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Cholera control and anti-Haitian stigma in the Dominican Republic: from migration policy to lived experience

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ABSTRACT

As cholera spread from Haiti to the Dominican Republic, Haitian migrants, a largely undocumented and stigmatized population in Dominican society, became a focus of public health concern. Concurrent to the epidemic, the Dominican legislature enacted new documentation requirements. This paper presents findings from an ethnographic study of anti-Haitian stigma in the Dominican Republic from June to August 2012. Eight focus group discussions (FGDs) were held with Haitian and Dominican community members. Five in-depth interviews were held with key informants in the migration policy sector. Theoretical frameworks of stigma's moral experience guided the analysis of how cholera was perceived, ways in which blame was assigned and felt and the relationship between documentation and healthcare access. In FGDs, both Haitians and Dominicans expressed fear of cholera and underscored the importance of public health messages to prevent the epidemic's spread. However, health messages also figured into experiences of stigma and rationales for blame. For Dominicans, failure to follow public health advice justified the blame of Haitians and seemed to confirm anti-Haitian sentiments. Haitians communicated a sense of powerlessness to follow public health messages given structural constraints like lack of safe water and sanitation, difficulty accessing healthcare and lack of documentation. In effect, by making documentation more difficult to obtain, the migration policy undermined cholera programs and contributed to ongoing processes of moral disqualification. Efforts to eliminate cholera from the island should consider how policy and stigma can undermine public health campaigns and further jeopardize the everyday 'being-in-the-world' of vulnerable groups.

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Introduction

Cholera on Hispaniola

Cholera is an intestinal infection caused by the bacterium *Vibrio cholerae* that can lead to profuse diarrhea, dehydration, and death. Since it thrives where basic sanitation and access to healthcare are limited or non-existent, cholera has been called 'the disease par excellence of social inequality' (Briggs 2001, 676), arousing fear, uncertainty and blame (Nations and Monte 1996; Briggs 2003). In short, cholera is imbued with moral signification, and its epidemiological profile – striking society's poorest – can likewise play into stigmatizing beliefs about the poor and socially marginalized – that they are ignorant, dirty and dangerous (Douglas [1966] 2001).

In October 2010, a United Nations peacekeeping force negligently introduced cholera to Haiti (Piarroux et al. 2011; Transnational Development Clinic 2013). Haiti shares the Caribbean island of Hispaniola with the Dominican Republic. Cholera spread to the Dominican Republic within one month of its introduction to Haiti (Tappero and Tauxe 2011). In short time, the cross-border movement of Haitian migrants became implicated in the disease's spread. An official publication released by the Dominican Ministry of Health remarked on the vulnerability to cholera faced by migrant communities: 'The appearance of the epidemic was imminent given existing social conditions that favored outbreaks: zones of extreme poverty [and] a constant migration flux on the island' (Salas Castro 2012, 118, authors' trans.). Haitian migrants not only became implicated in the epidemic but were designated as a specific target population for intervention. What remains under-explored from this time period, however, is how vulnerability to the epidemic became structured, felt and understood from the viewpoints of both migrants and Dominicans.

This paper explores the interplay among stigma, infectious disease and migration, with emphasis on how constructions of 'illegality' at the policy level impinge on the everyday 'being-in-the-world' of an undocumented, stigmatized population (Willen, Mulligan, and Castaneda 2011; Willen 2007b, 10). First, an ethnographic study uncovers stigma's moral experience. The discussion then moves from a 'local world' to consideration of Regulation 631-11 (hereafter, 'the 2011 Regulation'), a national-level migration policy passed during the epidemic seeking to 'regularize' migrants through additional documentation requirements. Comparing ethnographic findings alongside the 2011 Regulation sheds more analytical light onto the ways in which stigma's power operates across community and policy domains to not only jeopardize health but reinforce moral paradigms of deservingness and 'othering'.

Haitian migrants in the Dominican Republic and anti-haitianismo

Migration on Hispaniola is exemplary of stigma processes rooted in the valuation of certain traits and the institutional practices of deciding who deserves entry into the body politic. In the Dominican Republic, social exclusion of Haitians largely derives from a devaluing of the Haitian 'Other' along lines of race, culture and nationality, elements that have shaped identity since the island's site as a colonial frontier (Paulino 2006). The slave revolution (1791–1804) that gave birth to Haiti inspired fear in the Spanish colony to the east; the revolution in effect 'transformed the Negro from slave to bloodthirsty menace' (San Miguel 2005, 45). This caricature would seem out-of-place in a setting of racial and cultural *mestizaje* (mixing) (Andújar 2015), yet it simply reflected the dominant strain of thought among those in power at the time: that African-descended persons were a

hindrance, if not threat, to progress (Trouillot 1995). The period from 1822 to 1844 remains indelible in Dominican historical memory. While the Haitian army sought to unify the island as a single, emancipated nation (Martinez 2003), their presence in the east generated enough anti-Haitian sentiment to spark revolution and independence from Haiti, rather than the colonial metropole, Spain. Raising the specter of a potential 'Haitian invasion' or else characterizing the presence of Haitians as an *invasión pacfica* (peaceful invasion) became a recurring means of manipulation by the country's elite (Paulino 2006).

