IMPROVING HEALTH SERVICES

TO HAITIAN REFUGEES

Sponsored By

United States Health Services Administration
Florida Department of Health and Rehabilitative Services
Metropolitan Dade County

At The

Joseph Caleb Community Center
December 10-11, 1979

Office of Health Programs Coordination
140 W. Flagler Street, Suite 1101
Miami, Florida 33130

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INTRODUCTION

This report presents the recommendations of a workshop to improve health services to Haitian refugees in Southeast Florida, emphasizing women and children. The root problems confronting both health care providers and Haitians are the extraordinary and unique legal and policy barriers, the severe cultural and linguistic barriers, and the demands upon resources that are already in short supply and not organized to respond to the needs of Haitians.

It was the function of the workshop to bring together the key people involved in the provision of services, both providers and consumers, assist them to analyze the problems and then make the recommendations which the workshop participants are willing to see carried out. They came to several rather broad conclusions as to what can be done to assist the estimated 25,000 Haitians here:

- Improved communication and coordination among agencies and practitioners serving the urban ghetto area of Miami where most Haitians live.
- Improved communication and coordination among all health care agencies and practitioners in the Southeast Florida area who serve numbers of Haitians.
- Several policy clarifications regarding the responsibilities of Federal agencies under existing legislation.
- Better use of existing funding authorizations and programming and priority setting mechanisms.

These conclusions were translated into the detailed recommendations that follow.

WORKSHOP RECOMMENDATIONS

What Is To Be Done?

1. Metropolitan Dade County should request the President's Interagency Coordinating Council to designate the lead agency, after consultation with the Secretary of Health, Education and Welfare, the Attorney General, and the Secretary of State, to analyze both policies and legislative authorities to determine the roles of these departments in providing communicable disease screening and follow-up treatment for Haitian aliens physically entering the United States.

2. The Dade County Department of Public Health should develop and issue a health card for Haitian refugees to be issued and used by all health care providers. This card would contain a description and results of testing, immunization status, and other important information.

3. A South Florida Coordinating Council of providers of health services in the area should be formed. The Health Systems Agency of South Florida, Inc. should assume the primary responsibility for staff support to this Council.

   The Council should undertake the following actions:

   - Develop a linkage with recognized groups representative of the Haitian population of the area.

   - Initiate the necessary actions to achieve full review and consideration of the granting of waivers to allow participation of the Haitian population in the Medicare and Medicaid programs.

   - Request the channelling of additional dollars to Health, Education and Welfare Region IV Public Health Service to provide funding for the Maternal Infant Care Program in

Dade County and where appropriate in those South Florida counties similarly affected.

- Request the channelling of additional dollars to Dade County's Children and Youth Program, including the approval of plan amendments to expand these boundaries to include the Haitian community.

- Explore all sources of supplemental funding through Sections 330 and 329 of the Public Health Service Act for additional basis for primary health care grants.

- Explore the assignment of additional health personnel through the National Health Service Corps.

- Track and expedite funding of the grant proposal submitted by Dade County Community Action Agency to the Community Service Administration.

- Request a waiver in the allowable statewide administrative costs in the Women, Infants and Childrens' Nutrition Program from 20% to 25% in order to achieve maximum utilization of available state funds. Channel these funds to help coordinate the program with the health care system.

4. The Haitian-American Community Association of Dade County, Inc. should appoint and lead a coalition of health agencies now serving the medically underserved Dade County target areas (to be organized with the assistance of Health Systems Agency of South Florida) which would coordinate use of public and private resources and directly assist the agencies to:

   - Provide information and referral services for Haitian clients.

- Develop a current inventory of Haitian health and social services personnel available for employment and volunteer participation in agency programs.

- Arrange to pool public and private resources in locations accessible and acceptable to Haitians for ambulatory health services.

- Advise and assist Haitian immigrants seeking to qualify for Florida licensure/certification in health service professions.

- Coordinate efforts to acquire new non-health resources, e.g. transportation.

Rationale for Recommendation No. 4

The Dade County Public Health Department, Clinica Borinquen, the Dade County's Liberty City Health Services Center, the Economic Opportunity Family Health Center, and the Community Mental Health Center for Catchment Area IV are all providing health services to Haitians in the target area. Direct clinical support of all these programs is provided by Jackson Memorial Hospital. At the same time, the Haitian-American Community Association of Dade County, Inc. has initiated a primary health service project, using limited private donations and Haitian physicians and other health personnel from the community.

Each of the publicly funded programs has insufficient resources to accommodate this additional workload and has difficulty in recruiting and retaining appropriate Haitian staff to bridge the cultural gap and effectively serve these people. The Haitian-American Community Association of Dade County, Inc. has a beginning inventory of Haitian health personnel who are willing to work either as volunteers or paid staff.

The Haitian people either do not know what services are potentially open to them or have cultural or political reservations about using them. The coalition recom-

mended would provide the linkages among the agencies, and with Haitian health personnel, and with the Haitian people needing the service. The effect of the coalition would be to combine resources for an improved impact on health problems of Haitians.

5. Immediate action should be taken by the coordinating bodies to:

- Conduct a cross-cultural workshop to provide a comparative analysis of Haitian and American culture as related to health care and Haitian refugees. Health providers as well as Haitian refugees would be the trainees. A model for such a program exists within the University of Miami-Jackson Memorial Hospital Community Mental Health Care Center. Funding sources should include Department of Education, Department of Health, Education and Welfare, State of Florida Department of Health and Rehabilitative Services, Dade County and the City of Miami.

- Request that Dade County and Health and Rehabilitative Services take responsibility for urging Immigration and Naturalization Services to provide a short-term residential health care facility in Dade County-City of Miami, open to health and social services agencies to address health and social service needs for refugees. An established procedure by Immigration and Naturalization Services for referral to appropriate agency for assessment prior to release should be developed.

- Request that the Department of Health, Education and Welfare provide the technical assistance

needed to document the need for additional resources to existing health care delivery centers so they can get the additional support they need.

- Ask the Department of Health, Education and Welfare, Dade County and the Health Systems Agency to assign a high priority to funding a primary health care center application in the Edison-Little River area to serve a medically underserved population which includes substantial numbers of Haitian refugees.

- Ask Department of Commerce to require the local census bureau program through South Florida to develop procedures for obtaining accurate census data within the refugee communities. The program should be handled directly by the Department of Commerce, and not be used by the Immigration and Nautalization Service which would defeat the purpose of a census. Rationale: Funding for certain services (e.g. Title XI, Social Security Act) is tied in with census data.

- Urge Dade County to request Federal funds for <u>emergency</u> needs to ports of entry and to provide services to refugees while their political status is being determined.

6. Short-range future policy changes should be considered by the two coordinating bodies to:

- Ask Dade County Board of County Commissioners and the Office of the Governor to recommend to the Select Commission on Immigration and Refugee Policy a change in definition of "refugee." All persons seeking political asylum should be classified as refugees pending a final determination of status.

- Ask Dade County and Department of Health and Rehabilitative Services to request appropriate funds from the Department of Health and Human Services for basic health and social services provided to refugees. Reimbursement should be made to agencies providing these services.

- Ask Immigration and Naturalization Service to revise local policy restrictions on work permits to allow Haitian refugees to work pending determination of status.

- While not specifically within the scope of this report, political asylum to refugees would assist in providing adequate health care benefits.

- The Departments of Health and Human Services, State, Justice and Education should generate standard definitions of the categories of legal status so Haitians and other refugees and aliens can be treated the same by these Federal agencies.

- Ask the Attorney General to grant a temporary parole status to provide temporary benefits.

7. Long-range policies should be considered by the coordinating bodies to facilitate future health care relationships with "undocumented" Haitians; members of the Haitian community should be recruited, hired and trained to work in the traditional health care system. Professional cultural brokers should be utilized. Training of translators and outreach workers should include developing the ability to correctly interpret cultural crossovers in phrases. Cultural brokers would work with both traditional and non-medical Haitian health care system techniques. Recruitment effort should extend to other communities (e.g. Canada) for Haitian professionals.

   Because of South Florida's geographical location, it will probably always be a primary point of entry for illegal alien immigration from the Caribbean, South and Central America. Policies should be developed, and standby procedures be prepared, for implementation on an emergency basis so that the future arrival of aliens in South Florida can be adequately handled by health service providers.

8. A statement of detailed conclusions and recommendations from the Medical Problems Work Group is appended. This lengthy statement reflects the conclusions of a panel of private practicing physicians, public health physicians, nurses, nutritionists, and social service workers who examined their experience in serving Haitian patients and determined what can be done to improve the situation. The Discussant Panel amended these recommendations to indicate that health education materials and medical instructions should be published in Creole.

9. The U.S. Public Health Service is responsible for health services to offshore personnel. The U.S. Public Health Service should be requested by Metropolitan Dade County and by the Governor of Florida to negotiate an agreement with the Immigration and Naturalization Service to provide the health care protections needed without imposing a service drain upon State and Local health care agencies.

WORKSHOP NARRATIVE

What Is The Purpose?

This report presents the results of a workshop held December 10 and 11, 1979 to identify improvements that should be made in health services to Haitian refugees in South Florida. It was generally agreed to plan improvements to be made within existing financial resources. In a first attempt at formulating the purpose of the workshop, Dr. George I. Lythcott saw the group effort as two-fold:

- To increase the understanding of the Dade County health community concerning the health needs of Haitian women and children, to define gaps in the existing health care delivery system for this group, and to develop short and intermediate range solutions for modification/extension of the existing health care delivery system to this group.

- To develop a statement of position which will advocate the necessary policy changes to assure delivery of health services to this special population group.

The charge to the workshop participants stressed three areas: First, medical resources already available to Haitians in a five-county area in South Florida; second, recommendations, within the limits of available resources, to improve health care for Haitians -- looking for changes which are, in Dewey Knight's words, "do-able." Lastly, the work groups were asked to provide some long-term goals which would also improve the health care of Haitian refugees.

What Are The Limits?

All workshop participants were aware of the existing legal constraints, policy decisions, and the array of current funding available. Broad policy parameters appeared in an earlier County report. (See Appendix L.) The duties of the several levels of government were clarified. Traditionally, state and local health departments are responsible for public health and prevention of communicable disease. In South Florida they have attempted to carry out that responsibility. Considerable amounts of local resources, however, must be employed to solve health problems created by the Federal government's inability to carry out its functions. The question is how much? The Immigration and Naturalization Service clearly has the responsibility for the health and welfare of individuals whom it detains. Budget constraints and a lack of adequate facilities, however, restrict the Immigration and Naturalization Service to payment for treatment received while in custody. It refuses to pay for diagnostic screening even though the incidence of tuberculosis, VD, parasitic infestation, malnutrition, and other diseases should justify such screening. What is the Public Health Service's role and its authority to provide such services?

The existing policies and legislative authorities within Health, Education and Welfare, Department of Justice and Department of State must be identified. These policies and authorities must be

evaluated to see if they are sufficient to provide the necessary health services to the undocumented alien.

Workshop participants recommended that their attention to the health care problems of Haitian refugees not be interpreted as lacking concern for other groups with similar needs. In general, the workshop assumed that present circumstances would continue in the categories of international policies, population growth, residence location, State or National legislative appropriations, and financing through existing programs. Other assumptions were: the workshop is to emphasize the immediate future -- i.e. the coming fiscal or calendar year; "Haitian refugee" is not a legal term, but means a Haitian person of undetermined status; and, issues of entitlement to Medicare and Medicaid were, for the most part, to be avoided.

The workshop acknowledged that the basic cause of the health delivery problems was the definition of the Haitian refugees' legal status. This definition is being used to exclude Haitians from Medicare, Medicaid, and Food Stamps. Changing or modifying the legal status of the "undocumented" Haitians would alter the health problem considerably, or, additional policy determinations by the Health Care Financing Administration might relieve the problem somewhat.

Because legal remedies to modify the status of many Haitians are under way, a change might indeed occur at any time. Because most welfare subsistence programs cannot serve undocumented aliens, additional demands are made on other public health programs.

The Haitian's life experience in South Florida was the common reference for the deliberations of the workshop.

What Is It Like Now?

Although the physical and mental health needs of Haitians in South Florida demand attention, related social issues make their mental-emotional problems much more intense and dangerous.

- Modern medications are designed for people who have normal patterns of eating. The malnutrition experienced by so many Haitian patients causes unexpected side effects, sometimes dangerous, and certainly a surprise to physicians who prescribe them.

- Young people who have successfully completed public school, who have an aptitude and a desire to go on to college, cannot do so because their legal status is not established Over two hundred Haitian youth are in this dilemma. Unresolved, this can only be a source of real trouble for many of them who are truly refugees from what seems to be an arbitrary and capricious process of government.

- Many children with a legal status in the Bahamas, or another country, come to South Florida to be with their family, or friends of their family. The formation of many extended family groups is very important and desirable, but at the same time encourages an informal system of home day-care in which many children are left every day in the care of other children. This does not provide adequate protection or care or the nurturing growth experiences which young children need. When an emergency occurs, it can be very dangerous.

- To survive under these conditions, young people enter into primitive economic relationships in which shelter, food, companionship, protection and some level of physical security are bartered to establish new households. A child is then conceived by the couple to be born in the United States as a citizen. The couple expects that the child may provide

> a legal lever for survival. The powerful forces which move these people to adopt such primitive strategies to survive as refugees are a poor foundation for healthy lives. These circumstances give birth to violence, to severe interpersonal exploitation, and to unbearable stress.

It is clear that the refugee Haitians' poverty, their lack of education, their lack of preparation for living in urban slums, their linguistic and cultural separateness from the greater community, are reasons enough for problems. Add the pressures of living as undocumented aliens, often illegal, usually seeking to avoid notice by any agent of government, and we have a ghetto life that is dramatically unhealthy and destructive. Although the workshop cannot address all of these issues, this brief outline of the context of Haitian health problems is enough to warrant concern by health care providers.

What Is Wrong?

Many barriers to adequate health care are cultural; such as excessive fear of surgery, or preference for herbal remedies. While the removal of cultural barriers to the use of American health care institutions is important, Haitians should not give up their cultural identity to use the American health care system. A mix of American traditional health care with a "non-medical" model would be better. For example, improving health care for Haitians should not require Haitian mothers to give up mid-wives. For mothers who choose to deliver children in hospital delivery rooms, however, local health care professionals should be sensitized to community folkways surrounding the birth process.

Language problems and cultural differences pervade all communication difficulties between Haitians and health care providers. Specific phrases, even when handled by translators, have different meanings to the health care professional and to the Haitian refugee patient. Non-verbal gestures become more important in the absence of a common language, and may be misread by either party. Also, Haitains have a fear of signing documents because they suspect that may get them into trouble. Fear of and experience with the immigration process color all other dealings with governmental agencies, including health institutions. In Haiti the government is perceived as malevolent and this perception is transferred to the American health care system. Haitians assume that public institutions

and the professionals who work in them cannot be trusted. Fear of deportation, if identity is discovered, prevents many of them from even seeking health care. Most are highly reluctant to confide in health care professionals when such care is necessary.

Haitian healing often relies on religious cures, herbal remedies, and other kinds of folk medicine. Spiritual or folk healers often work in the Haitian family situation. Haitians tend to share doctor-client technical information readily with family and friends, who participate, as well, in a family member's treatment. Thus the strong family orientation supports the sharing of all members' resources and makes individual treatment difficult. For example, when an infant requires certain food for nutritional reasons, the food is customarily shared with the whole family. Haitians, however, do not subscribe to many traditional American modes of treatment, such as tranquilizers, for mental anguish. Their preferred handling of anguish or pain includes direct verbal expression, which, at times, can cause misunderstandings in institutions where Haitian patients are treated. Quite simply, Haitians expect the entire family to be involved in medical treatment which is frequently delivered at home. Haitians fear going to an institution of any kind since one may never come home. The entire family, for example, assists in delivering the pregnant woman at home, with a mid-wife. If the delivering mother is removed from this support experience, additional complications in delivery can arise.

Professional ethnocentrism and the traditional American health care medical model of presumed superiority alienates Haitian clients. Health care professionals generally have insufficient knowledge of Haitian customs, health practices, and belief systems. Rigid attitudes in many health care professionals prevent their appreciation of the "non-medical" models frequently used in Haitian culture. The religious connotations of many practices are unacceptable.

Although many health agencies are passive about providing services to Haitians, others simply do not want to serve them and refuse care. Many agencies are confused about the services they can provide Haitians. Some institutions, moreover, perceive a responsibility to report Haitian refugees to the Immigration and Naturalization Service. Then, too, many health care professionals are either unable or unwilling to establish a trust relationship with clients. Lastly, it is sad to say, lingering racist attitudes carry over to black Haitian clients and prevent equal treatment.

Being poor and also unable to get work permits create severe hardships for Haitians. Paying for babysitting during doctor visits and paying minimum fees are also problems. Haitians, moreover, are not used to paying for medicine and drugs which are normally provided "free" by physicians or health care providers in their native country.

