

# An Introduction to the Culture of The Dominican Republic for Rehabilitation Service Providers

Ana Lòpez-De Fede  
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**Culture Brokering: Providing Culturally Competent  
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# **An Introduction to the Culture of The Dominican Republic for Rehabilitation Service Providers**

## **Part I**

Rehabilitation Services and Immigrants from the Dominican Republic

Ana Lòpez - De Fede, PhD

## **Part II**

Providing Rehabilitation Services for Persons with Disabilities from  
the Dominican Republic

Dulce Haeussler-Fiore

**CIRRIE**

Center for International Rehabilitation Research Information and Exchange

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## AN INTRODUCTION TO THE CULTURE OF THE DOMINICAN REPUBLIC FOR REHABILITATION SERVICE PROVIDERS

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### *Preface*

Immigrants from The Dominican Republic are among the ten largest immigrant groups in the United States. Dominicans have settled largely on the east coast of the U.S. They are the second largest Hispanic/Latino group in New York City, with Puerto Ricans being the first.

Many persons in the United States identify The Dominican Republic as a land that produces great baseball players and as a country with many tropical beach resorts. Few persons in the United States understand well the nature of Dominican culture, the reasons for Dominican immigration to this country, or the difficulties encountered here. Rehabilitation service providers in the United States might be better equipped to work with Dominicans with disabilities if they were provided more information about Dominican views of the nature and origin of disabilities, the role of families and other factors that can influence the success of rehabilitation services.

The authors of this monograph have written two separate sections that shed light on Dominican culture as it relates to disability and rehabilitation. Both authors are themselves immigrants from the Dominican Republic. Ana Lòpez-De Fede, Ph.D. is a Research Associate Professor in Pediatrics at the Institute for Families in Society at the University of South Carolina. In *Rehabilitation Services and Immigrants from The Dominican Republic* she traces the history of Dominican emigration to the U.S. and its causes. Through numerous case studies, she demonstrates the impact of cultural variables on the experience of disability by Dominicans.

The second author, Dulce Haeussler-Fiore came to the U.S. at the age of 13. She was surprised to see persons with disabilities working. She eventually became a case manager for four years, and a service coordinator for six years, as well as a clinician in a mental health clinic in Lawrence, Massachusetts. Together with Paula Sotnik of the Boston-based Institution for Community Inclusion, she conducted a CIRRIE-financed focus group of Dominican consumers to gather additional information for this monograph. In *Providing Rehabilitation Services for Persons with Disabilities from the Dominican Republic*, she explains certain traits of Dominican families that have children with disabilities: the fear of children being removed from the home, shame over disability and the tendency to hide children with disability. She also describes the great support and assistance provided by the families to providers of disability services, once the families understand the system and the purpose of the services.

This monograph is part of a series developed by CIRRIE -- the Center for International Rehabilitation Research Information and Exchange -- at the University at Buffalo, State University of New York. The mission of CIRRIE is to facilitate the exchange of information and expertise between the U.S. and other countries in the field of rehabilitation. CIRRIE is supported by a grant from the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education.

In addition to developing this monograph series, CIRRIE conducts workshops and conferences on providing rehabilitation services to foreign-born persons. We hope that this monograph will be useful to you in your work with persons born in The Dominican Republic. We welcome your comments that will help us to deepen our understanding of ways to increase the effectiveness of rehabilitation services for persons born in other countries.

*John H. Stone, Ph.D., Director,  
Center for International Rehabilitation Research Information & Exchange (CIRRIE)  
Series Editor*

## PART I: REHABILITATION SERVICES AND IMMIGRANTS FROM THE DOMINICAN REPUBLIC

ANA LÓPEZ - DE FEDE

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### *Introduction*

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Altagracia, age 46, woke up one morning unable to move the right side of her body or to see. She refused to see a doctor, preferring to wait until her husband came home from work. As she waited, the family embarked on their own healing practices. She was rolled to her unaffected side to allow the "bad blood" to flow evenly throughout her body. They called their minister to start a healing prayer vigil and began to prepare a tea with properties to reverse the paralysis.

Guillermo, age 26, suffered head and spinal cord injuries from a car accident. His elderly parents are the primary caregivers with support from siblings who live in the immediate area. They struggle with the devices provided to help him become independent, preferring to provide him with the support themselves.

Sylvia, age 20, has given birth to a child with cerebral palsy. She struggles to find the best way to tell her family in the Dominican Republic. They may suspect that drugs were involved or that it is the result of some evil deed or jealousy - "*mal ojo*". The hospital staff does not seem to understand that she will return to an empty apartment. Her husband does not want anyone to see the baby.

Alicia works as a special education teacher at a local school. She often hears remarks on her patience and the many "blessings" to be bestowed by God for her labor of love with those children. She struggles to dispel these beliefs, choosing to concentrate on helping to bridge the needs of the educational system with the needs and values of the community.

Are these typical reactions for immigrants from the Dominican Republic? No single ethnic group is homogenous in its response to illness and disability. How do providers bridge ethnicity, race, cultural beliefs, values, and practices in their efforts to provide effective rehabilitation services? The intersection between these factors and the role of providers to provide culturally competent services is the purpose of this monograph. It provides a framework to explore the Dominican and Dominican-American culture within the context of disabilities, chronic illness and rehabilitation services. It is not intended to be the definitive treatise on the Dominican culture or their experience with rehabilitation services.

Throughout this monograph, the author will use composite case examples to illustrate key concepts, beliefs and values. The names of the individuals and some details have been modified to protect their confidentiality. The reader is encouraged to consider the reasons for emigration, the level of acculturation, exposure to health care systems and the socio-economic status of the population. Dominicans comprise a diverse group of individuals. Each has a unique voice and history, which calls for rehabilitation providers to be attuned to the differences and common themes of their experiences.

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*Dominicans in the United States*

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Rehabilitation service providers wanting to work with Dominicans must know the history of the country and its role in shaping the cultural framework of the population. After sailing through the Bahamas and Cuba, Christopher Columbus landed on Hispaniola on December 5, 1492, establishing the first Spanish settlements of the newly founded territory. Located in the Caribbean Archipelago, the Dominican Republic occupies the eastern two-thirds of the island of Hispaniola. Haiti occupies the remaining western third of the island. Situated about 600 miles southeast of Florida and 310 miles north of Columbia and Venezuela, the Dominican Republic is flanked to the north by the Atlantic Ocean and on the south by the Caribbean Sea.

Torres-Saillant and Hernandez (1998) chronicle the early history of the country, citing its prominent place in history as the center of the entire Spanish colonization of the Western Hemisphere, and the first presence of "black slaves" in the colonies on the island in July, 1502. These two acts would forever change the history of the Americas and shape the cultural framework of the modern day Hispanic/Latino population. Thus, the island was home to the first settlement of Europeans, the first genocide of aborigines and the first cohort of African slaves in the archipelago. The meeting of cultures and races, compounded later by the influx of French, German, U.S. black, West Indian, Arab, Jewish, Canary Islander, Chinese, Cuban, Puerto Rican, and Haitian immigrants, has contributed to the ethnic and cultural formation of the Dominican people. The combinations of these variables would be repeated throughout the Caribbean, forming the historical experience of the region and to a lesser extent, Latin America.

The eastern two-thirds of the island became known as Santo Domingo, after Saint Dominic, the Castilian founder of the Order of Friars and Preachers in the thirteenth century. The members of the order were known as the Dominicans and centuries later, the inhabitants of Santo Domingo would adopt the name Dominican for their republic (Torres-Saillant and Hernandez, 1998). To this day, the teachings of the Catholic faith continue to play a prominent role in the beliefs, values, celebrations and national character of the republic.

Dominicans comprise the second largest Hispanic/Latino grouping in New York City after Puerto Ricans (Georges, 1990). People from the Dominican Republic have resided in the United States since the late nineteenth century; however, the numbers were not significant until the mid-1960s. According to the U.S. Census<sup>1</sup> in 2000, between 764,945 in New York State. The Dominican population can be found throughout the United States, with the largest populations, in descending order, in the following states: New Jersey, Florida, Massachusetts, Rhode Island, Pennsylvania, Connecticut, and Washington, DC. (U.S. Bureau of the Census, 2000; Mumford Center, 2001).

