“WHERE ARE THE PROMISES OF AMERICA?”: CITIZENSHIP EDUCATION
AND REFUGEE FAMILIES

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ABSTRACT OF THE DISSERTATION

“Where Are the Promises of America?”: Citizenship Education and Refugee Families

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This study investigated the ways that newly resettled Iraqi, Muslim refugee families are enacting, defining, and critiquing citizenship in their new American contexts. Through a three year ethnographic, multi-lingual and multi-sited study, I examine the following question: “How are refugee families who live in poverty making themselves and being made into particular kinds of citizens through their everyday encounters with institutions of the welfare state?” Data collection sites included refugee homes, refugee resettlement agencies, local non-profits, welfare offices, courts, and hospitals. Participants included four focal, Iraqi, Muslim families, as well as several employees of a refugee resettlement agency and several of their Iraqi clients. Refugee youth, who oftentimes have porous and interrupted educational trajectories come to their urban public schools with many needs; many eventually age out of public education. Youth who attended urban public schools suffered discrimination, a lack of care, and silencing and overly punitive techniques by their teachers. Refugee families who live in poverty suffered as a result of a welfare system that prioritizes “self-sufficiency” above all else.
Parents found themselves pushed into immediate employment by resettlement agents, with the threat of homelessness looming overhead. This oftentimes locked them into low-wage work, with no health-benefits, working long hours. Over 60% of Iraqi adults in the study reported trauma-related mental health problems, as well as chronic illnesses. All of them lacked access to healthcare after their initial federally funded healthcare benefits lapsed, leaving them without medical attention.

In sum, refugees’ experiences with the state and the very institutions tasked with their care left them unable to realize the bright futures they had hoped to find in the U.S. Through these punitive and exclusionary encounters with the state, refugees are learning key lessons about their place in society. Participants questioned the meaning of citizenship, and framed the project of American resettlement as a broken promise. Care for refugees requires robust state institutions that can provide for their unique needs. Staging interventions to improve the lives of refugees necessitates bucking current neoliberal trends which dispossess refugees, once again, of their abilities to aspire to and realize better futures.
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DEDICATION

To the refugee families who have invited me into their homes and lives.

Thank you for the honor of sharing your stories.

Thank you for teaching me by example what it means
to be brave even when you’re terrified,
resilient even when you’re breaking,
adaptable even when you’re stuck,
and hopeful even you’re losing faith.

Thank you for showing me how to be fully human
in the face of so much pain, injustice, and loss.

To my Teita, Daad Gabriel Hakim.

Thank you for always believing in me.

Thank you for hanging all my diplomas on your wall.

You left us before you got to hang this last one near the others,
but I know you were with me every step of the way.

This one is for you habibti.
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Chapter 1: Introduction to the Study

“When we came here we were expecting a good life. We expected that we would be provided with housing, a decent place to live. We expected to get financial assistance until we can stand on our feet, and get settled here. We found no free housing, and when we get to this small, dirty apartment, all we found was an old couch that was ripped with the stuffing coming out, and old, used beds. And apparently they used all of our resettlement money on that junk and on rent for this tiny place. Abu Zeina [her husband] is working long hours and his health is deteriorating, and he gets paid nearly nothing. The welfare agent cuts our food stamps every month and we can’t make ends meet. I am sick, but can’t see a doctor because I don’t have health insurance. We expected that we would have certain rights here, but I didn’t find any rights here. Where are my rights as a refugee, and what are they? I didn’t find any rights; I only found the same suffering, the same hardship. I would always say to Abu Zeina when we would face hardships in Iraq and then in Syria, “It’s OK. Allah will give us better days once we arrive [in America]. We will have a different life, a good life. We will live in a lovely home. We can plant things in our backyard, flowers and other things.” We would dream. So you see, citizenship means nothing. There are no rights. This whole resettlement process, and becoming a citizen, it is a farce. I don’t have any rights. They just send me a green card and that is supposed to shut me up? I don’t want the card. Keep it, and tell me, show me where my rights are. I want these rights they talk about.” Um Zeina, 47-year-old female Iraqi refugee [Interview, 6/7/2013]

“So I left my country, lived in Jordan for a few years, and came as a refugee here. And how should a refugee be treated? I mean what does a refugee mean? You take someone in as a refugee and then throw them out in the streets? Or do they take him all the way back to first grade? They need to take him and place him where he belongs, in the right grade fitting his age and needs. And what would have happened if they would have done that, put me in the right grade? What would America have lost had it done that? What is America going to benefit when my future is ruined? I mean, America will benefit from me, right? So are they going to do this for free? No. I will end up paying them back times over. So where are the promises of this America, where is the democracy and where are the human rights?” Seif, 21-year-old male Iraqi refugee [Family focus group, 4/15/2011]

Um Zeina and Seif are among the nearly 60 million refugees worldwide, the most in recorded history (UNHCR, 2015). One in 122 humans is a refugee, internally displaced, or seeking asylum. If this was the population of a country, it would be the 24th largest in the world—roughly the same population size of South Africa. The refugee crisis rages on
as the conflict and instability in the Middle East, Africa and Asia persist. The gravity of this crisis has been confirmed by recent images of refugees in the news, which have included pictures of lifeless children washed up on beaches and masses making perilous journeys on rickety boats. These images might suggest—at least to those concerned with the well-being of refugees—that the solution is to simply let them in. Let refugees in to the spaces they are literally dying to reach. Yes. Resettlement is important first step, and arguably the most basic of rights that should be afforded to those forcibly displaced from their homelands. However, refugees’ journeys do not end there, and neither should their rights. The voices of Um Zeina and Seif attest to the equally important project of providing refugees with adequate support to become full members of their new communities, or in other words to allow them to become full citizens. Their critique underscores the need for robust state institutions that can provide for refugees’ needs: public schools that meet the unique needs of refugee youth; a welfare system that provides sufficient support; and access to healthcare, to name a few.

Unlike the refugees who have taken to the sea in desperation, the families in my study were fortunate enough to be resettled to the U.S. via a second country of resettlement. In fact, all four families in my study had fled the violence and conflict in Iraq and escaped to neighboring countries, namely Syria, Jordan and Yemen. They all left behind homes, family members, and lives that they have not been able to return to since. While only 1% of refugees registered with the UNHCR are referred for resettlement to a third country (Anders & Lester, 2013), these families were resettled to the United States. They were a few of the “lucky ones”, or so they thought.

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1 The full account of the families’ flight and resettlement stories can be found in the second half of Chapter 2.
Every one of my participants came to this country with a dream, a hope for a particular kind of life that they would achieve once they reached American shores. Um Zeina’s dreams sustained her through the difficulties she and her family faced in Iraq, including the shooting at her elder daughter’s school that left her with a permanent disability; the near-kidnapping of her younger daughter; and the threat to her husband’s life by an armed militia. That dream also sustained Um Zeina through life in Syria, where she and her family felt the humiliation of being second class citizens. As Iraqi refugees, her husband struggled to find employment, and she faced constant sexual harassment on the street by men who felt she was “fair game” since she was a foreigner. Life in Syria became increasingly difficult as the unrest before the civil war began to erupt in their neighborhood; tensions were high and violence broke out after protests. Unfortunately Um Zeina’s life in America couldn’t be further from her expectations. The beautiful large house she had dreamed of was replaced with a dingy, small cockroach-infested apartment filled with used, tattered furniture. The backyard was replaced with a concrete ditch which was often filled with the garbage of a neighbor who refused to use the communal bins. The life she had imagined was in fact nowhere in sight.

Seif had other dreams. He would graduate high school, attend college and become a pharmacist. He would pull himself and his family out of the poverty that they couldn’t shake, first in Jordan, and now again in Philadelphia. Like many refugee youth, Seif had gone unschooled for several years. In Jordan, he worked with his father and brother as day-laborers on constructions sites. There was no time for school. He had five brothers and sisters and he had to pitch in to help make ends meet. Upon his arrival from Jordan, at the age of 19, he was placed in the ninth grade. During his junior year, the year he
turned 21, Seif was asked to leave the school. He had exceeded the state age limit for public secondary education, and could no longer attend his neighborhood school. Unable to find a General Education Development (GED) program which accommodated his needs as an English Language Learner, as well as his schedule as a part-time employee, Seif effectively found himself excluded from public education. Seif’s dreams were slipping away. He found himself locked into low-wage work at a warehouse, with no way out.

As I will demonstrate in later chapters, the disjuncture between the life refugees expected and the harsh realities they found in their newly resettled contexts is the main impetus behind their critique of refugee rights in the U.S. With no access to healthcare, waning welfare supports, and a husband locked into low-wage labor, Um Zeina questioned the meaning of refugee rights, as well as her path to legal citizenship. Ultimately, she declared that “citizenship is a farce.” Excluded from secondary and subsequently higher education, Seif questioned the liberal ideals he once believed were synonymous with America, such as democracy and human rights. Through their encounters with the very institutions tasked with their care—such as schools, public assistance agencies, hospitals and clinics—refugees were (re)learning the true meaning of citizenship.

This dissertation examines the ways that recently resettled Iraqi refugee youth and their families define, critique, and enact citizenship. Through a three year ethnographic multi-lingual and multi-sited study, I examine the following question: “How are refugee families who live in poverty making themselves and being made into particular kinds of citizens through their everyday encounters with institutions of the welfare state?” As I
will demonstrate in the chapters to follow, refugees’ encounters with the state, which are mostly punitive and exclusionary, or apathetic at best, are critical to their ability to become full participants of their new communities—or in others words to become full citizens.

**Key Terms**

**Refugee**

While refugees are often subsumed under the category of immigrants, refugees’ pre-migratory experiences, flight contexts, and pathways to new host countries differentiate them from immigrants (Cortes, 2004; Haines, 2010; Hein, 1983; Portes, 1997; Segal and Mayadas, 2005). According to the United Nations High Commissioner for Refugees’ (UNHCR) Convention and Protocol Relating to the Status of Refugees (2010), a refugee is someone who

owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

This definition, which first appeared in the 1951 Refugee Convention, is accepted by U.S. Citizenship and Immigration Services, a division of the Office of Homeland Security, to guide policy of admitting refugees into the United States (UNHCR, 2010). While this definition is also used by the UNHCR to designate and grant refugee status, it has become clear that the question of who qualifies as a refugee is not so cut-and-dry. In recent months, as the global refugee crisis continues to rage on, this question has become rather salient.
A recent article (Edwards, 2015) released by the United Nations High Commissioner for Refugees (UNHCR) titled ‘Refugee’ or ‘Migrant’: Which is right? underscores this problem. In this article, Edwards argues that the difference between the category of refugee and migrant lies both in the conditions the person is fleeing from, as well as the rights that are afforded to said person according to international laws. Edwards (2015) defines migrants as those who “choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons.” She argues that unlike refugees, who cannot safely return to their native countries, migrants can (if they have the resources to do so). Segal and Mayadas (2005) argue that im/migrants (this term allows us to capture both migrants and the more widely accepted term of immigrant) choose to come to countries like the U.S., and are pulled by the many advantages of living here. Im/migrants are able to plan ahead, including their journey, their entry, how many (and what type of) assets to bring and how much to leave behind (Cortes, 2004; Neumayer, 2005). While they might have various economic, civil, or political reasons to leave their native countries, im/migrants view life in the U.S. as preferable even if the move can be dangerous, traumatic or have negative effects—which is the case for many undocumented im/migrants (Brabeck, & Xu, 2010; Cornelius, 2001; Legomsky, 2009; Salcido & Adelman, 2004; Suárez-Orosco, Yoshikawa, Teranishi, & Suárez-Orosco, 2011).

Refugees, on the other hand, are pushed out of their homelands due to some form of conflict and persecution, and cross national borders in search of safety (Davenport, Moore, & Poe, 2003; Moore & Shelman, 2006; Neumayer, 2005). As a result, they are not arriving from their native countries, but neighboring nations, where they are often
treated as second-class citizens and have access to limited rights (Jacobsen, 1996; Salehyan, & Gleditsch, 2006; Weiner, 1996). Due to the conditions in their home countries, they are unable to return (Adelman, 2001; Stein, 1981). Many refugees would prefer to have never left their homes and long to return there (Eaton et al, 2012; Feldman, 2006; Warner, 1994). Unlike im/migrants, they often leave their homes without any planning, fleeing for their lives with very few assets (if any) or belongings (Kunz, 1981; Moore & Shellman, 2007). Refugees also differ from im/migrants in a legal sense. According to international law, refugees have particular rights that ensure their protection (Coleman, 2009; Hathaway, 1991; Waters & Le Blanc, 2005). One fundamental right afforded to refugees is that they not be repatriated or expelled to situations/contexts where their lives or freedoms would be in jeopardy (UNHCR, 2010).

Another feature that differentiates refugees from im/migrants is their pre-migratory history. In their flight contexts, refugees “suffer inconceivable atrocities in the form of persecution, degradation, and violation; and witness the destruction of their fundamental rights and lifestyle” (Segal and Mayadas, 2005, p. 564). Refugee children and youth in particular face unique challenges as a result of their potentially traumatic and disruptive experiences. Refugee youth often suffer from family separation as they flee persecution (Ahearn and Athey, 1991; Boyden, Berry & Feeny 2002). Refugee girls are at high risk for rape, abduction, and trafficking, while boys are likely to be forced into becoming child soldiers (Boothy 2001; Tollefson, 1989). Others may have witnessed or experienced violence, physical and mental torture, death threats and other forms of extreme harassment in their native lands, causing them to suffer from post-traumatic stress disorder and other psychological disturbances that hinder their well-being and
adjustment to their new host countries (Fazel & Stein, 2003; Fong, 2007; Van der Veer, 2000; Webb, 2001). While the aforementioned dangers subside significantly upon arrival to their host countries, refugees carry these painful experiences with them, affecting their ability to become fully incorporated into their new contexts (Mayadas & Segal, 2000; Potocky-Tripodi, 2002; Segal, 2004).

In spite of these seemingly clear-cut differences, migration scholars have long argued that the distinction between ‘refugees’ and ‘migrants’ may be an artificial one (Ghosh, 1995; Karatani, 2005; Shacknove, 1985; Taylor, 2006; Turton, 2006). For at times, the conditions that force im/migrants out of their homelands seem to mirror what we have come to frame as ‘the refugee problem’. Many im/migrants share the refugee experience, but not all of them can acquire the status, which is a political term. For instance, what of the unaccompanied, undocumented Central American migrant youth who come to the U.S. in search of safety? According to a recent report released by the Department of Homeland Security (2015), approximately 67,339 unaccompanied minors from El Salvador, Guatemala, Honduras and Mexico were apprehended by border control agents in the fiscal year of 2014 alone. According to the U.S. Customs and Border Patrol (2014), many of these youth “come from extremely violent regions where they probably perceive the risk of traveling alone to the US preferable to remaining at home.” While the countries these children came from were not officially designated as “refugee-producing” countries (such as Syria, Iraq, etc.) the conditions there, including extreme poverty, gang violence fueled by the drug trade, make life impossible for its most vulnerable inhabitants (Bhabha & Schmidt, 2008; Chavez, & Menjívar, 2010; Huemer, Karnik & Steiner, 2009). The complexity of the situation is reflected in the fact that Office of Refugee
Resettlement (9/10/2015) is tasked with handling the cases of these children—in spite of the fact that they are not “legal” refugees, and that many of them are eventually deported. Another group of people who do not qualify as refugees are those who are internally displaced (IDPs)—those who have been forcibly displaced, but remain without the country’s borders. They often suffer the same fate as refugees, but do not qualify for the status since they have not crossed international borders (Haines, 2010; Loughry, 2010).

In spite of this murkiness, other refugee scholars argue, that the distinction between refugees and other im/migrants is important for several reasons (Cortes, 2004; Edwards, 2015; Moore & Shellman, 2006; Neumayer, 2005). While individual governments have varying immigration policies for dealing with migrants, they should process refugees through refugee protection norms shared via international law (Bates, 2002; Edwards, 2015). The UNCHR is tasked with assisting governments with their asylum and refugee responsibilities (Haines, 2010; UNCHR, 2015a; 2015b). More importantly, conflating refugees and im/migrants can have deleterious consequences on the lives of refugees. Edwards (2015) argues that when the two terms are conflated, much-needed attention is drawn away from the particular legal protections refugees require. It can also weaken public support at a time when more refugees have needed these protections than ever before. While all people deserve to be treated with respect, dignity and concern, a particular and appropriate response must be provided to refugees given their particular situation and their pre-migratory histories.

For the purposes of this study, I will be relying on the original definition of a ‘refugee’ as delineated by the 1951 Convention (UNHCR 2010). All of the participants of my study entered the U.S. as asylum seekers who were granted legal status by the
Department of Homeland Security. They had all fled Iraq to neighboring countries (namely Syria, Jordan, and Yemen) where they had applied for asylum to third countries of resettlement through the UNHCR. My participants were eventually resettled to Philadelphia. One year after they arrived in the U.S., they were granted permanent resident cards which allowed them to apply for legal citizenship after five years of living on American soil.

The Welfare State

For the purposes of this study, I rely on Michael Katz’s definition of the welfare state as “a collection of programs designed to assure economic security to all citizens by guaranteeing the fundamental necessities of life: food, shelter, medical care, protection in childhood, and support in old age” (2010, p. 6). While Americans typically understand welfare to be the public assistance programs offered to low-income families or the unemployed (such as cash assistance or food stamps) I argue that all three institutions which are central to this study, namely welfare agencies, as well as institutions related to education and healthcare, are part and parcel of the welfare state. I provide my rationale for this below.

Education as public welfare. While public education is not typically considered a part of the welfare state, Michael Katz (2010) argues that it has long been so. For over a century, public schools have been used as sites of the welfare state, where critical social services are provided to children, such as nutrition and health, in America’s poorest neighborhoods. Schools offer free and reduced hot breakfasts and lunches to students from low-income families on a daily basis, as well as health screenings, and other services. Furthermore, Katz contends that from a financial standpoint, even families who
live in poverty, and whose children experience what Jonathon Kozol (1988) has deemed the “savage inequalities” in their schools, still receive more from public education than they contribute in property taxes. As evidence, he cites the following numbers. In 2003-2004, public expenditure on elementary and secondary education in the U.S. cost $403 billion, or, approximately $8,310 per student. Katz argues that most families paid nowhere near the full cost of this education in property taxes. On average, that same year, a family of four spent approximately $4,000 in property taxes, which equates to less than half of the average per-pupil cost. This suggests that public education is in fact, is a part of the welfare state in the United States.

Katz argues that this is no accident, and that the founders of public school systems had a complete understanding of the redistributive nature of public schooling. To find support to build these school systems, early school promoters had to persuade both the wealthy and those who did not have children that a universal, free education would be in their own interests. They argued that public education would reduce crime; lower the cost of relief for the poor; prepare the masses for labor by furthering their skills and improving their attitudes towards work; and assimilate immigrants—all efforts that would save money in the long run. Early school promoters were successful—so successful in fact that the redistributive quality of public education vanished from public consciousness, even though it was known at the time that the term ‘public education’ was a stand-in term for ‘schools for the poor’. Nonetheless, this form of welfare was taken up by taxpayers as a crucial public good, until the attack on the welfare state began to materialize in the 1980s.
Healthcare as private welfare. Katz (2010) argues that within the U.S., there exists a public and a private welfare state, with subdivisions in each. He argues that the divisions of the welfare state are public assistance, (such as the Temporary Assistance for Needy Families or TANF program), social insurance (such as Social Security), and taxation. Within the private welfare state are two divisions, charities and social services, and employee benefits. Most relevant to this discussion is the provision of employee benefits in the form of healthcare. Katz underscores the objection that many economists have against including these private benefits with the welfare state, but argues that this stance is incorrect. Citing the fact that approximately 60% of Americans receive their health insurance as well as their pensions through their employers, Katz contends that employee benefits is the chosen mechanism through which the U.S. has selected to meet the needs of most of their citizens. Furthermore, since the enactment of the Employee Retirement Security Act of 1974, the federal government encourages the delivery of health care and pensions through private employers by allowing them to deduct these costs from taxes. This process is supervised through the government through intense regulation. In other words, Katz argues that while health insurance appears to be a benefit attained through private employers, it is part and parcel of the welfare state.

