

ARTICLES

Inclusion of the MENA Category in the U.S. Census: Will MENA Individuals and Their Health Disparities be Finally Visible?

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Adding a Middle Eastern and North African (MENA) category to the United States (U.S.) Census is necessary to identify the barriers that MENA Americans face, and the first step in eliminating them. In the U.S., racial and ethnic categories have shifted significantly throughout history to accommodate the constant changes in the demographic makeup and the sociopolitical climate of the country. The racial and ethnic classification of individuals in the U.S. reflects the type of services, fundings, and opportunities (e.g., economic, educational, health, housing) that a person can benefit from. Beyond providing population data, Census results dictate the annual distribution of more than \$675 billion in federal funds. But because they have been classified as White in the U.S. Census, residents who trace their ancestry to the Middle East and North Africa region have historically experienced systematic invisibility that became central to their daily lives (Abboud et al., 2019).

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Research conducted with MENA community samples have consistently reported that the lived experiences of MENA individuals and their health outcomes are significantly different from the health outcomes of White non-Hispanics and more comparable to other racial/ethnic minorities (Abuelezam, El-Sayed, and Galea 2018). Since the early waves of MENA immigration in the later 1880s (Gualtieri 2001), MENA individuals in the U.S. have experienced systemic stigma and discrimination that significantly increased following the 9/11 terrorist attack and with recent political events such as the Muslim travel ban, and anti-immigration policies (Awad and Amayreh 2016). These experiences have created a simultaneous state of invisibility and hypervisibility of MENA communities (Jamal and Naber 2008; Naber 2000). Islamophobia,

xenophobia, and discrimination against MENA communities have negatively affected their health and worsened their vulnerabilities to violence and trauma (Awad et al. 2022). The COVID-19 pandemic is a recent example of how the health inequities faced by MENA communities are masked and ignored. Because MENA individuals are categorized as White, data were not collected on COVID-19 testing, confirmed cases, and deaths, consequently impeding our understanding of the impact of the pandemic on the MENA community (Abuelezam 2020).

The invisibility of MENA communities trickles down to create additional layers of complexities and invisibilities that are reflected by the unique experiences of women and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people. For example, intimate partner violence (IPV) is of particular concern among MENA immigrants. In a community sample of Iraqi immigrants, women reported high rates of physical violence (80%) and sexual violence (26%) from a partner (Barkho, Fakhouri, and Arnetz 2011). Similarly, in a recent study, MENA young adults reported experiencing high rates of physical (47%) and psychological (76%) victimization (Abboud et al. 2022). MENA women described multilevel barriers in reporting IPV and accessing available social services; these barriers included shame, family dishonor, self-blame, traditional social and gender norms, a lack of awareness of resources at the individual and interpersonal levels, and increased stereotypes, racism, and Islamophobia at the community and societal levels (Ammar et al. 2013; Crabtree-Nelson, Vincent, and Shalabi 2018; Kulwicksi et al. 2015). The stereotypes that portray MENA women as submissive and MENA men as violent and dominant (Abu-Lughod 2002; Said 1978), force MENA women to remain socially isolated and silent regarding IPV to protect their communities and avoid further stereotypes (Naas 2018). These experiences highlight the need for developing and implementing IPV prevention programs that are informed by the MENA community needs (Abboud et al. 2022); however, the lack of national data raises many obstacles for researchers and community organizations in obtaining state and federal funding to initiate such programs.

Similarly, MENA LGBTQ+ people are also made invisible twice over. Their experiences are unique due to their multiple intersectional identities (sexual/gender, ethnic/racial, religious, and immigrant identities) that create different forms of marginalization and invisibility and impact their overall health (Abboud and Flores 2023; Harfouch and German 2018). LGBTQ+ people are already understudied in public health, and when combined with a lack of MENA categorization, the health disparities of MENA LGBTQ+ (e.g., adverse mental health outcomes, HIV/STI risk behaviors) are impossible to account for and consequently to address and prevent.

In conclusion, adding a MENA classification to the Census would provide critical data for policymakers, advocates, and institutions to use, inform public policies, and resource distribution to address the health inequities that MENA

communities face. A MENA category should be implemented in all public institutions (educational, economic, health, legal, judicial, law enforcement, social and human services, employment agencies, etc.) and also be a requirement for all entities that receive state support in any form. By including a MENA category in the U.S. Census, we can also advance research that specifically addresses the health issues unique to the MENA community. Institutions do not need to wait for federal-level policies to institute these changes. For example, in Illinois, HB 3768 has recently passed the legislature and was signed by Governor Pritzker on August 4, 2023. The new bill will ensure that the MENA racial category will be on official state government forms, studies, and reports. Community based organizations in Chicago such as Arab American Family Services (AAFS) that pioneered the advocacy efforts for HB3768, will finally have the ability to apply for and receive funding allocated for racial and ethnic minorities for their programs, including their domestic violence department. AAFS has been denied access to these sources of fundings because MENA communities were excluded from the racial/ethnic minority classification. Adding a MENA category to the Census would consequently help Americans access benefits and resources allocated to racial/ethnic minorities more equitably.

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