The population is primarily urban in origin, occupationally diverse and includes skilled and semiprofessional workers and persons who have completed their secondary and college education (Georges, 1990; Grasmuck & Pessar, 1991). It is a young population with a median age of twenty-five years, largely headed by females (Georges, 1990, 1992).

Dominicans stand out for their very low income with mean earnings below \$8000 and more than a third of the population in poverty (Mumford Center, 2001). New immigrants receive low or substandard wages from employment in factories, restaurants, grocery stores or home care. As a result, they have higher than average unemployment and are more likely to be receiving public assistance (Mumford Center, 2001). Many of the factors that result in this demographic profile derive from the immigration experience of Dominicans in the United States and the lack of substantive data, which document the diversity of their experience<sup>2</sup>. It is important to note that this monograph presents general themes about the Dominican culture in order to provide service providers with a point-of-entry. Dominicans are a heterogeneous group and not all of the experiences, beliefs or applications apply uniformly to all individuals within this culture.

<sup>1</sup> Dominicans were not counted separately by the U.S. Census Bureau until 1990 (as a write-in category) and eliminated as a write-in category in 2000. This limits demographic information available about Dominicans in the United States. Traditionally, reports about Dominicans have been included with other Hispanics, making it difficult to count the actual number of Dominicans and their demographic characteristics. The information provided in this monograph is based on the best available information and the growing body of research centered on the unique needs of this population.

<sup>2</sup> Despite significant concentrations of Dominicans in the manufacturing and service sectors, the early immigrants represent a diverse socio-economic group. Studies by Ugalde, Bean, and Cardenas and by Grasmuck substantiate the urban origins of most immigrant Dominicans - 75 to 85 percent - and educational levels higher than their countrymen remaining on the island (Portes & Manning, 1984). It is important for the provider of services to Dominicans to explore their reasons and timing of migration to the United States.

Early immigration patterns to the United States occurred in four distinct groups: the "Trujillo era"<sup>3</sup> (1930 - 1960)<sup>4</sup>, the "post-Trujillo era" (1961 - 1981), the "flotilla" group<sup>5</sup> (1982 - 1986), and the "post-flotilla" group (1983 - present) - (Torres-Saillant & Hernández, 1998). These four groups of Dominicans have unique needs and varying attitudes toward seeking help from human services professionals (Paulino, 1994). They are socially diverse, representing various strata of the society. As a group, the reasons for emigration have been framed by diverse socio-economic and political situations. As an example, political dissidents comprised the largest group of the "Trujillo era" immigrants. In contrast, the complex socio-economic and political situations of the country have been the driving force for immigration patterns. During the late 1960s and early 1970s, the improved economy of the Dominican Republic did not lead to increased employment, higher wages or social opportunities for a large segment of the population, resulting in the expansion of migration to the United States (Bach, 1983; Georges, 1992).

Like many other immigrant groups, Dominican migration has usually involved the departure of an individual family member. Children, spouses/companions and parents are often left behind. Separation and reunification are key family dynamics within this culture that values strong family connections, immediate and extended families and non-blood related kin for support. The level of support garnished through family systems is an important dynamic in the delivery of services to this population. Dominicans maintain strong ties to families on the island. Participation among family members in the United States and the Dominican Republic includes financial support, involvement in childcare arrangements, health care and social relationships. Thus, many families maintain social networks and support systems in two countries. Culturally competent services for Dominicans rest with the incorporation of family members into every aspect of care and the transnational nature of social networks and support mechanisms.

For a large segment of this population, immigration is viewed as temporary, which causes a circular transnational migrant network (Georges, 1990; Grasmuck & Pessar, 1991). The results are ambivalence about their socio-polit-

<sup>3</sup> Rafael L. Trujillo was the president of the Dominican Republic for thirty years. His regime ended with his assassination in 1961.

<sup>4</sup> The author of this monograph immigrated to the United States during the Trujillo era with her family.

<sup>5</sup> The "flotilla" group is marked by the movement of very poor rural immigrants risking their lives by entering the United States in makeshift boats in an attempt to find a "better life."

ical status in the United States while acknowledging that the maintenance of middle class socio-economic lifestyle on the island is facilitated by the immigrant's dependence on the U.S. market economy (Grasmuck & Pessar, 1991, Hernandez & Torres-Saillant, 1996).

Among recent Hispanic immigrants to the United States, Dominicans have been described as determined to maintain their homeland identity. Duany (1994) found that most Dominicans identified themselves as Dominicans, not American and not even Dominican-American. When describing their country of origin, they often used the emotional term *mi patria* ("my fatherland"), *mi tierra* ("my land"), and *mi pais* ("my country"). It was further found that the use of the possessive adjective *mi* (my) to refer to the Dominican Republic was not extended to the United States often referred to as *este pais* ("this country"). Duany attributes this difference as an attempt to remain emotionally attached to the Dominican Republic and unattached to the United States.

Politically complicating this situation is the dual-citizenship status accorded naturalized citizens and children born to Dominican parents in the United States<sup>6</sup>. As a result, Dominican immigrants are active participants in political and economic affairs taking place in the Dominican Republic. Their strong attachment to the Dominican Republic can undermine, complicate and delay their adaptation to the United States and their willingness to access services (Hernandez & Torres-Saillant, 1996; Torres-Saillant and Hernandez, 1998). Thus, service providers need to explore the socio-political context affecting the immigration experience of Dominicans. Resistance to speaking English and adopting "foreign" health care frameworks may be associated with the fear of losing their Dominican identity (Paulino & Burgos-Servedio, 1997).

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### *Race and Acculturation*

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Although race is a factor in the Dominican Republic, it is often intertwined and confounded by social class (Charles, 1992; Wiltshire, 1992). As a people whose ancestry is a blend of European, American Indian and African, they range in color from black, dark, medium, or light brown to white. Generally, race alone in the Dominican Republic does not restrict or exclude an individual to a social group or ascribe a subordinate role for individuals with African features. Dominican immigrants bring a history of self-identification that transcends their affiliation to a given racial group. This is not typically the experience of racial minorities in the United States. As a result, many immigrants are identified or self-identify as black, encountering the personal and institutional barriers experienced by African Americans (Bach, 1983). To affirm their independence from racial stereotypes in the United States, some "cocoon themselves in their nation-

<sup>6</sup> As an example of the strong affiliation with their homeland, the current president of the Dominican Republic was born and attended school in New York City.

al identity" limiting or delaying assimilation and blocking efforts to engage with systems of the mainstream culture in the United States (Wiltshire, 1992, p. 184). The conflict is expressed best by Rosa Bachleda, the Dominican founder of an interracial group of women artists in Chicago. "I was Black to White America; I was some strange Spanish-speaking person to Black America" (Bandon, 1995, p. 59). Race, and the role that it plays in accessing services and assimilation, is a crucial issue to consider for those working with Dominican immigrants.

— *Demographic Profile of Dominicans in the United States* —

Castro and Boswell (2002) apply the analysis of sociologist C. Wright Mills and colleagues in describing the Dominican population in the United States. In their book, the authors reflected on the growing Puerto Rican population in the United States stating "many of the immigrants are women, in a society where women's economic lot is still often more difficult. Many are Negroes, in a society where color counts heavily against them; and most of the migrants are without much skill, in a society where skill is increasingly important for adequate livelihood; and all enter a society where the opportunities for advancement seem increasingly narrow for the poor, uneducated, and the 'foreign' (Mills, et al., 1950, p. 127)". Fifty-two years later, this insight on the struggles of Puerto Rican immigrants reflects many of the challenges facing Dominicans in the United States. Castro and Boswell's (2002) analysis of the current population surveys for the years 1997 - 2000 document the following:

- The Dominican population residing in the United States is 53.8 percent female and 46.2 percent male.
- Dominicans, like many of the new immigrants, are a youthful population. 44.2 percent are under the age of 20.
- Racially, 80.2 percent identified themselves as white, with 19.8 percent self-identifying as Black or Asian.
- Forty-two percent graduated from high school, with approximately 10 percent reporting completing a college education.
- The majority of Dominicans work in blue, gray, and pink-collar jobs, specifically in service occupations (33.2 percent) or as operators, fabricators and handlers (30.4%). Managers and professionals account for 10.9 percent of occupations held by Dominicans, and 25.4 percent are technical, sales, and administrative support workers.
- Approximately thirty-seven percent of Dominicans in the United States arrived between 1990 and 2000.
- Most Dominicans are foreign-born (56.6 percent) with a substantial component born in the United States (43.6 percent).

