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Fragmented Communities: Addressing War and Injury-Related Trauma through Community

Building among Iraqi Women Refugees in Connecticut

A thesis presented by:

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May 2014

Readers: Professor Janet Bauer and Professor Beth Notar

In partial fulfillment of the requirements for the majors in Anthropology and International
Studies

Abstract:

For Iraqi refugee women in Connecticut, trauma is a pervasive and debilitating force that affects their everyday lives. Although these women escaped the persecution and ongoing violence in Iraq, they suffer from feelings of loneliness and anxiety and are haunted by flashbacks, nightmares and memories of their traumatic experiences. Coupled with fears for their relatives who still have to endure the worsening situation in Iraq, Iraqi refugee women are caught between dealing with a trauma of the past and a trauma that permeates their lives in America. Aside from medical institutions, social capital networks including ethnic communities, mosques, refugee resettlement organizations, and faith-based associations can have a significant impact on the coping mechanisms of this vulnerable population. What resources do Iraqi refugee women in particular use to tackle their mental health related issues and feelings of loneliness, stress and loss? An ethnographic approach to interviewing these women over the course of a year provided insight to this question. My project revealed that Iraqi refugee women confront their traumatic experiences through transnational ties to family members by: a) speaking about their traumatic stories as a means to remember or to forget, and b) being able to relate to an individual who has undergone and may still be undergoing trauma within the specific sociocultural and historical context of Iraq. Transnational networks accomplish a) and b) through preserving contact by means of communication over the Internet. In the conclusion, I note that a dual approach needs to occur which promotes awareness around mental illness in various communities and the incorporation of more culturally appropriate mental health services to allow Iraqi refugees to heal from their trauma.

Table of Contents

Introduction	3-7
Chapter 2: The Interplay between Iraq's History and Cumulative Trauma	8-24
Chapter 3: Methods for Examining Iraqi Refugee Women in their Sociocultural Context	25-31
Chapter 4: The Burden of Silence	32-38
Chapter 5: The Agony of Waiting	39-47
Chapter 6: Owning Refugees	48-51
Chapter 7: The Paradox of Self-Sufficiency among Iraqi Refugees in America	52-64
Chapter 8: Ghosts of Iraq	65-72
Chapter 9: To be Mentally Ill is not to be Crazy	73-83
Chapter 10: The Weight of Remembering	84-90
Conclusion	91-95
Appendix	96-130
Bibliography	131-135

Introduction

Fall 2012

It was the first club venue of the night where my American friends and I decided to partake in our weekly celebratory ritual, marking our freedom from Arabic classes until Monday. The atmosphere of hard alcohol and American hit list songs left little indication that I lived in Jordan, aside from the ‘morality bouncers’ who interrupted inappropriate behavior and distance on the dance floor. While I could have easily claimed my Filipino identity and concealed any association with my American classmates, their blonde hair and blue eyes garnered spectators and offers for free drinks.

The roaring clamor from the speakers had a tendency to cripple conversations and muffled the names of the two men that approached our group that night. My attempts in the Arabic language quickly folded under their English proficiency as the repetition of questions and answers transitioned to a display of cards from their wallets. Business cards that showed the engineering company that employed these two men and I.Ds that proved they studied in American universities stood out as meaningful credentials often absent amidst Amman’s party scene. Yet these two men were neither Palestinian nor Jordanian. They were the first Iraqis I met.

In America, Iraqi refugees were the invisible consequence of a war; in Jordan they became the source of inflation. From flooding the housing market to purchasing cars, the influx of well-off Iraqis raised the cost of living in Jordan. Grocery shopping with my host mother made me aware of how difficult life had become. Loaves of pita bread now compensated for meager portions of meat and vegetables as a couple of Jordanian dinars no longer sufficed for a family meal. My host mother’s complaints in turn helped me understand the Jordanian

government's decision to identify the Iraqis as guests with temporary residence instead of as refugees.

Spring 2013

In an attempt to further immerse myself in the daily challenges that immigrants and refugees encounter in a resettlement country, I chose to study abroad in Copenhagen, Denmark in the spring of 2013. Through the sociology program at the Danish Institute for Study Abroad, I came to learn about Denmark's legacy of cultural homogeneity and social welfare programs that catered to both Danish citizens and the refugee population that it hosted. Seated in my first sociology practicum class, which had been rescheduled twice since the start of the semester, I felt excited and at ease to finally meet the professor who soon after revealed that he is an Iraqi refugee. Afterward, we set out to drink coffee at the local cafe to discuss my previous semester in Jordan where I studied the Arabic language and where as I later found out, my professor temporarily resided with his family. I shared stories about my pleasant time in Jordan's capital, Amman and felt comforted to speak to an individual who lived in a country that I considered my second home instead of my friends and college classmates who could not even fathom life in the Middle East.

The conversation though completely changed when my professor mentioned that he stayed in Shmesani, an affluent district in Amman central to the expatriate scene, buzzing with nightclubs, bars and restaurants that served American cuisine. What I imagined to be a comfortable lifestyle for him and his relatives quickly faded away when my professor reminded me that he was in Jordan as a refugee, waiting to reunite with the rest of his family. My memories of dancing, smoking hookah with friends, and eating brunch on a terrace overlooking

the skyline clashed with the feelings of separation, loneliness, and fears about security and the future that my professor perhaps experienced while he hoped for permanent resettlement in another country. It then dawned on me that my position as a student and moreover a tourist not only shaped my time in Jordan but also ascribed a specific set of meanings to these memories. Here, Jordan is remembered as a place of growth and exploration in my life whereas for Iraqi refugees, the country could have been associated with uncertainty and an ongoing fear regarding their lack of permanent residence in the country.

These two distinct memories illustrate the moments in my study abroad experience that exposed me to the plight of Iraqi refugees. Questions surrounding this population inundated my mind as I became more aware of the ‘hidden’ nature of Iraqi refugee assistance back in America. While I had known about the Iraq war at a young age, the issue of displacement for Iraqis seemed censored from my understanding. At the age of 10, I vividly recall receiving an online link from a classmate to watch Saddam Hussein’s execution video. With a lack of parental supervision, I finished the short clip and later joined my friends in the belief that our presence in Iraq was no longer necessary. We killed the ‘bad guy’ and had won the war.

It was only when I attended college that I discovered the human impact of our military campaigns. As a first-generation American, I enrolled in a class called Global Migration and Immigrants and Refugees at Trinity to learn more about my mother’s journey as a Filipina migrant and to gain an empathetic lens to the struggles that numerous immigrants faced in America. In reading books for the classes and partaking in the Community Learning Initiative as a part of the course, I became more conscious of refugees as members of society and particularly, their presence in the city of Hartford. These experiences in turn inspired me to immerse myself in the refugee population abroad in the fall and spring semester of my junior year, first in Jordan,

then in Denmark.

Similar to the ways in which I was exposed to the Arabic language in Jordan, Jordanians responded to the ever-present pressures of Palestinians and Iraqis by making the issue of refugees an inevitable topic for discussion. From living with a Palestinian host family to learning that the majority population in Jordan was Palestinian, I recognized that Jordanians had long accepted the Palestinian refugee population. Iraqis, on the other hand, were socially excluded and discriminated against, and treated with resentment in the country.

These bitter feelings directed toward Iraqi refugees extended to all foreigners during my stay in Denmark. Known both as a homogenous nation and as haven for refugee resettlement, Denmark extended invitations to Middle Eastern refugees while feelings of xenophobia and mistrust took root among the Danes. The cultural enclave of Norrebro in Copenhagen specifically gave me insight to xenophobia as Danes often avoided this neighborhood. Yet this exclusion from the larger society seemed to produce a social cohesion among Middle Eastern migrants. My time spent in Norrebro pushed me to ask what were the health implications of post-migratory stressors on refugee populations. Returning back to the U.S. after study abroad, I sought to answer this question in the context of Iraqi refugees in Hartford, Connecticut where Trinity College is located.

The lasting impact of war on Iraqi refugees has brought attention to their health status in the United States. The Iraqi refugee population was found to have higher rates of chronic diseases including diabetes and hypertension (Taylor et. al 2013). In accordance, since rates of diabetes mellitus, obesity, or hypertension are significant in this group (35% have at least 1 of 3 ailments), Iraqis are at risk of cardiovascular disease, the leading cause of mortality in the United States.

With the arrival of 650 Iraqi refugees in Connecticut since 2007, Hartford and New Haven stand out as the main cities in Connecticut for their resettlement (Orson, 2013). In the city of Hartford alone, the 2012 federal fiscal year brought in 436 new refugees (CT.gov, 2013), most of whom (209 refugee arrivals) resettled with the help of Catholic Charities Migration and Refugee Services and originated from Iraq, Bhutan/Nepal, Burma, and Somalia. The increasing number of refugee arrivals in the 2013 federal fiscal year (548 refugees) (CT.gov, 2013) coupled with Iraq's position as one of the top three countries of origin for refugee resettlement in the United States in the fiscal year 2012 and projections to remain one of the top three in the coming year (Refugee Health, 2013) bring attention to the needs of this population in the future.

While the cities of Hartford and New Haven fare exceptionally well on a composite of 130 largest U.S. metropolitan cities, with Hartford ranking #16 and Greater New Haven as #19 in regards to quality of life indicators and well-being, a closer look at these cities reveals a poor environment for Iraqi refugees. Aside from poverty rates in New Haven and Hartford that are “twice as high as the rate for the state as a whole,” (Hartfordinfo.org, 2010, 1), Iraqi refugees must also find jobs amidst unemployment rates that are higher than the state of Connecticut with Hartford at 16.9% and New Haven at 13.4%. In addition, the crime rate of the state (2,981 per 100,000 residents) is relatively safe in comparison to Hartford (10,114 per 100,000 residents) and New Haven (7,964 per 100,000 residents). Health also becomes an immediate concern in these cities, which both have a rate of diabetes higher than the state average (15). Though the Iraqis may be safe from the persecution and violence they experienced in Iraq, these findings demonstrate the need to examine the ways in which Iraqi refugees attempt to reconcile to their pre-migration stress factors in addition with their post-migration stressors in America.

Chapter 2: The Interplay of Iraq's History and Cumulative Trauma

The need to address war-related trauma among the Iraqi refugee population is an immediate concern for healthcare professionals in order to prevent trauma from “being lived” again everyday (Eisenhruch 1991). Such mental health issues which arise from complex emergencies like displacement (Shoeb 2007) focus on the separation from one’s social networks, notions of self, and culture that provoke a constant fixation on the past and the homeland through a phenomenon known as “cultural bereavement” (Eisenhruch 1991). At the same time, cultural bereavement refers to the experience refugees undergo in situating and interpreting their trauma in ways that have the potential to be unfamiliar to Western medical specialists (Keyes 2000). The role of culture in coping with trauma (Williams and Berry1991), coupled with the recognition that the initial weeks and months following a traumatic episode serve as the most effective time to cope, consequently pushed public health officials and clinicians to gain greater insight into the cultural context of trauma, how refugees manifest and handle their symptoms (Keyes 2000), and to develop appropriate mechanisms to assist the mental health issues of refugees (Tuval-Mashiach 2004).

The Harvard Program in Refugee Trauma designed one of these models, known as the Harvard Trauma Questionnaire in the 1980s to tackle the mental health profiles of specific refugee populations. The Harvard Trauma Questionnaire acted as a standardized tool that sought to illuminate the traumatic occurrence of Indochinese refugees after the Vietnam War and to measure symptoms in accordance with the American Psychiatric Association along with symptoms that are recognized by the specific refugee group (Shoeb 2007). Through cross-cultural psychology, this questionnaire catered to the political, historical, and social context of a refugee group as a means to unearth their trauma histories. Although the development of this

assessment coincided with the period surrounding the Iraq-Iran War of the 1980s, the resettlement of the first cohort of Iraqi refugees in the United States after the Gulf War in 1990 (IRC, 2009) and the emergence of their mental health problems in Europe and the United States (Jamil et al. 2007), the Harvard Trauma Questionnaire was not tailored to the Iraqi refugee population until 2007 (Shoeb 2007).

While Iraqi refugees suffer from three decades of “cumulative trauma” through the series of wars, sanctions, and violence that colored Iraq’s history (Jamil et al. 2007), few studies focus on their mental health issues in the United States. The small body of literature available on Iraqi refugees includes qualitative analyses of their health profiles regarding infectious and noninfectious conditions (Yanni 2010), their mental health status and access to healthcare (Taylor 2010), along with comparisons between Iraqi refugees and Arab immigrants on their mental health symptoms, diagnosis, and treatment (Jamil 2002; Jamil 2010). In addition, anthropological fieldwork and ethnographic interviews to date on Iraqi refugees are relatively recent findings, which delve into the significance of religion in coping with trauma (Shoeb, 2007) and the cultural constructions of Posttraumatic Stress Disorder (PTSD) among Iraqi refugees (Shoeb 2007). Research on the traumatic experiences of Iraqi refugees in the United States however remains concentrated in one or more of the top five metropolitan cities where Iraqi refugees resettle including Detroit, Michigan, Chicago, Illinois, San Diego, California, Phoenix, Arizona, and Dallas, Texas (Migration Policy Institute, 2007). Despite the fact that these areas host the largest number of Iraqis across America, it is equally important to look at the cities such as Hartford and New Haven in which there lies an absence in the narratives of trauma and where the Iraqi refugee community is less visible.

Background: Deciding on War

Stories about Iraqi refugees' trauma transcend the reciprocal bond between storyteller and listener but rather emphasize the position of a listener as a person with a duty to understand the story (Marlowe 2009). This places the listener with a responsibility to explore the historical, political, social and economic context that is inlaid in the narratives. Listeners in turn situate themselves in the traumatic experiences through a first-hand lens. For this reason we must first look at the historical context of Iraq that contributed to the displacement and eventual resettlement of Iraqi refugees in America.

The act of war always produces displacement of persons due to the aggression, violence and human rights injustices directed toward minorities, civilians or both groups. While individuals or groups of people may be targeted, and as a result, flee due to their religious or political affiliation or ethnicity, many others flee conflict zones to seek protection from persecution and harm. The United Nations High Commission on Refugees estimates that in the past decade, 4 million Iraqis been displaced due to international and civil wars (UNHCR, 2007). The phenomenon of displacement and the movement of refugees and internally displaced persons (IDPs) from Iraq is not a recent occurrence. With the rise of Saddam Hussein to presidency in 1968, forced displacement became ingrained into the history of Iraq throughout the thirty years of his dictatorship (Cohen 2008). Saddam Hussein not only intimidated the Kurds for challenging his regime and harassed the Shi'a Muslims for opposing his Ba'th party, but he also employed displacement as a tool to attack these groups and secure his legitimacy and state power (Cohen 2008). Despite the political repression, executions, and torture that marked Saddam's presidency, he invested the financial rewards of Iraq's oil resources in education, health, and for the public good, so much so that Iraq transformed into a "model of progress" for the Middle East

(Barakat 2005). The commitment of the Iraqi government to the advancement of its citizens was demonstrated in the increased immunization surveillance and acceleration of vaccination programs, the “nearly universal access to primary school education” (Gordon 2002), the availability of clean water and electricity in a majority of homes, and the birth and expansion of the educated working class (Al-Ali 2007). With a flourishing population overall and a profitable economy, the improvement in the quality of life for most citizens in turn depicts the era of Saddam Hussein’s regime as an ideal time in Iraq’s history for people.

The lucrative revenues of Iraq’s oil production and Saddam Hussein’s leadership extended to women. Prior to 1991, females in Iraq were the most literate in the area (Sasson 2009) and were regarded as the highest educated in the Middle East (Al-Ali 2005). Driven by employee benefits that accommodated their lifestyles to include free childcare programs and compensation during maternity leave (Al-Ali 2007), women became active employees of the state and participated in the public sphere (Al-Ali 2005). The combination of these incentives for women in turn account for the 2002 Arab Development Report which placed Iraq at the forefront of women’s empowerment with data from 1995 (Sasson 2009). In this sense, in spite of Saddam Hussein’s brutal dictatorship that quelled the efforts of political dissidents, many Iraqi women attained status as first-class citizens and accessed opportunities that were previously reserved for men.

Although the provision of rights to women in a developing country like Iraq can serve as a measurement for the prosperity of the nation as a whole under Saddam Hussein along with his advocacy for women’s rights, legal rights can be misleading. For example, while the constitution of 1970 mandated gender equality as well as granted women other rights, Saddam Hussein freely revoked these laws to his liking (Brown and Romano 2006). Aside from legal provisions, the

dominance of patriarchy in rural areas also subordinated women, further deterring this vulnerable population from claiming their full rights. Be as it may that the application of women's rights and prevailing societal expectations complicated the position of women in Iraq, Saddam Hussein's state policies did improve the quality of life for many women in Iraqi society.

Saddam Hussein's militaristic actions in 1980 and 1990 on the other hand triggered international responses that debilitated Iraq's economy, health infrastructure and destroyed the livelihoods of his citizens. Under his leadership the people of Iraq were wrought by waves of invasion beginning with the Iran-Iraq War, also known as the First Persian Gulf War that began in 1980. With a full-scale attack on Iran, Saddam Hussein plunged the country into an eight-year war. Social and economic progress however did not draw to a halt during this warring period as there was a reduction in both infant and child mortality by more than half in a ten year span due to a campaign by the Iraqi administration (Gordon 2002). In accordance, a drastic increase in income coupled with a greater provision of job openings for women advanced their involvement in the civil sector (Halliday 1999). This modern state that Saddam created which propelled the position of women in Iraqi society soon turned to decay with the Iraq-Kuwait War.

In August 1990, Saddam seized Kuwait, prompting the United Nations Security Council (UNSC) to enforce one of the gravest, extensive and disputed international sanctions policies in history (Ismael and Ismael 2005; Lopez and David 2004). Through Resolution 661, the Security Council intended to pressure Iraq to retreat from Kuwait by imposing an embargo on financial assets, trade, all imports, exports and commodities with the exception of medical supplies, foodstuffs and other humanitarian needs (Bahdi 2002). At the same time, the United States formed a coalition of thirty-four countries to launch Operation Desert Storm against Iraq's efforts to capture Kuwait (Al-Ali 2007). With a relentless air crusade, U.S. missiles and bombs

decimated Iraq's infrastructure. Civilian deaths reached between 100,000 and 200,000 (Al-Ali 2007). According to UNICEF 4000-5000 children were dying each month since 1991 from malnutrition and water-borne diseases, but also from various forms of cancer, which have been related to the impact of depleted uranium (Al-Ali 2005). The imposition of such an embargo with sweeping repercussions on all sectors for a total of thirteen years coupled with Operation Desert Storm therefore had an immeasurable impact that debilitated the country and ushered Iraq into a state rife with destitution and rampant malnutrition

From the prevalence of cancers and birth defects to the shortages of running water and electricity in households (Al-Ali 2005), the sanctions brought about the collapse of Iraq's health care system and health infrastructure. In addition ceasing profits from the oil industry, isolating Iraq from the global market (Lopez and David 2004), and fueling corruption, the embargo caused Iraqis to suffer under the devaluation of the national currency that reduced their purchasing power (Halliday 1999). During "the war in 1991 Iraqi per capita income fell from \$2279 in 1984 to \$627 in 1991 and decreased to as low as \$450 in 1995" (Ismael and Ismael, 2005, 613). This decline incapacitated the economic capacity of Iraqis so much so that according to the World Food Programme (WFP) "by July 1995, average shop prices of essential commodities stood at 850 times the July 1990 level" (Ismael and Ismael, 2005, 613). In turn, the absence of fruits, vegetables and meat from their diets (Halliday 1999) made malnutrition prevalent with a rate that for children under five "almost doubled from 1991 to 1996 (from 12% to 23%)" (Ismael and Ismael, 2005, 614). A staggering deficiency in nutrients and caloric intake aggravated morbidity and mortality brought the attention of UNICEF in 1991 to conclude, "sanctions had caused the death of half a million Iraqi children" (614). Sanctions enacted by the Security Council thus

catalyzed a rapid decline in the well being of the Iraqi people as it subjected them to dire conditions and thrust the country into disarray.

Moreover a lack of security in the country led to the reinforcement of connections and societies based on one's religion, tribe, or ethnic background (Ismael and Ismael, 2005, 615).

The Security Council's embargo against Iraq has come under harsh criticism for its human costs, provoking some to consider it a humanitarian disaster (Bahdi 2002) and a "tragedy" (Halliday 1999) for its brutal terms, which inflicted death and harm as well as defied the United Nation's mission for peace, others have even come to consider the embargo a genocide of the Iraqi people (Gordon 2002).

In contrast to this humanitarian outlook, the sanctions did work to contain Saddam Hussein's military aggression. By severing Saddam Hussein's access to oil profits, the sanctions forced him to comply with investigations into the country's alleged "weapons of mass destruction" program, restricted his ability to replenish Iraqi military forces and blockaded materials essential to construct these biological weapons (Lopez and David 2004). Despite the success of containment, President Bush ordered U.S. forces to invade Iraq in 2003 based on the country's alleged "weapons of mass destruction" and that they were harboring Osama bin Laden after the 9/11 attacks on the World Trade Center and the Pentagon. Bush's decision to embark upon an "unnecessary war" against Iraq (Lopez and David 2004) stemmed from the U.S. government's objectives to topple Saddam Hussein and to defuse Iraq's alleged "weapons of mass destruction" with the use of force (Al-Ali 2007).

Although this may have been true, President Bush was fully aware of the compounded wars, invasions and periods of instability and turmoil that the country and the Iraqi people endured, yet, he still approved a military attack (Chapter 5). In this 2003 invasion, which was

also referred to as the “Iraq War,” the U.S. did care not to maintain or build upon existing infrastructure and effective economic policies that remained with the deposition of Saddam Hussein. What is more the U.S. entered with a vision to obliterate all remnants of Saddam Hussein and his Ba’thist regime in order to institute a democracy (Barakat 2005). In this way, while the Iraqi financial industry and political sphere had crumbled under UN-imposed sanctions throughout the 1990s, the Iraq War induced a complete breakdown of the state (Sasson 2009). Prior to the invasion, the top causes for mortality among Iraqis included heart attack, stroke and chronic ailments. However, after the Iraq War, violent death surpassed all other causes. Simultaneously, Iraqis had a 2.5 higher chance of dying “in the seventeen months following the invasion than in the fourteen months before it” (Al-Ali 2007). Likewise, the invasion normalized the lack of access to water and electricity for families and further weakened the healthcare system (Al-Ali 2007). The quality of life in Iraq hence had become not only bleak but also inhumane.

The Iraq War also solidified religious and political divisions by steering the country to the verge of civil war between the Shi’a who were political opponents of Saddam Hussein and the Sunnis who usurped power after his capture (Cohen 2008). Heightened levels of aggression in turn unleashed an atmosphere of trepidation and panic among women as kidnappings, killings, and sectarian violence became a daily occurrence (Al-Ali 2007; Martinez 2009). The high levels of unease and lack of security from the Occupation forces and Iraqi police then gave women no choice but to remain indoors to seek protection (Al-Ali 2005). The invasion reversed the extensive strides women had made as active participants of society and relegated them to the private sphere of life.

More importantly, the inescapable environment of sectarian conflict, kidnappings, torture and executions bred distrust within Iraqi communities (Sasson 2009). The omnipresence of fear among Iraqis compelled them to be aware of their interactions and relationships with other people. The escalation of violence consequently led to a disintegration of the social fabric of the Iraqi people that made communities more exclusive and transformed Iraq into a fragmented nation divided by religion, politics, and ethnicity. The 2003 U.S. invasion of Iraq as a result shattered the already fragile state and left Iraqi people in a wasteland of conflict and foreign intervention.

Stuck in Transit

The overall loss of human life and livelihood in Iraq impelled Iraqis to flee to countries such as Jordan and Syria whose governments did not recognize the extent of the Iraqis' suffering as refugees but rather categorized them as "guests." According to the International Organization for Migration, in 2008, after 2006, 2.4 million Iraqis migrated out of Iraq, with 500,000 settling in Jordan and 1.2-1.4 million emigrating to Syria. In addition, Egypt, Lebanon, Turkey, and Iran also functioned as countries that hosted Iraqi refugees (Lischer 2008).

Contrary to the notion of "traditional refugees" in refugee camps, Iraqis as a population are scattered in these countries in urban areas. Due to the impending threat of deportation Iraqis avoid local officials and "remain relatively invisible" as a population. The act of locating Iraqis throughout Amman, Jordan or Damascus, Syria thus presents the challenges of conducting a census and measuring the state of their conditions (Martinez 2009). Unlike other "traditional refugees," Iraqis easily adapted to Syrian and Jordanian society through similarities in the Arabic language, culture, and religion (Sinha et al. 2012). In spite of the volume of refugees crossing into Jordan and Syria, both governments failed to offer legal status as refugees to Iraqis (Libal

and Harding 2011) and as of yet have not created a strategy to deal with long standing Iraqi refugees and their full assimilation into Jordanian or Syrian society (Mason 2011). Although mandating the status of undocumented Iraqis would regulate the influx entering Jordan and Syria, it would also legalize work for this influx of Iraqis, thus taking away job opportunities from the local civilians (Libal and Harding 2011). Harsh living conditions and discrimination from these host countries have in turn influenced Iraqis to view places like Jordan and Syria as “transitory staging-post[s]” prior to arriving at their resettlement country in either North America or Europe (Mason 2011).

Uprootedness

As refugees, Iraqis underwent numerous ‘humiliating loss events,’ characterized by the immense loss of one’s livelihood, material possessions, language, social connections, (Alayarian 2007) and ultimately the fabric of their identities (Hadjiyanni 2002). Their dislocation led to a collapse of established communities and as a result disintegrated their sense of belonging. Refugees as a result occupied a liminal state as victims of a ‘violent rite of separation’ who could no longer resume their lives in their home countries yet awaited relocation (Schechter 2000). The disruption of one’s family structure, professional career, and overall lifestyle often led to trauma then coping within the initial weeks and months to follow (Tuval-Mashiach et al. 2004). The temporary settlement of Iraqi refugees in countries throughout the Middle East such as Syria, Jordan and Lebanon in addition to the lack of available mental health services however often times deterred this coping process.

For Shoeb et. al, a refugee’s abrupt detachment from his or her homeland obstructs their integration into a new country of settlement (2007). In exile, refugees remain fixated on their connections to the past and therefore become reluctant to rebuild their lives. The interactions

between transnationalism and integration however do not have to necessitate conflict (Erdal and Oeppen 2013). Integration can assume a multi-layered form that separates structural integration like involvement in education and employment from sociocultural integration. In this way, migrants partake in structural integration and relegate cultural aspects to transnationalism and the remittances, phone calls and other mediums of communication that allow them to maintain their pre-migratory connections. In doing so, they perform ‘balancing acts’ that give them the opportunity to carry on their “lives locally but also connected within a transnational social friend” (Erdal and Oeppen 2013).

Communication with transnational ties in Iraq for instance, has the potential to depict the difficulties of constructing meaningful social support in the new resettlement country. Information can be viewed as an aspect of social support (Simich et al. 2003) and transform ‘refugeeness’ into liminal process of belonging that distinguishes ‘novice refugees’ from ‘true or mature refugees’ who enhance their knowledge in environments like refugee camps (Malkki 1996). Unlike other refugee groups that inhabited refugee camps, Iraqis in contrast, resided in the cities of Jordan, Syria and Turkey as urban refugees (Yanni et al. 2012). Iraqi refugees therefore could not rely on refugee camps but also had to look to other outlets to obtain social support.

Social Capital

Linguistic and cultural barriers make valuable interactions between refugees and their neighbors uncommon (Valtonen 1994). Instead, they depend on their familial ties and friends for assistance and information regarding health issues, education, employment, and financial resources (Lamba and Krahn 2003). In addition, social capital provides emotional support, promoting trust and expediting the community’s post-war recovery (Flores et al. 2013).

Social capital however does not encompass relationships based solely on one's racial background but often remains divided into ethnic, religious, and political categories that either stand-alone or overlap. Resettlement and particularly, separation from one's homeland, consequently amplify the position of family members, friends, and people of the same background as significant social contacts (Simich et al. 2003). Although immigration officers assign refugees their resettlement locations, refugees at times choose to relocate to places with either familial networks or more prominent ethnic communities.

For resettled Iraqi refugees, knowledge that social support exists and is available to them has facilitated their psychological adaptation. The availability of social support has been shown to foster an Iraqi refugee's coping abilities regardless of whether or not this network is utilized (Takeda 2008).

Despite the positive role of facilitating integration, ethnic and familial relationships can be beneficial or harmful to refugees. They become vulnerable to the risk of exploitation from trusted contacts in family-operated businesses (Lamba and Krahn 2003). Even though refugees are fortunate to have jobs with their low English proficiency and lack of marketable skills, business ventures at times abuse their employees with low wages and a lack of job mobility. Family members, friends and other contacts that act as social support are in this sense able to take advantage of the trust of both the community and the refugee as an individual.