Citizenship

This study understands citizenship to be, as Margaret Somers (2008) describes, as the “right to have rights.” Somers attributes the origin of this term to the words of Earl Warren, Chief Justice of the U.S. Supreme Court in a 1958 case where the court narrowly upheld an order stripping a man of United States citizenship. In his ruling, Chief Justice Warren stated, “Citizenship is man’s basic right for it is nothing less than the right to
have rights. Remove this priceless possession and there remains a stateless person… he will presumably enjoy, at most, only the limited rights and privileges of aliens,… deprived of the right to assert any rights.” (Somers, 2008, p. 1). Transcending more traditional understandings of citizenship as a set of civil, juridical, or even social rights, Somers argues “the primary right is that of recognition, inclusion and membership in both political and civil society” (p. 25). Moving beyond the formal rights once thought to be owed to legal citizens, she argues that the right to human personhood, where one is recognized as a moral equal, can only be achieved though full inclusion in a social and political body.

Somers’ argues that the “right to have rights” is composed of two distinct types of rights. The first right is to membership in a political body, which includes that of recognition and full membership of a human community. This includes both the *de jure* and *de facto* rights to membership of a political body. Somers argues that *de facto* rights of social inclusion are as equally important to the *de jure* rights afforded to members of a nation-state. Somers defines social inclusion as the existential and foundational right to be recognized by other members of society as a moral equal; one who is treated by the same standards and values, and who deserves the same level of dignity and respect as all members. If we are to look at the events of Hurricane Katrina as an example, it becomes clear that mere *de jure* citizenship does not ensure any particular rights. Those left behind learned that without *de facto* citizenship, they were socially excluded, regardless of the fact that they were, legally, American citizens.

The second bundle of rights is civil-juridical, often summarized as Marshall’s (1964) civil, political, and social rights. According to Marshall, civil citizenship
encompass the rights necessary for individual freedoms which include but are not limited to the freedom of speech, thought and religion, and the right to own property. Political citizenship includes the right to participate in the political life of a state, such as the rights to assemble, petition and to vote. Social citizenship contains a wide array of rights that range from economic security, to the rights of social inclusion and living a fulfilling, meaningful life. Somers expands on Marshall’s rights to include other rights, including cultural (Flores, 2003; Pakulski, 1997; Ong, 1996; Rosaldo, 1994), economic (Kessler-Harris, 2003; Lewis, 2003; White, 2003), indigenous (Biolsi, 2005; Blackburn, 2009; Holder & Corntassel, 2002; Kenrick & Lewis, 2004), and queer rights (Bell & Binnie, 2004; Brandzel, 2005; Russell, 2002; Seidman, 2001).

Somers argues that both sets of rights must also include human rights, since they can only be secured through recognition and inclusion. In her analysis, she analyzes the distinction between human rights and those related to citizenship. While citizenship-rights are connected to one’s relationship to a nation-state, human rights are believed to be possessed by all humans. Human rights are often assumed to be ‘natural’, and freely given to all humans, rendering all human beings “rights-bearers”. However, as Arendt (1951/1979) demonstrated in her analysis of the Holocaust, when people are stripped of their connection to the state, they are also stripped of their humanity. When the Jews were stateless, it rendered somehow them as “less human”. Eventually they were considered “the scum of the earth”, worthy of mass extermination without protest or objection from the rest of the world. Arendt argues that this all occurred with no disturbance to the “sacred Rights of Man”, or the precious concept of human rights. Statelessness had paved the way for the annihilation of millions, while in theory humans
were *still* believed to have ‘natural rights’. Somers contends that it is not liberation from social and political entities that frees people and allows them to become rights-bearers, but rather inclusion. Somers argues, “[i]f we want to advance the cause of actual (rather than metaphysical) human rights, we must embrace them as being anything *but* natural” (p. 7). Instead, rights must be recognized as public goods. Somers argues that it is precisely by making natural what is at its heart ‘unnatural’ that is robbing citizens of their rights.

**Rationale for Somers’ definition of citizenship.** This study employs the definition of citizenship as the right to have rights for several reasons. First and foremost, participants’ own understandings of citizenship mirrored this framework. In the introduction to this chapter, Um Zeina critiqued her status as a legal permanent resident of this country. Citing the lack of institutional support she and her family received in the U.S., she declared that “citizenship is a farce”. Seeing no value in the document that marks her status as a legal, permanent resident (and the one that will allow her to eventually become an American), she offered to trade it in for the rights she once thought the “refugee” label once espoused. In other words, she understood that without the *de facto* rights of inclusion, her *de jure* rights of legal membership were meaningless. Um Zeina was not alone in her stance. As I will demonstrate throughout this dissertation, refugee youth and adults alike interrogated the significance, meaning and usefulness of citizenship (or lack thereof), particularly as it related to the right to have rights.

Second, Somers argument against the ‘naturalness’ of human rights captures some of the complexity of being a refugee in America. She argues that “from its inception, American society has been a culture divided by internal boundaries; the land of self-
evident equal human rights has thrived uneasily on the backs of people considered neither fully human nor even partial rights-bearers” (Somers, p. 5). This country, which is often framed as exceptional, and standing for freedom, human rights, democracy and liberty, has historically and continues to subjugate, exclude and degrade masses of people. In spite of this, members of both political parties continue to spout rhetoric of American exceptionalism, declaring America to be the moral compass of the world, in spite of its horrific record of violent domination, occupation, and exclusion of vulnerable peoples, both on its own soil and abroad (Hodgson, 2009; van't Veen, 2015; Van der Vyver, 2001). One of the threads of American exceptionalism is its long-term commitment to human rights (Hoffmann, 2005; Moravcsik, 2005; Spiro, 2000). This is evident in the American condemnation of particular types of human rights violations, such as child labor or women’s rights, which was used as justification for military action abroad (Ignatieff, 2009; Koh, 2003; Wilson, 2005). Ironically violations on American soil—such as a militarized police system continues to inflict immense brutality on communities of color on American soil (Chaney & Robertson, 2013; Hirschfield, 2015; Shaw, 2012; Willits, & Nowacki, 2014), do not seem to tarnish claims of its exceptionalism.

Third, Somers’ insistence that human rights be at the heart of citizenship rights is particularly relevant for refugees, as their entry to this country is built around the American humanitarian impulse to provide refuge to the displaced, persecuted and dispossessed. The refugee program and the acceptance of refugees is evidence of America’s “good will” and upstanding moral character. Seif’s comments, at the introduction to this chapter, demonstrate the power and transnationality of this image of America as a land of human rights. Seif, who had never taken any Social Studies, Civics,
History or Government classes in the U.S., had come to find that the very ideals and rights he believed he would enjoy as a refugee and future American citizen were but a mirage. For as Arendt (1951/1979) argues, the human rights Seif had believed he deserved are in fact, not natural, nor are they freely granted to all humans. According to Somers, the only antidote is true inclusion, which is ensured through institutionalism. I will discuss this further later in the chapter.

Youth

Throughout this dissertation, I refer to the young people in my study as “youth” in spite of the variation of their age, which ranges from 15-22. For instance, Samah and Seif, whose experiences are at the center of Chapter Four, were 19 and 21 during the year I conducted participant observation with their families. In spite of the fact that they were, in the legal sense, adults, I choose to refer to them as “youth” for a few reasons. The first is a practical reason, which is to distinguish them from their parents who are also a part of this study. The second and more important reason has to do with their pre-migratory history. Many of these young people spent much of their childhood and their adolescence fleeing conflict, working for the survival of the family, and suffering the consequences of forced displacement. Many of them suffered interrupted formal educational trajectories and lost out on more typical experiences of childhood, such as play, leisure and lack of responsibility due to their status as refugees. Refugee parents and their children alike express a desire to regain some of what was lost in the U.S., namely access to an education, a life free from the tyranny of want, and one free of the responsibility of providing for a family. By referring to these young people as youth, I attempt to make a
small gesture to what they were hoping to find here—the carefree life we often think of as belonging to children and the young among us.

**Conceptual Framework**

In her analysis of citizenship, Somers (2008) admits that the ‘rights to have rights’ is in essence an ideal and an aspiration. In order to translate it into a conceptual and analytic tool, she deploys a structural model made up of a triadic, continuous relationship between the institutions of the state, market, and civil society. This relationship is inherently marked by a constant struggle for balance and power, which, when disrupted, can cause citizenship to be endangered. Somers maintains that the past thirty years have been marked by such an imbalance, dominated by the market. While other scholars have referred to this phenomenon as neoliberalism (Harvey, 2005; Katz, 1996; Lipman, 2013; McCluskey, 2003; McNevin, 2006), Somers argues that we are currently in an era of ‘market fundamentalism’, which she defines as “the drive to subject all of social life and the public sphere to market mechanisms” (p. 2). She argues that market fundamentalism has become widely accepted and taken up as our day’s prevailing “common sense” (Gramsci, 2000), both in the public sphere as well as in political culture and debates. This has allowed for disproportionate market power to jeopardize citizenship by pitting the market and the state on the one side, and civil society on the other. As a result, “the risks and costs of managing human frailties under capitalism once shouldered by government and corporations get displaced onto individual workers and vulnerable families” (p. 2).

While I have deployed Somers’ concept of market fundamentalism, the more conventional term used that has been used to refer to the domination of the market is ‘neoliberalism’. I have decided to use Somers’ concept of market fundamentalism rather than the much more popular neoliberalism, for two reasons. First and foremost, I believe the term neoliberalism has become murky due to overuse. The term neoliberal has become a “catch-all word” that is often used as a political and analytical tool in spite of the variety of experiences it attempts to explain. Second, I chose Somers concept of market fundamentalism because it discusses the implications of an imbalanced, overbearing market on citizenship.
Three decades of governance under market fundamentalism have rendered once right-bearing citizens into those who are socially excluded and rightless. In the U.S., which Somers argues is the pioneer of the market fundamentalism movement, 15% of adults (National Center for Law and Economic Justice, 2014) and 22% of American children live in poverty (National Center for Children in Poverty, 2015). Even after the implementation of Obamacare, 10% of Americans are still without health insurance (Kaiser Family Foundation, 2015) leaving them without access to medical attention and vulnerable to financial ruin in the case of the need for emergency care.

The most prominent force in the erosion of rights is what Somers refers to as the “contractualization of citizenship” which she defines as “an effort to reorganize the relationship between the state and the citizenry, from noncontractual rights and obligations to the principles of quid pro quo market exchange” (p. 2). Rather than viewing citizenship as a shared fate, contractualizing citizenship distorts it to be a conditional privilege. As market power grows, social inclusion and moral worth are perceived as earned privileges, given only to those who are able to reciprocate with something of equal value, rather than an inherent right. The results of this power imbalance have varying results on all three pieces of the puzzle, namely the market, the state, and civil society. I will briefly summarize Somers’ arguments regarding the effects of market fundamentalism on each of these entities below.

**Effects of Market Fundamentalism on the Market**

An inclusive form of citizenship requires that the market be 1) regulated and restrained by laws and ethics; and 2) that it not over-expand its boundaries of influence and scope. Market fundamentalism breaks both of these precepts. Over the past three
decades, markets have been progressively deregulated, chipping away at laws that would ensure accountability. Markets have also overstepped their economic boundaries, invading the spheres of civil society and the state through marketization, contractualization, and privatization. When markets capture non-market sites there are several deleterious results. First, civil society’s criteria for recognition is replaced by the market’s logic for recognition, namely that rewards, power and influence go to those who have amassed great wealth. Second, inclusion, moral worth and recognition are given on a conditional basis—only to those who demonstrate that they can demonstrate successful contractual behavior, such as employment for the poor. Third, to force the unemployed to work, restrictions and incentives are reorganized in such a way to make work the only way to stave off scarcity and hunger. It is important to note that the work available to the unemployed and the poor (if it is actually available) in these situations does not usually pay a living wage. Finally, market fundamentalism uses anti-government, pro-market justification for its invasion of the political sphere. It claims that a large, growing, powerful government is in fact dangerous for liberty, precisely because it supports a system of “hand-outs” that are not earned. The market, on the other hand, is a self-regulating, natural system that at is heart is devoid of power.

**Effects of Market Fundamentalism on the State (and its Institutions)**

In theory, it is the state’s responsibility to ensure social inclusion, and to protect society’s most vulnerable people—those individuals and families who do not have the resources to protect themselves, including refugees who live in poverty. However, when the relationship between the citizen and the state is contractualized, the state’s ability to mediate between these vulnerable citizens and the market is dissolved. There are several
consequences. First, political power becomes almost synonymous with economic wealth and market power. Second, the rules of the market penetrate the rule of law. Finally, the state’s role is transformed. Rather than providing protection and social insurance to its citizens, it demands quid pro quo exchanges from its citizens, leaving them vulnerable to the cruelties of the market. The rule of law is penetrated by the rules of the market.

Somers argues that the public narratives undergirding the coercive penetration of the market into the state are two-fold. One is rooted in an attack against the dangerously big government which must be reduced, or in other words, a “starve the beast” tactic. This results not in a smaller state, but rather in a market-driven big government that swaps its rightful role of protecting citizens from the risks of capitalism to the provision of protection to corporate and global capital. “It is, in effect, socialism for the rich and capitalism for everyone else.” (Somers, p. 40). The other public narrative is one rooted in a blinded American loyalty which pits those who support unchecked executive powers vs. the “America-haters” who critique such a stance. This results in the rise of the security state which justifies illegitimate military action abroad, and validates the suspension of civil rights.

Effects of Market Fundamentalism on Civil Society

Somers argues that civil society is the most important, but ironically, the most fragile site of citizenship. Negating former definitions of civil society as either inherently enmeshed with the market, or as one with the sole purpose of repelling the state (e.g. in the fight against a dictatorship), Somers argues that civil society must be seen as a third space, one that exists alongside, but not completely independent of the state and the market. She defines civil society as “the only site in which people constitute themselves
as citizens and as a ‘people’”—a site which is “necessary for situating the social movements that are called upon to defend society as a whole” (p. 32). Civil society is also a site of protection and social insurance against the cruelties of market. The ethos of citizenship as the right to have rights is not based on one’s personal capacities or ability to participate, nor does it require one to pass some sort of moral worthiness test. Inherent in Somers’ conception of citizenship is the notion of “shared fate”; that the inevitable threats to well-being, such as sickness, injury, unemployment, or old age, are not the responsibilities of individuals. Since these are some of the ills that accompany industrialized societies, the costs of these risks should be shared equally among its members, not only among those who are unlucky enough to experience them.

Subsequently, civil society needs to protect citizens from market mechanisms.

Of the three pieces of Somers triadic assemblage, civil society is the most vulnerable, constantly struggling to stave off the imperialist drives of the market and the coercive bureaucratization of the state. Somers underscores the critical role of civil society for full democratic citizenship, stating that “much of human freedom is contingent upon the existence of a thriving civil society – one fully capable of resisting the expansionist drives of both state coercion and market fundamentalism” (p. 31). The conversion of citizenship through contractualization transforms the public narrative from one concerned with “shared fate” and the “common good” to one that is concerned with economics and human organization. As such, market fundamentalism has particularly disabling effects on civil society. First, power that is accumulated in the market is converted into power and influence in civil society. The distribution of rights, inclusion, moral worth and recognition within civil society are restricted match up with market
value. In the absence of a robust civil society, social movements that are needed to resist the coercive infiltration of the market are dissolved. Second, the darker side of civil society becomes more prominent as the practical effects of market fundamentalism, such as surging inequality, decreases in wages for the middle and working class, a disappearing job market take hold. In these conditions, civil society no longer ascribes to the normative promises of universal and equal citizenship. Instead, xenophobia and anti-immigrant talk prevails, and formerly accepted programs to bridge historical inequalities such as affirmative action are seen as the culprit for white, middle class troubles. We do not need to look far to see that we immersed in such an era in the current moment. The success of Donald Trump as the leading candidate for the Republican Party at the time of this writing, in spite of his xenophobic and Islamophobic calls to deport undocumented migrants and halt the influx of Muslim immigrants, captures what can happen when civil society is destabilized by market-driven logic.

A third effect of the devastation of civil society is the conversion of citizens into quantities and qualities of human capital, while families and communities are viewed as sources of social capital. Citizens’ worth, value, and inclusion are determined by their usefulness and ability to participate. Those who lack marketable skills or who are unable to work are incapable of engaging in a contractual relationship, which marks them as morally unworthy. Finally, because civil society and its institutions cannot survive without being in relationship with the state and the market, a conquered, retracted state in essence guts civil society. Instead of relying on the state, individuals are expected to draw on their own social capital, for instance on their network of relationships with people in power. This leaves those without advantageous connections, networks, or relationships,
such as the poor, out of the equation—they are perceived as without worth. Somers contends, “in communities of distress, civil society disintegrates, leaving few opportunities for meaningful democratic participation, popular resistance, associational oppositional networks, or even incipient social movements… Social exclusion from the mainstream is the handmaiden of a civil society reduced to social capital” (p. 42).

**Rationale for Study Design**

My study which is concerned with refugee education might seem peculiar in two ways, for it is neither school-based, nor is it only concerned with youth. Instead, data for this research was collected in refugee homes, refugee resettlement agencies, welfare offices, court rooms, hospital waiting rooms (not to mention grocery stores, cars, coffee shops and malls). And rather than focus exclusively on refugee youth, conduct participant-observation in their classrooms, or interview them individually, I spoke with their entire family. In fact, any excerpt of fieldnotes or interviews included in this dissertation was taken from a “family focus group”, or a discussion with the entire family. I explain my rationale below.

**Why Families?**

The initial plan for this study was quite different from the final product. My intention had been to recruit a few Iraqi refugee youth, to interview them, and perhaps even observe them within their school settings. I had met quite a few of them at Liberty High, and had a good rapport with them through my work as the director of education of a local non-profit that teaches Arabic language and culture through the arts. The non-profit had a few after-school programs at Liberty High, and I had become acquainted with several Iraqi youth. When I asked them to be a part of my study, they seemed
enthusiastic about participating and happily took the consent forms home for their parents to sign. Some of the students later declined to be a part of the study, telling me they were busy with school assignments, commitments to help out at home, or jobs—which I expected would happen. However, all of the youth who did bring back the consent forms had one common request, “My mother wants to meet you.” They explained that while their parents did not reject participation in the study out-right, they wanted to meet me. This was how I was invited into the homes of these youth, to meet their parents, and to explain my project. I found out later that the parents had requested this meeting because they were curious: who was this Egyptian woman who wanted to interview their children? And why was she interested in their experiences of being refugees in America? This was my entrée into the lives of the four families whose accounts are at the heart of this dissertation.

