

SPECIAL REPORT

The Caribbean Refugees

New Demands on Florida's Human Service System

Where it Began

By DANNY PIETRODANGELO
Editor

The immigrants' odyssey from political repression and hopeless poverty — stories of bravery, suffering and treachery at high sea — tear-filled reunions of long-separated families — all are the elements of an incredible human drama. And while America cautiously watched ominous developments in Iran and Afghanistan, this unprecedented drama was unfolding at Florida's own back door.

Six weeks in April and May bore a rapid-fire succession of events pushing the state, particularly Florida's Gold Coast, into a full-scale crisis. Without notice, federal, state and local officials were sent frantically scurrying to handle the unforeseen tide of Caribbean refugees.

What started early this year as mild concern over the influx of Nicaraguans fleeing last year's revolution turned to acute alarm as 1,174 Haitians beached on Florida's coast in April. Alarm escalated to a state of emergency as Fidel Castro opened the coast of Cuba, allowing a spontaneous flotilla of boats to ferry thousands of Cuban exiles 90 miles across the Florida Straits to freedom.

In sheer numbers, the unanticipated immigration has been overwhelming. Since January, nearly 5,000 Haitians have traveled the 700 miles from their homeland in rickety fishing boats or below the decks of smugglers' vessels. On one Sunday in April, more than 700 landed on the hotel-laden beaches of Miami — Florida's "magic city."

As of June 1, nearly 95,000 Cubans, three times the population of Key West, had arrived on that "laid back" southernmost island. The exiles came cramped in vessels of all sizes, from runabouts skippered by inexperienced family members, to sea-going shrimpers, chartered by relatives for \$1,000 to \$2,000 per passenger.

Florida, and the nation, were caught off guard. With the first swells, local authorities and community leaders demanded federal and state action. Washington dispatched an assemblage of personnel ranging



from park rangers to combat-ready military units. Tallahassee responded with a corps of disaster specialists, public health physicians and food stamp workers. At times, the response was a testimony to interagency cooperation and effectiveness. At other times, it was a debacle of disunity, a well-intended creature tripping over its own feet.

Hoping to bring order out of chaos, Gov. Bob Graham declared it a state emergency; President Carter declared it a national emergency. Graham called up the National Guard; Carter called out the United States Marines.

The refugees witnessed the absolute best and worst of America. There was an immeasurable outpouring of money, manpower, food and clothing from Dade County's Cuban, Haitian, black and white communities. Conversely, the Ku Klux Klan demonstrated and burned crosses in the Florida Panhandle.

Amid the workers' sleepless nights and genuine compassion, the best intentions were often hampered by jurisdictional ambiguity, taxed human and financial resources, and legal uncertainty about the refugees' status.

In this special report *access* looks at this unprecedented influx of Caribbean refugees, where they come from, why they came and the demands they present for Florida and the nation's human service system.

health officials is making sure that Haitians are treated for communicable diseases such as tuberculosis, parasitic diseases and venereal diseases that might be transmitted into the community at large, according to Dr. David Crane, HRS personal health programs administrator.

He said it would take several months to determine whether the Haitian immigrants posed a threat to public health. But, he said, chances were likely there would be an increased incidence of tuberculosis and venereal disease in Dade County. "But the majority of the problem will remain within their own group because of the segregated living conditions they're in."

Crane said thorough screening for communicable diseases when the refugees enter the country and follow-up care are critical. "If you don't do that, then there's a chance for cross-infection," he said.

But, while screening has improved in recent months, many Haitians who entered the country earlier escaped discovery by authorities and were never screened. Public health officials also report considerable difficulty in getting Haitian immigrants to seek care when they are ill and to follow prescribed treatment.

Participants at the December workshop said many Haitian refugees are suspicious and afraid of public institutions, including health care providers, hospitals and clinics. Fear of deportation, if their identity were discovered, prevents many of them from seeking health care. Differences in culture and the language barrier are further complications. Haitian healing, for example, relies on religious cures, herbal remedies and other kinds of folk medicine and the refugees are often reluctant to exchange their traditional ways for modern health care methods.

"A lot of these things we don't know or understand and they don't understand where we're coming from," Crane said. "We need to establish better inter-cultural relationships and overcome their fear of deportation...It will take months

to overcome these kinds of things and we're not real well organized to handle this kind of problem."

