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Narratives of Inferiority

Edwidge Danticat's testimony of her uncle's death due to the negligence of the Krome detention center medical staff in *Brother I'm Dying* reveals the deeply unjust and arbitrary nature of the US immigration system. Exploring the negligence and malicious attitudes found in the healthcare system of US immigrant detention centers shows how the greater narrative of inferiority ascribed to Haiti has enabled extreme acts of injustice to be enacted under the pretense of healing.

Joseph Dantica was not alone in experiencing mistreatment at the hands of medical practitioners in the Krome detention center. Healthcare workers at Krome consistently treated sick Haitian detainees with forceful and humiliating regimens, which were motivated more by a paranoid desire to eradicate disease than to enable any sort of healing. This was especially true in the case of tuberculosis patients. In Krome, many detainees tested positive for latent TB. Being asymptomatic, it was difficult for them to understand their diagnosis lacking a "germ theory of disease" (Nachman 5). The stigma Haitians associate with this disease, compounded with their unfamiliarity with American disease etiology and the general anxiety of being detained involuntarily created an overwhelmingly negative health environment for the patients despite constant medical attention.

Healthcare workers at Krome were largely insensitive to these stressful factors. While performing ethnography on Krome TB patients, Nachman reported that doctors would routinely summon them in order to distribute medication by walking into the men's dormitory shouting "TB, TB" (8). This singled out the patients and humiliated them in front of their uninfected peers, creating a sense of isolation. Worse, the treatments often continued beyond the prescribed treatment plan, much to the patients' confusion (24), and they were subject to rapid and unexplained changes, such as the

prescription of vitamin B-6 pills for only one week (16). Under these circumstances, the Haitian detainees had little reason to believe that the doctors were concerned with their best interests.

The attitudes of health workers in Krome stem from a larger cultural discourse that paints Haitians as diseased, underdeveloped people in need of cure and reform by Western actors. To Americans, Haitian immigrants are viewed as dangerous sources of HIV and TB, yet this association goes beyond medical facts to the point of racial caricature (Coreil et al. 2). For example, during the AIDs epidemic the United States banned Haitian immigrants from donating blood (Fairchild & Tynan 4). On the surface, this may seem an innocuous and rational preventative measure – after all, being banned from donating blood hardly constitutes a major infringement on one's personal freedom. However, it is worth noting the arbitrariness of only targeting Haitians, even as regions outside of Haiti "both within the United States and in Mexico and Puerto Rico, had shown increasing rates of heterosexual transmission of HIV" (Fairchild & Tynan 4). In effect, the blood ban contributed to a narrative that characterizes Haitians as disease-spreaders that need to be contained. Thus, United States policy and attitudes has habitually warped a well-founded fear of infectious disease into a xenophobic othering of the Haitian people.

This xenophobic attitude permeated the atmosphere of Krome detention center, and it exaggerated issues of noncompliance, since both patient and doctor suspected the other of ulterior motives. The health practitioners, for their part, made little effort to be transparent or consistent to their patients, as discussed above. The detainees responded to this with whatever resistance that was available to them in the restricted environment of the internment camp. Some of the more dramatic acts of resistance that Nachman recorded in his ethnography included "hunger strikes" and "suicide attempts." For TB patients, refusing to answer summons to receive medication was another such act. Nachman notes that this medical noncompliance does not stem from lack of belief in the medicine's "efficacy", but rather form the "willingness [of the patient] to undermine their own health" as an act of

protest (20). Thus, the xenophobic narrative becomes self-fulfilling, as the worst expectations of the American jailers bring out the worst behavior in their subjects.

