

“When the fight is close,” he said, “you’re expecting [trauma] patients.” Sitting behind the desk in his prefabricated office, Kowalski described the violence like a farmer might explain crop cycles. The gangs fight hard for three or four days. Then they retrieve their dead and organize burial ceremonies. About a month later, once munitions have been restocked, the intense firefights start again. The World Health Organization reported that only 37 of the capital’s 100 inpatient health facilities remain functional two years after the gangs consolidated power.

The gang battle that sparked on May 10 was particularly intense, however. And so, by 9:00 a.m. that morning, Kowalski made a fateful decision: activate MSF’s Plan Blanc, a contingency operation that involves emptying out the hospital in anticipation of an imminent mass casualty event. The Plan Blanc ensures beds are available for a wave of trauma patients. The risk, Kowalski said, is that you clear the facility, bring additional staff in through armed conflict, and nothing happens. Depending on the outcome, he joked, you look clairvoyant or like an idiot. But Kowalski is a 15-year MSF veteran with five postings in Haiti alone. He trusted his instincts and began making calls: more doctors and nurses, more crowd control, more watchmen. Every person coming into the hospital, and every evacuee, would need security coordination to navigate the gun battle outside. It was a dangerous proposition: in March 2025, while staff evacuated MSF’s Turgeau Emergency Center in Port-au-Prince, four of MSF’s vehicles were intentionally fired upon despite prior coordination with Haitian authorities. Tessier told me that police often suspect ambulances of doubling as escape vehicles for gang members evading arrest. And medical staff would need to plan for more than just gunshot wounds: dangerous conditions meant people would drive more recklessly, causing road traffic accidents; civilians hazardingly evacuating on motorcycles might be hurled off after hitting a pothole too fast. By 10:00 a.m., the first wave of gunshot victims flooded in; within hours, the number rose to 10. By that evening, there were more than 40 gunshot wounds, all for a hospital with only five emergency room beds. Often, doctors didn’t know who they were treating; two rival gang members and a police officer could have been in the same room. Somehow, the team managed to stabilize patients and transfer those in critical condition to larger hospitals for more complex surgeries. But then, in the waning hours of daylight, a wave of more than 800 terrified civilians from Cité Soleil appeared at the hospital compound’s perimeter entrance. Most were physically unharmed — they were simply desperate for shelter after hunkering down for the hours-long gun battle. At the first sign of a lull, they ran for their lives to find protection overnight from the gangs. One by one, each was checked for weapons before coming inside. By morning, Kowalski said, all were gone. Considering the violence of the prior 24 hours, there was no prospect of continuing services. MSF suspended operations the following day. MSF’s outpatient department sees an average of 150 patients per day. Its third suspension of services in three years, however brief, only increased the demands on the few remaining facilities in Port-au-Prince — most of which are on the “verge of collapse,” according to the International Committee of the Red Cross. The head of the Red Cross’s mission in Haiti, Amélie Chbat, put a finer point on it last fall: “the entire health-care chain is disintegrating” with open centers being flooded with gunshot wounds, victims of sexual violence, and severely malnourished displaced people with no access to essential services. With two Cité Soleil hospitals suspended in an already crumbling health-care chain, patients must travel farther and across more gang territory to reach medical care, and they must wait longer to receive it as the network’s catchment zones swell. The risk is so great, many will forgo care altogether. Through the window of the Land Cruiser, I watched a theater of urban warfare



A person walks amid debris on September 25, 2025, in the Delmas 30 neighborhood of Port-au-Prince, Haiti, which was attacked by gangs in late 2024 and early 2025. ● CLARENS SIFFROY/APP

pass by. Husks of burned cars, felled metal billboard poles, and mountains of debris had been hewn into crude barricades. Electric wires had been cut. Burned-out buildings and houses were everywhere. An old Ministry of Health hospital in the neighborhood had been abandoned after gangs intentionally ran cars through it and pillaged its supplies.