This profile reveals a population at risk for poor health outcomes due to their socioeconomic, educational and recent immigration to the United States. The

reader, however, is cautioned not to generalize this profile to all Dominicans seeking rehabilitation services. The profile serves to highlight some of the challenges and barriers associated with accessing mainstreamed services in the United States.

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*Health Care Practices*

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The level of acculturation and adaptation to the United States can compound the stressors associated with the rehabilitation process and must be explored by service providers. The following case example describes the conflict experienced by many Dominican immigrants. Mr. Baez has chronic diabetes complicated by chronic renal failure.

Mr. Baez, age 50, born in the Dominican Republic, the father of four grown children, has been struggling with the loss of independence associated with his chronic health conditions. He is a tall man with a husky muscular build that betrays a lifetime of heavy work as a grocery store owner. Mr. Baez worked seven days a week, marked by long hours to provide for his family. Rarely ill, he prides himself on being independent and on his resiliency to disease, unlike his weak "American" children. He relishes the traditional foods of his homeland - *chicharrón de pollo* (deep-fried chopped chicken spiked with peppery seasonings), *mangú* (boiled green plantains mashed with oil and sautéed onion) accompanied by slices of avocado with fried eggs and salami or "farmer's white cheese," *empanadas or pastelitos* (fried meat pies) and *sancocho* (stew made with various kinds of meats, spices, yams, plantains, and other vegetables). Modifying Mr. Baez's diet proves to be challenging for the family. Mrs. Baez is reluctant to go against his dietary wishes, choosing instead to provide smaller portions. He does not like to routinely check blood levels, preferring not to expose his employees to his condition. He does not perceive the need for exercise beyond the manual labor associated with running the store and ignores the recommendations of his doctors. Instead, the family focuses on home remedies and a reliance on prayers.

Mr. Baez's condition deteriorated. Within two years he underwent a kidney transplant suffered a decline in vision and nerve damage that eliminated his ability to work. Mrs. Baez became the chief operator of the grocery store, relying on family support for the care of her husband and the household. Mr. Baez was resentful of his wife and frequently "blamed" God for his bad luck.

As seen in the Baez example, the level of assimilation and identification with health care practices in the United States was viewed as contradictory to cultur-



al norms. The role of the male in the family structure, coupled with the lack of realistic dietary options, made the recommendations of the health care provider untenable for this family. Even at the risk of her husband's declining health, Mrs. Baez did not feel empowered to challenge her husband's diet preferences, citing that many of the recommended changes contradicted traditional cures for diabetes. Many Dominicans believe in a "hot-cold" theory of disease, which is similar to some Asian cultures. For example, it is believed that cold illnesses should be treated with hot medications (e.g., penicillin) or hot foods (e.g., chicken soup, hot tea), not treated with orange juice, fruit or other cold remedies that are commonly recommended by mainstream health care providers (Molina, Zambrana, & Aguirre-Molina, 1994). Therefore, an awareness that their recommendations may not fit with traditional remedies will help providers prevent poor compliance.

Traditionally, men in the society are viewed as the breadwinners with any threats perceived as challenging their role as head of the household (Georges, 1992). Issues of independence, control and the perception of masculinity associated with monitoring diabetes within the work setting need exploring with Mr. Baez. His perception of "losing respect" and being perceived as "weak" by his employees and family complicate his health status. Incorporating exercise into his daily routine is perceived as "frivolous" and taking time away from work. Therapists might explore the work environment or his sponsorship of a neighborhood baseball team as vehicles to incorporate exercise into his daily routine.

The employment shift in the household was perceived by Mr. Baez as demeaning. He frequently cited a plot between his wife, children and former employees to take away "his business." The growing levels of independence of women and children in Dominican households can result in marital problems and divorce. Many service providers point to the shift in gender roles as contributing to numbers of female-headed Dominican households. The complexities of gender and parenting roles have significant impact on the care, prognosis and treatment of family members with chronic conditions or disabilities.

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### *Religion and Spirituality*

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Roman Catholicism is the official religion of the Dominican Republic. Dominicans are greatly influenced by religion as a governing aspect of their culture and way of life. Approximately ninety-five percent of the population self-identifies as Catholic. However, many believe, especially in the context of healing, that the best way to connect to God is through intermediaries (the clergy and the saints). The saints play an important role in popular devotion and the connection to well being. Duany (1994) comments that many Dominican homes have small shrines with images of Catholic saints and the Virgin Mary in a corner of the hall or in a private room. The altars are usually surrounded by flowers and lighted candles. Although the most popular figures are the Virgin of

Altagracia (the patron Saint of the country) and Saint Lazarus, the altars represent a wide range of religious images: Saint Claire and Saint of Anthony Padua among others (pp. 23-24). The *santos* (saints) cults merge the characteristics of Christian saints with those of African deities. This is a legacy from the period of slavery when Africans were converted to Christianity. They made sense of Christianity by equating their traditional beliefs in many different spirits with the Catholic practice of venerating many different saints. Worshippers are expected to perform a *promesa* (promise or obligation). This is an act of devotion performed by the worshipper in return for favors granted by the saint. Many Dominicans hold firmly to the power of a *promesa* to cure illness and eliminate disabling conditions.

The spiritual dimension of religion and its connection to the causation of illness and healing practices must be examined by practitioners working with Dominicans. Similarly, practitioners must become cognizant of alternative health care practices. Knowledge of these practices is essential in order to: (1) understand the role that supernatural forces and spirituality affect perceptions of illness, causes, and curative method; (2) develop cross-cultural frameworks allowing interventions that acknowledge the role of indigenous belief systems; and (3) develop linkages with community systems that support the individual's behavior and attitudes regarding cultural norms that can influence their participation in mainstream services in the United States (Paulino, 1995). As an example, Spiritism (*espiritismo*) is a folk healing tradition utilized by at least one-third of the largely Roman Catholic population in the Caribbean (Delgado, 1988).

Although many ethnic groups and cultures believe in spirits and supernatural powers, the Roman Catholic Church has often referred to these belief systems as superstitious and evil. The result is the disguise or incorporation of many of the indigenous beliefs within the practice and rites of the Catholic faith. Spiritism (*espiritismo*), Santeria, witches (*brujos*), and curers (*curanderos*) are similar in their emphasis on beliefs about the nature and causes of illness and other problems, treatment techniques, and diagnostic classifications (Paulino, 1995). As an example, curanderos consulted the saints to ascertain which herbs, roots and various home cures to employ. Witches (*brujos*) also cure by driving out possessive spirits that sometimes seize an individual. The spiritist can work in conjunction with physician and other systems by using "spiritual" power on behalf of the individual. For many Dominicans, seeking the support of indigenous healers combined with traditional Roman Catholic practices of prayer allows them to cope with illness within the family unit and reaffirm God's will (*Que sea lo que Dios quiera!*). For mainstream practitioners, these belief systems have implications regarding the individual's confidence, independence, self-determination and level of empowerment associated with decision-making regarding health care practices.

The following case study illustrates the role of religion and indigenous health care practices in addressing the spiritual needs of the family.

Sylvia, age 20, gave birth to a child with cerebral palsy. She struggled to find the best way to tell her family in the Dominican Republic. She feared that they would suspect that the use of illegal drugs or her insistence on leaving for the United States contributed to illness (*mal ojo*). Upon learning about their grandchild, Sylvia's parents contacted a spiritist (*espiritista*) to help them remove the witching spell (*brujeria*) that resulted in the illness (*mal ojo*). In this case, the spiritist was able to help the family understand the origins of cerebral palsy by bringing in mainstream health care providers to explain the origins, treatment, and life course of the condition.