On the contrary, opportunities to participate in the job market can allow refugees to escape and manage feelings of loss and separation that torment their daily lives. Vietnamese refugee women in Finland for example favored work over staying at home (Valtonen 1994). For them, isolation at home evokes feelings of loneliness. Rather than become consumed by their emotions, these Vietnamese refugee women engrossed themselves in their work and interacted

with society. Social networks in this way indirectly offer refugees a vehicle for emotional support to reconcile with the stresses of resettlement.

The perception of social capital as merely networks and connections on the other hand overlooks its economic impact on migrants and refugees. Material resources account for strong bonds that preserve solidarity and trust within a community (Portes and Landolt 2000). The inability to circulate resources due to scarcity prevents the distribution of these resources to the entire network, in turn limiting the scope of social capital regardless of group solidarity. Likewise, people in poor economic positions with low material resources are restricted in their capacity to assist others (Das 2004). The struggles they face in sustaining their own livelihoods deter them from contributing to their social networks. Alongside, in the case that a family provides monetary assistance to another family, the fear or reality that the receiving family is not in a viable position to reciprocate the favor dampens communal trust. Material resources and moreover the economic component of social capital can therefore play a large role in upholding the collective nature of a community.

The poverty that affects Iraqi refugees in the United States in this regard amplifies the importance of the social and emotional component of networks over the community's scarce economic and material resources. Critics of the U.S.' resettlement efforts noted that: "For a federal government program, the resettlement program is dangerously under-funded" (International Rescue Committee, 2009). Plagued by low job prospects and an inability to afford rent, Iraqi refugees have had to come to terms with issues including unemployment and eviction in America. In accordance, they have had to deal with either the depletion or inadequacy of resources from organizations like the International Rescue Committee, further exacerbating their stress and fears for the future. It then becomes possible for a conflict to arise for a refugee

community organization like the International Rescue Committee, between extending government services and lobbying for the needs of the refugee community (Strang and Ager 2010). Informal networks thus have become the appropriate outlet for constructing relationships.

Health Capital

Aside from economic capital, health capital has gained significance for its role in health promotion. As an aspect of human capital, health capital involves an individual's knowledge, information and skills that pertain to health and health-related decision making (Hyry-Honka et al. 2012). Health capital goes on to act as social capital when human connections promote people's well being. Furthermore, it serves as a component of cultural capital when it takes into account people's health-related practices and beliefs. In this framework, a person's health status depends on the amount of health resources and capital he or she possesses. The larger an individual's health resources and health capital, the greater the likelihood he or she can contribute positively to his or her health. Conversely, a person with fewer health resources and less capital is at a greater risk of becoming sick.

For Mutaner, Lynch, and Smith however, the categorization of these human relationships as health capital overlooks the social determinants of health. In one example, strong friendship networks of peers can increase the risk of smoking, drinking or use of illicit drugs, while in a different situation; these same sorts of links may decrease the risk of suicide (Mutaner, Lynch, and Smith 2000).

Social Capital and Religion

Religious associations also become instrumental in propelling social cohesion. Places of religious worship such as mosques and churches serve to not only promote feelings of belonging and closeness (Holmes and Joseph 2011) but also act as accessible information centers for newly

resettled refugees (Makwarimba et al. 2013). Refugees who complained about service providers who had inadequate knowledge in cultural practices and language recommended employing religious institutions and community centers to draw in participants.

Furthermore, the positive attributes that emerge from interactions between social capital and religion also extend into health. Parallel to familial and ethnic ties, religious support groups bestow information and communal bonding to individuals (Hill and Pargament 2003). Even more, religious associations garner a group of individuals united by common beliefs who provide emotional support to members. Referred to as a support convoy, the members are replaceable in that they can change and yet maintain continuity with the flow of friendship and consolation. Increased religiosity among refugees in turn has led to a greater tendency to employ positive coping mechanisms and consequently optimism (Ai 2003).

Despite this, parallels between social capital and religious networks have the potential to directly benefit Iraqi refugees in Hartford. In addition to depression and post-traumatic stress (Taylor et al. 2013), involvement with a community can help individuals to prevent and control their chronic health conditions (Holmes and Joseph 2011). It has been shown that social interactions act as a protective factor to illness. Furthermore, with loneliness related to an increased risk of coronary heart disease, social networks assist in lowering these feelings and improving health.

Conclusion

Given the few resources that are devoted to this population, I sought to investigate existing programs and services available to Iraqi refugees in Hartford and New Haven in addition to resources that Iraqi refugees bring with them to deal with adapting to life in Connecticut. With health as a primary concern aside from employment, schooling for children, and a place of

residence, I looked specifically at the social networks that Iraqi refugees rely on for support. The gap of information that exists on links between social capital and health made me realize the tendency of this research to focus on the utilization of medical institutions and formal communities or assistance organizations. In turn, I decided to include other forms of social support that are often overlooked when dealing with mental health conditions such as religious associations and mosques. I then identified the various forms of social capital that Iraqi refugee women depend on including ethnic communities like the Iraqi refugee community, religious and medical institutions, and refugee resettlement and faith-based organizations. Additionally, since most of the literature on Iraqi refugees throughout American and in Jordan and Syria concentrates on qualitative data and has just recently begun to incorporate ethnography or field research into these studies, I used anthropological methods and ethnographic interviews to breathe life into the day to day lives of Iraqi refugees and to understand how they themselves make sense of their communities in Hartford and New Haven. In doing so, I hoped to answer the following research questions:

1. What is the role of resettlement organizations and religious associations in building the Iraqi refugee community?
2. What accounts for strong or weak Iraqi refugee community ties and/or a bridging of social support across ethnic/religious lines within the community?
3. What (religious organizations, community centers, formal medical institutions) resources do Iraqi refugee women in particular use to tackle their mental health related issues and feelings of loneliness, stress and loss?

While I initially assumed that Iraqi refugee women in Connecticut rely on their religious communities to deal with their mental health conditions, my interviews revealed otherwise. Here

religion offers a framework for coping through prayer and reading the Qur'an, mechanisms, which can fail to address and treat trauma. These existing standard religious practices in turn can seem inadequate if not an overly simple and negligent approach to tackling the immediate mental health needs of the Iraqi refugee community. At the same time, in most cases, mosques may also not provide Iraqi refugee women with a "listening community" comprised of members who have the cultural, historical, and social knowledge of the Iraqi refugee situation to even appropriately grasp their traumatic experiences and moreover to console these survivors. For this reason, by recognizing the significance of religious communities or lack thereof to the mental health issues of Iraqi refugee women in Connecticut, I was able to explore other more meaningful social networks that assist this population in coming to terms with the trauma of their past and their future well-being in America.

Chapter 3: Methods for Examining Iraqi Refugee Women in their Sociocultural Context

To examine the significance of culture on how Iraqi refugee women in Hartford and New Haven ascribe meaning to their traumatic experiences, it was vital to become exposed to the “fine grained daily interactions [that] constitute the lifeblood of the data produced” (Falzon 2012). Using the anthropological methods of ethnography, I hoped to make “the familiar to be rendered unfamiliar, and the unfamiliar, familiar” (Wilding 2007) and moreover look beyond the stereotypical one-size fits all approach to the ‘refugee experience’ (Eastmond 2007) to specifically understand the conditions and factors that affect Iraqi refugee women in Hartford and New Haven. I conducted “participant observation,” which involved formal and informal interviews with Iraqi refugee women, healthcare providers and cultural brokers for refugees. In addition, through ethnography, I ventured out into the field where I sought to study the ways in which Iraqi refugee women interact with the Iraqi refugee community, their religious community, healthcare providers, and volunteers from the refugee resettlement organizations. I then joined in community activities at mosques in Hartford and often visited the Iraqi refugee women in their homes for better insight into their everyday lives. These methods would allow me to uncover how their “local experience” (Shoeb, 2007, 460) shapes the way in which Iraqi refugee women view their “well-being, illness and suffering in relation to the sociocultural context in which they occur” (460). Participant observation coupled with ethnography and interviews, I hoped, would additionally grant me access to the lives of Iraqi refugees but also to their interpretations of their displacement and resettlement.

Because I had only indirect experience with Hartford’s refugees through courses like Immigrants and Refugees and Global Migration, I began my research with participant observation in the mosques and around Hartford. Knowing that rapport or mutual trust is crucial

not only for establishing connections to the Iraqi refugee community but more importantly for accessing and interviewing Iraqi refugee women about sensitive and personal topics such as Posttraumatic Stress Disorder and their support networks, I sought guidance from my thesis adviser, Professor Janet Bauer. Professor Bauer's familiarity Catholic Charities Migration and Refugee Services in addition to her close ties to refugee communities in Hartford for over the span of a decade made her an ideal source to establish connections with Iraqi refugee women. From hearing about the wedding invitations and mosque celebrations, which Professor Bauer attended with refugees, I imagined that Professor Bauer's links with these groups went beyond the assistance that she provided to the point where the refugees considered her a part of their community and moreover their family. With consideration toward the intimate relationships Professor Bauer has with these refugees, I hoped that the "information given by informants may be substantially affected by their relationship with the researcher and by their understanding of what the researcher is doing (...) it involves the interaction of two social and cultural systems" (Eastmond 2007). I anticipated that with Professor Bauer as an intermediary, her presence would offer a sense of comfort that would allow the Iraqi refugee women to open up about their traumatic experiences and the struggles they face as a refugee in Hartford.

In early September 2013, I accompanied Professor Bauer to a number of mosques including: Madina Masjid in Windsor, Connecticut, the Muhammed Islamic Center of Greater Hartford, and the Islamic Association of Greater Hartford, also known as the Berlin Mosque in Berlin, Connecticut as a means to meet Iraqi refugee women to interview. Although we stayed the entire duration of the prayer services, I was only able to socialize and introduce myself to the congregation of Muslim women after prayer. While some women were hesitant to speak with me perhaps as a newcomer but especially after learning that I intended to conduct research, I was

able to obtain some basic information about their backgrounds. In time, I discovered that places for Muslim gatherings, in particular, mosques, became key sites for community building, where Iraqi women built friendships with other Muslim women across ethnic lines.

It is no surprise that religious institutions and mosques in particular produce feelings of belonging and comfort. In my own encounters at the Berlin Mosque and Madina Mosque, strangers have referred to me as “sister” after I requested directions to the women’s entrance. Although I was not a member of the community and simply visited to network and conduct participant observation, the term of endearment, “sister” made me feel welcomed.

After my first set of interviews, I discovered a lack of social solidarity among Iraqi refugees in Hartford. I then conducted an online search to find another Iraqi community in the surrounding area. Due to the demands of my academic coursework and my limited time slot allocated to interviews, I restricted my investigation to Connecticut.

New Haven emerged as a popular destination city due to its successful resettlement of Iraqi refugee families. Amidst the growing community known as ‘Little Iraq,’ in New Haven, which has several local Arabic newspapers, I researched community organizations and religious associations in New Haven. In addition, I reached out to healthcare providers who worked with refugees from the Khmer Health Advocates in West Hartford and professors from the University of Connecticut School of Social Work to delve into culturally appropriate mental health treatments.

Research Sample

For this research, I concentrated on Iraqi refugee women in Connecticut. Healthcare providers who specialized in refugee populations not limited to Iraqis and professors who focused on refugee mental health offered expertise on the unique mental health profile and needs

of refugee populations in America. Their call for greater accommodation by Western medical practices and even community organizations for this group was supplemented by the responses of four Iraqi refugee women in total, three from the Hartford area and one Iraqi woman from New Haven to produce a comparative study on the influence of social cohesion to the resettlement experience and the coping strategies of Iraqi refugees. In addition, although she is not included in the interviews, I spoke to another Iraqi woman in Hartford to gain insight into the historical and sociocultural circumstances of Iraq.

This research relied heavily on chain referral or network sampling and snowball sampling to obtain and expand Iraqi refugee connections and unearth where and how these friendships materialized. I employed these sampling methods due to the difficulty and confidentiality concerns embedded in retrieving refugee contact information through formal organizations, institutions, and resettlement services. Through network sampling with Professor Bauer, I met my interview participants in the Hartford area. My research in New Haven on the other hand, relied on snowball sampling since I had no contacts in this city. By researching refugee resettlement organizations in New Haven, I contacted a religious institution that previously participated in resettlement activities with Iraqi refugees. Through a referral, I interviewed Irene who then introduced me to an Iraqi refugee whom she helped in the past and is now her good friend, Asra. Moreover, snowball sampling offered me a representative sampling of the Iraqi refugee population on a larger scale. Although I only interviewed one Iraqi refugee from New Haven through snowball sampling, Asra's connection with Irene, an IRIS volunteer, can potentially depict the utilization of social networks to cope with post-traumatic stress and mental health related issues among this population.

The study was performed conducted in accordance with the principles of informed consent and confidentiality and general ethical procedures.

Interviews

Initially I carried out guided interviews based on the Harvard Trauma Questionnaire with an emphasis on pre-migration stressors, migration stressors and post-migration stressors. Aside from the first two questions, which provide an answer scale in regards to education and English language proficiency, all the other questions are open-ended. In addition, there is an inquiry into the participant's participation in a community/communities and their mental health status. I specifically incorporated aspects of the Harvard Trauma Questionnaire into my initial question because of its use as a cross-cultural tool that asks for a refugees' reactions, feelings and emotions to violence and displacement.

While the Harvard Trauma Questionnaire is specific to the context of refugees and has been produced in six versions for specific refugee groups including the Iraqis, the stigma within the Iraqi refugee community surrounding mental health related terms and symptoms led me to format questions around feelings like being alone, stressed, sad, or nervous. Rather than follow the culturally specific Arabic terms that the Harvard Trauma Questionnaire used to identify symptoms associated with mental health problems, I sought to simplify my questions. Alongside this, to accommodate the discrimination associated with mental health services, I did not mention the term, "psychologist" but instead ask if the participant has mentioned their feelings to their doctor.

Following comprehension difficulties from an interview with an Iraqi woman, I modified the format to semi-structured interviews with simplified English terms. The semi-structured interviews evolved into a life-history or narrative approach, which has allowed me to understand

“something about how social actors, from a particular social position and cultural vantage point, make sense of their world” (Eastmond 2007). By serving “as a way for individuals and communities to remember, bear witness, or seek to restore continuity and identity, [life-histories] can be a symbolic resource enlisted to alleviate suffering and change their situation” (Eastmond 2007).

The interviews lasted for about one hour, and were carried out in various locations depending on participant preference. I interviewed healthcare providers in either their offices or in coffee shops and I met with Iraqis in both mosques and their homes. Interactions with Iraqi refugees have been frequently characterized by offers of tea, coffee, sweets and meals. Generosity and reverence to one’s guests is not only valued but is an integral part of Arab culture.

The process of interpretation

The interviews were tape-recorded in English and or Arabic and were transcribed verbatim into English. For two of the three Iraqi refugee women in Hartford, I required a translator due to these women’s varying levels of English comprehension. In the case of Dalal, I asked her daughter to translate her mother’s responses. Muruj on the other hand, lives alone and therefore did not have any children or family members to translate between English and Arabic. For Muruj’s interview, I commissioned a native-Arabic speaker to directly translate and transcribe the entire interview.

Drawbacks

The Arabic language barrier recurred as an issue in my interviews with Iraqi refugee women. Although I have simplified the English terms of my questionnaire, I depended on the translation of family members present. Since I lacked an official interpreter, my reliance on

family members can also be viewed as a burden. For example, after requesting the translation of a relative, the interpreter asked, “Do I have to translate everything? So I’m just going to you know say it in general because I lived with them.” This statement put me in a difficult place considering that I did not know to further aggravate the translator yet I did wish to capture the meaning of the interviewee’s verbatim.

My dependence on an unofficial interpreter may potentially skew the translation of responses with family members either overlooking specific details or inputting their own personal views rather than that of my designated participant in the study.

In addition, cultural and emotional barriers can serve as potential limitations to obtaining information. With regards to conducting interviews, I had to either earn a sense of trust from the participant or perform the interview with a third party person who has the interviewee’s trust. The need to establish and preserve trust with refugee individuals and communities is heightened because of the war-relative trauma, political turmoil or corruption that incited their displacement (Muecke 1995). It is also possible that the presence of a third person shaped the outcome of the interview in regards to the information disclosed.

While this chapter explains my use of ethnography to investigate Iraqi refugee women in Hartford and New Haven and the importance of trust to establishing connections, the upcoming chapters examine the role of relationships in the mental health statuses of these Iraqi refugee women. I begin by following these women’s journeys from Iraq to Jordan or Syria and eventually to Connecticut, with a focus on the different manifestations of trauma in each location.

Chapter 4: The Burden of Silence

In Iraq we were living a good life, thank god, mean (sic) Iraq was flourished (sic). Iraq's whole living was good, meaning it was safe (...) but America, Bush decided the war on Iraq. He destroyed Iraq (Muruj).

Sitting across from Muruj in her studio apartment in Hartford, I was kept in a blanket of uncertainty, as I only understood the questions I translated from Google on my iPhone and the fragments of sentences and words that I came across in her responses from my four years of studying the Arabic language. The close proximity of “Bush” to the word “destroy” in Arabic, “Bush dammir,” alarmed me as I attempted to piece together meanings and decode Muruj’s experiences. It was only a week later when I had the recordings translated and transcribed by a native-Arabic speaker that I became fully aware of the losses she encountered both in Iraq and Syria.

Originally a bank employee under Saddam Hussein’s repressive dictatorship, Muruj briefly mentioned the security and stability that existed during this “golden age” in Iraq that brought prosperity and a comfortable standard of living for those families like hers. This image of a utopian Iraqi society however became juxtaposed against what Muruj believes to be a conscious effort by President Bush to ravage her country:

After the war from Bush on Iraq, meaning he destroyed it, Iraq. He started bombing everything. The cities, the schools, the streets, everything, meaning, meaning unequal war. People who don't own anything decided to fight you, meaning send him planes equipped with equipments and Iraq doesn't have this potential to hold off Bush. In addition to the American soldiers who spread corruption in Iraq. The American soldiers destroyed the Iraqi people, meaning hit everyone, children, women, men and even who he walks in the street minding his own business, they killed him, meaning Bush destroyed Iraq Bush and without a reason. Meaning they decided coming to Iraq and destroying this country without any reason (Muruj).

The 2003 U. S. invasion triggered the demise of Iraq and systems in place that once offered Muruj with opportunities and ensured her well-being. From indiscriminate killings to

bombings, the air campaign annihilated the country's crucial infrastructure and ultimately the foundations of society that contribute to a future generation. Alongside, disparities in military technologies made fatalities and destruction inevitable as America engaged Iraq in a war that it could neither win. The air assault coupled with occupation by the American soldiers thus transformed the invasion into, from her perspective, a "massacre" of innocent Iraqi civilians. Rather than depicting the American military as champions of freedom and human rights, Muruj describes them as perpetrators of inhumane crimes which contributed to more suffering and devastation.

Asra on the other hand came across episodes of sectarian violence that stemmed from tension between what she saw as the Iraqi Shi'ites who carried out explosions and attacks against Iraqi Sunnis. A beneficiary of public college education in Iraq, Asra spoke of the terrors she came across while attending school for civil engineering. As she drove across a bridge to her university, Asra would nearly become caught in the frequent explosions and bombings that she would later witness from afar in her rear-view mirror.

The fears of abductions and executions however were not limited to the college campuses, universities and the streets as these dangers permeated into Asra's private domain. A victim of persecution whether due to her family's religious background or simply by virtue of being in Iraq, Asra like many other Iraqis came across "murder, torture, or abduction of a family member; personally targeted threats, such as gunmen at the door, warnings from neighbors, threatening letters, phone calls, and text messages" (Lischer 2008). With a look of complete disbelief on her face, Asra recalls the instance she learned of the attempted kidnapping of her daughter when she heard her scream at seven in the morning. The extreme nature of this account became more tangible with interruptions from Asra's daughter as she commented on waking up

to a person pulling her out of bed. Despite not only telling this chilling tale but also undergoing it, the daughter also displayed shock and detachment, which may allow her to distance herself from the actual occurrence and illustrate this experience as a survival story. With a look of relief, Asra mentions that the capture failed but fails to go into detail and expresses an even greater appreciation that her daughter was not kidnapped and killed. This reconciliation with what happened to her daughter is an attempt by Asra to make sense of what happened by comparing it to more life-threatening situations and realizing that her daughter was “lucky.”

Her cousin, Sajjad, on the other hand though fortunate to have survived the cruelty of an attempted abduction, escaped with a broken finger. Sajjad was kidnapped where he was held for a \$50,000 ransom but eventually released by accident with the exchange of a mere \$100. The shock in Asra’s facial expressions became more exaggerated as she spoke about this ordeal but again reiterated how thankful she was that both endured this dilemma relatively unharmed. Asra’s worst-case scenario attitude thus reveals the normalcy in such violent episodes that intimidated Iraqis.

This ability to accept death and tolerate the terrifying situation in Iraq resurfaces on a second encounter with Asra in which her two children are at school. Here, the stoic expression on Asra’s face enhanced the growing silence that entered the living room and filled her entire house. Even with the ongoing babbling from her infant on the carpet rug, Asra often avoided eye contact with me after I recited my questions and kept her gaze on the window behind me. I not only began to feel consumed by her overly-comfortable couches, the silent background and her solemn responses but also sensed the weight of Asra’s memory that hung in the winter air and called her back to Iraq:

Sometimes there is an expression we said in Iraq like when, even now when I was in Iraq me and my family and now my family in Iraq they said when we go, each

person in Iraq when everyday he had the death certificate in his pocket (...) We wait for the date I mean, we don't know what's the, just we put the date you know because each moment, they, maybe they will kill you know they killed maybe, yeah so we always said like when the children they go to school or the go to college or to work like when they said goodbye to their mom or dad that's mean maybe really goodbye. Maybe they will not come again, you know. It's something difficult, yeah, every morning each moment, everyday it's part of life (Asra).

Her matter of fact outlook on the topic of death demonstrates the accepted notion that in Iraqi society casualties are a routine occurrence. This grim revelation portrays the extent of the brutality in Iraq which forces people to expect civilian death as an inevitable outcome of war. With a death certificate always on hand, death is a possibility that becomes easily associated with simply leaving the house. In this regard, the dangerous environment in Iraq created a dichotomy between security and protection in the house or the private sphere and death and doom outside of one's residence, in the public realm. The acknowledgement that death also applies to children or the fact that parents have to endure the torturous thought of their children dying has an immense impact on the psyche of Iraqi civilians. The mere act of granting permission to their children to attend school or their relatives to go to work is essentially a decision between ensuring that they return alive or the high chance that they will be killed.

Simultaneously, the dark humor associated with constantly carrying a death certificate in one's pocket signifies the use of comedy to highlight the absurdity of the predicament of Iraqis. An atmosphere of executions, torture, kidnappings and bombings made some Iraqis insensitive and overall numbed their emotions. By transforming the omnipresence of death into a joke, it may become easier or more tolerable to confront it.

In another light, the pauses that Asra took between her words and the prolonged silences that often occurred at the end of her responses "were (...) heavily burdened. Through allowing prolonged moments of silence and trying to stay close to the lived experience of pain these

silences opened, (...) silence was in fact a strong way to speak. Containing their silences offered a space for the untold within the telling of stories, and provided some understanding for those experiences which words were unable to express: the violent loss of a family member, the witnessing of murder, atrocities in the context of armed conflict” (De Haene, Grietens, and Verchueren 2010). Silence in the context of interviews with Asra and other Iraqi refugees in this way was not void of meaning but rather a reflection on the suffering and trauma that resulted from the attempted kidnapping of Asra’s daughter to the loss of immediate family members. Asra’s silence could serve as homage to those who were abducted or killed in Iraq as well as act as an unspeakable grief and memories of fear that to this day she is still unable to express. In the case of Muruj, for example, the silence was so painful to digest and discomfoting that I questioned whether or not the interview triggered a traumatic episode that became more detrimental than healing for the interviewee. Despite not knowing and understanding the content of the interview since the majority of it was conducted in Arabic, I nevertheless sensed a dramatic shift in the atmosphere of the apartment once I initiated the interview. Muruj describes the reason she escaped Iraq:

In the case of Muruj, for example, the silence was so painful to digest and so discomfoting that I questioned whether or not the interview triggered a traumatic episode that became more detrimental than healing for the interviewee. Despite not knowing and understanding the content of the interview since the majority of it was conducted in Arabic, I nevertheless sensed a dramatic shift in the atmosphere of the apartment once I initiated the interview. Muruj describes the reason she escaped Iraq:

In Iraq, I was persecuted a lot especially during the Iraqi government era (...) My husband’s arrest was a shock for my entire family. They were scared that they will arrest me with my husband (...) I mean my husband was assassinated in Iraq and I had to leave and run out of Iraq to Jordan (Muruj).

Unlike Asra's family who acknowledged the prospect of death in Iraq and incorporated it into their daily goodbyes, the assassination came as a surprise to Muruj and her family. In spite of not having the opportunity to probe Muruj for the root of her persecution or her husband's arrest because I did not understand most of her answers in Arabic at the time, I reasoned that the capture and death of Muruj's husband did not only seem to be all of a sudden but also without reason in her opinion. Muruj however was not alone in her suffering as "[t]he loss of loved ones has become a common aspect of the pool of experiences of Iraqi women. Three wars, political repression, widespread disease, malnutrition and a collapsed health system account for the great number of deaths occurring in Iraq" (Al-Ali 2005). Increased conflict in Iraq also brought about Saddam Hussein's attempts to strengthen his hold over his people with indiscriminate kidnappings, arrests and killings. With the assassination of her husband, Muruj in turn joined the vulnerable population of women who lost a husband or relative to cruel dictatorship or who had their children perish from malnutrition and the weakened healthcare system.

The silence that lingered after Muruj's response first came across to me as placeholders for her unfinished thoughts while she searched for other anecdotes or points of relevant information to share. With each response however, I realized that Muruj's silence embodies the weight of losing her husband to his jail sentence and eventually suffering from his death. Moreover her moments of silence signify the amalgam of emotions that she wrestles with by returning to the past to uncover the answers for my questions. Muruj was unable to reconcile with the arrest and murder of her husband due to her fear for her own life. The terror that existed in regards to her own future and safety forced Muruj to prioritize absconding Iraq to Jordan thus

neglecting the trauma, emotions, and altered world view that abruptly arrived with the tragic death of her husband.

Chapter 5: The Agony of Waiting

I and my two sons... my two children. I lived in Jordan in hardship. A person that lives abroad for the first time and has never seen it. Life is hard in Jordan. I had to spend for myself and for my kids and life was hard and rents are expensive there in Jordan. I had to work to provide for myself and for my kids from asking anyone. And I lived a hard and difficult life in Jordan (Muruj).

Migration to neighboring countries in the Middle East such as Jordan and Syria offered a façade of protection amidst the ongoing hostility in Iraq. Muruj's decision to uproot her entire life, abandon family members and friends, and leave her homeland to escape persecution and flee to an unfamiliar country in these circumstances not only becomes selfless but also crucial to the guaranteed survival of her and her two children. On top of this, pressure on Muruj to bring in an income and act as the sole provider for her children may have delayed her ability to come to terms with her position as a widow and her traumatic escape from Iraq. While she did not receive assistance from nongovernmental organizations or civil society organizations in Jordan, Muruj appeared to put a greater importance on securing basic necessities over dealing with her mental health issues. The immediate fears of homelessness, starvation and overall destitution can fuel Iraqi refugees like Muruj to neglect their trauma and simply focus on finding a means to survive.

The urgent demand for basic necessities among the Iraqi refugee population can leave little room for nongovernmental organizations (NGOs) and civil society organizations (CSOs) to address their mental health issues in Jordan. Dr. Clark Adams, a professor who has conducted a research project on the presence of both local and international NGOs among the Iraqi refugee community in Jordan noted that:

The main hospitals in Jordan there might be one or two mental health professionals in the whole hospital who could serve whoever was coming and interestingly I think NGOs lack that capacity to provide those kind of services. Something we were trying to ascertain kind of in our research as you know a secondary question that came up was how integrated are social workers into the activities of NGOs and what capacity do NGOs have to even offer these or what kinds of more traditional social work activities or services and in general NGOs

don't employ social workers or are just not that familiar with the world of social workers so I think we felt, we had numerous things happening again: lack of capacity, lack of understanding, cultural norms preventing it, but basic answer yes on the agenda recognize that a lot of people suffered significant trauma (Dr. Clark Adams).