Providing the kind of outreach services needed to bridge the gap and the hiring of additional doctors, nurses and other health care personnel to serve these additional patients will cost money, Crane said. "Right now, the burden is falling on the local county health units to provide care and they're stretched thin already. They can't expand into other services without additional resources."

As an example of the financial impact on Florida's health care system, Dade officials estimated in April that it would cost \$2.2 million to serve their county's Haitian population.

Some additional help has come from the federal government, in the form of U.S. Public Health Service physicians, and an additional \$195,000 to support special nutrition programs for pregnant or breast-feeding women and their infants and young children who are nutritional risks. But Dade officials said more federal assistance is needed to help bail out the

county's overburdened health care system.

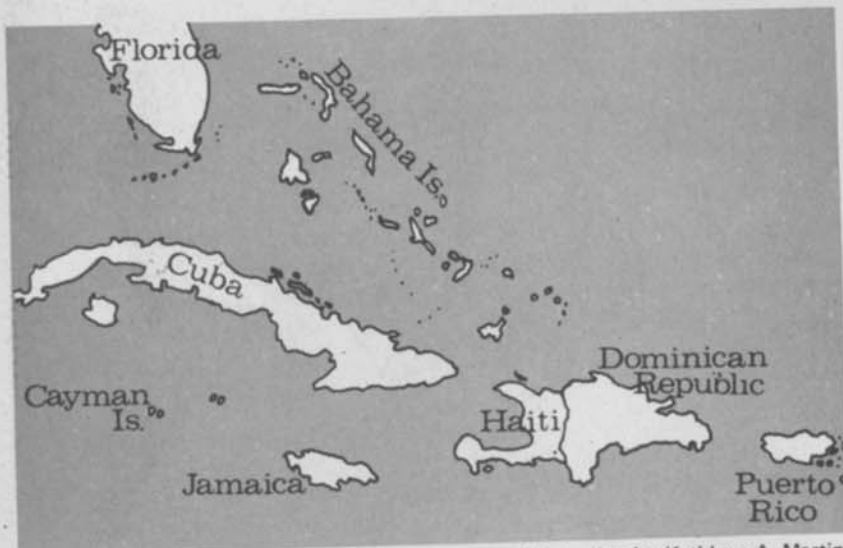
State and local officials said that much of the financial burden providing services to the Haitians would be eased if the refugees were granted legal alien status and if federal refugee assistance programs were opened to them. A decision in the federal court suit now pending in Miami will determine the outcome of that possibility.

If the Haitians are granted asylum in the U.S., their chances for employment would also improve. Many Haitians are migrating to Belle Glade and other farming areas in South Florida and taking jobs as farm laborers. Others are taking jobs as maids, dishwashers and other low-paying work. "They're taking jobs below minimum wage — jobs that don't require much identification or payroll deductions," said Maria Poitier, direct services supervisor for HRS District 11 and an outspoken advocate of the refugee's cause.

"These people are very aggressive and they're very proud," Mrs. Poitier said. "In fact, if these people had work authorizations, I doubt that they'd be getting food stamps." [a]



Eight-day old Haitian baby born at Miami's Jackson Memorial Hospital.



Photographs by Pietrodangelo

Illustration by Kathleen A. Martin

Exiles from Haiti

Abject and hopeless poverty. This, more than anything, is the overriding reason for the Haitians' exodus.

Haiti is one of the poorest nations in the Western Hemisphere. A mountainous, infertile land, it is situated on the western half of the island of Hispanola; the Dominican Republic occupies the other half. Its 10,000 square miles make it slightly larger than the state of Vermont.

The country has a population of 4-5 million. The people speak Creole, a derivative of French. Up to 90 percent are illiterate. Best estimates place the average annual income at \$150 a year per household. The poorest area is the Northwest, where most people are subsistence farmers, fishermen or charcoal producers. Charcoal production has left the nation devoid of trees, parched and prone to erosion.

Haiti's rates of infant mortality, venereal disease, tuberculosis and parasitic intestinal disease are among the highest in the world. Three out of 20 children die at birth; 70 percent of the children suffer malnutrition. The average life span for men is 50; for women it is 52.

