BRIEF NOTE

Health Assessment of Iraqi Immigrants

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Thousands of Iraqis immigrated to the U.S. before the Gulf War for a variety of reasons, predominately economic (Cainkar, 2000). Post-Gulf War (GW) immigration among this group represents a new wave of immigration from the Middle East region (Nassar-McMillan, 2003, Nassar-McMillan, in press). Most post-GW Iraqi immigrants, many of them refugees, suffered a sequence of serious traumas in Iraq, either before, during, or after the Gulf War. In addition, these individuals appear to

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suffer from a host of physical and mental health maladies, such as those experienced by U.S. GW veterans (Jamil, Nassar-McMillan, & Lambert, 2004; Jamil et al., 2006); and some Iraqi refugees in the U.S. attribute their symptoms to their Gulf War and post-Gulf War experiences.

Studies of Iraqi Americans are very scarce, although a few recently published studies conducted with Iraqi veteran refugee populations indicate high levels of medical and psychological symptoms (Jamil, Hakim-Larson, Farrag, Kafaji, Duqum, & Jamil, 2002; Jamil, Nassar-McMillan, & Lamber, 2004; Takeda, 2000; Via et al., 1997). In this study, we conduct a basic examination of health symptoms of Iraqi immigrants. Here we report the results of symptoms that exceed the 20 percent affirmative response level.

METHODS

Participants

Participants were solicited within one large Iraqi and Arab American enclave in the Midwestern U.S. through educational advertisements publicized through local radio, television, community centers, and religious (i.e., churches and mosques) facilities. We sought representativeness among metropolitan geographic areas, socioeconomic status, and other variables. Mean ages ranged from 43 to 49, with standard deviations ranging from 5.7 to 7.6. Males represented 56.0 percent, or 196 participants; females comprised 44.0 percent, with 154 participants.

Measures

Our main focus for this report includes a series of questions about the occurrence, frequency, and onset of specific physical symptoms, spanning systems and diagnostic categories such as Respiratory, Musculoskeletal, Nervous Systems, Cardiovascular, Skin, Gastrointestinal, and Mental Disorders, as well as other health indicators such as Fatigue and Cancer, which were adapted from a questionnaire used in several large-scale studies of GW veterans (Barrett et al., 2002; IPGSG, 1997). In addition, several questions regarding demographic and background information were included.

Procedure

Participants were verbally asked a series of questions, in their native language of Arabic. They were interviewed about their self-perceived health within the year prior to the survey, including their mental health, relative to pre-, during-, and post-GW times. Participants were required to complete an informed consent procedure as approved by the first author's Institutional Review Board. The interviews took between two and three hours each and participants received a gift certificate for $25.00 at the completion of the interview. Questionnaires were identified by a code number only; individual identifying information was not recorded.

RESULTS

In this section, we present the symptoms that were reported by at least 20 percent of participants, by specific symptom. We also present symptoms that were reported at the 20 percent or above level by only the post-1991 immigration group.

Fatigue. Within the Fatigue category, 275 participants (78%) reported one or more symptom. The following questions received responses exceeding 20 percent for each group; the overall group participant response is reported here. "Have you had problems with feeling tired?" (66.9%); "Have you needed to rest more?" (61.7%); "Were you lacking in energy?" (51.7%); "Have you been feeling weak?" (44.0%); "Have you had less strength in your muscles?" (42.3%); and "Have you been feeling unusually sleepy or drowsy?" (47.7%).

Musculoskeletal. For Musculoskeletal symptoms, 251 participants (78%) reported one or more symptom. Arthritis, Lumbago, and Other Muscle or Tendon symptoms were reported by relatively high percentages (i.e., over 20%) of participants: "Back pain" (53.4%); "Lumbago," or "Back-Disorder symptoms" (46.0%); "Symptoms related to Muscles or Tendons" (34.0%); and "Muscle tension, aches, soreness, or stiffness" (21.7%).