Some health care projects are restricted to serving one specific geographic area. Thus, access is limited for those Haitians dispersed in the community. In some rural areas, Haitians are still not considered eligible for service and interpreters in rural areas

are particularly scarce. Traditional outreach and follow-up are difficult for the health care agencies, and individuals with contagious disease or with severe health problems easily lose touch with health care agencies.

A summary survey of the major health problems by Dr. Marjorie Brown (Appendix I) adequately presents this medical material, with some revisions. Diabetes and skin problems should be added in the General Medical Group, and skin diseases should be included in Pediatric Health Problems. Patient interest and use of family planning methods depend upon the way agency personnel explain them. Tubal ligation, however, is not a culturally acceptable alternative for family planning.

Communication problems block good health care and often make worse conditions easily controlled. Haitians are blamed for not following instructions. A translator may be present during the patient/physician encounter but absent from the exit interview where instructions are given. Translators are not trained in medical terminology. Male translators may be used with female patients. Medication instructions are printed in English. Breast feeding, though common in Haiti, is now avoided by many Haitian mothers because it is more "modern" to bottle-feed their infants. Employing a Haitian nurse-midwife has increased breast feeding among many patients, and infant problems arising from poor sterilization of bottles have decreased. When U.S. Immigration and Naturalization

Service investigators come to a health care facility to apprehend a refugee, the agency is distrusted thereafter and its effectiveness reduced.

Some health care agencies have been overburdened and overcrowded and their already hard-pressed fiscal resources, not designated for Haitians, are strained. These problems also impede basic communication with Haitian patients. Haitians are usually also identified as "illegal," and many employees of government-funded agencies still fear it is not proper to serve them. This creates time-consuming delays in intake interviews and referral arrangements. Not enough Haitians work in health agencies to encourage Haitians to use the services.

Public health agencies must, apparently, prepare themselves to serve large groups of new Haitian detainees brought to them for testing. Such large groups now disrupt general programs. The Immigration and Naturalization Service often withdraws refugees from treatment situations before tests are completed and without regard for the need for additional treatment. These circumstances delay Haitians from seeking treatment until their health problems become serious.

The largest amounts of available resources are those to be administered by county hospitals and public health authorities. These include Title V of the Social Security Act and Title X of the Public Health Service Act and Section 314-D, VD, TB immunization, under Title III of the Public Health Service Act. The U.S. Department

of Agriculture, moreover, through the Public Health Department, administers the Women, Infants and Childrens' Nutritional Program which is basically a food supplement program for pregnant and lactating women and small children.

The other major use of health care resources occurs through the Community Health Centers, the Community Mental Health Centers, the public health clinics, the migrant health centers, hospital emergency rooms, private practicing physicians, and health related programs in the five-county area.

Both Sections 329 and 330 of the Public Health Service Act and the U.S. Health Service Corps provide resources needed. The description of agencies and services in Appendix F is the basis for many of the recommendations on operational improvements.

Despite the current practices of Federal agencies, the U.S. Public Health Service has a responsibility for health services to "off-shore" persons. How this relates to the provision of services to Haitian "boat people" needs to be examined.

LIST OF APPENDICES

APPENDIX A

WORKSHOP ANNOUNCEMENT

"Organizing and Managing Health Care Services for Haitian Refugees in the South Florida Area"

The County, State and Federal agencies administering maternal and child health, and other health services to Haitian refugees in the Dade, Monroe, Broward, Palm Beach and Collier county areas of South Florida are sponsoring a "shirtsleeve conference" to work out concrete improvements in the delivery of services to Haitians.

Health care personnel from twenty sites of medical services, and government officials from Federal, Regional and local programs, together with Haitian community leaders and county administrative staff, will meet to address specific problems of providing better service to this population.

Conference participants will be assigned to four workshops on "Planning and Implementing Improvements," "Funding Health Service Programs," "Barriers to Services" and "Medical Problems Assessments." Their task is to examine current problems being experienced by Haitians as patients and by health care agencies as management entities, and come up with well defined courses of action.

A panel of discussants consisting of broadly experienced health program administrators, public management officials, and community leaders will evaluate the reports from the four workshops and integrate them into a single, unified program for improving health and medical care of Haitian refugees.

The "shirtsleeve conference" and workshops will be held at the Joseph Caleb Community Center, 5400 N.W. 22nd Avenue, Miami, Florida 33142.

The keynote speakers will be George I. Lythcott, M.D., Administrator, U.S. Health Services Administration; David L. Crane, M.D., Medical Programs Administrator, Florida Department of Health and Rehabilitative Services; and Dewey W. Knight, Jr., A.C.S.W., Assistant County Manager, Metropolitan Dade County, Florida.

Other officials will represent the agencies responsible for public maternal and child health services in Florida. Haitian community leaders and agency representatives will also participate in the invitational workshop, giving special attention to the health problems of women and children and including personal health care, public health services, mental health, nutrition, emergency room care, ambulatory care, inpatient care, and obstetrical, pediatric and preventive services.

APPENDIX B

(AS HANDED OUT)

PRESENTATION BY:

GEORGE I. LYTHCOTT, M.D.

ADMINISTRATOR, HSA

HAITIAN REFUGEE WORKSHOP

DECEMBER 10, 1979

I WANT TO FIRST OFFER MY CONGRATULATIONS TO THE PEOPLE OF DADE COUNTY AND SOUTHERN FLORIDA.

YOUR GREAT SENSITIVITY TO HUMAN NEED IS MANIFESTLY EVIDENT IN YOUR WILLINGNESS TO DEAL CONSTRUCTIVELY WITH THE HAITIAN REFUGEE PROBLEM.

, YOUR RESOURCES HAVE BEEN HARD-PRESSED BY THE INFLUX OF HAITIAN PEOPLE TO THIS AREA. TO YOUR LASTING CREDIT, YOU HAVE CONFRONTED THIS SITUATION REALISTICALLY AND COMPASSIONATELY.

I WANT TO SALUTE YOU AND YOUR LEADERS FOR THAT.

THIS IS A 'SHIRTSLEEVE' CONFERENCE -- YOU'RE HERE TO DEAL WITH THE PRACTICAL PROBLEMS THAT CONFRONT US IN DELIVERING DECENT HEALTH CARE TO HAITIAN MOTHERS, CHILDREN AND FAMILIES.

FACTS ARE THE RAW MATERIAL OF A SHIRTSLEEVE CONFERENCE, SO LET'S BEGIN BY REVIEWING A FEW;

FIRST OF ALL, NO ONE REALLY KNOWS HOW MANY UNDOCUMENTED HAITIANS ARE HERE NOW. ESTIMATES FOR DADE COUNTY RANGE FROM 8,000 TO 25,000. THAT BROAD A RANGE IS NEXT TO USELESS FOR PLANNING PURPOSES.

IN ADDITION, THERE ARE PERHAPS 3,000 TO 5,000 MORE HAITIANS LIVING IN A THREE-COUNTY AGRICULTURAL AREA THAT ADJOINS LAKE OKEECHOBEE. MOST, IF NOT ALL, ARE PROBABLY WORKING AS MIGRANT LABORERS.

IN TERMS OF THEIR HEALTH, THE SITUATION IS NEAR TO DESPERATE FOR THESE HAITIAN FAMILIES. TYPICALLY, THEY ARE POOR, THEY ARE BLACK, AND THEY ARE UNEDUCATED.

MANY CANNOT SPEAK EVEN RUDIMENTARY ENGLISH AND MOST NEITHER READ NOR WRITE ENGLISH. THIS PRESENTS FORMIDABLE BARRIERS TO HEALTH CARE, SINCE IT LIMITS COMMUNICATION BETWEEN THEM AND THE PROVIDERS OF HEALTH CARE.

BUT THAT IS NOT THE WORST OF THEIR DILEMMA: BECAUSE OF THEIR IMMIGRATION STATUS, THEY CANNOT OBTAIN LAWFUL EMPLOYMENT AND THEY ARE INELIGIBLE FOR MEDICAID, CASH ASSISTANCE AND FOOD STAMPS.

ON TOP OF THESE DIFFICULTIES, THEIR HEALTH PROBLEMS ARE SEVERE. THEY LIVE IN CROWDED HOUSING WITH POOR SANITATION FACILITIES, LEAVING THEM VULNERABLE TO DISEASES SPREAD THROUGH THE ENVIRONMENT.

MANY SUFFER FROM MALNUTRITION AND ANEMIA BECAUSE THEIR MEAGER INCOMES CONSPIRE AGAINST ADEQUATE DIETS.

THE CULTURE SHOCK AND STRESSES ASSOCIATED WITH THEIR FLIGHT FROM THEIR HOMELAND AND THEIR PLIGHT, HAVE LED TO EMOTIONAL PROBLEMS.

PARASITIC INFECTIONS ARE NOT UNCOMMON AMONG THEM.

COMPLICATIONS OF PREGNANCY OCCUR AMONG SOME MOTHERS.

THEIR CHILDREN PRESENT A VARIETY OF PEDIATRIC PROBLEMS.

IMMUNIZATION LEVELS AMONG THEM ARE DANGEROUSLY LOW.

SELF-INTEREST ALONE SHOULD PERSUADE US THAT SOMETHING MUST BE DONE TO ALLEVIATE THEIR CONDITION.

WE, OF THE FEDERAL GOVERNMENT, HAVE BEEN STAYING CLOSE TO YOUR SITUATION THROUGHOUT MUCH OF THE YEAR AND LENDING OUR ASSISTANCE WHEREVER POSSIBLE.

LAST MAY, MEMBERS OF MY STAFF, TOGETHER WITH REGIONAL OFFICIALS FROM ATLANTA, MET WITH LOCAL, COUNTY, AND STATE OFFICIALS HERE TO REVIEW THE SITUATION. THEY VISITED THE DADE COUNTY HEALTH DEPARTMENT AND SEVERAL CLINICS.

IT QUICKLY BECAME APPARENT TO THEM THAT AN INTENSIVE EFFORT WOULD BE NEEDED TO EXPLORE SOLUTIONS AND TO ORGANIZE A MORE INTEGRATED EFFORT AMONG HEALTH AGENCIES WORKING AT EVERY LEVEL OF GOVERNMENT.

THEY REPORTED THIS TO ME IN WASHINGTON AND MY CONCERNS LED ME TO COME HERE IN JULY TO REVIEW THE SITUATION PERSONALLY. I MET WITH YOUR VERY ABLE ASSISTANT COUNTY MANAGER, DEWEY KNIGHT, AND WITH OTHER LOCAL AND STATE OFFICIALS. TO A PERSON, THEY WERE CONSIDERATE AND CONCERNED--AND I WAS PARTICULARLY IMPRESSED THAT YOU HAVE A HIGH CALIBRE OF LEADERSHIP HERE.

OUT OF THESE MEETINGS, THE IDEA FOR THIS WORKSHOP EMERGED. I THOUGHT IT A GOOD ONE. THAT'S WHY I DIRECTED THAT FUNDS BE MADE AVAILABLE TO UNDERWRITE IT.

PRIOR TO ALL THIS, I HAD ALSO DIRECTED MY STAFF TO EXPEDITE A PACKAGE OF SPECIAL IMPACT AID TO ALLEVIATE THE RESOURCE PROBLEM CREATED BY THE INFLUX OF HAITIANS HERE.

THIS AID HAS GONE TO SEVERAL FEDERALLY-FUNDED HEALTH CARE PROJECTS IN THIS AREA AND INCLUDES:

--$37,000 TO THE CLINICA BORINQUEN COMMUNITY HEALTH CENTER IN MIAMI;

--$30,000 TO THE MIGRANT HEALTH CENTER IN WEST PALM BEACH;

--AND AN ADDITIONAL $50,000 IN MATERNAL AND CHILD HEALTH CARE FUNDS TO SEVERAL PROJECTS IN MIAMI.

ALTOGETHER, THIS SPECIAL AID COMES TO $117,000.

I CAN ALSO REPORT TO YOU THIS MORNING THAT BEFORE LEAVING THE OFFICE ON FRIDAY, I SIGNED AN AGREEMENT WHICH WILL ENABLE THE DADE COUNTY HEALTH DEPT. TO REFER SOME OF ITS HAITIAN PATIENTS TO THE PUBLIC HEALTH SERVICE OUTPATIENT CLINIC HERE IN MIAMI.

UNDER EXISTING LAWS AND BUDGETS, WE HAVE DONE ALL WE PRESENTLY CAN, WE KNOW THAT YOUR RESOURCE NEEDS ARE STILL PRESSING.

THE PROSPECTS FOR THE FUTURE ARE, AS YOU WELL KNOW, STILL UNCERTAIN. THE SELECT COMMISSION ON IMMIGRATION AND REFUGEE POLICY IS RIGHT NOW IN THE ACT OF DETERMINING THE EXTENT OF FEDERAL AUTHORITY TO PROVIDE FEDERAL SERVICES TO UNDOCUMENTED HAITIANS IN SOUTHERN FLORIDA.

THESE DELIBERATIONS, TOGETHER WITH WHATEVER ACTIONS THE UNITED STATES ATTORNEY GENERAL MAY TAKE UNDER HIS RULE-MAKING AUTHORITY, WILL RESOLVE THESE QUESTIONS.

IN THE MEANTIME -- AS I AM CERTAIN YOU WILL APPRECIATE — IT WOULD BE WHOLLY INAPPROPRIATE FOR ME TO COMMENT ON THIS ISSUE OR TO SPECULATE ON ITS OUTCOME.

THIS MUCH I WILL SAY: NO FEDERALLY-FUNDED FACILITY THAT IS SUPPORTED BY THE HEALTH SERVICES ADMINISTRATION IN SOUTHERN FLORIDA WILL EVER TURN ITS BACK ON ANY HAITIAN WHO COMES SEEKING HELP.

WITHIN THE LIMITS OF OUR RESOURCES, WE WILL RENDER WHATEVER DIRECT OR INDIRECT HELP WE CAN.

MORE THAN THAT, WE WILL MAKE EVERY EFFORT TO REACH OUT AND BRING CARE IN TO HAITIANS. WE HAVE, IN FACT, INSTRUCTED OUR AGENCIES IN THIS AREA TO GIVE HIGH PRIORITY TO SERVING HAITIAN FAMILIES.

WE HAVE EVEN DIRECTED SOME TO DEVELOP OUTREACH PROGRAMS AIMED AT SEEKING OUT THOSE IN NEED OF MEDICAL ATTENTION AND SERVICES.

ONE FINAL POINT I THINK WORTH KEEPING BEFORE US AT THIS CONFERENCE: THE HAITIAN PEOPLE IN OUR MIDST REPRESENT FAR MORE THAN A LEGAL PROBLEM.

THEY ARE, ABOVE ALL, A HUMAN PROBLEM.

THEY HAVE COME TO OUR SHORES, FOR WHATEVER THEIR REASONS, IN QUEST OF THOSE THINGS IN LIFE THAT ALL OF US YEARN FOR AND SEEK.

AS SUCH, THESE PEOPLE ARE A TEST OF OUR COMMITMENT AS A NATION TO PROVIDE A JUST AND HUMANE LIFE FOR ALL WHO STAND ON OUR SOIL.

WE MUST NOT -- WE DARE NOT -- TAKE THAT CHARGE LIGHTLY. IT BEARS HEAVILY ON ALL THAT WE STAND FOR AS A PEOPLE IN THIS TROUBLED WORLD.

THE PRESIDENT PUT THE ISSUE WELL NOT LONG AGO IN A MEMORANDUM THAT HE SENT TO ME AND MY COLLEAGUES WHO DIRECT FEDERAL AGENCIES. HE SAID THIS:

"THIS ADMINISTRATION'S POLICY ON HUMAN RIGHTS CAN ONLY BE EFFECTIVE IF WE ASSURE THE RIGHTS OF ALL PERSONS IN THE UNITED STATES, WHETHER OR NOT THEY ARE CITIZENS OF THIS COUNTRY."

I DO NOT SHIRK THAT RESPONSIBILITY -- I WELCOME IT.

AND SO, AS GOOD AMERICANS, SHOULD YOU. FROM ALL THAT I HAVE WITNESSED HERE, I AM CONFIDENT THAT YOU DO .

WITH THESE THOUGHTS FOREMOST IN OUR MINDS, LET US NOW TURN TO THE BUSINESS AT HAND. THE PURPOSES OF THIS WORKSHOP ARE SEVERAL:

ONE -- TO EXPLORE HOW WE CAN PLAN AND COORDINATE HEALTH SERVICES TO HAITIANS HERE, PARTICULARLY MOTHERS, INFANTS AND CHILDREN;

TWO -- TO MAKE THE PEOPLE OF THIS AREA AWARE OF THE SPECIAL PROBLEMS THESE FAMILIES FACE;

THREE -- TO EXPLORE WAYS THAT WE CAN EFFECTIVELY COORDINATE THE WORK OF LOCAL, STATE AND FEDERAL AGENCIES IN MEETING THE NEEDS OF THESE FAMILIES;

AND FINALLY -- TO DEVELOP AN EXPLORATORY FRAMEWORK THAT WILL HELP GUIDE US IN DECIDING WHAT CHANGES IN POLICY MIGHT MAKE POSSIBLE AN EXPANDING BASE OF RESOURCES TO MEET THE MANIFEST NEEDS OF HAITIANS.