In this case, the involvement of an indigeneous healer with the family validated the need to incorporate mainstream health care providers with the care of the child. As a result, the efforts of the family shifted from blaming themselves to providing Sylvia with the support needed to raise her child. Although the family continued to look for herbal supplements to ease the severity of the child's condition, they no longer prayed for a reversal of the evil spirit that resulted in the illness. (See Appendix A- Glossary of Indigenous Beliefs and Terms for a discussion on health beliefs and practices).

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### *Concept of Disability*

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Many Hispanics believe that illness is caused by (1) psychological states such as embarrassment, envy, anger, fear, fright, excessive worry, turmoil in the family, improper behavior or violations of moral or ethical codes; (2) environmental or natural conditions such as bad air, germs, dust, excess cold or heat, bad food, or poverty; and (3) supernatural causes such as malevolent spirits, bad luck, or the witchcraft of living enemies (who are believed to cause harm out of vengeance or envy) (Molina, Zambrana, & Aguirre-Molina, 1994). In keeping with these beliefs, disability in the Dominican culture is often viewed within this framework. The belief that moral violations or supernatural causes are responsible for an individual's disability can result in feelings of guilt or shame for the family and lead to ostracizing the individual with disabilities. Conversely, ascribing environmental or natural causes to a disabling condition can facilitate the development of strategies to overcome barriers that minimize the level of independence and full inclusion of individuals into all aspects of society.

There is no officially recognized disability policy within Dominican society nor is there a clear expectation for full participation of individuals with disabilities in the larger society. However, legislation does exist protecting the rights of individuals with disabilities through a combination of special laws that allow for due process through the courts. General legislation applies to persons with different

disabilities with respect to: the right to marriage, to parenthood/family, to political rights, to privacy and to property rights. The following benefits are guaranteed by law to persons with disabilities: training, rehabilitation and counseling, employment, health and medical care, financial security, and independent living. Much of the legislation is modeled on the beliefs of disabilities rights models with a focus on the limitations of disabilities as "social constructs." Unfortunately, these laws are not universally applied in the Dominican Republic due to limited fiscal resources, shortages of trained personnel, accessibility barriers, costs associated with assistive devices and prescriptions and the lack of rehabilitation facilities outside of large urban centers.

Due to limited resources and the lack of advocacy, physical disabilities are often seen as more acceptable than mental disabilities. In many cases, the family can accommodate and adapt their surroundings to care for an individual with a physical disability. Modified assistive devices are often made by members within the community, purchased second-hand, or provided through a non-profit international organization. Dominican families exercise a great deal of creativity in crafting appliances that foster independence.

The same efforts are not exerted in support of individuals with mental disabilities. The root causes of mental disabilities are more closely associated with belief in supernatural and moral violations. As an example, manic and depressive symptoms can be viewed as an attack of nerves of short duration or tolerated through the period of crisis. Herbal medicines are closely associated with the treatment of mental illness. In the United States, many families will bring a variety of leaves, flowers and roots that increase the mental stability of the individual. Mainstream medicine can exceed the fiscal resources of families with limited or no health insurance. As a result, individuals with a mental illness are often isolated, pampered as to not upset and cared for exclusively by family members. Hospitalization and institutional placements are viewed by the family as a failure of their ability to care for one of their own. It is an option of last resort.

Dominican immigrants are commonly unfamiliar with the system of referrals to specialists that is widespread in the United States. They are accustomed to going directly to the kind of doctor that deals with their particular ailment rather than going first to a primary care physician. The "medical specialist" driven system, coupled with multiple choices of providers, is unfamiliar, confusing and costly for families caring for an individual with a disability. The employment situations, coupled with the lack of familiarity with health services in the United States, present barriers to accessing needed health care services. As an example, in the Dominican Republic prescriptions are not required for most medications including contraception and antibiotics. A family may only have the money to go to the doctor or for the prescription, not for both. Thus, the concepts inherent in the American health care system impact how Dominicans utilize health care services in the U.S.

The transnational nature of Dominican families increases levels of stress and those conditions associated with feelings of abandonment, shifting parenting and gender roles, unstable work environment, and language and racial barriers. Dominicans, like many immigrant groups, are at risk for disabilities associated with these variables (i.e., high blood pressure, obesity, diabetes, mental illness, family violence and substance abuse). Females, as the primary caregivers for family members with disabilities, will often exhibit symptoms associated with burnout, i.e., insomnia, depression and fatalistic attitude towards themselves and their family. Successful rehabilitation services must focus on helping Dominican immigrants adapt to disabling conditions by incorporating into treatment modalities the unique features of the culture and its expression in the experiences of individuals. Not all Dominicans will react in the same fashion nor do all the themes explored in this monograph apply equally to everyone. They are a guidepost for practitioners.

## CONCLUSION

The concept of culture goes beyond groups of people who can be distinguished by a common geography, bloodline, language and set of customs. Culture is not a characteristic. It is a process that is fluid and constantly evolving. Culture can act as a unifying influence. It combines the different aspects of life into a logical whole. Culture is shaped by life experiences, migration, assimilation, psychological characteristics, socio-economic and political status, gender roles, sexual preferences, race, health status and environmental factors. Within this monograph, it is impossible to incorporate all of these dimensions into an understanding of the Dominican culture. The focus has been on the cultural characteristics and themes most closely associated with recent immigrants and those with minimum exposure to service systems within the United States. It is my hope that the reader will take the opportunity to expand their knowledge of the Dominican culture and embrace opportunities to interact with Dominican immigrants outside of the provision of rehabilitation services. In summary, culturally competent rehabilitation services must be guided by an understanding of the following:

- Recognition of the diversity within the culture.
- Familiarity with the colonial history of the country in shaping the religious beliefs and racial makeup of the population.
- Acknowledgment of the role immigration plays in the identity and assimilation of Dominican immigrants. The reason and timing associated with immigration can influence levels of acculturation and assimilation within the mainstream culture in the United States.
- Recognition of the importance of immediate and extended families in support networks. They must be active participants whenever possible in formulating and implementing choices associated with care. Families are almost exclusively the caregivers for individuals with disabilities.

Hospitalization or institutional placements are rarely seen as viable options for families.

- Religion is an essential component in working with Dominican families. The integration of indigenous beliefs into everyday life is essential for an understanding of health, disabilities and treatment options. Do not assume that all individuals share the same beliefs. Whenever possible, avoid stereotypes and assumptions about non-mainstreamed health care practices.
- The use of indigenous healers, herbal medicine, and the invocation of support from the supernatural are common practices associated with illness and disabilities. It is important to differentiate between those practices that may interfere with mainstream prescriptions, e.g. herbal medicine, and the support of indigenous healers that will not interfere with the care of the individual. Include them if possible.
- Racial tensions within the United States pose major obstacles for many Dominican immigrants subjected to similar barriers as African Americans within the society. Language further complicates the ability of new immigrants to easily assimilate outside of their own group.
- The strong connections to the Dominican Republic result in a transnational community with equal ties to the United States and their homeland. This can lead to the use of health care services in both countries, which will then require practitioners to be aware of complimentary, duplicative or contradictory practices.
- Acknowledge the level of "power" attributed to health care professionals. Recognize that this does not always translate into an understanding of recommended practices, need for dietary changes, use of assistive devices or therapy.
- Avoid standardized tests not validated with this population. As recent immigrants, limited research exists on the health care practices and needs of this population. Err on the side of caution.
- Pride is an important element in the culture. Explore options that allow individuals to maintain their pride. Do not use children or members of the community as translators without making sure that the individual does not object to sharing with those individuals. Acknowledge that words may have different meanings based on the region of the country. Interpreters should be familiar with the Dominican culture.
- Provide information to families using cultural brokers within the community. Recent immigrants tend to reside in communities exclusively comprised of Dominicans. Seek the support of community social and advocacy organizations to disseminate information and expand your knowledge of the community.

