ADDENDUM

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Many Haitian Physicians have one way on 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

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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. <u>The physician-patient relationship suffers no third person</u>. 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.