

Review

The plight of Haitian refugees in the Dominican Republic: Physical/psychosocial consequences

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Haitians are the largest minority living in Dominican Republic. These destitute people escaped the deprivations and disasters of their home country only to face other more tyrannical situations at asylums in the Dominican Republic. This manuscript focuses on the health consequences facing Haitians living on the north coast of the Dominican Republic. Their plight is a humanitarian crisis that requires the joint efforts of the international community and the local governments.

Key words: Haitians, Dominican Republic, asylum, health, humanitarian crisis.

INTRODUCTION

Hispaniola or the "little Spain" is the first name for the major island in the Caribbean after the arrival of Christopher Columbus in 1492. The native people had named this island, "Taino Amerindians" (McIntosh, 2000). Currently, the island contains two independent states, the Dominican Republic and Haiti; this division of the island is a consequence of a long history of European struggle for control of the new world of America since the 17th century (Lancer, 2002).

The population of Haiti is almost 10 million; this is a similar figure to the Dominican Republic (World Bank, 2011a). Economically, Haiti is the poorest nation in the Western Hemisphere, with 80% of the general populace living under the poverty line and 54% living in severe poverty. Haiti had a very low gross domestic product (GDP) of US \$ 6.494 billion in 2010, with deteriorating GDP growth rate by -8.5% while the Dominican Republic has an increasing GDP of US \$ 50.874 billions and a GDP growth rate of 5.5% during 2010. Other comparative indices between these two states also demonstrate their economical differences. For example, the total labor force of Haiti consists of only 7.2 % of the population while that of the Dominican Republic is 14.2%. The life expectancy at birth is 73 years for Dominicans and 61 years for Haitians. The literacy rate among Dominican adults

(above 15 years old) is 88% in comparison to only 49 % in Haiti (World Bank, 2011b). During 2010, the under-five mortality rate was 27 per 1,000 newborns in Dominican Republic and it was 165 per 1,000 in Haiti (WHO, 2011).

Political unrest and natural disasters add more stress to the population, especially among Haitians. In recent history, Haiti has experienced the effects of hurricanes, floods and earthquakes. The 2010 high magnitude earthquake in Haiti killed and injured many thousands of people and ruined the already fragile infrastructures of the state (Margesson and Taft-Morales, 2010; Kolbe et al., 2010).

For decades, more than one million Haitians have crossed the border into Dominican Republic to work on sugar plantations and in agricultural and other physically difficult and cheap labor jobs. Over time, Haitians who had been born in Dominican Republic formed a major minority in the Dominican Republic (Ferguson, 2003). One of the primary challenges faced by Haitian workers in the Dominican Republic is their immigration status, as the majority are residing there illegally and have no formal means of identification. For many children whose parents are Haitians and who were born in Dominican Republic, they do not even have any names. They are exposed to multiple forms of abuse and they do not possess any human rights. With limited assistance from local and international organizations, the situation of Haitians living in Dominican Republic is unlikely to improve significantly (Human Right Features, 2003).

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Worldwide, it has been documented that disasters, conflicts, instability of life, geographical displacement, immigration and becoming refugees have tremendous impacts on the physical and psychosocial status of the people. People in general who are trapped by these circumstances are traumatised; women and children, in particular, are more vulnerable victims (Keyes, 2000; Murthy, 2008; Noji, 1997; Wess et al., 2003). The disaster situation needs an integrated holistic approach of multi-level and multi-agency efforts (IASC, 2007).

This study aims to evaluate the physical and psychosocial status of Haitian people who are living in the area of Puerto Plata on the north coast of the Dominican Republic. This study is based on the available published literature and the direct field experience and resulting observations of the authors who visited the area during April 2011.

THE HUMANITARIAN CRISIS

Physical-psychosocial impacts

The former sugarcane workers from Haiti form the poorest community living in remote isolated areas in the Dominican Republic. These families are living without safe water or toilets in abandoned small houses, unfinished concrete barracks and/or tin and cardboard hovels surrounded by garbage with wandering stray dogs and other animals. These innocent people are under continuous exposure to all forms of environmental hazards. They have almost no right to receive health care and do not receive adequate nutrition. They cannot access social services and are socially discriminated against by the dominant Dominican society, including denial of their rights to practice their own culture and traditions, such as voodoo practices and Creole language (UNHCR, 2000).

Children are living in such tragic conditions where they have little or no access to schools and health care. Often, families are separated by forced deportations, resulting in the children being left behind, unaccompanied, in the Dominican Republic. The poverty obliges these children to work instead of attending school, leading to high levels of illiteracy in this community (Women's Commission for Refugee Women and Children, 2003).

Although many of the Haitians were born in the Dominican Republic, the state refuses to issue them birth certificates, so they exist as stateless people, facing the threat of forceful deportation to even more desperate situations in their home country. Due to their unstable political situation and low economic status, Haitians in the Dominican Republic are unable to participate in local politics (UNHCR, 2011a).