It is my hope that this monograph has provided you with the opportunity to learn more about the Dominican culture. It is only a beginning. The challenge is to continue the learning.

## REFERENCES

- Bach, R. (1983). Emigration from the Spanish-speaking Caribbean. In M. Kritz (Ed.), *U.S. immigration and refugee policy* (pp. 133-153). Lexington, MA: Lexington Books.
- Bandon, A. (1995). *Dominican Americans: Footsteps to America Series*. Parsippany, New Jersey: New Discovery Press.
- Castro, M. & Boswell, T. (2002). *The Dominican Diaspora Revisited: Dominicans and Dominican-Americans in a New Century*. Miami, Florida: The North-South Center of the University of Miami.
- Charles, C. (1992). Transnationalism in the construct of Haitian immigrants' racial categories of identity in New York City. In N. Glick-Schiller, L. Basch, & C. Blanc-Stanton (Eds.), *Towards a transnational perspective on migration: Race, class, ethnicity and nationalism reconsidered* (pp 101-123). New York: New York Academy of Sciences.
- Delgado, M. (1988). Groups in Spiritism: implications for clinicians. In Jacobs, C. and B. Bowles, (Eds.), *Ethnicity and race: Critical concepts on social work*. Silver Spring, MD: National Association of Social Work.
- Duany, J. (1994). *Quisqueya on the Hudson: The transnational identity of Dominicans in Washington Heights*. (Dominican Research Monographs), New York, N.Y.: CUNY Dominican Studies Institute.
- Georges, E. (1990). *The Making of a transnational community: Migration development and cultural change in the Dominican Republic*. New York: Columbia University Press.
- Georges, E. (1992). Gender, class and migration in the Dominican Republic: Women's experience in a transnational community. In N. Glick-Schiller, L. Basch, & C. Banc-Szanton (Eds.), *Towards a transnational perspective on migration: Race, class, ethnicity and nationalism reconsidered* (pp. 81- 100). New York: New York Academy of Sciences.
- Grasmuck, S. & Pessar, P. (1991). *Between two islands: Dominican international migration*. Berkeley, CA: University of California Press.
- Hernandez, R. & Torres-Saillant, S. (1996). Dominicans in New York: Men, women, and prospects. In G. Haslip-Viera & S.L. Baker (Eds.) *Latinos in New York: Communities in Transition*. Notre Dame, Indiana: University of Notre Dame Press.
- Molina C., Zambrana, R.E., & Aguirre-Molina, M. (1994). The influence of culture, class, and environment on health care. In C. Molina & M. Aguirre-Molina (Eds.), *Latino Health in the U.S.: A Growing Challenge*. Washington, DC: American Public Health Association.
- Mills, C.W., Senior, C., & Goldsen, R. K (1950). *The Puerto Rican journey: New York's newest immigrants*. New York: Harper & Brothers.
- Mumford Center. (2001). *The new latinos: Who they are, where they are*. Albany, New York: Lewis Mumford Center for Comparative Urban and Regional Research Center.
- Paulino, A. (1994). Dominicans in the United States: Implications for practice and policies in human services. *A Journal of Multicultural Social Work*, 3 (2), 53-65.
- Paulino, A. (1995). Spiritism, Santeria, Brujeria, and Voodooism: A comparative view of indigenous healing systems. *Journal of Teaching in Social Work*. 12 (1/2), 105-24.
- Paulino, A. & Burgos-Servedio, J. (1997). Working with immigrant families in transition. In E.P. Congress (Ed.), *Multicultural Perspectives in Working with Families* (Pp. 125-141). New York: Springer Publishing Company.
- Portes, A. & Manning, R. (1984). The immigrant system. In J. Nogel & S. Olzck (Ed.), *Ethnicity: structure and process*. New York: Academic Press.
- Torres-Saillant, S. & Hernandez, R. (1998). *The Dominican Americans*. Westport, CT: Greenwood Press.
- U.S. Bureau of the Census. (2000). *The hispanic population in the United States*. Washington, DC: U.S. Government Printing Office.
- Wiltshire, R. (1992). Implications of transnational migration for migration: The Caribbean example. In N. Glick-Schiller, L. Basch, & C. Banc-Szanton (Eds.), *Towards a transnational perspective on migration: Race, class, ethnicity and nationalism reconsidered* (pp. 175 -188). New York: New York Academy of Sciences.

## APPENDIX A: GLOSSARY OF INDIGENOUS BELIEFS AND TERMS

*Angel Guardian* (Guardian Angel) refers to the belief that all individuals have a protector or spiritual guide that oversees their life and protects them from evil. A Guardian Angel is often invoked for protection.

*Ataque de Nervios* (attack of the nerves) results from an unexpected stressful event. The individual has uncontrollable crying, shouting, trembling, sleeplessness, and verbal and physical aggression.

*Botanica* is a store that sells religious objects, herbs, perfumes, candles, statues of saints, and objects associated with traditional Catholicism, spiritualism, and Santería.

*Centro spiritual* is a religious center where healing services are performed.

*Consulta spiritual* refers to a spiritual consultation where referrals and other collaborative services are provided at the time of the consult.

*Espiritista, Curandero, Brujo, Santero* are types of indigenous healers working to find a cure for ill health. In some cases, these roles are intergenerational in nature.

*Facultades* refers to the healing powers that an individual must possess to resolve problems and provide a cure.

*Mal Ojo* (evil eye) results in ill health due to the powerful eyes (jealousy) of a person towards a child or adult.

*Recetas, remedios* refer to prescriptions or cures provided by spiritual healers to be purchased at a *botanica*.

## APPENDIX B: ORGANIZATIONS SERVING DOMINICAN AMERICANS

### **Alianza Dominicana**

2410 Amsterdam Avenue  
New York, NY 10032  
Tel (212) 740-1960  
Fax (212) 740-1967  
Moises Perez (Executive Director)

### **Council of Dominican American Voters**

P.O. Box 1916  
Lawrence, MA 01842  
Tel (978)975-5562  
Ana Levy (Contact Person)

### **Dominican American Midwest Association**

1826 N. Elston Avenue  
Chicago, IL 60622  
Tel (773) 384-2021  
Fax (773) 384-2095  
Dr. Rafael Núñez (President)

### **Dominican American National Foundation**

2885 NW 36th  
Miami, FL 33142  
Tel (305) 637 8337  
Fax (307) 637 9474  
Radhamés Peguero (Executive Director)

### **Dominican American National Roundtable (DAR)**

1050 17th Street, N.W., Suite 600  
Washington DC 20036  
Tel (202) 238-0097  
Fax (202) 238-9078

### **Dominican Research and Studies Program**

North-South Center  
University of Miami  
1500 Monza Drive  
Coral Gables, FL. 33146

**Dominican Studies Institute**

City College of New York  
Convent Avenue at 138th St. - Nac 4/107  
New York, NY 10031-9198  
Tel (212) 650-7496  
Fax (212) 650-7489  
Dr. Ramona Hernandez (Director)  
Sarah Aponte, M.L.S. (Librarian)

**Grupo de Profesionales Dominicanos**

P.O. Box 28242  
McPherson Station  
1750 Pennsylvania Avenue NW  
Washington DC 20038  
Frank Abate (Executive Director)

**Quisqueya in Action**

807 Broad St. Box #3, Suite 241  
Providence, RI 02907  
Verouschka Ventura (President)

**PART II: PROVIDING REHABILITATION SERVICES  
FOR PERSONS WITH DISABILITIES  
FROM THE DOMINICAN REPUBLIC**

**DULCE HAEUSSLER-FIORE**

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*Introduction*

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The focus of this monograph is on Dominican families who are living in the United States with disabled children. It describes the specific culture, historical background and customs of this particular ethnic group for the benefit of rehabilitation service providers working with Dominicans in the USA. It is very important for Dominicans to have their culture, language, religion, roots and idiosyncrasies appreciated and respected.

A sincere attempt to understand Dominican culture will make the providers' work all the more rewarding. The primary aim of this monograph is to make work with Dominicans with disability as enjoyable and satisfying as possible, both for the provider and the client.