Nationality and *raza* (Spanish, 'race') gradually coalesced as pillars of hegemonic power. *Raza* was equivalent to culture, nationhood and ethnicity – always linked to a white, Catholic, Spain (San Miguel 2005). *Anti-haitianismo* construed the 'black, pagan, and African' Haitian as an existential threat to Dominican *raza* (Paulino 2002, 110). Of course, denying 'the African component' is not a Dominican exception but rather a pervasive feature in parts of the world where people were racially stratified and subordinated (Hoetink 2000). The privilege of the Dominican elite depended on othering 'the people below' (Baumann 2004, 42). Meanwhile, 'the people below' were busy crafting a set of shared cultural values, beliefs and traditions that dispelled the idea of 'fatal conflict' (Martinez 2003). The dictator Trujillo (1930–1961) – alarmed by this blurring of cultural and social boundaries by the intermingling of both peoples (Derby 1994) – took up *anti-haitianismo* with murderous effect, launching a genocide against Haitian and Haitian-descended people in 1937. Overt violence still occurs today, whether through extrajudicial deportations or at the hands of mobs (Paulino 2006; Brodzinsky 2015).

The economic development of the Dominican Republic has depended heavily on Haitian migrants (Martinez 1999), yet they and their descendants are routinely denied authorized status (United Nations 2008). For example, in 2013, the Dominican Constitutional Court rendered thousands of mostly Haitian-descended persons stateless by reversing the longstanding policy of *jus soli* (birthright) citizenship among those born in the country to undocumented (mostly Haitian or Haitian-descended) parents (Inter-American Commission on Human Rights 2015). The astonishing retroactive decree – applying to all persons born after 1929 – affected generations and sparked a mass movement of undocumented persons across the border into Haiti (Ahmed 2015). Two fronts of marginality open up when a legal system withholds or confiscates documents from an entire group of people: the *material*, palpably experienced by the undocumented in menial, physically arduous jobs, unhealthy living conditions and disqualification from resources such as healthcare (Simmons 2010); and the *moral*, where value systems normalize suffering and 'undeservingness' (Willen 2015). In sum, the 'migrant space' is a nexus where the 'biopolitics of Otherness' (Fassin 2001) conspire with forms of conjugated oppression (Holmes 2006) to exploit the minority and help pattern health inequalities (Hatzenbuehler et al. 2014).

Stigma's moral experience

> Nothing is more punitive than to give a disease meaning – that meaning being invariably a moralistic one. (Sontag 1990, 58)

Disease, like any other negative attribute, acquires moral significance that carries social and material consequences. The unfolding of moral labeling occurs in both the

interpersonal and broader, structural worlds in which people live. In both domains, stigma entails a *moral experience* that relates to how people assign meaning and value to 'what matters most' in life (such as status, relationships, a job, health or religious experience) (Yang et al. 2014). As a conceptual device, *local worlds* refer to realms of human experience, such as neighborhoods, work places or social networks, where dominant and minority groups interact and where moral standing is sought or lost (Kleinman and Hall-Clifford 2009). For stigmatizers, stigma can serve as a pragmatic defense in the face of perceived threats; for the stigmatized, it erodes a sense of control in life, discredits social status and threatens what really matters (Yang et al. 2007; Meyer, Schwartz, and Frost 2008).

At the collective level, stigma's structural determinants are rooted in *moral economies*, currents of values, norms and sentiments that circulate in a given society to govern and integrate broad spheres of social and political life (IMPRS 2013). Hierarchies of power emerge when societies value certain physical differences over others, such as race and sex, or social categories, such as ethnicity, class, occupation and citizenship status. This translates into forms of *biopolitics*, where bodily differences justify 'othering' people from the figurative body politic (Fassin 2001), and *conjugated oppression,* where social categories like ethnicity and citizenship status synergistically compound an individual's vulnerability beyond that of either category alone (Bourgois 1988; Holmes 2006).

The valuing of some differences over others provides substance to discriminatory policies that determine who in society is deserving of attention or care (Willen 2015). For example, policies that block undocumented or 'illegal' im/migrants from healthcare intuitively 'make sense' because of prevailing value systems in those societies (Willen, Mulligan, and Castaneda 2011, 332). To contribute to a scholarly agenda that attends to how 'illegality' is both constructed and experienced, this paper considers stigma from both ethnographic and policy perspectives, drawing on lived experience in a local, cultural world as well as an analysis of immigration policy and its discourse.