These expectations create an interesting paradox. On one hand, the doctors viewed the Haitian detainees as diseased men urgently in need of their medicine. Yet at the same time, since they expected noncompliance from their patients, they were reluctant to believe claims of illness or pain. This played out dramatically in the story of Joseph Dantica, when the doctor insisted that he was faking a seizure even as he lost bodily control and vomited profusely. Nachman describes similar observations in his visits to Krome, reporting that medical personnel suspected that the detainees bring them medical complaints with the aim of being "sent to external facilities, from which they would escape" (16). This fear was in part founded on fact, since some detainees did manage to escape while treated at external sites (14). However it is worth considering what motivations the Haitians had to seek medical attention outside the detention center. As discussed above, an atmosphere of mistrust existed between doctor and patient at Krome, to the extent that the Haitian detainees often engaged in self-destructive behaviors to protest their conditions. Some TB patients related to Nachman that they feared they were being treated "so that the INS could prove to the world that Haitians were disease ridden and dangerous and should be kept in confinement" (18), a rational fear given the aggressiveness of US containment procedures. Around the same time, Haitian refugees which the US itself had acknowledged had "well-founded fear" of persecution in Haiti had been kept for nearly two years in order to contain an HIV outbreak among them, even though "2 HIV-negative adults, and 13 children who had not been tested" were present among population (Annas 3). In Krome, those patients who were received healthcare outside of the detention center reported having a better experience there, and could believe that the practitioners were genuinely concerned with their health (Nachman 21). It appears that the detention center specifically produces a spirit of noncompliance and rebelliousness towards healthcare practitioners in the Haitian immigrants.

This dynamic of antagonism between doctor and patient can nevertheless extend beyond the walls of the detention center. More recently, during the HIV/AIDS scare (which re-ignited fears of TB), Haitian immigrants in Florida reported being reluctant to seek treatment for TB, aware of "the threat of court-order institutionalization in South Florida's tuberculosis hospital" (Coreil et al. 5). The resurgence of the TB stigma has, thus, has confounded dynamics of healthcare.

American attitudes towards infectious disease, though aimed at containment and eradication of contagions, have become bogged down with racist stereotypes, and thus prevented effective cooperation between distributors of healthcare and the Haitian immigrant populace. Further still, lack of attention and sensitivity to the needs of this population have created novel health crises for Haitians to endure.

In Krome, the detainees once faced a sudden outbreak of gynecomastia. Nachman reports various possible origins, while another source determined that the most likely source was rapid transition from a relatively malnourished diet in Haiti to one rich in fat and protein (Sattin et al. 6). If true, this demonstrates the unintended effects of American attempts at providing healthcare without being sensitive to cultural differences between them and the Haitian immigrants, nor the needs that arise thereof. Compare the more recent introduction of cholera to the Haitian population following the 2010 earthquake, an epidemic which "killed more than 8,000 people" and "infected over 67,000." The disease had been absent from Haiti for decades, and was suddenly introduced when UN aid workers rushed into the country, "most likely to have originated in the UN Nepali camp" (Lemay-Hébert 10).

The purpose of these two stories is not to indict either the INS or the UN aid forces for maliciously causing outbreaks of disease. Both causes seem to have arisen out of both negligence and other factors beyond anyone's control. However, the point remains that, on both occasions, a disease that had not been an issue before was spontaneously introduced as a side effect of intervention in the lives of Haitians. Regardless of any personal culpability, this demonstrates the inherent danger of

excessive intervention, and calls into question whether such aggressive measures that the US and other international actors have taken towards crises in Haiti were prudent. Lemay-Hébert criticizes a discourse of the “failed state” which surrounds Haiti, and notes that it has “legitimiz[ed] all forms of international intervention” in the eyes of foreign states (3). This discourse has demonstrated a great capacity for collateral damage, as it leads intervening countries to disregard the needs and capabilities of the Haitian people.

The “failed state” and “disease to be contained” discourses permeate all policy concerning Haiti in the US and beyond. Only by analyzing its worst products, such as the injustices in the US immigration system suffer, can we realize the harm these narratives have caused, and hopefully begin to supplant them with a new narrative that respects the independence and humanity of the Haitian people.

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