Soon after my first meeting with each family, it became clear that a study that centered on the lives of the youth without paying attention to entire family unit would disembody them from their families in a problematic way. The youths’ commitment and care for their family was palpable in their interactions with their parents and in the time they spent ensuring the well-being of the family. As previous research with im/migrant and refugee youth has underscored, youth were not only students. They were also caregivers to ill parents and younger siblings (Ahearn, F., Loughry, M. & Ager, 1999; McMichael, Gifford, & Correa-Velez, 2011), primary wage earners (Eggerman & Panter-Brick, 2010; Nguyen, & Nguyen, 2012), and translators/interlocutors for families (Gentemann, & Whitehead, 1983; Orellana, Dorner, & Pulido, 2003; Orellana, 2009; Tse,
The care, concern, and support youth gave to their siblings and parents, was all done in a matter of fact way, as a part of the mundaneness of family life.

Since I was privileged to be in refugee homes several times a week, I was able to observe this care firsthand. Ghada, a 17-year-old, would remind her diabetic mother to check her blood sugar regularly, remind her to take her insulin shots, and even prepare the injections for her. Seif, a 20-year-old, who was the most fluent English-speaker in the family, fielded all of the telephone calls from the hospital, the family’s case manager, and their welfare agent. Samah, a 19-year-old, worked 60 hour weeks at a local super market to earn enough money for her entire family. Hussein, an 18-year-old, would run all of the errands on behalf his ailing mother, including buying all of the groceries and making the long trip to the resettlement agency to collect the family’s public transportation tokens. Layla, a 17-year-old, cooked almost all the family’s meals in an attempt to help her mother who battled chronic daily migraines and debilitating joint pain. Each young person in my study did their part to ensure their family’s survival. It was an all-hands-on-deck approach, rooted in care, commitment and loyalty.

These sentiments were clearly mutual. Soon after I met her, Um Zeina told me, “When we left Iraq, we lost everything: our home, our car, our extended family, our friends, and our livelihood. It was all gone. But at least we still had each other, and my family was safe.” [Fieldnotes, 2/4/2013] As long as the family unit was intact, the immense loss refugee parents had suffered felt bearable. The family, as a unit, had survived (oftentimes horrendous) instances of threat, violence, displacement, suffering and loss (Segal & Mayadas, 2005; Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis; 2015). The family unit was the one thing that refugees could rely on amidst the chaos that
comes with the territory of being a refugee. A hyper-focus on the youth that would disemboby them from their families would privilege the individual over the collective, again perpetuating the veneration of independence and autonomy—a time-honored, yet troubling Western tradition (Kagitcibasi, 2005; McCarthy, 2005; Orange, 2011). To truly understand the lives of refugee youth, one must also consider the lives of their family members, who are integral to their story.

This stance is supported by many scholars who study the lives of refugees (Anders and Lester, 2013; Dyregrov, Dyregrov, & Raundalen, 2000; Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007). In his seminal book, Safe haven: A history of refugees in America, David Haines (2010) argues that in-depth analysis of the lives of refugees must include a consideration of the family unit. Haines points to the inclination of those who assist refugees, as well as those who study them, to gloss over the difficulties of adult refugees, and to concentrate instead on refugee youth, who tend to adapt to their new contexts more quickly (Eaton, 2012; Warner, 1994).

Centering the family, and not just its youngest members, allows for a more authentic, in-depth, and well-rounded view into the lives of refugees.

**Why Multiple Institutions?**

Returning to my point about the importance of studying the refugee family and not merely refugee youth, it is also important to examine the different institutions that family members are encountering and navigating. While refugee youth are encountering the state through their schools, their parents are doing the same at the welfare office, the resettlement agency, and the free clinic. Lauren Silver (2015), who studies the experiences of adolescent mothers across multiple systems of the welfare state, argues
that her participants shifted between multiple identities, including “mothers,” “dependents”, “clients”, “patients”. She contends that most scholars examine these populations as separate entities, which is problematic and incomplete. What is lost in this process is the “sense of the burdens experienced by youth who must negotiate multiple institutions and identities at once” (Silver, 2015, p. 3). I argue the same is true for families. If I were, for example, to simply investigate the lives of youth in their schools, without also paying attention to their parents’ experiences at the welfare office or the resettlement agency, I would ultimately be telling an incomplete story. For the lives of refugee parents inevitably affect the lives of their children and at times shape their own lives, and vice versa.

Additionally, since this study leans on Somers’ conception of citizenship, I believe an up-close investigation of state institutions is necessary to understand refugees’ right to have rights. Refugees - who have been stripped of their connection to their own nation state and the supports it once provided - come to the U.S. looking for protection and provision. According to Somers, the state’s role is to provide social insurance and protection for the most vulnerable, namely for those who cannot protect themselves. This is done through the institutions of the state that are responsible for welfare, healthcare, education of their citizens. State and publicly-funded institutions, such as public schools, welfare offices, and free clinics are essential to the lives of refugee families, particularly for those living in poverty. I agree with Arzubiaga, Noguerón, and Sullivan (2009), who contend that “[f]amilies are embedded in layers of influence that shape them. Just as the individual cannot be understood out of context, we need to understand families in context and provide a space for the role of the state and its institutions. Im/migrant families are
particularly vulnerable to the role and policies enacted by nation states and public institutions (p. 264)". Subsequently, my dissertation examines the institutions that refugee families are entangled with and embedded in on a daily basis, namely refugee resettlement agencies, welfare offices, hospitals, clinics, and urban public schools. I believe that it is necessary to examine refugees’ experiences in all of these institutions to understand their ability to access the right to have rights.

**Historical Overview of the Welfare State in the U.S.**

For those living in poverty in the U.S., including refugees, the institutions of the welfare state play a critical role in their survival. Without education, public assistance and adequate healthcare, people lack the right to have rights. The destabilization of the state and its institutions by the market over the past three decades has had devastating effects for the most vulnerable among us—those who once looked to the state for protection and social insurance. As market logics and ideologies have been allowed to penetrate all aspects of human life, the role of the state and its institutions has been converted. It has abandoned its role of protecting citizens, and instead become dedicated to serving the market. In order to offer a historical context for my study, I offer a brief historical review of the ways that market fundamentalism has progressively gutted the welfare state, and in particular, how the institutions that provide education, healthcare, welfare assistance have been affected.

**History of the Creation of the Welfare State in the U.S.**

Any brief historical overview of the retrenchment of the welfare state and its institutions must begin with the creation of the welfare state in the 1930’s. After the economic devastation of the Great Depression, President Franklin D. Roosevelt enacted
New Deal programs that instituted a limited welfare state. Roosevelt declared that social justice had become a distinct goal rather than an abstract ideal. He stated that the primary obligation of the state was to use its powers and resources to eliminate poverty and hunger; to ensure the right to livelihood; to assure the security against life’s major hazards and fluctuations, and the security of private property (Harvey, 2005). The government took a direct role in ensuring that citizens had access to certain life-sustaining materials (i.e. food, minimum income, and housing) and social institutions (e.g. public education) needed for social reproduction and disciplinary citizenship. On the ground, this translated to an institutionalized, governmental response. The federal government promoted the notion of “full employment”, as well as social welfare policies, which would provide a safety net for the working class (Lipman, 2013). These policies shaped programs that are still in existence today, such as social security and unemployment insurance.

It is important to note that Roosevelt’s New Deal was a strategic response to quell rising populism and anti-capitalist organizing emboldened by the Great Depression (Garraty, 1973; Szalay, 2000; Wolff, 2009). Strategic government spending in the form of higher wages and benefits acted as a compromise with some sectors of organized labor. This was enough to buy some labor peace and garner support for imperialistic ventures abroad. The increase in wages which fueled consumer spending, coupled with the huge investment in a government-funded military-industrial complex stimulated economic growth (Lipman, 2013). The state was also involved in the control of the money supply, which stabilized the fluctuations of the business cycles. This set of state-interventionist policies is loosely referred to as Keynesianism or the Keynesian Welfare
Settlement. It has been well-documented that United States’ welfare state was always paternalistic (Gordon, 1990; Piven, 1990), racist (Alexander-Floyd, 2007; Jordan-Zachery, 2008; Roberts, Gordon, & Quadagno, 1996), and gendered (Eggebo, 2010; Lewis, 2002). The welfare state was built on a patriarchal and racialized ideal of the normative white, middle-class family with males as primary wage earners and women as unpaid household labor (Abramovitz, 2010; Clarke & Newman, 1997). This excluded working women of color, while White, male unionized workers benefited. Male workers of color, poor people, and nonunionized people also fell out of the equation, and did not make the same gains (Mink, 1998; Pierson, 1995). That said Keynesianism delivered high rates of economic growth during the 1950s and 60s. This period was also marked by an active interventionist state, which expanded its public expenditures, built the welfare-state, and made active interventions in the economy (Harvey, 2005).

The Fall of Keynesianism and the Rise of Market Fundamentalism

By the late 1960s, unemployment and inflation were rampant, and led to “stagflation”, which lasted through the late 1970s. Keynesianism was no longer able to deliver high rates of growth, nor was it able to control inflation caused by prolonged government spending. The system was clearly exhausted, and an alternative was needed to overcome the global financial crisis. While some left-leaning parties proposed more aggressive state control and regulation as an answer, the right polarized and began to advocate for the liberation of business and corporate power and establishing market freedoms. By the mid-70s, the latter group began to have a more prominent voice. This began to take shape through neoliberal think tanks and political groups which were dedicated to eradicating the attack on capitalism. Their prescription to the crisis was the
following: Society functions best when individuals are free from government intervention, particularly when they are interested in pursuing interests in the market. Corporate growth, which can be achieved through corporate tax cuts and lowered wages, will eventually trickle down and benefit everyone, or all the individuals in society. The notions of “freedom”, “choice”, and “individual rights” were lauded over notions of “society”, “shared fate”, and “moral obligation”. In this formulation, the role of the government was to “back off” from their former stance on regulations, and to allow the markets the freedom they needed to fight stagflation and promote economic growth.

This narrative began to take hold in the U.S., with the largest blow came from top-down policies, namely through the election and administration of Ronald Reagan. Paul Volcker, chairman of the US Federal Reserve Bank, played a key role in engineering an extreme shift in American monetary policy. The principles of the New Deal, which encompassed Keynesian monetary policies which held full employment as a key objective, were abandoned in favor of policies that were designed to suppress inflation, no matter the consequences. Volcker’s policies began to take hold in 1979 under President Carter, but were implemented, in full force, under the Reagan administration. Volcker was reappointed as chair of the Federal Reserve, where he was provided with the necessary political backing to execute his plan, namely further deregulation, tax and budget cuts, as well as unfettered attacks on labor and union rights that were accrued during the New Deal era. The Reagan era was marked with a campaign against big government. Every possible venture was deregulated with the purpose of opening up new markets. Tax breaks were given on investments with a particular interest in moving capital from the unionized region of the north-east and the Midwest to the south and west
which is more likely to be non-unionized and weakly regulated. Production of goods was moved overseas, and the US became increasingly deindustrialized. Corporate taxes were reduced dramatically. And so began the historic shift towards market fundamentalism, which has caused greater social inequality (Somers, 2008), the restoration of economic powers to the upper class (Lipman, 2013), and immense concentrations of corporate power in multiple arenas, including retail giants like Wal-Mart, energy, the media, pharmaceuticals, and transportation (Harvey, 2005).

The Effects of Market Fundamentalism on Public Assistance Programs

One central program that was made available to American families during the New Deal Era was the Aid to Dependent Children (ADC), which was developed from the 1935 Social Security Act. This program provided income support for single parent (and some unemployed two-parent) families in poverty. This program was later developed into the AFDC (Aid to Families with Dependent Children) in the 1960s and 70s as a part of the Great Society’s “war on poverty”. When ADC was first implemented, it was seen as a program to help free single or widowed mothers from the pressures of earning money so they can focus on the “higher calling” of rearing their children. However, by the end of the century AFDC became a symbol of social pathology. The concept of “moral hazard” began to take hold, repositioning welfare programs from social virtue to social vice (Baker, 1996; Heimer, 1989). This concept is at the center of the transformation of the perception of AFDC as a means to enhance society as a whole by granting benefits to vulnerable individuals, to a program that would that would damage society by encouraging dependency (Mead, 2001). As the civil rights movement accelerated in the 1960s, popular and political support for AFDC waned as the program moved away from
its original exclusionary practice of serving white widows and their children to providing benefits to more women of color and their children (Neubeck, & Cazenave, 2001; Roberts, Gordon, & Quadagno, 1996). White supremacist and misogynist politics, and popular prejudices fed by media images of women of color abusing welfare, such as the iconic “welfare queens”, were central in restricting AFDC from the 1960s to the 1990s (Gilens, 2009; Roberts, 2002; Shaklar, 1991).

In 1996, the movement for “welfare reforms” resulted in the federal “Personal and Work Opportunity Reconciliation Act” (PRWOA), enacted during the Democratic Clinton administration. The PRWOA effectively eliminated AFDC and substituted it with Temporary Assistance to Needy Families (TANF), a more limited and restrictive welfare program which is currently available to low-income families (including my participants). Unlike AFDC, the new reforms stipulated that welfare assistance available through TANF is no longer an entitlement owed by the federal government to all qualifying citizens, but instead a program controlled by the state, and one that is contingent on funding availability. Additionally, the TANF program places a five-year lifetime cumulative time limit for receiving welfare. This is meant to ensure that families in poverty use income support from TANF only as a transition to paid labor, not as a long-term substitute for income earned from work.

Somers (2008) argues that PRWOA had only one goal, to reduce and eventually eradicate the welfare rolls. Rather than acknowledging that it is poverty that leads people to turn to public assistance, the market fundamentalist view undergirding the act framed those who depend on welfare as either lacking personal responsibility or refusing to work. After the implementation of PRWOA, welfare recipients were required to take any
job, regardless of its conditions, and as soon as possible. PRWOA also disallowed job
training or education that might prepare welfare recipients for better jobs, which
oftentimes locked them into low-wage labor with no benefits. Shaklar (1991) argues that
this coerced welfare recipients into workfare, which invokes the specter of slavery and
indentured servitude among welfare recipients. Shaklar contends that workfare is a
punitive judgment, which is intended to instill “acceptable standards of civic conduct” (p.
97). At its core, workfare is a moral judgment: that able-bodied adults who are capable of
working and yet do not earn their keep are unworthy of full citizenship. Nearly two
decades after its passage, the fact that PRWOA has actually increased the level of
poverty among ex-recipients of welfare is rarely mentioned in the scholarship. Rather,
what is emphasized is the “success” of the drastic reduction of the welfare rolls.

The Effects of Market Fundamentalism on Funding for Refugee Programs

Welfare reforms had a significant impact on the federal, state, and local funding
available for refugee programs. In order to demonstrate this, I must first explain how
refugee funding works, to contextualize the how the landscape of support for populations
of refugees has changed over last 30 years. The refugee resettlement program is
coordinated by three different federal agencies that carry out a time-series of operations.
Financial support for the refugee program comes from the Bureau of Population,
Refugees, and Migration (PRM), an arm of the Department of State which works in
conjunction with the United Nations High Commissioner for Refugees and U.S.
Citizenship and Immigration Services (USCIS). USCIS is an office housed within the
U.S. Department of Homeland Security and responsible for identifying and screening
refugees for resettlement. Once refugees arrive on U.S. soil, the Bureau of Population,
Refugees, and Migration contracts with a complex web of faith and non-profit based national organizations with local arms to coordinate the resettlement process. These voluntary agencies, or VOLAGS, operate at the national level and meet monthly to divide arrival cases amongst them. Nine VOLAGS operate some 350 local offices throughout the country, constituting a vast network of programs. Nancy, the director of a Philadelphia-based refugee resettlement agency where I conducted participant observation for one year, (which will be referred to as “the agency” in the chapter) explains how decisions around local refugee resettlement are made.

The nine national voluntary agencies get together once a week, and the data center has the record of all those refugees who are nearing travel-ready. So the data gets pooled into these master spreadsheets and the agencies come and they sit around the table. So let’s say that any of the cases on the table is one where an Iraqi who has been asked about their resettlement placement preference has said, “I have a relative in Philadelphia. Then that case that week is marked as a preference, and then they’ll kind of go through those cases first. If there’s 3 resettlement agencies, one of those 3 resettlement agencies gets to pick that case. Now they rotate each week, so if there are nine, maybe the HIAS (Hebrew Immigrant Aid Society) national affiliate gets to go first and they each have a different percentage. At this point, it becomes like a game of human cards, right? So HIAS may go first that week and they may be able to take 20 cases in total. So HIAS gets to go first and they get to pick, and they take 3 cases, and there’s only 3 U.S. ties, they’ll take them all. And then, once they get kind of everybody who has a resettlement preference, everybody who is left, who has no preference, they will go through and each of the nine agencies picks the remaining people. And that’s how it works. (Interview 12/6/2013)

As Nancy explains, refugees are resettled first by their state and city of preference, and then are chosen by a sort of lottery system, which she depicts as a “game of human cards.” The Bureau of Population, Refugees, and Migration provides financial support to the resettlement agency (approximately $725/client) to defray the agency’s administrative costs of providing the required case management services to their clients (Nezer, 2013). Upon arrival, refugees receive a standardized package of case-management services from
their resettlement agency, as well as a one-time Reception and Placement Grant which ranges between $925 and $1125 per person (Thomas, 2011). The resettlement stipend, which is funded through the Bureau of Population, Refugees, and Migration, is used to offset expenses such as rent, food, and utilities for the first three months after arrival. Refugees are also eligible to apply for longer-term cash and medical assistance up to 8 months through the Office of Refugee Resettlement (ORR), a branch of the U.S. Department of Health and Human Services (U.S. DHHS). Any services offered by the agencies to their refugee clients beyond the initial case management period are typically time-limited, unstable programs funded by a mix of private and public funders.

Though the ORR has explicitly long stated self-sufficiency as one of its major goals for refugees, it has not always emphasized immediate employment as the way to achieve that goal (Eggebø, 2010; Sainsbury, 2006). It was in the context of the Reagan administration, when notions of “welfare dependency” began to seep into the refugee program, that the notion of appropriate employment became synonymous with immediate employment (Bean, Van Hook, & Glick, 1997; Haines, 1988; 2010). In order to achieve self-sufficiency, refugees were expected to find work, almost immediately upon arrival, regardless of whether or not the jobs they found were commensurate with their experience in their home countries (Halpern, 2008; Nezer, 2013). Prior to the Regan-era welfare reforms and the passing of the Refugee Act of 1980, there existed programs which allowed for refugee professionals to access retraining in order for them to work in positions similar to the ones they held in their native countries and/or in countries where they sought refuge before arrival to the U.S. (Haines, 2010; Thomas, 2011).
It was also during this era of welfare reform that self-sufficiency became defined as the reduction of their dependency on public assistance (Fix, 1999; Sainsbury, 2006). This definition of self-sufficiency addressed the fears of the public that refugees were costing taxpayers their money (Espenshade, Baraka & Hum, 1997; Haines, 2010). As a result, public assistance was also viewed in a different light. Cash assistance and other supports, was once viewed as a means to facilitate long-term self-sufficiency, for instance by giving refugees a multiyear opportunity to learn English and to remedy an interruption of education (Hein, 1993; Nezer, 2013; Thomas, 2011). However, after the notion of “welfare dependency” began to seep into the national psyche, “cash assistance was no longer a tool to be used proactively toward self-sufficiency, but only an indication of a lack of self-sufficiency, of a dependence on the welfare system that the new Regan administration would attack so strongly.” (Haines, p. 155) As a result, the new goal was to get welfare recipients, including refugees, “off of welfare” as soon as possible.