Methods, study site and institutional structures

'Everything goes in there, dirty diapers, everything' said the Dominican woman in disgust, referring to the canal that snaked through her community, a rural village in the Dominican Republic's Duarte Province (Dominican woman, La Caya, D02). 'You can catch [cholera] almost immediately'. The rural village where the woman lived was home to a mix of Haitian migrant and Dominican families living roughly an hour's drive from the provincial capital, San Francisco de Macorís. In this quiet community, all inhabitants were in some way connected to the local production of rice, planted in vibrant, green fields that stretched out from the dirt road connecting their village to the national highway. Canals draining the fields coursed behind little houses and shacks, where some latrines fed directly into the slow-moving, dark water (Figure 1). Out in the fields, men could be seen hunched over in rows, engaged in *travay mikwòb* – loosely translated from Kreyòl as 'dirty work' (Figure 2). They were mostly Haitian, and the dirty work involved weeding out rice fields by hand. In Duarte Province, migrants tend to work in agriculture or as construction laborers and market vendors in urban areas. For them, it is all mostly dirty work.

These ethnographic findings come from a field study conducted from June to August 2012 in and around San Francisco de Macorís, the provincial capital of Duarte Province. At the time of the study, 252 cumulative cases and 6 deaths were reported in the province

Figure 1. Canal in La Caya (pseudonym), Duarte Province, Dominican Republic. Photo by lead author, 2012.

Figure 2. Haitian men at work in rice field, Duarte Province, Dominican Republic. Photo by lead author, 2012.

(PAHO 2015). A longstanding research partnership between Emory University, the regional campus of Universidad Autónoma de Santo Domingo and the regional public hospital had fostered strong relationships among various key figures in the area, including Haitian and Dominican research assistants (RAs), professional contacts at the regional public health office and hospital and community gatekeepers in surrounding communities. The ethics committees of each institution approved the study.

Most activities were focused in two communities: Esperanza (pseudonym), a small barrio within the urban core of San Francisco de Macorís, and La Caya (pseudonym), a rural village outside the city. In addition to their urban–rural differences – a dichotomy known to reflect disparities in access to safe water and sanitation services throughout the country (Ministerio de Salud Publica 2013) – these communities were selected because previous fieldwork had revealed high levels of perceived discrimination among migrants, that they were home to both Haitian migrants and Dominicans living in close proximity to each other, and because strong relationships had developed between the research team and community gatekeepers (Keys et al., 2015). In short, the two communities offered a unique site to investigate the way interactions between migrants and Dominicans play out against the backdrop of the material space in which they live (Neely and Samura 2011) – where polluted canals snake by shacks and municipal services are in short supply.

Like settings in many other parts of the globe, (e.g. Mason 2012; Holmes 2006; Willen 2007b), accessing and affording healthcare in the Dominican Republic is strongly dependent on documentation status. Two laws, the General Health Law and the Social Security Law, adopted in 2001, helped establish the current Dominican National Health System, which falls under the purview of the Dominican Ministry of Health (Leventhal 2013). In theory, the General Health Law created a universal health coverage system to fulfill the right to health – articulated in Article 61 of the country's Constitution. The Social Security Law encompasses the financing regimes for health insurance plans, consisting of contributive and subsidized mechanisms. Crucially, obtaining coverage requires a *cédula*, the government-issued identification card issued by the Junta Central Electoral (Central Elections Board).

For the uninsured, healthcare largely occurs in publicly subsidized hospitals and clinics. San Francisco de Macorís is home to a large referral hospital, the Hospital San Vicente de Paúl. Smaller public health clinics are found in poor barrios and rural communities. For those without insurance, care in these structures is paid out-of-pocket. Thus, documentation status directly affects one's ability to access and afford healthcare.

Data and analysis

Field methods consisted of key informant interviews and focus group discussions (FGDs). Newspaper articles and official policy documents released during the period of the study were included for analysis. In each community (Esperanza and La Caya), four FGDs were conducted with 5–7 participants each, stratified by nationality (Haitian or Dominican) and gender. Ages ranged from 18 to 73 years (Table 1). FGDs were audio-recorded and moderated by native-speaking RAs not from the study communities. Audio-recorded interviews with policy figures were held in San Francisco de Macorís and Santo Domingo (Table 2). These individuals included a top official at the country office of the International Organization for Migration (IOM); an advocate at Centro Bono, a national-level

Table 1. Characteristics of Haitian and Dominican focus group discussions participants.

Nationality	Location‡	Gender	Focus group ID	Age range	Total participants
Haitian	Rural	M	H01	18–37	6
Haitian	Rural	F	H02	25–33	5
Haitian	Urban	M	H03	25–34	6
Haitian	Urban	F	H04	18–25	6
Dominican	Rural	M	D01	23–73	7
Dominican	Rural	F	D02	†	6
Dominican	Urban	M	D03	21–48	5
Dominican	Urban	F	D04	40–54	6

† : missing information.
‡: the rural location is represented in the text with the pseudonym *La Caya*, and the urban location is *Esperanza*.

non-profit devoted to human rights of Haitians and Haitian-descended persons; and various Dominican legal experts, including a judge at an office of the Junta Central Electoral.

All audio files were transcribed verbatim in the original language (Kreyòl or Spanish) and translated into English. MaxQDA software was used for data management. Thematic analysis of transcripts considered emic and etic themes pertaining to stigma, cholera and healthcare access, with emphasis given to idioms of distress and other locally meaningful ways of communicating psychological and social stress. The cross-section of ages and professional backgrounds among participants as well as inclusion of both urban–rural communities and Haitian–Dominican nationalities facilitated triangulation of findings.