Haiti gained its independence from France in 1804. It was the first black republic in the Americas.

The country has been ruled by the Duvaliers for 23 years. The first President-for-life, Francois "Papa Doc" Duvalier, was noted for his ruthless suppression of civil freedom. When he died in 1971, his son, Claude "Baby Doc," took the reins. Under Claude Duvalier social conditions improved and civil liberties increased.

Voodooism (a black African religion, not "black magic" as is often suggested) still exists. Its existence is said to influence heavily the Haitians' approach to health care.

Haitians started emigrating to the United States in early 1960. Most come from small, remote fishing villages, where they pay \$300-\$600 to make the journey in overcrowded fishing boats. An unknown number never make their destination. It is estimated that each year hundreds die at sea — going down in storms or being thrown overboard by paranoid smugglers. Many travel only as far as the Bahamas,

which are then used as stepping stones to America.

Why do they come?

This question strikes the very core of the legal debate regarding the Haitians' status in this country. Poverty is clearly a factor. Officials speculate that the current influx is being fueled by a five-year drought in Haiti, smooth seas at this time of the year and word getting back that America is sympathetic.

But if poverty is the sole incentive, as the federal government maintains, the Haitians are illegal aliens, ineligible for asylum. This question is currently before a federal court in Miami. The government is arguing that the Haitians are "economic refugees," fleeing for economic reasons, and not entitled to asylum. Immigration laws allow for the entry of "political refugees" — those who would face persecution if they returned to their country. The government argues that in two State Department visits to Haiti, officials were assured by Duvalier that Haitian nationals could return without fear of retribution.

Haitian advocates argue that this is not true. They say that returning refugees suffer imprisonment or even death at the hands of the *Tonton Macoutes*, the government secret police. Until the matter is resolved, an injunction prohibits the U.S. government from deporting any Haitian refugees.

Regardless of why they come, 20,000-40,000 Haitians have made the journey in the last 10 years; very few live here with official government sanction. More importantly, they continue to arrive.



Exiles from Cuba

Fidel Castro came to power in Cuba January 1, 1959. Shortly after his successful overthrow of Cuban dictator Fulgencio Batista, Castro stunned his countrymen and the world by instituting a socialistic regime. The exodus of Cubans to the United States, particularly South Florida, began immediately. For the first several years, the emigration from Cuba was virtually unhampered by the revolutionary government. But as a result of the missile crisis in 1962, the flow of exiles temporarily ceased.

On December 1, 1965, the monumental Cuban Refugee Airlift began. "Freedom Flights," as they were called, transported more than 250,000 exiles to America. When Castro stopped the flights in 1973, approximately 200,000 Cuban nationals remained on waiting lists. Since the revolution, more than 750,000 people, or nearly nine percent of the population, have fled the island.

Social conditions in Cuba today are said to be better than they were under the graft-ridden Batista regime. While Castro nationalized all major industries, he also substantially improved the education and health care systems. Yet, social advances have come at a heavy price: civil liberties.

Dissent is not tolerated.

According to Cuban exiles, people receive hefty jail sentences for criticizing the government or for committing other political crimes. Furthermore, socialistic distribution of the wealth has apparently resulted in less for everyone. Consumer goods are scarce and certain food items are strictly rationed.

The present crisis began on April 14 in Cuba when a bus carrying passengers seeking asylum crashed the gates of the Peruvian embassy, resulting in the death of a Cuban guard. Peruvian diplomats, observing the long-standing sanctity of political asylum held by Latin American countries, allowed the Cubans to stay. Castro, in retalia-



tion for Peru's actions, pulled all guards from the compound and ordered bulldozers to remove the large boulders forming the embassy gates. This was the Premier's invitation for an uncontrolled flow of people to overwhelm Peruvian diplomats. Within hours the invitation was accepted and 10,800 Cubans sought refuge and asylum.

Cuban officials allowed people in the embassy to return home with "safe conduct passes," that would supposedly insure their safe passage from the country. As the international community, particularly the United States and Costa Rica, tried to arrange an orderly airlift for the exiles, word leaked out that the Cuban government would allow people to be picked up by boat. On April 14, Cuban authorities unofficially opened Mariel Bay to any Americans wishing to pick up

relatives who were at the embassy. Almost immediately a spontaneous armada of boats left South Florida to make the journey. When the first boats successfully returned on April 21, the floodgate had opened. Over the next few weeks, thousands of boats set sail for Mariel.