As the institutions that process refugees immediately upon their arrival, refugee resettlement agencies are in charge of ensuring that refugees become self-sufficient as soon as possible (Haines, 2010; Thomas, 2011). The Office of Refugee Resettlement’s commitment to self-sufficiency has affected the types of services available to refugees at their resettlement agencies. These services are expressly designed to encourage refugees to become employed and “get off” of public assistance (Haines, 1988; Materson, 2010). Agencies place a higher priority on “hard services” such as employment training and access, leaving behind the “softer” services, such as counseling, mental health services and general language classes (Haines, 2010; Nezer, 2013; Takeda, 2000; Thomas, 2011). Instead of offering “soft services”, there has been “a frequent emphasis on ‘case
management’ as a method to more effectively control refugee clients in general, and to keep them from becoming “dependent” on the welfare system” (Haines, 2010, p. 157).

Since the mid-1990s, eligibility periods for assistance through the ORR have been reduced from three years to 8 months as “self-sufficiency” and “early employment” have become the chief goals of the program (Haines, 2010; Nezer, 2013). In fact, the ORR’s state-administered programs have become explicitly designed to help “refugees become employed and economically self-sufficient as soon as possible after their arrival in the United States” (Halpern, 2008). While the defunding of supplemental assistance is not new, the economic climate since the 2008 downturn has additionally shifted the onus of support for new families onto the voluntary agencies (VOLAGs) that resettle them. Budget cuts have contributed to dramatic fluctuations in numbers of refugees arriving. Because VOLAGs are funded per capita for refugee cases by the Bureau of Population, Refugees, and Migration (PRM), when arrivals fall short of estimates, VOLAGs must fundraise private contributions to cover costs which exceed baseline supports (Interview, 12/6/2013). Therefore the extent to which refugees receive case management beyond the short three months is contingent on how much additional funding and stability a local agency can muster. Fundraising for agencies has become increasingly difficult in the poor economic climate. Nancy describes the shift in grant funding under her tenure and the constraints of executing their mission in current moment.

Yeah, so when I came to [name of resettlement agency] in 2005, it was in a place where we had two grants, and we’re now with 19 grants and less support from the federal government. Currently the resettlement period is 90 days, which is entirely too short. The vision of the Office of Refugee Resettlement was that funding should be available for some form of refugee support for five years. It really does take someone five years before they’re fully able to integrate. There’s a lot of grant writing to create a continuum of care for refugees and try to extend services and access to supports at [our agency] for as long as possible. We try to
do as much as we possibly can but it’s really difficult when grants come and go. (Interview, 12/6/2013)

Nancy describes an idealistic “continuum of care” where refugees would have access to their agency’s services at varying levels for up to five years. Her testimony underscores some key issues that bear down on the local resettlement context for Philadelphia’s newest refugee populations. First, unprecedented economic uncertainty since the financial crisis of 2008 has compounded a 30-year historical trend of waning federal support, therefore forcing VOLAGs to compensate for these shortfalls by eliciting private donations. Second, this poor funding climate has impacted the efficacy of this strategy due to the unstable nature of private donations for non-profit organizations.

Most importantly, however, is the effect of truncated supports on the services extended to refugees. As Nancy highlights in her testimony, the five-year “integration” period has not changed yet refugee support structures at the local through VOLAGs have become increasingly precarious (i.e. “…grants come and go”). In Philadelphia, this has meant that local resettlement agencies are withdrawing case management services sooner as well as offering “supplemental” services only to the extent to which their grants can support. Since the mid-seventies, the arriving population of refugees has included incoming populations who are extremely diverse, and have included many ethnic and national groups who are likely to have significant post-arrival adjustment problems (Haines, 2010). Iraqis- who are now among the largest groups of refugees resettled in the U.S.- face several challenges, which include trauma, repeated exposure to war situations, (both in Iraq and then in Syria, for those who moved/fled there after the American occupation), and interrupted educational backgrounds (Masterson, 2010).
Due to the ORR’s emphasis on self-sufficiency, policies and procedures at refugee resettlement agencies were put into place to encourage refugees to become employed and “get off” of public assistance. As a result, refugees have experienced a reduction in programming which addressed their needs. Agencies placed a higher priority on “hard services” such as employment training and access, leaving behind the “softer” services, such as counseling and mental health (Thomas, 2011; Nezer, 2013). This devaluing of counseling services can be potentially damaging for many Iraqi refugees, who have a high likelihood of experiencing trauma and who might need counseling and mental health services in order to adjust successfully to life in their new context (Takeda, 2000). Instead of offering these “soft services”, there has been “a frequent emphasis on ‘case management’ as a method to more effectively control refugee clients in general, and to keep them from becoming “dependent” on the welfare system.” (Haines, 2010, p. 157)

**The Effects of Market Fundamentalism on Public Education**

In her analysis of the effects of the retrenchment of social welfare on education, Lipman (2013) argues that the neoliberal agenda involved bringing education and other public sectors under managerial governance, and in line with the goal of capital accumulation. She contends that American education policy has been historically grounded in the competing priorities of preparing students for labor market participation and democratic citizenship. However, the neoliberal turn made in the 1970s and 80s, marked a shift where “human capital development” became the primary goal for education. The neoliberal framework transformed education from a public good to a
private one, and from a social good to develop individuals and society as whole, to an investment made in oneself or in one’s child.

Katz (2010) identifies the attack on the welfare state as threefold. First was the war on dependence in all of its forms. Second, was the devolution of authority which transferred power from the federal government to states, from states to local governments, and from the public to the private sector. Finally, was the marketization of social policy. Katz argues that all three attacks on social welfare are visible in the history of public education over the past three decades. The war on dependence can be traced to the attack on social promotion, the emphasis on high-stakes testing, and the implementation of high school graduation requirements, and the infusion of accountability into school reform policy. The devolution of authority in public education is demonstrated in the decentralization of administration from central offices to individual schools. Katz argues that the penetration of the market into public education was rampant. Building on the assumption that the private sector is more efficient, effective and productive than the public sector, neoliberal educational policy has promoted the marketization of education and the privatization of schooling.

The marketization of public schooling has been devastating, and its effects can be seen everywhere: from individual schools turned over to for-profit corporations such as Edison schools in Philadelphia, to the promotion of vouchers and the notions of choice (Saiger, 2013; Lipman, 2015). There has been a massive spread of privately operated, but publicly funded charter schools which bleed financially unstable school districts of their much needed funds; closure of neighborhood schools; and a global attack on teachers and their unions (Conner & Rosen, 2013; Hursh, 2015; McWilliams, 2015). On the ground, in
cities like Philadelphia, this has led to unprecedented draconian budget cuts which have resulted in the laying off of nearly 4,000 teachers and essential staff, including nurses, guidance counselors, and bilingual staff (Conner, 2014; Gabriel, 2013; Stern, Brown, and Hussain, 2015). As I will demonstrate in Chapter 4, these cuts have had devastating effects on refugee youth who attend urban, public schools.

The Complex History of Healthcare in the U.S.

Perhaps the most difficult and complicated system to address is healthcare, mostly because it was never a publicly funded entitlement in the United States. Unlike European countries and Canada, where universal public healthcare has been the status quo for several decades, the U.S. has had a convoluted history of providing healthcare to its most vulnerable citizens, with efforts oftentimes thwarted by physicians’ groups and proponents of capitalism. In his Pulitzer Prizewinning book, The Social Transformation of American Medicine, Paul Starr (1982) gives a comprehensive history of healthcare in the U.S., and particularly how it came to be framed as a benefit given through private employers rather than a public entitlement. As early as 1912, during the presidency of Theodore Roosevelt, who called for the “protection of home life against the hazards of sickness… through the adoption of a system of social insurance” (p. 52), there was a push for including healthcare insurance into public assistance. Even though Roosevelt lost to Woodrow Wilson, Starr argues that both parties perceived healthcare, as well as any form of social insurance as the jurisdiction of the state.

By the time that Franklin D. Roosevelt came into office, medical costs were on the rise, and a private market for health insurance was taking hold. Plans to include government health insurance into the 1935 Social Security Act (which resulted in the
implementation of the aforementioned Aid to Dependent Children, the grandfather of the current TANF public assistance program) were thwarted after the American Medical Association lobbied against them. Another attempt to create a universal health insurance program at the federal level was made by President Harry Truman in 1945, but the American Medical Association successfully defeated it as well. The first defeat to the physician’s group came in 1965, when President Lyndon Johnson created Medicare, a federal health insurance program for the elderly, and Medicaid, a program for the poor which was provided for by both the state and the federal government.

In an attempt to regain public approval after the Watergate scandal was exposed, Richard Nixon unveiled his plans for the most comprehensive healthcare plan since Truman’s attempt in 1945. Employers would be required to provide generous health insurance at low cost to all workers and their families, while all others were covered through a government program. The plan was anticipated to gain approval by Senator Kennedy, but Nixon’s resignation in 1974 halted the effort. Jimmy Carter proposed a weakened version of Nixon’s plan in 1979, but it gained no traction and went nowhere. In the face of stagflation and rapidly rising health care costs, President Carter eventually prioritized health care cost containment over expanding coverage. Eventually, national health reform efforts were completely stalled in the face of an economic recession and uncontrollable health care costs. President Clinton, who made national health reform a priority early in presidency, proposed a “managed competition” approach and sent a detailed plan to Congress in 1993. It called for universal coverage, employer and individual mandates, competition between insurers, along with government regulation to control costs. Unfortunately, support from key stakeholders was often limited and
conditional, and the opposition lobbying against the bill was led largely by two groups: the Health Insurance Association of America and the National Federation of Independent Businesses. In fact, until Obamacare was proposed and enacted in 2010, there were no significant attempts at providing any form of federally-funded push for universal coverage. The only programs that existed were at the state-level, such as Massachusetts, which under Governor Mitt Romney, passed and implemented legislation to provide health care coverage to nearly all state residents. This legislation required residents to obtain health insurance coverage and called for shared responsibility among individuals, employers, and the government in financing the expanded coverage. Within two years of implementation the state's uninsured rate is cut in half. In fact, it was this legislation that provided the model for Obamacare a few years later.

By the time President Obama proposed his healthcare reforms, the situation had become quite dire. In the decade between 2000 and 2010, the percentage of nonelderly Americans who received their healthcare coverage from their employers dropped by nearly 10 percent (Kaiser Family Foundation, 2015). This was exacerbated by the recession caused by the financial crisis of 2008, which led millions of Americans to lose their employer-sponsored coverage. Furthermore, the percentage of people who are covered by Medicaid spiked after the recession. Between 2008 and 2013, over 11 million people who had been insured through their jobs were now considered as “poor” by the federal government, and gained Medicaid coverage. While Medicaid was built to assist poor adults and families, the fact remains that eligibility and implementation of the program varies among states, even though it is a federally funded program.
On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. This health reform was designed to curb healthcare spending, improve healthcare, and ensure that all Americans had access to affordable health insurance. While the legislation is quite complex, and a full review of what it includes is beyond the bounds of this study, very briefly, it included several mandates, including a mandate for most Americans to have insurance by 2014; a mandate for large employers to provide insurance to their employees; the expansion of Medicaid for low-income and poor families, and the opening of Health Insurance Marketplaces to help subsidize private insurance (Kaiser Family Foundation, 2013). Before the implementation of the Affordable Care Act, approximately 54 million people in the U.S. had no health insurance, and another 40 million reported having inadequate health insurance (Kaiser Family Foundation, 2013; Glied, 2010). As of September, 2015, over 33 million Americans, or nearly 10% of the population remained uninsured (Barry-Jester & Casselman, 2015), due to the high cost of plans offered through the Health Insurance Marketplace, and the fragmented nature of Medicaid coverage. This leaves a large portion of the American population without the security of knowing that, if and when they need it, medical care is available to them and their families. Uninsured people often postpone necessary care and forgo preventative care. Since they are unlikely to have a regular doctor or access to prescription medication, the uninsured are more likely to be hospitalized for conditions that could have been prevented. Being uninsured also leaves people susceptible to financial ruin if they were to incur an unexpected serious illness, or long hospital stays. As I will demonstrate in Chapter 5, refugees who lose their initial federally funded coverage often find themselves uninsured.
History of Refugee Resettlement in the U.S.

Even though refugees have historically only made up a small percentage of the immigration flow into the U.S., approximately 10%, and have relatively modest costs associated with them, they are particularly visible because of the moral component surrounding their resettlement. Haines (2010) argues that this visibility stems from the fact that refugees’ lives demand humanitarian action and command much respect. The actions that are then required to deal with refugees’ situations are often dramatic, involving multiple levels of intervention that are above and beyond normal bureaucratic processes. That said it is important to note that the provision of a safe haven to refugees in the U.S. has always been more complicated than merely responding to humanitarian crises beyond its borders. Two questions guide this process. First, when is it worthwhile to admit refugees when there is little to gain from them? And second, when is it worthwhile to give them a safe haven?

Haines argues that the two underlying themes that guide the resettlement process are responsibility and ideology. For instance, the ideology of anticommunism was one of the rationales behind resettling certain groups. The moral commitment behind resettling this group was to stand for a for a particular type of political and economic system (namely democracy and capitalism), and to recognize in word and deed that people fleeing a competing (and evil) kind of political and economic system have every reason to do so, and should have the right to seek refuge in the United States. In a sense, then, these refugees are “voting with their feet” about their preference for a “superior” system of governance. Other refugees are in fact fleeing conflict situations created or exacerbated by American military involvement. In these cases, resettlement is not only
motivated by an ideological commitment but by the moral commitment to assist those who have been put in harm’s way by U.S. action abroad. In this case refugee admission becomes a sort of partial restitution for the inaction of the U.S. when vulnerable peoples’ lives were at stake (such as the Holocaust), or by direct actions that made the situation worse (such as Vietnam and Iraq). It is important to note that American resettlement levels tend to correlate negatively with ongoing U.S. military engagement in refugees’ native home country, regardless of the severity of the refugee crisis at the time. For instance, the U.S. only began to resettle Indochinese refugees after their withdrawal from Vietnam. Also, resettlement from both Iraq and Afghanistan decreased significantly after the initial U.S. invasions there, even though the refugee crisis in Iraq came to a head after the American war and occupation. The U.S. holds refugee resettlement (or the lack thereof) as one of its many diplomatic and strategic tools in its global dealings.

While a comprehensive excavation of refugee resettlement history is beyond the bounds of this chapter, I offer a very brief overview here. The first group of people to be admitted under the banner of “refugee” was those displaced by World War II. Following the admission of over 250,000 displaced Europeans in the wake of the war, Congress enacted the first refugee legislation, or the Displaced Persons Act of 1948. This legislation provided for the admission of an additional 400,000 displaced Europeans. Later laws provided for admission of persons fleeing other communist regimes from countries such as Hungary, Poland, Yugoslavia, Korea and China, and Cuba. Most of these waves of refugees were assisted primarily by private, ethnic, and religious organizations in the U.S. which served as a model for the public/private role of American refugee resettlement today. In 1975, the U.S. resettled hundreds of thousands of
Indochinese refugees through an ad hoc Refugee Task Force with temporary federal funding. This experience prompted Congress to pass the Refugee Act of 1980, which incorporated the United Nations definition of “refugee” and standardized the resettlement services for all refugees admitted to the U.S.

Since 1975, the U.S. has resettled over 3 million refugees, with an approximate 65,000 to 100,000 resettled annually (Office of Refugee Resettlement, 2015). After 9/11, the U.S. refugee program was effectively shut down for four months. There was a steep reduction in refugee admissions for security reasons for approximately two years (down from 72,000 to 27,000 in Fiscal Year 2001) which left thousands of accepted refugees stranded in interim countries of resettlement (Haines, 2010). However, since 2003, the numbers have leveled off, back to the former averages. The nature of resettlement changed significantly after the 1970s. Whereas earlier waves of refugees were mostly Europeans, later waves included those from Asia, Africa and South America. Table 1 details refugee admissions to the U.S. from Fiscal Year 1975-2008.

Table 1 Refugees Admitted to the U.S. 1975 – 2008

<table>
<thead>
<tr>
<th>Region of Origin</th>
<th>Number of Refugees Resettled</th>
<th>Percentage of Refugees Resettled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>241,619</td>
<td>8.4%</td>
</tr>
<tr>
<td>Asia</td>
<td>1,365,683</td>
<td>47.5%</td>
</tr>
<tr>
<td>Eastern Europe</td>
<td>301,314</td>
<td>10.5%</td>
</tr>
<tr>
<td>Soviet Union</td>
<td>605,105</td>
<td>21.1%</td>
</tr>
<tr>
<td>Near East</td>
<td>229,263</td>
<td>8.0%</td>
</tr>
<tr>
<td>Latin America</td>
<td>105,829</td>
<td>3.7%</td>
</tr>
<tr>
<td>Other</td>
<td>22,375</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
As Table 1 demonstrates, the largest majority of refugees resettled in the U.S. between 1975 and 2008 hailed from Asia, the Soviet Union, Eastern Europe, respectively. Table 2, provided by the Migration Policy Institute (2015), demonstrates the change that occurs over time. By the early 2000s, the bulk of the refugees being resettled into the U.S. are coming from the Near East/South Asia, East Asia and Africa. By this time, the numbers from Europe have declined steeply from their former levels. In other words, as time has passed, the face of refugee resettlement has become less European and much more diverse.

Figure 1: U.S. Refugee Arrival by Region of Nationality, Fiscal Year 2003-2015

The face of refugee resettlement is not the only major change within the refugee program. The passing of the Refugee Act had many effects. After 1980, refugees were brought into mainstream public assistance programs, which made their access to much-needed support subject to how states and localities implement those programs. Public assistance, especially cash assistance, became limited in duration and subject to more stringent eligibility standards after the passing of the Refugee Act. This move was not an
accident; in fact it was written into the legislation. According to a report by the Office of Administration of Children and Families (2012), which currently houses the American refugee program, “the Refugee Act of 1980 created The Federal Refugee Resettlement Program to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible after arrival in the United States” [emphasis added]. The goal of self-sufficiency, which I will discuss more fully in Chapter 3, was written into the law.

Also noteworthy is the fact that the Refugee Act of 1980 was passed a few months before the inauguration of President Reagan. More importantly, Paul Volcker, chairman of the US Federal Reserve Bank, had already begun engineering an extreme shift in American monetary policy, which encompassed an attack on “big government” and all its institutions, particularly on the welfare state. It was during this climate good welfare policy became equated with “reducing dependency”. Now that the refugee program was subsumed underneath the umbrella of other assistance program, it also came under attack. The attack on the refugee project, which began in the 1980s, soon after the passing of The Refugee Act, was not limited to the ideological level. The people and agencies who served refugees were chastised by the federal government for creating an “entitlement-mentality”, and a “refugee-industry.” Thus, the new emphasis on “reducing dependency” affected virtually all aspects of the refugee program (Haines, 2010). As detailed earlier in this chapter, the nature of funding for refugees was (and remains) a complex mix of local and federal programs from the Department of State and the Office of Refugee Resettlement (Nezer, 2013). The Department of State imposed tighter management of resettlement agencies to address the concern that these agencies were
involving refugees too easily or too soon in cash assistance programs. The results of this shift in refugee funding policy are still palpable today. As a result of tighter budgets enforced by the federal government, refugee resettlement agencies (including the one where I conducted my own research) are oftentimes involved in a frantic search of grants from different sources in an effort to patch together a coherent and stable program. As I will demonstrate in Chapter 3, the refugee program’s prioritization of self-sufficiency has had deleterious effects on agencies, and devastating effects on refugee families.

History of the Iraqi Refugee Crisis

The Effects of Market Fundamentalism on Iraq. On March 20, 2003 Coalition forces, led by the United States invaded Iraq in an attack that President George W. Bush later dubbed “Operation Iraqi Freedom”. On the pretense of Saddam Hussein’s weapons of mass destruction and in an effort to “bring Iraqis freedom”, Bush led the U.S. into a war that would last for eight years—one that has devastated Iraqi infrastructure, killed approximately 242,000 Iraqis since 2003 (Iraqi body count, 2016), left 2.5 million Iraqis internally displaced and caused over 2 million Iraqis to flee the country (UNHCR, 2015).