IT IS A FULL AGENDA -- AND I WILL LOOK FORWARD WITH GREAT INTEREST TO THE REPORT AND RECOMMENDATIONS OF TOMORROW'S FINAL PLENARY SESSION.

MEANWHILE, I HAVE ONLY THIS TO ADD: GIVE IT YOUR BEST. THE HEALTH, THE HOPES, AND THE FUTURE OF MANY HUMAN BEINGS WILL DEPEND ON THE CALIBER OF YOUR EFFORTS THESE NEXT FEW DAYS.

THANK YOU AND GOOD LUCK.

########

APPENDIX C

PURPOSE OF THE WORKSHOP

Statement by Dewey W. Knight, Jr., A.C.S.W.

The purpose of this Workshop on Improving Health Services to Haitian refugees is very serious, and very practical. I can put it in simple words:

> First we want to look very carefully at what we are now doing in getting needed health services to people. We want to get as full and complete a picture as possible. To do this we must communicate clearly and listen carefully.
>
> Next we want to think in a very general way about how to improve the present situation, and propose some practical, down-to-earth changes that we can actually make: changes in the way we now get services to Haitian refugees--and others who use the same facilities.

The important thing about this conference is that all of us here are responsible for getting health care services to Haitian refugees. It is our program, and it is up to us to make our decisions and write our recommendations that tell how to make it as effective as possible.

When we finish this conference, we will have a report, and you know who that report goes to. It goes to us. Then it will be up to us to make it work. We may have to make some changes--we are here to think about that. We may have to do some of our favorite things differently--better--so more people can be served by the same resources. We will want to know that a lot of people who are not now being served will begin to get more of the services they need.

We are the targets of the report of this conference. We have the obligation to see that the people we work for know about it and support us in getting our recommendations carried out.

This means that when we discuss the draft report Tuesday morning we must be very critical of any promises we make to improve service. We want to make improvements, and we want to make them in the next few months--in a year at the most.

That summarizes our purpose here, from the practical point of view.

APPENDIX D

BASIC ASSUMPTIONS

1. No significant change in the legal status of Haitians, or in national policies related to their legal status.

2. No change in international policies, and in international relations.

3. Growth of the Haitian population in the future will be at least what it was in the past.

4. Little change in the locations of Haitian residence in South Florida counties.

5. No acts of appropriation specifically for relief of Haitian refugees by either the State or National legislative bodies.

6. Funding of health services to Haitian refugees will continue through existing programs, with some increases from time to time.

7. The workshop report is for changes in the immediate future, that is, the coming fiscal or calendar year or two.

8. "Haitian refugee" is not used as a legal term, but is used to indicate a Haitian person needing or potentially needing health care services and who generally falls within the socio-economic definition commonly used, that is, "the poor, near poor, and others."

9. Issues of entitlement of the benefits of Titles 18 and 19 of the U. S. Social Security Act (Medicare and Medicaid) are for the most part beyond the scope of this workshop .

APPENDIX E

MINUTES
Executive Committee
Health Systems Agency of South Florida, Inc.

12:00 Noon
Monday, December 10, 1979
HSASF Conference Room

MEMBERS PRESENT:

Rose Gordon, President

Robert Berman
A. Budd Cutler
Dorothy DeWees
Rose Foster
Daniel Harwitz, M.D.
Castle Jordan
Rose London, M.D.
Yvonne Santa Maria
Max Serchuk
Rev. Charles Truax
Octavio Verdeja

Judge Robert H. Newman, Parliamentarian

MEMBERS ABSENT:

Fred Cowell
Thomas Doherty
Denis Russ
Russell Silverman
Richard Slavin

STAFF PRESENT:

Robert T. Jones
HSASF Staff

GUESTS PRESENT:

John W. Dow	Comprehensive Alcohol Program
Fred Flam	Jackson Memorial Hospital
Leonard Fox	South Florida Hospital Association
Gerry Healey	Comprehensive Alcohol Program
Gema G. Hernandez	Comprehensive Alcohol Program
David Hoffman	Dade Dialysis Center
Michael Kinkead	Dade Dialysis Center
Walter Underwood	South Florida Group Health

The Executive Committee of the Health Systems Agency of South Florida, Inc., met at noon on Monday, December 10, 1979, in the HSASF offices with President Rose Gordon presiding.

TOPICAL HIGHLIGHTS

[illegible] and
[illegible]rt T. Jo[illegible] that [illegible] Director [illegible]SASF be [illegible] announc[illegible] this Agency [illegible]ot [illegible]direct social [illegible] and because we rece[illegible]itial funding from the fede[illegible] government. The recommendation is that the funds be decreased 1/3 per year over the next 3 years. There will be further opportunity to formally appeal the decision.

B. CONFERENCE ON HAITIAN HEALTH CARE

Mr. Jones informed the members that a special conference is currently taking place to discuss health care for the Haitians. Taking part in the conference are the Director of the Health Services Administration of HEW, representatives from the Regional Office and State and local public health personnel. He reminded the members that under current authority, we would not review such supplemental budget requests. However, under review and approval, which may be forthcoming any day, we would be required to review such requests causing a delay in funding. He asked the members to consider waiving review if a request is made and authorizing him to write to HCFA supporting waiving Medicaid requirements and similar initiatives.

ACTION: A motion was made to authorize the Executive Director to take such action as is required to communicate to the proper authorities this Agency's concern with the health care problems of the Haitians and to take such procedural steps as may be necessary to expedite the resolution of this problem and the attaining of whatever aid is available. The vote in favor was unanimous.

APPENDIX F

Workshop on Improving Health Services for Haitians

Survey of Agencies in South Florida Providing Services to Haitians

An advance working-paper by Herbert J. Lerner, Ph.D.

Nov. 30, 1979

(1) This report is intended as one of the advance papers for the workshop on Improving Health Services to Haitians to be held on December 10-12, 1979. It deals with the organization and financing of health-related services to Haitians in the South Florida area. This is the first effort to study the problem as it affects South Florida as a whole, rather than any individual counties within the region. Attached as an appendix is a detailed report from Dade County, on the provision of health services to refugees in Dade County, prepared in late August of this year. This report is definitive for Dade County, and makes careful estimates as to the expected costs for fiscal year 1979-80.

(2) No similar reports exist as yet for programs in the other counties in South and Central Florida, so information on programs in Broward, Palm Beach, Collier and Lake Counties has been drawn from personal and phone interviews with agency officials in those counties. They generally acknowledged that this information was not definitive. However, it should serve usefully as a focus for discussion and interagency coordination among workshop members.

(3) Information will be reported on a county by county basis, and by individual agencies within each county. One broader, initial differentiation must also be made, between health services provided following discovery and detention of the illegal Haitian alien by the Immigration and Naturalization Service, and health care services received following release or while illegally in the community. Estimates vary, but approximately 25,000 Haitians are generally believed to be living in South Florida as illegal aliens.

(4) Some of the Haitians refugees are believed to have entered the U.S. undetected and blended into the community, with false social security cards and immigration papers, and receive their health care as do others in their socioeconomic groups, including clinic services or direct payment to private practitioners. Others, without papers or funds, are reported in most instances to be very diffident about seeking health care until a clear emergency exists. The health agencies have generally been reluctant to probe too deeply as to legality of status of seekers of health care, and if the prospective patients meet income level eligibility, feel a responsibility to provide services to these refugees. Some of the agencies have hired or are seeking Haitian (or otherwise Creole-speaking) outreach workers and even physicians to gain the confidence of the Haitians and better serve them before their problems become emergent.

(3) When illegal migrants are located and detained, INS policy (following negotiation with the US Public Health Service) allows for their testing for TB and VD prior to their release in to the community while awaiting deportation hearings. Costs for these tests have not come from INS, but have been absorbed by the local public health and community health programs through their general federal grants and state and local funds. Issues arise because the health care people would like to retain the refugees for a longer period of time, so as to completely clear them of possible communicable TB or VD, but the costs of detaining them in local jails or stockades become too high for the INS. The testing of the Haitians also is a financial and scheduling strain on the local and state agencies which do this testing. The INS, for its part, does pay for all emergency medical care and hospitalization required by the refugees while they are detained in INS custody, and for June to November of 1979 this came to $25,000.

(6) Indigent or lower-income Haitians refugees in the general population rely for health care on the general public programs in the counties in which they reside. These programs are variously funded, but none have been allocated special funds for the Haitians. They are therefore a strain on these services, sometimes crowding them to the point of possible diminution of quality of services delivered to the population groups for which these programs were intended.

7 A county-by-county, agency-by-agency review follows:

Broward County

(8) Broward County is not a site for INS detention, so the county's concerns are only with Haitians in the general population.

Broward County Health Dept.
2421 S.W. 6th Avenue
Fort Lauderdale, Fl. 33302

(9) The Broward County Health Department provides preventive services to all residents of the county, including Haitians, through its six centers in the county. Most Haitians are seen at the Pompano Beach Health Center, 237 N.W. 9th Court, Pompano Beach, Fla. In 1979 it expects to see about 750 Haitian patients, mainly women and children, in its prenatal, well-baby, family planning, immunization, TB and VD clinics. Its total FY 1978-9 budget was $4,300,000 (state- $2.1 million, local $1.8 million, federal- $.8 million, and $200,000 from other sources). Estimated costs for these services for Haitians- $75,000.00. Funding for these services comes out of general funds, with no charge to low income Haitian patients. The main problem reported was the lack of an interpreter, although there was a reported sense that they were only seeing the "tip of the iceberg" as far as patient numbers and needs were concerned.

10 Broward General Hospital saw ten Haitian patients without payment last year, at a cost of approximately $7,500.00.

Sunshine Health Center
1700 N.W. 10th Drive
Pompano Beach, Fla. 33060

11 This is a private, not-for-profit comprehensive health center with a federal budget of $680,000 from HEW Migrant Health and Rural Health Initiative funds. Its Haitian patients are mainly women and children composing approximately 5% of its total patient load, or 750 encounters a year, and 5% of its budget, or approx. $35,000 per year. The facility consists of a CBS unit and five trailers in a labor camp. A major problem is the language difficulty. They see a strong need for a Creole-speaking interpreter to bridge the linguistic and cultural gap. They believe that the Haitians are unaware of their services, and are planning a survey of other agencies so as to inform them of Sunshine Health Center's services and work to coordinate their efforts with those of other referring agencies. They believe there are many underserved Haitians who are reluctant to come in for their services. When patients need hospitalization the Center transports them and pays a flat fee to the county's community hospitals out of its grant funds.

12 There are an estimated 3,000-5,000 Haitians in Broward County, primarily in lower income areas, and mainly in Pompano Beach. Some enter food-related occupations, where unchecked communicable diseases may be a problem.

Collier County

13 This county's involvement is purely with illegal Haitian immigrants who land throughout South Florida and who are brought to the Immokalee Stockade by the INS for detention. Almost all detained males in the refugee population are brought here by bus from the Eastern shore of South Florida. Earlier, the Haitians were then bused back to Miami for their health examinations (over 130 miles each way) but they are now having their bloods drawn at the Stockade and their other examinations at the Collier Health Services clinic in Immokalee.

Collier Stockade
Immokalee, Fla.

14 The stockade has seen approximately 1,500 Haitian males this past year, between the ages of 17 and 50. The average length of stay of these individuals has been nine days, but the INS has made a concerted effort in the recent months to release them much earlier. These inmates total approx. 2/3 of all inmates in this stockade over the past three years.(13,877 man-days in FY 1978-9.) The stockade has been receiving $8.00 per day for each INS detainee, and estimates that its expenses for each has been $12.40 p/day and will rise to $13.84 in FY 1979-80, or a total of $222,793. Collier County and Stockade officials estimate that 1/5 of this total expense is due to health examination-related costs, such as overtime guard duty, (both while drawing bloods in the stockade and while transporting and guarding inmates at the Collier Health Services clinic) and

14 incidental administrative costs. For FY 1979-80 this would come to $44,500, and the deficit would depend upon the new charge per man-day negotiated with INS.

Public Health costs

15 Representatives of the State Department of Health and Rehabilitative Services for Region VIII have been drawing blood for the VDRLs from the Haitian inmates at the stockade for the past six months. This takes one full day of the staff of Region VIII VD conttol office (located in Ft. Meyers) or an annual cost of $16,000. Because INS has now begun releasing the Haitians more quickly (within 3-5 days), a quicker test has been given, the RPR. 1/3-1/4 of those tested have positive reactions, of which it is estimated that 10% have active syphilis. All those with positive reactions are given pennicilin, at $1.25 p/dose, and this is not reimbursed-- est. annual cost- $750. Also, these RPRs are later checked the Tampa Regional Laboratory of HRS, taking approximately two days of a laboratory technician's time p/ week, along with the costs of transporting and keeping records, for an annual estimate of $4,000. (Sometimes Haitians also refuse, through fear and lack of understanding, to sign consent forms for these shots, stating that they are not alergic to pennicilin, and this delays the treatment process and increases stockade costs. They fear that they are being asked to sign consents to deportation.)

16 All the Haitians in the Stockade receive chest x-rays at the Collier Health Services clinic. These are read by Dr. William Cox, administrator of the Collier Health Department, who is not a radiologist. Costs for this are estimated at $2,00 per x-ray. The films are also sent to the state HRS TB Control Program in Jacksonville, to be read by a radiologist there. Estimated professional, staff and transportation costs of this process are $15,000 p/annum.

Collier Health Services, Inc.
419 No. First St.
Immokalee, Fl. 33934

17 This is a formerly county agency, now with own independent board and run as a private, non-profit service. It receives federal grants from Community Health Services and Rural Health Initiative grants, along with patient and third-party payments. Its 1979 budget is $2,336,000. This facility sees 60,000 patient encounters p/year, of which it estimates 3% are with Haitians. X-rays, lab work, and general physical examinations on Haitians in the Immokalee stockade are perfromed here. Direct costs of this service to the Haitians are estimated at $8.59 p/patient (including malaria testing which has just been added), or $13,000 p/year. However, there are additional costs due to high utility fees, administrative costs, and overtime charges of physicians and staff involved in examining the Haitians. It was estimated that actual costs of Haitian refugee services would come close to the equivalent of their ratio in the total patient encounters, or 3% of the total budget, i.e., $64,000.

18 One problem, and reason for high costs of examining the Haitians, is the sporadic pattern of the detention process. The Haitians are brought to the stockade and then to the clinic with very little advance notice, and cannot be scheduled for properly in the clinic. Due to the INS pattern of nor releasing the Haitians as early as possible, sometimes before needed examinations and reexaminations can be performed, Haitians are given priority at the clinic before all but emergency patients, and the clinic schedules are disrupted. Linguistic and cultural factors compound this difficulty. As there is no translator, it takes longer to have the Haitians understand and comply with examination directions.

Lake County

Lake County Health Department
421 West Main Street
Tavares, Fl. 32778

19 Some 100 male Haitian refugees have been taken for detention and initial testing in the Leesburg jail, and the Leesburg Health Clinic satellite of the Lake County Health Department. There they receive VDRL and TB tests, and are kept approximately a week before being released. Three groups have been tested, each time taking the equivalent of one day's FTE of an RN and a clinic aide at the health department. No general cost figures have as yet been developed.

Monroe County

20 There have been no significant costs to this county. Illegal migrants are moved out of the county for detention and examination. Emergency cases have been teated by local physicians and at local hospitals, with costs met by INS. (For instance, $100 for one migrant sent to Fisherman's Hospital in Marathon, with costs met by INS.)

Palm Beach County

21 Services are provided here during detention and also for Haitians in the general population. Estimated Haitian population of the county is approximately 5,000-6,000, mainly in the Belle Glades area, where they are part of the migrant worker stream, and which is viewed as a growing Haitian neighborhood area.

Palm Beach County Health Department
826 Evernia
West Palm Beach, Fl. 33402

22 Several years ago the West Palm Beach county jail was a major center for detention of Haitian refugees. Following some adverse publicity, use of this facility was discontinued. However, INS has recently begun to use this facility again, for detention of men, women and children. Chest x-rays, VDRLs, and gonorrheal pap smears are performed at the health department, two blocks away from the jail, at an estimated cost of $20-$25 p/ person, including staff time. (The same problems with early release of detainees before all tests are followed up are reported here as elsewhere.) Estimated costs of a minimal program--$5,000 p/year.