By May 5, when President Carter said the U.S. would receive the exiles with "an open heart and open arms," 16,000 had arrived already. These included an unknown number of common criminals, political prisoners and mental patients. On May 14, Carter ordered an immediate end to the boatlift. But hundreds of boats were still being loaded in Mariel. By the first of June, nearly 95,000 people had made the trip in the unauthorized flotilla; 25 never arrived, having drowned in the crossing. [a]



The Haitian Refugees

Health Care and Housing Are Concerns

By PAT HARBOLT and
DANNY PIETRODANGELO



The dark-skinned men looked timid and confused. Standing quietly in line along a darkened, stuffy corridor, some awkwardly clutched large manila envelopes. They had just received chest X-

rays and would now go upstairs for additional health screening.

Though they were in a prison — the Federal Correctional Institute in South Miami — it didn't seem to matter to them. Perhaps it was because they knew that outside those prison walls lay the new world they had come in search of.

Less than 24 hours ago, these men had been in boats on the open seas. They were finishing the last leg of a 700-mile trip from their homeland, Haiti. They were one small group of an estimated 5,000 Haitians who had sought refuge in America since January.

Before the Cuban boatlift brought international attention to the Gold Coast's refugee invasion, the arrival of large numbers of Haitians on the shores of South Florida had already set the stage for a crisis.

They too, like the Cubans, were arriving by boat. But, unlike the Cubans, there was no large Haitian community waiting with open arms for their arrival. And, unlike the Cubans, there was no "Freedom Flotilla." They beached their boats randomly on the southeast Florida

coast, making the trip in rickety fishing boats, sometimes below the decks of smugglers' vessels. Some came via the Bahamas, some directly from Haiti.

Their arrival immersed state and county officials into a quagmire of unanswered questions. How would this wave of immigrants be processed? Did the people pose a threat to public health? Where and how would they be resettled? And, who would foot the bill?

Because the federal government considers Haitians economic refugees — not political refugees — they are not eligible for federally financed refugee assistance programs. Thus, the burden of meeting their needs has fallen largely on local and state governments and community agencies in South Florida.

In response to the growing



Haitian refugee awaits relocation from FCI in South Dade.

Photographs by Pietrodangelo

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problem, Gov. Bob Graham appointed HRS Deputy Secretary Alvin Taylor as state coordinator for refugee programs. Putting in days that often stretched around the clock, Taylor worked with state, local and federal officials to coordinate assistance and services for the Haitians. Their first goal was to meet the refugees' immediate needs -- food, clothing, shelter and health care. As a first step, refugee centers were set up in Dade and Palm Beach Counties (FCI) to process and temporarily house the unexpected immigrants.

Only men are processed at FCI. They are medically screened almost as soon as they walk in the door. According to Mike Fleischman, director of the public health clinic established at the prison, the Haitians receive X-rays and are tested for diseases such as venereal disease and tuberculosis. Blood tests are given and if a disease is found treatment begins immediately.

Of those processed at FCI, Fleischman said, "About 25 percent show positive results on the test which means they have syphilis

or yaws (a non-venereal disease prevalent in Haiti). The T.B. rate is a little above one percent, which is slightly above average."

Fleischman, who works for the U.S. Public Health Service, noted that all of the refugees seen in the clinic had intestinal parasites. "Of the children we've seen, their general health is fair, but for the most part they are all malnourished," he said. During the screening, all are given required immunizations for tetanus and diphtheria.

The men stay in small rooms at FCI — about 10 x 10 feet — with bunk beds, a desk and chair, a sink and a toilet. The doors are solid metal rather than bars. The individual cell doors remain unlocked, giving the Haitians freedom of movement into the centralized, carpeted recreation/dining hall area. However, the doors to the entire unit, which is ordinarily used for a drug abuse program, remain locked.

Dr. Jean Burke, FCI project director, explained that the unit was closed to keep the refugees separate from the prison population. "While they are here we make sure they are not subjected to any



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negative influences," she said.