Dr. Clark Adams presents the manner in which both medical institutions like hospitals and operate similar to NGOs in the sense that trauma is ranked low as a concern for Iraqi refugees. From the inadequate number of mental health professionals to the ignorance that exists in the NGOs domain, hospitals and NGOs inadvertently offer few mechanisms to immediately tackle mental health problems. These apparatuses lack resources, which include manpower or financial capital to introduce and even place a greater emphasis on the call to take up the psychological or psychosocial needs of Iraqi refugees. Cultural expectations when approaching mental health problems also acts as another factor that influences the absence of more robust services, which I will describe later in chapter 7. For this reason in spite of acknowledging the weight of trauma on the livelihoods of Iraqi refugees, the Jordanian state must make an effort to shift to a focus on the value of mental health in holistic well-being as a means to cause NGOs to reallocate their funds toward these services.

Trauma though lay on the periphery as a pressing concern for Iraqi refugees due to the exorbitant prices that strained everyday life. Counter to the notion that “all these rich Iraqis having arrived since the invasion in 2003, allegedly inflating house prices,” Muruj was one of the “tens of thousands of middle-class families trying very hard to get by and maintain a tolerable standard of living” (Al-Ali, 2007, 44). The influx of Iraqi professionals and the educated elite into Jordan coupled with the inundation of their finances and their real estate purchases prompted inflation throughout the country. Iraqis of the upper echelons of society “rented an overpriced apartment and were spending their days enjoying being able to walk on the

streets, going shopping, sitting in cafés and not having to worry about US snipers or suicide bombers” (46). Awatif, for instance adopted this view during her stay in Amman where she enjoyed a comfortable lifestyle and considered goods to be cheaper. Luckily, Awatif and her husband had their credentials recognized in Jordan, facilitating their ability to secure jobs. A university graduate with a degree in mathematics, Awatif quickly became employed while her husband a surgeon in Iraq attained the same position at a hospital in Amman. The relaxed living situation of Awatif and her husband stands in direct contrast to Muruj in which the upsurge of prices due to their arrival may account for her expensive rent and the troubles she underwent to pay for these expenses. The disparities in standards of living between Iraqi refugees in Jordan stems from:

some people who left were better off and there were certainly different periods not just in response to the U.S. invasion and subsequent conflict in Iraq but there have been waves previously with Iraqis already leaving going to Jordan so overtime probably it's safe to say that people with more resources fled early and then the post-invasion is probably the case that the people who are better resourced left (Dr. Clark Adams).

In this way while the four Iraqi refugee women I interviewed pooled enough resources to migrate to Jordan or Syria and resettle in America, Awatif and her husband possessed ample financial capital to be well-off in Jordan and were privileged to describe items as inexpensive. Because of this there came to exist two realities in Jordan in which Iraqis from the upper class discovered a place of refuge where they could maintain their affluent livelihoods, which differs greatly from Iraqis of lower socioeconomic backgrounds who struggled on a day-to-day basis.

Hopes for stability in Jordan further eroded with the government's move to recognize Iraqis as guests. Despite the administration's tolerance toward the massive migration of Iraqis to Jordan, it refused to accept this population as refugees and revoked rights that downgraded their standing in Jordanian society. Iraqis consequently were:

being considered “guests” not having formal status, not having legal status, not having the legal right to work (...) it’s also clear that the level of services people were able to access was somewhat minimal and for some you know there might have been calculations: do I risk being identified, do I risk public or this kind of bare systems terms of what even the UN could offer so people were clearly engaged in different kinds of calculus to try and figure out what should I do? Can I go back? Should I just stay public? Should I stay low? (Dr. Clark Harden).

The Jordanian government incapacitated Iraqis by making it illegal for them to work thus thwarting their ability to start a new life outside of Iraq. In a stagnant socio-economic state further leveraged by government policies, Iraqis could neither partake in social mobility nor do much to improve their circumstances as guests. Void of legal rights and moreover protection, this vulnerable group had to constantly assess their options and even their utilization of UN services in order to avoid garnering attention. So harsh were the stipulations of guest status that some Iraqis even debated returning to Iraq. The fact that repatriation remained alive in the minds of this population as an option exposes their bleak situation in Jordan that would cause them to willingly return to the of suicide bombings, abductions, killing and torture of their home country.

For Asra who first migrated to Syria then resided in Jordan, she deems the uninviting attitude of the local population toward Iraqis to be absurd. According to Asra, in spite of paying “everything” including the rent, Jordanians continued to view Iraqis in a negative light. Her complaints of not possessing a residence permit bring to light the debilitating status that “guests” had over Iraqis along with the obstacles set in place that significantly reduced the quality of life for this population. What is more is that Asra’s comment illustrates the impact that government had in shaping the perception of Jordanians toward the Iraqi community.

As a population on the outskirts of society, Iraqis suffered from cruel treatment by Jordanians, “Iraqis were somewhat wary, they were being stereotyped, they were being blamed for inflation especially in the housing sector, rising unemployment”(Dr. Clark Adams). Through

the perspective of Jordanians, Iraqis were outsiders who sought to steal opportunities and resources from the local population. The Jordanian government though then validated these negative sentiments by granting Iraqis merely guest status and further ignited tensions by presenting them with a temporary safe haven.

Uncertainties about residency on the other hand became apparent in Dr. Clark Adam's observation that:

the fear of being identified, the fear that people were gonna [sic] be deported because there were certainly anecdotes of people being randomly deported, kicked out of Jordan and Syria, sent back to Iraq more so in Jordan maybe and so once you have those kind of stories and narratives emerge they take on a life of their own (Dr. Clark Adams).

To have abandoned one's family and homeland as a means to escape the aggression in Iraq only to be forcibly planted back in that situation by the Jordanian government would make the separation, loss, trauma and overall struggle of being a refugee futile. Regardless of the actual likelihood of deportation, fear mongering among Iraqis generated a paranoia, which only aided the administration in cementing control over this group. Asra explains:

even in Jordan also we worry, worry because we don't know because in Jordan maybe they, they will take us and they will send us to Iraq and we worry until we will come, we will go to like America or another place that we will like we will settle and we will live over there so until you go to the airplane, until you will come down you know so in Jordan all stress, stress, stress because many people they are waiting for when they apply for the refugee but many years until they accept them or no yeah so we know many people like many, many years and they are just waiting, waiting so it's, it's, they, it's you know all it's tension (Asra).

The panic around being dumped in their war-ravaged country positioned Iraqis in a constant state of unease that only waned with the prospects of receiving refugee status and resettling in another country. These anxieties though struck Asra two-fold in which she experienced stress by not only imagining the deportation of her family but also by dreading an extended stay in Jordan as a guest.

The Jordanian government's contradictory stance on getting Iraqis guest status albeit exerting power to deport them for this reason fueled tensions in this group. Paranoid that the sliver of stability they obtained in Jordan would be taken away Iraqis became:

a largely invisible population, so even though it was clear that Iraqis were concentrated in certain areas and people could take you there the outreach and that service delivery was somewhat constrained by that phenomenon and the fact that at different points in time, Iraqis may have been more or less willing to try and access services so because of the political dynamics (...) you have this interaction effect where that would force many people just to not even reach out to the United Nations and try to get services so you know there have been numbers of people who are estimated to be in Jordan, Syria is always much higher than the number of people who had formally gone to the UN and registered just to try and get some small level of assistance from them (Dr. Clark Adams).

Government policies to recognize Iraqis as guests thus triggered a cycle of discriminatory attitudes, which pushed Iraqis to the margins and in turn caused them to stray away from services in fears that they would face deportation. While Iraqis lowered their quality of life by shying away from resources designated to assist them, they may have done so as a result of internalizing feelings of inferiority or being unwanted in Jordanian society. The potential number of Iraqis who were unaccountable speaks to the extent in which they isolated themselves from an administration that fostered distrust. Guest status in this way heavily impacted the nature of the relationship that existed between Iraqis, NGOs, and CSOs, as they were reluctant to risk deportation or even be subjected to the cruel response from Jordanians.

The provision of guest status to Iraqis by the Jordanian government in another light reveals the administration's own conflict over its humanitarian response:

reluctance on the part of let's just take the case of Jordan, the Jordanian government to establish things that might be seen as more formal and long-standing or create some kind of permanency and more structures that could serve this population for fear that you're just gonna [sic] create dependency and you're going to encourage people to stay here because again the idea is hey these are guests, we're doing our kind of Arab or Muslim duty and welcoming them but we

know this is only temporary so why would we create these structures cause if we did then people might think there's no reason to go back right (...) so there was always that tension between temporary and permanent for different reasons and wanting to provide some support for people who were clearly in significant need (Dr. Clark Adams).

Here even the desire to aid Iraqis becomes muddled as the Jordanian government grasps the magnitude of the Iraq War yet must still remain keen on stabilizing it's own economy and job market. The creation of permanent institutions to help Iraqis would have encouraged Iraqis to reside in Jordan rather than treat the country as an interim before resettling in the West. Guest status in this sense served to legally inform Iraqis that Jordan did not have the resources to accommodate this population. Iraqis for this reason relied on social networks as their foundation of support in Jordan and Syria.

Asra for example had the privilege of preserving familial ties with her two uncles in Jordan who offered stability as she maneuvered the adversities of being a guest. Access to family networks and kin were significant in Jordan not only due to familiarity but also because they offered a sense of security. Whereas in Iraq, she could seek comfort from her relatives, in Jordan, Muruj had to be self-reliant and strong for her sons. Like others who immediately left Iraq for security, Muruj came across circumstances in which "Traditional family and kin networks have been fractured by dislocation and the loss of community" (Libal and Harding, 2011, 167). The absence of an immediate social support system compounded the pains of being forced to live independently and endure this ordeal alone therefore making it so that Jordan provided little respite from hardship in Muruj's life.

Likewise, Dalal and her family absconded Iraq for Syria where they knew relatives that constituted a family. An unemployed mother in both Iraq and Syria, Dalal sent her two daughters to school in Syria while her son and husband labored to make a living. Her daughter who

translated the interview from Arabic to English notes that her uncle, her brother, and her father, the “Three of them, they used to work 15 hours a day and we couldn’t even pay for the rent so his brothers used to send us money from Iraq to pay for the rent in Syria.” Be as it may that Dalal’s son, husband and relatives overburdened themselves and did not even have any days off during the week, it was impossible to maintain a meager standard of living yet alone a comfortable living situation. Dalal’s family received such an inadequate income that they had to rely on family networks in Iraq to cover the high costs of rent in Syria. As a large family that consists of two daughters and one son, Dalal and her husband had to “draw upon increasingly limited savings, remittances, informal labor” (Libal and Harding, 2011, 167). The expenses spent to purchase plane tickets, rent an apartment and relocate their lives forced them to observe a low standard of living, which was further affected by the high cost of living.

Dalal’s daughter then brings up the issue of inflation in Syria: “Because there’s a lot of Iraq peoples goes there, so everything is expensive.” Parallel problems in this sense occurred in both Syria and Jordan as Iraqis entered the country and their financial capital flooded these economies. Resentment to Iraqis from the government and the local population for this reason seemed inevitable yet directed at the symptom instead of the root of the problem of displacement for this vulnerable population.

Financial security however became trivial in comparison to the bouts of conflict and violence that ravaged the Middle East. While the reason for Muruj’s return to Iraq after Jordan is unclear, she manages to visit her family then migrates to Syria:

I had to leave and go to Syria. I stayed in Syria for... for about nine years or I don't remember nine or ten and I swear I don't remember. I mean I stayed in Syria for a long time and life was hard. I worried about my kids who were with me and I had to provide for them and make them survive but the hard problem I found was that I couldn't teach them education because education was hard... it required money and it needed (inaudible)... and I was barley able to create for

them the generous house where they live and their expenses and the doctors and medicines and the hospital... in addition to my psychological state...I was really psychologically tired because I was alone and I had no one to aid me and I had no one to help me. I mean I live a really hard time. Finally the situations (inaudible) for Syria and the war on Syria. So our situations became hard. I mean no work and no help and no nothing. And then the Syrian government sent the planes to bomb... meaning... meaning houses... towns, cities... drop from the plane the bomb and you don't know where it falls this bomb. So lately, our building the whole thing fell down. So the UN aided me and took me to the hospital and then my coming to America happened (Muruj).

Although Muruj's lengthy stay in Syria can be viewed as a lull from the brutality in Iraq, her experience was instead another outburst of violence that she had to bear in the hopes that a better situation would arise. Anxious and mentally exhausted from being alone for an extended period of time and depending on herself, Muruj was already in a poor psychological state. Alongside she was unable to send her children to school due to tuition fees and could barely generate enough income for the medical bills and rent. Coupled with unemployment and an air raid by the Syrian government, which decimated Muruj's entire apartment, Muruj eventually received assistance as a refugee to come to the United States.

Chapter 6: Owning Refugees

Former Secretary of State Powell was right when he told President Bush prior to the invasion that 'you are going to be the proud owner of 25 million people. You will own all of their hopes, aspirations, and problems. You will own it all. He calls this the Pottery Barn rule: You break it, you own it.' Well, we own it; and it is a desperate humanitarian crisis with profound consequences if not urgently and sufficiently in terms of resources addressed (Refugee Council USA 2008).

Representative Bill Delahunt of Massachusetts and the chairman of the Subcommittee on International Organizations, Human Rights and Oversight presented this statement to a joint hearing on March 11, 2008 called "Neglected Responsibilities: The U.S. Response to the Iraqi Refugee Crisis" to bring attention to our obligation to Iraqi refugees. Granted that this hearing concerned the greater need for immigrant visas for Iraqis who worked for the U.S. government, Representative Delahunt's statement applies to all Iraqis who are either internally displaced as well as those who crossed international borders to seek asylum. Above all, this quote exposes the fact that the Bush administration was fully conscious of the possible outcome of an invasion with the power to drastically alter the lives and more so determine the fate of millions of Iraqis, yet he still chose to launch an attack against Iraq. President Bush's move to ignore Former Secretary of State Powell's warning lays bare the United States' priority of order over the preservation of human rights (Martinez 2009).

The precedence of maintaining security becomes even more apparent through the Undersecretary of State for Arms Control and International Security of the Bush administration and eventual ambassador to the United Nations, John Bolton. He stated that "refugees have 'absolutely nothing to do with our overthrow of Saddam' (...) Our obligation was to give them [the Iraqis] new institutions and provide security. We have fulfilled that obligation. I don't think we have an obligation to compensate for the hardships of war" (Sasson 2009). As a representative of the Bush administration, Bolton reveals the main purpose for the America's

presence in Iraq - to rebuild it. Besides this, even though the United States government viewed refugees as an inevitable consequence, they initially refused to acknowledge and tend to their needs. Rather it was only until 2007 when the Democrats initiated sessions to discuss the impending issue of Iraqi refugees and IDPs (Martinez 2009). Because of this, the United States muted the suffering of this vulnerable population and treated refugees as an invisible cost of war.

Representative Delahunt goes even further to hold the U.S. accountable for its injurious actions toward Iraqis:

There are more than 4.5 million Iraqis who are today either refugees outside of Iraq or so-called IDPs, internally displaced persons, primarily as a result of the sectarian cleansing that has occurred in Iraq over the past five years. And that's why they can't go home, because they'd be killed. I would submit that this sad reality imposes a moral responsibility on both the administration and the Congress, for we cannot deny that the invasion of Iraq was the proximate cause of this human tragedy (Refugee Council USA 2008).

With this in mind, the 2003 invasion catapulted human rights violations in Iraq as tensions pinned religious groups against one another and guaranteed every Iraqi civilian a deathbed. Representative Delahunt's admonition of the U.S. government brings to light our refusal to assert a role in the refugee crisis. Lischer (2008) on the other hand does not perceive the 2003 invasion of Iraq to be an impetus for displacement but instead considers the 2006 bombing of a Shi'ite place of worship, al-Askari Mosque in Samarra to be the vehicle for sectarian conflict and migration.

Whereas human rights abuses were apparent during Saddam's dictatorship, as demonstrated earlier, these violations became pervasive following the 2003 invasion of Iraq. Throughout its involvement in Iraq, the United States prioritized order over the preservation of human rights (Martinez 2009). The goal to uphold our national security by invading Iraq conflicted with the America's image as the champion of human rights. The precedence of

maintaining security becomes apparent through the Undersecretary of State for Arms Control and International Security of the Bush administration and eventual ambassador to the United Nations, John Bolton. He stated that “refugees have ‘absolutely nothing to do with our overthrow of Saddam’ (...) Our obligation was to give them [the Iraqis] new institutions and provide security. We have fulfilled that obligation. I don’t think we have an obligation to compensate for the hardships of war” (Sasson 2009). As a representative of the Bush administration, Bolton reveals the main purpose for the America’s presence in Iraq - to rebuild it. Besides this, even though the United States government viewed refugees as an inevitable consequence, they initially refused to acknowledge and tend to their needs. Rather it was only until 2007 when the Democrats initiated sessions to discuss the impending issue of Iraqi refugees and IDPs (Martinez 2009). Because of this, the United States muted the suffering of this vulnerable population and treated refugees as an invisible cost of war.

Sentiments that Muruj and Asra voiced in living in an extremely hostile country marked by ruin reappear in an interview Nadjé Al-Ali has with Hana G., a university professor at Baghdad University, who reflects on the deterioration of her homeland in June 2005:

I want my country back. Why do I have to pay the price for their bad government? Since the occupation, I do not feel safe to go to university. The university is no longer the place I used to know. I cannot socialize. I cannot visit my friends. I cannot even read when I want, because there is no electricity. I cannot even attend an exhibition. My salary has increased, but I cannot buy things anymore, because prices have risen. I do not know if I will come home alive if I go into the university. Many people I know from our university have been murdered (Al-Ali, 2007, 249).

Iraq entered into a severe period of decline with the 2003 U.S. invasion, which gave rise to a turbulent environment where lawlessness prevailed. The degradation of the standard of living following U.S. intervention led to a breakdown of social networks and communities and a lack of access to basic necessities. So apparent was this fracture and disconnection between Iraq

prior to 2003 and Iraq after the U.S. invasion that people like Hana felt like an outsider in her own country. With the onslaught of the U.S. attack, Iraq decayed into an unfamiliar, distant place that Hana could no longer claim to be her country.

Chapter 7: The Paradox of Self-Sufficiency among Iraqi Refugees in America

meaning until now I still don't feel stability. There is no stability. Meaning the human being, the most important thing that he feels stability, feels that he has a house, feels that he lives a good life, feels that he can, someone who can help him and someone who can provide for him. There is no such a thing here. Not at all there isn't. Everything is expensive and everything you have to pay the expense. You have to go and you have to bring. Hard, hard here, hard, everything is hard, meaning even the simplest thing, you have to go shopping. There is no one to help you to take you to do shopping (inaudible). I'm already tired and my back I can't carry and my hand I can't carry with it. Meaning if I want to go and come and in buses. Hard, hard, everything is hard, and the places are far away. Meaning you need a car to take you and a car to bring you back. Life is hard here. Everything is hard (Muruj).

Resettlement in America has meant little for Muruj aside from relocating to a different country. The lack of security, high cost of living, and self-reliance coupled with feelings of loneliness bring us back to Muruj's grim experiences in Jordan and Syria as a guest. Whereas in America, refugee status grants Muruj benefits, she does not have the immediate physical comfort of her two sons to help her endure this struggle. Muruj is not only more than one hour away from her two sons who now reside in America but also lives far away from her resettlement case manager. It is in this way that I came to know Muruj through helping her navigate the English language, the American healthcare system, and overall being a refugee in Connecticut.

I first arrived at Muruj's address at a request to assist her with email correspondence on a Saturday afternoon. Fully clothed from head to toe while wearing a hijab, Muruj led me up the stairs of the housing project to her studio apartment, which I initially considered cozy and fitting for one person as an accommodation. From confirming doctor's appointments and failing to secure a translator to aiding Muruj in using her laptop, I began to absorb the realities of living as a refugee in America. What I expected to be an hour to two hour-long visit turned out to be four hours complete with a reading of paragraphs in English and a full meal with room for tea.

The hour that we spent pronouncing words and answering comprehension questions led me to imagine the difficulties that Muruj has to face in reading street signs, purchasing groceries and communicating with other people. In addition, Muruj's description of her English class with a largely Hispanic participant make-up, stands counter to that of a resettlement organization employee, Irene who shares her perspective on the benefits of learning English:

You know many people will say oh, I want to learn English, I don't want to work and that's really not an option because we tell them if you're working, you're learning English. If you're working, you're still meeting people and you're developing social network, that has nothing to really do with anything, you know. It goes hand in hand, you can't have one thing, I mean none of us do that we all work, we have a life outside work, you know. Yes we may not be able to spend as much time meeting people but we still can if we want to, we can join a church, we can join a, a mosque, we can you know meet one family, the family can get everybody together (Irene).

Rather than build relationships by communicating with people in English, Muruj told me that she herself questions whether or not she attends an English class since most of the students converse with one another in Spanish. Here the demographics of her city have come to be reflected in the English language instruction course, making it difficult for Muruj to connect with others across linguistic and cultural lines. Limited bus routes and infrequent transportation schedules on the weekends in addition prevent Muruj from exploring Hartford and leave her confined to the three rooms of her apartment when she is not in class. From my own observations, the absence of a television set in her living room and the constant live stream of news in Arabic make it an even more arduous task for Muruj to practice English outside of the classroom. Alongside, she resides in a housing project full of Nepalese and Hispanics immigrants who do not speak Arabic, and while she does interact with an Iraqi family in the same building, their children have done more harm than good, deleting programs on her laptop and accidentally cancelling her cellphone contract.

Although Muruj is far from the bombings, killings and hostility that continues on in Iraq, she must contend with what appears to be perhaps the equally and more complex problems of learning the English language and maneuvering social services in America. Dr. Clark Adams comments on this harsh transition from Iraq to a host country and finally the United States:

The experience of Iraqis has been uneven coming to the U.S. so the U.S. refugee policy now of course at glance seems fairly what's the word, may seem to be pretty robust, strong, generous but in fact the levels of support are very short-term. The refugees come here and they have to pay back much of the money and supports that are due and they have to pay the airfare so and they're really given support for approximately 6 months or so that varies because some, some organizations have been better at leveraging money to provide supportive services but the overall norm is that refugees are supposed to demonstrate self-sufficiency within a very short period of time which means you're not going to get much if any public assistance, you're not gonna [sic] be relying on resettlement agencies like IRIS because quite frankly they don't have the resources so you're gonna [sic] have to get a job or you're gonna [sic] have to rely on family or friends (Dr. Clark Adams).

In this sense America can be considered a minor improvement from the conditional welcome that Jordan offered to Iraqis through the guest status. The flow of financial resources comes to a halt thus forcing Iraqi refugees to actively seek and to acquire a job with a steady income in order to support their standard of living. Coupled with economic stability, the expectation that one adapts to life in America becomes more demanding for Iraqis like Muruj in particular who do not live with their children.

Dalal on the other hand, speaks very little English, nevertheless she has three children, all of whom were resettled in the United States as teenagers and have a firm grasp of the English language. With her children acting as an asset to their survival in America, Dalal and her husband can communicate their needs through their children who translate Arabic into English at the grocery store, the hospital, over the phone, and in other scenarios in which a language barrier is present.

Alternatively, despite the fact that Muruj can legally work and has legal residence in the United States, she remains at a disadvantage due to the English language barrier and a lack of recognition for her prior academic degree and skillset. Profits that Muruj generates from sewing moreover only contribute a meager sum to the assistance she receives from the government and her resettlement agency. The loss of livelihood that these Iraqi refugees confront can be viewed as a priceless tradeoff since:

when a refugee comes to the United States, it's basically freedom. Freedom in the sense of torture, bribery and the day-to-day living in the camps. I think that all refugees come in with tremendous amounts of hardships and experience PS, PTSD etc. But I think for most refugees it's a step up to come to the United States, for the Iraqis, it's definitely a step down because they have, you know because they have been very comfortable, they come from an educated society. Iraq used to be one of the most highly academic, educated societies throughout history in the Middle East especially. So I think many Iraqis because they came from Saddam Hussein's era, one of the expectations was that you have to have a high school degree and beyond. So most of them are definitely high-school graduates, you know (Irene).

The opportunity to escape persecution and live out of harm's way serves as the driving force behind a refugees' decision to leave their country. By sacrificing their way of life, Iraqis self-negotiate the poorer living conditions and hardships for the well-being of their families. This bargain for physical security and protection however does not equate to financial and social stability in resettlement countries like the United States. Rather for refugees the safety net of financial assistance is temporal with expectations that could be too ambitious, as Irene explains:

I think this is just the law of UNHCR of the State Department in the United States and so before they come, they arrive in the United States they have to sign a form, it's an IOM form saying that they're going to take the first entry level job because self-sufficiency is 180 days at the most and so I think there's no choice. So it's not like Europe where you have to be self-sufficient in 7 years and the state provides everything. So I personally think 180 days, personally, my personal is too short a time but I also think for a person who's willing to work and become self-sufficient, it's fantastic cause remember they've been in very bad, dire circumstances. They've been in camps for sometimes for generations, they really need to get their act together and if a job is provided for them and they're willing

to work and earn the money so be it, you know. But do I think it's too a short a time, absolutely (Irene).

Efforts to push refugees to become self-reliant simultaneously can be interpreted as an attempt to sever financial ties, therefore signaling to this population that they no longer will receive special treatment from the government or the resettlement agency.

In the case of Awatif's family, although her husband was able to work as a surgeon in Iraq and then Jordan, he could not make use of his medical credentials once they resettled in Connecticut. "By losing one's job, one also loses one's professional identity, which is an important part of one's identity. Qualifications and education are in many cases not acknowledged in host countries, making it difficult to find an adequate job and to reintegrate in the labour market" (Binder and Tosic 2005). As a result, despite taking the American medical exam numerous times in hopes of becoming certified to practice surgery, Awatif's husband has been unable to pass and works as a janitor. Due to impediments that prevented Awatif's husband from gaining access to the labor force in America, Awatif asked her relatives in Iraq for money, which facilitated rent payments and later contributed significantly to the purchase of their house.

Besides this, the conflation of one's profession with their identity becomes clearer when Asra explains how it determines whom people associate with in Iraq:

maybe this is we cannot like build like friendship here. Like in Iraq when we, we were, like for example, I will like not for me like all, all families, when they made a friend like the same career the same like profession of the studying or something or and so they will be the same thing, the same thinking, the same the way what they think you know but here when we came, like we cannot match these thing so they, the it's difficult to maybe the thing, the way like I'm thinking and their thinking it will be different you know so it's difficult to, to build the friendship here. And here all the Iraqi, Iraquean is worried, worried, worried (Asra).

Asra's choice to align herself with Iraqis who held similar values, ideologies, beliefs, and job positions insinuates that she also surrounded herself with people of the same social class and

economic bracket. The difficulties she encounters in attempting to establish friendships with Iraqi refugees reveals that Asra has not found like-minded individuals in her city. The absence of friendships with other Iraqi refugees on the other hand is not exclusive to Asra but is also a reality for Dalal and Awatif with Muruj as an exception since she recently resettled into Connecticut.

Dalal's response that "We do not have friends," when asked about the differences between her friends from Iraq and the community in Connecticut, immediately shocked me as the words registered from Arabic to English. Her daughter who acted as a translator throughout the interview however strongly opposed Dalal's view, asserting that friendly relations exist between her family and other Iraqis. Although Dalal's daughter offered examples of visiting the houses of other Iraqis and sharing meals together, this incident caused me to question these two conflicting views.

Perceptions of the Iraqi community in Connecticut became even more convoluted when I came across another refugee resettlement volunteer, Lorraine who then introduced me to Asra who I had not known prior to meeting Lorraine. According to Lorraine, Asra isolated herself from the Iraqi refugee community in her area due to their backbiting nature and gossip tendencies. Initially reluctant to discuss her interactions with the Iraqi refugee community, Asra finally opened up once I confirmed more than once that I would be the only one listening to the recordings and that her name will be disguised:

When I came here and this is happen I know one family is here and this is happen just just one time for my experience. They told me don't speak with this family they like blah, blah, blah, blah, don't speak with this family they are like something but even they come and visit me this family what I know about them not good thing so I didn't like, I didn't like they visit me and that's it I didn't go to them but after a while like after this many years I am here I, I am sure they are wrong one you know but maybe they want to show off, show off or what they want you know to because maybe they have problem with them and they don't want tell

other person go and be friend with them you know to yeah, you understand
(Asra).

Despite following the family's advice to ignore another family, Asra only later became aware that the first family most likely spread a rumor. Her confidence in the words of the first family as a newly resettled refugee eventually faded when she realized that the gossip between the two families may have originated from a refusal to confront the core issue. Asra's observation that it may be the case that the first family wanted to flaunt or criticize the other family relates to preserving the accepted beliefs or values of the Iraqi refugee community. Here "There are two themes existing at the same time within the commonsense notion of community. The first implies both a warmth and an interconnectedness between members of the group, giving community strongly positive connotations. The second implicitly assumes that all the members will share values and goals" (Kelly 2003). By refusing to interact with the other family in the beginning, Asra maintained the legitimacy and ideals of the Iraqi refugee community. Asra's discovering of the family's true intentions however compelled her to respond by denouncing gossip and dissociating herself from this group.

