

Caring for an Iraqi Refugee Population

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Iraq: History

Encompassing both the Tigris and Euphrates Rivers, Iraq occupies what was once ancient Mesopotamia. In the 1500's, Iraq fell under the control of the Ottoman Empire for roughly 400 years. During World War I, the Ottoman Turks sided with Germany and after their defeat, the Ottoman Empire was dismantled. In 1919, under the Paris Peace Conference and the creation of the League of Nations, Arab provinces of the Ottoman Empire were divided between Britain and France. Britain gained control of an area that today would encompass Iraq, Israel, Jordan, the West Bank, and the Gaza Strip; while France took an area including modern-day Syria and Lebanon.

In 1932, Iraq gained nominal independence and fell under a British-installed monarchy. The 1950s saw the formation of the Baghdad Pact, an alliance of Britain, Iraq, Iran, Pakistan, and Turkey that was intended to strengthen the area's defenses and contain the Soviet Union. However, following the 1956 Suez Crisis, Iraqis took to the streets in protest of foreign influence in the region. In 1958, General Abd al-Karim Qasim overthrew the monarchy and the new government withdrew from the Baghdad Pact. In 1963 Qasim was overthrown in a coup led by the Ba'th party, but the Baathists failed to maintain control. A second Ba'th coup in 1968 brought into power a regime that would remain until 2003.

In 1979, Vice President Saddam Hussein promoted himself to the office of President and between 1980 and 1988 engaged in a long and bloody war with Iran. Despite Iraq's initial military success, Iran would later come to occupy the Faw Peninsula and destroy the city of Basra, crippling Iraq's oil infrastructure. Unable to produce or export oil, Saddam asked for loans to finance his war against Iran from Saudi Arabia and Kuwait. At the same time, the Kurds took advantage of the war and populated northern Iraq where they aided Iranian forces. As the war with Iran ended, Saddam Hussein attacked the Kurdish guerillas in northern Iraq, killing approximately 200,000 people. It was also at this time that Kuwait demanded repayment. Unable to negotiate repayment with Kuwait or get new loans from foreign banks, Saddam invaded Kuwait in 1990 and triggered the Gulf War.

The Gulf War was followed by international sanctions that devastated the Iraqi economy and society. In 2001, with the terrorist attacks of 9/11, George W. Bush announced a war on terrorism and in January 2002, declared Iraq part of the axis of evil. By March 20, 2003, the US and Britain began invading Iraq with support

from Australia, Denmark, Poland, and Spain. Baghdad fell on April 12, 2003 and triggered waves of looting and vandalism that included the plundering of the National Museum and Library. The US formed the Coalition Provisional Authority (CPA) to serve as a transitional government to begin preparing Iraq for elections and a new constitution. It banned the Ba'th party from participating and attempted to ensure that the majority of Shias would rule, ending Sunni governmental dominance. In 2005, a transitional government was elected with a Shia prime minister, Kurdish president, and one Shia and one Sunni vice president.

In June 2009, US troops withdrew from Iraq's cities and handed security over to the Iraqi forces. Combat troops began returning from Iraq in August 2010, and the last US troops left by the end of 2011.

How many people have left and why are they fleeing?

One of the main sources of tension in the Middle East, and in particular Iraq, is the divide between the Sunni and Shia Muslims. While both follow the fundamental teachings of Islam, Sunnis believe that the successors to the Prophet Mohammad (Caliphs) should be picked by leaders of the Islamic community based on merit. Shias believe that only descendents of Muhammad, via his daughter Fatima and son-in-law and cousin Ali, can be legitimate heirs.

There are more Sunnis than Shias in the Islamic world, but in Iraq the Sunnis (comprised of Arabs and Kurds) are the minority (32-37% of the population), while the Shias comprise 60-65% of the population. Since Iraq's conception in 1921, the two sects have been at odds for political power. The Sunnis were favored by the British which led to over representation in military and government. This imbalance led to a number of Shia uprisings over the years. In Iraq today, the Coalition Provisional Authority has limited Sunni involvement, with Shias now dominating Iraqi government.