Palm Beach Migrant Health Center
1024 N.W. Avenue D
Belle Glade, Fl. 33430

23

This satellite of the Palm Beach County Health Department sees approximately 100 Haitians per month, mainly women and children, with a few males who are treated for TB. These Haitians constitute approximately 5% of the total caseload, and costs for this group are currently estimated at $50,000-$60,000 p/annum, and are expected to increase. The Belle Glades clinic is funded with Title XX funds, and with federal Migrant and Rural Initiative grants, as well as with county trust funds. There are no separate funds for the Haitians. Migrant grants and Title XX funds are not used for the Haitians. County funds are the main source of coverage of the Haitian group. The facility consists of one building with ten examining rooms, x-ray and lab, an annex clinic with two examining rooms, and two trailers for administration and staff. The agency is seeking to recruit an outreach worker who can overcome comminication and cultural barriers to relating to the Haitian group. (Some likely candidates have not had proper working permits.) One of the physicians, Dr. Pamela Graber, speaks some Creole, and is used most often to treat the Haitians. All general preventive and primary services are offered at the clinic. It accepts patients on referral from Palm Beach County Social Services, which does financial screening for eligibility. Additional funding would be needed to expand this program, as their facilties are overcrowded, and a new building is needed.

Florida Community Health Center
2749 Exchange Court
West Palm Beach, Fl 33409

24

This is a private, not-for-profit health center supported by federal Community Health and Migrant Health grants. It serves seven counties. The Clewiston Health Center branch is the main provider of services to Haitians. The clinic serves 100-150 Haitians per month, or 1/4 of its totalcaseload. However, it is seeing a great increase in its Haitian caseload, and expects to double (or more) this number within the next year. Its patients are mainly women and children, and are part of the migrant worker stream. Clewiston's budget is approx. $600,000, of which it is estimated that $100,000 goes for services to Haitians. It sees itself as working very well with the Haitians, because of its outreach program to them. It has both a Haitian outreach worker and a Haitian-American physician, Dr. Lucien Alber. Most Haitian patients are seen by him. An additional evening clinic is being planned to accommodate the Haitians. All these efforts have reduced the reluctance of the Haitian community to seek health care. It is also believed that the attractive facility has encouraged the Haitian patients to attend the clinic. It is 6,000 sq. ft., in a dome structure, with five examining rooms, and with basic x-ray and lab services, a pharmacy, and a dental area. There is van pickup of patients from the Belle Glades area three times per week, for a round-trip of 50 miles. Two additional days of transportation from Belle Glades are

24 being considered for this program. They believe that if they could improve the transportation system they would see up to three times as many Haitians as they see now. The van costs them $4,300 p/yr to lease, along with gas and oil for $2,000, and a driver's salary of $7,000. Their Haitian physician is already overloaded, as is their translator- outreach worker. More outreach workers/translators are needed. Early in 1980 it is hoped to develop a computerized profile of the entire patient population of the Center, which will provide more precise data regarding the Haitians as well.

25 When patients from the Center are in need of hospitalization, these costs are met in full for patients under one year of age by the center. For others, however, the bill is paid by the Palm Beach County Social Services Office, from the Palm Beach County ad valorem tax base. With only a few cases requiring hospitalization until now, due to the severity of some of the problems, costs have come to over $10,000 in the last half year.

Dade County

26 For Dade Conty, which has born the brunt of the problems and costs of the Haitian immigrantion, see the detailed report of the county Health Department, attached.

27 Some of the major problems encountered by the health care agencies have been due to overcrowding of their facilties, need to use fiscal resources not designated for the Haitians and already hard-pressed, and of communication with the Haitian patients. INS faces its own budgetary limitations, and has therefore been seen as unwilling to retain the Haitians for initial screening for as long as the health officials believe would be necessary.

28 It is hoped that these problems and others related to proper health care of the Haitians will be discussed and alternative solutions proposed at this workshop.

STATE OF FLORIDA

DEPARTMENT OF
Health & Rehabilitative Services

Bob Graham, Governor

DISTRICT ELEVEN

Telephone: 325-2580

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH
1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

MEMORANDUM

August 30, 1979

TO: David L. Crane, M.D., M.P.H.
Personal Health Administrator

THROUGH: Richard A. Morgan, M.D., M.P.H.
County Health Director

FROM: Robert E. Laurie, M.D.
Deputy County Health Director

In response to your request, attached please find a written summary of my presentation on "Provision of Health Services to Refugees in Dade County", delivered during the meeting held on August 24, 1979, in the Secretary's Conference Room.

If you have any questions or comments, please contact me.

Thank you for the invitation to attend the above meeting and outline refugee health service needs in Dade County and the resources and actions required to meet the most pressing of those needs while also attempting to continue to provide a major portion of the health services needed by our non-refugee population.

cc: Mr. James T. Howell, M.D., M.P.H.,PDHE
Mr. Max B. Rothman, D.A.
Ms. Beverly Steinberg, D.D.A.
Mr. Juan J. Tarajano, DPCHE
Mr. Dewey Knight, Assistant County Manager
Mr. Hall Tennis, Director, Community Analysis

STATE OF FLORIDA

DEPARTMENT OF
Health & Rehabilitative Services

Bob Graham, Governor

DISTRICT ELEVEN

Telephone: 325-2580

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH
1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

PROVISION OF HEALTH SERVICES TO REFUGEES

DADE COUNTY

Health facilities in Dade County have registered increasing numbers of refugees from other countries, particularly of Haitian, Nicaraguan, Russian, Cuban and to a lesser extent Indo-Chinese origin. Since the largest group are the Haitians and since many benefits available to the others are not available to the Haitians, this presentation will concentrate on the health status and needs of that group and their impact on the cost and delivery of health services to the indigent population of Dade County.

Best estimates indicate that there are 14,000 - 16,000 Haitians living in Dade County. Many have been in the community for several years; others are recently arrived. Over 1,200 are known to have arrived since January 1,1979; many others no doubt have gained entrance surreptitiously. The Haitian group can be divided into three categories: 1) those possessing U.S. citizenship or legal resident alien status, 2) those known to the Immigration and Naturalization Service and awaiting determination of status and 3) those who are unknown to the INS. From the health service standpoint the impact has been felt in services provided in the usual personal health care delivery setting utilized by those refugees already in the community as well as in a special screening program for recently arrived Haitians referred by the Immigration and Naturalization Service.

Best estimates of the age grouping of Haitians in Dade County are 18% under one year of age, 15% one-five years of age, 26% six-seventeen years of age and 41% eighteen and over. The population is 2/3 male and 1/3 female.

The most frequent health problems encountered include malnutrition, anemia, diseases of skin, tuberculosis and other respiratory illnesses, pregnancy complications, parasitic infestations, diarrhea and dysentery, sexually transmitted diseases, hypertension, pediatric complications, emotional illnesses and low levels or lack of immunizations against preventable diseases.

The Report of the Task Force on Human Services for Haitian Aliens, chaired by Dewey W. Knight, Assistant County Manager of Dade County, issued December 1,1978, contained a section on Health Services based upon data collected and synthesized by the Health Work Group of that Task Force, which group I served as chairperson.

The data were actually collected during August-September, 1978. The total annual cost of health services to Haitians at that point was estimated to be $1,487,000 excluding mental health services. If barriers to service were lifted, it was estimated that an additional $500,000 would be added for a total of $1,987,000. Mental health service cost was estimated to be $80,000 that year with a rise to $160,000 if barriers to services were lifted. Total projected cost was $2,147,000. Since one year has elapsed and projections are now being updated for fiscal year 1979-80, addition of two years' cost increases plus increasing workload (20% added) would project the total figure for health services to $2,576,400. The total could easily reach 3 million if additional needs were to be provided. Based upon the figures as of September, 1978, the federal support represented 44% of the total outlay, Dade County 39%, State of Florida 8% and other agencies 9%. Much of the federal support comes through the Florida Department of Health and Rehabilitative Services from its formula grants.

Jackson Memorial Hospital, operated by the Public Health Trust for Metropolitan Dade County, provides for delivery of Haitian maternity patients as well as emergency room and outpatient visits and admissions for acute problems, physical and emotional, requiring immediate hospitalization. Those without work permits are issued a one-day outpatient clinic card only. In August, 1978, it was estimated that 5% of total annual maternity admissions or 375 women were Haitian. The present percentage is probably as high as 10% or 700 Haitian births annually. Emergency room and outpatient visits amount to 1-2% of the daily caseload.

The impact of the ever-increasing demand for health services to Haitians has been severe on the non-expanding total resources of the Dade County Department of Public Health. The greatest impact has been felt in the Maternity and Infant Care and Children and Youth Projects. It has been estimated that in August 1978 that 16% of MIC maternity patients were Haitian; that figure has now risen to approximately 20%. In two of the larger Health Department Units, the registration has reached 35% Haitian. During fiscal year 1977-78, approximately 595 mothers and their 595 infants received project services. The cost estimate for that year was projected to be $282,868. For FY 1979-80, the cost estimate considering increased caseload to 700 mothers and their 700 infants and cost increases (20%), the figure would be $394,000 to $400,000. Services to Haitian maternity patients are more costly because 18% need to be referred to Special Obstetrical Clinic at Jackson Memorial Hospital for complications of pregnancy and undergo complex test procedures.

It was estimated that 6% of active registrants in the Children and Youth Project are of Haitian origin. Some 650 children at an average annual cost of $126.00 are being given services amounting to$81,900. Allowing 10% for increased costs of services plus an increasing caseload, $95,000 is a realistic estimate of the need for fiscal year 1979-80.

The Dade County Department of Public Health has made an informal proposal to the Maternal and Child Health Service of the Department of Health, Education and Welfare, through the Health Program Office of the Florida Department of Health and Rehabilitative Services, to allot additional MCH formula grant money to HRS for FY 1979-80 to be applied to the allocations for the Dade County MIC and C&Y Projects in the amounts of $397,715 and $95,249 respectively.

The Health Department has proposed to utilize these additional Project funds to provide maternity and infant care to 700 maternity patients and their 700 infants at a new Health Department unit to be located in the Edison-Little River area where most of the Haitian population resides as well as to expand C & Y services to children utilizing the Downtown Unit of the Health Department by 10 clinic sessions per week. The proposed Edison-Little River Unit would also offer tuberculosis and venereal disease screening and treatment services, immunizations, health education, nutrition and social services. This proposal was submitted to representatives of Region IV, HEW, and Bureau of Community Health Services, HEW, Washington at a meeting held at the Health Department on June 1, 1979. The proposal was subsequently reviewed with George I. Lythcott, M.D., Administrator, Health Services Administration, during an on-site visit in the last week of July, 1979. A request has been made to the Health Program Office to further seek these additional formula MCH funds.

Nutritional services are being provided to the Haitian population through the Supplemental Food Program for Women, Infants and Children (WIC), administered by the Dade County Department of Public Health. Approximately 12% of total clients were Haitian as of August, 1978. That figure is probably above 15% at the present time (1,500). The cost of these services was estimated to be $270,486 during fiscal year 77-78. The cost should rise to at least $315,000 in fiscal year 79-80 considering cost increases of food and administration plus the increased number of clients.

The Dade County Community Action Agency, utilizing the Public Health Nutrition Consultant as a consultant, has been requested to prepare a grant proposal to the U.S. Department of Agriculture through the Nutrition Section of the Health Program Office for support from the food commodities program. A meeting was held with representatives of the Regional Office of the U.S.D.A. and other U.S.D.A. representatives and the Acting Administrator of the WIC program of the Nutrition Section, Health Program Office, in the Health Department and encouragement was given to such a proposal. A location close to the Haitian community would be selected as the food distribution point. Such a food commodities program would relieve the WIC program.

A health educator has been assigned by the Health Department to the Haitian Refugee Center as a resource person 21 hours per week at an annual cost of $9,360. Two community health workers are needed as outreach workers in health education to serve 2,000 families.

The highly successful Rodent Control Program has been very active in the areas adjacent to the area where the majority of Haitians reside. A Haitian-American community health worker has been very active as an outreach worker in this program and in supplying materials in the language of the Haitians. Some 122 families had been served as of August 1978. A verbal agreement was reached with grantor to extend this program to the main geographical area in which Haitians reside in fiscal year 78-79 in order to reach a greater number of families.

The Health Department, supported by the Center for Disease Control, conducted a pilot study to screen recently-arrived Haitians referred by the Immigration and Naturalization Service. The study was begun in July 1978 and ended in

November 1978 because of lack of sufficient inflow of patients. No significant conclusions could be drawn regarding the incidence of communicable disease.

Since the termination of the federally-supported study, the Health Department has continued the screening program from its own resources. Numbers screened and results are indicated in the following table:

	8/16/77-5/31/79	6/1/79-8/22/79	TOTAL
Haitians processed	257	149	406
Active tuberculosis	2	1	3
Gonorrhea	7	4	11
Infectious Syphilis	2	3	5
Immunization Update	All	All	All

It has been difficult to institute treatment for some of those with positive quantitative VDRL'S because of release of the individuals by the INS before the results were obtained. It has also been difficult to obtain compliance with medication requirements following positive skin tests for tuberculosis.

On May 21, 1979, the caseload of active tuberculosis in Dade County stood at 450, 28 of whom are Haitian, a percentage of 6.2%. The rate in 1978 for the Haitian population was 75/100,000 to 150/100,000 based upon a total population estimate of 16,000 Haitians or 8,000 Haitians respectively as opposed to 19.6/100,000 for Dade County. During the first four months of calendar year 1979, 14 of 142 new cases or 8.8% were reported in Haitians. The rate is calculated to be 87.5/100,000 or 175/100,000 based upon total Haitian populations of 16,000 or 8,000 respectively as opposed to 28.1/100,000 for Dade County. At best there is a 3:1 ratio among the Haitian population as compared to the population of Dade County.

The Health Department is continuing the screening program and referral service for all recently-arrived Haitians sent to the Department by the Immigration and Naturalization Service. There is considerable concern because of the inability to screen those thousands of refugees who are in the community surreptitiously without a health screening in a state of poverty, malnutrition, poor housing and under unsanitary conditions.

It is estimated that the Health Department will serve at least 3,000 Haitians during the current fiscal year.

Other sources of health care for the Haitian population of Dade County include the neighborhood community health centers and the Haitian-Edison-Little River Community Mental Health Center Unit administered by Jackson Memorial Hospital. The Liberty City Health Care Center, operated by the Department of Human Resources of Metropolitan Dade County, rendered services to an estimated 300 Haitian patients during fiscal year 1977-78, 11.5% of its patient load, at a cost of $64,859. The Economic Opportunity Family Health Center served approximately 600 Haitian patients, 2.2% of its registration, at a cost of $58,014. The Borinquen Health Center served approximately 320 Haitian patients at a cost of $30,000. The Community Mental Health Unit utilized 50% of its budget in service to Haitian clients at an annual cost of $80,000.

Best estimates indicate that at least 5,000 Haitians are currently being served per year by the combined resources of publicly-funded facilities in Dade County, perhaps 1/3 of those in need in the community.

Health Services are also being rendered to Cubans, Nicaraguans, Russians, Indo-Chinese and other refugees in Dade County.

RECOMMENDATIONS:

1. HRS urge a clear Federal policy on services to refugees and full reimbursement to those state and local agencies providing such services with coordination among the Federal Departments and agencies involved.

2. HRS continue its efforts to support Metropolitan Dade County and the Health Department in obtaining reimbursement by the Federal government for health and social services rendered to refugees.

3. HRS endorse an early convening of and participate in a workshop in Dade County suggested by George I. Lythcott, M.D., Health Services Administrator, HEW, to develop with County officials a written situation description and a statement of Administration policy.

4. Reactivation of CDC support to the screening program for communicable disease in an amount sufficient to cover screening of recently-arrived Haitians and to also cover tuberculosis and venereal disease prevention, detection, diagnosis, treatment and epidemiology in the Haitian population residing in Dade County. (Approximately $80,000)

5. HEW Regional Office be urged by HRS at State level to allocate additional MCH formula funds to the Health Program Office for distribution to the MIC and C & Y Projects in Dade County in the amounts of $397,715 and $95,249 respectively to cover costs of services to Haitian maternity patients and their infants and children by these Projects.

6. State level HRS urge approval of food commodities proposal when submitted to U.S. Department of Agriculture through HEW Regional Office in order to relieve pressure on WIC program and offer a more complete spectrum of nutritious foods to Haitians and beyond those eligible for WIC supplements.

7. HRS at State level urge HEW-CDC officials to contact Immigration and Naturalization Service in order to devise a procedure whereby recently-arrived Haitians and other refugees who are screened will not be lost to followup between the time the test materials are obtained and the results known.

8. Final approval of agreement between HRS and United States Public Health Service Clinic in downtown Miami in order to begin referrals to that clinic by October 1, 1979. (Final draft awaited)

9. Coordinate activities in health services to Haitians with the proposed Haitian Service Coalition Project, the grant proposal for which is being prepared and will be submitted to the Community Services Administration by the Dade County Community Action Agency.

10. Urge that Health Departments in other counties, impacted by refugees, who have not already developed screening programs for recently arrived refugees, do so in order to avoid the transportation of these refugees to Dade County by the INS for screening.