The act of asserting the Iraqi refugee community's values reemerges in Lorraine's experiences as an English as a Second Language teacher in New Haven, "They always will sit together, they won't sit with the other people and they're also very prejudice - anti-black so they will not very seldom will they reach across to an African. Even though the Africans' Muslim which doesn't make sense to me" (Lorraine). Iraqi refugees in this way established an insular community which excludes others including Africans in order to broadcast the criteria for entry into the group. Their outward expression of group solidarity functions to uphold the community's cultural identity as not only being Muslim but also an Iraqi refugee. It is here where Lorraine makes the erroneous assumption that by virtue of being Muslim; the Iraqis would

positively interact with the Africans. Identify however is multi-layered as a result any deviation from the accepted standards renders that person an outsider to this community.

Communities on the other hand are not homogenous but rather are complex entities that depend on both the solidity of its members as well as the views of the individuals themselves. In the case of Irene who oversees refugees, she witnessed a different phenomenon among the Iraqi refugee community in Hartford:

I think there are divisions, that's my personal opinion with the Shi'a and the Sunni but then again there are no divisions. I think it's individuals but I do know that the Iraqis are very friendly with the, the Sudanese and you know because they all speak Arabic and so it seems they've really connected well with them (Irene).

Even though Iraqis may self-identify as Muslim or may follow the religion of Islam, this does not necessarily mean that they will come together as a unified Iraqi refugee group. Within Islam there exists the Shi'a and Sunni denominations, which can potentially serve as another marker of identity, further creating a boundary between Shi'a and Sunni Iraqis that separates the Iraqi refugee community as a whole. In spite of this, a member's attitudes and actions do not always accurately represent the group, portraying the effect of personal preference on determining whether an Iraqi refugee maintains friendships with people of other ethnicities or chooses to segregate themselves. Divisions between groups of people therefore can be based on a member's behavior, testifying to the greater influence of the individual over their own actions.

Asra chose to distance herself from the Iraqi refugee community as a collective but still manages to maintain friendships with Iraqi individuals. In her opinion, the tight-knit orientation of the Iraqi refugee community, their use of gossip, and negative stance toward others transcends discrimination and encompasses a more debilitating mindset:

all Iraqi here because they depressed maybe because the trauma what they have it in Iraq and here the life is difficulty like the English is difficult and the income you know so they always like like not in like in a good mood now so maybe like

when they are depressed they have some more like when they speak to another person not nicely or not not in good way so maybe the other they will like feel bad from the or feel sad or something but they didn't tell them right away because you know so maybe the the other one go to his friend and told him did you know that person told me like that you know so this is I what I call (inaudible), they talk (Asra).

The troubles of adjusting to life in America trigger and produce feelings of unwanted stress and trauma for individuals. The mounding issues of generating income, learning English, finding a job, and moreover the uncertain future of life in America create anxiety that Iraqis repress. Within a community, it also becomes easier to both judge and measure one's success against other Iraqis who endured similar circumstances. It is only when Iraqis gossip about other people that they channel their anger, resentment, and depression into rumors. Instead of directly attacking one another, the Iraqi refugees in this community release their emotions by spreading gossip. By backbiting, Iraqis manipulate realities so that their own situation appears better in comparison to another person or family. The goal of belittling another person or tainting their reputation thus gives Iraqis an opening to cope with their trauma.

Furthermore, the act of gossip is instrumental to ascribing meaning to the narratives of Iraqi refugees:

for a survivor to reintegrate the memories through meaningful narrative, there needs to be a process of 'witnessing' by a community of 'listeners.' Meaning is social. Therefore, narratives, or testimony, are meaningful within the social and cultural context of those who 'hear.' Remembering, telling, commemorating, and witnessing are therefore always constrained by conventions. Who is hearing and who is validating what is told and the messages contained in the commemoration? What kinds of 'ears' are listening? How do these shape the retelling? (Wise, 2004, 34).

The audience's interpretation of the narrative transforms a set of events into meaningful memories rooted in their own social and cultural background. Memory in this way does not only hold true for the narrator but calls for reciprocal input from the audience who authenticate an experience. Likewise gossip necessitates a community with members who chose to perpetuate the rumors or in the case of Asra, listen yet deny the meaning of these rumors. Within the Iraqi

refugee community, despite sharing similar tragic incidents, the narrative and meaning that each person attaches to these instances are diverse. What may hold true for one Iraqi refugee may not have been the case of another due to their religion, ethnicity, profession, background or other factors. For this reason gossip maintains social cohesion within the Iraqi refugee community for its dual role in demarcating those who belong to the group and for presenting a gateway for Iraqis to deal with their trauma.

Gossip however is a recent development among Iraqis in both America and Iraq. According to Asra, spreading rumors was not prevalent when she lived in Iraq yet to her surprise it appeared when she resettled in Connecticut and through conversations with her family she discovered that at the same time gossip became habitual in Iraq. As participants in the practice of gossip, the Iraqi refugee community in turn:

may be categorized, therefore, as a 'traumatized community.' (...) such stories permeate the very fabric of the refugee diaspora (...) They float around, whispered in explanation for 'strange behavior'; they live beneath the surface among friends and family, rarely spoken about, especially in the first person, but all in the community know about such stories or have stories of their own (Wise 2004).

Iraqi refugees have come into contact with trauma either directly or through accounts told by their relatives and friends. Rather than address their trauma by speaking about their struggles in both Iraq and now in America, the Iraqi refugees employ gossip to distract themselves from their own pain and suffering. In doing so, they transform into a 'traumatized community,' that partakes in the 'strange behavior' of gossip which allows them to focus their energies on being hypercritical of their relationships with others. The universal experience of trauma in this way brings together Iraqi refugees as a community while at the same time keeps them disjointed since they are unwilling to open up about their anxieties and in turn use gossip as an outlet to detract from their own situations.

Likewise, Islam unites people across diverse backgrounds including people from Uganda, Pakistan, Bangladesh, Bosnia, Jordan and Iraq to come together to celebrate prayer. In spite of cultural differences that segregate some people according to their ethnic groups at the mosque, all Muslims form a shared community that safeguards Islamic ideals and principles. Religious communities consequently are breeding grounds for social cohesion where “because members share similar frames of reference and meaning, religious groups provide a unique context within which to interpret problematic life situations and offer needed assistance” (Chatters, 344). The solidity behind their religious identity allows for a reading of narratives of trauma in the context of religion. More importantly though, these communities “are recognized as therapeutic communities and resources for both the prevention and amelioration of mental and physical health problems” (Chatters, 352). They focus on how religion “actively shapes the nature, type, and extent of social support relationships in ways that benefit health (...) coping with discrete adverse life events (e.g. bereavement) and chronic situations (e.g. chronic illness)” (Chatters, 356-357). The role of these therapeutic religious communities in nourishing social connections thus facilitates coping with trauma.

The Iraqi refugee women whom I interviewed however seem less affected by this finding since they seldom attend the mosque. Irene offers an explanation for their lack of involvement in the mosque community in Connecticut:

we do tell the Iraqis about the, the mosques and stuff and they don't seem, you know the Sudanese and Somalis are much more interested in getting in touch with mosques but not the Iraqis so I wonder, that's my observation. I wonder if it has to do with Saddam's whole regime where you know religion didn't play such, it played a, a major factor in terms of divisions as cultural concepts and religion but not really as religion as practiced. I could be wrong but that's my observation (Irene).

Iraqis do not have such a large presence in the mosques when compared to other ethnic groups such as the Somalis or the Sudanese. Instead, Iraqis have a less active role in these religious communities, which may derive from the historical context of the Saddam Hussein government, which manipulated people's sense of identity to generate more tension and divisions in Iraqi society. In turn although Saddam highlighted the distinctions between Sunni and Shi'a Muslims in Iraq, it was more directed toward identity than the actual praxis of the two Islamic denominations. Islam then could have a lesser influence on the lives of Iraqi refugees in Connecticut and as a result a lesser impact on their approach to dealing with trauma.

In accordance the religious practices of the four Iraqi refugee women in my research aligns with the notion that they are not so involved in their religious communities. When asked if she turns to religion or the Qur'an when she is lonely, Muruj responded:

I always use the Qur'an. I always read the Qur'an and ask God because I make myself patient about my bad psychological state, and, and sometimes I meaning, meaning I feel, meaning a strong depression. Meaning alone and there is no one to help me and there is not one to stand by me. Meaning the Qur'an a thousand praises and thanks to God that he gave us the Qur'an to use (Muruj).

The Qur'an presents Muruj with a gateway to deal with her mental health issues, notably her depression. It offers Muruj an opportunity to release her emotions and also imparts strength to Muruj to manage her feelings of loneliness. Because of this, Muruj is appreciative for the Qur'an, which acts as a guide for her life to combat stress and mental illness. By the same token, Muruj regards the mosque as a refuge where she feels secure:

this is the first time, I have been to go to the mosque. I haven't met Arabs or a friend or... but it's my going to the mosque, I felt safe. When I sat there and prayed, I didn't want to leave the mosque (Muruj).

I initially met Muruj at a local mosque, which is often congregated by Muslims of African decent. Seated Indian style on the carpeted floors of this house turned mosque, I

observed Muruj along with two other women bow and prostrate in prayer prior to the service with the other women lined along the walls. Afterward, Muruj still dedicated her time to prayer, isolating herself from the group to silently read verses from the one of the mosques' few Qur'ans. It is when the service ended that Professor Bauer introduced me to Muruj as all the women hugged and kissed each other goodbye. Muruj seemed eager to invite the other women to her house for lunch anytime and even extended the invitation to my professor and I. Her eyes lit up when I greeted her in Arabic and then proceeded to hold a conversation. Perhaps I was one of the few people with whom she could communicate in her native tongue, our interaction serving as a break from the unfamiliar people and city of Hartford where Muruj recently resettled. It then should not have come as such a surprise to me when after reviewing her English homework, Muruj asked me to stay at her to keep her company and speak in Arabic. By the end of the day, Muruj hugged me, proclaiming that I was her new friend.

Chapter 8: Ghosts of Iraq

I'm driving and there is car behind me I feel, I feel very scary because I thought maybe they will kidnap me or kidnap my children (...) I saw the flashlight of the car I feel very, very scary. I am very scared at that moment. So I cannot, I still like driving and looking in the mirror until the car is go away. Until I feel I am a little bit calm down you know. (...) So this is what they anticipate you know this, when my children go to the school, I still watch them until they go by the bus or I took them to the school. I never let them, I still keep looking at them because really, until now even I go I say here it's safe or something but I cannot calm down my feeling so I'm really you know scary about yeah yeah. And like, like in my home I worry all most the time if I, I worry about every, I worry about I don't know. (...) You know sometimes anyone when ask me question I cannot answer them right away because I feel everything is disappear from my mind. Yeah the most thing I'm worry the kidnapping, worry about the bomb, last time I told when I hear the thunder. It's, it's I cannot be, even if I know it's the thunder but, but in my deep I worry about like its like a bomb or something so the most worry about I'm worry about my children if they are in the school about yeah, yeah. My, now my daughter when she sleep in her room every, every night even like yesterday I'm worry about the kidnapping. I'm worry if I wake up and I didn't see her like I saw her kidnapped. I cannot like even I know it's, it's unlikely to happen but I cannot believe that. You know so each time I go and check everything (Asra).

Asra's paranoia of visions of bloodshed and fear, which followed her from Iraq and remain alive even in Connecticut, awakened me to the truly disturbing nature of trauma for refugees. The debilitating fears that Asra encounters on a day-to-day basis made me question not only how much of her day is untainted from these unsettling images and but also how she even manages to function. With most basic encounters and tasks in life now acting as triggers for Asra's trauma, I come to view memories of her conflict-ridden country as a disability that prevents her from carrying out her life to its maximum potential in America. The extent to which driving makes Asra petrified has the potential to deter her from getting behind the wheel or from driving during the nighttime. Similarly, the residual image that her children will be kidnapped from Iraq has engulfed her mentality and eroded her trust in people and moreover in her surroundings. Asra's constant awareness and caution has therefore heightened each situation and transformed menial chores and encounters into possible life-threatening episodes for her and her

family. In spite of Asra's self-reflexivity, which makes her conscious that these scenarios are unlikely to occur, she continues to view the current conditions through a lens of terror and death.

Smothered by apprehension and pain, Asra finds that she is in the mindset of Iraq even in her subconscious world. She recalls:

Like the nightmare like every other day now and before like everyday I have nightmare I have like the terrorists they come to and kill me and kill my children and they wear like black and they running after me and I carry my children and I want to avoid them, yeah. It is scary when I wake up I feel like here is very tension, my head I have headache my body is very tension (Asra).

These images of a violent death plague Asra and force her to suffer from distressing experiences in her sleep. With the terrorists in black reminiscent of people who abducted and executed civilians in the streets, in her dreams they represent harbingers of death and destruction. Asra in turn is fixated on the inescapable and horrifying situation of losing her children both in reality and in the dream realm. The panic that she experiences subconsciously is so immense that it manifests itself into physical symptoms. Her fears then become tangible as they not only cause her mental stress but also inflict physical pain.

Flashbacks of the abductions have seeped into the dreams of even Asra's young son, Ihab. A student in elementary school, Ihab "still have sometimes nightmare like before yesterday he has really bad nightmare because they have the experience like they saw the kidnapping (...) he has his own room but he cannot sleep alone because he has nightmare" (Asra). Ihab has been in Connecticut for more than five years after fleeing from Iraq to Syria, nonetheless, he continues to be haunted by the brutal terrors that he witnessed. The visions are so piercing that they instill fear in Ihab and make sleeping alone a frightening ordeal.

Nightmares in this way bring to life and validate experiences in Iraq that Asra and Ihab still have trouble confronting. They make real the terrifying scenarios that lie in one's

subconscious, which people try to run away from or in the case of Asra and Ihab, forget. Unlike night terrors that depict fictional images, for Asra and Ihab they echo memories that make up their refugee experience. For them, “Memories, whether individual or collective, are not static and frozen in time, but are alive, rooted in the present as much as in the past, and linked to aspirations as much as actual experiences” (Al-Ali 2007). The impression of Iraq for Asra and Ihab constantly reconfigures to accommodate visions they came into contact with as nightmares or by listening to their relatives’ accounts. Representations of Iraq are produced and reproduced, as its semblance is undistinguishable from their views of the country when they left for Syria. While these incidents are confined to the past landscape of Iraq, the feelings of panic and dread that they evoke continue to debilitate people’s everyday lives in America.

Transnational Longing

The trauma that Asra and Ihab confront however are not simply reruns of past violence and fears but are also shaped by the worsening situation of the family members that they left behind. Here the imagination works against the mental well-being of Iraqi refugees since it causes them to envision the suffering of their families. Asra manages her television activity based on a desire to distance herself from thinking about her family’s circumstances in Iraq:

I cannot see the news at all because you know the news if you see it. It’s something unbelievable, really unbelievable. Even now like my family like they are safe in their neighborhood but when they go outside and even in the neighborhood if something come they cannot, it’s scary, really scary. Like they, when they sit in the garden the bullet it’s come. Yes so it’s something, it’s something unbelievable (Asra).

Asra like many other Iraqi refugees in America remain connected to the brutality in Iraq, which puts her family’s life in harm’s way. News reports on the casualties, bombings and ongoing aggression are so shocking though that the conditions of Asra’s country seem unreal and unthinkable. She has to make a conscious effort to avoid watching the news in order to prevent

herself from agonizing over the safety of her relatives. These worries however are inescapable since family members integrate stories of bloodshed and terror into updates on their day-to-day circumstances. Families are as a result no longer protected in the privacy of their homes, which distorts the boundaries between security and danger in Iraq. With no place to seek refuge, people are in constant fear for their lives and in turn transfer these anxieties to those like Asra who had the opportunity to escape and obtain refugee status.

Stories of her relatives' struggles in Iraq and even speaking about her own trepidations put Asra in the mindset that, "Even now when I'm talking sometimes I feel the world is disappear because, my because, my depression" (Asra). Throughout our interview, at times it appeared that Asra was lost in her recollection, vacillating between the trauma of her past and the ordeal that her family is undergoing in Iraq. Her inability to grasp the present and orient her mentality around the now may stem from the fact that:

Iraq has not only existed inside the territorial boundaries of the nation-state but has also stayed alive within the numerous migrant and exile communities dispersed throughout the world. Iraq has been living in the hearts of diaspora Iraqis and has filled their imaginations. Alienation, nostalgia and depression are chronic and widespread amongst Iraqis abroad (Al-Ali 2007).

Despite fleeing to other countries for security and resettlement, refugees cannot free themselves from the hold of their homeland. As individuals that were able abscond, they imagine the ways in which the conflict continues to unfold and impacts the well-being of family members and friends who still reside in the country. The notion of Iraq consequently follows the refugee community since it has no spatial limitations and instead transcends the land, people and culture. These individuals often reflect on their status as refugees who survived the hostile conditions yet who still replay the aggression and anxieties in their mind. Iraqi refugees moreover feel helpless to better the situation of people whom they care about since it is improbable that they will return

and reunite with them. Without a solution to aid their relatives and in turn release their stress, Asra is not alone in enduring mental health issues but like other countless Iraqis, she developed and currently suffers from depression.

Feelings of loneliness also arise for Muruj who is metaphorically present in the suffering and fears of her family. Muruj details the difficulties of maintaining contact with her relatives:

I hardly told them I arrived to America. Meaning it's hard calling them, I don't have that possibility or those expenses to bring and buy cards to talk to them. In addition, hard, it's hard adapting to this country because we're Arabic language and they're English language, and meaning it's hard for me to understand meaning I want to go to the store and I don't know what to tell him and he wouldn't understand me. So it's hard, meaning it's been a long time that I haven't spoken with my family. It's been almost more than three months that I haven't spoken with them (Muruj).

With her laptop out on a side table, Muruj asked if I could fix the Facebook and Yahoo Messenger programs that the Iraqi children next-door disabled. After I logged in and set up both applications, Muruj immediately messaged her brother to explain her disappearance over social media. The delight on Muruj's face waned and became replaced with a look of dismay as I learned that the children deleted all her contacts from her Yahoo Messenger address book. Unable to and hear her brother's voice, Muruj proceeded to describe the other obstacles she encounters when she tries to contact her family through another mode of communication, the telephone. In addition to being unfamiliar with which international calling card to purchase, Muruj would face the dilemma of understanding the operator and responding in English. Luckily, with her brother's email on record, Muruj reconnected with her family over Skype video chat and introduced me to her brothers, cousins, nieces, and nephews as her 'teacher.' Even while preparing the meal in the kitchen, Muruj yelled across the room to converse with her relatives. Their responses though blurred from a slow Internet connection filled Muruj's tiny apartment with laughter from the speakers as her young nieces and nephews appeared and

greeted her. Throughout lunch, I sat to watch as Muruj faced the camera to consume her meal and discuss her life with her relatives. It is here where I not only pictured Muruj content in the presence of her loved ones but also wondered how often Muruj yearns for their company on the days when she eats her meals in solitude.

Transnationalism, which involves keeping in contact with social relationships across borders in this way, is a source of both pleasure and sorrow for Muruj. Through social media platforms, Muruj is able to preserve relationships “both ‘here’ and ‘there’” in reference to Iraq (Vertovec 2001). In doing so, communication integrates Muruj into the lives of her family members yet reminds her that she is in America and will most likely never unite or see her relatives in person. In accordance, Muruj’s commitment to try to contact her family members stems “from the existence of emotional ties that inevitably link individuals to families (...) [and] Migration[,] (...) a process that dissociates individuals from their family and friendship networks, as well as from other socially significant referents that have strong emotional connotations” (Skrbis 2008). Emotions in this way are interwoven and integral to communication with transnational family members. By investing time, finances, and emotions, Muruj makes an effort to preserve and strengthen bonds and be present in her family’s life. Through Yahoo Messenger and Skype sessions, Muruj holds virtual gatherings, which “can be seen as symbolic congregations of transnational family members” (Skrbis 2008). These get-togethers present Muruj and her family with an opening to release their emotions together as a collective and to share stories of their daily struggles. Activities such as eating lunch, cooking, or simply conversing gain new meaning among transnational families as members like Muruj attempt to bring her kin into her living room and incorporate them into the intimate details of her experience as a refugee in America.

While Muruj enacts ‘feelings of missing kin’ to usher “imagining transnational family life into being through their feelings of absence and loss”, she also exercises ‘co-presence’ through her dialogue, behavior, and imagination to validate relationships with relatives overseas and to “consolidate relationships of reciprocity and caregiving” (Baldassar 2008). Awatif in contrast physically expresses sentiments of longing for her family by becoming noticeably upset when I asked:

*Me: Do you still have family living in Iraq?
Awatif: Don't make me cry, people are here.*

Surrounded by women in prayer groups reciting the Qur'an, Awatif, Professor Bauer, and I sat isolated in a corner on the carpeted floors of a mosque to conduct my interview. As the first Iraqi refugee woman to participate in my research, Awatif agreed to answer questions in the presence of her friend, Professor Bauer and preferred that I wrote instead of recorded her responses. In spite of coming across difficulties in articulating the questions in a simplified manner, I managed to receive insightful information on Awatif's resettlement in Connecticut. When it came to speaking about Iraq though, Awatif took a long pause as her tears began to well in her eyes. The brief silence signaled the call to abruptly change the direction of the interview to focus on mental health, yet in the meantime, I questioned what thoughts and images provoked such a reaction from Awatif. Muruj reveals the basis for her fears:

Ten years I haven't seen my family and my family, meaning I have two brothers were killed in the war because of Bush. And I have now a brother threatened in Iraq, meaning they're chasing him. They want to kill him. They killed four of his friends. He's a university graduate, graduated from the university, meaning the last time he called asking for help from me and I need who helps me! I don't know what to do (Muruj).

Loss torments Muruj's life with the death of her husband and two brothers who were all victims of persecution and violence. She fears that since her other brother is targeted, he will

soon have a similar fate, thus contributing to more grief, pain, and distress. The fact that Muruj and her brother are separated by distance and that she cannot return to Iraq leaves Muruj in a powerless position where she can only hope for the best.

Chapter 9: To be Mentally Ill is not to be Crazy

it's shame to go to psychiatrist, really, really shame to, so no one, even if they go or not go I advise when I saw like my friend like there is a new family that came, I told them go to psychiatrist I told them that, yeah and when I see a person like they really need to go to psychiatrist doctor like they have nightmare, they scary, I told them I am going to psychiatrist doctor to give them some support, you know or to encourage them, you know. Many people they use it against me that something, a point, a weak point from me I am going to psychiatrist but when I told them that just I want to encourage them, you know, yeah but I, I am not sure they will like they have family or friend they will like encourage them, encourage them to going (Asra).

With a hand over her chest, Asra explains in disbelief how her attempts to promote mental well-being among Iraqi refugees in New Haven backfired. While Asra's friends also suffered from nightmares, they still maintained cultural constructions surrounding mental illness. Consequently they could not accept the idea that nightmares were manifestations of the trauma they endured in Iraq. Seeing that her friends lacked a social support system to push them to cope with their nightmares, Asra openly admitted that she visited a psychiatrist. Rather than interpret Asra's admission that psychiatry helped her deal with her fears as an inspiration to seek mental health services, the Iraqi refugee community criticized Asra's actions. They verbally attacked Asra by calling her weak for confronting her trauma and being unable to tolerate her nightmares or refrain from seeing a psychiatrist. In this way the Iraqi refugee community in New Haven was not only rigid and closed off to different values and beliefs but they also were unsupportive of behaviors like psychiatry, which have greatly improved Asra's livelihood. For this reason, aside from the gossip, the Iraqi refugee community's denunciation of psychiatry pushed Asra to dissociate herself from them.

The Iraqi refugee community in Asra's neighborhood promoted unhealthy behaviors and maintained a hostile environment that regarded mental health needs as a source of humiliation.

These sentiments spring from the stigma surrounding mental health problems, which can for example cause a person to be deemed unsuitable for marriage. In addition, the mental disorders:

depression and anxiety – most commonly are labeled as medical illnesses. (...) there is virtually no psychotherapy available in Iraq and because indigenous healers and nonpsychiatrist Western- style doctors handle the vast majority of minor mental disorders (Shoeb, Weinstein, and Mollica, 456).

By grouping depression and anxiety under medical ailments instead of designating them under their own category, the medical community ignores the mental health of Iraqis. Since doctors do not distinguish between mental well-being and physical well-being, treatment for mental illnesses is nonexistent. These mental disorders are in turn swept under the umbrella of general medical conditions. This then accounts for the challenges in making Iraqis comprehend and let alone accept the mental health field and range of disorders that were previously absent from their plans of care. Without a grasp on the symptoms and effects of mental illnesses, Iraqi refugees may prematurely condemn the usage of mental health services as a way to treat disorders that are imaginary or miniscule compared to general physical ailments.

Unfamiliar with psychiatric treatments for mental health disorders, Asra as a newly resettled refugee depended on the advice of her peers. She trusted the judgment of other Iraqi refugees who were here prior and who already came into contact with America's healthcare system. Asra reminisces on the time when she first resettled:

When I came to the United States in the beginning like the first week there's two families they told me they will bring, when you go to primary care center they will bring for you psychiatrist doctor (...) they told me when you see the psychiatrist maybe here they will take your children because they said you are crazy so you are, so you cannot take care for, take the, carry the responsibility of your children and your husband (inaudible) so and this is what happened when I went to psychiatrist I think the first two weeks and I went to primary care center and at that time really I saw the psychiatrist and he talked with me and told no, no, no, I'm fine. Anything talk better, no, no, no, no, then when I go back home at that time I, I can, I spoke, I just talking with my father he told me no Asra you should go that's better for you because at that time I cannot sleep - at all, at all,

like all the night I'm just wake up after two I think I don't know how long after that I called IRIS and I told them I want to see the psychiatrist doctor and I'll go and I think, yeah. That's how I started and everything is, it's come better after that (Asra).

Since Asra was unexposed to psychiatric treatment, she confided in the experiences of other fellow Iraqi refugees. Whether or not they spread and preserved this rumor or truly believed that psychiatric services lead to a loss in child custody rights is still questionable. On one hand though, if the Iraqi refugee community popularized this misconception, it would serve to not only deter other Iraqis from dealing with their mental disorders but it would also uphold the belief that addressing one's mental health is taboo. For newly arrived refugees like Asra, acceptance into the Iraqi refugee community was paramount to adapting to a new country. Members of the Iraqi refugee community felt pressure to follow the values and beliefs of the collective as well as refrain from their judgment to benefit from a sense of belonging. For this reason, since the label, 'crazy' has a negative connotation, it would cause Iraqis to stray away from mental illness diagnoses in order to ensure that their reputation will not be tainted or destroyed in the community.

Asra accordingly visited a psychiatrist through primary care but continued to deny her mental health problems. She refused to open up about her anxieties and nightmares in fear that her children would be confiscated from her. It was only when her father intervened that Asra finally felt comfortable enough to approach mental health services. While her father and moreover her family initially did not believe in psychiatry, Asra's father voiced his concerns over her insomnia and urged her to visit the hospital. Since Asra's night terrors disrupted her sleep schedule and daily life, she contacted Integrated Refugee and Immigrant Services (IRIS) to set up an appointment with a psychiatrist. After doing so, Asra realized that her condition

improved and would not have been possible had she not listened to her father and opened up to the practices of psychiatry.

Robust social networks can in this way be either detrimental or helpful in regards to health behaviors. In the case of the Iraqi refugee community, they reinforce negative attitudes and practices by refusing to recognize the significance of mental illness and denouncing the use of psychiatry to treat one's mental health problems. Their belief that coping with mental illness is embarrassing can convince other Iraqi refugees to suppress their mental disorders and reject psychiatric services. Conversely, Asra's transnational family, in particular, her father acted as the driving force behind her decision to deal with her nightmares. He was overcome his own stigma toward psychiatry in order to be supportive of mental health services and to guarantee Asra's well-being. In this way, "strong links among individuals can both increase and decrease the risk of certain health outcomes" (Mutaner, Lynch, and Smith, 110). Here, substantial ties to people whether it be through individual relationships or among groups and communities has the potential to positively or negatively affect one's health. Although Asra has a more significant bond with her father, the Iraqi refugee community in New Haven nonetheless influenced her. In her vulnerable state as a refugee, Asra believed recommendations from the Iraqi refugee community regarding psychiatric treatment and thus remained silent about her mental illness. With encouragement from her father, Asra luckily accessed mental health services and in turn alleviated her night terrors. Transnational networks with relatives in Iraq for this reasons act as a strong foundations for Asra and other Iraqi refugees to connect with people who have experienced trauma as well as fosters positive mental health practices.

