

# Iraqi Refugees



Al-Tanf refugee Camp  
Photo: *UNHCR*



Iraqi refugees sell bread at a market in Damascus  
Photo: *AFSC presentation*

This presentation was developed by Great Brook Valley Health Center Worcester, MA in consultation with Wisam Breegi, Omar Abdulrhman and Nedhal Saoud, MORI and MDPH. Funding was provided by the Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. Resources are listed on the last slide.

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- Under the United Nations Convention Relating to the Status of Refugees (1951), a **refugee** is a person who (according to the formal definition in article 1A of this Convention), owing to a well-founded fear of being persecuted on account of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of their nationality, and is unable to or, owing to such fear, is unwilling to avail him/herself of the protection of that country.<sup>[1]</sup> The concept of a refugee was expanded by the Convention's 1967 Protocol and by regional conventions in Africa and Latin America to include persons who had fled war or other violence in their home country.

# Growth of Refugees in Central MA

(data from MA Office for Refugees and Immigrants (MORI))

Total New Arrivals FY 06-FY09= 1,363

(refugees/asylees and others eligible for services funded by MORI):

- FY 06= 177
- FY 07 = 205
- FY 08 = 361
- FY 09 = 620

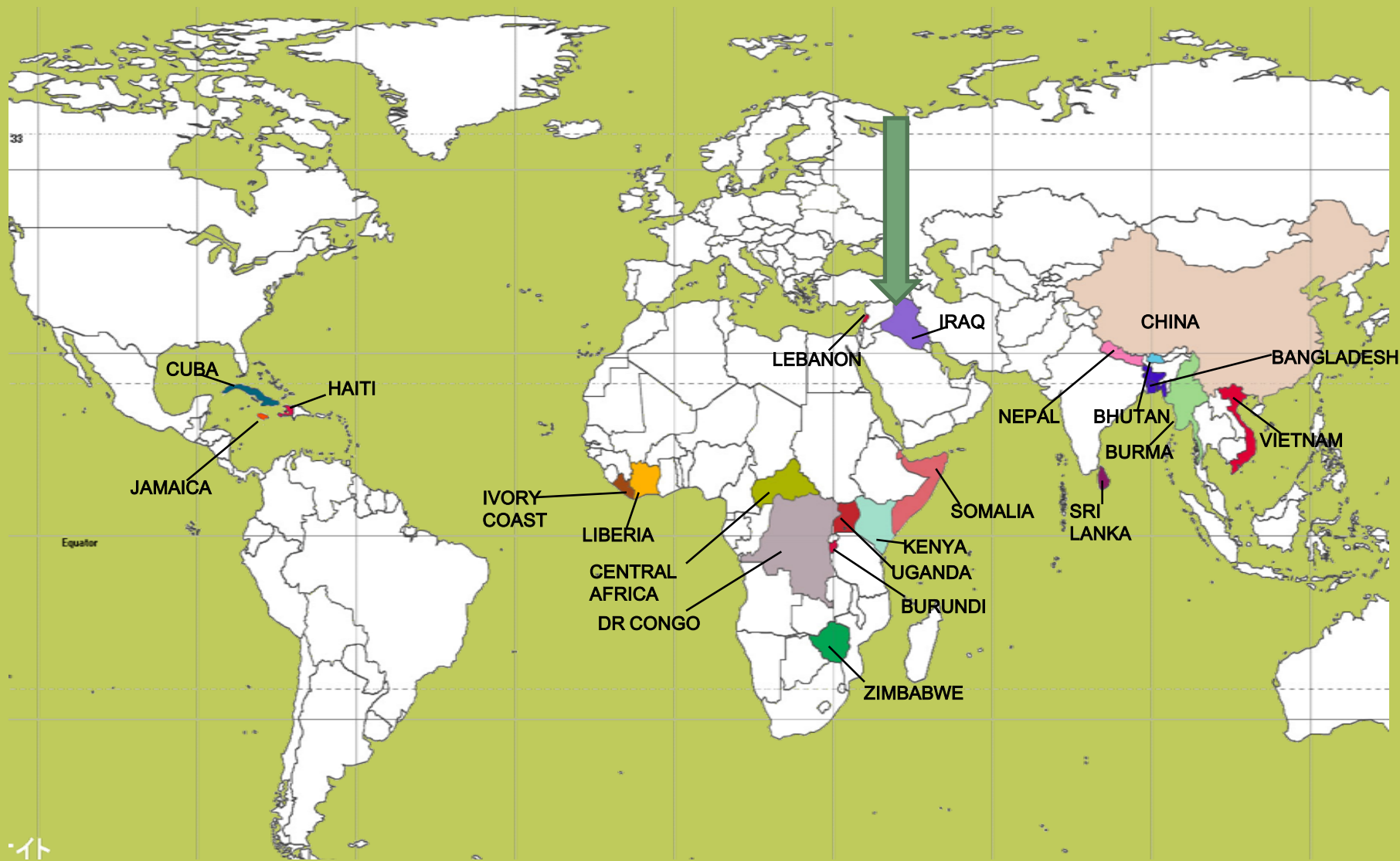
<b>New Arrivals Central MA</b>	<b>FY 2006- FY 2007</b>	<b>FY 2007- FY 2008</b>	<b>FY 2008- FY 2009</b>	<b>FY 2006- FY 2009</b>
Increased Growth New Refugees	16 <sup>0</sup> %	76 <sup>0</sup> %	72 <sup>0</sup> %	250 <sup>0</sup> %