Exploring how members of these communities perceived the cholera epidemic, and at a deeper level, how cholera may have figured into stigma and blame, posed certain methodological challenges. FGD participants were recruited during a concurrent epidemiological survey of cholera risks among migrants and Dominicans in the area (Lund et al., 2015). Through survey questions that captured demographics, knowledge of cholera, and perceptions and experiences of *imilyasyon*, (Kreyòl, 'humiliation;' discussed in detail in what follows), the team identified participants who appeared to have insight into how cholera had affected Haitian–Dominican relationships in their communities. The historical and social legacy is such that lines between 'Dominican' and 'Haitian' can be blurred. For focus groups, the participants self-reported their nationality as either Haitian or Dominican. For FGDs, cholera was the point of departure: what exactly is cholera? How does one fall ill from it? How can one prevent it? Beyond drawing out characterizations of the disease, the study explored social ramifications of cholera: how did cholera get here? Who is responsible for it, and what should be done about it?

Table 2. Characteristics of interview participants.

Interview ID	Occupational title	Location	Gender	Age range
LP01	Manager at large agricultural plantation	[interview conducted over phone]	M	40s
LP02	Top official at country mission office for International Organization for Migration (IOM)	Santo Domingo	M	40s
LP03	Judge at Central Elections Board (agency that issues authorized documents)	Duarte province	M	50–60s
LP04	Volunteer for national-level advocacy group for Haitians and Haitian-descended persons in Dominican Republic	Santo Domingo	M	20–30s
LP05	Judge	Duarte province	M	50–60s

The view from below: 'we are obligated to suffer'

In all FGDs, canals were said to clearly pose a health risk. The participants expressed fear of the epidemic; one Haitian man said that 'no one can escape it' (Esperanza, H03) while a Dominican woman in the same community exclaimed that 'no one wants it to come!' (D04). All cited contaminated drinking water and poor sanitation, sharing common points on prevention, including hygiene and water treatment. At times, the participants recited nearly verbatim the language in Ministry of Health flyers, printed in both Spanish and Kreyòl versions that displayed a smiling cartoon character next to the headline, 'What is cholera?' (Figure 3).

Notably, all instructions on the flyer corresponded to individual actions. The flyer's emphasis on individual-level behaviors – such as hand washing or seeking care when ill – mirrored the perception among some participants that responsibility largely lay with the individual (Table 3).

For some Dominican participants, an emphasis on individual behavior seemed to be adopted and applied more broadly – beyond the context of cholera itself and onto the traits and behavior of Haitians themselves:

[Lead author's translation]:
WHAT IS CHOLERA?
It is an intestinal infection caused by bacteria.
WAYS OF PREVENTION
1. Wash hands with soap and water:
   After going to the bathroom or latrine
   After changing a baby's diaper
   Before eating
   Before preparing food
2. Always use boiled or purified water for drinking or for preparing ice, juice, or drinks
3. Cook food well

Also:

Keep a clean area for food preparation
Wash fruits and vegetables with purified water

IMPORTANT:
If you have liquid, frequent diarrhea: drink oral hydration solution and go to the nearest health center.

Figure 3. Dominican Ministry of Health cholera prevention flyer.

Table 3. Preventative behaviors recounted by FGD participants.

Behavior	Sample responses
Hand washing	*We take care of ourselves. We boil water [and] a large amount of people chlorinate it, and if they go to the bathroom, when they leave [finish], they wash their hands.* (Dominican man, La Caya, D01) *Before eating, one must wash his hands. After using the bathroom, one must wash his hands with soap.* (Haitian man, Esperanza, H03)
Food preparation	*But I see some folks who take all the precautions. They wash their hands; they wash fruits before they eat them. Their foods are well cooked.* (Haitian man, Esperanza, H03) *When you go to cook, cook with clean water.* (Dominican man, Esperanza, D03)
Treat water	*You take a little water, and put some Clorox in it […] because you need to eliminate microbes.* (Haitian woman, La Caya, H02) *If you have potable water in the house, you use it, you personally keep yourself clean, you clean the house, the kitchen utensils, the food, this avoids contamination.* (Dominican man, La Caya, D01)
Seek medical care	*The person who has the symptoms should run to the doctor.* (Dominican woman, La Caya, D02) *When you're at the health center, they say how to protect yourself, and they give you information so you don't forget.* (Haitian woman, La Caya, H02)

> Moderator: What else are the differences in this problem, the problem of cholera in Haiti and here in the Dominican Republic?
> Dominican Participant 1: Well, over there people die of cholera more than here, I think.
> Moderator: Why?
> Dominican Participant 2: Over there, they live underneath trash. They do their necessities; they do everything, and that's why they get sick. And besides, they don't have hygiene. (Dominican men, Esperanza, D03)

The last statement in this exchange is noteworthy. While both Haitians and Dominicans agreed that 'more people die of cholera' in Haiti, Dominicans contended that cholera arose out of how Haitians live – that is, what they *do* – as the main reason for cholera's toll. Haitians were often categorized as dirtier, incapable of taking care of themselves. One Dominican man went so far as to explain how he considered loaning a toilet to his Haitian neighbors, but thought otherwise when he realized that he 'couldn't loan a toilet to all the Haitians' (La Caya, D01).