APPENDIX G

CULTURAL, LINGUISTIC AND SOCIAL BARRIERS IN PROVIDING HEALTH SERVICES TO HAITIAN REFUGEES

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The process of acculturation is a difficult one for any persons who move (1) into an area where people have a different cultural background from their own. This is even moreso for those individuals who come as refugees in their attempts to escape from politico-socioeconomic oppression. Such is the case with Haitian Refugees who have decided to risk their lives to come to the United States where they can experience political freedom and social, educational and economic opportunities which are not presently available to them in their native land. However, upon arriving to the United States, they are confronted with many dilemmas. Examples of which are the prevailing American message broadcasted to the world--"Give me your wretched, your poor, your oppressed" and the arresting of the poor and the oppressed by Immigration Officials upon reaching ashore and more importantly that there are many barriers to taking advantage of the social, educational and economic opportunities. Some of which are internal, but many of which are external to the individual, barriers over which he/she has little control.

(2) When considering the plight of refugees, the consistent concerns on the part of the American officials and general public are health, welfare and unemployment. More specifically for Haitian Refugees, health problems of females, children and adolescents have emerged as primary concerns. Most of the females are in need of prenatal care when they arrive. Initial stages of health screening may or may not occur while they are in the custody of Immigration Officials. However, once they are released to the community, follow up care is critical, but in most instances not utilized by the refugees for many reasons.

(3) It is very easy for health providers to assume the attitude of "We are here and if they don't come and use us then that's their problem!!" If,

(3) however, the assumption is maintained that every individual in America, be he refugee or non refugee, experiencing untreated health problems is a potential threat to the health status of all residents of the specific local geographic location, state and the entire country, health agencies need to take a different posture. Additionally, the cost factor is enormous, because the degree of illness is significantly correlated with the cost of treatment. Health agencies are notoriously underutilized by groups at highest risk. The agencies then have an obligation to analyze why their services are not being utilized and what methods to use to increase their utilization rates. This will require indepth analysis of their operations and the many barriers which continue to reinforce high rates of non-utilization by Haitian patients.

(4) The health system is confronted with individuals who in the majority of cases are from a rural setting, poor, illiterate and suspicious or lacks trust in public services. One reason is because they are not accustomed to public clinics and a welfare system. Most refugees are in a state of "culture shock" including depression in their attempts to cope with urban life, non welcoming attitude on the part of Americans, Immigration problems, unemployment, isolation--separation from family including children.

(5) This paper will discuss some of the cultural, linguistic and social factors commonly referred to as barriers which interfere and often time prevents delivery of effective services to Haitian Refugees.

Cultural Barriers

(6) Some barriers are inherent in the differences which exist between Haitian and American cultures, values, belief systems, etc. The majority and in most instances all of the members of various health and social services facilities are ignorant of Haitian culture, inclusive of health practices, values, belief systems, definition and role of family, etc. Health care in this country in

(6) terms of ethical practice is viewed as a confidential contract between the patient and physician. Health care for many of the refugees is a family or town affair. If there is illness everybody becomes involved in prescribing cures or care procedures. In maternal and child care, the issue of pre-natal care and childbirth is predominant. In the United States of America, it is expected that a pregnant female can indicate to the doctor the estimated time of conception, what medications she is allergic to, and to report for regular follow up visits until the predicted date of delivery. Childbirth involves going to a hospital to be cared for by the doctor and nurse as one of many women giving birth. The family is not involved. Finally, the family and friends can come at certain hours to look through a glass wall at all babies in the nursery. Pre-natal care and childbirth are different experiences for the rural Haitian female. Pre-natal care is non-existent as Americans know it. Pregnancy is seen as a natural process with no consideration given to time of conception and a specific nine month period. When the signs of impending birth of the baby appear such as labor pains, all of the family and friends gather with the midwife around the pregnant woman to assist her in the birth process. They repeatedly implore her to yell, scream and to push. She and her baby are the center of attention and are in a warm, loving, supportive atmosphere, rather than a cold, isolated, sterile environment as is often found in hospital settings. The mother has time for her body to recover and is not subjected to the stresses of decision making about whether to use anesthesia or not, whether to breast feed or not, to name the baby within a three day period, which contraceptive to use if any, etc.

(7) The stress on individualism and the rights of the individual is contrary to the cultural-value practices of the Haitian people. Their strength is in group membership, belonging to family or a particular township. They believe in sharing with each other and they all have a responsibility to support each

(7) other morally, politically, emotionally and economically. Example: Prescribing particular diet for the mother or child--presents a problem because she will share her meat with her children and the same with milk. If one glass is available then everybody is to drink some. For those who for example are diabetics it is difficult to follow the prescribed diets. This is due not only to the fact that the Haitian foods are different and are often not included in the list of recommended foods, for example canapes and conch. But also due to the fact that their poverty condition prevents them from having adequate amounts of food to eat. In the case of a mother receiving food stamps for one of her eight children who is an American citizen and who may at the same time have special dietary needs, the food purchased would out of necessity and by custom be shared with all members of the household.

(8) The tendency to use alternate healing systems presents problems for the Haitian Refugees as they relate to the traditional health systems. They will make every effort to attempt to try medicines which they are accustomed to in Haiti to solve certain health problems. Some physicians and nurses become aggravated when they discover that their advice is not being followed for example by the mother of a child patient. The better approach would be not to try to discourage the mother from utilizing a voodoo priest, but to utilize the health clinic in addition to a voodoo priest. If the clinic's treatment is effective, the mother will continue visiting the clinic.

(9) Haitian people are very religious and believe in the powers of supernatural spirits. In Haitian health culture, a belief system based on superstition is prevalent. Many illnesses are viewed as caused by others wishing harm to them or evil in their lives. Allergies and stomach ailments usually fall within this category. Thus, it is important for health care providers

(9) to know that the Haitian patients will in all likelihood present himself for care when an illness is in advanced stages and their system of care, be it voodoo priest, home remedies such as herbal teas have been unsuccessful. If the traditional health care provider's medicine is effective, the cause of the illness is still viewed as of supernatural cause rather than caused by a bacteria or virus as may occur in the case of diarrhea.

10 The uninhibited display of emotions is viewed a very natural process within the Haitian culture. The open expression of grief or sadness which is often accompanied by loud sounds of moaning, weeping and wailing by the members of the Haitian community hearing of a tragedy which may affect a mother or child whether they know the individuals personally or not is often not understood by health providers in the U.S. The health practitioners focus their energy on calming and quieting the family rather than encouraging the display of emotions. The use of tranquilizers is predominant in the American society as a means to help individuals to control their emotional responses. This practice is in conflict with the experiences of the Haitians. For example, a Haitian mother does not want to be medicated when told that her child has a terminal illness and the crying begins.

Linguistic Barriers

11 Communication is important for our daily existence. It includes various sociological, psychological and physical processes. Language has been identified by both Haitians and Americans as one the greatest barriers confronting the Haitian refugees in the U.S.A. The fact that the majority of the Haitians have no knowledge of English and the health providers have no knowledge of Haitian Creole is critical. There are verbal and non-verbal means of communicating, however, it is obvious that the two major characters involved in the communication process are lacking a common language base and thus communication is barred. Even when the Haitian is English speaking to any degree,

11 one must not assume that the health provider and Haitian are communicating from a common base. This is due largely to problems inherent in translation and lack of understanding and knowledge of certain concepts which may not exist in the patients native language. An example of this phenomenon occurred when an American adolescent male while driving hit the parked car of a Haitian adult female. Both cars were uninsured. The Haitian woman called to inquire about calling the Child Abuse Department to see if they would assist her, because she interpreted the phrase child abuse to mean an agency that worked with children who abused others.

12 Any individual will avoid utilizing an agency where the staff cannot communicate with them. With health care, the patient's physical condition may deteriorate because of the emotional trauma that he experiences in not being able to communicate his symptoms and thus not being able to receive appropriate help.

Social Barriers

13 There are a number of practices and expectations in social functioning within the U.S. which interfere with refugees and/or individuals of color or minority status experiencing a positive adjustment to the American way of life. Some of these are racism, poverty, ethnocentrism, legalistic "rules of the game," and roles, diets.

14 Haitian refugees are of African origin and share a common heritage with Americans of African origin. As Blacks then in American society, they are subjected to covert and overt acts of racism. People who espouse racism make certain negative assumptions about Black people in general and moreso about Blacks who are non-English speaking and who do not demonstrate any semblance of Anglo-oriented behaviors. Being Black as well as poor creates tremendous problems for Haitians in this society. Many Haitians complain of inhumane

14 treatment while jailed by immigration officials and cold, disrespectful and negative attitudes directed toward them by agency staffs. Stereotypic, derogatory statements are made by staff who assume that all Haitians do not understand English or are in essence "invisible" in the waiting areas of institutions and agencies.

15 Family members and friends have roles quite different from those expected in American society. The older children are expected to provide care for the younger children. The babies and children belong to all adults in the family and thus, all adults play a parental role with the children. Any adult caring for the children would in case of illness continue to be caretaker of the child and may accompany the mother to the clinic. In many clinics, the rule is to have the mother go in to the examining room with the child and the grandmother, aunts, cousins, etc. be instructed to remain in the waiting area. What the health provider in this instance fails to realize is that the grandmother in all likelihood is the one who is taking care of the child and should be involved in the instructions for treatment. The father is the dominant head of the household. The mother has a more submissive role than is prevalent in today's society. The permissive child rearing practices are frowned on by Haitians. The approach used in providing children and adolescents choices in medical treatment by many health practitioners such as in the case of deciding whether they want an injection or a pill is not acceptable. Such decisions rests with the adults.

16 The numerous rules and the legalities involved with health care in the U.S. prevents Haitians from seeking services at various agencies. The residency requirement has resulted in Haitians using the emergency rooms of hospitals designated to provide health care to indigent populations as their major source of outpatient care. The requirement that the child cannot be treated unless accompanied by the natural parents and/or legal guardian is

16 counter to the practices of the Haitian people. The involvement of protective services, child abuse and neglect charges and the actual physical removal of the child from the care and custody of the family are major reasons why the refugees hesitate to take their children to health agencies. The family is viewed by the refugees as having authority to determine what method of treatment they want for their children and surgery is to be avoided as much as possible. In many instances, they believe that the illness is due to some supernatural cause. Thus, the physician who want to perform exploratory surgery will find resistance. There are many cases where the legal system has been involved with people who are of illegal status and have presented themselves or members of their family for medical care. In Haiti, if there is a problem the health providers will involve other members of the family or township in resolving it. But for the government to take a child because the parents want to take the child to a voodoo priest is a totally foreign Anglo-Western concept.

17 The refugees are extremely suspicious about being required to sign documents that they cannot understand because of the language barrier. They are accustomed to verbal agreements being honored and do not see the necessity of a signed written agreement. The use of an interpreter fails to alleviate the anxiety, because legal concepts involve abstractions and implications which are difficult for native English speaking individuals to comprehend. Thus, one can imagine the difficulty that is experienced in translating a legal document into Haitian Creole.

18 The agency directors who have sought to address some of the issues presented in this paper with their staff have indicated that the strong prevailing ethnocentric attitudes serve as barriers. Even when some providers are educated about the culture, their inherent belief in the superiority and "rightness" of the American way of life, prevents them from accepting and fully understanding different ways of behaving and different value systems.

19

The essential fact for health providers to recognize is that many of the barriers can be minimized. Staff orientations can be offered which will focus on the many aspects of Haitian culture: comparative analysis of American and Haitian culture, health practices, identification of personal and institutional barriers confronting Haitians, etc. The agency should hire Haitian personnel or individuals who are more sensitive to meeting the needs of Haitian patients. There is a need for professional and para-professional staff in health agencies. To address language barriers, interpreters should be hired to facilitate communication. The extent to which the agency or institution demonstrates its commitment to meet the needs of Haitian patients by making the services culturally appropriate and accessible, will influence the extent to which individual staff members will be willing to grow in their understanding of the Haitian population in their efforts to maximize health care within the Dade County community.

APPENDIX H

ANTHROPOLOGICAL CONSIDERATIONS ON BARRIERS AFFECTING DELIVERY OF HEALTH CARE SERVICES TO HAITIAN REFUGEES IN SOUTH FLORIDA

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Any discussion of problems in health service delivery to Haitians must take into account the interaction of externally and internally imposed barriers. External barriers are pervasive throughout the health care system; they have been appropriately characterized as legal, bureaucratic-administrative, financial, and the like. However, there are also barriers that arise from cultural differences in world view, belief systems, health practices, perceptions of survival needs, and experience in a substantively different health care system in Haiti. Added to these are certain psychological resistances which derive from the stresses and ambiguities of the immigration process itself. In the following discussion, we will attempt to (a) show how systemic and socio-political factors in the American health care system tend to reinforce, rather than to counteract, those barriers that arise from the Haitian cultural experience, and (b) present some specific recommendations for the reduction of barriers in both domains.

I. Haitians and Health Care: A Brief Overview

Attitudes toward the health care system. The first consideration is that health providers confront a population with pervasive paranoia, much of it experientially-based. Haitian newcomers are constantly aware of a central reality, i.e., that they are without status and face a precarious future. They perceive themselves as neither legal nor illegal (since they have had official contact with INS); and they are not defined as refugees. Essentially, they are a population in limbo, striving to make their way through an officially hostile environment. Their philosophy of life is one of survival, of self-

protection through carefully guarded communication with any public institutions. The overall psychological stance is one of paranoid suspicion and of alertness to the constant danger of perceived threats to the Haitian community. As an example, the recent rumor that Haitians are coming to Dade County with contagious diseases was perceived in conspiratorial terms, i.e., that this rumor was a deliberate effort to destroy the Haitian community. People with this mentality are unlikely to be open in any encounters with service providers in public institutions.

As a corollary, there are two major attitudes that are relevant to health care. First, there is suspicion of the person who is the health provider. Responses to questioning may range from secrecy and withholding of information to inconsistent communication of symptoms. The health provider may even be given two versions of the same event. Second, there is suspicion of the health care system itself. In the U.S., Haitians are dealing with a society where preventive and direct care services are well organized. This was not the case in Haiti, where preventive medicine may exist at the family level but is negligible officially. Direct services, on the same model as here, are available only to urban populations. However, the majority of Haitian refugees come from rural areas. This factor creates two types of negative thinking toward scientific medicine. First, there is suspicion toward the hospital setting. Most consider the hospital as a place where one goes to die, because in their society only terminally ill people went there. The second concept is that coming to a health provider is the last step, i.e., orthodox medical care is viewed as a final resource.

Help-seeking behavior. For most lower SES Haitians, there are four steps in dealing with illness or disability.

1. Self and family treatment. This consists of home remedies; communicating symptoms to friends; medication sharing; and experimental self-medication. Self-medication was also encouraged by the Haitian distribution system, since prescriptions are not needed for many drugs.

2. Cultural treatment. This is typically administered by folk healers using herbal preparations without supernatural significance.

3. Religious treatment. This is used to determine if illness was supernaturally caused, i.e., if illness was due to a curse or the spirits. Appropriate remedies are applied to counter malevolent spirits. These can be parallel with explanations from the medical model. Supernatural and scientific etiologies are not perceived as mutually exclusive.

4. Physician, or orthodox medical model. There may be tandem help-seeking in all modalities, but this is typically seen as the last resort.

Adaptive and maladaptive aspects. Functionally, there are both advantages and disadvantages in Haitian attitudes toward illness. On the positive side, Haitians are used to depending on themselves for survival. They are not soft, and will strive to overcome disability. Because Haitians cannot afford to be sick, they are usually very strong and have great powers of survival. Haitians do not become dependent on medications and are not likely to be drug abusers.

On the negative side, however, they tend to deny illness until symptoms are urgent or overwhelming. An obvious disadvantage in this defensive stance is that contagious diseases, which require early identification, are often not acknowledged. A person with infectious tuberculosis may be relying on herbs and syrups prior to availing himself of medical resources, while others in the family may be exposed to the disease. Delay in seeking treatment may obviously be disadvantageous to the person himself, particularly in cases of serious disorder.

A further disadvantage relates to rejection of certain types of interventions that are perceived as more life-threatening than illness. In Haiti, there is no welfare system; there are no social services at all. A peasant in rural areas working with antiquated tools is often subject to accidents to his limbs. If gangrene develops in a leg, for example, modern medicine may view amputation as a necessary remedy. But if a Haitian peasant's leg is amputated, he perceives himself as finished. There will be no assistance from

the state, and his family will starve. The reality of life thus shapes his perception of an acceptable remedy.

(8) There is great fear of surgery among Haitians. Too often, surgery is associated with terminal illness or with diminishment of the body. Poor people cannot afford to become diminished, and handicap is often equated with death. Haitians' lack of status again reinforces this fear of surgery, since here, as in Haiti, they are also not entitled to benefits. So there is no learning of alternative modes of survival in the new environment.

