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Haitians in the Dominican Republic: Marginalization and Its Relationship with Public Health

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Abstract

With a population of just under 11 million, the Dominican Republic (DR) is home to several socioeconomic classes and nationalities, primarily composed of Haitian immigrants, Dominican-born Haitians, and non-Haitian Dominicans. Due to government policy and widespread *antihaitianismo* social discrimination, individuals of Haitian descent have been marginalized, forcing them into a cycle of poverty. With this, many regions of the country - especially those with substantial Haitian populations - subsist below the poverty line, resulting in high susceptibility to a variety of health-related ailments. Specifically, in *bateyes*, rural agricultural communities primarily consisting of those with Haitian descent, an increased risk of contracting infectious diseases persists. Agents such as parasitic worms and malaria are endemic within these communities. Generally, there is a strong positive correlation between poverty and disease. In the DR, numerous factors contribute to poverty, and indicatively, numerous aspects of poverty correspond to increased disease rates, especially amongst Haitian populations. To combat these issues, a course of action must be established to uplift and protect impoverished minority communities; this involves the administration of (inter)national policy and programs, social progression, and creating widespread access to education.

Keywords: Dominican Republic, Haiti, *Bateyes*, Poverty, Public Health

1. Social Justice Issues Promote Poverty Amongst Minority Populations in the DR

On the island of Hispaniola, Haiti and the Dominican Republic reside. Relative to Haiti, the DR is revered for having better opportunities to maintain a stable and safe life; Haiti remains subject to political and social unrest, extreme poverty, and with that, public health issues like cholera which significantly resulted from environmental disasters such as the 2010 Earthquake (Zarocostas, 2017). Recently, in July 2021, the Haitian president Jovenel Moïse was assassinated, escalating the already-unstable state of chaos and danger (Porter, 2021). Overall, Haitians have an average life expectancy of 63.8 years while the average Dominican will live to 73.2 (Abd-Allah, 2020), reflecting a gap in the general quality of life between the two nations. With a continuous trend of collapsed infrastructure and political complications, Haitians often find no other choice than to migrate to the DR in search of prosperity.

However, economic, social, and immigration-related obstacles plague Haitian migrants from obtaining residence with legal status in the DR. Primarily, the immigration process from Haiti to the Dominican Republic has been largely undocumented due to a lack of resources to legally migrate amongst impoverished and desperate Haitians. Because undocumented immigrants are not protected equally under the law, the abuse and subjugation of Haitian migrant workers and Haitians already living in the DR is enabled; a human rights issue persists (Martínez, 2013). Many undocumented Haitians move to rural migrant communities called *bateyes* where they most often work as agricultural laborers (Aubert, 2020). According to Aubert, the initial purpose of the batey system was to hire Haitians as cheap semi-coerced laborers, specifically within the sugar cane industry, as sugar cane has been a main export from the DR. However, in the 21st century, the sugar industry has seen a decline, inhibiting batey residents in a cycle of joblessness and thus, economic disparity (Simmons, 2010). For those who had achieved legal status, the Dominican government has placed political barriers which prevent those of Haitian descent from achieving legal status in the DR. The most detrimental of these policies was the *2013 Constitutional Sentencia* which retroactively revoked the citizenship of previously legal Haitians while eliminating birthright citizenship (Inter-American Commission on Human Rights, 2015). An estimated 200,000 to 300,000 civilians of Haitian descent were adversely affected by this policy (Morgan, 2018). Subsequently, an estimated 70,000 to 80,000 Haitian Dominicans were deported to Haiti, with ethnic violence becoming a greater threat to Haitian communities (Katz, 2018). For those that remained in the DR, a qualitative study found that this act directly prompted diminished social standing amongst residents of bateyes (Keys, 2018). Without legal status, public programs such as education and healthcare were not guaranteed to those with Haitian descent, forcing them deeper into poverty. Due to international backlash, in May 2014, the DR government enacted the Plan Nacional de Regularización de Extranjeros (translated: the National Plan of Regularization of Foreigners), a lackluster attempt to appeal to humanitarianism, but only 10% of Haitian Dominicans were supported through this program (Morgan, 2018). After denationalization and suppression from naturalization, the acquisition of employment in non-agricultural fields became essentially impossible. Moreover, agricultural work remains coercive and underpaid. Hence, Haitians in the DR remain largely disadvantaged in social, economic, and legal regards.