Sectarian violence, however, continues to this day. In February 2006 an alleged Al-Qaida bombing of the holy Al-Askari Shia Mosque incited violence between the two groups with attacks on dozens of mosques and resulting in hundreds of deaths. This fighting triggered a refugee crisis as millions of Iraqis fled their homes to Jordan, Syria, and other parts of Iraq.

A surge in Iraqi refugees coming to the United States started in 2008 with the Refugee Crisis in Iraq Act granting 5,000 special immigrant visas (SIVs) each year to Iraqis who had worked with US forces and were in immediate danger. Obtaining a SIV required a high level

officer referral and those who obtained this visa arrived to the US with a green card rather than traditional refugee status, but they still qualified for refugee services.

In 2010, The United Nations High Commissioner on Refugees (UNHCR) reported that 4.7 million Iraqis have been displaced, with 2 million fleeing to other countries, and 2.7 million displaced within Iraq. Those that fled left for Syria, Jordan, Egypt, Lebanon, Turkey, Sweden, Canada, and the US, forming the largest mass migration since the creation of Israel.

According to the CIA fact book, Iraq is composed of 75-80% Arabs, 15-20 % Kurds, 5% other (including Turkomans and Assyrians). Religiously it is 97% Muslim (Sunni and Shia) and 3% Christian and other. The Christian population is made up of Armenians, Assyrians, Chaldeans and some Arab Christians. Other non-Muslim minorities include Jews, Sabaeans-Mandaeans, and Yazidis. In recent years, violence has been aimed at these minority groups, with kidnapping for ransom becoming widespread. Others suffer persecution for either supporting or being suspected of having supported the former regime, the current government, or multinational forces. Civilians who worked with American armed forces, non-military agencies, companies, or aid groups are often viewed as traitors. Certain professions including doctors, journalists, actors and artists have been targeted as well as those perceived as being un-Islamic. Christian populations have dropped more than 50% since the fall of Saddam, with many fleeing to neighboring Syria, Jordan and Lebanon. Another vulnerable population is single women. They are often targeted by insurgents, militia, Islamic extremists, and even family members who believe they have brought shame to the family.

Hope of returning to Iraq is often low for these refugees. IRC reports from Iraqi refugees recount that many came from mixed neighborhoods and would not return to an area ethnically cleansed and inhabited by a single ethnic or religious group. The high death tolls and violence towards women and girls also remains a problem.

Why do Iraqis come to the US and what are some challenges they face?

The Cultural Orientation Resource Center website provides a synopsis from a recent cultural orientation session where they asked a group of Iraqi refugees why they came to the US. They reported coming to America with the hope of gaining freedom and a country that will protect them, their family, and their human rights. They are hopeful for a new future for their children and themselves, better medical services, and a stable justice system. As a refugee they often give up years of education, professions that often do not transfer to

equivalent jobs in the US, homes, friends, culture and traditions. In addition, families are often divided and scattered to different states or regions.

While in asylum countries like Jordan, Syria, and Egypt, Iraqi refugees often lack legal access to gainful employment. They work illegal, low-wage, unskilled jobs such as laborers, cooks, waiters, and drivers. For Iraqi refugees in Cairo, it is estimated that they earn approximately \$100 a month and often are unable to afford education and medical expenses. When coming to the US, many professionals are surprised that the US government does not help them with employment qualifications.

Ethnic communities in the US frequently help other refugee populations assimilate and navigate life in America, but Iraqi refugees, due to their experience in their home country, often arrive suspicious of others and lacking trust. This leads to a lack of information sharing, which makes the job of refugee agencies more difficult. Interviews with refugees have revealed that upon arrival they also worry about their treatment as Muslims and as Iraqis in the US, as well as how they will pay for everything and where they can find Halal food.