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*General background about the  
Dominican Republic and its culture*

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The Dominican Republic is located on the island of Hispaniola in the West Indies, together with its neighbor to the west, Haiti. The eastern two thirds of Hispaniola belongs to the Dominican Republic and the western one third to Haiti.

The island is characterized by a tropical climate with little seasonal temperature variation, abundant rainfall and extremes in elevation. Its natural resources are nickel, bauxite, gold and silver. Current environmental issues relate to water shortage, soil eroding into the sea, damaged coral reefs, deforestation and the constant threat of damage from hurricanes.

The Dominican population is estimated at 8,442,533 (CIA, 2000). Life expectancy at birth is 73.2 years for the total population, with females averaging 75 and males 75.3. The infant mortality rate hovers around 42 deaths per 1,000 live births. Ethnic groups are: white (16 %), black (11%) and mixed (73%). The people are 95% Roman Catholic, with a very strong Protestant minority. Spanish is the official language. The literacy rate is 82%.

The Republic is divided into 29 provinces and one district. It won independence from Haiti February 27, 1844. Each year, that day is celebrated as a national holiday.

Economically, the Dominican Republic is still recovering from the 30 years of Trujillo dictatorship. Recently, austerity measures, such as devaluation of the peso, an increase in the sales tax and higher gasoline prices were adopted. The economy grew vigorously, with tourism and communications leading the advance. The unemployment rate is 13.8% and 25% of the population is below the poverty line. The labor force is officially 2.6 million strong, but a sizable number of people do not apply formally for jobs, instead fending for themselves as best they can, doing odd jobs. Fifty-nine percent of the people work in services and government, 24% in industry, and 17% in agriculture (CIA, 2000).

The Dominican Republic continues to be a very poor country with limited resources and a large foreign debt. These factors help explain the large migration to the United States of families with children with physical and mental disabilities. There is no adequate support for these families in their native land, since the country cannot afford it.

It is very hard to obtain statistics about children and adults with disabilities in the Dominican Republic. Many families do not report such cases, because disability is viewed as a social stigma and a source of embarrassment. Families tend to keep disability a secret. Sometimes it is considered a punishment from God because someone did something wrong, such as marrying a close relative. Dominicans have a very strong culture, one that is very family oriented, extremely devoted to all its members, as well as to the country, its language, and common roots. Dominicans are very proud people, in the positive sense of the word.

The number of Latinos in the U.S. has increased greatly during the last 15 years. Dominicans are playing a major role in this increase. Dominicans account for a large number of legal immigrants that have migrated in recent years, as well as the uncounted, but presumably large influx of illegal immigrants who are contributing to the explosion in the U.S. Latino population.

Based on financial data from the Dominican Republic, it is estimated that there are 2 or 3 billion Dominican pesos in that country, as opposed to an external debt of 3.6 billion Dominican pesos (CIA, 2000). Such figures help explain the frustration and abject poverty among the Dominican population today that have led to migration. Poverty is also reflected in the lack of social services for people in need, especially those who are not visible to society at large.

Culturally speaking, Dominicans tend to be very emotional. They expect empathy, compassion and sensitivity with regard to their disabled children as a sign of understanding and love. If a family member does not display sadness and sympathy towards a disabled child, the person is deemed insensitive and unfriendly.

For example, the Lopes family is a respectable and well-known family in the capital city of Santo Domingo. They have a child with multiple neurological and

physical problems. The family tried to keep the birth of the child a secret. However, as is the case in many wealthy families, there are a number of servants in the house. Servants often divulge embarrassing family secrets.

The servant passes the gossip to the community, and the people pretend not to know. Upon meeting the family, they approach with tears in their eyes and express their sorrow and sympathy for the unfortunate incident. Normally, this show of empathy is easily accepted, especially if followed by reassurances that the secret will be kept. Nobody in the community will see the Lopes' new child because he will never be seen outside of the home. The disabled child will be kept in the house, and medical treatment will occur within the confines of the dwelling with the doctor making regular house visits. If, for any reason, the child has to be taken to the hospital, this is done in the strictest secrecy. It is difficult for a family to fight against customs and prejudices in this situation.

For a Dominican family, it is important to feed, love, protect and take care of their children with disabilities. Out of a sense of protectiveness, they believe it is better for the child to stay at home, away from people who could make fun of the child in outside programs. The same applies to those families who need help because of the very demanding needs of their children. Families do not look for help through the service system, because, in most communities, it does not exist. The burden of care falls on very close family members, especially for personal hygiene.

Most Dominicans believe that a person with a physical disability does not need physical exercise, a social life, or recreational activity. Their lot in life is to be in bed or a wheelchair. It should be pointed out that most of these comments relate to people with major physical, mental or neurological disability.

Resources are very limited in the Dominican Republic. Even if the family wants services for their child, they are hampered by the lack of adequate services on the island for people with disabilities.

Yadira Polanco is an industrial psychologist with experience in recruiting people with disability, and an administrator at the Rehabilitation Center in the Dominican city of Puerto Plata. Her survey of rehabilitation services in the rural area of Puerto Plata (Polanco, 2000) indicates that there were many young children in these communities who were completely isolated and were tied by their extremities because of apparent behavioral problems. They were often found in a very tiny dark room, clearly revealing the rejection of the family. However, in the majority of cases the opposite was true. The families, lacking the skills to develop the abilities of their children, over-protected them. Families had a very negative attitude regarding rehabilitation because they thought that the results were not worth the effort.

Polanco emphasized that persons with disabilities are seen as *locos* (crazy). She stressed the need for extensive education and information to help people understand that lack of appropriate knowledge limits them in their search for services that the community provides. She noted that the worst cases are in the regions in which the opportunities are limited because of economic and cultural factors. For these reasons, individuals ignore the law that protects them, as well as their human rights.

Many of these families lack recreational and media entertainment. Many persons with disabilities are living in rooms without windows, lack a television or radio, and even facilities for personal care. Some have no bathroom inside their house. They are isolated, lonely, hungry, sad and frustrated.

We should not forget that these families are burdened with mental oppression, based on the trauma of having children with disabilities. They do not seek therapeutic help because such services are almost non-existent. Many families feel angry, guilty and miserable. If they do not receive appropriate services or lack knowledge about the nature of disability, how can they assist their children?

————— *The History of Dominican Immigration* —————  
*to the United States and Its Probable Causes, with Specific  
Reference to the Migration of Families with Disabled Children*

In 1960, many Dominicans started to migrate to various Latin American countries and to the U.S. Social, political, and economic problems were certainly behind the need to leave their country. Another reason was the abandonment of an agricultural way of life, the migration to the city, and the lack of employment there due to overpopulation. It is important to note that the historical motive behind any mass exodus is generally economic hardship in the country of origin and the lure of a better way of life and a better future for their children elsewhere. First they migrated from the country to the capital city. With overcrowding in the city, the lack of jobs, training and education, the poor and disenfranchised finally decided to relocate overseas.

The number of Dominicans in the U.S. cannot be accurately estimated because of the large numbers of undocumented immigrants. However, even many of those who are documented are not receiving adequate services. This is because they do not know about the programs, or may fear that if they get the services, the government will take their children away to put them in "programs", a term that to Dominicans means "institutions". Dominicans still believe that children with disabilities should stay at home with their families.

Many families come to this country and leave their disabled child in Santo Domingo with a relative. The parents work hard to provide their children in the

Dominican Republic everything they need. When asked why she did not bring her daughter with a disability to the U.S., a mother said: "What for? Our daughter will be better off in our country. We provide food, clothing, medicine, and somebody to take care of her. It was what we needed before, and we could not give it to her. But now things are very different. With us working here in the United States, she gets everything."

This points to a key factor: they do not miss rehabilitation services because they simply do not believe in them. However, the new wave of immigrants seems to be more informed about the services for persons with disabilities in the United States.

Working with these families is a rewarding experience. The clients' first reaction is almost always negative, so the service provider should start with an educational and informative orientation. Sometimes it helps to mention a few cases of families (without mentioning names) who reacted in the same way initially, but now can be cited as role models. The service provider must create trust by listening and being aware of the sensibilities of the family. Referring them to a support group is a positive approach. They want to see people face to face to feel more secure. They come from a country in which families rarely participate in programs or place their children in them.