For Haitian participants, none of these characterizations was really new. In a setting where anti-Haitianism went back not just decades but centuries, cholera seemed to produce no major shifts in attitudes. Indeed, if anything, it appeared to reinforce them:

> When cholera was just affecting Haiti but hadn't yet come to the Dominican Republic, the Dominicans were always humiliating the Haitians, [but] after it finished ravaging Haiti, it came to the Dominican Republic, and they said this illness came along with the Haitians. (Haitian woman, Esperanza, H04)

Imilyasyon (humiliation), a key idiom for this population (Keys et al., 2015), was often a verb in the active voice, as in Dominicans 'humiliate us' (*yo imilye nou*). Humiliation was thus something done to someone – here, Dominicans doing something offensive to Haitians.

Nearly all accounts of humiliation centered on name-calling, belittling and conveying the attitude that Haitians were without value (Kreyòl, *pa gen vale)* in the eyes of Dominicans. This occurred through the concrete experience of having one's paperwork confiscated by authorities, who then re-sell it to another individual bearing some likeness to the original bearer, or having few options but *travay mikwòb*. At the same time, humiliation filtered into day-to-day social interactions. In some anecdotes, Haitians at border checkpoints who appeared too thin or to have lost weight were presumed to have had cholera and were denied official entry. In the community, Dominican market goers were said to

sometimes pass over clothes that Haitian vendors were selling, for fear that the clothes were contaminated with cholera (Keys et al., 2015). In healthcare centers, Dominican clinicians were said to ignore undocumented Haitians 'even though you are sick and should be taken care of urgently' and sooner care for a Dominican patient because 'he is already in his country' (Haitian man, La Caya, H01). The psychological distress that this generated was enough for some migrants 'to just stay home, they don't even eat, they are just reflecting [...] There are people who think that their time to die has come' (Keys et al., 2015).

On top of it all, there was little they seemed capable of doing in the face of it:

> Even if the Dominicans embarrass us, you must humble yourself before them [*mete'w piti devan yo* – lit. 'make yourself small before them'], because you are not in your country when they are humiliating you [...] You have to be calm and accept humiliation from their hands. (Haitian man, La Caya, H01)

Humiliation is not only something done to you, but something you can do next to nothing about.

This sense of resignation was expressed in another idiom, *oblije*, or feeling obligated to endure suffering and hardship. The phrase was used in explaining original motivations to come to the Dominican Republic, as in 'We're obligated to be here. If our country offered us opportunity, we would not leave' (Haitian man, Esperanza, H03). Once in the Dominican Republic, feeling *oblije* extended into daily stressors, including widely acknowledged cholera risks. Contrary to assertions by some Dominicans, who figured Haitians preferred using canal water, one Haitian man explained, 'The canal water is not good for us, [but] we are *oblije* to use it because there is no other water. Only the Dominicans have tap water in their homes' (Haitian man, La Caya, H01). Haitian participants described having little choice but to practice open defecation. In another anecdote, Haitians were targeted by vigilante mobs for defecating in plastic bags and throwing them on the roofs of their houses (Official at IOM, LP02).

In fact, among Dominican participants, only one individual remarked on how the epidemic had been introduced to Haiti by the UN peacekeeping force (Dominican man, La Caya, D01), and there was no discussion of the profound disparity in water and sanitation infrastructure between the two countries. Instead, it was far more common to hear how Haitians live in such crowded conditions that 'everything they do goes towards the canal' (Dominican man, La Caya, D01); that they 'don't take any precautions' (Dominican woman, La Caya, D02); or that they even 'have a much lower culture' (Dominican man, La Caya, D01). The unifying thread was that Haitian individuals were themselves responsible for bringing cholera to the Dominican Republic.

In contrast, Haitian participants more readily referenced specific structural hardships behind the epidemic, linking cholera to lack of access to safe water, distance and difficulty in reaching health centers, hazards found in the workplace and feeling ignored by public health campaigns. 'This is like a river whose source is unknown to us,' said one Haitian man (Esperanza, H03), while another in the same community remarked, 'Authorities could at least hold meetings with us in order to let us know how to act with regard to cholera. Unfortunately, we do not have this' (Esperanza, H03). There was a common refrain of feeling powerless to change such circumstances.

In sum, explanations for cholera's prevention or spread mapped onto different moral registers, which were in turn linked to longstanding ways in which Haitians and

Dominicans understood themselves and each other. For Haitians, idioms like *imilyasyon* and *oblije* communicated an internalized sense of powerlessness and recognition of one's lower stratum in Dominican society (Holmes 2011). Race and nationality had long contributed to an embodied experience of undeservingness (Willen 2012b), but the added burden of being turned away at border checkpoints or in markets for inhabiting potentially cholera-infected bodies further crystallized this recognition. Even the disease, 'like a river whose source is unknown' (Haitian man, Esperanza, H03), seemed to have an agency unto itself. Among Dominicans, epidemic disease and its association with Haitian migrants were conflated as new forms of stigma power (Markel 1997); that more Haitians were dying from cholera only reinforced the preexisting stereotype that Haitians were, as a whole, morally inferior – dirtier, ignorant, incapable of taking care of themselves; cholera had shored up their moral disqualification as a collective group (Briggs and Mantini-Briggs 2003).