Support from immediate family members likewise is imperative to accessing mental health services for Iraqi refugees. When Asra first attended psychiatric services, her husband and

children were aware of her treatment for depression. While her husband was and continues to encourage Asra's decision to tackle her mental health issues, Asra now conceals the fact that she continues to utilize a psychiatrist to treat her worries and suffering from her children. Her efforts to disguise the gravity of her mental health problems may lie in Asra's need to stay strong for her children:

I told the, the pediatric doctor and he referred him [Ihab] to psychiatrist but I didn't take him. I took an appointment and I reschedule, reschedule it. Then we cancel it because I cannot imagine that my son going to even my son he said no I'm not crazy I'm not (Asra).

Ihab's nightmares became such an obstruction to his sleep performance that Asra mentioned it to his pediatrician. Even though Asra herself is seeing a psychiatrist to cope with her feelings of anxiety, depression, and night terrors, she could not bring herself to come to terms with the fact that the trauma that she experienced is also disturbing her son. In denial of the impact that the aggression in Iraq has on her child, Asra postponed Ihab's appointment and eventually cancelled the meeting all together. After reflecting on her own life as a survivor of the wars in Iraq, Asra perhaps hoped that her children were spared from the memories of the violence and suffering. Visions of the cruelty, which include kidnappings and executions, trouble Ihab so much that he requires company and sleeps in the comforts of his mother's bed.

Similarly, Muruj is so stunned by the trauma that it made her feel isolated and alone. She lacks consolation from immediate family members and in turn has had to depend on other groups and associations to deal with the difficulties she encounters in articulating her feelings, which may hail from her inability to process her past:

I am, when I feel lonely, feel scared, and feel, but I don't find anyone to talk to, I don't find anyone, meaning, explain to him what I'm feeling inside, I like a person to be close to me, complain to him what's inside of me but I can't find. But when I first came, the IRIS helped me, the organization, they helped me, they stood by me but I still felt scared inside, I still feel scared inside (Muruj).

Muruj could not convey her trepidations or worries to other people and consequently repressed her feelings. Despite being overcome by emotion, Muruj could not find a body of listeners to relate to and validate her sentiments. With an individual or audience that would simply hear Muruj's narrative and be present with her, their company would confirm Muruj's experiences and signal to her that her sentiments are normal for people who escaped Iraq. Muruj yearned for familiarity in a relationship or bond with a person with whom she can voice her grievances and express her troubles. She found this valuable connection with a volunteer from IRIS who became not only a pillar of strength for Muruj but also ushered in time of cheer into her desolate life:

there was a volunteer in the IRS and I loved her and I loved her very much. She helped me and stood by me and I felt as my daughter as if she was my daughter. But lately, she added bitterness to my bitterness, she had cancer, meaning I felt more pain and more and when I can go to see her and when I make sure that she's fine and that made me more miserable (Muruj).

The loving bond that flourished between Muruj and the IRIS volunteer turned into a mother-daughter relationship, which brought Muruj much joy. Be as it may that Muruj required aid as a refugee and newcomer to America, she did not feel that the IRIS volunteer treated her as an inferior or as a child. Rather Muruj saw herself as a parent that cared for the IRIS volunteer. In turn, the IRIS volunteer looked out for Muruj's well-being, dedicated a substantial amount of time and energy to assist Muruj and valued their connection. Naturally the two became extremely close and no longer perceived each other as an IRIS volunteer and a refugee but adopted one another as family. Their relationship developed to the extent that when Muruj discovered that the IRIS volunteer had cancer, Muruj was devastated. She felt helpless knowing the current state of the IRIS volunteer and as a result experienced more grief. Because of this, the close nature of Muruj's bond with the IRIS volunteer makes it so that her pain is now also

Muruj's concern. For this reason, despite the bittersweet connection that exists between Muruj and the IRIS volunteer, Muruj benefits from the feelings of acceptance that arose from this social support.

Similar to the way in which IRIS aided Muruj and supported her in times of extreme fear, Asra delves into how IRIS enhanced her life:

For me, IRIS really they really help me and there is volunteer also it's, she's helped me a lot. So I think both they are very, a big support for me at that time, yeah. Even at that time I, when I came I'm very sick, I'm very weak just before because all this, the stress you know it's affect my health but they are, they support me (Asra).

It is through IRIS where Asra forms a friendship with Lorraine, the volunteer assigned to accompany her to appointments at Yale's primary care center. Although Asra is proficient enough in English to be self-sufficient, she does not have a car and therefore required the aid of Lorraine to transport her to the doctor. With such elevated levels of anxiety, Asra developed physical health problems that left her in a fragile state. Lorraine consequently assisted Asra at a time when she needed aid the most. Asra's vulnerability both in her frail health status and as a recently resettled refugee made it so that she valued her connection with Lorraine and embraced their friendship.

In meeting Lorraine and Asra however, it comes as no surprise a friendship blossomed between them. A retired schoolteacher, Lorraine demonstrates her commitment to helping refugees through her dual roles as an English as a Second Language teacher and what I would consider a cultural navigator for IRIS. From the initial interview with Lorraine, I learned that she not only attended an Iraqi wedding but also plans to visit her the summer house of her Afghan refugee friends in Tashkent, Afghanistan. These invitations though are not one-sided with refugees who attempt to show their gratitude to Lorraine for her timeless assistance in dropping

them off at clinics and acquainting them with New Haven. Rather, the refugees and Lorraine both engage in a mutual friendship. Lorraine welcomed the Afghan refugee children to spend time in her house, holding separate days for girls to bake and for the boys to swim in the pool during the summer, and has even offered to babysit for the family.

Aside from gaining the trust of refugees and strengthening her ties to the different communities, Lorraine puts in effort to immerse herself in their cultures. To facilitate communication, Lorraine took lessons in Farsi and Arabic as well as listens to music in these languages. By doing so, she accommodates the linguistic needs of refugees, which in turn makes them feel more comfortable, especially considering that most of the refugees that she deals with from IRIS are newly resettled or recently fled persecution, conflict, and harsh conditions. Lorraine's efforts to meet refugees halfway by greeting them in their native language can therefore go a long way for people who crave meaningful connections in an unfamiliar country.

In addition, Lorraine's attempts to absorb Farsi and Arabic portray her genuine interest to learn more about the background of refugees. For instance, while eating lunch at Asra's house following our interview, Lorraine asked Ihab to fill her glass with ice in Arabic. Asra was both pleased and appreciative of Lorraine's efforts, reminiscing about the moment when she taught Lorraine this phrase. Later in the day, even though Lorraine is a devout Christian, she is open-minded to exploring Islam. With a Qur'an that she brought over from her house, Lorraine asked Asra to read the verse that she named her youngest daughter after. Lorraine's willingness to bond with Asra over matters that are central to Asra's identity including the Arabic language and Islam function as a grand gesture to understand Asra's culture.

For this reason, the fact that Lorraine manages to transcend her connections with refugees beyond that of refugee and volunteer to a reciprocal friendship attests to Lorraine's character.

Her personal choice to become involved in Asra's life outside of her duties as a volunteer for IRIS and keep in contact years after Asra's resettlement demonstrates the robust nature of their relationship. Although it seems that the link between the two of them offers Asra with more advantages in regards to adjusting to life in America, Lorraine has culturally enriched her own life.

IRIS' resources therefore go beyond targeting the immediate needs of Iraqi refugees which include housing, employment, and learning English to simultaneously focus on offering modes of emotional and social support. As a refugee resettlement organization, IRIS assigns case managers to refugee families in order to ensure that they receive the appropriate services and are aware of the programs available to them. Nevertheless due to the large caseloads that require caseworkers to cater to an excess of refugee families, they often do not have the capacity to provide emotional assistance. Volunteers consequently compensate for this void among formal employees in refugee resettlement organizations. Whereas caseworkers make an income for their work with refugees, volunteers do not have a financial incentive. Instead, perhaps the altruistic disposition of volunteers like Lorraine enables them to invest considerable time to supporting refugees. Moreover volunteers can also be driven by their own eagerness to establish connections with refugees making the link between volunteers and refugees a mutual desire for friendship.

In spite of easing a refugee's transition to America, refugee resettlement organizations cannot safeguard them from the realities of uprooting their lives and starting anew. Muruj in particular appreciates the work that IRIS does but finds that her expectations of resettlement in America differed greatly from the actual situation:

the IRS helped us but not that much. I didn't imagine this. I imagined that we would come live a good life, meaning they would find us a house and, there is no there is no, good living, if you want a house, you have to pay its rent. Us, we from the Arabic countries suffered a lot and for me,

meaning the building fell down while I'm in it and I was sitting under the rubble and I can't work, I can't work and pay expenses here, we imagined that we would live a good life. On the contrary, it turned out to be the same thing (Muruj).

Albeit that IRIS assists refugees to get started in America, they cannot guarantee that those conditions would be ideal or that life would be comfortable. Instead, refugees must learn to be dependent and eventually wean off of IRIS's services. This becomes problematic for Muruj who cannot forget all of the pain and trauma that she underwent in Iraq and in transit. Muruj perhaps feels entitled to a better standard of living but by doing so equates her current situation in America to her prior circumstances in the Middle East.

Since refugee resettlement organizations cannot protect refugees from having to assume responsibility in their lives or eliminate hardship, they create programs to alleviate the suffering. In Hartford, Catholic Charities Migration and Refugee Services is the core refugee resettlement organization that oversees the well-being of refugees. Though the establishment is rooted in Catholic ideology, it tends to refugees of all backgrounds through programs that are not aimed at assisting a specific group. Irene speaks about an initiative by Catholic Charities Migration and Refugee Services to indirectly meet the needs of refugee women:

What we noticed was, and that's why we started the sewing circle, was that the women who worked on a project and worked in a group seem to be better off mentally and emotionally than women who did not and I think it has to do with companionship and camaraderie and realizing that everybody is in the same boat, you know. Everybody has to make a new life, everybody came from trauma (Irene).

The sewing circle, which met once a week week, it was a chance for refugee women to come together, network, and engage in a community building activity. With a supply of linens and fabrics designated for the refugee community to use, the sewing circle enabled women to sew or weave goods as well as make handicrafts for them to sell. In this regard, women had the

potential to become prospective entrepreneurs where they could make a profit that would better their living situations. To do so though, they had to sew one set of bed sheets or curtains for other refugees in the community everyday as a means of giving back. This task though is miniscule in comparison to the financial rewards and emotional stability, which improves these women's lives. Although the women seldom or if at all discuss their traumatic experiences or feelings in the sewing circle, they feel at ease in the company of other refugee women.

Surrounded by refugees who suffered from similar bouts of war, violence, fear, and hardship, the women find comfort in knowing that they are not alone in this struggle. In this sense, the women belong to a community which authenticates their experience and reassures them that their hardships and moreover trauma are shared.

Chapter 10: The Weight of Remembering

They've really got to feel that sense of empowerment and getting them to talk about their trauma kind of helps them in a way that says it wasn't just me that's been traumatized, right? (Dr. Henry Ernest).

Trauma as illustrated in the lives of Asra, Muruj, Dalal, and Awatif has the potential to make people feel alone irrespective of their location. Whether it is the shame associated with mental health illness in Iraq, the dispersion and lack of social cohesion in Jordan, or the difficulties of forming meaningful friendships in Connecticut, trauma debilitates a person's mental well-being by fostering feelings of loneliness, isolation, and exclusion. As a population that may have lost autonomy over their lives due to the wars in Iraq, their temporary residence in Jordan and Syria, and now their resettlement, Iraqi refugees need an opening to speak about their experiences. Narratives can therefore provide refugees with a space to voice their trauma in order to regain control and make sense of their lives. It gives them an opportunity to recognize that "the refugee experience" affected all Iraqis that fled in one way or another. By opening up about their past, Iraqis can orient the traumatic experience in their lives and acknowledge it as an aspect of the past rather than a reoccurring focus in their present and future. The use of narratives can thus bring Iraqi refugees into the present and allow them to breathe life into their trauma stories and properly honor their pasts.

At the same time, the haunting images of kidnappings, deaths, and emotions attached to flight are so overwhelming that narrative becomes a release. In turn, the performance of narrative by Iraqi refugees can become a metaphorical burial of their past traumatic experiences:

Really I don't know like what I think the reasonable if we talked about it so we will forget it I think this is the reasonable thing but, but for me I don't know (Asra).

Validating memories of Iraq resurrects feelings of pain and fear in Asra that she has difficulties confronting in America. The troubles in dealing with one's mental health issues however outweighs attempts to suppress the trauma, which only enables the trauma to later terrorize people. Here reruns of traumatic incident forces an individual to relive the moment and their emotions as well as to constantly reconfigure the impact of this occurrence on their lives as a whole. The refusal to speak about one's mental health problems thus prevents a person from fully coming to terms with and comprehending the meaning of the event. By articulating a traumatic experience, a person will then be able to express and relieve themselves of the negative sentiments that they associate with it.

Relief from trauma on the other hand may be difficult to attain considering that trauma manifests itself:

through stories of the suffering of family and friends, through the experiences of loss and displacement, through the guilt of fleeing, leaving loved ones behind, through ongoing worry about the fate of those who remained, through seeing constant new arrivals in the community freshly escaped from the horrors of what was happening, and more broadly, the trauma of living day to day where such stories permeate the very basis of family and community life (Wise, 31).

In this sense, refugees do not only encounter trauma through discourse but instead find trauma an-all encompassing entity. The ways in which trauma arises in conversation, emotions, images and much of what they go through makes it so that trauma is inescapable. It pervades the everyday lives of refugees in a way that they cannot control. As a people that have survived conflict, Iraqi refugees find that trauma is now integrated into their experiences, actions, behaviors, and attitudes. Which can prevent them from forgetting their past and starting a new life in America.

Even though Asra views narrative as a mechanism to permanently forget her traumatic experiences in Iraq and Syria, she understands that the past is difficult to ignore:

Even now when I'm talking with you, I'm worried believe me and I will stay like one week, two week or more after this meeting I'm just worrying, you know if I like because in Iraq we don't have the freedom of express, freedom of speech you know. I'm worried like when I talk now with you and especially with the record, I worry if like any person can use it against me or the government can use it, I know it's not real but this is my anxiety and this is my depression you know, yeah. It's scary because now I am scared (laughing) (Asra).

During my second interview with Asra, the anonymity portion of consent provoked Asra to confront me with a string of questions regarding her identity and the distribution of the recordings. Whereas in my initial encounter with Asra, I did not utilize the recorder and her friend and resettlement volunteer navigator, Lorraine was present, she only expressed her worries about sharing information later in the interview, once she discussed gossip. This apprehension appeared to stem from the fears of disclosing her identity to the Iraqi refugee community in her city. The source of her unease throughout the interviews as I later discovered derived from staunch censorship under Saddam's authoritarian rule. With her opinions captured on the voice recordings, Asra feared that I had other intentions, which included exposing her identity. It was only after I comforted Asra that that I would be the only person with access to the recordings in addition to her anonymity that she consented to the interview and my use of the voice recorder. These reassurances though were planned out in the consent forms and discussed as an aspect of interview protocol.

I did not expect the interview to provoke fear in Asra and remind her of persecution during Saddam Hussein's reign. Her trepidations that this interaction will leave a lasting imprint of anxiety for an extended period of time made me reflect on how the effects of this hour long interview compares to the damage inflicted by the violence in Iraq. What is more is that this unintended consequence with Asra pushed me to examine my role as an interviewer with special consideration to the ethics of interviewing and a responsibility to not inflict harm unto the

participant. For a brief moment, I contemplated whether or not I should continue pressing Asra with questions to complete the interview and obtain information for my research. With no power over the bearing of a recorder or the retelling of memory and trauma in her life, I could only ensure that Asra was in a mentally fit state to continue the interview.

The triggering effect of memory in Asra's interview illustrates the complexities of narrative that deal with both feelings of dread and relief:

the coexistence of reviving pain and transformative, curative fragments of narrative framing indicates how concrete measures to alleviate harm in participants might in fact fail to contain the intricate interplay of narration, suffering, and recovery. In expressing their urge to express, and their pain in expressing, participants invited us to understand that narration could be hurting and supportive at the same time (De Haene, Grietens, and Verchueren, 2010, 1671).

Narratives of trauma in this sense are not one-dimensional but instead involve layers of meaning and emotion that arise in storytelling. Interviews with Asra for example offered her a space to validate the memories that bring back feelings of anxiety, distress, and grief. Through the process of storytelling, an individual can uncover and identify the source of their pain. By agreeing to explore one's past and accepting what happened, a person can reclaim their life. These storytellers are as a result either no longer struck by or less influenced by recurring episodes that provoke fear and sorrow. The use of narrative can therefore transform a survivor's traumatic experience into an intervention that simultaneously inflicts suffering a second time yet enables an individual to deal with their past.

The need to address trauma however is not only a huge challenge for Iraqi refugees but also troubles healthcare providers. In primary care centers, doctors in most cases have countless patients that they have to treat. With such limited time, doctors tend to focus on relieving physical symptoms since they are more visible and easily detectable. In addition, physical

ailments often have immediate, well-known and proven cures in the form of medications. This approach catering refugees and moreover the Iraqi refugee population by way of contrast becomes problematic since for refugees and in particular the Iraqi refugee population since:

they take a lot of time, so they take up a huge amount of healthcare resources because they take so much time up and no one wants to give them the time. It's very hard to give culturally and linguistically specific services to a population (Dr. Henry Ernest).

General physicians hence can fail to examine the mental health status of Iraqi refugees due to the demand to see as many patients within an allotted time slot. They do not have the capacity to probe Iraqis and diagnose mental health issues that can be as severe and chronic as physical illnesses. This tendency among healthcare professionals to overlook the mental health needs of refugee populations nonetheless should not place blame entirely on the shoulders of physicians. Part of the challenge lies in taking into account the role of culture in how people understand, frame, experience, and treat disease.

For the Iraqi refugees, this has translated into a stigma that surrounds mental health issues and a resistance to address their symptoms and even speak about the basis for their suffering. With this in mind, a situation can arise in which an Iraqi refugee conceals their mental health ailments or feels ashamed to mention them. The physician consequently may assume that mental illnesses like posttraumatic stress disorder (PTSD) do not affect this individual.

At the same time though, healthcare providers themselves may feel uncomfortable to tackle the delicate subject of trauma. Because of this, Dr. Ernest advocates for “trauma informed care where you, you have to work with providers because most healthcare providers don't understand how to ask questions among people who are victims of torture and trauma or genocide and uh they basically ignore the topic” (Dr. Henry Ernest). In this sense, Iraqi refugees are unwilling to discuss their mental health problems while medical professionals may also be

disinclined to enter this domain. Unless special attention is given to this vulnerable group or to crises such as trauma, physicians will thus continue to potentially ignore and be incapable of treating the symptoms of refugees. As Alice, the psychiatric nurse illustrates:

the trauma experience is, trauma is, something that's outside of the realm of normal and we all have trouble with that, you know. I, I say in the United States, we are fascinated with violence, we just can't get enough violence but we're bored with suffering and violence always causes suffering and it's, it's something that, that we didn't, that no you don't wanna (sic) think about, you know you, you think well why do you go and watch these horror movies or these terribly violent things but then you come out and you can't deal with, with somebody who's, who's experienced this. It's something you see all the time when you work with any refugee group is when they first come to the country people will ask them their story and after 10 minutes they don't wanna (sic) hear anymore. Thanks, ok, I understand, I don't wanna (sic) hear it. So denial is a huge part of, of the process and, and we push people into denial state because we don't wanna (sic) hear it and all therapists, aren't, they aren't immune to that, you know you hear the stories and it's very difficult to, to stay with the person when they're, they're telling the story and not try and close it down and, and so what I've come to realize is, is that trauma is, is big, it's, it's very threatening to our, to our being (Alice).

Alice gained insight to American attitudes toward violence following her return to America after time spent in a refugee camp overseas. Despite a bombardment of aggression through the media and popular culture, people dissociate violence from suffering. They watch movies or series to feel excited and entertained yet refuse to deal with the consequence of pain, which cannot be resolved by a gun fight, stabbing or more generally injury and death. Violence in this way has become a normal part of everyday life whereas suffering is abnormal. Furthermore the pain of refugees is both ignored and invalidated by those who refuse to listen to their stories. This demonstrates how individuals have trouble acknowledging and in turn believing in a traumatic experience that is not only distant and shocking but also stirs in them feelings of empathy and grief. It is indeed unnatural for people to situate themselves in scenarios or follow stories in which they inevitably imagine and even undergo the panic, anxiety, and

suffering that the refugees endured. Those that do listen including therapists in effect deal with the grueling task of accepting a dissimilar reality that in which trauma and suffering were the norm and continue to debilitate one's livelihood.

Under these circumstances, the effects of trauma are not limited to the mind but instead have the potential to broaden its influence on the physical body. Dr. Ernest points out that when treating refugees, healthcare providers often:

always think of mental health but we don't think of the diabetes, the hypertension, so what we generally say with our communities is that while they have very high rates of mental health disease, they're dying from stroke and diabetes complications. That's what they're dying from, they're not necessarily dying from mental health issues but because they have such high mental health issues, it's that need to incorporate mental health with other conditions so that they get appropriate care for both (Dr. Henry Ernest).

Mental health conditions in this regard put this population at a higher risk of acquiring life-threatening diseases that can lead to death. According to Dr. Ernest, high levels of anxiety alter a person's hormonal levels, which can then contribute to chronic illness including diabetes. The correlation between mental health problems and the chances of being stricken with diabetes, hypertension or cardiovascular disease thus highlight the need to equally value and pay attention to a refugee's mental and physical symptoms.

Conclusion

In the past nine chapters, we have seen how Iraqi refugees confront trauma as individuals, as members of a transnational network, and as a refugee community in the cities of Hartford and New Haven in Connecticut. These interviews brought up the conflict that exists among survivors of persecution and war between coping with trauma as a community versus as individuals. Do transnational family members bridge the gap to accessing medical professionals for mental health services or can they replace the role of psychiatry in addressing trauma within this refugee population?

In Hartford and New Haven but moreover as a representation of Connecticut and America as a whole, the lack of culturally and linguistically appropriate services for Iraqi refugees makes it difficult for them to consider medical institutions as their first choice for coping with trauma and mental illness. Despite my initial presumptions, Iraqi refugee women do not utilize the religious community by means of the mosque to directly discuss the traumatic experiences that they have undergone. Instead, they often address their mental health issues independently as individuals where by partaking in activities such as praying and reading the Qur'an and viewing religion as a source of familiarity and comfort amidst adjusting to life in America.

In addition, the Iraqi refugee community in Connecticut though a cohesive unit, can be cliquish and exclusionary. Amidst the gossip culture and lack of support as well as a disapproval of psychiatry, the Iraqi refugee community in Connecticut is not only intimidating but can also be harmful to dealing with one's mental illnesses. By perpetuating the notion of depression and mental health conditions as taboo and shameful, this group promotes unhealthy behaviors and coping mechanisms, which can contribute to more stress and anxiety.

While refugee resettlement organizations or faith-based associations such as Integrated Refugee & Immigrant Services (IRIS) or Catholic Charities Migration and Refugee Services offer a foundation for community building through their programs and volunteer networks, these contacts may not offer the same consolation as transnational family members. Although volunteers or refugee women's groups act as a source of support or a way to connect with others who also tackle the challenges of adapting to life as a refugee in America, the experiences of refugees and Iraqi refugee women can be "similar" but not "shared." Factors including but not limited to religion, ethnicity, language barriers, socioeconomic status and even the circumstances of the flight of these refugees may make it difficult for an Iraqi refugee woman to connect with another refugee who has not endured the brutality of Saddam Hussein's government or has not been impacted by U.S. involvement in their own refugee situation. The specific sociocultural and historical context of Iraqi refugees makes it so that the Iraqi refugee women in my study rely on their transnational families to express and come to terms with the ways in which trauma resurfaces in their everyday lives. For this reason, without a meaningful community of Iraqi refugees to depend on or refugees who have a "shared experience" of flight, these Iraqi refugee women revert to more intimate and personal relationships among their families in order to deal with their trauma and mental illnesses in America.

Furthermore, the pervasion of trauma into daily activities from household chores to phone conversations with relatives in Iraq can make it seem like suffering stifles these Iraqi refugee women, placing them in a stagnant position where they neither refrain from reliving their pasts nor begin the process of healing. The act of suppressing one's mental health conditions can be detrimental to moving forward and can contribute to a build-up of stress, worry, and loneliness. At the same time however, interactions with other people like speaking to refugees

can trigger past worries and flashbacks for Iraqi refugee women and communication with family members can also make trauma from the kidnappings, executions, and bombings not only a part of the past but also a reoccurring part of their future with the constant concern for their relatives who are left behind. In this sense, the act of remembering their time in Iraq and in transit for Iraqi refugee women as a means to reconcile with their trauma may then be as equally as painful as attempting to forget their fears and persecution.

Trauma is in turn both a delicate and complicated issue among the Iraqi refugee community. Although I did not expect to employ storytelling or trauma narratives in my ethnographic interviews, these methods provided Iraqi refugee women with an opening to voice and reflect upon their experiences. Through informed consent, specifically the option to skip a question or withdraw from the interview at any given point, I gave these women an opportunity to depict their stories and ascribe their own meanings in ways that they saw fit and which did not intrude on their lives. Unlike mental health services like psychiatry where refugees can at times feel forced to address their trauma and replay every detail of their past, through narrative, these women had full autonomy over what they chose to share with me.

In addition, looking back at my role as an ethnographer but moreover as an outsider to the Iraqi refugee community and refugee community in general, these factors may have made it easier for these women to give me permission to interview them on such an intimate aspect of their lives. My lack of established Iraqi refugee contacts in Connecticut may have presented these women with a sense of relief and assurance that I would not reveal or spread any information or stories they mentioned to their respectable communities or among people that they know. For these Iraqi refugee women, my unfamiliarity with their meaningful social networks and openness or even ignorance about the Iraqi refugee situation may have also made it

so that they felt free from judgment and had no limitations to what they shared with me, a person whom they may have considered a stranger. In this way, in spite of using a semi-structured interview with questions, I transferred most of the control in the interview and the trauma narrative to the Iraqi refugee women. I anticipated that in doing so, these women would be able to tell their own stories in ways that fostered healing and enabled them to take a step toward coming to terms with their own trauma at their own pace. Additionally by imaging “data as a gift from their informants, with all the implications of reciprocity that gift exchange implies” (Falzon 2012), I hoped that I depicted these women’s narratives in a manner that not only shed light on the plight and traumatic experiences of Iraqi refugees both in Iraq and in America but also furthermore brought attention to the need to incorporate culture into services to address mental illnesses.

I therefore propose a dual integration of mental health services to bring awareness to the availability of services in medical institutions and to integrate the sociocultural and historical background of Iraqi refugees but moreover refugees in general to the Western, biomedical approach. Although formal and informal communities such as religious associations and mosques organize programs like breast cancer awareness day with mammogram screenings, they should likewise concentrate on the mental health conditions of their community members. By simply encouraging dialogue around depression and mental illness or promoting services, these communities can create a safe space that enables refugees to appropriately seek care. At the same time, medical institutions should be cognizant of the numerous ways in which trauma is experienced and can be dealt with. A combination of traditional and nontraditional coping mechanisms or the provision of culturally acceptable services can enable the Iraqi refugee population to embrace and access treatment. For a refugee population that can focus more on

general physical ailments, a promotion of mental health can thus ensure that health professionals treat the mental health needs of Iraqis as well as potentially prevent the physical manifestations of trauma (i.e. chronic illnesses) from reducing the quality of life for this group.

Interview with Asra

I: So I'm just going to start so if you can say ok that's fine

P: Yes, ok

I: And so I remember that you talked about the violence in Iraq with the kidnapping and the bomb, can you just talk a little bit more about how it affected you here in America. Just the thought of the bomb.