Before I give a brief overview of the Iraqi refugee crisis, I think it is important to note the ideological battle that was fought in Iraq, particularly the economic policies that were meant to bring “freedom” to its markets.

Discourses of freedom have long been embedded in U.S. tradition (Dryzek, 2007; Foner, 1999; Kloppenberg, 1987). In fact, the attacks of September 11, 2001 were almost immediately framed as an attack against American freedom (Entman, 2003; Faludi, 2007; Miller, 2003). On the first anniversary of 9/11, President Bush wrote in a US National Defense strategy document,
A peaceful world of growing freedom serves American long-term interests, reflects enduring American ideals and united America’s allies… Humanity holds in its hands the opportunity to offer freedom’s triumph over all its age-old foes… the United States welcomes its responsibilities to lead in this great mission. Freedom is the Almighty’s gift to every man and woman in this world… and as the greatest power on earth we have an obligation to help the spread of freedom. (As quoted in Harvey, 2005, p. 6)

When the public support for engaging in a pre-emptive war against Iraq was waning, the president began to appeal to the idea of freedom, which would be handed over to the Iraqis by the U.S., as an adequate justification for the war (Corn, 2004; Rampton & Stauber, 2003; Schechter, 2003) The Iraqis were free, the President argued, and that is all that mattered. The questions remained: what kind of freedom was it that America was delivering to Iraq? This answer was not clear until Paul Bremer, an American diplomat and the co-leader of the Coalition Provisional Authority from 2003-2004, issued his four orders. On September 13, 2003, Bremer issued four orders that included the full privatization of public enterprises, full ownership rights by foreign firms of Iraqi business, full repatriation of foreign profits, the opening of Iraq’s banks to foreign control, national treatment for foreign companies, and the elimination of nearly all trade barriers (Harvey, 2010). The orders applied to all areas of the economy, including public services, the media, manufacturing, services, transportation, finance, and construction. Only oil was exempt, probably due to the fact that as a revenue producer it paid for the war. The labor market was to be strictly regulated, and a regressive flat-tax was to be implemented.

There was both global and local critique and uproar in response to these orders. Some Iraqis resisted the imposition of what the London Economist called a ‘capitalist dream’ regime upon their country (Dobbins, 2003). A member of the US-appointed
Coalition Provisional Authority harshly criticized the imposition of ‘free market fundamentalism’, calling it “a flawed logic that ignores history” (Harvey, 2010, p.7). Political rights activists argued that these orders were in violation of both the Geneva and Hague Conventions, as an occupying power is mandated to protect the assets of a country rather than sell them off. The legality issue was resolved by appointing a “sovereign” government. While Bremer’s extreme rules might have been illegal when imposed by an occupying power, they would be legal if confirmed by a “sovereign” government. Harvey (2010) argues that this was precise reason that the interim government appointed by the US was declared “sovereign” by June, 2004. Before handing over the reins, Bremer increased the numbers of laws that would specify free-market and free-trade rules, and spelled them out in minute detail, ensuring that they would be very difficult to reverse. And they have been indeed.

The effects of free market fundamentalism on Iraq have been quite dire (Kramer & Michalowski, 2005; Li, 2004; Nordhaus, 2002). It is important to note that before the American invasion, Iraq had been suffering for over twenty years. Iraq had been rocked by several wars (the Iraq-Iran war of 1980-1988, and the Gulf War of 1991) which affected civil society. Its economy was weakened by crippling sanctions which were enforced by the UN after the 1990 invasion of Kuwait. However, the market fundamentalist rules, coupled with the military invasion and occupation, and the resulting instability has been devastating. Over a decade after the American occupation, Iraq continues to suffer from extreme unemployment and over 30% of the population living in poverty (Al-Jaffal, 2015; Sakr, 2013). The country’s infrastructure is in ruins, leaving residents without adequate access to electricity, food, drinking water, not to mention
access to adequate healthcare and education (Graham, 2005; Ismael & Ismael, 2005; Likosky, 2006; Paley & DeYoung, 2008). American reconstruction plans have been mired in fraud, mismanagement, and incompetence (Diamond, 2005; Galbraith, 2007; Pfiffner, 2010). Most relevant to this project, the invasion resulted in the displacement of nearly 5 million Iraqis.

**The Refugee Crisis.** The Iraqi refugee crisis began in February 2006, after the bombing of Al-Askari mosque in Samara, one of Shiite Islam’s holiest sites. This initiated the beginning of extraordinary sectarian violence. In retaliation, dozens of Sunni mosques were targeted, lawlessness spread, the death toll rose, and millions of Iraqis were displaced as a result. Many refugees fled to neighboring Syria or Jordan, and others became internally displaced. In spite of this, the American resettlement of Iraqi refugees did not begin in earnest until 2008. In fact, following the American invasion of Iraq in 2003, until 2007, the Bush administration downplayed the humanitarian cost of the Iraq war. Berman (2011) argues that addressing the refugee crisis would be an acknowledgment that the American-led coalition had failed, and that the newly-instated pro-American Iraqi government was unable to provide security within Iraq. Instead of congratulating neighboring countries like Syria for providing safe-havens for Iraqi refugees, the Bush administration accused Syria of harboring “insurgent terrorists”, implying that the refugees leaving Iraq were not in search of personal safety. In spite of the large proportion of Iraqis who were in Syria, the U.S. rejected most asylum claims from there, mostly due to the strained relationship between the two countries. Additionally, Iraqis were asked to meet exceedingly high and difficult security measures, which made resettlement to the U.S. almost impossible. In fact, the enhanced security
review that was established for Iraqis in 2003 was so exhaustive, and the percent of Iraqis deemed “inadmissible” so large, that UNHCR briefly stopped referring Iraqis to the U.S. altogether.

The resettlement of Iraqi refugees to the U.S. did not begin in earnest until 2008. By the end of 2007, there was significant political pressure to respond to the refugee crisis. President Bush was charged with having abandoned the traditional model of incorporating refugee resettlement into displays of American moral leadership on a global level. The Refugee Crisis in Iraq Act, which was introduced by the late Edward Kennedy, resonated with the crisis-control tactics being deployed on the ground in Iraq. Action on this front was framed as a way to intervene before refugees “became a fertile recruiting ground for terrorists” and before the region became further destabilized.

Resettlement in this case was primarily a diplomatic and strategic tool. The refugee crisis had been building for over two years, but resettlement was prioritized to regain much-needed public opinion at home and abroad with allies. The Refugee Crisis in Iraq Act was signed into law in February, 2008. The law included several measures to increase and expedite U.S. resettlement of Iraqi refugees. Lacking the previous administration’s imperative to defend U.S. actions in Iraq, President Obama referred to Iraqi refugees as “living consequences of this war”, stating that “America has a strategic interest- and a moral responsibility- to act (Berman, 2011, p. 126).

According to the Office of Refugee Resettlement (2015) 210, 469 Iraqis have been resettled in the U.S. since then. Since the Fiscal Year of 2009, Iraqis have consistently been one of the top three groups of refugees to be resettled to the U.S. In fact, in the Fiscal Year of 2013 and 2014, Iraqis were the largest group of refugees
resettled in the U.S., accounting for 27.9% and 28.2% of the entire refugee population for those years, respectively. In Fiscal Year 2015, the number of Iraqis resettled dropped slightly, and they were the second largest group resettled that year, the first being the Burmese. That year, they accounted for 18.1% of refugees resettled to the U.S. (Office of Refugee Resettlement, 2015). While these numbers may seem impressive, a comparison with other countries of resettlement demonstrates how paltry the American response has been. Sweden, a country that has an approximate population of 9 million people (vs. America’s 320 million) has accepted 125,499 Iraqi refugees or nearly 60% as many as the U.S. The question remains, as the country that was responsible for the displacement of Iraqis, doesn’t America owe Iraqi refugees more?

**Organization of the Dissertation**

In the following chapters I examine how refugee youth and adults’ experiences with various institutions of the welfare state shape their ability to become full citizens, or to have the right to have rights. Chapter Two is divided into two sections. The first section will give the reader an overview of the methodological underpinnings of the project, while the second section serves as an introduction to the four families who participated in the study. Each family’s account is told from the mother’s perspective, and it includes their pre-migratory history, flight narrative, and life in the neighboring country of resettlement. Chapter Three interrogates the notion of “self-sufficiency”—the top priority of the American refugee resettlement program, and how it shapes the lives of refugee families. In the first portion of this chapter, I uncover the varying discourses and expectations of self-sufficiency placed on refugees by the agents from their resettlement
agency. In the second part, I examine how the emphasis on immediate employment combined with inadequate public assistance locks refugee adults into low-wage labor.

Chapter Four addresses the encounters of refugee youth with urban, public schools. Here I analyze the exclusion of refugee youth from secondary education, as well as the educational experiences of others in Liberty High, their neighborhood public high school. This chapter explores the disjuncture between refugee youth’s pre-migratory educational aspirations, and their everyday realities which hollowed out the opportunities for any sort of a “bright future”. Chapter Five engages with refugees’ struggles with healthcare in the U.S., an in particular the difficulties they face in navigating unfamiliar healthcare systems, as well as accessing health insurance once their state-funded health insurance has lapsed. Since many of the participants in my study reported struggling with the effects of Post-Traumatic Stress Disorder, depression, anxiety and other mental health challenges, this chapter also takes on refugees’ access to much-needed mental health care.

In the concluding chapter, I take up the challenge of making policy recommendations for the needed changes and reinvestments into the institutions of the welfare state as a means to insure refugee integration, and more importantly to ensure their right to full citizenship. Since I have begun this research project, humanity has witnessed the greatest refugee crisis unfold before our eyes. More people are displaced today than ever before. In a world where protracted conflict and violence continues to force people from their homes and onto our shores, we must ensure that we, as a country, do all we can to ensure that they can thrive and become full members of our communities.
Chapter 2. Methods and Participants

This chapter has two sections. The first section details the methods utilized in this study, and the second section introduces the reader to the four families who participated in the study. The Methods section describes the methods used for participant selection, multi-sited ethnography, data sources, data analysis, as well as the researcher’s role and positionality in the field. The second section introduces the reader to the families, particularly to their pre-migratory histories, flight contexts, and resettlement experiences. This section also informs the readers of the similarities and differences between the families.

Methods

Ethnography

To understand how refugee youth and families are self-making and being made into citizens across contexts, I utilized ethnographic methodology, namely participant observation (Le Compte & Schensul, 1999). I also conducted interviews and focus-groups (Weiss, 1994), and collected written work produced by youth participants, and other documents which permeated the home (Creswell, 2007). As an ethnographer, my goal was to achieve a “thick description” (Geertz, 1973) of participants’ day to day discourses, understandings, and enactments of citizenship, particularly those informed by their encounters with the state. Contrary to Latour’s (2005) assessment of good description as the ultimate goal of qualitative research, my aim was not only to describe, but also to access participants’ understandings of their everyday lived experiences. In this sense, my project was informed by interpretive studies, which aim at understanding phenomena through accessing the meanings participants assign to them. Orlikowski and
Baroudi (1991) posit that “[i]nterpretive studies assume that people create and associate their own subjective and intersubjective meanings as they interact with the world around them” (p. 5) In contrast to descriptive studies, interpretive studies reject “objective” or “factual” accounts of events, and instead seek instead a relativistic understanding of the research phenomena which is shared amongst members of the group (Emerson et al., 1995). In that vein, I wished to access participants’ meanings and interpretations of citizenship, as well as describe their day to day encounters with the institutions which formed these understandings.

I drew on ethnographic data, including a variety of narratives, sources, and collection techniques, including participant observation (LeCompte & Schensul, 1999; Wolcott, 2008), a combination of audiotaped semi-structured interviews (Weis, 1994), family focus groups (Creswell 2007), and youths’ written materials. This allowed me to capture how they were self-making and being made into citizens in the various contexts they navigated and inhabited on a daily basis (Anthias, 2002).

**Participant Selection**

**Introduction to the Iraqi refugee community.** I recruited four focal families with which to conduct my research (See Appendix I: Participant Information). Working with only four families allowed me to delve more deeply into the lives of my participants, which allowed me to gain a better understanding of their day-to-day constructions and enactments of citizenship. My initial entry into the Iraqi refugee community in Philadelphia began in September 2010. At the time, I was an employee of a Philadelphia-based non-profit organization which has the mission of educating youth about Arabic language and culture through the arts. In the fall of 2010, I helped prepare
several Arabic-speaking students attending a local neighborhood high school (which I will refer to as “Liberty High”) for a large musical collaboration with other school choirs. It was at this time that I became aware of the growing population of Iraqi refugees in Philadelphia. Between September, 2010 and March 2011, I visited the school on a weekly basis and worked closely with many Iraqi refugee students attending Liberty High. Through my work with these students, I recruited three families, and collected data within these families from February, 2011 through April, 2013. I was introduced to the fourth family by a mutual acquaintance and collected data within that family from October, 2012 to June, 2014 (See Table 1 for fieldwork timeline).

**Rationale for participant selection.** All of the youth participants were enrolled or had once attended Liberty High, a large, public neighborhood high school in Philadelphia. I chose the participating families based on three criteria: 1) that they contained at least one student attending that particular high school; 2) that they be recently resettled to the U.S. (no earlier than 2008); and 3) that they be Muslim. These choices were made with particular aims in mind. In order to understand how refugee youth and families constructed meanings of citizenship, I chose Iraqi refugee youth who attended the same high school where they would be exposed to the same opportunities and limitations of urban public schooling. I selected recently resettled refugee families in order to capture how they were learning to navigate state institutions fairly soon after their resettlement, which is a potential time of heightened awareness of themselves as citizens in the making. Finally, I chose to conduct my research with only Muslim families in order to examine their interpretations of their place in American society in a
post 9/11 context, which can potentially be problematic for many Muslim youth and their families (Abu El-Haj & Bonet, 2011; Bayoumi, 2009; Bonet, 2011).

**Nature of research with refugee families.** My engagement with the families was affected by some of the key characteristics of the refugee experience: transnational lives, constant migration, and economic suffering. During my study, two of the four families (the Musa and Jaafary families) out-migrated to other states in search of better employment and education opportunities, family reunification, and a larger Iraqi refugee community (See Table 2.1). This was the end of my involvement with these two families. Due to financial difficulties, coupled with the need for housing that could accommodate one of the family member’s physical disabilities, one of the families (the Omar family) had to relocate to several different locations across Philadelphia within the span of one year, oftentimes leaving them with no choice but to terminate their cellular phone service due to the financial burdens of moving. This effectively left me with no way to reach the Omar family, many times for weeks, and at times months on end, within my data collection period. As a result, my research did not follow a consistent, predictable trajectory with each of the families. During certain periods of my data collection stage, I was able to consistently see families once or twice a week, for several hours per visit, for several months in a row. At other times, my data collection would occur in fits and starts; I would see a family intensely for a few months, and then they would disappear only to reappear in a new home, with a new telephone number, and then the cycle would begin again. In a sense, my research experiences mirrored the refugee experience, which is often marked by wandering, interruption, and a perpetual search for a better life (Malkki, 1996).

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3 Names of participants, schools, organizations, and programs have been changed to ensure confidentiality.
<table>
<thead>
<tr>
<th>Family Surname</th>
<th>Beginning of Data Collection</th>
<th>End of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musa</td>
<td>3/2011</td>
<td>11/2012</td>
</tr>
<tr>
<td>Jaafary</td>
<td>10/2012</td>
<td>6/2014</td>
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The Jaafary family. My relationship with the Jaafary family was distinct from the rest, as I played multiple roles within the family, including being the formal teacher of Zeina, the eldest daughter. I was introduced to the family by a former coworker. Zeina, an 18 year old 10th grader and the eldest daughter of the Jaafary family, had a special education designation in her neighborhood high school and was having trouble in her current placement. At the age of nine, Zeina’s elementary school in Baghdad was attacked by armed gunmen. Zeina was shot in the knee, suffered a blow to the head, and watched as several of her classmates and her teachers were gunned down. During the shooting, Zeina suffered a traumatic brain injury which left her cognitively impaired, as well as prone to severe anxiety, depression, and suicidality. Due to the trauma Zeina encountered, she refused to attend school, both in Iraq and then in Syria, where the family had fled to in 2006. As a result, Zeina was excluded from formal education for over nine years.

Upon arrival to the U.S., Zeina was evaluated by school psychologists at the School District of Philadelphia and then sent to a “Resource Room” with other students with special needs. In the summer of 2012, a special education lawyer in Philadelphia
was introduced to the family by Zeina’s doctor, and decided to take on her case pro bono. The lawyer felt that Zeina’s needs were not being met by the district, and he took the district to court. The lawyer later informed me that he had hoped to secure a placement for Zeina at a private school for students with special needs, which would be funded by the school district. However, in the late fall of 2012, the district settled before the case went to court, for up to 1300 hours of extra services for Zeina, including daily one-on-one tutoring for her by an Arabic-speaking teacher. My former coworker became aware of the lawyer’s search for a teacher for Zeina, and introduced me to him. Within a week of that introduction, I was hired to be a daily tutor for Zeina. From November 2012-March 2015, I tutored Zeina for two periods a day at Liberty High, where she graduated in May, 2015.

Through my relationship with Zeina, which grew from being that of a teacher and her student to being a sort of a “big sister” and a mentor, I became closely acquainted with her family. Her mother, Um Zeina, invited me to their home and since then I have become closely involved with the family. They were interested in taking part of my study, and told me they were happy to talk to someone about their experiences. Out of all of the families who participated in my study, this family was the only one who I remained in contact the longest with, even after I officially stopped collecting data with them.

My work with Zeina has also brought me in close contact with the school, Liberty High, on a daily basis. Due to “research fatigue”, I was unable to procure access to collect data within the school. The principal and administration had grown weary of researchers coming into the school and were not open to another project. I was told by the
assistant principal that the school had been the subject of many projects, including a film, which painted the school in a negative light. As a result, the principal was uninterested in any “bad press” for the school, especially in light of the draconian budget cuts the district was undergoing. Researchers’ access to Philadelphia schools has been very limited, and I soon realized that it was practically impossible without the approval of the principal.

While I did not formally collect any data in the school, I was able to gain a better understanding of the lives of Iraqi refugee youth in their schools. When students and/or their parents spoke of particular teachers, classes, or school policies, my daily engagement with the school gave me an ability to contextualize their experiences. Since I tutored Zeina in the ESL wing of the school, I became aware of the daily happenings there, which included teacher’s talk, student-teacher interactions, and other ins and outs of the school. Additionally, through monthly meetings regarding Zeina’s progress, I became well-acquainted with the director of ESL, the director of Special Education, and several of her teachers, which humanized the people my participants often spoke about. While these observations did not make their way into my field notes, they gave me a more well-rounded idea of the school, which is the primary state institution refugee students’ encounter on a daily basis.

Data Sources

Participant Observation. The bulk of my research was conducted within families, documenting and recording their everyday routines, conversations, and family interactions which revolved around citizenship. These observations, which took place primarily in participants’ households, but also included other state and community settings were recorded through extensive field notes. As my role shifted from an
observer to a participant observer within the various sites, my data collection techniques changed as well.