The immigration-related and economic difficulties Haitians encounter can largely be summarized by the social institution of *antihaitianismo* in the DR. This sentiment surrounds a

racial and ethnic superiority complex which Dominicans of Spanish descent possess to justify discrimination against Haitians (Morgan, 2018). Morgan explained that antihaitianismo attitudes have existed since the 19th century when Haiti gained independence, but first became nationally prevalent under the governance of Rafael Trujillo, a mid-20th century president of the DR. Trujillo cultivated a national Dominican identity based on the principle that the ancestral lineages of Spanish slaves - who were subject to Spanish conquistadors - were more European than those of French slaves. With this, a national sentiment of racial superiority was established, with light skin being revered while dark skin was equated with low social status. This rhetoric was first notably exemplified in the Parsley Massacre, a 1937 ethnic cleansing prompted by Trujillo where Dominican soldiers and allies killed approximately 30,000 civilians with Haitian descent at the two nations' border. Since Trujillo's rule, antihaitianismo and an attempt to 'whiten' society has been embedded in the economic, social, and political institutions of the DR, with following political leaders extensively employing discriminatory and superior mentalities. Thus, a set of stereotypical characteristics such as appearance and language are now ingrained as the differentiation between Haitians and Dominicans, used as a basis of oppression (Morgan, 2018). At its heart, this ideology is divisive: social institutions highlight that Dominicans are not Haitian, and Dominicans are not 'black' (Tavernier, 2008) with blackness being perceived as abhorrent. Those deemed 'black' are limited in their economic freedom, social prowess, and government support, conveying an endless cycle of poverty.

Generally, in Dominican society, those of Haitian descent are prone to backbreaking labor and workplace abuse as well as social, political, and economic subjugation. For those who cannot find work due to antihaitianismo social institutions, residence in bateyes is often the only option. Bateyes remain some of the most impoverished communities in the DR (Simmons, 2020), comprising a large portion of the 10.4% of DR residents living in extreme poverty (Childers, 2015). With this poverty is the onset of numerous issues, one of the most outstanding being a public health crisis.

2. Impoverished Conditions Strongly Correlate to Increased Transmission of Infectious Disease

The issue of poverty, while prevalent in both Dominican communities and Haitian bateyes, disproportionately affects those of Haitian descent. Decreased economic prowess goes hand in hand with a lack of education and sanitation, two of the most prominent features of poverty (Bartle, 2013) which are crucial to sustainable development, including infrastructure and wellbeing.

Sanitation issues directly affect the transmission of infectious disease, especially gastrointestinal (GI) parasites (Childers, 2014), which can be fatal. In a 2014 study of GI parasites in children of rural regions, researchers found that within the rural town of Veron, 99.2% of children aged 2-15 have at least one GI parasite (Childers, 2014). Moreover, communicable diseases account for approximately 61% of childhood deaths in the DR (Carman, 2004). Though rates of childhood mortality due to infectious disease have likely somewhat improved since 2004, the presence of this issue indicates the widespread lack of sanitation and infrastructure to prevent the transmission of disease. Additionally, the Pan American Health Organization estimated that less than 50% of rural populations in the DR have access to purified water and only 16% dispose of sewage in a sanitary manner (PAHO, 2011). Substandard water quality and

