



## CENTER FOR ARAB NARRATIVES

To Whom It May Concern:

We, the 30 undersigned individuals, represent a collective of social scientists, demographers, and researchers who have focused our scholarly attention on the unique social conditions faced by individuals from the Middle East and North Africa (MENA). Each member of this collective commits their time, energy, and devotion to their research subject. Many of us have our own personal reasons for having done so. However, each of us does so under the limitations imposed by the statistical policies of the Office of Management and Budget (OMB).

Under these guidelines -- in particular, under OMB's Statistical Policy Directive No. 15 -- demographic data on individuals from the MENA region are aggregated into the "White" reference category.<sup>1</sup> Statistical Policy Directive No. 15 has allowed the Federal government to ignore a basic reality that our research collectively demonstrates: individuals from the Middle East and North Africa (MENA) are socially disadvantaged individuals that comprise an underserved racial and ethnic minority group population.

Each of these terms correspond with parts of the U.S. Code and the Code of Federal Regulations, which define key terms to be referenced in Federal legislation and programs, respectively:

- "socially disadvantaged individual" is defined in 13 CFR 124.103;
- "underserved population" is defined in 34 USC § 12291(a)(39); and
- "racial and ethnic minority group" is defined in 42 USC 300u-6(g)(1).

As a result, Federal legislation that authorizes our Executive agencies to address broader social conditions may refer to any or all these terms to define eligibility conditions and target population. For these programs and pieces of legislation, eligibility corresponds with a set of evaluative judgments about the target population:

- Individuals are *socially disadvantaged individuals* if subjective factors contribute to their experience of negative or diminishing life chances;
- Populations are *underserved populations* if they reside in areas that do not receive sufficient resources to meet the need of residents; and
- Groups are *racial and ethnic minority groups* if they are judged by their color or their country and are, based on this judgment, a numerical minority among the broader population.

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<sup>1</sup> Office of Management and Budget, *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*, 62 Fed. Reg. 210 (Oct. 30, 1997).

Our research collectively demonstrates that Americans from the MENA region fit all these definitions. In terms of influenza vaccination,<sup>2</sup> cancer-screening,<sup>3</sup> health behaviors,<sup>4</sup> and functional disability,<sup>5</sup> among other vital social determinants of health, the MENA community has a disparate experience compared to that of other racial and ethnic minority groups.<sup>6</sup> Indeed, the MENA community has shared experienced of racial-ethnic trauma<sup>7</sup> which contributes to their self-identification as a racial/ethnic minority group.<sup>8</sup> Further, our research demonstrates that current Federal standards for administrative reporting on race and ethnicity are insufficient.<sup>[9][10][11]</sup>

Unfortunately, the impact of MENA exclusion extends far beyond the census counts and administrative reporting. For years, Middle Eastern and North African (MENA) communities in the United States have been underrepresented in almost all sectors.

In the field of public health, for instance, the classification of MENA populations as “White” or Caucasian limits the level of disaggregated data available on the unique health challenges within MENA communities. Medical research programs often leave MENA communities out, resulting in the lack of development and administration of treatments that are tailored to their needs. Ultimately, Federal standards that designate MENA as “White” hinder the potential of MENA communities in the United States to participate in vital research, which in turn undermines policymakers’ stated commitment to increase access to quality health care and improve inclusion within biomedical research.

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<sup>2</sup> Jungquist, RM., Abuelezam, N.N. Disparities in influenza vaccination: Arab Americans in California. *BMC Public Health* **21**, 443 (2021). <https://doi.org/10.1186/s12889-021-10476-7>

<sup>3</sup> Dallo, F. J., & Kindratt, T. B. (2015). Disparities in Vaccinations and Cancer Screening Among U.S.- and Foreign-Born Arab and European American Non-Hispanic White Women. *Women’s Health Issues*, *25*(1), 56–62. <https://doi.org/10.1016/j.whi.2014.10.002>

<sup>4</sup> Abuelezam, N. N., El-Sayed, A. M., & Galea, S. (2019). Differences in health behaviors and health outcomes among non-Hispanic Whites and Arab Americans in a population-based survey in California. *BMC Public Health*, *19*(1), 1–7. <https://doi.org/10.1186/S12889-019-7233-Z/TABLES/2>

<sup>5</sup> Read, J. G., Ajrouch, K. J., & West, J. S. (2019). Disparities in functional disability among Arab Americans by nativity, immigrant arrival cohort, and country of birth. *SSM - Population Health*, *7*, 100325. <https://doi.org/10.1016/J.SSMPH.2018.100325>

<sup>6</sup> Abuelezam NN, El-Sayed AM and Galea S (2018) The Health of Arab Americans in the United States: An Updated Comprehensive Literature Review. *Front. Public Health* *6*:262. doi: 10.3389/fpubh.2018.00262

<sup>7</sup> Awad GH, Kia-Keating M, Amer MM. A model of cumulative racial-ethnic trauma among Americans of Middle Eastern and North African (MENA) descent. *Am Psychol*. 2019;*74*(1):76–87. <https://doi.org/10.1037/amp0000344>

<sup>8</sup> Awad GH, Hashem H, Nguyen H. Identity and ethnic/racial self-labeling among Americans of Arab or Middle Eastern and North African descent. *Identity*. 2021;*21*(2):115–130. <https://doi.org/10.1080/15283488.2021.1883277>

<sup>9</sup> Read, J.G., Lynch, S.M. & West, J.S. Disaggregating Heterogeneity among Non-Hispanic Whites: Evidence and Implications for U.S. Racial/Ethnic Health Disparities. *Popul Res Policy Rev* **40**, 9–31 (2021). <https://doi-org.proxy.lib.umich.edu/10.1007/s11113-020-09632-5>

<sup>10</sup> Sarah Abboud, Perla Chebli, Em Rabelais, “The Contested Whiteness of Arab Identity in the United States: Implications for Health Disparities Research”, *American Journal of Public Health* *109*, no. 11 (November 1, 2019): pp. 1580-1583.

<sup>11</sup> Resnicow, K., Patel, M. R., Green, M., Smith, A., Bacon, E., Goodell, S., Tariq, M., Alhawli, A., Syed, N., Van Horn, M. L., & Stiffler, M. (2020). Development of an Ethnic Identity Measure for Americans of Middle Eastern and North African Descent: Initial Psychometric Properties, Sociodemographic, and Health Correlates. *Journal of Racial and Ethnic Health Disparities* *2020* *8*:4, *8*(4), 1067–1078. <https://doi.org/10.1007/S40615-020-00863-Y>

Statistical Policy Directive No. 15, last updated in 1997, forecloses recognition of the means and needs of the MENA community, which in turn limits their life chances.

We, the 30 undersigned individuals, urge the Office of Management and Budget to establish a “Middle Eastern or North African” category within Statistical Policy Directive No. 15. Doing so would permit the Federal government to develop a more accurate and useful accounting of the means and needs of our diverse American population.

Sincerely,

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