(9) Accordingly, despite the medical resources available here, very little has changed functionally for Haitians. Surgical interventions or prolonged hospitalization imply diminution of their capability of working, i.e., of surviving by themselves.

(10) II. Illustrating Bilateral Barriers to Effective Health Care Delivery

The following cases are presented primarily in terms of how they were perceived by the patient and the community. The essential concern is not with the medical aspects of the cases--or with the rights or wrongs of diagnosis and treatment--but rather with the observable barriers to provider-consumer communication , patient comprehension, quality of care, and therapeutic outcome. Two of these cases, in particular (nos. 2 and 3), sent shock waves through the Haitian community, and strongly reinforced an already existing tendency to distrust the medical establishment.

(11) Case 1. This case involves almost all barriers—social, cultural, linguistic, legalistic, administrative, bureaucratic, and financial.

(12) C.D., a Haitian female 43 years old, went to Jackson Memorial Hospital (JMH) presenting with pregnancy. Her menses had stopped and her abdomen was distended. After examination, JMH staff informed her that she was not pregnant. She insisted she was. Without seeking further for the cause of her extended abdomen, they indicated she was suffering from false

(12) pregnancy and sent her to the Haitian mental health team to deal with her delusion. Haitian team members ascertained that she held a common cultural belief. Very simply, the patient believed that her pregnancy could not be detected because of the malevolent influence of a mistress of her husband who had cast a spell to "bind" the baby. In the Haitian culture, it is believed that through supernatural influence one can bind a baby so that movement or heartbeat cannot be detected. The baby is held prisoner in the body of the mother—alive, but not able to be delivered. Grossly postmature babies are sometimes attributed to this type of spell.

(13) When the team questioned C.D., they understood the belief and did not consider it psychotic. Further evaluation indicated the patient was psychiatrically normal. She was referred back to JMH for further examination. JMH staff again insisted on a delusional pregnancy. They reexamined her for pregnancy alone--which had already been disconfirmed-and ignored the team's request for further physical examination. With her remaining money, the patient then went to a private gynecologist, who diagnosed a tumor and indicated surgery was necessary. However, the gynecologist's fee was $3,000, which the patient had no way of paying. The Haitian team referred her back to JMH outpatient clinic, who informed her there was nothing wrong with her. They referred her to Clinica Borinquen, who prescribed a surgical belt for her distended belly. Subsequently, the patient began bleeding. The team is still assisting her, trying to involve HRS in the case. JMH refuses to proceed with further examination. It is believed that JMH does not want to proceed because of her status. This patient has an I-94 document from INS. Although this is recognized as a document that can get Haitian patients into JMH for treatment, (after the Haitian team's negotiations, a memo was generated indicating patients are accepted with I-94), the mentality is to give such individuals outpatient treatment. It is our belief that inpatient care is not offered readily to I-94 patients because of cost considerations.

Case 2. (14) Illustrating linguistic and social barriers. Mr. D.S., a Haitian previously living in the Bahamas, came to JMH with his 10 year old daughter who presented with seizure symptoms, and apnea. The family said that symptoms occurred only on Friday or Wednesday evenings. The child was diagnosed as epileptic.

(15) The father begged the doctor to hospitalize the girl on a Wednesday or Friday night so that medical staff could observe the symptoms. The parents were afraid she would die. However, inpatient care was refused and the girl was given outpatient treatment with multiple medications. It is believed that JMH staff felt that because they were told the symptoms occurred only on Wednesday and Friday, they were associated with superstitious practices, and accordingly not of great medical significance.

(16) Some months after the girl started treatment, on a Friday evening in July, the girl did, indeed, die. The father had begged for hospitalization a week before, claiming the seizures were becoming worse. Hospital staff members were unable to explain to the family their reasons that hospitalization was counterindicated or not feasible; the girl's death confirmed the parents' apprehension about the hospital's indifference to their needs.

(17) This case had considerable impact on the Haitian community. There were widespread rumors that because the father is Haitian, he was not entitled to dignity, respect and understanding from hospital staff.

(18) A single case like this is widely publicized among Haitians and deteriorates relationships between the hospital and the community.

(19) In this case, the communicative barriers are very clear. The medical staff was unable to communicate to the family the reasons why their suggestions were not being accepted. For the father, it implied that they murdered his child because he told them she would die if they didn't hospitalize her.

(20) For the Haitian community, it is a classic case of the medical establishment's indifference to their needs. This reinforces the behavior previously discussed in psychological barriers to treatment, i.e., even if Haitians overcome their own self-imposed barriers, the hospital does little to establish the efficacy of the medical model.

Case 3. Illustrating linguistic and social barriers. Mrs. A.S., after a normal birth, brought her baby for a routine eight-month check-up to JMH. The attending physician asked her for authorization to do a lumbar puncture. After the test, the baby went into a coma. After resuscitation, she was paralyzed and blind.

(21)

(22) The mother, infuriated, believed her baby was being used as a guinea pig. She claimed her baby was normal and that the hospital had used her baby for experimentation. It is not known at this point what occurred during the lumbar puncture. The baby is now blind, but no longer

(22) paralyzed. The mother is getting desperate because the child needs special care. She has to work and no Haitian baby sitter agrees to take care of the baby because of fear of complications.

(23) The community perceives this as follows: the baby was perfect and JMH handicapped her. They did not understand why the lumbar puncture was necessary and view JMH as an evil place where experimentation is done.

(24) In all these cases, if a cultural interpreter had been present, communication could have been eased.

Case 4. The final case illustrates barriers arising from the Haitian culture rather than from the medical system.

(25) I.R., a Haitian woman about 40 years of age, presented with vaginal bleeding and possible ovarian infection. She came to the Haitian team and was referred to JMH. She was hospitalized and a D & C was recommended. However, I.R. refused to sign the authorization.

(26) She claimed that what the doctor perceived as an infection was actually due to a special preparation placed inside her for strength at the time she was initiated into Voudou. The insertion of a magical object was seen as protection against malevolence of others; if it were removed she would become weak and susceptible to evil. JMH wanted to cooperate and called the Haitian team. The team couldn't convince her, but effected a compromise, inducing her to accept local prophylaxis. The physician was very understanding, but had to tell I.R. that three months later the symptoms would recur. The Haitian team explained that three months would confirm the diagnosis, and either she would be treated at that time or she would face a life-threatening situation. She accepted. After three months the symptoms reappeared as predicted. At that time I.R. returned and agreed to surgery. She had the operation, is now normal, and gives thanks to the Haitian team for their intervention.

(27) In this case, the financial barriers to surgery still prevailed, since the patient was indigent, without insurance and without legal status. However, the Haitian Refugee Center signed the necessary papers assuming financial responsibility and paid her bills.

III. Traditional Haitian Health Practices as Barriers to Medical Care

(28) A number of variables may emerge as barriers to quality of care if practitioners are not aware of certain cultural traditions and beliefs. The items

28 below were selected from discussions between the author and a number of American and Haitian physicians who treat Haitian patients. They represent some critical areas in which medical personnel should be educated for appropriate diagnosis and treatment of Haitians.

1. Self-Diagnosis

29 Malaria is widely prevalent in Haiti. Central symptoms are fever and chills. If these symptoms occur, many Haitians will attempt self-medication for malaria. Despite the fact that these symptoms in Miami are probably symptomatic of other types of disorder, Haitian patients presenting with fevers and chills may have previously treated themselves with cerasee or other plants specific to malaria, and will try to convince doctors that this diagnosis is correct.

30 Another area of self-diagnosis relates to intestinal parasites in children. Many mothers associate stomach pains and even coughing with intestinal worms. Hypopigmentation or skin discoloration will convince mothers that this is the case. The pattern of intestinal worms is so prevalent in Haiti that mothers will often insist on this diagnosis with physicians.

2. Care of Infants

31 Many Haitian mothers believe that in infants over 2-3 months, diarrhea is invariably associated with teething. Convincing mothers that diarrhea is linked to inappropriate foods or inadequate sterilization, is very difficult because of this belief. Mothers also believe that impetigo or other skin rashes may be due to teething.

32 Another belief of Haitian mothers is that babies must be fed at all times. The idea of a special diet or food-substitute (e.g., pedialyte) is difficult for them to accept. They believe that a diet is starvation. As specific treatment for diarrhea, because of the teething beliefs, it is especially non-acceptable. One result is that babies are seen for recurrent disorders or

32 readmitted to the hospital for intestinal complications because of mothers' noncompliance. Even within the hospital, a mother may continue to feed her baby by stealth because of the fear of starvation.

3. Immunizations

33 Many Haitians cannot accept the idea that immunization is contingent on completion of a series of injections, or on revaccination. They believe that immunity is conferred by one shot alone.

4. Common Traditions and Beliefs Regarding Veneral Disease

34 There is a belief among Haitian males, especially from the back country that gonorrhea can be acquired by sitting on a hot place, e.g., that a warm chair can generate the disease. From that conceptualization, there is a tendency to minimize the first symptoms. The tendency is to use hot teas and herbal preparations in the belief the symptoms will disappear by themselves.

35 Syphillis is considered a "very dirty" sickness. Haitian people will acknowledge it only in the phase when skin lesions occur. Practitioners will have a problem convincing patients that a positive blood test alone indicates syphillis. In the absence of skin lesions, patients will doubt the diagnosis and will probably try to avoid any long-term treatment. Practitioners will probably have to work hard at convincing patients that treatment is needed.

5. Myths Regarding Injections

36 In Haiti, "Pian" or Yaws, was an endemic disease prior to 1915, particularly in the back country. The disease, was eradicated by the American occupation over a period of years, primarily through the use of local injections. Practically every Haitian suffering from Yaws received a shot. From this historical beginning, the belief arose that injection was a miracle treatment for disease. Therefore, whenever Haitians go to a physician they are not usually fully satisfied until they receive a shot. Unless there is an injection, many feel that treatment is ineffective or incomplete.

37 This mythology is very strong and a Haitian patient may go elsewhere, indicating lack of confidence in treatment, if an injection is not received. Haitian doctors understand this very well and almost always give shots for this reason.

IV. Barriers Due to Acculturation

1. Douching

38 Private practitioners identify a salient problem among Haitian women; abuse of the vaginal douche. In Haiti, vaginal douching was common only among middle and upper class women. Douching was used among lower socioeconomic groups only by new mothers following childbirth, and by legal prostitutes. Today there seems to be an increasing practice of douching. This is both for cleanliness and because douching is associated with constriction of the vaginal muscles, and hence is viewed as a sexual stimulus. Over-douching, reduces the acidity, rendering the milieu more susceptible to infection.

2. Breast-feeding

39 In Haiti, breast-feeding was the accepted practice among all classes. In the rural area it was the major way of feeding infants. In the U.S., it is perceived by Haitian newcomers as "non-modern" and nursing is now increasingly rejected in favor of bottle feeding, despite efforts in the maternity ward to get new mothers to accept breast-feeding.

RECOMMENDATIONS

1. Linguistic Interpretation

40 There is an obvious need for Creole-speaking interpreters in health facilities treating Haitian patients. It is important that these translators receive special training to avoid judgmental interpretations and to reduce administrative pressure for phrasing communications in a particular way.

2. Cultural Interpretations

41 It is not enough for an interpreter to be able to translate word for word what a patient is saying. Very often, the essential meaning of the communication is lost unless the translator is also trained to elaborate on the cultural meaning of what is said. The examples of barriers previously given indicate how important cultural information can be.

42 It is therefore recommended that interpreters be trained as, or work in conjunction with, culture brokers who understand both systems. This concept, first developed by Dr. Hazel Weidman of the Department of Psychiatry University of Miami School of Medicine, involves a trained individual with knowledge of both the orthodox health care system as well as cultural beliefs and practices regarding health care.[2]

3. Education of Health Practitioners

43 There should be two forms of continuing education in cultural aspects of health care:

a. ongoing exposure to culture brokers and case consultation and

b. more formal presentations on Haitian health practices, most common syndromes, beliefs regarding specific diseases, and alternative healing systems.

4. Reduction of Other Barriers

44 Haitians must become self-sufficient through increasing their opportunities for work and legal status. With reduction of status ambiguity, the paranoia will gradually disappear. With employment and subsequent income opportunities, Haitians will be able to pay their hospital bills and purchase medical insurance. It should be noted that although hospitals often perceive Haitians as non-paying indigents, Haitians are a very proud people and most will be diligent in paying their hospital bills if they have the money.

45 Finally, the growing humanistic tendency in medical education will go far toward removing many barriers. Listening to the patient, involving patients in their own treatment, building on the strengths of folk remedies, and sharing

45 the therapeutic venture will create greater sensitivity and acceptance on both sides.

FOOTNOTES AND REFERENCES

46 1. For further elaboration of Haitian health beliefs and culture-bound syndromes, see: Charles, Claude. Brief comments on the occurrence, etiology, and treatment of Indisposition. Social Science and Medicine, April, 1979, Vol. 13B (2).*

47 2. Weidman, Hazel H. Implications of the culture broker concept for the delivery of health care. Paper presented at the Annual Meeting of the Southern Anthropological Society, Wrightsville Beach, North Carolina, March, 1973.

*Also see: Philippe, Jeanne and Romain, Jean Baptiste. *Indisposition* in Haiti. Social Science and Medicine, April, 1979, Vol. 13B (129-133).

APPENDIX I

A DESCRIPTION OF THE HEALTH STATUS OF THE HAITIAN POPULATION: A CLINICAL PERSPECTIVE

Marjorie T. Brown, M.D.

Dade County Department of Public Health

Associate Chief of Medical Services - Pediatrics
Coordinator - Children and Youth Project

November 1979

A DESCRIPTION OF THE HEALTH STATUS OF THE HAITIAN POPULATION: A CLINICAL PERSPECTIVE

Case History:

(1) M. P., a 33 year old Haitian woman entered Jackson Memorial Hospital on November 11, 1979 for the delivery of her seventh child. Her pregnancy was complicated by diabetes, her difficulty understanding the medical instructions and her inability to buy the foods necessary for the prescribed diet. M. P. has four children by a previous father who are living in Haiti. She has two children, born in the Bahamas, who are living with her in the crowded rooms they share with the new baby's father. They have barely enough money for rent and a few clothes, not quite enough for adequate food and none for medical care. The father, an undocumented alien, has an irregular low paying job, a chronic cough and borderline hypertension. He is often moody and depressed and deeply concerned about the responsibilities of his growing family. The youngest child at home, an eleven month old boy, is mildly anemic and obese and consumes mainly evaporated milk and bread. He has had two or three bouts of diarrhea, none severe enough to require hospitalization. He and his two year old sister have had no immunizations. The children have had little or no medical care. The parents rely on folk remedies and the help of a Haitian healer. They are afraid their attendance at medical clinics may lead to problems with the Immigration Service.

(2) On November 12, 1979, a few hours after the delivery of her baby, M. P. informed the hospital staff that the infant was not hers and insisted that she had not been pregnant. The following day she left the hospital against medical advice.

(3) On November 14, 1979, M. P. returned to Jackson Memorial with the baby's father and claimed the baby she had denied. Both mother and father appeared to be emotionally stable and were happy to accept the infant.

(4) The case history presented above is not unusual and points out the multiplicity and complex nature of the health problems of the Haitian population and the difficulties encountered by the health providers attempting to provide care.

(5) Health problems of the Haitian population encompass personal health problems including maternal, pediatric, dental, nutritional, emotional and general medical as well as community health problems that are a potential threat to the community as well as the individual Haitians involved.

(6) Several health care providers including Jackson Memorial Hospital, the Dade County Department of Public Health, Liberty City Health Services Center, Family Health Center, Borinquen Health Care Center and Community Mental Health Services who provide medical care to the majority of the Haitian population have documented the most common health problems which are outlined below.

(7) General Medical
- malnutrition
- anemia (including sickle cell disease)
- diarrhea/dysentery
- intestinal parasites
- respiratory illnesses
- hypertension
- venereal diseases
- tuberculosis

(8) Maternal
- malnutrition
- anemia
- high incidence of diabetes
- high incidence of high risk pregnancies
- high incidence of complicated maternal histories including loss of a previous infant
- high incidence of grand multiparas
- lack of interest in and understanding of family planning methods

(9) Pediatrics
- malnutrition
- anemia
- diarrhea
- intestinal parasites
- tuberculosis
- incomplete immunizations

10 Mental Health
- anxiety
- depression
- feelings of alienation, isolation and rejection
- problems with cultural adaptation

11 Nutritional -(data available for mothers and children only)
- Prenatal - anemia, inadequate dietary patterns, multiparity, children closely spaced, underweight or overweight at onset of pregnancy.
- Infants - anemia, obesity, overfeeding, diarrhea
- Children - anemia, obesity
- Related problems - poor sanitation; insufficient and/or improper sterilization techniques; poor refrigeration; breast feeding, common in Haiti, rarely seen in the United States.

12 Dental
- increased incidence of dental caries
- lack of restorative procedures
- emphasis on cosmetic rather than functional restoration

13 Social

Multiple social problems mainly involved with basic existence - food, shelter, clothing and medical care.
Job placement.
Complicated family structures - divided families
Ever present concern with legal status as immigrants.