defecation runoff into water supplies are two of the main contributors to the direct transmission of disease, which is often fatal in children; approximately 95% of deaths in children aged 0 to 4 in the DR can be attributed to disease caused by lack of water purity (PAHO, 2011). Similarly, food contamination is a means of transmission. In particular, weaning food, provided to infants transitioning from liquid to solid food, is often contaminated and contributes to a large percentage of diarrheal diseases in young children and infants (Motarjemi, 1993). Motarjemi found that the most significant contaminants of weaning food include pests, agricultural animals and diseases associated, water sources, unsanitary handling of food, and soil. The fact that these sources of contamination are most prominent in impoverished regions indicate that caregivers' roles are highly influential on the acquisition of disease in children, and with that, infant and childhood mortality. Further supporting this notion, a 2000 study of four poor neighborhoods in Santo Domingo, DR, assessed the caretaking habits of 582 caretakers of children younger than 5 years of age (McLennan, 2000). The survey found that 38% of caretakers did not wash their children's hands before mealtime, 55% did not boil water before consumption, and 87% of kids did not wear shoes outside of their house (McLennan, 2000). These caretaking methods make children prone to skin and GI infections, signifying the vital role of caretakers on childhood health.

Some of the common GI parasites include worms such as *Ascaris lumbricoides* and *cestodes*, as well as *protozoa* (Childers, 2015). However, malaria caused by the parasite *Plasmodium falciparum* vectored by *Anopheles albimanus* mosquitoes poses a serious public health risk, especially in bateyes (Keys, 2019) and marginalized groups (i.e., Haitian migrants, rural poor) in the DR (Cotter, 2013). This disproportionate affliction is partially due to migrants coming from disease-ridden hometowns and settling in rural, impoverished areas where adequate funding and healthcare lacks (Keys, 2019) to treat and contain the disease. Keys also noted that many migrants work at night when mosquitoes are more concentrated, a nuance that leads to additional exposure to malaria.

Adding to this adversity, a lack of education decreases the extent of proactive measures taken to prevent malaria transmission. Keys conducted a household survey (N=776) examining the correlation between demographics and knowledge about health and disease across North, East, and Southwest bateyes in the DR. The results showed that only 44% of respondents had heard of malaria, with only 33% of Haitian-born residents knowing what malaria is while 57.8% of Dominicans without Haitian descent had known. Furthermore, 28.5% of respondents could not name a symptom of malaria, while 36.5% could not name a cause (Keys, 2019). Overall, Haitian-born residents were less knowledgeable on malaria. In addition, Haitian-born residents were much less likely to own a mosquito net due to either financial or educational reasons. Even with a fever, 61.8% of respondents would not seek medical care due to fever not being serious enough, and only Haitian respondents stated that cost, a lack of respect, and a lack of legal documents were preventing them from seeking care (Keys, 2019). It is even believed by some that drinking purified water after consuming non-purified water can cause illness (McLennan, 2000). The disparity in knowledge, financial means to seek medical treatment, and social injustice causing some Haitians to worry about seeking health care reflects the institutionalized antihaitianismo attitudes that deprive government-supported education and funding to communities populated by those Haitian descent. Without knowledge about the basics of malaria and other health issues, proactive measures to prevent transmission are minimal, especially

within bateyes. Thus, an insufficient education regarding the prevention and treatment of diseases places minorities at a disposition to disease. Haitians are disproportionately affected by educational disparities in the DR, reflected in the increased risk and transmission of disease.

Solutions

To combat the Public Health crisis that disproportionately affects the Haitian population of the DR, policy and programs must be developed and enacted to uplift and protect marginalized groups. One effort to confront the issue was the mass survey of bateyes and widespread at-home blood tests the Dominican Ministry of Health administered to increase accessibility to malaria diagnosis and treatment (Keys, 2019). By developing and distributing at-home tests, outbreaks of malaria could better be tracked, and individuals with the disease were made better aware and were thus more likely to seek medical attention. Another example is the government response to lymphatic filariasis (LF), a mosquito-vectored parasite. A 2012 study of 19 endemic municipalities throughout the Dominican Republic found that LF was most prominently found in impoverished areas, especially bateyes. To combat LF, the Programa de Eliminación de la Filariasis Linfática (English: National LF Elimination Program) was established while the DR's Mass Drug Administration was scaled up (Rodriguez, 2012). A combination of these initiatives interrupted the transmission of LF and continued post-treatment surveillance - especially in migrant-populated areas - kept LF transmission at a low (Keys, 2019). Evidently, the initiation of government programs significantly reduced the transmission of infectious disease amongst these marginalized communities, reflecting the importance of government programs with respect to public health. National and International aid, whether monetary or volunteer-based, provides significant support towards uplifting the public health of marginalized populations, especially in bateyes.