When I was first introduced to the families, I had asked to interview each family about their experiences in the U.S. These interviews were audio-recorded, transcribed and later translated. After these initial visits and interviews, families invited me into their homes and over time, my role within the family shifted. My role ranged from being a tutor, to a translator, to a friend, and eventually in many cases families began to refer to me as “واحدة من العائلة” - *waḥda min ila’eyla* - or a “one of the family”. Rather than merely listening to conversations, I was asked and expected to be an active member of the conversations between families, as well as act as the main interlocutor between families and the outside world. Over time, I experienced what Soraya Altorki (1988) described in her own fieldwork among Arab families; “I became what may best be described as an observant participant. My primary duty was to participate. To observe became an incidental privilege” (p. 56). While my role in the families is described in more detail further in this chapter, my status as an “observant participant” had some effects on how I collected data within the family context.

During my visits to the families, I felt that the presence of an audio-recorder, or a notebook on which to jot down ethnographic notes, would make the interactions less organic. This choice yielded the best results, as evidenced by the nature and quality of the data I was able to gather. My informal conversations with the families around citizenship often proved to be much richer than those which were recorded and followed a structured protocol. However, not being able to record fieldnotes in a field journal following conventional methods (Emerson et al., 1995) had some consequences. After
visiting with families, I would sometimes sit in my car for long periods of time (before making the 45 minute trip home) to make jottings, capturing as much as I could in my field journal to avoid data memory loss (Emerson et al., 1995). At the refugee resettlement agency, where my role was much more defined as a researcher, and later as a volunteer, I was able to more visibly carry my field journal and to jot down notes in a more conventional manner. Upon arrival to my home, I wrote extensive field notes, transferring my jottings into full field notes, and capturing as much of the details of the field visit as possible. In this version of my notes, I included the order of events; participant and setting descriptions; recreated scenes; and attempted to document individual and collective conversations, capturing participants’ words verbatim when possible (Emerson et al., 1995).

Audio-recorded family focus groups. In addition to fieldnotes, I also conducted several semi-structured “family focus groups” with each of the families, which were conducted in Arabic, audio-recorded, and later translated then transcribed. During these discussions, all of the family members were invited to discuss a particular topic, and/or answer semi-structured questions, which were related to experiences and/or discussions they had shared with me prior to that time. These discussions were especially rich because they captured the ways in which participants’ understandings of citizenship were negotiated and co-constructed in the context of the family.

These focus groups were typically organized around one or more of the following themes: 1) participants’ experiences with American institutions such as hospitals, schools, welfare offices, and courts; 2) moments when refugee youth and families invoked the category of “refugee” and the rights they expected the category should entail
and demand; 3) participants’ previous expectations of life in America and how these expectations were met or disrupted; 4) participants’ notions of American—such as democracy, freedom, justice—and how these jive with or conflict with their experiences in the U.S. In total, I gathered over seventeen hours of audio-recordings of family focus groups.

**Audio-recorded interviews.** In order to capture the individual narratives of youth and parents, I also conducted one-on-one interviews with parents, particularly with the mothers of each family. As a female researcher, I felt I had easier access to the female heads of the household, rather than the males, who were invited to participate in family focus groups (Joseph, 1998). In the case of the Omar and the Musa families, which were headed by widowed mothers, interviewing the mothers was the obvious choice. In the case of the Hassan family, I felt a resistance from Um Jawad when I asked if I could interview her husband, so I decided not to ask again, lest it be viewed as a cultural faux pas. Um Zeina seemed willing to include her husband in our meetings, but to the busy work schedule of her husband, most of my initial interviews in the family were with Um Zeina. Later on in my engagement with the Hassans, Abu Zeina became an active member of our conversations.

In these audio-recorded interviews, I aimed to capture participants’ historical and political lives, as well as the ways in which their experiences were affected by gender, particularly by their status as mothers, widows, and when applicable, the head of the household. These interviews were audio-recorded, transcribed and later translated. During the interviews, I probed for participants’: 1) flight stories which included the events which led to their decision to leave Iraq, the logistics of leaving Iraq and resettling
in their interim country of residence (typically a neighboring country such as Jordan or Syria); 2) life in neighboring countries; 3) resettlement to the U.S.; 4) thoughts and feelings about their experiences as refugees in the U.S.; 5) thoughts and feelings about American involvement in Iraq.

During my time at the refugee resettlement agency, I conducted formal, audio-recorded interviews with several of the agency employees. Interviewees included the agency’s director of social services, the head of resettlement services, the coordinator of a program serving survivors of torture, the coordinator of the “Help Yourself” program, and an Iraqi case aide, who was herself an Iraqi refugee who had been resettled by the agency five years prior to being employed there. Questions for these interviews emerged from my participant observation at the agency. Additionally, I conducted an interview with the director of a community non-profit which was affiliated with the refugee resettlement agency. The non-profit, which has since closed its doors due to lack of funding, had the mission of serving Arabic-speaking immigrants and refugees. In total, I gathered approximately ten hours of audio-recordings of one-on-one interviews.

**Student essays.** In my role as a tutor of many of the youth participants, I assigned and collected written work around their experiences and understandings of citizenship, particularly their sense of belonging and notions of “home”. A key goal of mine as the students’ tutor was to assist them in furthering their writing skills. My belief was that students would write best when the topic is one that is personal and meaningful to them, so I asked them to write about their lives as newcomers to the United States. Essay topics were designed to encourage narration around issues relevant to my research questions which included: 1) participants’ experiences in their public schools; 2) their
migratory experiences from Iraq to the U.S.; 3) their future educational/career hopes and dreams; 4) their former expectations of the U.S. and how these have been confirmed or disrupted by their everyday experiences; and 5) their notions of home as complicated by their transnational experiences. Students wrote several drafts of their work, oftentimes starting with a draft in Arabic. After their final drafts were completed, we read and discussed their writing. The essays acted as a means to further their writing skills, as well as a foundation for conversations I had with students about their experiences in the U.S. In total, I collected seven student essays.

**Multi-sited Ethnography**

My research questions required a multi-sited ethnographic approach since I was interested in capturing refugee youth and families’ understandings, discourses, and practices of citizenship, and in particular those which were shaped and informed by their encounters with the institutions which govern, manage and regulate their “inclusion” within their new contexts (Ong, 2003). Hence, I applied Marcus’ (1995) rationale for a “mobile ethnography” which cross-cuts the “life-world system of variously situated subjects” (p. 96). The two main research sites for this study were refugee households and a local refugee resettlement agency. Other sites included local hospitals, courts, welfare offices, a non-profit organization serving Arabic speaking immigrants and refugees, and a local library, which was the site for several Iraqi community meetings.

**Refugee households.** The bulk of my research was collected within refugee family households capturing discourses and enactments of citizenship amongst youth and families. On average, I spent between 3-5 hours visiting with each family once a week during my data collection period, with the exception of periods of interruption due to
aforementioned family circumstances. In total, I made thirty-eight field visits with the families, which totaled to approximately 155 hours (See Table 2: Data Inventory).

Initially, my visits were more formal: they had a defined purpose, and a set time. For instance, I would visit the Hassans for an hour and a half each Tuesday to assist Layla with her senior project. During this time, in almost all of the households, I was typically served a drink and/or a snack on ّلا تا ب ؤ، al-seyneeya, (the tray)- a tray typically covered in drinks and snacks, which is presented to guests soon after their arrival. After a few minutes of visiting with the mother, and drinking and/or eating what was served to me, I would then do what I was there to do, for instance tutor Layla, and leave. Over time, however, my presence in the home became a more “natural” and regular occurrence. I would visit the family twice (or more) a week, for several hours, oftentimes without much or any further notice. The initial formalities disappeared. The seyneeya disappeared, and drinks were handed to me in a bottle or a can. If I was there at meal times, I would eat with the family, on the floor, rather than sitting at the table. There was no longer a specific goal for my visits: I was just there to be there. While I was there, like other members of the family, I did my part to ensure the family’s survival. Daughters and sons in the family each had their role, such as tending to their parents’ healthcare needs, assisting with the cooking or cleaning, and/or working outside the home to earn money. As a teacher and English speaker, I did my part by tutoring the children and/or youth, helping with translation and interpretation needs, or anything else the family needed at the time. At other times, when nothing needed to be done, I would often sit with the mothers, sipping tea and chatting about everything from their favorite Egyptian
television series, to their resentment about yet another cut in their food stamps.

Eventually, my presence was a “non-event”.

The rapport, familiarity and intimacy which emerged from my involvement with the families served as a foundation for my research. Parents and youth viewed me as a trusted member of the family, so they openly shared their stories with me. Parents shared their personal histories with me, which at times included intimate family secrets. When parents were not around, youth told me of their romantic interests in whispers since they felt their parents would not approve. I believe that it was this trust was the reason that parents and youth shared their pre-migratory histories with me, including the oftentimes painful and horrific flight stories. Knowing that these stories can be quite painful to retell and relive, I intentionally left it up to each family to bring them up and to discuss them with me, which they eventually did. I then informally asked a few questions, ensuring that participants felt free to discuss as little or as much as they wished. This proved to be the best way to collect these stories, as it ensured that participants were comfortable and felt safe sharing what were often extremely painful stories.

Being in refugee households also afforded me the opportunity to document and capture instances when state institutions penetrated the home. On a daily basis, families were bombarded with documents from several institutions, such as schools, welfare offices, the USCRI office (U.S. Committee for Refugees and Immigrants, which provides a travel loan for refugees’ airfare to the U.S.), and utility companies. Due to linguistic barriers, families asked me to interpret these documents and communicate with institutions (via telephone or mail) on their behalf. Participants’ reactions to these documents, such as notices from welfare offices informing families of reduced public
assistance benefits, often captured intense feelings, such as resentment, anger or at times, gratitude. These moments were also the times when youth and families most frequently invoked the category of “refugee” and the rights they thought this category should leverage and entail. Regular participant observation in the homes allowed me to observe and document these moments. Being in participants’ homes also allowed me to capture how refugee families co-constructed their conceptualizations of citizenship. By utilizing the methodology of “family focus groups” where all members of the family were encouraged to participate in semi-structured interviews, I was able to explore how youth and families actively constructed- both as individuals, and as a family- their notions of citizenship.

**State and community institutions.** In addition to being a participant-observer in refugee households, I was able to capture how families navigated the multiple state and community systems they were faced with on a daily basis. I accompanied participants on 20 visits to state and community institutions, which came to a total of 45 hours of participant observation in those contexts. Ethnographic engagement with the multiple institutions Iraqi refugees traversed allowed me to trace discourses of citizenship as they emerged, conflicted, and articulated in order to understand how refugee families grappled with the project of self-making and being made into the particular kinds of citizens in their new contexts. Due to linguistic barriers, families asked me to accompany them to their appointments at local welfare offices, doctor’s offices, hospitals, DMVs (department of motor vehicles), truancy courts, and school meetings where I could act that their translator and cultural navigator. It was during these field visits that I was able to document the immense difficulty families faced in negotiating the multiple systems they
were required to traverse, complicated by the linguistic and navigational barriers they encountered.

Refugee resettlement agency. I conducted participant-observation at a local refugee resettlement agency for one year. I made 21 field visits to the agency, as well as five community meetings organized by the agency for the Iraqi community, which totaled to 110 hours of participant observation. Conducting field-work at the agency served three purposes. First, it allowed me to observe and document the dominant discourses of citizenship within the first American institution that Iraqi refugees encounter upon their arrival. The agency regularly conducted cultural orientation sessions for newly arrived refugee families, where they were given vital information regarding navigating several institutions, such as enrolling a child in school, applying for Social Security services, and using Language Line (a phone translation service) to make appointments at refugee clinics and other city institutions. This orientation session, which occurred almost immediately after their arrival and lasted a mere hour-and-a-half, served as the refugees’ sole form of formal training in navigating all of the systems they face daily. Capturing how refugees engaged with the information would allow me to capture, firsthand, how refugees were learning-in a formal sense- how to navigate these systems. Secondly, since resettlement agency personnel spent extensive time with families in their first few weeks after resettlement, they were key players in their socialization. Being a participant-observer during these initial encounters allowed me to observe how refugees were being socialized as future citizens through these interactions.
Table 2.2 Data Inventory of Participant Observation

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of field visits</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee households</td>
<td>38</td>
<td>155 hours</td>
</tr>
<tr>
<td>State institutions</td>
<td>20</td>
<td>45 hours</td>
</tr>
<tr>
<td>Refugee resettlement agency</td>
<td>21</td>
<td>98 hours</td>
</tr>
<tr>
<td>Iraqi refugee community meetings</td>
<td>5</td>
<td>12 hours</td>
</tr>
<tr>
<td>Non-profit serving Arabic-speaking immigrants and refugees</td>
<td>7</td>
<td>27 hours</td>
</tr>
</tbody>
</table>

**Researcher Role**

**Within families.** As is the case with many ethnographers, I held multiple roles within the field which went beyond my role as a “researcher” (Behar, 2003; Joseph, 1988). As my involvement with families became more intimate, it became increasingly clear that a detached, neutral role as a mere observer within refugee families was not tenable, nor did it ring true to the kind of researcher I wished to be. Over time, I have come to understand myself as a critical ethnographer (Creswell, 2007) who utilizes research to advocate and call for structural change, and saw my multiple roles within the Iraqi refugee community as a means to assist families in “making it” in their new contexts (MacLeod, 1987). Due to linguistic, navigational, and economic obstacles the families faced, they looked to me, a longtime resident and now citizen of the U.S., to assist them in navigating the multiple state and community institutions necessary for their survival. Despite my own ignorance of particular institutions’ jargon, rules and procedures, I was regularly called on as an advocate, translator, and pseudo-social worker, an experience mirrored in the research of other ethnographers who worked with marginalized populations (Mangual Figueroa, 2012; MacLeod, 1987).
As an educator, I felt that it would be unethical to merely document refugee youth’s educational experiences; I was determined to also assist them in accessing secondary and higher education. I was particularly troubled with the predicament of older refugee youth, who found themselves excluded from public secondary education, and subsequently higher education. Refugee youth, who oftentimes had interrupted educational trajectories, were expelled from Philadelphia schools once they reached 21 years of age. Other refugee youth had to forego secondary schooling altogether and found themselves locked into low-wage labor, working long hours and unable to access the few remaining high school equivalency programs left in the city. Throughout the study, I tutored several refugee youth and helped them prepare for the GED exam. I also assisted high school students in completing classroom assignments, preparing for exams, and creating senior projects—tasks for which they were often woefully underprepared.

At the agency. During my time at the refugee resettlement agency, the social services department, where I was conducting my research, was in constant, desperate need for language assistance, particularly with Arabic-speaking clients. As a native Arabic-speaker, I was seen as a linguistic asset at the agency, and was asked to translate for several members of the social services department, and within several programs. My day at the agency was often filled with translating documents, making telephone calls to Iraqi clients to inform them of an upcoming event, or simultaneously translating for a social services employee who was meeting with an Iraqi client.

Over the course of my year at the agency, I became involved in two programs, the “Help Yourself Program” and “Survivors Support Network” programs (pseudonyms). While I will discuss this program at more length in Chapter 3, the “Help Yourself”
program was a one year initiative, funded by the Office of Refugee Resettlement, which supported refugees after their initial resettlement period had ended, and assisted them with extended case management and other services. The goal of the program, which was embedded in its name, was to assist refugee clients to help themselves, and to eventually become self-sufficient. The coordinator of the program, Lian, assisted refugees in navigating multiple systems, such as welfare, low-income programs, and employment training programs—all the while coaxing them to quickly learn how to navigate these systems independently, in spite of linguistic barriers.

The other program which I became heavily involved with was the “Survivors Support Network”, which offered extended case management, mental health counseling, and cash assistance to survivors of torture. At the start of my time at the agency, the program did not have an Arabic-speaking case aide on staff, and had relied on telephonic interpretation for client intake sessions and other interactions with Iraqi refugee clients. Within a few weeks of my arrival at the agency, the program had rescheduled many of the intake sessions—when clients were interviewed for over an hour to determine eligibility—to coincide with the days I was available to assist with interpretation. Due to a new, more restrictive definition issued by The United States Torture Victims Relief Act, which defined torture as “an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control” (U.S. Government Tracking, 2014), much of my involvement with the program was to simultaneously translate for Iraqi clients during intake sessions. During these sessions, clients answered questions about the nature of the torture they had
experienced, which oftentimes included physical, emotional and psychological torture. My role was to translate their retellings of oftentimes horrific narratives of captivity, torture and abuse.

**Positionality: A Familiar Outsider**

Throughout my research with Iraqi refugees, in spite of my shared language with my participants (Shami, 1988), I was an “outsider” (LeCompte & Schensul, 1999) on multiple levels. I was a Sudanese-Egyptian immigrant, not an Iraqi refugee. Unlike my participants, I did not experience forced migration, nor did I come into direct contact with American militarized imperialism. Due my family’s class background, I had come to the U.S. equipped with a high-quality education which took place in international and American schools in both Egypt and Saudi Arabia, and a firm command of the English language- two elements which are crucial to immigrant incorporation and future success (Rumbaut & Komaie, 2010). As an unmarried woman in my mid-thirties who had no children, I was an anomaly amongst the adult female participants in my study; I did not share their identities as mothers and wives. Additionally, as an unmarried Arab woman in my thirties, I defied many of the cultural and gendered norms and expectations participants may have held, particularly since many of them had been married at a young age. As a Christian Arab American, who does not wear the حجاب, *hijab (veil)* and with no indications in my name of my Arab descent, I did not experience the discrimination and stigma of being a Muslim in a post 9/11 American context. Finally, unlike my participants, I was a naturalized American citizen, while they all were permanent residents.
While in many ways I occupied an “outsider” role in my research, in other ways I felt as if I was amongst and was “studying my own” (Shami, 1988). Like my participants, I was born in the Arab world, moved to several countries (Sudan, Saudi Arabia, and Egypt) before migrating to the U.S. as an adolescent. I arrived in Los Angeles with very little information on how to “navigate America”, a country I had never visited prior to my arrival. My family and I struggled to make sense of, and negotiate the multiple institutions we encountered on a daily basis, such as public education and healthcare. I also shared a native language with my participants, and was able to use several dialects of Arabic within my sites, including Sudanese, Egyptian and some Iraqi Arabic.

My position as an outsider in the field had some disadvantages. One marked limitation of my “outsiderness” was the need to navigate requests from family members, especially those which tested the boundaries of my role as a researcher. One widowed mother’s desperate desire to reunite with her son (who was unable to attain a visa to the U.S.) saw my “singleness” as a potential solution to the devastation of family separation. It was incredibly difficult to refuse her tearful request to marry her son, “even if just on paper to bring him here” (Fieldnotes 4/27/2011), particularly since his presence might relieve Samah, the widow’s 19-year-old daughter, from working a 60-hour week to support the family, giving Samah a chance to access secondary and higher education. A father in another family asked me to become the financial “face” of a business he wished to establish, in order to avoid losing his welfare benefits. In a similar attempt to avoid loss of public assistance benefits, another family asked me to write a letter to his welfare agent, stating that I had gifted his family the down payment for their home. In spite of
my refusal, the family emphatically insisted that it could not be “welfare fraud” if they
gave me the money and I wrote them a check.