Lethal drones and a gang suppression force

Haitian security forces pushed gangs out of several Port-au-Prince neighborhoods between late 2025 and February 2026. But many gangs regrouped in the Plaine du Cul-de-Sac, the corridor carrying commercial traffic to the capital’s container port and oil terminal, then turned on the gangs already there. The offensive against the gangs changed the control of the city geographically, but it only increased the violence on the streets. The United Nations recorded 2,444 homicides in Haiti between December 2025 and February 2026, a 23 percent increase over the previous three months. The waves of fighting that followed, from March through July, are the ones that burned Wadline’s block and emptied Kowalski’s hospital. Cleared from one pocket of the city, the gangs hollowed out what livable space was left in another. It is indisputable that a new international strategy toward Haiti is needed, but the Trump administration is effectively reimagining the approach to the country’s security through a set of tangled objectives: cutting aid to Haiti, deporting Haitians back to it, and pushing forward on a military intervention to stabilize it. These moves raise new fears that a period of fighting could pick up just as Haitians deported from the United States arrive in the country. To support its plans for military intervention, the United States advanced a UN Security Council resolution in September 2025 that created a 5,500-member Gang Suppression Force (GSF) for Haiti, replacing a failed Kenya-led mission — the latest chapter in a cycle of foreign intervention and disengagement that has shaped Haiti’s instability for over a century. The GSF is not a traditional peacekeeping operation; rather, it is a counter-gang operation overseen by a Standing Group of Partners, chaired by the United States, and composed of voluntary troop commitments and funding contributions from member states. Colonel Justin Gorkowski, who co-leads the US Department of Defense’s Haiti GSF Tiger Team, has described the new approach as a counterinsurgency operation: clear, hold, build. Ten countries will contribute troops to the GSF, including three key battalions dedicated to gang-controlled departments: Chad in West (metropolitan Port-au-Prince), Sri Lanka in Artibonite, and Ivory Coast in the Center. The issue, of course, is the sheer scale required to bring this strategy to life. In testimony before the House Foreign Affairs Committee, Gorkowski explained the simple math needed to stabilize the country. US planners estimate needing 30,000 security personnel to secure a population of 11.9 million, using a standard formula for peacetime security of 2.8 law enforce-

ment personnel for every 1,000 civilians. The situation in Haiti today is far from a peacetime scenario, however, and could be compared more closely to a counterinsurgency operation. During the Iraq War, the United States used a counterinsurgency formula of 20 law enforcement personnel for every 1,000 civilians. But Haiti is a long way from 30,000 security personnel. For 2026, the United States forecasts a combined force of 10,000 Haitian National Police and Armed Forces of Haiti. The number is projected to increase to 19,000 in 2028. By the following year, Col. Gorkowski told Congress that Haiti will have “some numbers” close to a peacetime ratio of security forces that will be needed. This still leaves a gaping chasm between the ambitions of the US strategy and the ability to execute it by securing territory where civilians can safely live. And security force numbers are only half the problem. During the winter offensive, Haitian security forces dismantled a criminal network that included five of their own — national police officers who had been supplying a gang with escorts, weapons, and ammunition as it ran kidnappings. Meanwhile, the Trump administration has indicated that it intends to work more closely with Vectus Global, the US private military company led by former Blackwater CEO Erik Prince, to address the country’s security challenges. Haiti originally turned to the group in March 2025, with Prince characterizing his work there as “the definition of mercenary, no question”. During an August 2025 Wall Street Journal interview, Prince said he had a one-year security contract with the Haitian government, which includes Salvadoran mercenaries, to help the Haitian National Police deploy off-the-shelf drones loaded with explosives. Prince has set a straightforward benchmark for the group’s success: “when you can drive from Port-au-Prince to Cap-Haïtien in a thin-skinned vehicle and not be stopped by gangs.” That possibility seemed distant during my visit. National Route 1, the critical artery running north-south out of the city, remained under gang control. It is unclear how this offensive is improving security in Port-au-Prince and Haiti

“One more hospital offline, one more community stranded without help, one more wave of patients headed across conflict lines to the few health centers left standing. A few days after I left, the Supreme Court ruled that Haitians formerly protected by TPS could now face deportation. When President Donald Trump’s deputy chief of staff, Stephen Miller, was asked whether the country they’d be returning to was safe, he didn’t hesitate to respond. “For Haitians?” Miller said. “Absolutely.”



