



Caring for the Health of Refugees and Immigrants with Disabilities

Iraq

Population of Iraq: 39,192,111 (2017 estimate)

Iraq is located in Western Asia and governed by a federal parliamentary republic. Iraq is known for its rich history and culture and is touted as the birthplace of the world's oldest human civilization. After U.S. President George W. Bush announced in 2002 that there were weapons of mass destruction in Iraq, the United States invaded Iraq and ousted Saddam Hussein from the government. This marked the beginning of the current armed conflict. Since the United States pulled out of Iraq in 2011, sectarian violence has continued. The United Nations High Commissioner for Refugees estimates that more than four million Iraqis have been displaced by the war in Iraq and its aftermath.

In recent years, the United Nations Assistance Mission for Iraq (UNAMI), in cooperation with the Office of the United Nations High Commissioner for Human Rights (OHCHR), has worked to promote the protection of rights for persons with disabilities. Compared to other countries, Iraq has a higher percentage of persons with disabilities. This population consists of persons born with disabilities and those who experienced disabilities later in life as a result of war and displacement. Persons with disabilities have been detrimentally impacted by ongoing violence and face greater obstacles when attempting to access protection and humanitarian assistance. Individuals with disabilities in Iraq face discrimination preventing full enjoyment of their rights and equal participation in society. Due to military budget allocation, there has been a degradation in essential healthcare services for the general population, particularly impacting individuals with disabilities. Specialist care and services for persons with disabilities are often either inaccessible or non-existent, as military operations consume much of the federal budget. Sustained military action and sectarian conflicts have caused an increase of congenital diseases. Explosive devices and hazardous waste are common causes of amputations. Once resettled in the United States, Iraqi refugees with disabilities require specialized care to meet their health needs.

Disability in Iraq

Stigma: The lack of services for persons with intellectual disabilities limits their ability to achieve attainable life skills and developmental milestones. Cultural expectations of what children with disabilities can achieve is restricted to the beliefs of the immediate family and community. Some Iraqi families may not admit to having a family member with a disability, and some believe people with disabilities should not marry or have children. Because of this, families may be the first obstacle for persons with disabilities to integrate into society. On the other hand, it is recognized that families provide strong support for family members with disabilities (particularly children) and do their best to care for them.

Education: As a whole, schools in Iraq lack proper facilities due to war and unrest. This means schools may be inaccessible for students with physical disabilities. Girls with disability are at a higher risk of not receiving a proper education, as only 33% of all students enrolled in schools are girls. Schools are often unsafe, and this tends to lower the quality of education for all students. Iraq's Childhood Development and Disability survey found that there were very few teachers who were trained to work with children with disabilities, and there is a great need for more staff to work with this population.

Services: Healthcare centers cover preventative and treatment services for persons with psycho-social disabilities and persons with disabilities who require high level of support. These centers, which can be safe houses or shelters for persons with disabilities, are administered publicly under the Ministries of Health and Labour and Social Affairs or privately. There are some organizations that advocate for persons with disabilities including: The Iraqi Alliance for Disability, The United Nations Assistance Mission for Iraq (UNAMI), and The United Nations High Commissioner for Human Rights (UNHCR). However, because of problems such as war, neglect, economic sanctions, and deterioration of health facilities, Iraq's healthcare system suffers from a lack of infrastructure, equipment, security, and "brain drain" of specialty providers. People with disabilities face many physical and social barriers in trying to access care. Healthcare services for persons with disabilities have decreased over time and are mainly available in larger urban areas, leaving gaps in service in rural areas. These services tend to solely focus on care for physical disabilities by providing wheelchairs, prosthetic limbs, crutches, and physical therapy.

People from Iraq are referred to as Iraqis. The predominant religion in Iraq is Islam which 95% of the population follow. The predominant languages spoken in Iraq are Arabic and Kurdish.



Health Beliefs: Before the 1990's, Iraq had a strong healthcare system, and as such most Iraqis tend to share Western medical beliefs. However, due to the prices and low quality of medication in Iraq during the past few decades of conflict, some Iraqis did turn to herbal medicine.

Mental Health: Iraqi refugees may have experienced violence, torture, or gender-based violence, and therefore may suffer from emotional stress, depression, and post-traumatic stress disorder (PTSD). Iraqis often turn to family and friends for mental health care. Mental illness is stigmatized, and providers should be cautious when using terms such as "depression" or "PTSD".

Gender Roles: Prior to Saddam Hussien's rise to power, women and girls were steadily gaining more and more rights. However, Hussein pulled back most of these rights. Many women were pushed out of the workforce and took on more traditional roles at home. Many Iraqi children attend all boys or all girls schools. It is important to remember that many Iraqi individuals would prefer to be placed with a provider of the same sex, and many Iraqi women may not feel comfortable being touched in any way by a male provider.

Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, "a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease."

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world's population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women's Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client's history, life and experience in the country of origin or host country, and cultural perceptions of disability.

This project is supported by a grant from the Pennsylvania Developmental Disabilities Council.

Copyright © 2019 Nationalities Service Center and Pennsylvania Developmental Disabilities Council. Permission to reprint, copy and distribute this work is granted provided that it is reproduced as a whole, distributed at no more than actual cost, and displays this copyright notice. Any other reproduction is strictly prohibited.