Iraqi Health Care:

In the 1970s and 80s, Iraq had some of the best medical care and doctors in the region, but after the Iran-Iraq War and the Gulf War, Iraqi medical infrastructure was decimated. These conditions were exacerbated by United Nations Security Council sanctions and worsened still following the 2003 war. Currently there are 0.69 doctors for every 1000 patients. According to a 2003 report by Voice in the Wilderness, a human rights group, only 10-20% of medical needs are being met and doctors in Baghdad's Yarmouk Hospital estimate 1,800 patients die annually from preventable medical issues due to a lack of equipment, staff, and medication. Furthermore, the worsening security in Iraq has made patients afraid to go to hospitals and doctors scared to practice. According to an April 2007 report in Cairo's Al-Ahram Weekly, 2000 doctors have been killed since the US occupation, with many others being targeted for kidnappings or extortion. According to a 2006 MedAct (British NGO) report, approximately 18,000 doctors, more than half of Iraq's physicians, have fled.

Health care in asylum countries is strained due to the influx of refugees. Even when treatment is accessible, the cost is often prohibitively high. In Syria and Lebanon health care is limited, even for nationals. Refugees in Jordan are in slightly better conditions where the government has provided primary care services on par with service afforded to Jordanian citizens.

As health care providers it is important to understand the medical system these patients arrive from. In Iraq, referrals to specialists are not required and patients

choose their own doctors based on symptoms or the type of treatment they desire. Good doctors often have waiting lists and are accustomed to working closely with patients. This includes things like reviewing the cost of procedures prior to treatment, giving alternative choices if money is an obstacle, and consulting patient preferences such as oral medication versus injection. There is also a widespread understanding that if medication is inconvenient, it will either be stopped or discarded.

Providers must also contend with a strong reliance on antibiotics. Available at the pharmacy without a prescription, Iraqis often take antibiotics and other medicines to self treat small problems. They also consult family and friends about experiences with medicines and will even share medications if the treatment is not for a serious condition. It is unpredictable whether Iraqi patients will complete a treatment or stop if symptoms improve. Some refugees report experiences with charlatan doctors who have occupied the vacancies in Hospitals left by real doctors who fled the country, and this may lead to some patient mistrust.

Preventative medicine is not part of medical care in Iraq, so screening exams will require explanations and may not be readily accepted. During a hospitalization, it is common for one family member to stay in the hospital and observe the medical care/treatment.

A source of frustration for Iraqis with US healthcare is the long wait time for appointments and test results, which can produce anxiety for the patient. It is also important to note that many in this population present with chronic illness such as hyperlipidemia, diabetes, and hypertension, but lack proper work-up. These patients come to the US with limited access to health insurance, so providing a time-efficient work-up is essential, as well as avoiding long treatment courses.

Education:

During the 1970s and 80s, Iraq launched a comprehensive literacy campaign that reduced illiteracy to 20% by 1987. However, most adult and non-formal educational programs ended with the wars and economic strife of the 80s and 90s. Today, Iraq has 23% illiteracy with rates as high as 30% in rural areas. Approximately 5 million people in Iraq can't read or write including 14% of school age children that currently have no access to schooling or must work to help with the household income. Over 22% of the adult population has never gone to school and only 9% have completed secondary education. There are also significant gender disparities, with illiteracy rates higher than 47% among women in some areas. Studies conducted by the World Bank and the Iraqi government show that over 25% of the female population is illiterate. While boys and girls have the same access to primary education, only 11% of females

attend intermediate school compared to 15% of males. Once they reach secondary school the disparity is even greater with only 6% of females versus 10% of males. In rural areas, only 4% of all children attend secondary school. This is a challenge for health care providers who will need to rely almost entirely on interpreters for communication and will not be able to provide written instruction, a problem further exacerbated for patients who speak less common dialects.

Children who recently lived in the three main asylum countries of Jordan, Lebanon, and Syria benefited from improved educational opportunities. As of September 2007, the Syrian Ministry of Education launched efforts to raise the number of Iraqi students in schools by 100,000. In Jordan, the government granted all Iraqi refugee children access to attend public school regardless of their parents' residence permits. Lastly, in Lebanon, Iraqi children have access to free public education but are limited by space and have to compete with Lebanese children who are granted preference.