P: Yeah, it's affected me and I think all the Iraqi refugees here like now when I'm driving and there is car behind me I feel, I feel very scary because I thought maybe they will kidnap me or kidnap my children so now I'm going to psychiatrist doctor because everytime, everytime when I'm driving especially if it's in the night, evening or night dark and I see, I saw the flashlight of the car I feel very, very scary. I am very scared at that moment. So I cannot, I still like driving and looking in the mirror until the car is go away. Until I feel I am a little bit calm down you know. So, this is one thing, I told you last time when the bell is rang in my home it's really scary. You know even now when I talk to my family in Iraq when the bell is ring over there they all are shocked. They all are very scary, they afraid so they do like a special call with the ringing, they do two time or three time so when the family come and they ring, they will know each other because otherwise they didn't anticipate anything good so they thought maybe they come to kidnapping, they come to kill. So this is what they anticipate you know this, when my children go to the school, I still watch them until they go by the bus or I took them to the school. I never let them, I still keep looking at them because really, until now even I go I say here it's safe or something but I cannot calm down my feeling so I'm really you know scary about yeah yeah. And like, like in my home I worry all most the time if I, I worry about every, I worry about I don't know. Even now when I'm talking sometimes I feel the world is disappear because my because my depression. You know sometimes anyone when ask me question I cannot answer them right away because I feel everything is disappear from my mind. Yeah the most thing I'm worry the kidnapping, worry about the bomb, last time I told when I hear the thunder. It's, it's I cannot be, even if I know it's the thunder but, but in my deep I worry about like its like a bomb or something so the most worry about I'm worry about my children if they are in the school about yeah, yeah. My, now my daughter when she sleep in her room every, every night even like yesterday I'm worry about the kidnapping. I'm worry if I wake up and I didn't see her like I saw her kidnapped. I cannot like even I know it's, it's unlikely to happen but I cannot believe that. You know so each time I go and check everything you know, yeah

I: And so who did you decide to go to the psychiatrist yourself? Or..

P: Yes, yeah you know my father advised me. Even, in our countries it's, it's shame to go psychiatrist you know but not all. So like so many people no they think this is the best way but no one know that. Like sometimes if I want to tell some like tell somebody from my family but even now when I go my children they don't know. Just me and my husband yeah, because they knew that before I was going but not now.

I: Is your husband supportive of you going to the psychiatrist?

P: Yeah, yeah. In the beginning no because, in the beginning we don't accept that. How, we said something it's something like crazy or something but now no, now it's better. Yeah because I want to pass this when I'm driving and I saw the car behind me yeah, it's, it's really scary.

I: Before you went, before you started going to the psychiatrist, what did you do to like feel less stress or?

P: I, I don't know, I cannot remember yeah.

I: And how does, when you go to the psychiatrist, how does it make you feel when you go?

P: Like, they give me like huh (inaudible) because they now or most the time, I am thinking, thinking about the kidnapping. Like they give me like advice and I like it to feel like I am here right now I am here I am safe like I listen to my breathing, listen like if I cooking I watch, the how, what I am doing. So this advice I think it's, it's very important and it's helpful you know to be in the, in the present you know. I do like most the time, the deep breathing because most the time I am, I have flashback. Yeah, 24 hour-flashblack. I am thinking, thinking, thinking. And with the thinking I feel my shoulder is like is like that and all my body is tension so I try to like meditate yeah that will help, yeah.

I: When did you start having the flashbacks? When you were in America or even before like?

P: No I think, I think when I was in Jordan. When I left Iraq we went to Jordan I think at that time and the nightmare when I'm talking now about myself but I give you like a (inaudible) maybe like 80% from Iraqi refugee they feel like that but they are not speaking or they are not going to psychiatrist doctor. Like the nightmare like every other day now and before like everyday I have nightmare I have like the terrorists they come to and kill me and kill my children and they wear like black and they running after me and I carry my children and I want to avoid them, yeah. It is scary when I wake up I feel like here is very tension, my head I have headache my body is very tension, yeah.

I: Do you, does it help you to talk about it or does it make you think about it more when you think about what happened?

P: Like when each time when I talk like if I go to psychiatrist of if I talk with my friend or anyone about this, what's happened I feel pain in my deep (chest) but yeah, we. Even now I'm like many years I am here but still affect me, yeah. Many, from 2007 I think or 2006 so long time but it still affect us, you know, yeah.

I: Do you think that it's good to talk about it or do you think it's better, if you just, if people like Iraqis hold it in and just move on?

P: Really I don't know like what I think the reasonable if we talked about it so we will forget it I think this is the reasonable thing but but for me I don't know. I don't know, yeah.

I: When, when you talked to your family in Iraq do you think them telling you stories about what's happening now is that increasing your stress and make you more like nervous and anxious?

P: Yeah, yeah, even the news like because we have like Arabic channel it's scary. I cannot see the news at all because you know the news if you see it. It's something unbelievable, really unbelievable. Even now like my family like they are safe in their neighborhood but when they go outside and even in the neighborhood if something come they cannot, it's scary, really scary. Like they, when they sit in the garden the bullet it's come. Yes so it's something, it's something unbelievable.

I: But for them do you think that it's an everyday part of life or do you think its?

P: Yeah, yeah, every morning each moment, everyday it's part of life, you know, yeah. But like I don't know, but sometimes there is an expression we said in Iraq like when, even now when I was in Iraq me and my family and now my family in Iraq they said when we go, each person in Iraq when everyday he had the death certificate in his pocket. We wait until the sign, this is like an expression, you know. We wait for the date I mean, we don't know what's the, just we put the date you know because each moment, they, maybe they will kill you know they killed maybe, yeah so we always said like when the children they go to school or the go to college or to work like when they said goodbye to their mom or dad that's mean maybe really goodbye. Maybe they will not come again, you know. It's something difficult, yeah.

I: I know I didn't ask a lot about it, about going to the mosque and stuff and can you just speak about whether you go to the mosque again?

P: Yeah, yeah we'll go here because here we like because now I, because I cannot go for some reason for (inaudible) or the car but I can go like the women each Friday on like at noon we have pray, we can go like all family and the men they can go we have 5 prayers like early in the morning I think at, I think at 6 am they can go 5 prayers, everyday they can go and it's it's good, you know, yeah.

I: And did you go to the mosque more in Iraq or in America?

P: In Iraq, we used to go but after this, all the (inaudible), the terrorists, we cannot it's, it's dangerous to go. It's really dangerous like even though, it's really dangerous so even now I advise my family don't go to the mosque at all yeah, because it is dangerous you know because even now it's happened, like there's, I don't know who's but they take from the mosque of Sunni and from the mosque of Shia. So it's really dangerous so the best they will not go because it's unsafe, yeah.

I: When you first came did you find the mosque like comforting for your stress and depression and everything?

P: Yeah, yeah, yes. Even like not the mosque here because you know they don't have enough money to have a good mosque or something is like a house and it's something because they don't have support because just I think from the donation they do it. Not, not like the mosques in our country, something something everything but still something we feel very you know relaxed about it when we will going, yeah.

I: Were you able to meet other women that you be, became friends with from the mosque?

P: Yes, yes, we can but like for me I, I, I prefer like the most the time with my family. I don't like you know yeah, yeah. And I don't know what I want to say else.

I: In Iraq did you hang out or were you surrounded more by your family or did you also spend time with friends?

P: No, no, no, we have in Iraq a big family and even friend we have, and really big family and friend. But here, because here it's all the life it's, it's all the busy, they worry how they will work, how, how they will, about the income, everything so it's difficult all depressed, all you know. They have it, I don't know, yeah.

I: Have you tried joining any, cause I know I heard that there's like an Iraqi association or organization, have you tried going to them or joining?

P: No, no, yeah, no, no. Even I don't know because I don't want like to I don't know I don't like to go even if I know about this, I will not go, yeah.

I: In Iraq, how did you meet most of your friends, was it through family or school or your husband?

P: Yeah, school, friend, or school or family, neighbors, yeah, husband friends, yeah.

I: And then here how do you, how do you think that you is it more through the mosque or?

P: No I think when like in the community, just like we met them by friends, friend of a friend or something like that yeah, my husband, like friend of my husband so I be friend of his wife or something yeah.

I: And then in Iraq, were most of your friends, did they, did they have like the same profession as you or were they students or?

P: Yes in Iraq, maybe this is, maybe this is we cannot like build like friendship here. Like in Iraq when we, we were, like for example, I will like not for me like all, all families, when they made a friend like the same career the same like profession of the studying or something or and so they

will be the same thing, the same thinking, the same the way what they think you know but here when we came, like we cannot match these thing so they, the it's difficult to maybe the thing, the way like I'm thinking and their thinking it will be different you know so it's difficult to, to build the friendship here. And here all the Iraqi, Iraquean is worried, worried, worried about you know about yeah so yeah.

I: I can't think of what else to say. Sorry I'm trying to think of, I'm trying to think of the other questions I had in mind. What did you think of the, of applying to be a refugee? Do you think that maybe the people who looked at your application should've known more about what's going on in Iraq?

P: Can you repeat the question?

I: For the people, when you were applying for being a refugee do you think that the people who looked at your application, like the Americans who, do you think they should've known more about what is going on?

P: Yeah I think, I think it's better if they. But how they will know more? It's difficult you know because even if like they see the news or hearing not like when you live in the, in the situation, yeah. So even they, even they will try to know more and more but it's difficult, yeah.

I: What do you think would've helped you when you first came to America? Like aside from, I know that IRIS helped you a lot but what other things like what, maybe programs or

P: For me, IRIS really they really help me and there is volunteer also it's, she's helped me a lot. So I think both they are very, a big support for me at that time, yeah. Even at that time I when I came I'm very sick, I'm very weak just before because all this the stress you know its affect my health but they are they support me yeah, yeah until, yeah.

I: And when you were in Jordan were you able to deal with your stress or you still..?

P: No, even in Jordan also we worry, worry because we don't know because in Jordan maybe they, they will take us and they will send us to Iraq and we worry until we will come, we will go to like America or another place that we will like we will settle and we will live over there so until you go to the airplane, until you will come down you know so in Jordan all stress, stress, stress because many people they are waiting for when they apply for the refugee but many years until they accept them or no yeah so we know many people like many many years and they are just waiting, waiting so it's, it's, they, it's you know all it's tension, yeah, yeah.

I: And I know that you talked about when you went to go see the psychiatrist, your father advised you and your husband, he kind of supports you. So do you think your family really plays a role in who you go to for health advice?

P: What, what?

I: Like if you have um, or if one of your children or if you have a health problem do you talk to your family in Iraq first and your husband?

P: No, for, with any health problem no I decide. Yeah I decide but the psychiatrist because something I, even the first time when (hah) when I came to the United States in the beginning like the first week there's two families they told me they will bring, when you go to primary care center they will bring for you psychiatrist doctor. Director said no no I'm fine I don't want psychiatrist because they told me when you see the psychiatrist maybe here they will take your children because they said you are crazy so you are, so you cannot take care for, take the, carry the responsibility of your children and your husband (inaudible) so and this is what happened when I went to psychiatrist I think the first two weeks and I went sorry to primary care center and at that time really I saw the psychiatrist and he talked with me and told no no no I'm fine. Anything talk better, no no no no then when I go back home at that time I, I can, I spoke, I just

talking with my father he told me no Asra you should go that's better for you because at that time I cannot sleep - at all, at all, like all the night I'm just wake up after two I think I don't know how long after that I called IRIS and I told them I want to see the psychiatrist doctor and I'll go and I think, yeah. That's how I started and everything is, it's come better after that.

I: Did, when you first came did IRIS tell you there was a psychiatrist if you need to speak to someone?

P: Really I, I cannot remember, yeah, yeah. But this is, even now many families they thought if they go to psychiatrist maybe they will take their from, their children from there or like that, but yeah it's wrong but how, yeah, yeah.

I: And, well cause I'm looking at more of how I, from, for my research I'm looking at if you have like a big community that supports you if you'll do better in terms of health or dealing with your trauma but for you it's your, your family. Do you think it's because your family is a really strong part of your life that you know who to seek for health, like you went to the psychiatrist or?

P: Yeah, the problem, I don't know why like in our community, it's shame to go to psychiatrist, really, really shame to, so no one, even if they go or not go I advise when I saw like my friend like there is a new family that came, I told them go to psychiatrist I told them that, yeah and when I see a person like they really need to go to psychiatrist doctor like they have nightmare, they scary, I told them I am going to psychiatrist doctor to give them some support, you know or to encourage them, you know. Many people they use it against me that something, a point, a weak point from me I am going to psychiatrist but when I told them that just I want to encourage them, you know, yeah but I, I am not sure they will like they have family or friend they will like encourage them, encourage them to going, I'm not sure and even I don't, I'm, I'm not.

I: In the mosque that you go, I don't know if this is brought up is it okay, has there been talk of it's okay to go see the psychiatrist?

P: Yeah, yeah, yeah.

I: Oh, in the mosque also?

P: The, because I, I'm not, they, I, for me I didn't hear that directly but I'm sure like if there's we, we like we ask, if they go and ask to advise, they, they sure they told them go why not? You know, yeah, yeah.

I: And in the, in the mosque that you go to, cause I went to, I went to a few mosques in Hartford but they're different but in the ones that you go, in the one you go to here, the male and female is separated also?

P: Separated yes.

I: And do you have a, do you get to see the, what is it, the service?

P: The Iman?

I: Oh - yes

P: No because this mosque when I'm coming we are I think the first floor, we are all in the basement they do something and, and the upstairs the, the men. Yeah because the women we are less than the man, you know, yeah.

I: And is there, one of the mosque I went to, they had like a doctor for advice. Do you also have that at your mosque like a medical advice or medical something?

P: I am not sure, but I think, I think there is because I am not going like too much, like every week or too much because I hope to go every week but you know sometimes the mother is busy, but I think there, I'm sure there is even if there is not but maybe the Iman they can ask about the doctor volunteer and they will happy to, to give the advice, everything, yeah.

I: Have you spoken, from the women that you met at the mosque, did you tell about your like nightmares or your problems?

P: No, no, because when we are, when I go to the mosque I go to like when I go to, I spend the time just with the prayers or reading Qur'an, yeah, yeah.

I: That's nice. What else was I going to ask.

P: The other things I, I don't know like I don't know if this is, yeah, yeah. Like even my children or me when like because like they when I go outside they know I am Muslim because my, the hijab you know there is many people they think wrong way about the Islam. Even my children in the school or anywhere they thought I don't know this is something also it's make us more maybe more depressed you know because they, they should I don't know like even the movies that for a couple of days we own the Netflix me and my children we saw, saw a movie and there's example there's a terrorist but they are praying, they are Muslim so even my children they said Mom we don't to see this movie because this is how, because the Islam is, is the peace, why in the movie it's like or and like you know, it's difficult, still some difficulty

I: Before you came to America did you think that you will, this will happen, like you will encounter kind of this bad feelings, attitude?

P: I think yeah, I think we put like this, I don't know how to say, this. I don't know, like at that time I, I'm not, yeah when we, the first I came I heard even when I was in Jordan I heard maybe we will see, they will, we will see people against the hijab but when I came here it's not, it's wrong. That's mean I didn't see some people talking wrong about the hijab, hijab, you know so this is good because when I was in Jordan I worry if like, like if I am in the street and many people they will saw me or they you know but it's, it's at some point it's good I never forsee that happen you know. Just one time there is one refugee woman in even the first month when she came she go by the bus and there is one man pull her from the hijab and told her you are a terrorist or something so that's yeah, but again this is only one time it's, it's happened, yeah.

I: Aside from when you watched the Netflix

P: Yeah

I: And then your children in the school

P: Yeah, yeah, so we still some, some yeah.

I: And I know you talked about going to I think Yale Hospital and how the doctor he didn't really

P: He didn't yeah, yeah, yeah.

I: Explain to you well

P: This is not only me, like for me now I took my children from their primary care this take them out because, really this is I don't know but this is, like I think it's, it's very big problem because for, for all Iraqi refugee I think it's a problem like in for like I did the experience for me like two, like three times or two three times I, they did I think something like a mistake by I don't know with my children, like, you know.

I: With the medication you were saying.

P: With the medication, with the milk for, for my daughter I told you when

I: The milk?

P: The milk because I told them we have allergy from the milk like my my oldest son until he's 1 year he cannot take regular milk so he should take soy milk you know I go even because this something I don't know because I, if I, if I know I have the right I go and buy from like Walmart I will buy soy milk and I will ask the doctor to write because we get the week for my daughter so the doctor he should write (inaudible) so I go like when her age two three weeks she vomit,

diarrhea, diarrhea diarrhea, vomiting ,they told me no no it's fine until her age 3 months she's dehydrated, they go they send her to the hospital we spend two times over there until they they accept what to change her so like this is they should Iraqi refugees they should know they have the choice to change the doctor or to change the clinic so like now when I know I have this site because from the the the insurance so I change the the clinic so over so I didn't see what is the good thing in this clinic in the other clinic I will meet what I want you know, yeah.

I: How did you find out that I know that you said your insurance but did you read on your own or?

P: Yeah, yeah, just I want to do the

I: Ok.

P: Yes, like I did a, a research on the website to find in our like near of us any pediatric clinic that accept our insurance and I find and I call them and I filled the application and they get all the record from from primary care and now we are fine.

I: Oh, that's good.

P: I think for for me for my experience I think primacy care center is very good in the beginning when the refugee when they came like to do all blood work, vaccination but like after while after couple months or after one year, it should like the the refugee they know they have the right to change the clinic. They I think they don't they don't know about this right for them they don't know yeah like for many like for my all people I know them they don't have know that they have the right to change it they think just the primary care they can go yeah.

I: Do you think that it would be helpful if IRIS helped them or told them?

P: Yeah, yeah if they if the IRIS like told them you have your insurance you can like there is like option many option clinic there its optional to go I think it will be great I never heard from IRIS about that yeah, yeah.

I: Would you consider the language barrier like a big problem for them?

P: Yes a big problem because many what I think many clinic maybe they will not offer the interpreter but the primary care is offer the interpreter.

I: Oh they do?

P: Yeah but this is what I know but maybe there's some clinic they have interpreter. I'm not sure but this is what I know yeah. I think the language is it's it's a a difficult if they don't know the English, it's really difficult you know yeah.

I: For, do you know of any other Iraqis who go and bring other family members for interpretation or do you?

P: Yeah they have they bring friend family family members yeah they yeah they will yeah.

I: Do you think that can make things difficult for like going to the doctor and learning about your health or like complicate things if it's your friend or family translating?

P: Like for my experience like when I one time, many time I go and like a volunteer to help my friend one time when they speak about their health problem but I think after a while they blame me about the something they have it

I: Oh your friend?

P: My friend blame me you know because I am the interpreter they said yes so it's I think the best thing they don't bring family member or volunteer so they bring like interpreter like work with IRIS or work with the clinic it will be better you know because maybe if they think that other like their friend they know something about their health maybe they don't want him to know about it you know yeah.

I: What what do you mean, can you talk more about how they blame you would they say how would they say it I?

P: Yeah how they say it like like I I because I don't want to speak out about like like I go with my friend and she's sick with something and I told her this is what the doctor like tell blah blah I told her what you have like after while maybe she I don't know why but after while she said I have like this something but just a little not that bad so when I told her I told her when I saw like this thing I I I be silent because I don't want to like have an argument or something because this is I have like this experience many time so I know what she's thinking so I think the better thing not like if the clinic have the interpreter it will be better yeah yeah.

I: And for people who don't really understand English who are refugees or Iraqis how do you think it's the best way for them to learn more about how to access like a psychiatrist or their health? Do you think IRIS is a good way or the mosque or?

P: I think they don't have (inaudible) just way only the IRIS IRIS because the mosque I'm not sure because you know like the IRIS because the mosque they like if they like as the advise they will advise them but because all in the mosque they are the volunteers so maybe they are not you know so but the IRIS they should they should ask to the IRIS but I think IRIS is so busy (inaudible) because too many they have yeah

I: In in Hartford there's this one program for other another group of refugees from Cambodia and what they do is they have like community workers so they're like for that community its Cambodian people who learn about you know the symptoms and they speak the language and they talk to everyone door to door they ask did you take your medication.

P: I think this is a good idea if like here if like we have for Iraqi you know because Iraqi refugee each family they have many many problem many difficulties but there's no one to like they can tell no one to help them or to support them to advise them you know I think it will be a good idea if they have like here.

I: Do you think that the Iraqis would be open and accept it or?

P: Yeah, yeah they're happy you know now I'm I'm sure many families they're happy if they want like like they get like a a like they them will ask what what's your problem? What what's your need? You know yeah. So I think they are happy if they something is happen they they gonna. Somebody ask them about what what their problem you know.

I: And I know you talked about it a little I don't know if you want to talk about it again but just about gossip from the Iraqi refugees and just them gossiping?

P: I'm telling you because here because even that last time when I told you about it I feel bad from myself you know because here all they have all depressed no one (inaudible) like all, all Iraqi here because they depressed maybe because the trauma what they have it in Iraq and here the life is difficulty like the English is difficult and the income you know so they always like like not in like in a good mood now so maybe like when they are depressed they have some more like when they speak to another person not nicely or not not in good way so maybe the other they will like feel bad from the or feel sad or something but they didn't tell them right away because you know so maybe the the other one go to his friend and told him did you know that person told me like that you know so this is I what I call (inaudible), they talk like yeah.

I: In my professor was telling me in in another reading some some people gossip from another country when they come to a new country to kind of show them these these are our values kind of you know like, do you think that's also a way?

P: Yeah, yeah because when I came here when I came here and this is happen I know one family is here and this is happen just just one time for my experience. They told me don't speak with

this family they like blah blah blah don't speak with this family they are like something but even they come and visit me this family what I know about them not good thing so I didn't like I didn't like they visit me and that's it I didn't go to them but after a while like after this many years I am here I I am sure they are wrong one you know but maybe they want to show off show off or what they want you know to because maybe they have problem with them and they don't want tell other person go and be friend with them you know to yeah, you understand yeah, yeah.

I: Do you think it would be really or more difficult for another person, another Iraqi refugee who's very close to other or only interacts with other Iraqi refugees to go see a psychiatrist?

P: I didn't understand you.

I: If, like for example if there was an Iraqi refugee woman who her only support is other Iraqi refugees from, from New Haven, do you think it would be more difficult for her to go see a psychiatrist?

P: Yeah, yeah I think because here I I'm not, they will not advise, because I told you they they act like psychiatrist is shame so you know like you know yeah so something difficult it's difficult.

I: And I don't know if you want to speak more about this but why, why do you why don't you tell your children that you go continue seeing the psychiatrist.

P: I don't know (raised voice), I don't, because because one time I told my psychiatrist I told her I my children they don't know I'm coming, I go to psychiatrist because they they will think I am weak I am not you know. She told me because you raised them for that thinking like I, but I I I don't know I never like tell them told them that psychiatrist is shame. I don't know this is I cannot figure it out until now you know. I don't know why they thinking this way I don't know even.

I: Oh wait, they they think your children think this?

P: Yeah, yeah they think this way but I didn't teach them that even they but I don't know why I told them that's like sometimes we are talking I told them that's ok that person maybe feel sad, they have nightmare but going to like to psychiatrist but something I don't. Really I don't know the answer, I don't know why they feel that. Even my son when we came even my son until now he sleep in my, he has his own room but he cannot sleep alone because he has nightmare he have nightmare he has. So before I think two-three two-three years I told the the pediatric doctor and he referred him to psychiatrist but I didn't take him. I took an appointment and I reschedule, reschedule it. Then we cancel it because I cannot imagine that my son going to even my son he said no I'm not crazy I'm not but yeah, yeah.

I: Have you, have you told your children that you're also have nightmares and sleeping problems or have you?

P: Yeah, they know, yeah. I'm not sure, I don't know yeah, yeah. But my son he still have sometimes nightmare like before yesterday he has really bad nightmare because they have the experience like they saw the kidnapping they saw you know so just.

I: Oh no, it's okay.

P: No if you take it it's better because she she start playing. No you take here your, your.

I: How do you think your children can deal with maybe the night? How how do you think your son can deal with the nightmare or what do you tell him?

P: Yeah, like even now he start like like when start the evening time they feel like my son I think he feel depressed and he feel like I I I know what he's what his feeling but I don't know how to express that I teach them what I learned from my psychiatrist so I taught him now you are right now you are right now, you are fine, you are here, there is no problem, take a deep breath, do a

meditation, you know I teach them what I learned but they don't know yeah, yeah and that's help yeah, yeah.

I: And do you think the way that I am interviewing you, do you think that can help how doctors and even Iraqi refugees look at trauma like with, like the recommendations, do you think. How do you think this can help improve, like the way I'm interviewing you and talking to you about these things?

P: Yes, so now I think there's some like now we're when we talked like if there is like a group of people if can know and visit the Iraqi refugee and the Iraqi refugee who's like like they are really like tired here if they can ask them what they need what, I think this is you know it's really important. I think this is really, really important to just to support them and the other thing if the, like if the IRIS like like they advise I'm not sure if they I I last time I heard I think they advise them about this psychiatrist. I'm I'm not sure. If like if they just they need to hear hear and hear again like the psychiatrist doctor is not shame they should go because they will recover and that's ok that the person have trauma and you know. And the anxiety like now when I the the when all Iraqi people they have an anxiety you know. Even now when I'm talking with you, I'm worried believe me and I will stay like one week, two week or more after this meeting I'm just worrying, you know if I like because in Iraq we don't have the freedom of express, freedom of speech you know. I'm worried like when I talk now with you and especially with the record, I worry if like any person can use it against me or the government can use it, I know it's not real but this is my anxiety and this is my depression you know, yeah. It's scary because now I am scared (laughing) yeah.

I: Do you think if, cause they have something called focus groups so if they. you think if they had Iraqi refugee women together in like a like a group, do you think they would open up and talk about their stories or still keep it?

P: I think they will, it will helpful, it will be helpful, yeah. I think they will yeah I think they will start talking about what they, yeah.

I: Ok, I think those are all the questions I have.

P: Yeah, if you have any question I'm yeah.

I: I'm sorry if the interview makes you feel stressful.

P: No no, it's ok because this is what I feel even now you know I don't yeah. One day I'm sure I will pass from this feeling yeah, yeah, yes. You know even one time, I talk with my friend here, she want, like we just we are talking she said we need somebody to listen to us to to know what they're going on you know yeah.

I: Do you think that even listening is important versus like when you go to your psychiatrist they tell you advice like a response? Do you think that maybe listening is maybe equally important or more important for refugees or for just listening to your trauma and your story.

P: I, like what in my experience when I know like Iraqi, no I think they're, I think they, what they need is what they need to know how they manage their life here, their work, their how to learn the English more, how to get their income, you know. I think this is they need it more than the, because if they like because I know many people like if like just listen to them, listen to them, give them advice they will said no we want something like help really help us, yeah.

Interview with Muruj

I: what thing do you think is important for your trip? I mean the reason...

P: May I speak?

I: yeah.

P: In Iraq, I was persecuted a lot especially during the Iraqi government era. I mean my husband was assassinated in Iraq and I had to leave and run out of Iraq to Jordan. I and my two sons... my two children. I lived in Jordan in hardship. A person that lives abroad for the first time and has never seen it. Life is hard in Jordan. I had to spend for myself and for my kids and life was hard and rents are expensive there in Jordan. I had to work to provide for myself and for my kids from asking anyone. And I lived a hard and difficult life in Jordan. Then, I had to return to Iraq after the chute... after Baghdad's chute and the war happened in Iraq. To see my family. The situation was hard in Iraq. I had to leave and go to Syria. I stayed in Syria for... for about nine years or I don't remember nine or ten and I swear I don't remember. I mean I stayed in Syria for a long time and life was hard. I worried about my kids who were with me and I had to provide for them and make them survive but the hard problem I found was that I couldn't teach them education because education was hard... it required money and it needed (inaudible)... and I was barely able to create for them the generous house where they live and their expenses and the doctors and medicines and the hospital... in addition to my psychological state... I was really psychologically tired because I was alone and I had no one to aid me and I had no one to help me. I mean I live a really hard time. Finally the situations (inaudible) for Syria and the war on Syria. So our situations became hard. I mean no work and no help and no nothing. And then the Syrian government sent the planes to bomb... meaning... meaning houses... towns, cities... drop from the plane the bomb and you don't know where it falls this bomb. So lately, our building the whole thing fell down. So the UN aided me and took me to the hospital and then my coming to America happened.

I: can you speak about life in Iraq?

P: life in Iraq...

I: during the bomb or the war in Iraq.

P: I... the bomb when fell on my house, I was in Syria not in Iraq. In Iraq we were living a good life... thank god... mean Iraq was flourished... Iraq's whole living was good... meaning it was safe... it was (inaudible) but America... Bush decided the war on Iraq. He destroyed Iraq.

I: can you speak about how your life had changed during the war from Bush?

P: After the war from Bush on Iraq, meaning he destroyed it... Iraq. He started bombing everything. The cities, the schools, the streets, everything, meaning... meaning unequal war. People who don't own anything decided to fight you... meaning send him planes equipped with equipments and Iraq doesn't have this potential to hold off Bush. In addition to the American soldiers who spread corruption in Iraq. The American soldiers destroyed the Iraqi people... meaning hit everyone... children, women, men and even who he walks in the street minding his own business, they killed him. meaning Bush destroyed Iraq Bush and without a reason. Meaning they decided coming to Iraq and destroying this country without any reason.

