

# How physicians can support health of Arab immigrants, refugees

DEC 3, 2021

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Language barriers make it difficult for Arab immigrants or refugees seeking shelter in the United States to find or receive health care. Poor communication between Arab people and their physicians can lead to breakdowns in delivering the right care.

Two experts addressed these challenges during an education session held during the November 2021 AMA Section Meetings. AMA member Deena Kishawi, MD, and Aimee Hilado, PhD, LCSW, discussed the barriers refugees face and what physicians can do to assist these patients and provide medical and cultural support.

## How stigmas impede care

Trauma is common among Arab refugee newcomers, said Hilado, clinical director of the RefugeeOne Wellness Program, which promotes the health and well-being of refugee arrivals from birth to older adulthood. Pre- and post-migration experiences and experiences in transit all influence mental health and adjusting to life in America.

The COVID-19 pandemic and acts of anti-immigrant hatred have made things even more difficult for these refugees.

“Behavioral manifestations of trauma can make them seem like a difficult population to engage,” she said, fielding questions from medical students Abdullah Sahyouni and Deanna Harajli.

New arrivals are less likely to seek mental health and other health services. For many, finding a job or getting children enrolled in school will take precedence over health care. Sometimes there’s just a lack of knowledge about resources. Many refugees, fearing deportation, will not engage with physicians or

other health professionals they don't trust, she added.

This is especially true in a post-9/11 world, where Islamophobic stereotypes persist for Middle Eastern and North African immigrants, noted Dr. Kishawi.

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## Investing in interpreters

Many different Arabic dialects exist across the Middle East and North Africa. Someone from Egypt might not understand someone from bordering Palestine, said Dr. Kishawi, who treats a large refugee population at Amita Health Saint Joseph Hospital in Chicago.

Things can get lost in translation, especially if a physician is loosely translating the dialects, syntax or grammar of the very complicated Arabic language, she added.

"It's really important to meet your patients where they're at," Dr. Kishawi said.

If a physician can't understand a patient's dialect, then get a translator who does, she stressed. Interpreters are readily available at her Chicago hospital.

"If you ask for an Arabic interpreter, you also have the option to ask for somebody of a certain dialect." She encouraged other health systems to use such resources if available.

## Finding drug equivalents

Many refugees come to the United States with medications that haven't been approved by the Food and Drug Administration. Dr. Kishawi urged physicians and other health professionals to use online resources that can help convert an international drug into a drug that's FDA-approved and is in the same class and mechanism of action.

## Misclassification leads to more confusion

Middle Eastern and North African refugees also have some strong genetic predispositions to hematologic disorders, certain cancers and vitamin D deficiency. Unfortunately, not much genetic research has been done on these populations, who have been erroneously classified as being white people, Dr. Kishawi noted.

“We’re doing them a disservice because we’re not getting a correct understanding of their health,” she added.

Physicians should be cognizant of the cultural transition these refugees are going through. The aim should be “to really think about how we can make this experience as seamless as possible, what resources we can provide to them, how to integrate them into American culture and ensure that their medical history does not get lost in translation.”

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