

# Tips for Health Care Providers about Iraqi Refugees

- By Middle East standards, Iraq used to have very good health care facilities. During the 1970s and early 1980s, it provided some of the best medical care and produced some of the best doctors in the region.
- Both the Iran–Iraq war and the Gulf War devastated Iraq's health care infrastructure, and the economic sanctions imposed by the UNSC prevented the country from rebuilding. After the 2003 war, the situation deteriorated further.

- Like all refugees, Iraqis are confronted with understanding the complexity of health care in the United States—the decentralized structure, the principle of choice regarding health care providers and insurance plans, the need for health insurance, the emphasis on preventive health, and more. Further compounding this complexity are the expectations regarding health care and providers that come from experiences with the health care systems in their home country, the countries of asylum, and the refugee camps.

- Relationships between Middle Eastern patients and Western health care professionals are often troubled by mutual misunderstanding of culturally influenced values and communication styles. Although Middle Easterners vary ethnically, they do share a core of common values and behavior that include the importance of affiliation and family, and interactional style and attitudes toward health and illness.

**The following are offered only as some useful tips for aiding Iraqi refugees. These tips are based on the premise that quality health care includes respect for the cultural values of patients and that it is a health professional's responsibility to maintain a flexible approach to accommodate patients from varying backgrounds.**

- Iraqis are strongly inclined to seek medical care and treatment. The health of each individual is of concern to the family as a whole; therefore, men frequently accompany their wives and children to medical appointments.
- Iraqi refugees, like members of other refugee groups, do not always follow a particular set of behaviors or make decisions related to their health care based on religious and cultural considerations. For example, some select physicians on the basis of their expertise, while others select physicians based on their gender and ethnicity in addition to their expertise.

- Iraqi women, like many others, may prefer female health care providers. They prefer interpreters of the same sex. If a same-sex interpreter is not available, and if there is concern that the female patient is not responsive because she is uncomfortable with a male interpreter, an alternative would be for the interpreter not to be visible to the patient or to interpret by telephone or speaker phone.

- Some Iraqis may not feel comfortable disclosing detailed information about themselves and their families to strangers. They may try to give as little information as possible, and this may make proper initial diagnosis difficult. Personal questions about the lives, sexual habits, and sexual relations can be embarrassing to them, and may be avoided unless the answers are needed by a physician.

- Difficulty in obtaining adequate information from patients. Often Middle Easterners express vague symptoms, giving generalized and global descriptions of their health status. Vague physical symptoms substitute for anxiety or depression because Middle Easterners lack concepts that distinguish mental states from physical states, and their experience does not permit them to carefully describe signs and symptoms as they are associated with different parts of the body. Once trust with a caregiver is established, personal information is given more freely.

- Repetition, however, is a style of communicating, not necessarily indicating that a health care provider has not heard. Repetition is used for emphasis and as an indication of the significance of the matter at hand.

- In reference to important medical information, health professionals may include a family spokesperson rather than communicate solely with a patient. The spokesperson is usually the oldest man present, because older men are considered to be wiser and more able to cope with bad news with fatalistic reasoning.

- Middle Eastern patients may complain that "The doctor didn't do anything," if they have not received a prescription. Injections are preferred over medicines in liquid or tablet form, colored pills are preferred over uncolored and larger over smaller ones. But these preferences are more common among rural and less so among educated people.

- Health professionals are well advised to use bilingual consultants not only as interpreters but also as cultural negotiators to help resolve difficulties in caring for refugees patients. Such consultants need not be health workers, but should either be bicultural or have in-depth experience with the population. Such Cultural interpreters and consultants can significantly improve health care for refugees and ethnic patients.

- Muslim male children are usually circumcised at birth, within the first seven days of life, or within first few years. Islam does not require a comparable procedure for female children.

# In providing Mental Health Services to Iraqi Clients

- Middle Easterners in general resist seeking help from psychiatrists because of the stigma associated with mental illness.
- It's important to assess the clients to understand where they fall on a cultural continuum:

- **Un-acculturated:** Holds strong to their traditional values
- **Bi-cultural:** Adopts the best of the two cultures
- **Westernized:** Completely identified with new western individualistic style

- The few clients, who have completely adopted the Western way of living, should be given a chance to self-actualize through insight-oriented therapy.
- The traditional clients who are acculturated across all levels will need to have their families involved, and their traditional values should not be challenged by the therapist

- For clients who are bicultural, the therapist has to assess the three factors (ego strength, cultural identity, and family strictness) and determine whether or not the client will welcome self-actualization, and if so, to adopt insight oriented therapy

- **Working with Interpreters;** the importance of confidentiality.
- Importance of not translating word for word only; Clients often use metaphors or imagery to express feelings conveying cultural frameworks.
- Pay attention to non-verbal communication.
- Watch for distress.