Role of the Family:

As medical providers, it is important to recognize the importance of family in the Iraqi population. Family is considered the center of life. It determines one's social status, supersedes personal preferences, and influences behavior as every care is taken to not bring shame to the family. Like other Middle Eastern countries, Iraq is a patriarchal society. The father is rarely questioned and carries full responsibility for the family. Sons follow in rank with more say than females and sharing control of the family resources. It is typical for a male to accompany a female to her medical appointments and procedures, especially if the doctor is male. The reasoning is centered on protecting the female from unwanted attention or behavior. However, the male presence can make it difficult to discuss private health issues and to screen for partner violence and abuse.

Privacy is highly valued in Iraqi families. A traditional home will have a formal parlor where the men can entertain male guests without exposing the women to male contact. A typical house will include the father, wife, children, married sons and their wives and children, and the father's mother. The daughter-in-law is supposed to obey the mother-in-law.

Central to Islamic society is the protection of women. This protection is seen with the male family member or husband serving as chaperones when the wife engages in activities outside the house without female friends. For Iraqi women, this is viewed as proof of love while Westerners may view this behavior as repressive. Prior to the Gulf War and 2003 invasion, Iraqi women were some of the most liberated in the region and integrated into the workforce compared to other Arab countries. Since the monarchy, Iraqi upper class women

have always enjoyed access to education. In 1959, Iraq passed a Code of Legal Status granting women political and economic rights and later that year welcomed the first woman cabinet member in the Arab world. In 1980, women gained the right to vote. Many women at the time pursued professions as scientists, doctors, judges, and teachers. However, with the political unrest and presence of Islamic fundamentalists, women have been subject to greater restrictions. For instance, it is now commonplace to have the body and hair covered.

As a patient, most Iraqi woman will find a good gynecologist and stick with them. Iraqi women prefer to be treated by women health care providers. Preventative testing such as pap smears or mammograms are uncommon unless there was a medical reason to suspect something. Birth control is available at the pharmacy in Iraq and often the woman will seek advice from friends or get a recommendation from the pharmacist. Although less common, some women consult their doctor for birth control needs. When it comes to pregnancy, hospital births are common, but use of an epidural is uncommon in Iraq as they don't want an injection in a "sensitive place". After delivery in Iraq, the mother and baby are usually sent home 2-3 hours after the birth. If an episiotomy is performed, they remain in the hospital for a few days until the stitches are removed. As a health care provider, asking the patient how long she has been breastfeeding can help prompt a conversation about birth control as well as a discussion of the baby's diet and whether it is being supplemented with formula.

All Iraqis are expected to marry. Marriage is often arranged; however, there can be opportunities for young people to meet, court over the phone, and slowly introduce one another to their respective families for approval. Some families are less indulgent and conduct the arrangement based on social and economic parameters with little concern for emotion. It is not uncommon to see young teenagers married to men in their late 20s, 30s, or even older. An Arab woman does not take her husband's family name. Only in formal situations would she give her and her father's name. Children belong to the father's family and in cases of divorce he automatically gets custody of the older children. However, divorce is not looked upon lightly. Marriage is a contract between two families and the contract is broken only as a last resort.

Polygamy (up to 4 wives) is permitted in Islam, but is rare among the middle and upper classes and is often a source of embarrassment. It is still seen among the wealthier members of society and is seen as an advantageous way to expand the family and provide support, but under Islamic law each wife must be treated equally, which can cause economic hardships and strain.

Most of the internally displaced refugees in Iraq are women and children. Many of the women that enter neighboring states have turned to prostitution for

survival, but their behavior puts them at risk with hard-line fundamentalist groups.

Children:

A 2006 Unicef surveys revealed that 21% of Iraqi children are malnourished, 8% are underweight (<2 SD for weight for age), and 4% wasted (<2 SD height for weight). In 2003, 1 in 8 children died before their 5th birthday. Today the rate is between 1 in 20 and 1 in 43.

A UNHCR report revealed that vaccinations are low for Iraqi children, with only 65% receiving measles vaccinations and 75% Polio/OPV3. Diarrhea is common in children under five and cancer among adults and children has increased and is linked to long term exposure to war, weakening resistance to disease, and exposure to unsafe agricultural products. Congenital abnormalities have also increased. With the progressive decline in health care, illnesses such as chicken pox, measles, and cholera have appeared. For children between infancy and the first year of primary school, it is not uncommon for them not to have well child checks and only go to the doctor when they are sick. PTSD, depression, and other psychological distress are common throughout all age groups, and as families flee, children are often orphaned or separated from their families.