Central Nervous System/Peripheral Nervous System. One or more Nervous System symptoms were reported by 239 (68%) of participants. Among the Nervous System-related symptoms, forgetfulness, disorientation, memory problems, problems thinking clearly, Amnesia, problems starting things, bodily numbness and tingling, and reading concentration and comprehension were all reported by 20% or more of the participants: "Have you had problems with forgetfulness?" (54.9%); "Have you had

difficulty remembering names of individuals or objects?" (46.3%); "Have you had problems with feeling confused or disoriented in place or time?" (35.7%); Only the refugee, post-1991 group reported the following symptoms at over 20% rate: "Have you had problems with your memory?" (44.4%); "Have you had problems starting things?" (43.4%); and "Have you been having difficulty understanding what you read, even if you are paying attention to what you are reading?" (28.8%).

Respiratory System. For Respiratory Disorder symptoms, 203 (58%) of participants reported experiencing one or more symptoms and reported the following at above 20% rates: "Have you been bothered by a cough when you did not have a cold or flu?" (31.4%); and "Have you been congested or did you bring up mucous or phlegm when you did not have a cold or flu?" (22.0%).

Other Systems. One symptom in the two additional categories were reported: For *Infection*–"Hot or cold spells, fever, sweat at night, or shaking chill" (33.1%), although 128 participants (36%) reported experiencing one or more Infection symptoms. *Skin Disorder*–symptoms of at least one or more were reported by 112 (32%) of participants: "Unexpected hair loss" (20.0%) was the only symptom reported at the 20% or above level. No symptoms were reported at frequencies of over 20% within the Cardiovascular, Infection, Gastrointestinal, Hormonal, Kidney, Blood, Cancer or Ear, Nose, and Throat (ENT) categories. Within the Cardiovascular, Gastroenterological, and ENT systems, however, symptoms of at least one or more were reported by 112 (34.9%), 115 (32%), and 84 (24%), respectively.

Refugee Group Responses

A number of symptoms and items were reported at above 20 percent levels only by the refugee, post-1990 group: "Arthritis or Rheumatism" (77.6%); "Psychiatric symptoms" (36.6%); "Depression" (38%); "Chronic Headaches" (34.6%); "Have you had problems with your memory?" (47.8%); "Have you had problems thinking clearly?" (44.4%); and "Have you had problems starting things?" (43.4%).

DISCUSSION AND RECOMMENDATIONS FOR FUTURE RESEARCH

These study results are in support of the earlier, albeit exploratory and few, examinations of this phenomenon (Jamil et al., 2002). Jamil et al.'s (2002) retrospective study found that Iraqi Americans, in comparison

with their other-Arab American counterparts, experienced higher numbers of health conditions and health symptoms.

Although the current study was a preliminary, the results suggest that self-reported health symptoms are clustered in the areas of Fatigue, Musculoskeletal, Central and Peripheral Nervous Systems, and Mental Disorders. In addition, although a number of symptom categories did not yield symptoms reported at frequencies of 20 percent or higher, the fact that at least 20 percent of participants reported experiencing at least one or more symptoms suggests that there may still be a trend within some of those categories. Among those symptom categories are Gastroenterological and Ear, Nose, and Throat systems.

Inquiry is needed into the differences between the groups within Iraqi immigrant waves. Comparing Iraqi immigrants across multiple waves of immigration may serve as a useful strategy for determining how the groups are similar and different on a variety of reported health measures and may begin to provide insight into the environmental or other experiential differences among them. In addition, demographic variables such as gender need further consideration to determine impact on differences in health symptoms as well as treatment scenarios.

Finally, we believe that educational interventions could be helpful within the Iraqi enclave and larger surrounding community. In particular, because the highest incidences in reported symptomology were found in Fatigue, Musculoskeletal, Central and Peripheral Nervous Systems, and Mental Disorders arenas, these areas might be the most effective target focuses.

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