14 The aforementioned providers have agreed that many unique factors compound the difficulties encountered by client and providers in obtaining and delivering of medical care. These include the following:

15 Lack of Communication - this includes the scarcity of trained health personnel who speak the Haitian dialect, the limited knowledge of English of the majority of the Haitian patients and the lack of understanding on both sides of traditional health practices from both cultures.

16 Difficulty in providing follow-up care - many Haitians do not follow-up on instructions for completing medical care and when health professionals attempt to contact them for reappointments or additional instructions they cannot find them at the addresses given by the clients.

17 Failure to seek medical care early - this often leads to more severe and complex problems which might have been avoided if treated early.

18 Reliance on folk medicines and folk healers - this practice sometimes delays or interferes with traditional medical care.

19 Belief in Voodoo and Witchcraft - often compounds the problem of providers, especially in critically ill patients.

20 Lack of information about health care facilities.

21 Fear that health care providers will report illegal aliens to the Immigration and Naturalization Service (I.N.S.)

22 The health status of the Haitian population is also of importance as a public health problem. All newly arrived Haitians, known to the I.N.S., have a health screening performed by the Dade County Department of Public Health. Details of the screening protocol and the results of the screening performed in the past three years are in the attached report. Significant findings include the higher case rate for tuberculosis in comparison to the resident Dade citizen, the higher risk to the Haitians for breakdown into active tuberculosis, and the difficulty in assuring that Haitians with known active tuberculosis take the required daily medication and return for regularly scheduled follow-up.

23 Recently, the Miami branch of the State Laboratory has undertaken a study of intestinal parasites in 70 newly arrived Haitian males. Seventy-five percent of those studied were found to have at least one intestinal parasite, 27% had more than one. The most common parasites found were Entamoeba coli, trichuris (whipworm), Ascaris (roundworm), hookworms, Endolimax nana, Hymenolepis nana (dwarf tapeworm) and giardia. Additional studies are planned.

24 Another important public health consideration is the low level of immunity of the children in the Haitian community.

25 Also a major problem, though undocumented, which seriously concerns those responsible for public health is the existence in our community of undocumented alien immigrants who are not known to the I.N.S., have not had the benefit of the routine screening procedures, are afraid to seek medical care and may be a source of infection for their families, friends and the community.

26 In conversations with health care personnel who serve the Haitians and in reviewing previously prepared reports there were many positive comments about the Haitian people and their attitude toward health care. This report will conclude with some of their comments.

27 "The Haitians------
have strong social traditions and values".

are emotionally healthy people".

have strong family relationships".

are hardworking".

tend to seek medical care for their children".

are polite and respectful".

are cooperative and willing to follow instructions they can understand".

are sharing people, always ready to help another human being needing assistance".

STATE OF FLORIDA

DEPARTMENT OF
Health & Rehabilitative Services
DISTRICT ELEVEN

Bob Graham, Governor

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH
1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125
Telephone: 325-2540

November 26, 1979

Memorandum

To Robert E. Laurie, M.D.
Deputy County Health Director

From John Q. Cleveland, Jr., M.D., M.P.H.
Associate Chief, Office of Disease Prevention

Subject Haitian Screening at the Dade County Department of Public Health

28 Haitians have been seen in the Special Health Services Section of the Dade County Department of Public Health as a recognized minority since 1977.

29 A specific screening protocol was developed during the summer of 1978. With the assistance of local talent, as well as the specialists from the Center for Disease Control, we devised a "one-stop" screening protocol.

30 The screening is done as soon as the Immigration and Naturalization Service (INS) representatives process the Haitians, usually within 48 hours of their arrival. Lately they have been cooperative in bringing them at our requested times.

31 The Screening Protocol

1) Chest film for tuberculosis for those 15 years of age and older. PPD skin test for 14 years of age and younger, and pregnant women.

2) Rapid plasma reagin test followed by VDRL for confirmation to detect syphilis.

3) Cervical culture in females for gonorrhea.

4) Urethral culture or smear on all symptomatic males for gonorrhea.

5) Genital physical exam for syphilis, yaws, or other obvious conditions.

6) Immunization for adults (18+): diphtheria-tetanus and adult polio (Salk).

For 13-18 year olds: measles, rubella (males only) polio drops (Sabin) and diphtheria-tetanus.

For 0-12 year olds: DTP/Td, polio, measles, mumps, rubella.

32 The chest film and RPR are read while the patient waits, as is the urethral smear. So actually the only hold over diagnosis we have is gonorrhea in the females, as determined by the culture 48 hours later.

33 Appropriate treatment for any conditions found is instituted at the visit.

34 Tuberculosis Screening

35 Since 1977, statistics have been kept separately on Haitian clients in the TB Control Section.

36 In 1977, 44 Haitians were screened. In 1978, the number grew to 140, and in 1979 (through November 15th) it has been 534.

37 In 1977, no cases of TB were found in the 44.

38 In 1978, one refugee was sent directly to Jackson Memorial Hospital by INS (he appeared so ill) and was diagnosed as an active case. Although the numbers are small, that is a case rate of 714/100,000, while current Dade County rate for active TB is 20/100,000.

39 In 1979 (through November 15th) out of 534 refugees screened, two have been diagnosed as active TB cases, with a case rate of 374/100,000. (Dade's rate being 20/100,000.)

40 Haitians in Regular TB Control Activities

41 In 1977, 13 out of 278 cases reported were Haitian.

42 In 1978, 12 out of 294 cases were Haitian.

43 By November 15th of 1979, 20 cases out of 256 were Haitian.

44 A breakdown of those 20 cases in 1979 demonstrates:

1) Ten of the twenty are in their 20's.
2) The oldest of the twenty is 48.
3) Of the twenty, five are children (age 7 months to 14 years old).
4) Of the twenty, three are from one family, a 43 year old father, a 2 year old daughter, and a 7 month old male infant.

Conclusion

45 1) Haitians screened soon after landing in the United States have a higher rate of TB than the resident Dade citizen.

46 2) Haitians, after arrival, have a higher risk for breaking down into active disease (TB) than the resident citizen.

47 3) Haitians found to need treatment for TB after screening are extremely difficult to locate and once located, tend to not keep appointments for follow-up.

48 Venereal Disease Screening

49 Statistics have been kept since 1977.

50 In 1977, 44 Haitians were screened, of that group, 10 or 22% showed a reactive RPR and VDRL tests. No gonorrhea was found.

51 In 1978, 122 were screened, out of which 19 had reactive blood tests, but none of which were thought to have infectious syphilis. Four cases of gonorrhea were found out of the 122.

52 In 1979, through November 15th, 426 Haitians went through the VD screening. Ninety-one (21%) had reactive blood tests, but only 8 were thought to have infectious syphilis. Thirteen (3.1%) were found to harbor gonorrhea.

JQC/dh

APPENDIX J

A D D E N D U M

HACAD Inc. Medical Services
5911 N.W. 2nd Ave.
Miami, Fla. 33127

Many Haitian Physicians have one way or another modestly contributed to the welfare of the Refugees and provided them with free health care, specially those Haitian Physicians who are in private practice. There is no instance where a refugee referred to one of those physicians by either the Catholic Service Bureau, the Community Mental Health Center (Haitian Unit), HACAD or the Haitian Refugee Center has been turned down. They are presently serving between 100 to 200 refugees per month. Furthermore, those physicians have given countless hours in visiting refugees at home and in jails. As a result of this, need has been felt for the creation of a Primary Care Unit in the Edison Little River area, devoted specially to the Haitians, and HACAD has endorsed this enterprise. This Primary Care Clinic is currently functioning with the help of volunteer Haitian physician, nurse, social worker and outreach worker.

Synopsis of health problems as viewed by the Haitian Medical Doctors and Haitian Community agencies for the Haitian population of South Florida

Dec. 7, 1979

The problem of health delivery to the growing Haitian population of South Florida arises as a dire emergency, so obvious per se, so serious in its consequences that it has motivated the whole workshop to which we are about to participate.

We deplore the fact that among the advance papers we are here to discuss, evaluate and criticize; no Haitian professionals (medical doctors, licensed practical nurses, registered nurses, social workers, outreach workers, community health workers, community health educators etc.) have been invited to submit their views and share their experiences except for Mr. Claude Charles' papers. However, since it is never too late to do well, we have to the best of our ability, underlined a few points that we hope will attract the attention of the different panels.

Before going into details, we would like to stress out the fact that the actual -already serious- situation is not a static but a dynamic one. Indeed Haitians keep flowing over the Floridian coasts

per fas et ne fas and at this point no one knows where or when the process will end. We can very likely anticipate that their precarious situation will, if anything, worsen, unless appropriate measures are taken to meet the growing needs.

We are aware of some existing health facilities and we thank Mr Herbert J. Lerner for his exhaustive survey. We have taken the liberty to add to the survey some data that might have skipped his attention.

The general idea that emerges from Mr. Lerner's survey is that despite undeniable efforts, those existing health facilities are, as a rule, underutilized. Several factors contribute to that:

1. Many of the facilities are unknown to the Haitian community specially those located out of Dade County. It is our understanding that most of the Haitian refugees are screened upon arrival in the United States. We think that this initial screening could constitute the first leading step toward existing health facilities.

2. Things are not always that simple. Even when Haitians know about these facilities, they do not readily benefit from them, their first preoccupation being their legal status.

It ensues that their attitude is one of suspicion, lack of confidence and fears.

3. Finally, lack of communication contributes to make everything else more difficult. At this point, we naturally refer to Dr Bestman's paper and the problem of cultural barriers.

"Only love needs no words." Every other form of human relations does and health care is no exception. The importance of clinical history in establishing a proper diagnosis cannot be overemphasized and a physician who, once in his life, has faced that situation knows that the best interpreter with the most adequate background can sometimes act as a distorting mirror when it comes to signs and symptoms. The physician-patient relationship suffers no third person. This is specially true during the physical examination when the presence of a middle person can only generate reticence, shame not to mention the invasion of the professional secrecy.

Although the forth coming opinion might appear idealistic at this point, our ultimate goal should be to eliminate interpreters by appointing Haitian professional and paraprofessional people. THIS CAN BE DONE at least at the level of primary care. Should any

patient require specialized care, the Haitian physician will in turn refer the patient to his colleague with a complete and detailed bilingual file.

Besides delivering health care, the physician has to a certain extent, to educate his patient by for instance convincing him of the necessity of follow ups etc. He will be largely helped in his task by nurses, health educators, social workers, outreach workers who can be found in the Haitian community. Broward and Dade Counties totalize 13 fully licensed Haitian physicians covering specialities: Pediatrics, Obstetrics, Psychiatry, Anesthesiology, Internal medicine, Surgery, Cardiology. WITHOUT ANY DIFFICULTY 25 to 30 Registered Nurses can be found together with a similar number of health educators, social workers and outreach workers.

Cultural differences between patients and therapist can be an obstacle to effective care. Ideally such care should be delivered by one who has the same cultural background as the patient. Two clinical vignettes will illustrate the statement.

Case I. A 20 year old Haitian male who speaks no English was referred to the Community Mental Health Center, Haitian Unit for follow up from a well known health agency where he has been hospitalized for

one week approximately. He came with the evident diagnosis of schizophrenia chronic paranoid type, he was prescribed antipsychotic medication because he was fearful, distrustful, was found wandering in the streets and talking to himself. After 2-3 evaluative sessions with a Haitian specialist, some therapeutic alliances being established, it was decided to discontinue the anti-psychotic medication and to place him on anti-depressant. The patient after a few weeks of treatment was able to hold a job and was functionning at a normal level. This error in diagnosis has contributed to a delay in rehabilitation process.

In assessing psychiatrically significant delusions, the category of paranoid ideation must be approached with great caution. It is common to hear this comment among Haitians: "Somebody is doing something to make me sick or the spirits are angry at me and are punishing me." Such statement heard in an emergency room of an hospital could be labeled as delusion or hallucination by a non-Haitian health care specialist.

Case II. George x, 6 year old Haitian boy, raised in the Bahamas has been in Miami for 6-7 months. He knows little English and speaks Creole fluently. Placed in Kindergarten, he was found aggressive in his interaction with other children and slow in school by his teachers.

He was diagnosed by a non-Haitian physician as "Unsocialized aggressive reaction of childhood" and ,"mentally retarded." It was an obvious misdiagnosis secondary to the cultural barrier and the lack of communication.

Based on our experience and our day to day contact with the Haitian Community,it is our belief that the Haitian health problems won't be solved only in the existing health facilities. Emphasis has to be put on outreach, education and follow up in order to promote better health care for the Haitian community. For example, the Clewiston Health Center branch has increased its Haitian patients' load from zero to 125 in less than a month by hiring a Haitian American physician and an outreach worker.

The very existence of HACAD Inc. Medical Services will help overcome the problems of fear, communication and cultural barriers.

HERE ARE SOME LISTS OF FEDERAL GRANT PROGRAMS, KINDLY PROVIDED FROM THE WORK PAPERS OF THE HEALTH SYSTEMS AGENCY OF SOUTH FLORIDA

. HEALTH RESOURCES ADMINISTRATION

CATALOG NO.	NAME OF PROGRAM
13.298	Nurse practitioner training programs
13.305	Allied Health Professions-special project grants (part (a) only)
13.889	Expanded Function Dental Auxilliary Training Program
13.369	Nursing-School Instruction assistance loan and loan guarantees
13.379	Family medicine residence training grants
13.884	Grants for residency training in general pediatrics
13.886	Educational programs for the physician's assistance
13.887	Medical facilities construction project grants
*	State Medical Facilities Plan and application for allotment funds (Title XVI)
*	Projects funded under Title XVI allotment
*	Training in Emergency Medicine
*	Health Professions teaching facilities loans and loan guarantees for construction
*	Interdisciplinary team training
*	Bilingual Health Clinical training centers
*	Grants for residency training in general dentistry
*	Regional systems of continuing education
*	Medical school development costs (emphasize family medicine)
*	Area health education centers
13.369	Nursing school construction assistance direct grants
13.384	Health professions startup assistance
*	Regional Health Professions schools
*	Health Professions teaching facilities grants for construction (Title VII

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

CATALOG NO.	NAME OF PROGRAM
13.235	Drug Abuse Community Service
13.237	Mental-Health Hospital Improvement Grants
13.238	Mental Health-Hospital staff development grants
13.240	Community Mental Health Centers staff and construction
13.242	Mental Health Research Grants
13.244	Mental Health Clinical or service related training grants
13.251	Alcohol Community Service programs
13.252	Alcohol demonstration programs
13.254	Drug Abuse demonstration programs
13.257	Alcohol formula grants (State plan and application for allotment)
13.257	Alcohol projects funded under allotments
13.259	Mental Health-Childrens Services
13.269	Drug Abuse prevention formula grants (projects funded under allotments
13.273	Alcohol research programs
13.274	Alcohol clinical or service related training programs
13.275	Drug Abuse Education programs
13.279	Drug Abuse research programs
13.280	Drug Abuse clinical or service related training programs
13.290	Special alcoholism projects to implement the Uniform Act
13.295	Community Mental Health Centers Comprehensive services support
*	State Mental Health Plan required by Sec. 237-CMHC Act
13.269	Drug Abuse Prevention formula grants (State plan and application for allotment grants)

* NO CATALOG NUMBER

SOME LISTS OF FEDERAL GRANT PROGRAMS, KINDLY PROVIDED FROM THE WORK PAPERS OF THE HEALTH SYSTEMS AGENCY OF SOUTH FLORIDA

HEALTH SERVICES ADMINISTRATION

CATALOG NO.	NAME OF PROGRAM	AI
13.210	Comprehensive public health services formula grants (State plan and application for allotment grants)	
13.210	Comprehensive public health services projects funded under allotment	
13.217	Family planning projects	
13.224	Community Health Centers (includes rural and urban health initiatives)	
13.246	Migrant health grants	
13.256	Health Maintenance Organization development	
13.258	National Health Service Corps.	
13.260	Family planning services-training grants and contracts	
13.284	Emergency Medical Services	
13.292	Sudden Infant Death Syndrome information and counseling program	
13.296	Comprehensive hemophilia diagnostic and treatment centers	
13.882	Hypertension programs (State plan & application for allotment grants)	
13.882	Hypertension programs (projects funded under allotments)	
*	Genetic disease counseling and education	
13.211	Crippled children services (State Plan and application for allotments)	
13.211	Children and Youth Projects	
13.232	Maternal and Child health services (State plan and application for allotments)	
13.232	Maternal and Infant Projects	
23.004	Appalachian health demonstrations	
*	Health underserved rural areas	
13.888	Home Health Services Grant program	

NATIONAL INSTITUTE OF HEALTH

CATALOG NO.	NAME OF PROGRAM	A
13.392	Cancer Construction	
13.397	Cancer Centers Support	
13.399	Cancer Control	
*	Heart and lung national research and demo centers	
*	Heart and lung control	