The view from the top: exclusion as state practice

> *Every person* [toda persona] *has the right to health.*
>
> – Article 61, Constitution of the Dominican Republic, 2010

> *The right to health is a person's fundamental right and as such, should be a universal entitlement for all human beings. There are state policies for migration control, but I do not believe one has anything to do with the other, and therefore, they should not be linked to health policies.*
>
> – Dominican judge, Duarte Province, 2012

In early January 2011, one year after the earthquake that struck Port-au-Prince and several months into the growing cholera epidemic, nearly 1000 Haitian migrants were forcibly removed from the Dominican Republic and 'returned' to Haiti (Amnesty International 2011). A few months later, the Dominican Director of Migration, José Ricardo Taveras, cited an estimate of 500,000 Haitians in the country, telling local reporters that 'nobody can resist an invasion of that nature' (Archibold 2011). His quote is striking not just for its allusion to 'an invasion' (and the historical memory of nineteenth century Haitian–Dominican relations) but for the statistic it employs. In an important paper co-authored by a prominent Dominican sociologist, the same figure is referenced to illustrate the sinister use of population estimates of the Haitian and Haitian-descended population in the Dominican Republic (Corten et al. 1995). The *New York Times* article went on to explain how, with the advent of cholera in the country, the hospitality extended to Haitians in the aftermath of the earthquake was running thin.

Mr Taveras responded to the *Times* in a commentary published in the Dominican newspaper *Listín Diario*. In it, he took issue with the characterization of recent Dominican immigration policy as connected to the cholera epidemic: 'Cholera was not brought to Hispaniola by Haitians, it was brought to us by soldiers dispatched by the UN. Haiti and the Dominican Republic are victims of unfortunate chance' (Ricardo Taveras Blanco 2011). Palpably frustrated at the international criticism of his country for the deportations, he continued:

> Who is guiltier for the difficult life of our neighbors? The indifference of certain countries, who so dramatically portray themselves and claim solidarity that translates into nothing

> more than soldiers who cannot even safeguard Haiti from organized crime, human trafficking, and civil insecurity in general? Or us, accused of a passing solidarity but who act in the exact opposite of the indifference of those who so frequently chastise us, and who in fact are the true bearers of responsibility for confronting this drama? (Ricardo Taveras Blanco 2011)

They were applying the law, he explained. How audacious, he contended, that the same countries that regularly deport many more undocumented immigrants from their borders would insinuate that the Dominican Republic is racist.

In the realm of Dominican political power, there is always push-back against international criticism regarding treatment of the Haitian and Haitian-descended minority (e.g. Noticias Aliadas 2011). Here, however, it seemed that Mr Taveras sought to differentiate the immigration policy from the concurrent public health crisis. One might infer from Mr Taveras that a policy of forced deportations, present in Dominican society well before cholera, was an affirmation of national sovereignty and sprang from the need to enforce existing laws – at a time that just happened to co-occur during the epidemic. Indeed, a common motif used by policy-makers to explain the immigration policy, and with it the practice of round-ups and expulsions, is 'regularization'.

Amidst the throes of an epidemic that gripped the country, the national government managed to make important changes to the country's immigration policy. On 19 October 2011, almost one year to the day that cholera was confirmed in neighboring Haiti, President Leonel Fernández signed into law Regulation 631-11, which sought to 'guarantee the effectiveness and adequate implementation' of the General Migration Law by adding 15 new requirements for foreign workers to gain authorized status (Congreso Nacional 2011, Art 1, authors' trans). The requirements entailed a host of new hurdles, including obtaining a valid visa, a notarized birth certificate, a medical examination and criminal background check. A long list of other documents, translated into Spanish, were also declared necessary to present in person at the General Migration Department in Santo Domingo, to be filed by four different migration agencies and the national police (Congreso Nacional 2011). Previous to the 2011 Regulation, some of these requirements were already in effect (such as a valid visa); the dilemma arose in compliance with the new rules, which, explained Mr Taveras, were aimed at 'eliminating the chaos generated by the current illegal status of the labor market that encourages foreign labor' (Abiu Lopez 2012).

