

Haitian Immigrants in Rural Maryland: Experiences of Life and Health

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ABSTRACT

Despite expanding populations of immigrants in new receiving communities in the United States, many resources aimed at serving these communities remain underdeveloped and difficult to access. Particularly burdensome for immigrants in rural Maryland are barriers to health care access, as these often overlap with barriers of language and education as well as general attitudes of racism toward and marginalization of Haitian immigrants. In this paper, I employ a qualitative analysis of interview transcripts to identify prominent themes surrounding Haitian individuals' life experiences on the Eastern Shore of Maryland. Interviews were completed by a research team as part of an ongoing ethnography that aims to understand more broadly the experiences of immigrant groups in the area.

Keywords: Haitian immigrants, immigrant health, rural immigration, health care access, United States

Despite expanding populations of immigrants in new receiving communities in the United States, many resources aimed at serving these communities remain largely underdeveloped and difficult to access (Sangaramoorthy and Guevara, 2016). Often overlapping with language barriers and obstacles that impact individuals' access to educational services, barriers to health care access are particularly burdensome for immigrants in rural Maryland and can be strong indicators of population vulnerability. For this research, I employed a qualitative analysis of interview transcripts to identify prominent themes surrounding Haitian individuals' life experiences on the Eastern Shore of Maryland. The participants interviewed raised concerns regarding a lack of health insurance coverage, difficulties covering health expenses, language and education barriers, and negative treatment by health providers and by work supervisors; this research appears to indicate that all of these areas significantly impact the life experiences of these particular Haitian immigrants. My analysis also indicates that Haitian immigrants living in this region face barriers to receiving quality health care because of general attitudes of racism toward and the resultant marginalization of Haitians living in the United States. Following a discussion of methodology and a brief history of Haiti, I will examine some of the areas of concern raised by the research participants and discuss their impacts on the everyday life experiences of Haitians on the Eastern Shore.

My analysis was completed as part of an ongoing ethnography, conducted by Dr. Thurka Sangaramoorthy and Emilia Guevara of the University of Maryland at College Park. This project is aimed at developing a comprehensive understanding of the experiences of multiple immigrant groups on the Eastern Shore of Maryland; additional data concerning the lives of Haitian immigrants and those of other nationalities in rural areas of Maryland are being collected by

these researchers to address broader areas of interest. I transcribed and manually coded six participant interviews and read the transcripts of and coded four other interviews, all of which I examined for my analysis. While I did not personally conduct any of the interviews, I was allowed access to the data as a research assistant through a research initiative program at the University of Maryland in the summer of 2016. Dr. Sangaramoorthy and Emilia Guevara conducted the interviews in the summers of 2014 and 2015, along with the assistance of a translator.

Haitians tend to experience racism, exclusion, and marginalization as an immigrant group largely because of Haiti's current geopolitical situation and the tumultuous history of its peoples. Today, Haiti remains the poorest country in the Western hemisphere and one of the poorest in the world, leaving individuals from its borders to bear the burden of those characterizations (World Bank, 2016). Its intimate connection with the Transatlantic Slave Trade as a slave colony of France, as well as the Haitian Revolution of 1791–1804, which positively led to its independence from France, but nevertheless resulted in political and economic upheaval following its remarkable efforts to escape European colonialism, have also impacted the way the nation of Haiti is viewed by the global community. In addition, the numerous natural disasters that have severely impacted the country in recent years, such as the 7.0 magnitude earthquake that struck the island in January of 2010, have necessitated migration and displacement to other areas in order to keep its people safe and to rebuild. Many of the Haitian immigrants interviewed for this study immigrated to the Eastern Shore of Maryland either as a direct result of the earthquake or following their family members who had done so for that reason, signifying its importance to Haitian immigration to the United States.

Haiti was added to the list of Temporary Protected Status (TPS) countries following the 2010 earthquake, a disaster that claimed somewhere between 46,000 and 316,000 lives and initially displaced over one million people (Nwosu and Batalova, 2014). Citizens of TPS countries are granted temporary relief from deportation and allowed to work without legal identification in the United States, meaning that Haitian immigrants who wanted to come to the United States were permitted to do so with only a work visa and not the legal documentation required of other immigrants. One of the main reasons that immigrant populations have been growing rapidly in rural areas in particular, such as the Eastern Shore, is the availability of jobs that are termed low-skilled employment opportunities (Sangaramoorthy and Guevara, 2016). These jobs generally require only limited proficiency in the English language, a factor that can be attractive to immigrants who do not speak or prefer not to speak English, regardless of their country of origin. A majority of the immigrants interviewed for this research had come to the United States as a result of this protected status, and had taken the opportunity to find low-skilled labor jobs and continue their education at local colleges, in order to learn English and ideally improve their employment situation beyond an hourly-wage job with few benefits. For example, the Haitian immigrants interviewed as part of this research project had all either previously worked in or currently worked in chicken processing plants.