The process starts when the family learns about different beneficial programs such as respite care programs, assistive technology, residential programs, vocational programs, and employment for persons with disabilities. At this point, the family may feel overwhelmed and insecure, but as soon as they begin to see the results, they show their appreciation. They feel fortunate. Then they start their own campaign to inform other needy families to start finding a way to come to the U.S. where their children can have a different lifestyle. The parents use the same approach that the service provider used with them to alert others about the rights and benefits for children with disabilities in the U.S.

The following three examples are drawn from the author's personal observations of how most Latino parents responded in a family support group in Lawrence, MA, the majority of whom were from the Dominican Republic.

Mrs. Rodriguez is a 42-year-old mother of a child with mild mental retardation and some physical disability. She was told that her son who was enrolled in a day program would be going to Disney World, and that she could go with him. This child and his mother were very happy. The mother said that it had always been her son's dream to visit Disney World. They received money through flexible funding from the Massachusetts Department of Mental Retardation. When this family returned from the trip, the whole community heard about it. The mother told everyone about the experience and that her son's dream came true. From that moment on, this family was very involved in assisting this program, espe-



cially visiting and encouraging new families to get involved and support the program.

When the Vazquez family came to the U.S. four years ago, they met at the Social Security office with Mrs. Nunez, a relative they knew from the Dominican Republic. Mrs. Nunez told this family about her daughter's day program and encouraged them to enroll their son. They were absolutely opposed, saying that they had very little income and that they could not risk it. "We are strong and healthy and quite capable of taking care of our own son." The relative insisted that they would not be affected, but that their son would benefit. She started the process, and, a few months later, this family received services for their son. They were very happy, not only because they saw that he was very motivated, but also because it made a difference financially. The family started receiving more money because, their disabled child, whom they never thought would be able to work, started to earn his own money.

Mrs. Garcia is a 53-year-old mother who has been living in the United States for 12 years. She has been working in a nursing home in Lawrence, MA, since she arrived in the U.S. After she was informed about a rehabilitation program, Mrs. Garcia started the process to bring her daughter to the U.S. from the Dominican Republic, where she was under the care of a maid that she hired when she left the country.

The daughter has mild mental retardation with seizure disorder and severe physical disabilities. She was spending her life in a twin size bed and did not have a wheelchair. She was bathed in bed, had no other facility, no diapers, no creams for her body, and consequently developed sores. She had no entertainment, such as a television or a radio.

When Mrs. Garcia arrived in the U.S. and applied for rehabilitation services, the daughter became a very different person. Previously, she did not want to speak or go out, since she was very afraid. She never even went to visit a neighbor in the Dominican Republic. However, as soon as she started a day program, and found that she was respected, accepted and helped, she changed completely. The agency provided an electric wheelchair with all types of adaptive equipment to facilitate her movements, and she became a model client in the program, receiving awards and recognition trophies for her and her family. This has been an excellent model case for families who are ready to adapt and work with the service system, within their own culture or family background, by opening the door to their children with limitations to help them to develop their potential.

### ———— *The Concept of Independence within the Culture* ————

When asked about independence in the Dominican Republic, a Dominican responded, "This is a word that we don't really know. We talk about it, but in

reality, we don't have a voice". This is a culture that believes in the importance of an extended family. Children remain with their family until they marry. Even after finishing college, they stay at home at least until they have their own family. After marriage, they will continue to have some dependency on their parents. Even grandparents play a very important role in decision-making. Children always look for family advice before they make big decisions. Within the Dominican family, couples that get divorced will go back to their own families until they remarry. This underlies the strong connection or dependency in Dominican families.

In families with disabled children, the dependency is forever. In the few cases of Dominican families that have placed their children in institutions, there is an initial feeling of guilt. They need time to deal with their feeling of inadequacy. At the same time, they will have to cope with comments and criticism from close friends and families who do not agree with the decision. Children with disabilities do not have many choices within their family. They usually depend on the family for everything.

### ———— *Rehabilitation Services Typically Available in the Dominican Republic* ————

The following is a list of rehabilitation services in The Dominican Republic:

PATRONATO CIBAO DE REHABILITACION INC. (Santo Domingo, Santiago, D.R.) This center, established in 1967, provides general medical services, rehabilitation for children and adults with physical limitations and acquired diseases. It also provides occupational therapy.

INSTITUTO DE AYUDA AL SORDO SANTA ROSA. (Santo Domingo, D.R.) This institution was founded 30 years ago to help individuals with speech and hearing impairments.

PATRONATO NACIONAL DEL CIEGO assists persons who are blind.

ASOCIACION DOMINICANA DE REHABILITACION, INC. (Santo Domingo, D.R.) helps people with physical disabilities and mental retardation.

ASOCIACION DE IMPEDIDOS FISICOS MOTORES. (Santo Domingo, D.R.) This institution provides vocational training and occupational therapy.

ORGANIZACION DOMINICANA DE CIEGOS. (Santo Domingo, D.R.) This is another institution that assists the blind population.

CIRCULO DE MUJERES CON DISCAPACIDAD. (Santo Domingo, D.R.) This institution was funded following a forum on women's leadership held in Washington, D.C. in June 1997. The purpose was to find ways to obtain equipment and facilitate different types of jobs as well as create small businesses operated by women.

FEDERACION NACIONAL DE DISCAPACIDADOS DOMINICANOS. (Santo Domingo, D.R.) This institution was founded on the philosophy that everybody with mental or physical disability has the right to be trained, helped and supported.

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*Typical Patterns of Interaction Between Consumers  
and Rehabilitation Service Providers in the  
Dominican Republic and the Role of the Community*

The interaction between consumers and staff is usually very good. The reason is that individuals who receive rehabilitation services are very appreciative of help that enables them to overcome or alleviate their problems. Facilitators are very positive when they recount their experiences with this population describing the magic and excitement of seeing enthusiasm and optimism in their clients. The relationship between clients and staff is generally excellent. The results are seen in the progress of each individual.

A famous Dominican journalist (Franjul, 2000) suffered a temporary disability and was obliged to use rehabilitation services. The experience led him to examine with greater sensibility the world of disabled people. When writing about his new perception of this social problem, he said that he was able to overcome his prejudices and accept his own disability. His conversion was a result of witnessing the hard work and the faith of the people in the rehabilitation centers. These workers put heart and soul in their mission to help the disabled to overcome their limitations. One of the techniques used in this struggle was instilling faith in their clients to strengthen their resolve to make the most of what they have.

The journalist found a direct connection between the common interest and willpower of the community involved and the trainers who do the work. He credited his coworkers, employer, the churches, neighbors, doctors, therapists and his extended family for helping him overcome his disability on emotional, cultural, spiritual and physical levels. He praised the Dominican Rehabilitation Association for having done excellent work. For almost three decades, this association has pursued its goals of training, educating and reeducating the disabled. Its greatest achievement relates to training personnel to work with the disabled. It has also succeeded in developing international relations and cooperation with more developed countries like Japan, for the purpose of learning more effective methods (Castillo, 1999).

The annual budget of this Association is miniscule by U.S. standards. What is admirable is the work they do with the resources at their disposal. The government provides only 28% to 30% of the total budget. The difference is made up with external aid, sale of articles made by the patients, school fund-raising activities and private financing from friendly companies and corporations (Pichardo, Aybar, Patnella, and del Villar, 2000).

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*Family Structure*

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The number of children in a Dominican family may vary depending on the social status of the family. In middle class families there may be from three to six children. Lower class families often have from ten to fourteen children.

The most visible cases of people with disabilities in the Dominican Republic are found amongst the affluent because they are the only group who can afford the services to rehabilitate their disabled sons and daughters beyond adulthood. Free rehabilitation services are available in the Dominican Republic up to the age of 22. These are the only people with disabilities counted by the government in statistical reports.

Families that cannot afford private services keep their children at home. Consequently, there are no statistical data about them. After age 22, services are available only from private service providers, and at a cost well beyond the means of many families with meager incomes.