Parenting in Iraq involves physical discipline and parents may have to be shown forms of non-corporal punishment. It is common for a relative or neighbor to take the child to an appointment if the parents are busy. It is important to stress to parents that in the US an *authorization to treat* form must be filled out should someone else bring the child to the doctor's appointment. A health care provider may even find themselves having to introduce the concept of day care for parents who have hectic work schedules and lack appropriate support.

Initial visits:

When caring for a refugee population, the CDC recommends for all refugees a CBC with differential and PLT, a UA if old enough to provide a clean urine catch, and infant metabolic screening on all newborns in accordance with state guidelines.

The CBC will help rule out anemia which can be caused by iron deficiency, inherited (like thalassemia), and other causes. The UA can detect *Schistosoma Haematobium*, a parasite found in Africa and the Middle East, which can present with microcytosis or gross hematuria with dysuria and increased frequency. It is confirmed with a schistosomiasis serological test and/or O+P. The UA can also detect renal disease, systemic disease like DM (common among Iraqis), and STI.

The Iraqi population suffers from chronic HTN, high cholesterol, and diabetes, so a lipid panel would be

appropriate. Optional tests include glucose and other serum chemistries.

If our Iraqi patient presents with microcytosis and further iron/transferrin labs are low, consider beta thalassemia, which is common among Mediterranean, Middle Eastern, Africa, South Asian and Chinese peoples and is often confused for iron deficiency. However, treatment with supplemental iron will not improve the microcytosis. Additional testing includes hemoglobin electrophoresis, quantitative hemoglobin A2, and quantitative hemoglobin F. The most severe form of this disease is beta thalassemia major or Cooley's anemia, which required regular blood transfusion and extensive medical care. Two abnormal beta globulin genes can also cause beta thalassemia intermedia, which causes anemia accompanied by bone deformities and spleen enlargement.

LTBI is another common ailment in the Iraqi population. High among the elderly, the presence of LTBI is lower than other refugee populations, as well as chronic hepatitis. LTBI is usually detected by the health department via a monospot test and if possible a CXR to rule out active infection. The health department usually takes over treatment.

Based on the level of violence and instances of torture in Iraq, patient may present with TBI (traumatic brain injuries), amputations, or physical complaints that may be manifestations of PTSD or stress.

Mental Health:

Perhaps greater than most current refugee populations, 1 in 5 Iraqi refugees has been tortured or experienced first-hand violence, including bombing, gender-based violence, torture, kidnapping, blackmail, and harassment. They often suffer stress while in asylum with threats of deportation, limited jobs, poor working conditions, and economic hardship. In 2008, the UNHCR released reports that showed Iraqi refugees in Syria had trauma much higher than for normal refugee populations. Based on 754 refugee interviews, 89.5% had depression and 67.5% had PTSD, with 77% witnessing air bombings/rocket attacks, 80% witnessing shootings, 68% having undergone interrogation, and 75% had someone close to them killed.

Among the Iraqi, mental health is often associated with bleak psychiatric hospitals, and chronic or severe mental issues like schizophrenia. Individuals usually turn to family and friends for mental health help. There is fear that once placed in psychiatric care, your affliction is permanent and you may never be able to leave. Having a mental illness is a stigma, so as a provider avoid medical terms like depression or PTSD. Instead, asking if the patient is feeling certain symptoms and discussing appropriate plans for how the treatment will relieve the symptoms is a better approach.

Caring for a refugee population can be very rewarding but often brings unique challenges. Learning the peoples' background, history, customs, religion, and politics is critical for the health care provider to understand the patient's mindset and gain their trust in order to offer the best possible care. In the case of the Iraqi population, numerous interviews reveal that Iraqi refugees are eager to start their new life in the US and have confidence in the US healthcare system. However, as problems arise, educating ourselves not only shows our interest in the patient group, but should prevent common misunderstandings or unexpected confusion.

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