CENTER FOR DISEASE CONTROL

13.267	Urban rat control	
13.268	Disease control-project grants	
13.283	CDC-investigation, surveillance and technical assistance (source)	
*	Health information and health promotion	
13.266	Childhood lead-based paint poison control	

*NO CATALOG NUMBER

THIS IS A LIST OF THE FEDERAL GRANTS REVIEWED APRIL 1978 - MARCH 1979 BY THE HEALTH SYSTEMS AGENCY OF SOUTH FLORIDA (Source: HSA workpapers)

Log No.	Project Title	Catalog No.	Amount
0345	Metro Dade - Drug Grant	13.269	6,068,731
0347	CHI Continuation Grant	13.224	1,036,058
0348	Miami Jewish Home & Hospital - CMHC	13.240	643,836
0351	Spanish Family Guidance Center	13.240	194,403
0352	Dade County Rat Control	13.267	263,198
0353	University of Miami Nurse Midwifery	---	142,287
0354	CHI Special Project	13.224	166,944
0355	DHRS Family Planning	13.260	1,027,509
0356	Spectrum, Inc. Drug Grant	13.235	82,334
0358	University of Miami Geriatric Nurse Practitioner	13.298	154,490
0359	Borinquen Continuation Grant	---	672,164
0360	Miami Jewish Home & Hospital Home Health Aide Training	---	42,222
0361	Jackson CMHC Transitional Housing	13.240	156,247
0363	University of Miami Residency in Internal Medicine	13.884	246,063
0368	Economic Opportunity Health Center - Continuation	13.224	2,125,318
0369	Metro Dade - Women's Alcohol	13.251	182,199
0372	University of Miami Hemophelia Diagnosis & Treatment	13.296	239,366
0373	Sunshine State Health Plan HMO Feasibility	13.256	73,610
0375	CHI CMHC Continuation	13.295	1,067,402
0377	Florida Health & Related Service/Home Health Grant	13.888	75,000
0380	Home Medical Services Training Home Health Aides	---	49,916

Log No.	Project Title	Catalog No.	Amount
0384	CHI Child Abuse Grant	13.628	117,962
0387	South Florida Group Health HMO	13.256	476,148
0390	University of Miami Family Nurse Practitioner	13.298	149,786
0392	Dade County Health Department C & Y	13.211	1,379,259
0393	Lifeline - Drug Hotline	13.235	64,917
0395	Generic Testing & Counseling	---	180,000
0397	Visiting Nurses Association Preventive Home Health Care	---	156,400
0398	Up Front, Inc. - Drug Information & Education	13.235	54,999
0399	Dade County Health Department MIC	13.232	1,444,876
0402	Variety Childrens Dental Residency	---	397,020
0401	Dade County Drug Grant	13.269	60,000
0403	Switchboard Drug Grant	13.235	19,730
0404	Dade County Schools Drug Grant	13.235	40,000
0405	University of Miami Spinal Cord Injury	---	243,499
0406	University of Miami Jackson Dental Residency	---	313,147
0407	Dade County North Dade Health Center	13.224	100,000
0408	Home Medical Services/Hospice	---	275,500
0419	DHRS District XI State Drug Plan	13.269	3,500,000
0420	University of Miami Developmental Nurse Practitioner	13.298	158,122
0421	Visiting Nurses Association - Hospice	13.766	216,906

APPENDIX L

Excerpts from Pages 2 and 3, Report of January 18, 1979, from County Manager to Board of County Commissioners, entitled "Human Services to Haitian Aliens, Urgent Update."

WHAT ARE FEDERAL, STATE AND LOCAL AGENCIES ALLOWED TO DO?

There are three principal conditions or constraints which provide the controlling framework within which decisions about human services must be made:

1. In general, the responsibility for relations with foreign nationals is reserved by law to the U.S. Departments of State and Justice because the other major federal agencies are generally not authorized by the U.S. Congress to use their appropriations to assist those who have no legalized presence in the United States.

2. State government, and each of its political subdivisions, generally has no lawful role in relation to foreign nationals who have no legalized presence in the United States, and no authority to use public resources directly to assist such persons.

   State and local government can, however, take the prudent steps necessary to assure the unabated development and prosperity of the community, to preserve order and social harmony, and to protect the public health and general well-being.

3. Individual persons, however, natural or corporate, may enter into lawful relations of choice with foreign nationals.

As a result of these three conditions, the U.S. Departments of State and Justice are the major Federal agencies that can provide funds appropriated by Congress to assist those foreign nationals who lack a certain legal presence in the United States.

The manner and the extent of Justice Department authority to define the certain legal presence which permits foreign nationals to be assisted by federal health, welfare, education, and manpower appropriations is being worked out by the slow process of litigation in the Federal Courts and by the rule making authorities under the U.S. Attorney General.

Agencies of local government which conduct broad community development and protection responsibilities that are largely preventive find that they are properly blind to technical questions of residence or nationality or legal presence in the United States. This includes program activities such as: public health services; mental illness prevention; outreach and information and referral; medical emergency room services, non-elective or acute hospitalization, episodic primary health care, nutritional counseling and supplementation, and grades "K" through "12" educational achievement.

Agencies of State and local government which directly assist individual eligible persons are not authorized to use public resources to benefit foreign nationals who lack certain legal status, unless the funding is provided through the agencies of the U.S. Departments of State and Justice. Disallowed activity includes such services as non-emergency or elective hospital care, periodic welfare or subsistence payments, technical trades skills training, higher education, food stamps, general health care and medical care.

The Justice Department, through the Immigration and Naturalization Service, is authorized to provide a minimum standard of food, shelter, and provision for subsistence, for foreign nationals without certain legal status, under certain conditions related to the process of determining legal status. The current interpretation of this authority limits its use to some kinds of detention.

STATE OF FLORIDA

DEPARTMENT OF
Health & Rehabilitative Services
DISTRICT ELEVEN

Bob Graham, Governor

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH
1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

Telephone: 325-2528

APPENDIX M

December 12, 1979

MEDICAL PROBLEMS WORK GROUP

Problem Identification:

1. Health Screening of Recently Arrived Haitian Refugees.

The U.S.P.H.S, ~~does~~ *has* not accepted responsibility for the screening of refugees *and federal projects*. This responsibility has fallen to the local health departments and has resulted in increased demand on already scarce health resources. Regular health department patients must wait for considerable time before being served.

Recommendation:

The U.S.P.H.S must assume responsibility for the health screening of Haitian refugees. They should either provide the screening service through their own facilities or contract with local agencies to perform this function.

2. Insufficient Awareness of Health Providers to Common Health Problems Among Haitians.

Recommendation:

a) A bulletin be developed by the C.D.C., in cooperation with local health agencies, in order to inform the local health community of health problems common to Haitians.

b) Development of a health card for Haitian refugees to carry with them when seeking health care. This card would contain a description and results of testing, immunization status, and other important medical information. The use of this card would reduce duplication of procedures and assist follow-up. The responsibility for the development of such a card should be designated to the Dade County Department of Public Health.

c) Develop an interagency committee on Haitian health care services to meet at regularly scheduled intervals in order to share information on current health care problems among Haitian refugees.

3. Insufficient Awareness of Health Providers to Haitian Cultural Practices Which Negatively Effect Medical Treatment.

Examples of the above are well documented. Refer to Advance Papers by Charles and Bestman.

Recommendations:

Utilize current on-going seminars conducted by the Community Mental Health Center which provide information to agencies on Haitian culture.

4. Insufficient Awareness of Health Care Providers and of Haitian Consumers of Health Care to Available Health Resources.

Recommendations:

Develop a directory of community health care agencies that includes description of services, hours of operation, eligibility requirements, etc. that are available to Haitians. This directory should be printed in English and ~~French.~~ *Creole* Responsibility for development and distribution of the directory should be designated to HACAD.

5. Lack of Health Educational Materials Printed in ~~French.~~ *Creole*

Health information; hand-outs, films (in Creole), etc. printed in ~~French~~ *Creole* are needed in order to adequtely inform the Haitian community about proper care of these health problems. A few agencies have developed materials in French that are available to Haitians. *(They are needed in Creole.)*

Recommendations:

The Dade County Department of Public Health be *Creole* designated as a clearinghouse for health education materials printed in ~~French.~~ The development of new materials should be a cooperative effort of health care agencies providing services to Haitians. Coordination of this effort should be the responsibility of the Dade County Department of Public Health.

6. Insufficient Numbers of Health Professionals Fluent in Creole.

The impact of language barriers on the health care of non-English speaking Haitians has been well documented by this Conference.

Recommendations:

a) HACAD should compile and maintain a roster of Creole speaking health professionals available for employment.

b) Identify major health manpower needs and recruit Haitians into training programs designed to meet those needs. HACAD should be the responsible agency in cooperation with the Health Systems Agency.

c) HACAD should retain a roster of translators who possess knowledge of medical terminology.

d) Translators should be trained in the use of medical terminology by the health care agencies in which they are employed.

7. Lack of Statistical Data on the Health Status of Haitians.

There is a need for valid and reliable statistics on specific health care problems among Haitians. Currently much of the information available is anecdotal and subjective.

Recommendation:

a) The collection of mortality and morbidity data and indices of patient use of health services should be implemented. Agencies utilizing computer services should program for Haitian usage.

b) Initiate studies of specific health problems affecting Haitians such as a nutritional assessment study and a survey to determine the prevalence of hypertension. The University of Miami Medical School and the Dade County Department of Public Health are among the agencies that should assume responsibility for the above.

8. Inability of Haitian Refugees to Obtain Prescribed Medication.

a) Haitian refugees receiving medical care at Jackson Memorial Hospital are provided with a "D" card which requires that they pay a fee for the services they receive. If they are unable to pay for the services, they are not denied medical care. However, if a physician writes a prescription for medication, these patients cannot obtain medication without payment at the J.M.H. pharmacy.

Recommentation:

a) JMH should review the system in which Haitian refugees without sufficient money are issued a "D" card. This system provides Haitian patients with medical care but denies them the use of the pharmacy.

b) Borinquen Health Care Center provides health care to many Haitian patients. Since Borinquen does not have a pharmacy these patients are often unable to obtain medication.

Recommendation:

Metro Dade County and the Public Health Trust should consider the possibility of the JMH pharmacy honoring prescriptions written at Borinquen Health Care Center. This recommendation should be considered with the preceding recommendation in respect to the review of the issuance of the "D" card by JMH to Haitian refugees.

c) Borinquen Health Care Center should review the possibility of obtaining funds in order to provide pharmacy services to its patients.

9. Medication Prescriptions Written in English Rather than ~~French.~~ *Creole*

Recommendation:

Pharmacies should develop procedures to assure that medication labels are printed in ~~French.~~ *Creole (Patient instructions should be written in Creole.)*

10. Need for Primary Health Care Center to Provide Services to Areas of Haitian Residence.

The provision of health services to Haitian patients has increased demand on already scarce health resources.

Recommendation:

The creation of a primary health care center in the underserved areas of South Florida where Haitians reside. The creation of such centers will reduce the demand on existing services. These centers should not be restricted to serving Haitians but emphasis must be placed on meeting Haitian health care needs. The responsibility for funding these centers must be assumed by the Federal government.

APPENDIX N

CHRONOLOGY OF EVENTS
HAITIAN REFUGEES IN SOUTH FLORIDA

1978 August 8	Community Task Force established to study Haitian problem.
November 28	"Human Services to Haitian Aliens" report released by Dade County Community TAsk Force, documents $2.7 million local effort and estimates that from 17,000 to 23,000 Haitians may be in the three county area of southeastern Florida.
December 31	Bishop McCarthy wrote letter appealing to President Carter.
1979 January 18	County Manager's "Update Report on Human Services to Haitian Aliens" explaining that 1) humane treatment will not encourage more migration; 2) work permits will not deny jobs to residents; 3) care of undocumented aliens is the responsibility of the Federal government and local tax funds may not properly be used. Identifies at least 7,500 Haitians in dire need of services.
January 24	Oliver, Range, Knight, et al., visit Lehman, Stone, Chiles in Washington and Fascell & Pepper in Miami to explain community conclusions & recommendation.
January 30	Southeastern Federal Regional Council reply to November 28 report offering advice on how to improve services to Haitians by working with Federal agencies.
January 31	Congressional delegation (Chiles, Stone, Pepper, Fascell, Lehman, Mica) letter to Jack Watson at White House requesting meeting of Inter-Agency Coordinating Council.
March 12	Meeting of Inter-Agency Coordinating Council representatives.
April 16	Under-Secretary Peter Bell letter to members of Congress explaining that HEW agencies have been ordered to expand services to Haitian aliens.
April 17	Southeastern Regional Council staff met in Atlanta with local government staffs from Florida to discuss thirteen identified issues intended to clarify means of getting needed aid to Haitians.
April	Congressman Lehman's visit to Haiti.
May 13	H.E.W.'s Health Services Administration sends team to inspect situation in South East Florida.

June 19	State Department report on conditions in Haiti.
July 24	Dr. Lythcott, Administrator, Health Services Administration inspects situation in South East Florida.
September 19	Testimony before House Foreign Affairs Subcommittee on International Operations, Rep. Dante Fascell, Chairman, on HR 2816 by Oliver, Knight and Charles.
December 10, 11	Workshop on Improving Health Care Services to Haitian Refugees, Joseph Caleb Community Center, Miami, convenes one hundred health care managers and providers who serve Haitian patients, to determine concrete ways of improving services.

APPENDIX O

HEALTH CARE PROVIDER AGENCIES AND PRIVATE PRACTICING PHYSICIANS

Belle Glade Health Center
1024 N.W. Avenue D
Belle Glade, Florida 33430
305/996-1600

Borinquen Clinic
161 N.W. 29th Street
Miami, Florida 33128
305/576-1878

Broward County Health Department
2421 S.W. 6th Avenue
Ft. Lauderdale, Florida 33302
305/525-2741 (Suncom 446-1150)

Clewiston Community Health Center
302 Second Street
Clewiston, Florida 33440
813/983-7813

Collier County Health Department
County Complex - Building B
U. S. 41 & Airport Road
Naples, Florida 33939
813/774-8962 (Suncom 551-8200)

Collier Health Services
419 North Immokalee Street
Immokalee, Florida 33934
813/657-3663

Community Mental Health Center
1041 45th Street
West Palm Beach, Florida 33407
305/844-9741

Dade County Public Health Department
Downtown Unit
1350 N.W. 14th Street
Miami, Florida 33125
305/325-2560 (Suncom 473-2560)

Edison Community Service Center
5905 N.W. 2nd Avenue
Miami, Florida 33127
305/754-4606

Emergency Room
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, Florida 33136
305/325-6901

Family Health Center Unit
5601 N.W. 27th Avenue
Miami, Florida 33142
305/635-7701

Florida Community Health Center
2749 Exchange Court
West Palm Beach, Florida 33409
305/684-0600

Dade County Public Health Department
Forty-Sixth Street Unit
2987 N.W. 46th Street
Miami, Florida 33142
305/325-2860 (Suncom 473-2860)

HACAD Inc. Medical Services
5911 N.W. 2nd Avenue
Miami, Florida 33127
305/751-3429

Haitian Mental Health Unit
26 N.E. 54th Street
Miami, Florida 33137
305/325-7868

Liberty City Health Center
1320 N.W. 62nd Street
Miami, Florida 33125
305/638-6595

Outpatient Clinic
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, Florida 33136
305/325-6000

Outpatient Clinic
U.S. Public Health Service
51 S.W. First Avenue
Miami, Florida 33130
305/350-5385

Palm Beach County Health Department
826 Ezernia
West Palm Beach, Florida 33402
305/832-8561

Sunshine Health Center
1700 N.W. 10th Drive
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APPENDIX P

DISCUSSANTS

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APPENDIX Q

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APPENDIX R

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APPENDIX S

WORKSHOP AGENDA

December 10, 1979

8:00	Registration
9:00	Opening Plenary Session Welcome: Dewey W. Knight, Jr., A.C.S.W.
9:15	Keynote Addresses: George I. Lythcott, M.D. David L. Crane, M.D. Dewey W. Knight, Jr., A.C.S.W.
10:00	Coffee Break
10:15	Presentation of Advance Paper Summaries
11:30	Charge to Work Groups by Coordinators: William R. Gemma, Ph.D. Conference Work Plan: Hall Tennis
12:00	Lunch
1:00	Concurrent Work Group Meetings: Planning Barriers to Health Care Health Problems Funding
5:00	Work Group Leaders and Reporters Meet with Report Editor

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December 11, 1979

8:00	Review of Draft Report: Work Group Leaders, Reporters, Report Editor
9:00	Discussants Pick Up and Read Draft Reports
9:30	Second Plenary Session: Evaluation of Report
12:00	Lunch
1:00	Preparation of Final Report Concurrent Work Group Meetings
5:00	Final Report Meetings of Work Group Leaders, Reporters and Editor