What effect did adding these requirements really have? In short, the new legislation only added another barrier to gaining authorized status, already out-of-reach for most. The most obvious constraint in the daily lives of most migrants was cost. Some described earning between 3 and 5 USD/day, while a visa for authorized work in the country was approximately 200 USD. The additional paperwork required beyond the visa entailed further costs and bureaucratic hassles. Based on this field study and others previous to it (Keys et al., 2015; Simmons 2010), it is nearly impossible to imagine the typical migrant crisscrossing the island to assemble notarized documents, have them translated into Spanish and appear in person at multiple migration-related offices. To complicate matters, in Haiti, infrastructural shortcomings frequently prevent the civil registry from issuing documents that would prove an individual's identity. Meanwhile, in Santo Domingo, an official at the IOM described the Haitian consulate as woefully under-resourced to meet the needs of the estimated hundreds of thousands of Haitian migrants and Haitian-descended Dominicans, the latter sometimes seeking documentation on behalf of their parents or grandparents who had originally emigrated from Haiti.

The requirements were also contentious among Dominican employers: 'Those regulations have been designed to reduce [the] foreign-working force. That is, the migration regulations are so complete and the costs are so high that a company won't be able to afford the luxury of having a foreign worker' (Employer of migrants, LP01). The onus, then, fell not only on migrants to navigate the various bureaucracies to acquire necessary documents (and pay their associated costs), but on their employers as well, tasked with filing a letter of solicitation to hire each foreign worker, register them with migration authorities and ensure repatriation at contract's end. That same interviewed employer conceded that the true intent of the Regulation was to drastically reduce the number of Haitian migrant workers in the country through its costly administrative fees and procedures. After the legislation passed and employers faced losing a sizable part of their workforce, the office of Mr Taveras was apparently inundated with phone calls from Dominican employers, who explained how they personally knew some of their Haitian employees for years and that 'they deserved more respect' than being forced to return to Haiti (Official at IOM, LP02).

The position taken by Mr Taveras and the Dominican government regarding the legality of Haitian migrants relates to 'an enduring manifestation of traditional modernity – the ostensibly rational bureaucratic state regime' (Willen 2007a, 2). At a national level, the state's various bureaucracies can subjectify individuals – that is, what passes for rational state practice is in fact a subjective rendering of a specific group of people, a rendering that in turn legitimizes their marginalization (Fassin 2011). Borrowing from de Sausurre, Baumann's (2004) contrast of language (*langue*) and daily language use (*parole*) can be helpful here: the language of official policies and discourse can reflect the assumption that state policies and their enforcement are rational and, by extension, moral. 'Irregular' migrants are subjects of regularization; the 'chaos of the labor market' necessitates intervention. In turn, everyday language of Dominicans employs a similar mode of delimiting and categorizing the Haitian 'Other:' as lacking self-care, possessing a 'lower culture' and in turn posing a threat.

This interplay between *langue* and *parole* is mutually reinforcing, to such effect that excluding a group of people from the healthcare system 'intuitively "makes sense"' (Willen, Mulligan, and Castaneda 2011, 332), allowing for a convenient escape from reconciling how the Dominican Republic can enshrine the universal right to health in Article 61 of its Constitution yet still work to disqualify undocumented persons from accessing healthcare (Leventhal 2013). Even the judge overseeing the provincial office of the Junta Central Electoral, the governing body tasked with issuing *cédulas*, conceded that, 'If you do not have documents in the first place, it is difficult to access the health system' (Dominican judge, LP03).

On one hand, the right to health is understood as a fundamental human right regardless of citizenship; on the other, under a rubric of 'regularization,' the government outlined a series of near-impossible steps to undertake in order to become documented and in turn access healthcare, a policy that fits into a longer pattern of devaluing the undocumented Haitian 'Other'.

Discussion

In this study of stigma and policy directed towards Haitian migrants in the Dominican Republic, their day-to-day reality is seen to be shaped by an exclusionary policy that

impacts their local world. Study participants understood the cholera epidemic in different ways. Most Dominicans embedded their explanations within the realm of individual responsibility, connecting cholera to supposed character flaws among Haitians as a collective group. In contrast, Haitians recalled the everyday assaults of structural violence, in particular *travay mikwòb* (dirty work), lack of access to safe water and sanitation and harmful interpersonal interactions with Dominicans, encapsulated in the idiom *imilyasyon*. Another idiom, *oblije* (obligated to suffer), communicated resignation to life's hardships. This difference in explaining cholera – whether through innate character flaws or structural hardships and stigma – points to ways in which the host and migrant groups perceive disease, the structures and behaviors that either mitigate or exacerbate its spread and how an epidemic contributes to othering processes.

Stigma became enacted on the policy front as well. One year into the epidemic, the Dominican legislature modified the documentation process, effectively pushing migrants further *anba fil* – 'under the wire,' a Kreyòl colloquialism for living undocumented – and disqualifying them from health insurance. In light of forced deportations of migrants during the epidemic, tensions arose between advocacy groups that condemned the deportations and the Dominican state. Dominican policy-makers denied that the deportations had any relationship to the epidemic, arguing that the migration policy and enforcement had no bearing on the constitutionally-mandated right to health.