However, due to widespread antihaitianismo attitudes, the effect of government policies has disproportionately supported poor Dominicans without Haitian descent over those with Haitian descent. Thus, social change must complement government policy. Social change must denounce antihaitianismo attitudes. With this, acts such as the 2013 Constitutional Sentencia must be revoked to increase the rights of Haitian migrants and their families. In doing this, a significant proportion of Haitians who remain unemployed or stuck in physically laboring jobs can be uplifted; the decline of antihaitianismo attitudes corresponds to the promotion of equality, and thus, Haitians' ability to find jobs and financially support themselves can be boosted, allowing them to seek medical treatment and proactively deal with health issues.

Finally, access to education must be a priority. The notion that a fever isn't considered 'serious enough' or that one can get sick if drinking treated water after drinking untreated water can only be eliminated through proper education, which may be government enacted or internationally funded. Likewise, educating caregivers about the importance of hygiene when dealing with food or taking care of children is crucial to reducing the transmission of disease, especially amongst children. Even with a basic understanding of the importance of washing hands and boiling water, GI parasite transmission will be greatly reduced. Ultimately, training locals as clinicians provides a sustainable route towards improving access to healthcare for at-risk populations.

Conclusion

In the DR, those of Haitian descent remain heavily discriminated against through social, economic, and political means, forms of oppression that force them into poverty. Accompanying this state is a lack of education as well as the deficiency of sanitary measures and infrastructure. A combination of these factors has led to a public health crisis amongst marginalized communities, where the transmission of infectious disease is disproportionately greater within impoverished, often Haitian-populated regions. However, through social change to combat antihaitianismo attitudes, government and internationally sponsored programs and policy, including public education, can uplift these marginalized groups to establish greater equality within the DR. Through the mutual interaction between social change, government policy, and education, the public health of Haitian-related people and Dominicans alike may be elevated.

Works Cited

- Abd-Allah, Foad, et al. "Global Age-Sex-Specific Fertility, Mortality, Healthy Life Expectancy (HALE), and Population Estimates in 204 Countries and Territories, 1950–2019: a Comprehensive Demographic Analysis for the Global Burden of Disease Study 2019." *The Lancet (British Edition)*, vol. 396, no. 10258, Elsevier Ltd, 2020, pp. 1160–203, doi:10.1016/S0140-6736(20)30977-6.
- Aubert, Solene. "Bitter-Tasting Sugar: The United States, Haiti and Racism in Dominican Bateyes." *Harvard International Review*, Harvard International Relations Council, 27 Nov. 2020, <https://hir.harvard.edu/the-united-states-haiti-and-racism-in-dominican-bateyes/>.
- Bartle, Phil. "Factors of Poverty." *CEC: Community Empowerment Collective*, Community Empowerment Collective, 16 June 2013, <http://cec.vcn.bc.ca/cmp/modules/emp-pov.htm>.
- Carman SK, Scott J. Exploring the health care status of two communities in the Dominican Republic. *Int Nurs Rev*. 2004;51(1):27-33.
- Childers, Kristin Anne Geers, and James R. Palmieri. "Factors Contributing to High Prevalence of Gastrointestinal Parasites in Children Aged 2-15 Years in the Punta Cana Region of the Dominican Republic." *Reports in Parasitology*, vol. 4, Dove Medical Press Limited, 2015, p. 1–, doi:10.2147/RIP.S68817.
- Childers K, Palmieri J, Sampson M, Brunet D. A survey of the prevalence of gastrointestinal parasites in children From Veron: a rural city of the Dominican Republic. *Res Reports Trop Med*. 2014; 5:45-53.
- Cotter C, Sturrock H, Hsiang M, Liu J, Phillips A, Hwang J, et al. The changing epidemiology of malaria elimination: new strategies for new challenges. *Lancet*. 2013; 382:900–11.
- Inter-American Commission on Human Rights (IACHR). Report on the Situation of Human Rights in the Dominican Republic. 2015.
- Katz, Jonathan M. "What Happened When a Nation Erased Birthright Citizenship." *The Atlantic*, Atlantic Media Company, 12 Nov. 2018, <https://www.theatlantic.com/ideas/archive/2018/11/dominican-republic-erased-birthright-citizenship/575527/>.
- Keys, Hunter M., et al. "Prevalence of Malaria and Lymphatic Filariasis in Bateyes of the Dominican Republic." *Infectious Diseases of Poverty*, vol. 8, no. 1, BioMed Central Ltd, 2019, pp. 39–39, doi:10.1186/s40249-019-0547-3.