According to Burke, the Haitians are ready to leave the prison for relocation in the community after health screening and processing. "Ideally, the stay is about three days. It depends on how cooperative the community is; but the stay is usually no longer than five days."

Providing a helping hand to the Haitians who leave the Dade processing centers is the Haitian Coalition, a group of governmental and private social services agencies and churches.

The Coalition set up a relocation center April 17 in Dade County's old Miramar Elementary School. There, the main goal is to find homes for the Haitians -- either by reuniting them with family or friends or by placing them with community sponsors. In addition, refugees can get information from immigration officials and apply for food stamps, Aid to Families with Dependent Children (AFDC) and Social Security cards at the center.

Coordinating the coalition's efforts is the Dade County Community Action Agency (CAA), which is receiving funding and other assis-



HRS employee, Yolette Alexandre, a Haitian who has lived in the U.S. for 10 years, on temporary assignment to assist with food stamp processing.

tance from HRS and the federal government.

A chief concern of those working on relocating the refugees is that the homes used for placement be decent. Adding to that concern is the fact that many Haitian immigrants are living in substandard housing in the poorer sections of Dade and other counties.

Before the refugees are placed in homes in the community, relocation officers go out and inspect them to make certain that living conditions are safe, said Betty Lu Barbieri, Community Action Agency director of program administration. At the beginning of June, Ms. Barbieri said the Miramar Center had relocated about 1,900 Haitians.

The process is often slow and difficult, but not because the Haitians already settled here lack hospitality.

People who have worked closely with the Haitian immigrants in recent years have remarked on their strong sense of family loyalty. It is a loyalty that extends, they say, to distant relatives, friends and mere acquaintances from the same village or town in their native land. As long as there is food, shelter, clothing or money to share, most Haitian families readily offer it to newcomers.

"The problem is that the Haitian community here is as saturated as it

can get," said Jackie Rowe, coordinator for the Haitian Coalition. "Some families have 12, 15 or more people in one house. They just can't take in any more."

Because of the declining number of community sponsors for the refugees, HRS sought and received state Cabinet approval to spend \$159,000 in districts 9, 10 and 11 to provide temporary shelters and placement assistance for the refugees. Placement assistance will provide the manpower needed to canvass neighborhoods in these areas to locate and evaluate prospective refugee sponsors. Those services were to be purchased through existing agencies in Dade, Broward and Palm Beach counties that have a history of serving the Haitian community.

By the beginning of June, Taylor, who has devoted most of his time in recent months to the refugee situation, said he was beginning to feel more optimistic about efforts to find homes for the refugees and to meet their immediate needs.

"We're not dumping these people into the community," Taylor said. "We know they're in a situation where they're going to get food, clothing and shelter. We know they're being treated fairly and we know they're getting medical services."

Although the Haitians' needs

have had to compete with those of the Cuban refugees, the Haitians received an unexpected benefit as a result of the Cuban influx. The Haitians were previously ineligible for food stamps, but when federal officials opened the program to Cuban refugees, benefits were also extended to Haitians who had been processed by the Immigration and Naturalization Service.

The change in the Food Stamp Program policy generated a flood of new applicants. During the first week they became eligible, nearly 1,000 had applied and been certified in District 11. By the first of June, Haitian refugees throughout Florida were receiving food stamps.

The influx of new applicants added to already heavy caseloads for District 11 food stamp workers. At the Miramar Center, Creole-speaking HRS employees and volunteer interpreters from the community were pressed into service to assist Haitians seeking food stamps. To handle the influx, food stamp workers and interpreters were frequently working into the evening.

The Food Stamp Program is not alone in feeling the impact of the latest influx of Haitians. The task of meeting the service needs of the Haitian refugees has posed special challenges and created a serious financial strain for health care providers, particularly county health units.

Poverty, ignorance of sound health care practices, lack of access to medical care, overcrowded living conditions and poor sanitation — both in Haiti and in their new homes — have made the Haitians susceptible to communicable diseases and other health problems.

At a workshop of public health officials in Dade County last December, participants cited a wide range of health problems frequently encountered among Haitians. Included were malnutrition, anemia, skin diseases, tuberculosis and other respiratory illnesses, pregnancy complications, intestinal parasites, sexually transmitted diseases, hypertension and emotional illnesses.

The primary concern of public