Yet our ethnographic findings show how the 2011 Regulation aligned with and helped reinforce prevailing forms of anti-Haitian stigma and political routines of separating 'Dominican insiders from Haitian outsiders' (Derby 1994, 502). As the epidemic spread, the Regulation hardened the line between the authorized and the unauthorized. Rather than considering social and environmental inequalities in migrant communities as grounds to expand access to social services, a 'biopolitics of Otherness' (Fassin 2001) effectively worked to create a stratum of 'biological non-citizens' (Mason 2012) whose perceived disease risk to others warranted further social exclusion. Those unable to join the pool of the authorized could be more readily blamed for their position in Dominican society. This aligned neatly with tropes of assigning complex problems rooted in structural violence to individual responsibility, feeding the current that delineates the deserving from the undeserving (Willen 2012a).

In the end, there was striking resemblance between the logics that circulated on-the-ground and those within the chambers of Dominican political power. Cholera reinforced preexisting anti-Haitian beliefs; character flaws supposedly intrinsic to Haitian migrants were to blame for the epidemic's spread. At the national level, new documentation requirements left migrants to blame for their failure to comply; those unable to do so could be subject to forced expulsions. This line of reasoning acted as currency in a moral economy that legitimized their already low stratum in Dominican society (Willen 2015).

Key recommendations

In the time since this study's fieldwork, makeshift camps just across the border accommodate over 2000 Haitians and undocumented persons fleeing the Dominican Republic for fear of forced deportations or worse. An outbreak of cholera in those camps has already claimed the lives of nearly two dozen people (Ahmed 2015). In the face of such

circumstances, what is the contribution of ethnographic and policy analyses such as those offered here?

Rather than perpetuating the difference between the undocumented (mostly Haitians and their descendants) and documented ('legitimate' citizens), a starting point to address and help dismantle anti-Haitian stigma and expand norms of deservingness to include migrants would be a policy based on the shared interests between the two countries. Foremost is the argument that migrant laborers from Haiti are indispensable to the economic development of both countries (Ministerio de Trabajo 2011). Acknowledging the role that they continue to play in the country's economy – and via remittances, Haiti's own – figures into the political debate that often frames Haiti's domestic turmoil as a threat to Dominican security. It follows that facilitating a realistic pathway for authorized migration would bring with it greater chance for economic and political stability on both sides of the island.

The cholera epidemic has resoundingly shown that the health of both countries' populations relies on bilateral cooperation to improve living standards, not only for undocumented persons but the poor in general. Reducing stigma and addressing unfair migration policies are a public health issue for both countries. The Call to Action Plan for a Cholera-Free Hispaniola, supported by major global health actors in concert with the Ministries of Health in both countries, underscores the role of community mobilization in eliminating cholera from the island (PAHO/UNICEF/CDC 2012). This study's findings could be applied in community-level efforts outlined in the country's cholera elimination plan (Ministerio de Salud Publica 2013). Health messages could not only emphasize individual-level behaviors but also cholera's structural determinants such as poverty, documentation and healthcare and stigma's harmful effects (Nations and Monte 1996). Developing messaging strategies at sites 'closer' to material and social inequalities (e.g. community clinics, public hospitals, neighborhood associations) could provide a more democratic means to shape public policy (Briggs and Nichter 2009). One way to engage at the community level is to improve the collaboration between Haitian migrants and Dominicans. Positive contact events (Pettigrew and Tropp 2006) could be modeled on culturally relevant forms of social organization, such the *convite / konbit* (Kaiser et al., 2015).

Most applicable in this setting is a documentation policy that takes into account circular migration and that collaborates with Dominican employers to help migrants qualify for health insurance during their stay in the country. Such policies would help ensure personal security among migrants and the chance to create a more sustainable livelihood. Of course, given the Constitutional Court's ruling in 2013, the status of thousands of Dominican-born, Haitian-descended persons demands special consideration of the unique circumstances faced by that population (Inter-American Commission on Human Rights 2015).

Reforming the documentation system, strengthening healthcare financing and curbing anti-Haitian stigma at state and local levels cannot be left to the Dominican government alone. There is already a network of advocacy groups and non-governmental organizations that may be receptive to principles outlined here (Wooding and Moseley-Williams 2004). Similarly, multilateral agencies bear considerable responsibility in supporting the Dominican government's efforts to resolve these challenges, extend the universal health coverage ideal to migrants within its territory and respond to the crisis on the border.

Conclusion

Cholera's appearance in the Dominican Republic thrust the population of undocumented Haitian migrants into a harsh spotlight. For a bacterium that conjures filth and 'invasion', cholera became loaded with meaning and fit into moralistic, anti-Haitian tropes. In communities, Haitians were blamed for the epidemic and felt powerless to change their circumstances. A national-level migration policy further consolidated stigma's power. Moral sentiments, values and norms circulate between the poles of lived, intersubjective experience and structural policy. Capturing the social and material consequences of these moral economies makes ethnography especially useful. The evidence that emerges from this approach may more effectively challenge the claims for exceptions to the right to health.

Ethical approval

A longstanding research partnership between Emory University, the regional campus of Universidad Autónoma de Santo Domingo, and the regional public hospital had fostered strong relationships among various key figures in the area, including Haitian and Dominican research assistants (RAs), professional contacts at the regional public health office and hospital, and community gatekeepers in surrounding communities. The ethics committees of each institution approved the study.

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