- Keys H, Gonzales M, Beau De Rochars M, Blount S, Noland G. Building Trust Through Lymphatic Filariasis Elimination: A Platform to Address Social Exclusion and Human Rights in the Dominican Republic. *Health Hum Rights*. 2018; 20:41–52.
- Martínez S, Wooding B. El antihaitianismo en la República Dominicana: ¿un giro biopolítico? *Migración y Desarrollo*. 2017; 15:95-123. (In Spanish)
- McLennan JD. To boil or not: drinking water for children in a periurban barrio. *Soc Sci Med*. 2000; 51(8):1211-1220.
- Morgan, Brendan. “Antihaitianismo: An Embodied Discourse.” *Ethnic and Racial Studies*, vol. 42, no. 2, Routledge, 2019, pp. 311–28, doi:10.1080/01419870.2018.1430841.
- Motarjemi Y, Kaferstein F, Moy G, Quevedo F. Contaminated weaning food: a major risk factor for diarrhea and associated malnutrition. *Bull World Health Org*. 1993;71(1):79.
- Pan American Health Organization Communicable Disease Prevention and Control Project. Prevalence and intensity of infection of Soil-transmitted Helminths in Latin America and the Caribbean Countries: mapping at second administrative level 2000-2010. Washington, DC: PAHO c; 2011.
- Pan American Health Organization. Health in the Americas 2012 Edition--Regional Outlook and Country Profiles. Washington, DC: PAHO; 2012:112-115. [ISBN 978-92-75-11691-3: Dominican Republic].
- Porter, Catherine, and Marc Santora. “Hours After Haiti’s President Is Assassinated, 4 Suspects Are Killed and 2 Arrested.” *The New York Times*, The New York Times, 14 Sept. 2021, <https://www.nytimes.com/live/2021/07/07/world/jovenel-moise-assassinated-killed>.
- Rodriguez A. Identificación exhaustiva de bateyes en República Dominicana [Complete identification of bateyes in the Dominican Republic]. Santo Domingo: OBMICA; 2012.
- Simmons D. Structural violence as social practice: Haitian agricultural workers, anti-Haitianism, and health in the Dominican Republic. *Hum Organ*. 2010; 69:10–8.
- Tavernier, L. A. 2008. “The Stigma of Blackness: Anti-Haitianism in the Dominican Republic.” *Socialism and Democracy* 22 (3): 96–104. doi:10.1080/08854300802361554.
- Zarocostas, John. “Cholera Outbreak in Haiti—from 2010 to Today.” *The Lancet (British Edition)*, vol. 389, no. 10086, Elsevier Ltd, 2017, pp. 2274–75, doi:10.1016/S0140-6736(17)31581-7.