One of the more significant impacts on rural areas in which large numbers of immigrants settle is that on health care systems, as rapid immigration and subsequent surges in population growth can put a strain on the existent systems. These strains specifically tend to cause shortages of health care providers, high and increasing rates of patients who do not have health insurance, and limited resources with which to provide care for those who seek services (Ricketts, 2000). Many individuals mentioned struggles with being able to afford health insurance and the costs of health care with and without insurance, as well as the difficulties they experienced in being able

to schedule appointments with doctors within a fair window of time, and a general lack of translation resources for non-English speaking immigrants.

Being mostly low-skilled laborers, these immigrants were receiving hourly wages that were not sufficient to provide them with funds enough to pay for health insurance or health care costs in addition to the more immediate financial needs of rent, groceries, and education fees for their children. Many participants were also dealing with the financial strain of saving money to send to family members still living in Haiti who were either not able or willing to immigrate elsewhere. One participant, during an interview, said:

Yeah, it's for the rest of it... The rest is a lot of money still and I don't see how I could pay it. Insurance doesn't pay as much as they say. While I was in the hospital, I had Perdue's insurance, but it got cut. So I went through Obama's insurance – I pay \$135.02 every month.

Further along in the interview, it was explained that this had happened because the participant had been fired for taking time off of work to go to the doctor. This is a common obstacle for individuals working in low-skilled labor jobs in the United States because employers see their workers as readily replaceable with other immigrants in need of work. As most of these immigrants were also in the country as a result of being granted TPS, many of them did not have the legal documentation required to obtain health insurance, even if they could afford it. One interview participant said of a friend, who was also a member of the Haitian community in the region:

When she was without papers, she would go to the hospital and sometimes they would care for her, but they would not give her all the care that she would need. There are some cares they wouldn't give her.

Limitations of the strained healthcare system in the region such as these often overlap with feelings of racism and discrimination toward Haitian patients who seek care without insurance and citizenship documentation. Individuals such as this within the community reported feeling that they were not likely to receive the same quality of care as a US citizen, as a Haitian immigrant with permanent citizenship status or insurance, or even as an English-speaker.

For Haitian immigrants, language barriers take on a whole new level of difficulty compared to many other immigrant groups in the United States. Particularly for health care services, Haitian Creole interpreters are very difficult to find; for example, in the nine counties that comprise the region of the Eastern Shore, there is one known Haitian Creole interpreter. There are some telephone services available for usage during a visit to a physician, but most interview participants admitted that the phone lines are often busy, and that when they do work, it is often hard to communicate over the phone. As one interpreter said:

for the Spanish speakers, there will be somebody on site working, so they can go get someone and get help in the language. But it's not like that for the Haitian community, so pretty much they will have somebody with them who can help them [speak English].

This represents one example of a language barrier that is largely different from that impacting immigrants belonging to Spanish-speaking communities. Language barriers are difficult to overcome in any situation, but they provide more of an obstacle when there is less opportunity for translation. Communication becomes especially important during the relaying of physical

symptoms, which many patients are unable to do accurately due to this particular restriction. In addition, interview participants described how difficult it can be to understand prescriptions upon leaving the physician's office. In many cases, the prescription labels, including dosage instructions and warnings, are simply typed into and then printed from a computer translator. This means that patients are not always provided with the most understandable instructions for taking their medications, which can have drastic consequences. For example, one interview participant described a mutual friend's experience of not understanding how many pills of a medicine to take or how frequently to take them, due to a lack of clarity in the instructions on the bottle label.

Poor treatment by health providers is another factor that contributes to the participants' experiences and conceptualizations of health in the region as immigrants. Partially as a result of the increased demand on existent health care systems in rural areas, which receive an influx of patients over a short period of time, health care providers often pay less attention to their patients than many patients feel is necessary to understand the problem. For instance, one woman who was interviewed told her story of a traumatic experience of having a late-term miscarriage. She said that the doctor was so rushed that he offered no condolence and no explanation, merely stating that she was no longer carrying a living fetus and that this was the reason for all of her described symptoms. Following this experience, the woman was understandably quite hesitant about returning to a health care provider, as she was wary of receiving similar treatment. One interview participant described being a patient as being treated "like a business," as doctors are not often as compassionate as they should be in situations that require comforting the patient or connecting emotionally. This lack of a connection with patients results in part from the health care providers being overworked, as doctors do not necessarily have the time to commit to each individual patient with such an increase in the population they are serving.

Additionally, the perception of many interviewees was that health care providers can and often do act toward their patients in ways that highlight the racism and marginalization that affects the Haitian community on the Eastern Shore. Many doctors seem to be, as reported in several accounts, more likely to spend less time with patients who do not speak English or those who do not have the most capable of translators accompanying them. About half of the interview participants said that they had been recipients of racist remarks either toward Haitians specifically or about people of color generally, and many said that they had been discriminated against by health clinics in the area that were specifically set up to help Latinx immigrants.