New Arrivals of Refugees from Iraq (increased 134<sup>0</sup>% FY 2008-FY 2009):

- FY 07=1
- FY 08=109
- FY 09=255

# Arrivals in Central MA

## Refugee and Asylee Origin Countries - FY 2009



# Where is Iraq?

- *Iraq is situated in the western part of Asia, bordered by Turkey to the north, Iran to the east, Kuwait and Saudi Arabia to the south, Jordan and Syria to the west*



# Background

- Today's Iraq was once Mesopotamia.
- Iraq's population of about 28 million is 75-80% Arabs, and 15% Kurds, with smaller numbers of Armenians, Assyrians, Turkomen and other minorities.
- World's oldest human civilization.
- Arabic is the national language. Kurdish is the second official language. Other languages include Assyrian, Armenian and Turkish.

# Why are there Iraqi Refugees?

- Fled due to war, sectarian and religious violence and instability.
- More than 4 million Iraqis displaced, about 2 million have found refuge in neighboring countries (most in Syria, Jordan and Turkey).
- Most Iraqis are not able to return to Iraq safely or resettle permanently into countries to which they have fled.



Photo: UNHCR



# Why are there Iraqi Refugees? (continued)

- Some minorities have become targeted for religious or ethnic reasons (such as Mandaeans and Yazidies).
- Some Iraqis have suffered persecution for political reasons (believed to be supporters of former regime, insurgency, current government or multinational forces).

# Education and Skills

- Before 2006, education was mandatory up to 6<sup>th</sup> grade.
- Most adults have acquired at least basic reading and writing skills.
- English proficiency among refugees varies widely.
- Iraqi refugees include highly trained professionals, shop owners, traders, skilled and unskilled workers.
- Most trained professionals have not been able to practice in their profession in asylum countries.

# Gender Roles

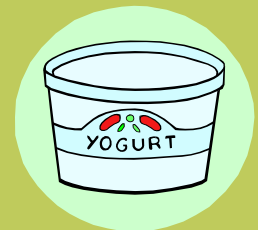
- The husband controls the household finances but women exert considerable influence over children.
- Women play a central role in family life.
- Women gained the right to vote in Iraq in 1980.
- Most Iraqis are expected to marry and many marriages are arranged.
- Children belong to father's family and in case of divorce the father is often awarded custody of older children.

# Cultural Practices and Traditions

- Practices and traditions are strongly determined by the level of education , social and religious background.
- Greetings (traditionally Muslim women do not shake hands with men).
- Islam sanctions a typical dress for women (hijab) though many urban women do not cover their heads.
- Belief in fate and determination has an influence over Iraqi life.
- The left hand is used for sanitary activities -offering to shake with the left hand may be perceived as an insult.

# Food

- Rice, breads, fruits, vegetables, beans and meat are the principal diet
- Meat is often grilled and marinated with lemon, garlic and spices
- Dairy (including yogurt)
- Large amounts of sugar, oil, spices and red meat
- Iraq is well known for dates
- Tea
- Muslims do not eat pork and may prefer meat from halal butchers. Halal means lawful or permitted and some foods that are not halal include: pork, animals improperly slaughtered, and alcohol



# Domestic Violence and Raising Children in the U.S.

- Families Need Support

# How Is This Refugee Crisis Different?

Iraqi Refugees	Camp-based Refugee Situation
Hidden in cities	Living in camps
Living in apartments that are scattered throughout cities	Together in one place
Many get no aid from host countries or international community	Basic services provided by international community, aid agencies
Uncertain legal status	Often given refugee status
Very few registered; refugees must come forward to be registered with UNHCR	Registered with authorities responsible for refugees as part of an organized process
Imprecise estimates of number of refugees that vary greatly	Surveys of refugees can be conducted in camp producing better data
Host governments ambivalent toward and wary of refugees and those interested in aiding them	Host governments welcome help
Difficult for authorities to reach all of the refugees to provide information (although the refugees have their own channels of communication, including cell phones to call back to Iraq and e-mail accounts)	Information programs in camps to inform refugees about their benefits, rights, resettlement options, repatriation, etc.