I: and... when you were in Iraq or Syria or Jordan, were your thoughts about American different when you were in Middle East before you came here? For example, did you think that America easier... I don't know... in Syria but when you came to America, different about your thoughts from America?

P: no. We know America and we know that the American society is different than the Arabic society. Everything is different. But wars hurt us... killing hurt us and blood became like

water... meaning how is water in the streets, blood became like this in the streets... and for that reason we were forced and had to come to America. Otherwise, I would like to live in an Arab country and I don't like to live in America.

I: In Iraq, when you felt scared

P: scared (In Arabic)

I: when you felt scared. When you felt...yeah... scared Did you speak with your family or friends?

P: no I am only.

I: in Iraq?

P: In Iraq no my family was with me.

I: yeah.

P: even my family felt scared. My husband's arrest was a shock for my entire family. They were scared that they will arrest me with my husband and so I left and ran away to Jordan.

I: but here... when you felt lonely and you want to talk to someone, who do you...what do you do?

P: I am...when I feel lonely, feel scared, and feel... but I don't find anyone to talk to...I don't find anyone...meaning... explain to him what I'm feeling inside... I like a person to be close to me... complain to him what's inside of me but I can't find. But when I first came, the IRS helped me... the organization... they helped me... they stood by me but I still felt scared inside... I still feel scared inside.

I: would you ever consider going to psychiatrist to speak about how you feel? So... in your opinion.

P: when I first came to America, I went to a psychiatrist.

I: oh! One time?

P: no. I have long sessions with the psychiatrist.

I: oh ok. How many times to you call you family in Iraq during the week?

P: hard... I... I don't call them. Since I came... during six months I hardly told them. After six months I came to America, I hardly told them I arrived to America. Meaning it's hard calling them... I don't have that possibility or those expenses to bring and buy cards to talk to them. In addition, hard... it's hard adapting to this country because we're Arabic language and they're English language... and meaning it's hard for me to understand...meaning I want to go to the store and I don't know what to tell him and he wouldn't understand me. So it's hard... meaning it's been a long time that I haven't spoken with my family. It's been almost more than three months that I haven't spoken with them.

I: who do you feel...in mosque in Hungerford... have you met a friend?

P: this is the first time I have been to the mosque, since the first time you saw me, this is the first time, I have been to go to the mosque. I haven't met Arabs or a friend or... but it's my going to the mosque, I felt safe. When I sat there and prayed, I didn't want to leave the mosque.

I: good. Can you speak about how you feel after not seeing your family for ten years?

P: hard! Very hard. Ten years I haven't seen my family and my family...meaning I have two brothers were killed in the war because of Bush. And I have now a brother threatened in Iraq... meaning they're chasing him. They want to kill him. They killed four of his friends. He's a university graduate... graduated from the university...meaning the last time he called asking for help from me and I need who helps me! I don't know what to do. I don't.

I: do you still experience trauma from Iraq in America? And how?

P: from Iraq in America? How?

I: do experiences... experiences with shocks in Iraq (inaudible) home?

P: yes.

I: and can you speak a little bit more about that? If you want.

P: meaning sleeping...when I sleep at night, it's hard. I remember the trauma that happened to me Iraq, and that happened to me Syria, and the persecution... I was...I was living a very hard life...alone... and there was no one to help me and no one to stand by me... meaning life was really hard... (Inaudible) was suffering from... meaning in America I suffer from. I came to country where I don't know anyone and I don't have a friend and I don't a language to be able to speak with people and I don't have anyone to converse with... meaning the same bitterness... the same sufferance and the same pain that I was feeling there, I feel here.

I: when you feel lonely in America, what do you do? Do you use Quran or religion?

P: Of course.

I: Ah of course.

P: I always use the Quran. I always read the Quran and ask God because I make myself patient about my bad psychological state... and...and sometimes I... meaning...meaning I feel... meaning a strong depression. Meaning alone and there is no one to help me and there is not one to stand by me. Menaing the Quran a thousand praises and thanks to God that he gave us the Quran to use.

I: do you ask your friend... the Iraqi refugee when you feel lonely?

P: I still haven't met anyone.

I: Ah.

P: until now, only the IRS has helped me and there was a volunteer in the IRS and I loved her and I loved her very much. She helped me and stood by me and I felt as my daughter as if she was my daughter. But lately, she added bitterness to my bitterness...she had cancer...meaning I felt more pain and more and when I can go to see her and when I make sure that she's fine and that made me more miserable.

I: can you speak about when you first came to America... how IRS helped you?

P: the IRS helped us but not that much. I didn't imagine this. I imagined that we would come live a good life...meaning they would find us a house and... there is no there is no... good living... if you want a house, you have to pay its rent. Us, we from the Arabic countries suffered a lot and for me, meaning the building fell down while I'm in it and I was sitting under the rubble and I can't work... I can't work and pay expenses here... we imagined that we would live a good life. On the contrary, it turned out to be the same thing.

I: ok. Good.

P: meaning until now I still don't feel stability. There is no stability. Meaning the human being...the most important thing that he feels stability, feels that he has a house, feels that he lives a good life, feels that he can...someone who can help him and someone who can provide for him. There is no such a thing here. Not at all there isn't. Everything is expensive and everything you have to pay the expense. You have to go and you have to bring. Hard...hard here...hard...everything is hard...meaning even the simplest thing, you have to go shopping. There is no one to help you to take you to do shopping. (inaudible). I'm already tired and my back I can't carry and my hand I can't carry with it. Meaning if I want to go and come and in buses. Hard...hard...everything is hard...and the places are far away. Meaning you need a car to take you and a car to bring you back. Life is hard here. Everything is hard.

I: good. I don't have questions. Thank you.

P: thank you.

Interview with Irene

I: And then if you consent to this interview you can say that you consent or ok so we can start off.

P: Ok, I do. I consent to the interview.

I: And so how did you first become involved with Catholic Charities?

P: I was finishing up my degree in human services and focus on anthropology and I needed a two week internship. This was in 2002 and a professor suggested that I meet somebody on Catholic Charities on Market Street. I did that and I worked as a volunteer for many years and then I was hired part-time as a school tutor. In the meantime I did my Masters' in linguistics, I completed that and now I am the Education Coordinator.

I: And can you speak about your other expertise with refugees?

P: I think my expertise, you know, what can I say, my expertise is more the daily interaction with refugees. I've always been fascinated with refugees because I come from Pakistan and we had over two million Afghan refugees over there but I was already in the United States at that time I just used to, everytime I went on a visit I used to see how my mother, she used to volunteer with the refugees and so I was fascinated. So when this opportunity came up, it just sort of fit like a glove.

I: And have you had any experience in particular with Iraqi refugees?

P: Yes, I teach Iraqi refugees. I have numerous students, some families mostly all singles.

I: Single-women or?

P: Mostly men.

I: And so in terms of your ESL classes, how many people usually attend?

P: Our ESL classes vary but on a daily we have up to and over 55.

I: Oh, 55 students?

P: Yes

I: Oh, that's good.

P: But out of those students probably 10 are Iraqi and the rest are from Nepal and Bhutan. They're Karen, Somali, Sudan, many Sudanese.

I: And how have you been able to let like Iraqis or other refugees know about these services or how have you brought them?

P: Because when when they come in as refugees, we do an intake and one of the very important expectations for them as refugees to receive services from Catholic Charity because it is a resettlement agency is to attend the English classes. That's very important component. We've seen that the Iraqi refugees are highly educated compared to other refugee groups and so for them it's challenging to attend my classes at Catholic Charities because my classes are basic and intermediate, low-intermediate. So what we do is if we find and you know we test them with a CASAS test which is a test which tells gives me an idea on their proficiency, what they are understand and etc. And so if I feel that their understanding is way beyond what I am teaching in the class or what the other teacher is teaching, I'll direct them to Adult Education or CREC or Capital Community College or the other services, Hartford Public Library.

I: And do you think that because of their status as having more, I guess English proficiency or them being highly-professional, do you that they've been, met other problems that other refugees haven't encountered when resettling in America.

P: I think for most Iraqi refugees, again this is a generalization you know when a refugee comes to the United States, it's basically freedom. Freedom in the sense of torture, bribery and the day-to-day living in the camps. I think that all refugees come in with tremendous amounts of

hardships and experience PS, PTSD etc. But I think for most refugees it's a step up to come to the United States, for the Iraqis, it's definitely a step down because they have, you know because they have been very comfortable, they come from an educated society. Iraq used to be one of the most highly academic, educated societies throughout history in the Middle East especially. So I think many Iraqis because they came from Saddam Hussein's era, one of the expectations was that you have to have a high school degree and beyond. So most of them are definitely high-school graduates, you know.

I: And so.

P: Did I answer your question?

I: Yes. And so, what would you say is the majority of the ethnic background or makeup of the ESL classes? I know that you've talked about the diversity but

P: It depends, it's very fluid because right now we are resettling Somali and Sudanese and some Karen, so it just depends you know. The expectation that one of the other expectation is that in 120 days they become self-sufficient, which means they'll get jobs and our job unit is going to find them jobs. So once they have a job they move out, they don't attend the class anymore then we have some refugees who are on the state welfare system because you know whatever. They will attend class all the time. We have refugees, students who have been here for many, many years and they just choose to come to our classes because of the comfort so and also because the expectations are not that high. There's no graduation, etc. It's just that they are going to learn English words on a daily basis. So right now we have many Sudanese and Somali but that could change in a months' time.

I: And can you elaborate more on the comfort zone? Does it have to deal with a, are the ESL classes a gateway for them to meet other people or other people of their ethnic background?

P: Yes.

I: or maybe friends?

P: So the focus in our classes, not just ESL, it is also life skills. Teaching them life skills, you know so the component of ESL is always there but it's life skills you know. Why do you have in winter so many times? You know. Why should you be wearing layers instead of just a jacket on top of your clothes? You know, these are all things that they really, many of them grew up in jungles and stuff. They've never even seen jackets, you know? Or you know why is hygiene, kitchen hygiene so important? And then we try and also work into that getting a job in a restaurant, you know. So you have the ESL component but then you have terminology with a restaurant or working as a, in a hotel, etc. So I think what happens is they feel that they're learning, they're learning that one word a day at the end of 30 days, it's 30 words, you know. They're also understanding more than the comprehension is there, then the speaking. I don't make them speak unless they want to and then I think it's just feeling really comfortable because their case managers are there and so they can meet with the case manager or address any other issue. They attend 1.5 hours of class, they receive food from Food Share on a weekly basis. So it's sort of, it encompasses many things, that's why I think they like to come. They like to attend and then I make it fun.

I: Yeah. And so I read a little bit about your work online and so you do mind speaking a little bit about the sewing circle?

P: Well the sewing circle was started by a lady called Lynne Williamson, she is anthropologist at ICR, Institute for Community Research and myself. She's done a lot for the refugees in terms of you know getting grants and getting them to present and show off their items, exhibitions, etc. So the refugees were resettled by Catholic Charities and this was a component that they went, were

a part of and they still are. We also at Catholic Charities started a circle called the International Threads Group and we have 11 used sewing machines, we have lots of fabric that's free and the refugees you know in the intake we tell them about both the sewing circle and well as International Threads. Many of them are seamstresses, they love using the machines. They can use much fabric as they want. The only thing we ask for is - take what you need, make what you want, just make one set of bed sheets or one set of curtains for the refugees on a daily basis. So they're giving back and yet they're making things for themselves to sell or whatever. We also have a grant and we received 16 sewing machines from the Rotary Club in South Windsor, they have a choice and a chance to purchase these sewing machines for half the price and they can pay, they can take up to 6 months to pay the \$40 so this is a great incentive.

I: And so can you speak a little bit about maybe a community building component in that or if, how the women have gathered or if it's a way for them?

P: Yes, it's fantastic because you have people speaking Karen and Burmese and Nepali, Arabic and most of them don't understand each other but they smile and they help each other and through actions and gestures they teach them how to do a seam or a button-hole and it's just wonderful. And then you know at the end of it they attend churches and events and they sell their items and whatever money they make is 100% theirs.

I: Oh, wow that's great. Do you think that this sewing or this thread group, do you think that it can be seen as a form or a way for them to deal with maybe trauma or their mental health problems?

P: Yes, absolutely. What we noticed was, and that's why we started the sewing circle, was that the women who worked on a project and worked in a group seem to be better off mentally and emotionally than women who did not and I think it has to do with companionship and camaraderie and realizing that everybody is in the same boat, you know. Everybody has to make a new life, everybody came from trauma.

I: And do you know how refugees who are resettled with Catholic Charities usually meet their social networks, is it through Catholic Charities or classes or do you know if it's through religious institutions mainly?

P: Yeah, yes that too we tell them in the intake that there's so many mosques to the Muslim refugees, there is so many Buddhist temples, you know there is a Hindu temple in Middletown. There's a Hindu temple in East Hartford. We have links and then we try and usually get them connected to somebody who's active in the community and there are lots of people active in the Bosnian community, Nepali community, etc. Iraqi community and then they take them under their wing and sometimes it works out and sometimes it doesn't.

I: Can you speak about the role that community can play for Iraqi refugees particularly in the Hartford area?

P: Well you know I think Iraqi refugees are very enterprising because you know they come with more English and so for them. I think for the men it's not such an issue. It's for the women, they're the ones who generally have less English but I think once they are involved with an institution for example. CREC or Capital Community College and they're furthering their studies, they seem to be in a better place. We have tried to include the Iraqi refugees in our International Threads group and our sewing circle and we haven't had much luck. Either it's because they, they never been part of a group like that or they don't, they're not interested or crafts have never played such a big role, even though from my readings, crafts are very big in Iraq but maybe this particular group just hasn't any interest.

I: Do you know of whether the Iraqi refugees in Hartford, if they just tend to stick to stick, stick with other Iraqi refugees or within the Muslim community itself or?

P: I think there are divisions, that's my personal opinion with the Shi'a and the Sunni but then again there are no divisions. I think it's individuals but I do know that the Iraqis are very friendly with the the Sudanese and you know because they all speak Arabic and so it seems they've really connected well with them.

I: So do you think that Arabic language is a way to?

P: Yes, absolutely, we do tell the Iraqis about the the mosques and stuff and they don't seem, you know the Sudanese and Somalis are much more interested in getting in touch with mosques but not the Iraqis so I wonder, that's my observation. I wonder if it has to do with Saddam's whole regime where you know religion didn't play such, it played a, a major factor in terms of divisions as cultural concepts and religion but not really as religion as practiced. I could be wrong but that's my observation.

I: Have you seen other or made any other observations about Iraqis in regards to staying in touch with their families or?

P: Yes I think they all are in touch with their families, they all use Viber and they all use Tango and yeah.

I: And so has going back to mental health has Catholic Charities, I know you've talked about washing hands and things like that, has Catholic Charities provided information sessions on mental health or health access?

P: Catholic Charities has a whole division for mental health services and we have an amazing director who is trained. So if a case manager feels that there is an issue, we direct them through her to that division and interpreters are provided, etc.

I: And so have the Iraqi refugees that you've come into contact with, do they have a tendency to stay in Hartford or to?

P: Yes, most of them stay in Hartford. There are a few who have left but most of them seem to stay in Hartford.

I: And have you heard any of their, I guess complaints about the city or anything they said about Hartford?

P: No.

I: Not at all?

P: They like it. I'm always surprised.

I: Wow.

P: And if they don't like it, they haven't said anything to me.

I: And do they have a tendency to meet with other Iraqis or just stay at home and?

P: I think you know families meet families because remember they have that whole issue with women not going in front of strange men etc. so families tend to meet families, women tend to meet women, singles tend to meet singles. I do know there are some families who are very open, they love to cook and they love to feed and they love. So there are families who are like that who will invite for special occasions all the young men over for food, you know or there's Eid, our celebration or for example there's a wedding, there've been a few weddings in the community also in Massachusetts then you hear about everybody getting together.

I: And is there an Iraqi association or a community center?

P: I think there is but not in Hartford.

I: Oh ok. And so how do you think, I mean you've talked about self-sufficiency earlier. Do you think that conflicts with the need to I guess keep kin-ties or familiar ethnic ties close together when you have to be self-sufficient, do you think those two conflict in a way?

P: I think this is just the law of UNHCR of the State Department in the United States and so before they come, they arrive in the United States they have to sign a form, it's an IOM form saying that they're going to take the first entry level job because self-sufficiency is 180 days at the most and so I think there's no choice. So it's not like Europe where you have to be self-sufficient in 7 years and the state provides everything. So I personally think 180 days, personally, my personal is too short a time but I also think for a person who's willing to work and become self-sufficient, it's fantastic cause remember they've been in very bad, dire circumstances. They've been in camps for sometimes for generations, they really need to get their act together and if a job is provided for them and they're willing to work and earn the money so be it, you know. But do I think it's too a short a time, absolutely.

I: Do you think that perhaps things like mental health trauma or establishing social networks should be dealt with first prior to finding a job?

P: No, they go hand in hand because remember even once, it's just like with English. You know many people will say oh, I want to learn English, I don't want to work and that's really not an option because we tell them if you're working, you're learning English. If you're working, you're still meeting people and you're developing social network, that has nothing to really do with anything, you know. It goes hand in hand, you can't have one thing, I mean none of us do that we all work, we have a life outside work, you know. Yes we may not be able to spend as much time meeting people but we still can if we want to, we can join a church, we can join a, a mosque, we can you know meet one family, the family can get everybody together, you know I think it's fine.

I: And then.

P: I think, I think for a refugee, the key thing is health, health care and that they receive it immediately and the second thing is a job and the children going to school, I think these are the three most important things. You know the children going to school and they're looked after and your health care is in place, you need to feed your family.

I: Do you think that religious organizations like mosques and churches need to get more involved in promoting screenings or health or mental health?

P: I think the mosques are involved and I reach out to them when I want for example, I, I need clothing or winter clothes or I need for halal, food you know during so it's not per se mosques it's individuals in the mosques who always respond. So in Ramadan we need food, you know extra food for the fast, everybody comes through so halal meat on the religious holiday, everybody comes through. It's amazing and then you know if we, if I do reach out to a mosque and I say there's somebody who really wants. For example there's a Shi'a mosque in Middletown and you know somebody will pick that person up and take them over there. So the mosques are very busy if I do request something they absolutely come through.

I: And so what ways do you or have you seen that refugees deal with their trauma aside from the sewing circle or what do you think?

P: I don't see too much because I am dealing with so many people on a very 8 hours a day. If I observe something which is I think it's because many people see me as a mom, you know, the mom figure, which is a good thing and not always good but what happens is I don't have a problem with it it's just that sometimes people, you know they have no families, they have nobody so they, they just want to latch onto you. I don't have a problem but if I observe

something where somebody I find is very sad or they need to or anything else that I observe. I try to as discretely as possible you know take them into the office with an interpreter and just find out if there's a problem, if there is we address it. Maybe it's loneliness, maybe it's not finding a friend, maybe it's worrying about the family back home, you know. After all I mean think about it, you miss your mom and she is just 2 hours away, you know and you know. I've been here 35 years and I still get homesick, so it's really tough. It's tough being a refugee, I wouldn't wish it on anybody.

I: Ok, I think that's the majority or those are all my questions.

P: Ok if you have anymore questions, you can just call me. Call me and we'll talk on the phone, it's not a problem. I'd love to see you though again.

I: Yeah I know, this is great.

P: What I'll do is I'll send you, you CC me when you write her a little, a little note, my director, she's wonderful and I'll just brief her a little bit before you write and I'll give you the go ahead. I'll say how now you send her an email. And then if you have more questions, you can meet up with her.

I: Great, great.

P: Ok?

Interview with Lorraine

I: And so if you consent to this interview, can you please say ok?

P: Ok.

I: Great, so just to get started can you first speak about how you became involved with Spring Glenn and refugee resettlement?

P: It was thought as apart of our benevolence committee that we wanted to do a resettlement and that's what we did and I was co-chair with Amy in trying to resettle a family.

I: And so it was only, so there was no I guess higher like maybe the bigger branch had informed you about this crisis or the need to resettle or you just?

P: The, Chris George came to speak to us.

I: Oh, yeah, Chris from IRIS

P: And he was the one that yeah and he's the one who opened our eyes to the need for resettlement and so then we decided to take on the project.

I: And so have you worked closely with IRIS? Can?

P: Yeah, I teach English there.

I: Oh yeah, you told me about that.

P: As a volunteer

I: And do they continue to take volunteers from this church for IRIS?

P: Yes, every once in a, well not necessary for teaching, not for teaching but there, from time to time there will be a email saying we need a furniture or we need somebody to help set up an apartment or we need cooking utensils and stuff like this.

I: Do you remember how long ago you started this kind of refugee resettlement initiative?

P: It must be five years ago maybe.

I: Can you speak a little bit about I guess either the different groups or ethnicities that you've come into contact with by starting the initiative?

P: Ethnicities at IRIS?

I: Yes, well in terms of the refugees.

P: Well that's all we work with is the refugees. Yeah, Pakistanis, Afghans, Somalis, Congolese, Sudanese, Ethiopians, Eritreans, quite a group of Eritreans, some Cubans, a few, that's mainly it, Africa and the Mid-East

I: And do you know how many in total the Spring Glenn branch has helped to resettle? Or maybe?

P: Just one family.

I: Oh just one family? Oh that's good.

P: Completely resettle.

I: Oh that's good.

P: So you know, getting housing and everything but you know, now numerous people do give rides to people to medical appointments that sort of things.

I: And can you speak more about I guess the assistance that you provide, I mean you mentioned the rides a bit and can you also describe what complete resettlement means?

P: That means meeting a family at the airport, bringing them into their new apartment that's been all set up and furnished. Rental, rents arranged for and several months rent paid, clothing, whatever is needed for an apartment.

I: And so is this all completed through fundraising?

P: We had some money in our benevolence.

I: Oh ok.

P: And this church automatically sets aside 15% of all its income for, for charity, work outside of the building for charity and that's, what, that's the monies that we used.

I: Does it, do, does the church receive any I guess assistance from the government or the state of Connecticut for refugee resettlement?

P: No.

I: Not at all? And how long does it take for a process for in terms of total resettlement or complete resettlement in terms of like getting the clothes together and picking them up at the airport like how much preparation would be put in like a month's worth?

P: Two months' I would say.

I: Two months' worth?

P: And then of course, after that there's a lot of settling in as far as arranging for childcare, schools, registration that sort of thing.

I: And how long is this assistance provided for?

P: In our case, it must have been around 6 months.

I: Oh wow. And then what happens afterward?

P: Then the, the, the man did get a job and manage to carry it on his own.

I: And do you, does the church still keep in contact with him and follow up?

P: No unfortunately, they went back to Jordan.

I: Oh.

P: After all that.

I: Do you know how long they were here for before that happened?

P: Oh it has to be a couple of years.

I: Oh and then they, they just went back to Jordan.

P: Yeah

I: And there was no?

P: There was no communication with us at all.

I: Oh no.

P: So it was a completely, complete surprise for us.

I: Do you have any, I guess thoughts on perhaps why, any indication?

P: Only what my impression is which would be that they never were happy here. I think what happened, it was a personality thing especially on the woman's part. She was very aloof, kind of a princess type. I think she'd probably come from a very well-to-do family and the status of a refugee was just too degrading for her I guess. That's my take on it.

I: And so with your work, your volunteer teaching at IRIS, do you encounter more men, women or children that you help with English or what's kind of the demographic in the class?

P: Oh it's pretty mixed, pretty even.

I: And well for the family that were speaking about where the wife was kind of aloof or a princess, do you know their level of education was prior to coming here?

P: Yes, university level, yeah.

I: Were they very receptive of your services?

P: No.

I: Oh, not at all?

P: Not once they were settled.

I: And just to clarify, was this an Iraqi family?

P: Yes.

I: Oh ok. So they were, but did you offer, I mean were there any services that they asked for or anything with like helping with education for their children?

P: Yes, they, we had them all set up, had, had got them a scholarship to a local child care. They had one child and she never took 'em (sic).

I: To school, at all? And in terms of the husband having a job, did you help set that up?

P: No he, I'm not sure about that. I'm not, we didn't but IRIS may have. He was a delivery for a drug company, he went around to different pharmacies with different supplies.

I: And do you have any inkling about, I guess the, their mental health status or any of like chronic health problems that the family had when they came as, when they initially came?

P: No.

I: Nothing at all?

P: They seemed to be fairly healthy. She's very, very thin and lost one child, had one miscarriage and has then subsequently had another, a healthy baby.

I: Do you know if the miscarriage was in, in Jordan or?

P: No, it was here.

I: Oh, it was here in America? Do you have, did they share any information with you about their, I guess their, their migration to Jordan or their lives in Iraq?

P: No.

I: Nothing at all? And how often did you meet with them or did you see them?

P: Well in the beginning, quite a few, quite a lot and then we would make overtures and she would never, never return phone calls or emails or anything.

I: And did you show her, in terms of introducing to the, to the city or the town, what, I guess what actions did you take in terms to resettle them? Like did you show them around the, the school or the area or the stores? Like I would just like to know.

P: Yeah and I took them shopping and different people took 'em (sic). So it was a shared thing. We tried hard but just we just, we just didn't get the right fit, which is too bad.

I: Ok, let's see. Have you resettled any non-Christian, were, was the family

P: No they were all Muslim.

I: Oh, they were all Muslim?

P: Even the Africans are Muslim. Some, some Christians from Ethiopia, some Coptics Christians from Ethiopia and Congo.

I: Would you say that I guess a different approach is taken with refugees who are non-Christian that you've encountered or?

P: No. It's a Christian organization, (inaudible) organization is you know a Christian organization, yeah. No I don't see any difference.

I: Have you?

P: Or except we're more careful with the Muslim population for instance I wouldn't wear any revealing clothing. I mean not that I would anyway but you know there are certain things you that don't do in a Muslim population.

I: And, cause I read, have, have you seen this population aside from your own assistance through this Christian organization and church. Have you seen in them reach out more to their Muslim communities once they arrive?

P: No, the Iraqis seem to be very insular and clannish, much more so than the other groups that I've encountered.

I: So clannish in terms of they tend to group within other Iraqis.

P: Yeah.

I: Do you have an, I guess an idea of how they get to know, do they, from your experiences do you know if they already knew that there was a prominent population here before coming or?

P: Well they didn't, I'm not sure they had much choice you know these are UN, done by the UN. I'm sure that was part of the attraction when I guess, I, I don't know how much choice they were given but certainly knowing there was a group here would certainly be a draw.

I: Do you know if they met their other fellow Iraqi contacts through IRIS or?

P: Yes.

I: Oh it was through IRIS? And so like you were, can you describe what their clannish behavior is?

P: They always will sit together, they won't sit with the other people and they're also very prejudice - anti-black so they will not very seldom will they reach across to an African. Even though the Africans' Muslim which doesn't make sense to me.

I: And then can you speak about your experiences with I guess the other refugee groups and how that contrasts to the Iraqi refugees?

P: Yeah, it's, it's interesting the Afghani population, Afghan population is very open and reaches and tries to speak to another group and the Africans are especially warm and outgoing. It must be some sort of cultural thing except that I do see the difference. I have a very close Iraqi friend whose husband, oh boy, this is about six years ago. She came here and I gave her a ride to, to medical appointment, she's in very poor health, she has lupus and her husband was kidnapped at a funeral no, in Iraq. At a funeral of his nephew or, or brother and luckily was abandoned when the police came, the Iraqi police came by. He was all thrust up by duck tape and he was sent to Sweden as a refugee and then ultimately came to this country. That was a wonderful reunion. He owns a store in West Haven, Amideast and she is interesting. Lovely, lovely woman but she said that her experience of the Iraqis here is that they're the ones she's met have been very backbiting so she removes herself from that population which is interesting.

I: And, and you met her through IRIS as well?

P: Yeah, giving her rides to medical appointment.

I: Do you know if her lupus developed or I guess became known in American or was it a prior condition?

P: It was a prior condition but was not diagnosed and her mother died of it at her birth and nobody really knew about it and they subsequently determined that probably what happened.

I: And do you know of when the Iraqi community if it's, if the Iraqis come together regardless of Christian or Muslim and they just group together for their ethnicity or do you think that it's more sectarian.

P: Oh it's more, definitely Muslim.

I: Oh, very sectarian.

P: Very sectarian and even the whole Shi'ite business, you know that, even that is what's subdivided.

I: And so has in your English classes, I mean you're speaking about the Afghans and the Africans.

P: The Afghans.

I: Oh sorry the Afghans and the Africans, do you, are, is there, which refugee group is more prominent or I guess has a bigger presence in your classes or?

P: That's interesting, it depends about which level I'm teaching that particular day. Dari and Arabic speakers so Afghans and Iraqi, Iraq, yeah Iraqis they're, there's, they're a couple of Turkmen but they speak, they don't speak Arabic. Yeah I would say those two groups.