The impact of all this on both the physical and mental health of these families and their children is great. Diarrheas, infectious diseases and malnutrition are so

prevalent among Haitian children that they are the leading causes of the high rate of infant mortality. In spite of scarcity of available documented figures, WHO (2011) and USAID (2008) reported that only 58% of the population can access purified water. Haiti has the highest measles, mumps, and rubella infection rates in the region with an approximate mortality of 630 deaths per 100,000. Other leading causes of death among Haitians are HIV/AIDS and other infectious diseases including tuberculosis. In 2009, there were 49,535 reported cases of malaria (WHO, 2011). There are higher incidence rates of malignancies and women's health problems such as hypertension, eclampsia and other pregnancy and labor complications. In addition, there are high rate of child sexual and physical abuse (Pan American Health Organization, 2003). Mental health disorders are also of concern as many Haitians attribute mental health problems to supernatural and spiritual forces and they are less likely to use general psychiatric services where these exist (WHO, 2010). Even in Haiti itself, half of the population has no access to basic healthcare services (Eichler et al., 2009). The recent natural disasters detrimentally affected the Haitians' physical and psycho-social status and the consequences may continue for years (Shafer et al., 2010; Budosan and Bruno, 2011). The additional issues of physical and psychosocial disorders are even more complicated for the Haitians who are living in the Dominican Republic.

The authors' view came from direct observations and preliminary clinical health assessments and psychosocial support have been offered of the Haitians who are living in the area of Puerto Plata on the north coast of the Dominican Republic. Healthcare clinics were opened in semi-covered spaces and clinical assessment was provided to cases presented during any of scheduled places. A variety of physical illnesses were found among the people who had been medically assessed. For adults, somatic complaints were most prevalent among this group. Pains such as headaches, abdominal pains and other kinds of symptoms like breathing difficulties and dizziness were common. It is likely that psychological factors may be behind many of these cases. Many women complained of symptoms indicating genito-urinary infections. Pregnant women claimed that they were not receiving any prenatal care.

Physical examinations of children were conducted to assess their general health well-being and their current health complains. Malnutrition (underweight, anaemia) and skin infections were the two major health problems among those children. The heartbreaking complaint of stomach pain due to hunger was found among the majority of the children examined at the time of assessment as the families could offer them only one meal per day (the lunch) which they had not yet received at the time of assessment. However, the impression remains that the main health problems among these children include malnutrition, infection of the chest and

skin, and hair lice. It should be noted that the clinical assessment was done in a rapid and informal way. It is suggested that further explorations using standardized survey tools would generate more precise information particularly in terms of the psychosocial status of the population.

Given the shortage of time and limited resources during the visit to this area, our exploration was limited. However, the purpose of this preliminary report is to present a snapshot of the current physical and psychosocial status of Haitians who are trapped in the Dominican Republic which may be a guide to other more extensive research projects.

CONCLUSIONS

Haitians in the Dominican Republic fundamentally lack any meaningful protection as refugees. Haitians left their home country to escape the economic deprivation and disasters of their homeland. They carry with them the major health and psychosocial problems which merit a wide variety of forms of human protection and care (Women's Commission for Refugee Women and Children, 2003). Children should have free access to health and education services. There is a great need to ensure the Child International Rights including re-union with their families. Children in asylums and as refugees are silent victims that are easily neglected. The uprooting, multiple losses and the hardship process of immigration and crossing borders compounds the trauma. Children are dependent on outside sources of protection and care. Specific attention should be paid to their development and emotional requirements. Separation of children from their families in emergencies and disaster situation has damaging consequences; they lose their care and protection in the time of extreme need (Save the Children, 2010). There is a great need to address the psychosocial needs of this vulnerable group of the community by government and other policy makers (Fazel and Stein, 2002). Displacement due to disasters necessitates adjustment in people's interpersonal, socio-economic, cultural and geographic boundaries (Schinina et al., 2010). For the children in emergencies, it has been proven that maintaining children within families is the best way to protect them from harm and exploitation (Save the Children, 2010).

The Dominican Republic governmental and non-governmental agencies should take further steps to offer the Haitians who are living in the Dominican Republic with the appropriate and basic assistance needs, including work authorization. Dominicans should protect them from all kinds of abuse, respect their traditions and beliefs, and insure the enforcement of human rights obligations.

The international community and aid organizations have an ethical responsibility to assist the Dominican community and the Haitian community living in the

Dominican Republic so that international obligations related to refugees' rights are met. UNHCR is trying to coordinate efforts with other NGOs and local authorities to support displaced Haitians in both Haiti and Dominican Republic, with a current primary focus on the documentation program to alleviate the statelessness status of Haitians living in Dominican Republic (UNHCR, 2011b). However, all these efforts are challenged with the reality of the magnitude of the problem, a shortage of resources and political interference.

Further health and psychosocial assessments are needed to be implemented and to guide a better approach to assisting these people. Realistic resources need to be made available for people in distressing situations. The laws protecting children need to be strengthened and applied. The management of the mental health aspects of suffering need to be further developed. It is not only the Dominican Republic's responsibility but it is the international community that needs to take steps to alleviate the pressures on Haitians in their home country and other places where they seek help.

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