An individual enters Hôpital Universitaire de la Paix in June 2026. A prominent sign outside reads: “Do not enter the hospital with a weapon.” ● SAM VIGERSKY/CFR

overall, or achieving US strategic goals. Between March 2025 and January 2026, drones piloted by Haitian security forces and private contractors have killed at least 1,243 people — including 43 civilians and 17 children — according to a Human Rights Watch report. The gang leader Barbecue’s Port-au-Prince stronghold was bombed by drones in January to no effect. He remains at large, and no major gang leader has been captured or killed. The Haitian security official, James Boyard, and his daughter are still held by the gangs, despite the payment of several ransoms. His wife’s status has not been reported at the time of writing. In the meantime, the gangs are taking new ground through mass violence. On August 23, 150 heavily armed gang members stormed Kenscoff, a rural community in the mountains above Port-au-Prince and Pétion-Ville that serves as a key transit route in and out of the country’s capital. Under the cover of night, gangs massacred 47 people, dozens of them who had taken refuge in a Protestant Church, with another 52 people kidnapped.

A puzzle of no-fail decisions

In a world with no shortage of humanitarian emergencies and record-breaking conflict, I asked MSF’s Tessier why Haiti’s crisis is so difficult. Armed conflict, government collapse, natural disasters, mass displacement, and famine are the metrics by which MSF calibrates its response posture all over the world, he said. But not only are these all present in Haiti, they are all present in Port-au-Prince, a city covering just about 14 square miles. And, in the past year, the conflict has expanded to include rural regions of the country that were once considered safe. “Gangs make alliances, then break them,” Tessier said. MSF and others are constantly recalibrating, triangulating information by the minute, attempting to keep pace in Haiti’s landscape of rival gangs, the GSF, the Haitian National Police, and Vectus mercenaries. The stakes are life-and-death, for patients and the aid workers themselves. Sitting with aid workers in Port-au-Prince who had previously deployed to war zones in the Democratic Republic of Congo, Gaza, and Sudan, I asked how those environments compared to Haiti. They told me that their experience 700 miles off the coast of Florida was as harrowing and complicated as any they had faced. It was also as rewarding as any. The intellectual challenge of deconflicting and navigating across the battlefield — a puzzle of no-fail decisions — can still, most days, be solved, they said. MSF’s skills are what allow its people to maneuver in a war zone with only white cloth vests and unarmored vehicles. It was one of the few glimmers of hope remaining in a country so decimated by violence and hunger, disease and displacement: workers extraordinarily courageous and agile, trusted and empowered to protect their patients and each other. And yet, for all their heroics, the health system keeps deteriorating, displacement keeps climbing, gangs keep terrorizing the capital and pushing into the countryside, and donor money keeps drying up. Disease surveillance will soon go with it, according to the Pan American Health Organization. As my WFP helicopter carried me out of Port-au-Prince, Tessier and MSF issued a press release: Maternité Isaïe Jeanty, an MSF-supported maternity hospital in the Chancery section of Cité Soleil, was forced to suspend operations following five days of fighting. The hospital was only down the road from the Delmas mobile clinic we had visited the day before. One more hospital offline, one more community stranded without help, one more wave of patients headed across conflict lines to the few health centers left standing. A few days after I left, the Supreme Court ruled that Haitians formerly protected by TPS could now face deportation. When President Donald Trump’s deputy chief of staff, Stephen Miller, was asked whether the country they’d be returning to was safe, he didn’t hesitate to respond. “For Haitians?” Miller said. “Absolutely.”

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