Families with disabled children sometimes try to find untrained persons to help in the personal care of their children. They may attempt to teach the children some skills that would make them more independent. No consideration is given to the fact that this helper may lack formal training and may possess very little education.

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*Role of Religion*

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Dominican society holds many beliefs that many persons in the U.S. might consider superstitious. This characteristic is based on the ethnic and cultural roots of our African, Spanish and indigenous ancestors. These beliefs include causation that a person has a mental or physical disability as a punishment to the family or the individual. These religious beliefs influence family acceptance of disability as a punishment, a lesson, or the will of God. The family may try to overcome the sad situation by praying for a miracle, by asserting that the member with disability possesses certain healing powers, that the person has the gift of telling the future or bestowing good luck.

Families react differently to disability depending on their social status and educational background. In one case, a woman with four children who had varying

degrees of mental retardation spent more than 25 years praying and making religious sacrifices, such as going to church every Tuesday and Thursday without eating or drinking, all to bring about the complete recovery of her children. She spoke with faith and assurance of the day the miracle will occur. When one of her sons went to jail, accused of having sexually assaulted an employee at his residential program, his mother prayed every day that her son be released from jail as soon as possible. After he was released, she never stopped telling people that it was due to her prayers, and that this was only part of the great miracle that was going to occur when all her children would be completely cured.

————— *Gender Differences and Male-Female Interactions* —————  
*in Service Provision*

In the care of a disabled individual, the interaction of the two sexes is very clearly established by custom. Whether children are disabled or not, the behavior of men and women is carefully defined, although lately, with greater exposure to foreign cultures, these customs are beginning to change.

A male never takes a female to the bathroom or helps her with her physical needs. In the Dominican culture, a woman is helped by another woman; a man by another man. Fathers do not help with infants. The male parent has a very different role than the female parent.

Lately, however, the Dominican parents who were born or raised in the United States are exporting American customs to the Dominican Republic. Today, one may see a father changing or feeding a baby. Likewise, in the rehabilitation centers, it is becoming more common to see a male employee assisting a female client in the bathroom. However, it can still be a problem among more traditional Dominican families in the U.S. if the parents find out that a male is helping their daughter. They may take their child away from the program or demand that the system be changed. Today in the schools, the programs and institutions, much work is being done to educate communities and families about rights and non-discrimination. Much effort still needs to be made regarding the cultural differences that impact negatively on the good work being done in this field.

Dominican people often complain about this issue. Service providers need to be cognizant of the fact that many families are still struggling with the issue and trying to accept it.

————— *Food Restrictions and Preferences* —————

The Dominican people eat differently according to the social class to which they belong. The most popular dish is rice, beans and meat with salad, a plate that is also referred to as the "Dominican flag". Another very popular dish is called "sancocho prieto", which most Dominicans cook to celebrate any family event. It

is a dish made of vegetables and different types of meat, such as chicken, beef or pork.

At Christmas time, everybody celebrates by roasting a whole pig on a spit, and serving it with rice with peas and garden salad. During Holy Week, Dominicans tend to vary the way they eat, based on religious traditions. They abstain from meat. Catholics do not have breakfast because they wish to mortify their flesh and feed the soul. Some do not eat for days, because they believe that if the sacrifice is great, they will please God. The food during holy week is based on vegetables, grains, bread and rice made in many ways. Red meats are used after Holy Week to celebrate Christ's resurrection.

Habichuelas con dulce is a traditional dish or dessert, very popular in every family, whether rich or poor. This plate is made of sweet beans, coconut milk, evaporated and regular milk, sugar and butter. It is so peculiarly Dominican that sometimes, when you describe it to people from other cultures, they become surprised and tend to reject it, because they simply do not understand it. The Dominicans are very proud of their Lenten dish, and disregard all foreign criticism and jokes about it.

In the Dominican Republic, there are two very different eating patterns, that of the rich and that of the poor. The diet of wealthy people consists mainly of succulent gourmet dishes, including international dishes. For example, many rich Dominicans travel to Miami every Saturday to shop and buy the exotic food they use in their kitchen, while the poor sometimes do not have the basics to bring to their tables every day. Strangely enough, food typically eaten by the poor has become fashionable and sought after in the houses of the wealthy. The rich bring tea to their table for snacks, while the poor drink it as a medicine, because they are sick. It is a widely held belief that there are types of tea that can cure different ailments.

There are three meals: breakfast, lunch and dinner. The main meal is at noon. Breakfast for the ordinary family may be based on cheese, eggs, and salami, all of this fried. Instead of bread, there will be green plantains, sometimes mashed. At night, there will be something simple, such as scrambled eggs, fried cheese, fried plantains, or some type of soup. There will be espresso coffee at all Dominican meals and at breakfast, hot chocolate will be served as well.

The Dominican is very traditional in getting the family together for the three meals. Everybody gets together to share the food and talk about whatever is going on in the family, with an emphasis on positive news. Watching television or doing other activities is not allowed during mealtime.

— *Recommendations to Rehabilitation Service Providers* —  
*for Effectively Working With Persons from This Culture*

The information provided in this section is drawn from interviews with Dominican families who have been living in the United States for many years and others who arrived recently in this country. There is a contrast. Those who have been in the United States for many years understand and cope well with the system, while the newly arrived families may be very frustrated. They have the sense that, if their children receive benefits from the government, such as social security disability income, the system will take over their children and place them in programs they do not understand and of which they are suspicious.

The first thing these families need is trust. As soon as they find out that the purpose of a program is simply to serve the interests of the individual with disability, the families are likely to change their attitude and cooperate with the system in a very positive way. Treated with compassion and understanding, they will feel supported by service providers who feel and demonstrate empathy for their situation.

It is important to emphasize again that the U.S. rehabilitation system is different from the Dominican one and that education of the family plays a very important role at this stage. It is essential to work together as a team to provide optimal service to the individual in need. Once the families realize that the providers are being honest and have no interest in removing their children from them, they become part of the team and cooperate with the provider in any way they can. This collaboration of family and provider is very useful and provides everyone involved with the opportunity to grow and learn by working with diversity and multicultural issues.

The provider should understand that Dominican culture is highly imbued with religious beliefs, and, considering its social and historical background, is suspicious of all outside help. It is imperative to help the family realize that, while respecting their culture and customs, the U.S. has services available that can help their child to gain self-respect and to become more independent and happier. There is a role for the person with disability to play in society. It is our role as facilitators, trainers, doctors, therapists and others, to help the person achieve this goal in accordance with individual needs. As soon as the parents realize what is happening to their child, they often build a bond with the facilitator or trainer, at times even breaking down with tears in appreciation and recognition of the tangible changes they witness in their child's life.

It is safe to say that education, information, patience and the good will to serve these families will awaken in them a desire to assimilate their culture, new services and regulations. They will do anything to help their children experience a different and better way of life. Finally, language and culture play a major role

in this educational approach. The clients need to hear information in their own language, preferably conveyed by a provider of the same background and race. The family needs to be reassured that their customs, culture, roots and beliefs are understood and respected.

## REFERENCES

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Notes

- Castillo, Anniuska. (July, 1999). Discapacidad: condicion de vida o estigma social? *Sociedad Civil*.
- CIA. (2000). The World Factbook 2000.  
<http://www.odcic.gov/cia/publications/factbook/index.html>
- Franjul, Miguel. (February, 2000). EXPOSICION, Santo Domingo, Dominican Republic: Asociacion Dominicana de Rehabilitacion, INC.
- Pichardo, G; Aybar, O; Patnella, A; del Villar, L. (February 2000). Experiencias y aportes de las instituciones de personas con discapacidad en la Republica Dominicana. *Rehabilitacion en Marcha* (Official Monthly Publication of the "Asociacion Dominicana de Rehabilitacion, Inc.)
- Polanco, Yadira. (February 2000). Experiencias de comunicadores sociales de la Republica Dominicana. *Rehabilitacion en Marcha*. (Official Monthly Publication of the Asociacion Dominicana de Rehabilitacion, Inc.).