Slide adapted from American Friends Service Committee

Source: *FIVE YEARS LATER, A HIDDEN CRISIS : Report of the IRC Commission on Iraqi Refugees*

# Why are Iraqi refugees coming to the U.S?

- As part of the humanitarian mission of the United States Refugee Admission Program (USRAP ).
- Legislation entitled “Refugee Crisis in Iraq Act” passed in December 2007 and gave easier recognition for Iraqis who were former employees of the U.S. government in Iraq for resettlement.
- Iraqis arriving in the Worcester area include:
  - Those who worked for the U.S. government in Iraq
  - The Mandaean community [www.mrrp.org](http://www.mrrp.org)
  - Individual cases who came to the U.S. through the resettlement process



# Religions And Ethnicity

- Iraqis reflect different ethnic and religious communities

## Muslim (Islamic) Community

- Islam is practiced by 97% of the population (Shiite & Sunni).
- Reflects the five basic teachings of Islam: submission to GOD and Mohammed “PBUH” (Peace Be Upon Him) is the messenger, prayers five times per day, fasting one month per year, charity, pilgrimage to Mecca.
- Ramadan - refrain from eating, drinking and smoking during the daylight hours for a month

# Religions And Ethnicity (Continued)

## Mandaean (Sabean) Community

- Less than 60,000 population worldwide of an ancient monotheistic religion .
- John the Baptist is their major prophet.
- Multiple fresh-water baptisms, purification of the soul and knowledge are its central rituals.
- Religious texts are in Aramaic.
- Do not perform circumcision and consider virginity sacred.



Photo from Wisam Breeji

# Religions And Ethnicity (Continued)

## Christian Community

- Christians make up 3% of the population (but are a much more significant number in terms of Iraqi refugees resettling in the U.S.).
- There are three main Christian groups in Iraq: the Assyrians, the Chaldeans, and the Jacobites. They are culturally similar.
- They belong to different churches (Eastern and Western Churches).

# Health

- Before the war, Iraq had the best medical care in the region.
- Now only 10-15% of health care needs are met.
- Maternal/child malnutrition, anemia, high maternal and infant mortality.
- Vulnerability to chronic diseases like hypertension and diabetes.
- As of 2006, over 18,000 physicians have fled the country for security reasons (IRC report, Feb 2009).
- Substantial mental health burden including PTSD and depression due to war trauma.

# Health (continued)

- According to UNHCR health concerns include:
  - Low vaccination rate for children (measles:65% and Polio/OPV3:75%).
  - Increased number of cancer-related deaths, linked to long-term effects of war on population's health and to unsafe agricultural products.
  - Numerous cases of applicants with war-related injuries such as amputated limbs.



Photo: UNHCR

# Women and Children are the Most at Risk

(slide adapted from American Friends Service Committee)

- 82% of internally displaced Iraqis are women and children
- More than 33% of Iraqi refugees registered with UNHCR have special needs, including medical needs and women at risk
- Thousands of Iraqi women in neighboring states have turned to prostitution as an economic means to survive



# Health Beliefs And Practices

- Strong in faith especially in difficult times.
- Fasting requirements may influence health (exceptions are made).
- Breastfeeding is a norm, at least for one year (often two years).
- Long time tradition of complementary and alternative medical practices such as:
  - Herbal teas are frequently used for treatment of GI and respiratory illnesses
  - Conjunctivitis may be treated by laying a cloth boiled in tea over the eye
  - Burns are sometimes treated with barley mixed with butter or other substances (such as toothpaste) and applied for 48 hours
  - Traditional treatment may be used for children with dehydration during the first 6 months (treatment applied to fontanel and may result in sepsis)

# Tips for health care providers

(from literature and our experiences with groups run at Great Brook Valley Health Center)

- Great Brook Valley Health Center began groups with Iraqi women in August 2009 and with Iraqi men in January 2010. Below are some of the concerns expressed by refugees attending the groups:
  - Worried about limited health coverage, co-pays, lack of dental coverage and losing health insurance and long waits for emergency health services
  - High concern about lack of jobs and learning English
  - The need for more services for the disabled
  - Raising children in U.S. (especially teens) is challenging
- **DO NOT MAKE ASSUMPTIONS** (different cultures/religion...)



# Tips for health care providers (Continued)

(from literature and our experiences with groups run at Great Brook Valley Health Center)

- Emphasize health privacy laws (medical confidentiality unfamiliar)
- May ask questions of other health center staff instead of provider
- Men often accompany their wives and children to medical appointments and are involved in health care decisions for the whole family
- Iraqis may not feel comfortable disclosing information that does not seem related to the reason for their visit (such as questions on alcohol use, domestic violence...)