These requests, which were fueled by participants’ suffering and desperation for
better lives, proved to be a source of much personal distress, as well as a source of
tension in the field. As a researcher who was privileged with linguistic, material, and
navigational resources, I struggled with refusing my participants’ requests, which were
all attempts to better their lives. I was aware that they had opened their homes and lives
to me as a researcher, and I felt that I owed them a great debt of gratitude. I wrestled
with the same deep sense of guilt other female ethnographers have encountered when
they found themselves “caught inside webs of betrayal they themselves have spun; with
stark clarity, when they realize that they are seeking out intimacy and friendship with
subjects on whose backs, ultimately, the books will be written upon which their
productivity as scholars in the academic marketplace will be assessed” (Behar, 2003, p.
297). I was particularly uncomfortable with the image of building my career on the back
of these women and their families, and giving nothing in return (Altorki, 1988).
Eventually, I made my peace with refusing these particular requests by attempting to
make a more concerted effort with assisting the families in other ways, such as being
available to the youth for tutoring, and accompanying families when they needed
linguistic and navigational assistance. In spite of these efforts, I realized that “no matter
what help I could offer [my participants], I always felt that I was the one who came out
ahead. I had no illusion of ever reaching a state of balanced reciprocity in the course of
the fieldwork transaction (Morsy, 1998, p.83)”. In sharing their lives with me, they gave
me a gift I could never repay. Fortunately, my participants were understanding and
gracious, accepting my heartfelt explanations of why I could not comply with their requests; a response which humbled me further, reminding me of the great debt of gratitude I owed them.

Fortunately, my “outsiderness” did have some advantages. Throughout the research process, it became apparent that the difference between my ethnic and religious background and that of my participants was at times an asset. During my time in the field, I found that there was a rift in the Iraqi refugee community in Philadelphia. In an effort to integrate Iraqi refugees, resettlement agency employees intentionally resettled all Iraqi refugees - Sunni, Shia, as well as other ethnic and religious minorities - in the same Philadelphia neighborhood. Meanwhile, several refugees told me harrowing tales of the increasing sectarian violence in their neighborhoods in Iraq, particularly between Sunni and Shia armed groups. Formerly integrated neighborhoods in Iraq were reshaped to become exclusively Sunni or Shi’ah, and people were killed for merely being in the wrong neighborhood or carrying an identification card that marked them as the minority in the area. My research revealed that refugees brought these fears and concerns with them to Philadelphia. Subsequently, in spite of the fact that Sunni and Shia Iraqi refugees were neighbors once again, they did not mingle and coalesce like other refugee groups in Philadelphia, such as the Burmese and Bhutanese- a fact that troubled agency employees. As a result, my identity as a non-Iraqi, and non-Muslim, who was outside of the Sunni/Shia binary, afforded me privilege of being “neutral”.

Another advantage of my status as an outsider was my ability to assist youth and families as they navigate their new contexts. As an American citizen, a fluent English speaker and a long-time resident of Philadelphia, I was able to offer linguistic and
navigational assistance to families that an “insider” would not. In fact, I suspect that it was precisely my educational, linguistic, and navigational privilege which allowed me access into the families in the first place.

**Data Analysis**

Throughout the data collection process, I conducted preliminary analysis. I listened to, translated, and transcribed each interview and family focus-group, and typed up fieldnotes, all the while commenting on key themes which emerged and recording “tentative ideas about categories and relationships”, marking dialogue and noting its significance in memos (Maxwell, 2005). Transcripts, fieldnotes, and memos were uploaded into Dedoose, a form of qualitative analysis software. The software was not intended to do the analysis but instead as a way to integrate interview the transcripts, field notes, memoranda, essays written by students, state documents which penetrated the home, and audio-data into one database. I regularly wrote memos to identify initial descriptive categories, codes, and emergent themes. I adopted Hammersley et al.’s (2007) concept of “grounded theorizing” which treats analysis of data “as not a distinct stage of research [but something that] begins in the pre-fieldwork phase, in the formulation and clarification of research problems, and continues through the process of writing reports, articles and books” (158). I used analytic notes and memoranda to develop my analysis and inform future data collection (Emerson et al., 1995).

At the end of the data collection period, I printed out all of my field notes, transcripts of interviews and family focus groups, student essays, and other documents from refugee households and the refugee resettlement agency, and began the open coding process. I read through these documents, in a line-by-line manner, in order to “identify
and formulate any and all ideas, themes, or issues they suggest, no matter how varied or disparate.” (Emerson et al., 1995, p. 143) From there codes were narrowed and refined; at times I collapsed and at other times pulled apart the open codes to create major codes and sub-codes. Next, in the focused coding process, I went back through the documents, in Dedoose, using the refined codes which were identified in the open coding process. In this phase, I subjected my data to a “fine-grained, line-by-line analysis on the basis of topics that have been identified as of particular interest” (Emerson et al., 1995, p. 143). Once all of the documents were coded using the refined codes in Dedoose, I leveraged the software’s sorting capabilities to organize the data thematically, and to create documents of coded excerpts. Additionally, I composed integrated memos which emerged from coded excerpts. This process allowed me to locate promising themes and categories which helped me to develop, and create ideas and theories to address my research questions.

In addition to this type of analysis, I utilized narrative analysis in order to unlock the richness of some individual stories. Narrative analysis does not seek to categorize differences and similarities, but to share the complexity and richness of the individual and to keep it in tact, and to show its diversity and complexity as a unit (Colley, 2010). Narrative analysis helped me contend with data which did neatly fit into a category, or thematic code, such a mother’s retelling of her family’s flight to neighboring Syria under the cover of night. As Colley contends, the narrative method “overtly acknowledges that the story produced cannot be a neutral representation of reality, and that theory built from it never just ‘emerges’ from data, but arises through the work of the researcher as the
main instrument of the research, as she brings her own standpoint, efforts and interests to the process.” (p. 423).

Throughout the process of data analysis, I attempted to be critically reflexive and work through my own biases, feelings, and understandings of the field. Particularly informed by Moustakas’ (1990) method of heuristic inquiry, I worked with the data through what he calls the “tacit knowledge”, that is deeply internal, which allowed me to place my own understandings, bias, and reflexivity at the center of the analysis, rather than attempting to work under the impossible assumption of a “neutral” researcher. I attempted to delve deeply into the collective themes and individual stories that emerged from the data using this multi-faceted analytical process which included traditional, paradigmatic, narrative and heuristic methods.

**Introduction to the Focal Families**

In this section, I will introduce the four families who participated in the study. I focus primarily on families’ pre-migratory histories, as well as a brief snapshot of their lives in Philadelphia. In the chapters to come, the families’ lives and experiences in Philadelphia will be explored in more detail. For this portion of the report, I draw on the conventions of narrative research (Colley, 2010). Synthesizing participants’ life narratives from one-on-one audio-recorded interviews, and informal conversations recorded in field notes, I provide a chronological account of the lives of families (Claninin & Connelly, 2000). Utilizing Denzin’s (1989) strategy of retelling a participant’s narrative around a key event or “epiphany”, which is defined as an interactional moment that mark people’s lives, I structured the narratives around the event of American resettlement. While the event of American resettlement might not
seem to be “the major event that touched the fabric of the [families’] lives” (Creswell, 2007, p. 186), I chose to organize the narrative around this moment, to highlight and make visible the historical lives of refugee families. The unique pre-migratory experiences of each of the families - which include the events leading to their flight from Iraq, their experiences in interim countries, as well as their resettlement experiences - are a necessary precursor to understanding their experiences in the U.S.

In these narratives, I focus primarily on the families’ lives before arriving to the U.S., and give a brief synopsis of their experiences in Philadelphia. Family narratives are told mostly from the perspectives of the mothers, who were oftentimes my main “informant” in each family. As a female researcher I had easy access to the female heads of the household, and many of the mothers seemed eager to share their narratives with me. These accounts are the condensed versions of their narratives, which were shared with me in formal audio-recorded interviews, as well as several informal conversations. The women’s narratives included some deeply personal and painful events, which I believe were shared with me in my role as “one of the family”, and not as a researcher (Joseph, 1998). After much deliberation on what “counts as research” (Behar, 1997) and where to draw the lines between the realms of public vs. private (Altorki, 1988), I made the decision not include those events, often referred to as “إسرار العائلة”, or “family secrets” in the accounts below. The narratives below include only those events that I believe the families would be comfortable sharing with the public.

**The Musa family**

Baheera Fathy, or Um Ahmed (literally translated mother of Ahmed) a 52-year-old widow, lived with her daughter Samah Musa (19 years old), her daughter Ghada
Musa (17 years old), and her son Adam Musa (15 years old) in the top floor of a house which was divided into two apartments in Philadelphia. Baheera was born into a Sunni Muslim family and was raised in Iraq, but had lived most of her adult life in Kuwait. She was married, at 18, to her first husband, an Iraqi man twenty years her senior, and moved to Kuwait with him where she had three children, one son and two daughters: Ahmed, Sahar, and Mayyadah. Nine years later, Baheera and Abu-Ahmed (literally translated father-of-Ahmed) were divorced amicably. During the last five years of her marriage, Baheera had worked at a local office of an Arab airline company. She had earned a high school degree in Iraq, and had a rudimentary command of the English language, which she used to type up client reservations. Soon after her divorce, Baheera remarried another Iraqi man who resided in Kuwait, and had three children with her second husband, two daughters and one son: Samah, Ghada and Adam. During this second marriage, Baheera did not work, and spent her time at home with her young children.

Baheera and her second husband moved back to Iraq, in 1991, after the Gulf War erupted. She once told me she identified as Kuwaiti, not Iraqi (Interview 4/15/2011) despite her legal status as an Iraqi citizen. In spite of her love for Kuwait, Baheera felt that as Iraqis, her family’s presence was unwelcomed due to the war between the two countries. It was with much difficulty that she and her family adjusted to life in Iraq, because, as she said “life in Kuwait was all we knew” (Interview 4/27/2011). Life in Iraq between 1991 and 2003 for Baheera was extremely difficult, due to the economic sanctions the country suffered, which forced Ahmed, Baheera’s eldest son to leave the family and seek employment opportunities in the Gulf. In 2001 and 2002, Baheera’s eldest daughters, Sahar and Mayyadah both married, and resettled with their husbands to
Saudi Arabia. In 2003, soon after the American occupation of Iraq, Baheera’s husband, Abu-Adam left home for work one morning and never returned. After months of searching for him in hospitals, prisons, and morgues, he was officially given the title “مفقود”- mafqood (permanently missing) and has since been presumed dead.

At the time her husband went missing, Samah, Ghada and Adam were only 11, 9, and 7 years old respectively, and Baheera held the responsibility of caring for them alone, which she reported to be an extreme financial and emotional burden. With Abu-Adam missing, and Ahmed working in Kuwait, Baheera felt more vulnerable, because “it was known in the neighborhood that the men were gone”; which made her household seem even more susceptible to violence and attack (Interview 9/24/2011). She was particularly troubled and concerned with her daughters’ safety due to the growing epidemic of female kidnapping, particularly of young girls who were then sold into sex slavery, which was on the rise after the American occupation. Due to the rise in sectarian violence and general lawlessness on the streets, Baheera made the decision to keep her children at home as she felt that they were no longer safe at school. On days when Baheera needed to go to the market- which became an increasingly dangerous task since markets became regular sites of violence- she instructed the children to hide behind or underneath furniture, to stay away from the windows, and not to move or make a sound, to conceal their presence in the home alone. Ghada, Baheera’s youngest daughter remembers these times, “We would have to sit under the bed for hours and not make a sound. Sometimes, someone would come to the door, but we wouldn’t answer. One time, a man came and banged on the door, yelling, ‘I know you’re in there!’ but we kept quiet, so he went away. Those times were the worst” (Interview 9/24/2011).
Baheera’s fear and anxiety increased as the days went by, to the degree that she was too afraid to sleep. She was also suffering financially. Unable to work due to her deteriorating health, and with her husband gone, Baheera was reliant on the remittances her son sent, as well as the kindness of neighbors and relatives. She recalled times when she did not have enough food in the house to feed her children. Known in her community as “wahda ‘endaha karaama ‘aleya”, (a woman with much pride), people would at times leave food at her door, knock and then leave quickly, sparing her the agony of being indebted to their charity. Baheera remembers a day when she opened the door to find a large box filled with rice, Nido (powdered milk) and oil at her door, and how bitterly she cried as she carried it into the house. She was moved by the kindness of her friends and relatives, but ashamed that “we had come to this.” She described this time of her life as one “filled with suffering and agony” (Interview 9/24/2011).

Baheera’s hope was to move to Kuwait to be reunited with her son Ahmed, who by this time had found stable employment there, but she was unable to attain a visa to the country. Baheera then applied for a visa to Syria, which she procured in late 2003. She quickly rented her home for one year, sold all of her belongings, and used the money to rent a car with a driver who agreed- for an exorbitant fee- to make the dangerous trip from Iraq to Syria on the only open road between the countries at the time (Interview 9/24/2011). As Baheera and her three young children, Samah, Ghada, and Adam made the trip with the driver and another male passenger to Syria through the night, she recited passages from the Quran, asking for Allah’s protection and guidance. She spoke of the trip to Syria, which she described as “the longest hours of her life”.
Everything seemed to be going OK, until this moment in the trip when the driver got off the paved road, and went onto a dirt path towards a large rock. I was terrified that the worst of my fears were coming true, but I tried to stay calm. I asked the driver: ‘Is there a reason we are getting off the road? Do we need to stop for a break?’ He replied, tersely, that I needed to be very quiet and that he needed to focus on his driving. This is when my heart dropped; I was so scared for my daughters. Were they going to take them; or worse would they..? I couldn’t even complete that sentence in my head at the time, nor can I do it right now. I prayed, silently, this time. I asked Allah the Almighty to protect us all, to give these men a pang in their conscience, to do what is right. Although it felt like it lasted for an eternity, a few minutes later, the driver swerved back onto the road. I was elated but confused, what had happened?! I asked the driver, and he said, ‘I know from a friend of mine that this part of the road has had many roadside bombing incidents, and I wanted to avoid that stretch of road.’ I sighed with relief, knowing that we were in good hands, and thanked Allah for his protection. Many, many hours later we finally reached the Syrian borders, and I was so relieved to be there, I almost kissed the ground. (Interview 9/24/2011)

Baheera had planned to reside in Syria with her children until she could be reunited with her son Ahmed, but unfortunately, due to the high cost of living in Damascus, Baheera had to move her family once again. Upon the advice of family friends, she took her children and moved to Yemen a mere two weeks after their departure from Iraq. She lived in Yemen for seven years, all the while attempting to procure the paperwork to resettle to Kuwait with her family. Life in Yemen was difficult for Baheera and her daughters (4/15/2011). Even though they all wore the حجاب, hijab (a veil that covers only a woman’s hair), they were often ridiculed and mocked on the street for not wearing the نِقَاب, niqab (a type of covering Muslim women wear which covers their faces, with the exception of their eyes, as well as their hair and remainder of their body), which was worn by most Yemeni women (Interview, 4/27/2011). Even though Ahmed sent his mother remittances, Samah and Ghada had to work after school at a hair salon to help support the family (Fieldnotes, 11/13/2011). Baheera’s health was deteriorating, and it became impossible for her to work.
Throughout her time in Yemen, Baheera was told by many of her Iraqi refugee friends to go to the United Nations office and apply for asylum, but she had always vehemently refused. Baheera’s hope was to reunite with her son in Kuwait, and resettling to a Western country was the last thing on her mind. But with pressure from her daughter Samah, Baheera began to change her mind. By that time, Samah was an honors student whose high grades had earned her a highly coveted spot place in an all-girls magnet high school. She had chosen the math and sciences concentration in high school, rather than the liberal arts concentration, because she wanted to follow her dream of becoming a medical doctor (Interview, 4/27/2011); a dream which fueled her desire to move to the U.S. In 2010, Baheera met with a UN officer for what turned out to be a two-hour interview where she was asked to retell her entire life history. A few short weeks later, Baheera was called back in to the UN office for a second interview, and was asked to bring her children with her this time, where each of the children was interviewed separately to corroborate Baheera’s story. One month later, Baheera, Samah, Ghada and Adam were on a flight to Philadelphia.

Life in Philadelphia had also proved to be a challenge for the Musa family. Ghada and Adam were both placed in the ninth grade at Liberty High, due to the fact they had no transcripts from their schools in Yemen. Ghada had already completed the eleventh grade in Yemen, and was upset that she had to pushed back as she was several years older than her peers (Interview 4/15/2011). Due to Baheera’s chronic health issues, Samah, Baheera’s 19-year old daughter became the sole provider for the family. Samah worked approximately 50-60 hours a week at a local Arabic grocery store, and when the market went out of business, worked equally long hours at a Middle Eastern fast food
restaurant. When Samah wasn’t working outside the home, she ran a microbusiness from her home as a makeup artist for Iraqi women. Due to her heavy work load, Samah was unable to access secondary education. After school hours, Ghada also worked from home to supplement the family’s income, by offering hair removal services to Iraqi women in Philadelphia (Fieldnotes, 10/30/11). Ghada was also responsible for assisting her mother with caring for their home, as well as giving Baheera several insulin shots a day to manage her diabetes. Each member played a vital role in the survival of the family, but life in Philadelphia remained difficult for the Musas.

The Hassan Family

Fatima Zaydoun, or Um Jawad, (45 years old) lived with her husband Mohammed Hassan (58 years old), her sons Seif Hassan (22 years old), Ayman Hassan (20 years old), Hussein Hassan (15 years old) and her daughter Layla Hassan (18 years old) in a three bedroom apartment in Philadelphia. Fatima and her family left Iraq in 2000 and moved to Amman, Jordan in search of better employment opportunities for their growing family. Jawad, Fatima’s eldest son (26 years old) stayed in Iraq with his paternal grandfather to complete his education. He had planned to join his family in Jordan upon graduation from high school. However, due to the American occupation of Iraq in 2003, and the subsequent influx of Iraqi refugees to neighboring countries, Jordan implemented a more restrictive visa-granting policy, which made it impossible for Jawad to join his family. In spite of several, “treacherous, not to mention extremely expensive journeys, the Jordanian border patrol didn’t allow him to go through” (Fieldnotes, 10/19/2011).

Fatima was born in Baghdad, into a Shia Muslim family of six children, four sisters and one brother. Her family was not rich, but she grew up always having her
needs met. She spoke with pride of her father who worked hard to provide for his children, and who never let them “feel the sting of hunger, even during the Iraq/Iran war, when there were some families that were starving” (Fieldnotes, 10/27/2011). In a horrible rail accident, her father lost his leg, leaving him “completely incapacitated”, and “practically a prisoner in his own home” (Fieldnotes, 10/27/2011). Fatima’s sister-in-law became her father’s caregiver, and helped him with all of his daily activities.

Fatima’s concern for Jawad’s safety was at the heart of many of my conversations with her. She was always asking me to connect her with lawyers, agency workers and anyone else who might help her become reunited with her son. One evening, after I had finished working with Layla on her senior high school project, Fatima asked me to join her in the kitchen, where she shared with me the reasons for her concern for Jawad’s safety and wellbeing, which went above and beyond the everyday violence and threat of living in modern day Baghdad. After Fatima left with her family for Jordan, she left her son Jawad in the care of her father. At first, her father was kind and gentle with Jawad, treating him like his own son. But in more recent years, after her father’s accident, he became increasingly psychologically unstable, and his treatment of Jawad was at best erratic, and at times cruel and even violent.

**Fatima:** “Jawad has been under the care of my father for 11 years now, and my father’s mistreatment of Jawad has gotten worse every day. Some days he says, ‘I don’t want Jawad here with me’ and kicks him out of the house and other days he raises his hand to him and hits him. I found out that one day Jawad was sleeping and my father hit him with a butcher’s knife in his face, right under his nose!”

**Layla:** “We had no idea that this was happening.”

**Fatima:** “My poor child was in the hospital for six whole days, unconscious.” (At this Fatima stops talking, looks down, and tears stream down her face. Her body begins to shake and she puts a tissue to her mouth to muffle her sobs. I was still sitting near Layla at the dining room table, but when she began to cry, I got up and sat next to her, and held her hand. She continued to cry for some time, then looked up and said, “Thank you Sally.”) (Fieldnotes, 10/27/2011)
After Fatima learned of this incident, she became even more determined to work on his behalf to ensure that he joined the family. During my fieldwork within the family, she had spoken with two immigration lawyers, one of whom agreed to work on Jawad’s case pro bono.