I: And prior to coming in contact or volunteering for IRIS, did you undergo any kind of cultural competency?

P: No.

I: No, not at all? Oh it's just kind of natural.

P: We learned on the line.

I: Oh that's great.

P: On the job.

I: And so when other members volunteer from this church for I guess to take up refugee resettlement, does that?

P: We probably won't do it again, it was very expensive.

I: Oh.

P: And we don't have the money now to do it. We did have it but we don't now.

I: Oh ok. Have you noticed any stigma to mental health?

P: Oh yes, yes, yes and especially one Iraqi woman has a child with cerebral palsy and I've seen her a few times, she doesn't come regularly but there's quite a, a distancing but from the other Iraqis. They do not accept any differences, any disabilities or any variations from the, the prototype.

I: And do you know if they're open to speaking about their problems or I guess their trauma or kind of?

P: No.

I: Not at all?

P: This friend of mine will.

I: Yes.

P: She's very open but not in general.

I: And have you seen, does IRIS do a lot of I guess, excuse me, kind of community gathering events for Iraqis or do they?

P: Yeah for, for all of them. Yes they do, they do museum visits, they do picnics, they do during the summer trips to the beach, road races. They do, they really try very hard.

I: And it's not specific to just one.

P: No the only thing is, it all notice is you know there'll be Arabic, there'll be Somali, I mean all the languages are, all the posters and postings are done in the various languages but nothing specifically for Iraqis. It's, the idea is to get them to be, to have a larger identification.

I: With refugees. And do you know if the Iraqi community themselves, if they come together in mosques and meet each other or if it's more of a gathering like within the private home space?

P: That's interesting, I would say with my friend it's mostly in the home space. I was, I was there at a, a engagement party and it was just a big party. And in, I don't know how much, how much they go to mosques. They'll mention it now I'm very close to some Afghan, to some Afghan families and they do. The children come I've had the children every other week and we, we do something, we cook and we have an indoor swimming pool so they come to swim and so you know one week it's the girls. I can only do it about twice a month cause there's so really active. So we'll have a girls' weekend and a boys' weekend and that family actually has invited me, they have a summer home in Tashkent where they were before they came here.

I: Oh in Afghanistan.

I: Yeah so they've invited me to several weeks of the summer in Tashkent and I may well do that.

Interview with Alice

I: So I'm just going to read over the info sheet. The title of my research is *Fragmented Communities: Addressing War and Injury-Related Trauma through Community Building among Iraqi Refugees in Hartford* and so the purpose is with the large number of refugees in America, more needs to be done to provide refugees with culturally appropriate ways to deal with their mental health. In the research I'll pay attention to the role of community and or America's health care system in helping Iraqi refugees deal with their mental health problems. And like I said this is part of my year-long thesis at Trinity.

P: Ok.

I: For my double major and I'll take all measures to protect your identity. I will not include any information in my research that will identify you. I'll be the only person with access to the recordings and your participation in the research is voluntary. You can choose not to answer a question or skip a question at any time and if you choose to participate now but change your mind, you're able to stop and withdraw from and at any time.

P: Oh ok, so you know I have no experience whatsoever with Iraqis?

I: Yes, I would just like to know I guess like the trauma and refugee, which is similar. And so if you consent, just say ok.

P: I consent, yup.

I: Great. So let's get started. So can you just speak a little bit about the critical needs of Cambodian refugees or Cambodians in general that have been or have the potential to be overlooked by American health professionals?

P: Sure, Cambodian refugees are probably one of the most traumatized groups that has ever come into the United States. They have an average of 15 trauma events, major trauma events. Most people in their life, the average is about 2-3 major trauma events so they're kind of way off the spectrum. When they came into the United States, they had high rates of, of medical problems. They had liver disease, liver, a lot of hepatitis, TB, and parasites and that was the primary focus now we're going back to 1980, you know so that's what the primary focus was. It was suspected by everyone that they would have high rates of mental health problems but it took a whole decade to figure out what those would be and over the course of the 1980's research was done, primarily, there are 2 primary researchers in the United States, Malika up in Harvard and Kensey out in Washington and, no Oregon, I'm sorry. And by the, the late 1980's they had determined that Cambodians had a, a rate of mental health problems that, about 60% of survivors had either PTSD or depression. Those rates have stayed relatively unchanged over the past 3 decades and the Rand Corporation out in, in California just completed a, a second survey of somewhere around 400 Cambodians in Long Beach and the numbers for the, for the PTSD and depression are still the same. They had done a random sample in 203/204 and with the same group of people and, and they've pretty much found that it's unchanged. What was ignored over the past 2 decades, 3 decades was the, the medical issues of Cambodians and it, it, we seem to have this strange paradox of if somebody has a mental illness then we don't look at their physical illness. You know it's, it's like well, God wouldn't give you both, right, well, yeah. In the last decade, there has been a strong link made to chronic disease following trauma and I think this is the biggest finding that, that now is, is just beginning to gain interest in, in with researchers and in the, in the refugee communities is that if you have a high rate of, of trauma, you're more than likely going to end up with diabetes or heart disease. Again going back to the RAND study, which isn't published yet but is the only random sample of Cambodians in the country, they have a 28%, 28% of Cambodians have, survivors have, have diabetes, another 19% are pre-diabetes so

that's a huge, huge amount of diabetes. The number that have, the 28% is compared to a match sample of, of U.S. citizens of about 12% so it's more than double and, and the link to trauma has been made by numerous researchers and we did a study here. Julie Wagner out at UCONN studied some of our data from our patients and was able to, to make a link between the, the rates of trauma and, and chronic disease. So we know it's there, it's something that's now being looked at in the veterans coming back so what you have is diabetes and cardiovascular disease and which comes first the chicken and the egg, right? You know we don't know so the, the, cardiovascular disease in the Cambodian community is related to high, a high rate of stroke, probably 3 times what Americans, other Americans have. We have a death rate of stroke in California in the Long Beach study, they had a death rate twice that of other people from, from stroke. So we know that those are, are our major problems so when we look at the health of, of our refugees, of our Cambodians, we, we never separate the, the mental health from the physical health and, and we don't assume that something is due to, that a symptom is due to stress without looking at, at the possible connection it has to, to a medical problem. So if someone's talking about rapid heartbeat, we just don't automatically say oh that's because they have PTSD we're concerned that it's also due to the fact that they have heart disease and so we try to look at the whole person and figure out what, you know, how are the symptoms, what are their symptoms and and what, what conditions are they related to. So I think that's probably the big lesson that we've learned over 30 years is that trauma equals chronic disease and it's both mental health and physical health.

I: And so can you speak about Khmer Health Associates torture treatment program as being as one of the first in the US and the components of that?

P: We started in 1984, we formally called ourselves the torture treatment program. We were running a little bit earlier than that but we started systematically looking at people and dealing, we focus heavily on mental health back in those days because at that point in time, people weren't looking at mental health issues so it was necessary to bring the focus to mental health but over the years of having, running a program, we've, we, as I've just said, we've come to realize that it, it really is medical and mental health. So at this point, we're calling ourselves a behavioral health home, medical home so that we're focusing on the mental health issues and how that impacts a person's ability to, what conditions they have and also if, if you don't mind, I just need to take that (phone rings in background). So what I was saying about the torture treatment program, so, so we've evolved over the years and, and now using the language of, of innovations in, in health care it's clear that we have been a, a medical home or a health home because we, we look, we do, we do evaluations of people's health, we provide mental health services but we also coordinate medical care because for our community, language is a huge issue. And we just, we did our own study in, last year, and we finished in 2012, looking at, what, what're the barriers to, to health with the Cambodians and, and language is, is a huge issue still. And I, I think what happens to healthcare providers is they have Cambodians come in the office and these are people who are working in, in the community and, and so they say hi, how are you? I'm good you know, are the kids good? And then they talk to them about their medical problems and they don't have a clue what they're talking about. And even though they have conversational English, they don't have the command of the language that allows them to really understand what doctors' talking about. Now most people have a problem with what their doctors are talking about, you know because it's a different language but for Cambodians who, who culturally have been taught not to, not to ask questions and not to say that I don't understand. You know so if a doctor said here's the medicine, is it ok? Oh yeah, it's ok,

everything's yes and, and then they get out of the office and they don't know what he said and they don't know why they're supposed to take this medicine so. So what we've done with our program is we brought in pharmacists who are, who specialize in medication therapy management and they go through all their meds and see what are the problems. Are they first, are they taking it but are they on the right medicine, are they on the right dose? Are they taking it the way they're supposed to take it? And what, what're the issues about adherence? And, they can talk to the primary care doctor if there's a problem, if somebody's having a side effect. They'll call the primary care doctor and say you know they're, they're having this problem with this medicine, maybe you can switch it to this because it doesn't have that kind of a problem. And, and so they, they work in a cross-cultural team with our community health workers and that's really the important component is, is the team component where every member of the team functions on a peer level. So that the community health workers' area of expertise is the community and the language and so they work to make sure that the, the providers understand what the patient is trying to say. The pharmacists, their area of expertise is, are, is drug therapy. I'm a nurse, I'm a psych nurse, my area of expertise is, is evaluations and therapy so we each work in our own realm but when we come together as a team, we're all peers within this team. So the community health worker might say, you know they don't understand what you're talking about, you know. Or they'll, sometimes they'll say to me when I talk to this patient, the patient talks in circles and I don't understand what they're saying, you know so that I understand that there's that the problem isn't just the language. That there's a, there's a cognitive problem that I have to address to. So the importance of peer teams is, is really important because if, if there's a, a, if the relationship within the teams is, isn't that of peers, you're not gonna (sic) have the flow of, of communication and, and it's taken us a long time to, to develop these working teams. But I think, I think we're doing pretty good with them now and, and we also use some software that we developed ourselves that helps us do the evaluations and communicate with each other and it's called the Sims. It's, we use a spoken format for, for all of our assessment tools so that the person can go in and look at the computer and hit a button and it will speak the, the question to them and that way we can be sure that the question is presented the same way all the time so we can use validated tools in our assessment process. And the community health worker helps the patient do the assessments and we have this, we have one for, for medication beliefs, medication adherence, we use the Hopkins system checklist the (inaudible) version, we use the Harvard Trauma Questionnaire and we have some other questionnaires that are part of the, the process. So I think that's what, what really encompasses the torture treatment program is it's comprehensive, it's also very supportive of the patient. The patient has to take the lead in, in how fast you deal with issues so then and they set the priorities for the issues. If their priority is, is you know a medical problem or housing or jobs, we, we, we go with what they say is the priority because they, they know, you know you find out after doing this for a long time is if, if their mind is set on something as being the priority then it is their priority and they're gonna (sic) focus on that until you resolve that issue and then once that issue's resolved you can move onto other issues. Back in the, the 80's it was getting family members out of the camps so we spent a lot of time doing that because you can't talk about mental health if they're saying my son is over in that refugee camp and I can't sleep at night, so how do you resolve the, the sleep problem? You know so you help them write letters, you help them do what they need to do to get their family re-reunited with them. So, so that's basically how we work and we've do it for a long time, we've followed some patients for 30 years you know the same people so we know our people, we see what happens with them overtime. And, and the reality for us has been that

they're never free of symptoms, you know and but we can resolve a lot of the issues and we can get them into a state where they're functioning well. So we look at more of how much of what they want are they able to get in their current state you know and sleep is a huge problem. We have people who haven't slept for a full night in 30 years, you know they're bothered by dreams, they're bothered by night terrors. So we don't have all the answers, we're always looking for, for new answers, and excuse me, excuse me (sic) (Sneeze)

I: Bless you, bless you.

P: Oh there must be something in the air, I've been sneezing all weekend.

I: Oh no, do you actually mind if I move this a little?

P: No. So one of the things we're hoping to do with our, with our medication therapy management is we're trying, we're also, we've started doing collaborative care and what that means is the, we have protocols for our medications now and so the pharmacist comes in and sees the patient and then adjusts their medications based on their symptoms and their side effects. So that the pharmacist is doing all of that, they, he doesn't have to go back to the physician on that so we've removed a step in the process, which speeds things up so if the pharmacist sees someone today and, and, and sees that they still have symptoms, they're on an antidepressant, so they'll increase the antidepressant. Or if they're having side effects that the pharmacist knows is gonna (sic) be troublesome, switches them to a new medication and that, again that's part of the team effort. The doctor is, you know our doctor is talking to the pharmacist but the pharmacist can act autonomously in doing that and, and it, it, we think that if we can figure out whether or not someone is getting the right medicine at the right dose and that they're taking that and they're still not getting better, than we need to find other treatment approaches. And our goal, our goal now is, is to get someone into complete remission and I think that it, it's gonna (sic) be exciting to see if we can do that but it wasn't something we could do before because we didn't have the manpower for medication therapy management is very time consuming and with our limited personnel it's, it's been impossible for us to, to follow-up on everything the way we want and we mean intensive follow-up so that a patient's put on a medication on, on Monday and on Thursday, the community health worker is calling and saying did you get the medicine? Are you taking it? Do you have any side effects? If you do, I'm gonna (sic) call the pharmacist and have 'em (sic) talk to you and right now what'll happen with us is we'll write a, a medication for someone and then we see them in three weeks and in three weeks they say oh I didn't get it because I went to the pharmacy and they told me that my insurance doesn't cover this medicine blah blah blah and then now we've lost three weeks, you know so, so we're trying our way around that and trying to, to make sure that if we're gonna (sic) use medication that it's going to be used correctly at the right doses and, and then if it doesn't work we'll find other avenues for treating.

I: And so going off the idea of comprehensive care model and kind of uniting mental and physical, how has Khmer Health Associates made their mental health evaluations and long-term psychotherapy kind of culturally sensitive to Cambodians?

P: Well, that's always a huge issue and I worked in a camp in 1980, I was a psych nurse when I went over and now 30 years later I can truly say I don't understand how Cambodians think.

I: Oh my gosh.

P: Because culture is and language is, is so complex and even though I try to learn and try to understand I, everyday I find new things that I didn't know but we're lucky because Theanvy who you met a little ago, she's, she's our family therapist and not only is she a family therapist but she's a Cambodian who was raised in, in two cultures. She was raised in a very traditional

spirit-based culture, so she understands traditional concepts of thinking and she was also, you know, went to the university so she's, she's aware of, you know her, her language skills are, are very good and she has a broader understanding of the Cambodian culture and so she's the one who really helps us understand as do the community health workers and now some of our community health workers are younger. We have one young man who worked with us who's, who just came from Cambodia about 4 years ago and we see that his use of words, his language is very different than what Cambodians use here because language is always changing and, and so it makes us very intune with, with the fact that not everybody is going to understand what we're saying or how we're presenting things that we have to constantly evolve and, and, and focus on the cultural issues. There's, there's cultural issues that have to do with what part of society you belong to, class, the class system in Cambodia was very pronounced before 1970 and so there was almost 2 languages. Farmers would use one language and educated rich people would use different words. There were also different words that were used for, for monks and the clergy and different words that were used for royalty and so if you used the wrong words with your patient, you could, you can insult them. With Cambodians what happened during Pol Pot, the, the Khmer Rouge had very strict rules about what words you would use and what words you couldn't use, even with the word for eating you weren't allowed to use the, probably the most common word was, "K`nyom Bahy," (sic) which means eat rice. You know so if you're, if someone will say "K`nyom Bahy," that means are you gonna (sic), it's time to eat. They used the word that was used more commonly with farmers which is "Hop" and, and if you were using "K`nyom Bahy," you could be killed. You know so that, there's a lot of anxiety around words. So it's very, very complex, you know and words can trigger reactions in people. We're always watching how people are reacting to, to what we're saying. I'm, you know, being an American therapist, I'm much more likely to, to say things that, that Cambodians aren't used to hearing. You know I'm much more direct, I'll talk about their fears. You know I'm, I'm very good at this, of saying "Are you afraid you're getting sick? Are you afraid you're gonna (sic) die?" And Theanvy will tell me to, she won't translate what I said and, and then I'll say well why didn't you translate. She says you, you can't do that, you can't, you can't ask them to tell you what their fears are because for a Cambodian to speak their fears is like, like making, it's like opening a door to it happening. So that you have to, again you have to work as a team, you know your, your team member will tell you, you know I'm not asking it that way and sometimes however when you're doing an evaluation, you wanna (sic) ask it that way and then I'll say to Vy, now I want you to translate this exactly the way I'm saying it and I can see the reaction of the person after. And so it's, it's tricky but it's culture is always, always a factor and again I don't understand the Cambodian culture. I understand pieces of it, you know. The other side of that is, the Cambodians know I don't understand and because I don't understand, I can say to them, explain it to me. Theanvy can't say explain to me how you feel about this because she's supposed to know, you know. But I can say I have no idea how you feel about that can you explain it to me and then they'll work with Vy to, to explain what their feelings are. So in some ways it's, it's actually a therapeutic tool or I'll say what does that word mean, I don't understand that word and, and they'll go into greater detail and, and, and they'll work with it and, and help me understand it.

I: And have Cambodian refugees been receptive to, I guess the mental health evaluations and psychotherapy that America and like American psychotherapy promotes or encourages for them because of their trauma?

P: Well, a whole, you know a rose is a rose is a rose. It's, we don't say to people come in we're doing a psychiatric evaluation. People come to Khmer Health for help, they don't come to Khmer Health for mental health, they come for help and so for us there's, that's never been an issue you know people will say well you know Asians are so private and they you know, they're, they won't deal with mental health issues. They deal with mental, they wanna (sic) deal with mental health issues. They'll tell you, my brain does not work correctly since Pol Pot and we can say to them, tell me how it doesn't work correctly and they're very good at explaining it and but again we don't label it anything and, and I, and I think when you use a comprehensive approach you, you don't get into that territory, you know. You know do you find yourself doing things over and over and you can't stop yourself from doing it. Oh yeah that happens to me, you know we don't say that's crazy, you know, we, but they do know what crazy is too. Sometimes they'll say, I do something that's "chhkuot" it's means that's real crazy, you know and, and they'll talk about it you know we have people who have, you know I get so far away from using the, the terminology, the psychiatric terminology but they'll, they'll dissociate. They'll be driving down the street and all of a sudden, they end up in Massachusetts and they have no idea how they got there. They don't remember anything in between and they'll say that's "chhkuot", that's crazy what happened to me and we'll, we'll talk about why their brain does that and, or they'll hear voices. A lot of Cambodians hear voices but they're not, they're not auditory hallucinations, they're, they're post-traumatic flashbacks. They'll hear people crying and screaming and so you'll, you'll get a context for it. Some people however do have command hallucinations, we've, we've had patients with that where, where they've had voices telling them to do things and so you, you have to differentiate between those things and what's delusional and what's, what's hallucinations and what's flashbacks.

I: Do you think an approach like this in which rather than refer to terminology, you kind of like describe or ask them how they feel, do you think that can be applied to American medicine to kind of, kind of revolutionize the way they deal with refugee health?

P: Well I think they have to use that if, if they really you know in the early days in 1980, if I told a doctor that somebody was hearing voices they would say well they're psychotic. But you, you get a flavor for it, you know it's not psychosis you know Hispanics do it all the time, they hear voices all the time. It's not, it's not, they're not hallucinations, they're, they're hearing they, they have a lot of connection with spirits and so we can talk that talk. Theanvy is especially good at that and, and she can also say ok now I'm gonna (sic) tell you words to say when this happens so that it stops it from happening and that's totally out of my realm. I have no clue about that you know, but it's stuff that they used in Cambodia. It's an approach they used in Cambodia, it's a traditional concept and it's very powerful you know so we don't say oh no you know, don't use that. We just step aside you know and if it works it works, if it doesn't ok then maybe we try a little Abilify, you know.

I: That's great.

P: But you have to do that with any refugee group, you know the trauma experience is, trauma is, something that's outside of the realm of normal and we all have trouble with that, you know. I, I say in the United States, we are fascinated with violence, we just can't get enough violence but we're bored with suffering and violence always causes suffering and it's, it's something that, that we didn't, that no you don't wanna (sic) think about, you know you, you think well why do you go and watch these horror movies or these terribly violent things but then you come out and you can't deal with, with somebody who's, who's experienced this. It's something you see all the time when you work with any refugee group is when they first come to the country people will

ask them their story and after 10 minutes they don't wanna (sic) hear anymore. Thanks, ok, I understand, I don't wanna (sic) hear it. So denial is a huge part of, of the process and, and we push people into denial state because we don't wanna (sic) hear it and all therapists, aren't, they aren't immune to that, you know you hear the stories and it's very difficult to, to stay with the person when they're, they're telling the story and not try and close it down and, and so what I've come to realize is, is that trauma is, is big, it's, it's very threatening to our, to our being and, but it's not new you know as human we've, we've been doing it for thousands and thousands of years and that some of the traditional ways of dealing with it are very powerful and, and so we respect them and whether sometimes we, Vy will tell people they should go and get holy water or you know that they should deal with the monk with, with some of their feelings and, and if it helps them then, then that's fine. We don't interfere with that, we don't, we don't have to go in a different direction. Not everyone wants to talk about their trauma story and we find that, that it's like 50/50. 50% of people wanna (sic) talk about it and they wanna (sic) talk about it and they wanna (sic) talk about it and 50% don't wanna go near it and usually these people live together in the same house and it's, it's very troublesome for families you know. And so if someone's in denial about their trauma story, we, we don't necessarily push them to go there unless they have a behavior that is so out of control that, that you know the only way you're gonna (sic) get there is to deal with the, with the original trauma and I'll, I'll give you an example. We had a, they brought a woman down from Massachusetts who had very, very high blood pressure, was up over 200, her systolic and, and they put her medication and when they put her on the medication it would bring the, the blood pressure down but then it would bring it, She'd go, you know She'd be in a crisis you know because it was too low and they just couldn't get this adjusted and they didn't know what to do. So they brought her down to see us and, and we decided that we use some hypnosis with her to try and find out what, what was behind the state she was in. And during the hypnosis, she focused on a scene where they, when the Khmer Rouge killed her husband and she was so infuriated by them doing it that her blood pressure shot through the roof. And, but being able to talk about that while she was under hypnosis and then when she came out, she remembered it and, and, she, she felt that it was, it was gone now and, and in fact her blood pressure went back to normal. And so there are times when you just know that you just have to deal with the trauma, that there's no way around it. But people usually don't fight you, they, they let you come into that you know, but there's some people who, who really just aren't gonna (sic) go there and they're never gonna (sic) go there in their life and, and you have to respect that cause what works for one, isn't gonna (sic) work for another. But again you always have to respect the cultural aspects of it and, and understand that even talking about it is, there's cultural terms that are ok to talk about it and the, you should get the help of someone who, who understands the culture but on the other hand you have to understand that, that everybody just because they speak the language doesn't mean they, they're, they're a spokesperson for the culture. You know in the early days we had a, a community health worker who, who told doctors that it was customary for Cambodians to beat their kids and the fact of the matter was in her house it was customary but it, but it wasn't an accepted way to behave. You know so, so that you can't just think that, that, that, just like I, I can't, I'm not an expert on the American culture, you know and I, I haven't studied the American culture, I, I don't really understand what it is. You know I understand my part in it and how I've perceived so you have to, you have to come at it like that, that not, that everything's personal, you know and, and that there's not just one way of doing it, it has to be comprehensive, you have to look at the whole thing and you have to understand that, that you're only getting a piece of the puzzle and that it's a process we're

putting the whole puzzle together and more than likely you'll never get the whole thing together but that you'll get close enough so that you get relief from symptoms.

I: And so you've touched upon this a bit but for I guess the newly arrived Cambodian refugees from the past when they would wanna (sic) deal with their mental health issues, would they come to like Khmer Health Associates first to talk or would they address like it through spiritual means or through their community as in their family and friends?

P: Well I think that's a good question and if you are a clinic that sees sick people and you sit there and wait for people to come to you, they'll come but they'll come in dribs and drabs. But if you go out to the community and make yourself a part of the community and say you know I can help you with that problem then now you're, you're dealing with people holistically and, and you very often get to dealing with the, the effects of trauma. You know so in the early days when we started, people came to us because they were looking for their family or they wanna (sic) get their family out of the camps and we talked to them about their mental health and they say you know what I'm gonna (sic) get my family out of the camp. So then we switched and we said actually one of the, back in '83 I think we started doing this newsletter, a Khmer-English newsletter about health and in it, in the back of the it, we, we put in some notices for people who were looking for family members and within a couple month, we had, we had hundreds of requests to find family members and they didn't wanna (sic) read our health newsletter. So we, we switched to looking for people and we did a lot of that and so we, we built relationships with people and then when they had a problem or when they were ready to talk about their mental health problems, they'd come to us. You know so we, we had to earn a lot of credit before we got to the point where, where they were presenting their problems to us and so I think it's, it's good to, to embed mental health in, in a helping environment and this happens with community, with mutual assistance associations across the country for every group. You know, the government funds MAA's and the MAA that is comprehensive in their scope and, and maybe doesn't, we're the only Cambodian organization that provides mental health services right within our organization but we consider ourselves an MAA first and a lot of the others will, will have developed relationships with doctors and with clinics so that they, they can get people where they need to be. But it really needs to be seen as a whole person approach, you know that you, you help them with what they want help for first and then you help them see that maybe some of their problems are really health problems.

I: Has the immediate Khmer community assisted each other in addressing trauma or talking about mental health issues?

P: From the get go, from the get go they did. When I worked in the camp in '80, it was, they first came into the camps in November of '79 and I was there in June of '80, so it's not a really long period but the first people that came in, thousands died everyday because they were in such bad shape when they came in but by the time I got there, people were looking pretty good. They had, they had gone from looking like skeletons, they had put on weight but they talked all the time about their trauma, all the time, everytime people got together, they talked this is what happened to me, this is what happened to my family and we were part of those conversations and, and it was almost like a litany you know they would tell you know, Pol Pot killed my mother. Pol Pot this and for whatever issue they were coming for that they started with that and, and they were very tight, a very tight community talking to one another and, and then they came over here and then they, they were still talking a little bit and then they stopped talking. But you can, you can regenerate that very, very quickly what we did throughout the '80s and the '90s is we would have groups of women come and, and share a meal and then they'd always start talking about

what happened. They'd talk about their trauma experiences and you gave them a, a place where they could talk openly about it and, and they always felt better when they could talk about it. And they always cry, there's a lot of crying and a lot of laughing, you know and it's, you just have to be there to see that it's a healthy thing that's happening.

I: And then going back to the idea that trauma relates to chronic disease, how has I guess your community health workers, do they kind of inform refugees about, to look out for these risks or do they inform them you may be at risk for chronic diseases or what do they tell I guess people in the community to watch out for?

P: Well we have a curriculum, a prevention curriculum, it's called "Eat, walk, sleep" and, and so what the community health workers tell the community is that if you can eat, walk, and sleep, you could be healthy but that trauma makes it difficult for you to do all three things and, and so then they talk about, you know, maybe now, you, you eat too much rice, you know. Cambodians eat a lot of white rice, which is horrible for diabetes and we have, we have men in particular who come in and you'll say "How much white rice you eat? Here's a cup, how much you eat? They'll say six of those in a meal and that's, that's a huge amount. You know and then they'll talk about how I didn't have rice during Pol Pot and now I'm not gonna, you know, when I'm hungry I eat, I'm not gonna (sic), I'm not gonna (sic) not have rice because I can have rice. And so we talk about eating and balance and what that means, sleeping and balance, and being able to, to exercise and move you know a lot of people have chronic pain from their injuries and well can you, you know "What do you do? Well I sit at home, well can you get out and walk? How far can you walk?" And then, it's so simple but I mean when you're young you don't think about it because you're up and you're moving and, but when you get older and, and you know like now I have a bad hip and I kinda (sic) plot, you know I'm gonna (sic) go there but on the way I'm gonna (sic) do this and this and this so that I don't have to get up again. You know because your body hurts, you know and, and then you come to realize that's not normal, you know do I have to accept that? No, you don't you can do something about that so you can move more normally and so we talk about those things and, and again it's always the balance. Everything has to be in balance. Sleeping is a huge issue though, they're still not sleeping and that's, that's terrible for diabetes because your body needs, needs to go through that process for sugar regulation.

I: And so that, that was my last question.

P: That was your last question? Ok.

So I just want to thank you again for letting me interview you. Do you have any questions for me?

P: No, I'm just glad you're doing this. I, I'm, I'd be interested in hearing about your study when you're finished with it.

I: Definitely.

P: Now were you gonna (sic) talk to Tom Buckley too?

I Yes, I'm interested in speaking to them but maybe another time? Yeah, they're not here today but Tom, both Tom and Dr. Miller you'll have to

I: Contact?

P: You'll have to set it up at different times cause they're in and out.

I: Oh ok.

P: Ok?

I: That'd be great, yeah.

P: Ok.

I: Thank you so much.

P: Ok, well you're very welcome.

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