# Tips for health care providers (Continued)

(from literature and our experiences with groups run at Great Brook Valley Health Center)

- Iraqi women prefer female health care providers and interpreters
- Personal questions about sexual habits and relations can be embarrassing, asking a single women to have a pregnancy test is considered rude:

Example: pregnancy test may be U.S. standard of care before giving MMR or if women misses periods for many months, but if women says she is single and you insist she have this test, she will feel insulted. Suggested discussion: “we want to be respectful of your concerns and we understand you are single but in the U.S. our standard of care includes urine test for pregnancy for all women needing to have an MMR or who have missed periods for many months. This is part of our standard testing for all women (both married and single) of a certain age.”

- Cultural issues around womens health screening for Mandaean women

# Tips for health care providers (Continued)

(from literature and our experiences with groups run at Great Brook Valley Health Center)

- Be clear with instructions and language used, ask patient to repeat back to be sure patient understands.
- Let patients know that seeking a second opinion is acceptable and not insulting.
- Discuss mental health services early in care (in a culturally sensitive manner).
- Anger and domestic violence is a persistent underlining problem due to the war.
- Without a prescription or medication Iraqis may not feel that their concern was treated.

# Impacts of War

(slide adapted from American Friends Service Committee)

- From 1990 to 2005, infant mortality rate increased 150%
- In 2005 alone, 122,000 Iraqi children died before reaching age 5
- In 2009, the child malnutrition rate was 22%



Photo: UNHCR

# Impacts of War

(slide adapted from American Friends Service Committee)

- 2003-2007 school attendance was only 30% in Iraq
- Youth are joining militias and becoming child soldiers
- 500 Iraqi youth are in prison without charge
- 80,000 Iraqis need artificial limbs



(slide from American Friends Service Committee)

# Psychological Impacts of War

(slide adapted from American Friends Service Committee)

- 28% of Iraqi children suffer from PTSD
- 80% witnessed a shooting
- 68% interrogated or harassed by militias
- 77% affected by shelling/rocket attacks
- 72% witnessed a car bombing
- 23% of Iraqis in Baghdad have had a family member kidnapped
- 75% had a family member or someone close to them murdered



Source: AFSC and AFSC Staff Report Jordan/UNHCR

# Strengths of Refugees

- Strong desire to work
- Resilient
- Rich cultural and cultural backgrounds
- Strong desire to have a safe and good life for their children
- Skills and work experience in home country may transfer to U.S.

# Challenges for Iraqi Population In The U.S

- Psychological distress
- Need treatment and assistance with war related injuries
- Adjustment issues- language and culture
- Educational , occupational and employment needs
- Large number of widows, mostly with young children, who arrive here grieving and alone
- Disappointment/disillusionment as a result of high expectations not being met for those who have been used to a higher standard of living (than they experience in resettlement phase)





## Mission Statement, Dr. James A. Caradonio New Citizens Center

“To provide a warm welcome to Worcester Public Schools students who arrive from other countries with significant academic gaps. Our school goal is to teach English Language Learners not only the English language, but also academic and social skills, which will promote successful future academic and social endeavors in their home schools. ”

# Resources

MA Office for Refugee and Immigrants [www.mass.gov/ori](http://www.mass.gov/ori)

Office of Refugee Resettlement <http://www.acf.hhs.gov/programs/orr/>

Refugee Health Information Network <http://www.rhin.org/>

<http://ethnomed.org/> (cultural information for clinical practices)

<http://www.fmreview.org/iraq.htm>

<http://www.unhcr.org>

<http://www.cal.org/co/publications/backgrounders.html>

<http://www.culturalorientation.net>

<http://www.medact.org>

<http://www.fpif.org/fpif.txt/4277>

<http://iraq.usembassy.gov>

<http://www.usaid.gov/iraq>

<http://www.iom.int>

[www.theIRC.org](http://www.theIRC.org)

[www.who.int/countries/irq](http://www.who.int/countries/irq)

<http://travel.state.gov>

<http://www.reliefweb.int>

<http://dhs.wisconsin.gov/international>

<http://afsc.org/afsc.org/iraq/refugee-crisis.htm>

[www.mrrp.org](http://www.mrrp.org)

*Other sources for this presentation included members of the Iraqi Community*

# CONTACTS

Massachusetts Office for Refugee Resettlement (617) 727-7888

## VOLAGS in Worcester:

Lutheran Social Services

(508) 754 -1121

Refugee and Immigrant Assistance Center (RIAC)

(508) 756-7557

Catholic Charities Diocese of Worcester

(508) 860-2237

Lutheran Social Services Unaccompanied Refugee Minor Program

(508) 791-4488

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# Thank You!

Office of Refugee Resettlement (ORR)

Massachusetts Office For Refugees and Immigrants (MORI)

Massachusetts Department of Public Health (MDPH)

American Friends Service Committee (AFSC)

United Nations Higher Commission for Refugees (UNHCR)

Steve Alzamora, New Citizens Center

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Wisam Breegi