As mentioned earlier, all of the interview participants had either previously or currently worked for chicken processing plants. These types of jobs are classified as low-skilled labor. Given that the rural areas surrounding these plants are those that are also receiving the largest influxes of immigrant populations, it is understandable that there are many people vying for these job opportunities. More than one participant described a racial hierarchy within the system, with white people, particularly men, usually serving as the ultimate boss, and black Americans serving as what are termed "bosses," who oversee and have more direct interactions with the daily laborers, most of whom are of Haitian or Hispanic nationality. As there is a large pool of job candidates from which to choose, with everyone trying to find some form of work following their immigration to the United States, employers often have the ability to fire individuals as they please – if they have to take time off of work to care for children, have to use sick time, or have to use the lavatory during their shift, among other reasons, many immigrants can lose their jobs at these plants.

The view of immigrant workers by their superiors as easily replaceable and the refusal to give them time for bathroom breaks or doctor visits in effect dehumanizes them, a sentiment clearly expressed by one of the interview participants:

They take people for their robots, and we are human. We cannot do the same thing like a machine. It's really painful, physically. And they consider it like it's slaves, because they need your blood. They don't allow you to do whatever you want when you need it. Like I need to go to the bathroom – when you need to go they don't want you to go.

Immigrant workers may also be fired for not working fast enough, as their overseers sometimes expect the workers to complete quotas “like a machine,” faster than what is reasonable to expect for human labor. The Haitian workers interviewed reported poor treatment by almost all other racial groups who work in these plants, particularly by both white and black Americans and by English speakers. The interview participants who raised these concerns said that the poor treatment became less noticeable when they were able to communicate with their supervisors and with other workers in English, although remarks were still made about their accent. Interview participants reported feeling a total relief from this type of racist treatment only when they were among others within the Haitian community or with their respective families.

Barriers to education services can also create many difficulties for immigrants trying to build a life in the United States, although this difficulty can be applied to many immigrant groups in general. Particularly because many immigrants have to work low-skilled labor jobs for at least their first few years in the country, it is difficult to find the time required to attend classes or study. Many interview participants mentioned that they could not take the time off of work to go to school, largely because of the aforementioned poor treatment by employers in the plants. A few described having to alternate work schedules with their spouse or partner – one partner would work the day shift, while the other stayed home to care for children or parents, and when the former returned from work, they would switch responsibilities and the other would work the night shift. This system, mentioned by more than one interview participant, was effective in ensuring that the household was making the maximum profit between the two adults, by bringing in two wages and avoiding childcare expenses. Though the increase in earning potential was beneficial, interview participants expressed disappointment that this left little time for schooling, meaning that they would continue to struggle with learning English and would likely not have as many future job prospects beyond those of the low-skilled labor type.

Through an analysis of the interviews, it became increasingly clear that the concerns raised most frequently regarding a lack of health insurance coverage, the high cost of health expenses, language barriers, poor treatment by health providers, poor treatment by employers in low-skilled labor occupations, and barriers to education services all impact Haitian immigrants' life experiences on the Eastern Shore. The intersections and overlaps of these barriers create especially troublesome obstacles for Haitian immigrants working in the region, and particularly for those employed in low-skilled labor opportunities. These overlaps can create affordability barriers to economic security and advancement that can prevail for years, if an immigrant is unable to acquire a job requiring English proficiency that could ultimately lead to higher wage-earning potential. Language barriers complicate access to health care because of the difficulty in communicating with health providers without a translator present and in reading prescriptions. A lack of access to education services often exacerbates those existent language barriers, if immigrants are unable to attend school, creating another component of financial stress for immigrant households through the overlap with barriers to economic advancement. Poor

treatment by health providers often discourages Haitian immigrants from seeking necessary health care, and poor treatment by employers often forces workers to choose between seeking health treatment and working to avoid termination.

These individual barriers can become increasingly difficult to navigate when combined with attitudes of racial discrimination and “otherness” that are often applied to Haitian community members, as well as to immigrants and people of color in general. Discrimination toward these immigrants can stem from a multitude of factors: skin color, occupation, health insurance status, citizenship status, a perceived or actual lack of English proficiency, and a Creole accent, among countless other factors. The intersection of these barriers with racism and marginalization strongly affects the lives of Haitian immigrants, including their personal experiences with health care. The kinds of experiences that generated the concerns of those interviewed suggest broader issues that increase the vulnerability of Haitian populations in the United States, of which conceptions of health and health care access can be used as indicators.

References

- Hunsaker, Matthew, and Vivek S. Kantayya. 2010. “Building a Sustainable Rural Health System in the Era of Health Reform.” *Disease-a-Month* 56 (12): 698–705.
- Nwosu, Chiamaka, and Jeanna Batalova. 2014. “Haitian Immigrants in the United States.” Migration Policy Institute (MPI), May 29. <http://www.migrationpolicy.org/article/haitian-immigrants-united-states>.
- Ricketts, Thomas C. 2000. “The Changing Nature of Rural Health Care.” *Annual Review of Public Health* 21 (1): 639–57.
- Sangaramoorthy, Thurka, and Emilia M. Guevara. 2016. “Immigrant Health in Rural Maryland: A Qualitative Study of Major Barriers to Health Care Access.” *Journal of Immigrant and Minority Health*. doi:10.1007/s10903-016-0417-z
- World Bank, The. 2016. “Haiti Overview.” <http://www.worldbank.org/en/country/haiti/overview>.