirosis, another zoonotic disease that is rare in high-income countries, was seen in staggering rates at the health facility. *Vibrio vulnificus*, a bacterium found in marine environments, also contributed to multiple life-threatening infections.

However, what was most notable from the trip was the proximity and quantity of these rare illnesses. Whereas many North American doctors may care for only one person with *Vibrio Cholera*, *Bacillus anthrax*, *Vibrio vulnificus*, or *Leptospirosis* in their careers, the team saw multiple cases of these rare diseases during this single trip to Haiti. This is especially dangerous for the potential to develop a multi-pathogen biohazard zone, with patients housed in the same health facility exposed to a variety of serious illnesses. Cholera can be especially worrisome in this context as patients can expel litres of infectious faecal matter, and the resulting malnourishment can lead to an immunocompromised state. This can expose patients to further secondary infections [8]. Efforts were made to minimise this risk, but with limited resources and space, this proved challenging.

The hurricane also evoked psychological manifestations of illness, including anxiety, depression, and symptoms of post traumatic stress disorder. This included a patient who had lost five family members due to the storm. While the team attempted to console the patient and offer services, the tragedy of such devastating and abrupt loss could not be reversed. Gender-based violence was unfortunately prominent as well, as the team had heard stories of assault at other encampments; they needed to remain vigilant to protect their vulnerable patients.

There was damage to the hygiene infrastructure, leading to the transmission of infectious diseases amongst patients. In the neighbouring region of Léogâne, there was no access to local facilities – even the hospitals were severely flooded. Although the storm was incredibly damaging in and of itself, it was the weakened infrastructure from years of political unrest that allowed for such devastating results. Dams that were long-due for repairs broke, causing immense damage to local roads and buildings. Many patients suffered from physical injuries due to these hazardous conditions as well. These injuries and illnesses could have been mitigated, and possibly even avoided, had adequate evacuation protocols been in place.

Yet the question remains, why are these efforts important? Specifically, why should those who are unaffected by the hurricane care?

For times like these, Dr Laborde has a mantra that he lives by, ‘Global Health is Local Health’. This saying comes

with a pragmatic rationale: there is a logical argument for the importance of global health efforts. When people are ignored, they will suffer, and that global neglect can become a local strain. Infectious diseases do not respect geopolitical borders, and limited attention to foreign disasters can lead to insufficient preparedness for future emergencies. However, this is not the true crux of the mantra; rather, the phrase ‘Global Health is Local Health’ is symbolic.

A change-of-heart and attitude is what’s necessary. The sentiment that all life is sacred and that those struggling in Haiti should not be neglected or exploited needs to be more globally appreciated. His mantra reflects an ideology that global health and local health should be treated as one and the same. Global efforts should be rooted in unity rather than saviourism, with partnership as its backbone rather than paternalism, and through the sustained empowerment of local providers rather than episodic interventions. For too long, people in Haiti have been ignored or simply used for financial gain. Ultimately, ‘Global Health is Local Health’ is a phrase that reminds us that those suffering in Haiti have equal value to those suffering elsewhere in the world, and that Haitians should be valued and respected as such.

Authors’ contributions

Maxwell Meadow, MD

Contributed to drafting of the manuscript; assisted with revisions for clarity; reviewed conceptual framework and ensured consistency with global health principles.

Hailey King, BS

Contributed to drafting of the manuscript; assisted with revisions for clarity; reviewed conceptual framework and ensured consistency with global health principles.

Yvens G. Laborde, MD

Provided senior clinical oversight and strategic direction; contributed to manuscript framing and revisions; ensured alignment with global health priorities; supervised project execution; approved the final manuscript.

Acknowledgements

The authors would like to acknowledge the patients, community members, and local partners whose resilience and collaboration informed the perspectives shared in this manuscript. We are especially grateful to the clinicians, volunteers, and community leaders whose ongoing commitment to equitable care continues to shape this work.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. Dr. Maxwell Meadow is supported by the OXIHER Research Fellowship, funded by Ochsner Health. The funder had no role in the preparation, review, or approval of this commentary.

Competing interests statement

Dr. Yvens Laborde serves in a leadership role with FONDYLSAHH. No financial compensation or funding related to this manuscript was received from this organisation. The other authors report no disclosures or conflicts of interest.

References

1. Pan American Health Organization. Haiti Humanitarian Crisis - Grade 3 - PAHO/WHO | Pan American Health Organization [Internet]. www.paho.org. 2024 [cited 2026 Feb 3]. Available from: <https://www.paho.org/en/haiti-humanitarian-crisis-grade-3>
2. PAHO sends critical medicines and health emergency supplies to Haiti amid ongoing humanitarian crisis [Internet]. Paho.org. 2025 [cited 2026 Feb 3]. Available from: <https://www.paho.org/en/news/21-2-2025-paho-sends-critical-medicines-and-health-emergency-supplies-haiti-amid-ongoing>
3. Hurricane Melissa: WFP calls for greater investment in preparedness, building resilience [Internet]. UN News. 2025 [cited 2026 Feb 3]. Available from: <https://news.un.org/en/story/2025/12/1166568>
4. Haiti: making impossible choices in a health-care system on the verge of collapse [Internet]. International Committee of the Red Cross. 2025 [cited 2026 Feb 3]. Available from: <https://www.icrc.org/en/article/haiti-making-impossible-choices-health-care-system-verge-collapse>
5. “Extremely painful decision”: MSF withdraws from two facilities in Port-au-Prince [Internet]. Doctors Without Borders - USA. 2025 [cited 2026 Feb 3]. Available from: <https://www.doctors-withoutborders.org/latest/extremely-painful-decision-msf-withdraws-two-facilities-port-au-prince>
6. Hulland E, Subaiya S, Pierre K, Barthelemy N, Pierre JS, Dismar A, et al. Increase in reported cholera cases in Haiti following Hurricane Matthew: an interrupted time series model. *Am J Trop Med Hyg* 2019; 100(2): 368–73. doi: 10.4269/ajtmh.17-0964
7. Blaise J. Cholera fears rise in Haiti after Hurricane Melissa flooding [Internet]. The Haitian Times. 2025 [cited 2026 Feb 3]. Available from: <https://haitiantimes.com/2025/11/06/cholera-outbreak-haiti-hurricane-melissa/>
8. Kuntawala DH, Bosomprah S, Phiri B, Ng’ombe H, Liswaniso F, Muchimba M, et al. Prevalence and patterns of enteric co-infections among individuals presenting with cholera-like diarrheal disease during seasonal cholera outbreaks. *Pathogens* 2025; 14(12): 1224. doi: 10.3390/pathogens14121224

*Maxwell Meadow, MD

Ochsner-Xavier Institute for Health Equity and Research
 Ochsner Clinic Foundation
 1514 Jefferson Highway
 New Orleans, LA 70121, USA
 Phone: +1 (646) 709-4616
 Email: maxwell.meadow@ochsner.org