Life in Jordan was challenging for Fatima’s family. Her husband worked as a day laborer at construction sites, which was the only work he could find. Due to the increasingly heavy financial burden of supporting a family of six, and the family’s commitment to sending remittances to Jawad in Iraq, Seif, Fatima’s second eldest son, had to forego secondary education to work with his father (3/23/2011). Seif left school in the seventh grade to join his father and help support his family. Two years later, Hussein also left school to join his brother and father at work. After eight years of living in Jordan, Fatima’s family was approached by an employee of the Red Crescent, who had become aware of the family’s financial suffering. The employee advised them to go to the UN office, which had begun resettling Iraqi refugees to Western countries, including the United States. Fatima and her husband began the process immediately, as they felt their life in Jordan was a dead end. “No matter how long we lived in Jordan, we would have always been refugees; we wouldn’t have the right to become Jordanian. Even Palestinians, who came to Jordan before us, they don’t have that right” (Interview 3/23/2011). Fatima longed for better rights for herself, and her children, particularly the right to be reunited with her son Jawad, as well as the right to an education for her sons Seif and Hussein. It took almost a full year to process their application, but in 2008, Fatima and her family moved to Philadelphia.
Upon their arrival to the U.S. in August of 2008, a “kind Sudanese neighbor” helped Fatima enroll her children in school (Interview 3/23/2011). Ayman was enrolled in the sixth grade at the neighborhood middle school. Seif, Hussein and Layla were all enrolled in the ninth grade at Liberty High, in spite of the difference in their age, due to the interruption in their education and the lack of documentation of their educational attainment in Jordan. After one year at Liberty High, at the age of nineteen, Hussein dropped out of school. He felt that “school was useless and a waste of time”, and that he “wasn’t learning anything (9/16/2011). He also felt that his teachers were “hostile, unhelpful and didn’t care about” him, a sentiment he attributed to his identity as a Muslim male (3/23/2011). Seif attended Liberty High from 2008-2010 until he was asked to leave the school after he turned 21 years old, which is the state age limit for secondary education. While I will discuss Seif’s case in more detail in Chapter Four, his expulsion from the school was a source of great distress for him and his mother. Fatima cited her children’s education as one of the primary motivators for her resettlement to the U.S., and Seif’s inability to access education was deeply troubling for her.

Life in Philadelphia, particularly for a family as large as Fatima’s was demanding. In order to support their family of six, Fatima, her husband and her eldest sons worked, all earning minimum wage, which was $7.25/per hour. Mohammed, Fatima’s husband worked at an Arabic grocery store fulltime. Fatima found part-time employment as a housekeeper at a local hotel, where she worked two to three days a week for a few months. She suffered a fall at home, and sustained a back injury which prevented her from performing the physical tasks involved in her job, which included lifting heavy cleaning appliances, mattresses, and furniture. After dropping out of high school,
Hussein joined his father, and worked at the grocery store part-time, but he also lost his job when the store closed one of its branches. Before Seif’s expulsion, he had worked at a local warehouse, driving a forklift during the evenings. After his expulsion, Seif attended night school, which resulted in the loss of his job, and the loss of much needed family income. Layla’s contribution was to assist her mother in household work, and to “lighten the load for Mama, especially when she is working” (Fieldnotes, 9/29/2011).

The Omar Family

Warda Mustafa (56 years old), or Um Samir, lived with her daughter, Heba Omar (19 years old), her eldest son Samir Omar (38 years old), Samir’s wife Ahlam (29 years old), and their two young children Ashraf (six years old) and Amjad (three years old). In 1974, Warda, a Mosul native, was married at the age of seventeen and moved to Baghdad. Warda and her husband, both Sunni Muslims, had six children: Samir, Khaled, Bahaa, Surayya, Tarek and Heba. When he was fifteen years old, her eldest son Samir underwent brain surgery in hopes of relieving him of the epileptic seizures he suffered since the age of six. In spite of sending him to hospital with the best reputation in Baghdad, the surgery left Samir paralyzed in the left side of his body. For years after the surgery, Warda and Abu-Samir sought other treatments for Samir, but to no avail, his paralysis was permanent. In late 2005, Abu Samir, who by this time had become a wealthy businessman and prominent orchard-owner, fell ill with cancer. A few months later, Warda accompanied her husband to Saudi Arabia, taking only her youngest daughter Heba, in search of better medical treatment. Two months later, Warda’s husband died in surgery, leaving her a widow at the age of forty-nine.
Upon her return to Iraq in late 2006, Warda found that all her children had fled Iraq and moved to Syria due to the rise in sectarian violence and instability in the country. Only two of her sons, Tarek and Khaled could make the dangerous journey back to Iraq to attend their father’s funeral. Warda, a devout Muslim, refused her children’s many pleas to leave Iraq immediately for Syria, until she had completed “العدة”- *al’edd*, (in Muslim tradition, a mourning period of four months and ten days in which a widow does not leave the marital home.) By this time, Warda’s family wealth, which she described as once being “substantial” (Interview 4/3/2011), began to dwindle. Her husband had spent an enormous amount of money towards Samir’s medical treatment. When Abu Samir fell ill, Warda also spared no expense in seeking out the best doctors and private hospitals in Saudi Arabia. However, the largest blow to the family’s financial wellbeing was the event that Warda referred to as “المصيبة”- *almus̟eeba* (the disaster).

During Warda’s mourning period, her son Tarek, who had become aware of and was increasingly concerned about the family’s increasingly financial problems, approached her with a business idea. Tarek wanted to purchase a truck to move cargo between Iraq and Syria. Due to the dangers involved with the trip along that particular road, *تَارِيخ الرمادي* *tareeq alrumady*, customers would pay Tarek and his business partner, a childhood friend, a high fee to move cargo between the two countries. After much coaxing, Warda- who was deeply concerned for her son’s safety, and begged him several times to use the money in another venture- agreed to give Tarek the money for his half of the investment. Tarek, his brother Bahaa, and their childhood friend, Ali, had
made the trip to Syria to visit Warda’s second eldest son Bahaa, who had fallen ill. On their way back to Iraq, they ran into trouble.

Warda: While they were on the road, they were stopped by a caravan of six cars. The people in there had their faces covered and were armed. They were all militia men. Well this militia is Sunni, right? And that boy, he was Shiite, which of course meant trouble. First, they checked their IDs. Then leader said, “Come down, out of the car and pray with us.” In this area, everyone was killed based on their sect. In our area, they were killing Sunnis, but on this route, Shia were killed and kidnapped. So my son had told his friend, you need to say “I’m Sunni when they ask you.” And he had taught him to pray correctly, like us I mean. So when that boy went down to pray, they told him “You are Shia.” They knew he was Shia, because they place their hands a certain way when they pray, and that is how we know. So they blindfolded this boy and laid him on the ground. So the leader said to my sons, “Ok, move! Move! Face the car and move in that direction. Sit in the car and keep your head down, if you raise your head, or move your head left or right, I am going to blow your head off.” They said to my older son, who was driving, “You need to keep your eyes straight on the road. Don’t look to the left or to the right. If you do, I am going to burn you all in your car.”

Heba: So my brothers asked about their friend, and they said, “If you ask about him again, I am going to put all of you in the car and burn you all. Get in the damn car.” So they left, and the Shia boy, he stayed with the men, God bless his soul. (Interview 4/5/2011)

Upon his return to Baghdad, Tarek called Ali’s family to inform them of what had happened to their son. The family blamed Tarek and his brother for Ali’s death. Warda recalled Ali’s father’s words to Tarek, “My son was with you in your car, this was your responsibility. He was in your hands and you left him behind. You abandoned him! His life is on your hands.” (Interview, 4/5/2011) In spite of Tarek and Bahaa’s many explanations of the situation, Ali’s father was unconvinced. Soon after this conversation, Ali’s father gave Tarek an ultimatum, either he paid a “diyya”- qasas (in Islamic law: the payment of a sum of money by an aggressor to his victim’s family) or “qasas”- qasas (retaliation or revenge).

The sum of money Ali’s family placed on Tarek’s life was more than Warda and her family could bear. Warda was forced to sell her home, the land, the cars, and
everything they owned, but it was only through borrowing money from her in-laws that she was able to make the full payment. Unfortunately, Ali’s family, who had become increasingly hostile, demanded more money. The family who bought Warda’s home informed her that Ali’s family had come to their home, armed with guns, banging on the door, asking for Tarek and demanding “their son’s right.” It was then that Warda finally decided it was time to leave Iraq. In late 2006, Warda, Heba, and Tarek left for Syria to join her other children.

Warda and Heba spoke fondly of their life in Syria. Warda lived happily among her children and grandchildren. Unfortunately, a few years after their arrival, Tarek began receiving threatening telephone calls. Ali’s extended family found out where he lived. Warda explained, “They even wanted more money, after everything was paid. They were abusing us and kept asking for more money. This is why we came to America, we had to run away.” (Interview, 4/5/2011) In spite of the fact that Warda had applied for asylum with all her children, only her eldest son, Samir, and her daughter Heba’s applications were successful; a fact Warda attributed to refugee organizations’ prioritization of widows and people with disabilities. While she was happy to be resettled, she remained deeply concerned for her children’s safety, especially Tarek. She shared this concern with the UNHCR agent, but he told Warda that the agency could only resettle Warda, Samir and his wife, and Heba at the moment. Warda agreed, with the hopes that her other children would be able to join them in the U.S. soon. In 2010, Warda, Heba, Samir, and his wife Ahlam and his two children moved to Philadelphia.

When they first moved to Philadelphia, the family all lived together in a two bedroom apartment. The resettlement agency could not find a three bedroom apartment
in the area on the ground floor, which was a requirement due to Samir’s disability. It was a challenge to manage life with four adults and two small children in such small quarters.

Heba, who by this time was a 19 year-old freshman at Liberty High, was helping with the children, accompanying her mother— whose health had deteriorated in the past few years—to several healthcare appointments a month, and helping around the house. Warda’s concern for her children and her desire to be reunited with them grew as the events in Syria unfolded. In spite of his disability, Samir was unable to access Supplemental Security Income (SSI, commonly known as “disability pay”) for several months, which forced him to ask the local mosque’s imam for financial assistance (Fieldnotes 11/11/2011). Ahlam, Samir’s wife, suffered severe migraines due to a bullet which was lodged in her skull— an injury she had sustained in a gunfight in her neighborhood as a child— which could not be removed, which left her bedridden, often for several days at a time. Ahlam, whose migraines were triggered by the cold, could not leave the house for months at a time without suffering debilitating migraines, so she was confined to her home for the winter. Since Ahlam could not leave the house in the winter, it was left to Samir to walk his children to school. This proved to be an extreme burden on Samir, who had to “drag half of his body through the ice and snow with use of a cane” (Fieldnotes 11/11/2011). After an arduous search for a ground floor apartment large enough to house the entire family and one which fit their budget, the family decided to split; Samir moved to a small, one bedroom apartment above a pizza shop, while Warda and Heba lived in a studio apartment on a neighboring street. A few months later, the ceiling of Samir’s living room collapsed, forcing him to move once again since his
landlord refused to fix it. As Warda told me in an interview, “It’s very hard here for us.” (Interview 4/17/2013).

The Jaffary Family

Nadia Shaker (49 years old), or Um Zeina, lived with her husband, Sayed Jaffary or Abu Zeina, (42 years old), Zeina Jaffary (19 years old), and Dima Jaffary in a two bedroom apartment in Philadelphia. Nadia was born into a Sunni Muslim family and was the only daughter among her five siblings. She told me she had been “spoiled” by her father, who loved her so much that he didn’t want her to marry and leave his side (Fieldnotes, 6/26/2013). Before being drafted for the war with Iran, Nadia’s eldest brother, Mahmoud, asked his family to take care of his three small children, a request that Nadia took very seriously. When the family received the news of Mahmoud’s death, Nadia was devastated. Soon after his funeral, Mahmoud’s widow came to Nadia’s family home, with her children in tow. Nadia recalls, “Their mother left them to our family after my brother died. She wanted to get remarried and didn’t want the responsibility anymore, so she left them with us” (Fieldnotes 6/26/2013). Nadia decided that she would not marry; she would live with her parents, and care for her brother’s children instead.

A few years later, on the way home from her father’s home, Nadia’s car broke down. As she stood near her car on the highway, a car with two men, who introduced themselves as Sayed and Abbas, stopped to help her. Sayed, a Shia Muslim who was “in the car business”, asked Nadia to sit in his car while he and Abbas fixed the problem. Three hours later, they had repaired Nadia’s car. Sayed insisted on following her to her home in his own car to ensure that her car did not break down again. A week later, Sayed, his father, and his sister came to ask for Nadia’s hand in marriage. Nadia refused
their offer politely, citing her commitment to her nieces and nephews as her main life’s calling. Sayed was undeterred, informing Nadia that her commitment to her brother’s children was admirable, and that he would do his best to help her raise them and honor her brother’s will. Nadia asked for some time to think, and after consulting with her father, she decided that she would like to meet with Sayed for a few months, to know him and ensure that he was the kind of man she could entrust with her nieces and nephew.

Nadia and Sayed met regularly for six months, then were engaged and soon after were married.

Nadia spoke of her the first years of her marriage “the good years before the troubles began” (Interview, 6/7/2013). Sayed established a car dealership, which became very successful. He kept his word and cared for her brother’s children as his own. A year after they were married, Nadia became pregnant with her first daughter, Zeina, and a few years later with second daughter, Dima. In spite of Nadia’s insistence that she wait until she was older, Shadha, Nadia’s niece was married at the age of eighteen. Soon afterwards, Nadia’s nephews moved in with her mother, who had become frail and needed assistance. Even though she missed her brother’s children, Nadia enjoyed life with her small family.

The troubles began soon after the American occupation of Iraq in 2003. Sectarian violence had broken out in Nadia’s neighborhood, where people were being killed “simply because of their last name, because of their identity as Sunni or Shia” (Interview 6/7/2013). On one afternoon, when Nadia was hanging the laundry behind her home, she heard her neighbor screaming her name, “Um Zeina! Um Zeina!” Nadia ran downstairs to find her neighbor clutching Dima, Nadia’s youngest daughter, who was only three
years old at the time. Dima was crying hysterically at the time, and ran to her mother, who held her closely as her neighbor told her what had happened. Um Hanna, Nadia’s neighbor, had seen a man in a car she had never seen before pull up to the house, and she heard the man call to Dima, who was playing in front of the house. Um Hanna instinctively ran down the stairs, only to find the man pushing Dima, who was crying and kicking, into the car. When Um Hanna— who had been screaming as she ran down the stairs—reached the car, the man had already closed the door of passenger’s side back seat behind Dima, had gotten back into the driver seat, and was attempting to drive away. Thankfully, in his haste, the driver had forgotten to lock the door, so when Um Hanna hurriedly opened the door, she was able to pull Dima out of the car as he sped off.

When Nadia heard this story, she was horrified. She was haunted with questions. “What would have happened if my neighbor hadn’t seen that car? Or if that man had a gun? Or if he had locked the door? Those questions kept me up for weeks and months. I couldn’t sleep.” (Fieldnotes 3/8/2013). She told me that she had recurring nightmares of losing both of her daughters to masked men who could walk through walls. Nadia began to wonder if she could keep her children safe in Iraq. Soon after, Nadia had to contend with this question once again.

One day, when Zeina was leaving the school at the end of the day, armed men began to shoot at the children as they were leaving. Even though the school was very close to our house, Zeina was used to us taking her and bringing her by car even though she was so close by because I worried about her and her sister, especially after what happened to Dima. So, when I heard there was a shooting at the school, I saw people running to the school, so I ran with them. But I couldn’t find my daughter, they had taken her. All the neighborhood people, whoever had a car, they put the children in their cars and they took them to the hospital. So when I got there, I saw her father. We got there right after it happened, so we saw all the blood. We almost lost our minds, and thought she was dead. So we went to the hospital that the children were taken to. We got to the hospital and I was frantically looking for her there. Honestly at that point, I thought my daughter was
dead, she was gone. I died a million times in those few minutes. We were both crying, and I was screaming her name, and looking for her everywhere. And Dima was with us and she was beside herself crying. So I asked for her, and they told me, “This is the area where they put the children who were shot.” I had to look for her among the dead children. It was horrible. And then I saw her. Her leg was wrapped, she had been shot in the knee, and she was sitting at the edge of a cot. And I thanked Allah the Almighty for saving her. They said all she needed was a few stitches, so they were stitching her up. They said after they finished with the stitching, we could take her with us. So a few hours later we came back to the house (Interview, 6/7/2013).

After this event, Nadia’s nightmares and anxiety increased. She worried about her children constantly, even when they were inside the house with her. When she was in the kitchen cooking, she would insist that her daughters play only in the kitchen where she could see them. She began asking her husband to leave Iraq, but he refused. He was from a large family, and felt that he could not leave them behind. Nadia’s desire to leave Iraq became source of tension in their marriage. Nadia’s suffering was compounded by further violence and threat directly aimed at her family. A month after the shooting in Zeina’s school, Nadia woke up to the sounds of a crowd outside of her door. When she opened the door, she found herself face to face with an explosive device. She recalls, “We found so many people, children and their parents all at our door, and this man, the official who was working on it. The man asked me if someone was targeting us, and I said I didn’t know.” (Interview 6/7/2013). Nadia’s only explanation for the explosive device was sectarian violence, which was on the rise.

A few weeks later, on his way back from work, Sayed, Nadia’s husband, was stopped by a caravan of cars, which had blocked the highway. Three armed men asked Sayed to get out of his car, (a fairly new BMW), with his hands raised above his head. As he exited the car, he took the car keys with him. Sayed asked permission to speak to the leader of the group, which was granted. He said, “Listen brother, I would like to give
you this car, as a small gift to thank you for keeping our roads and our families safe. If you will do me the great honor of accepting this gift, I will be eternally grateful.” (Fieldnotes 6/26/2013). The leader hesitated, but then accepted the gift, took Sayed’s keys and left him there, in the middle of the highway. Nadia recalls, “He appeared at the doorstep hours later, dirty, dehydrated, and honestly Sally, he looked like he had aged ten years. They say that this is what happens when you face death, and now I believe it. He didn’t look like the man who had left the house that morning (Fieldnotes 3/8/2013).”

After caring for Sayed, Nadia told him that she had decided to leave Iraq. Dima had almost been kidnapped; Zeina had almost been killed in a school shooting; and now Sayed had faced death with these armed militia men. Nadia viewed the safety of her family as a gift from Allah; one not to be wasted, and she would leave Iraq with her husband or without him. Not wanting to lose his family, Sayed acquiesced. In late 2005, Nadia’s family left for Syria.

While Nadia felt safer in Syria, she suffered a great deal. In 2007, Nadia’s youngest brother, Nader, “was killed on his way to get bread for his wife and children. He left for the market and never came back” (Interview 6/7/2013). He was found in a mound of trash, shot in the head. Nadia’s mother died two years later. Nadia was unable to return to Iraq for her family member’s funerals due to safety reasons. Within her own home, Nadia faced challenges as well. When the family had first arrived in Syria, Zeina had seemed well, but soon afterwards became withdrawn. Nadia recalls, “Zeina refused to go to school. She would lock herself up in her room, refused to eat and drink. She even refused to talk to us! She would sit in a corner of the room all alone and talk to herself quietly” (Interview 6/7/2013). Nadia attributed Zeina’s behavior to the trauma
she had encountered, particularly watching her best friend die before her eyes. Nadia decided not to force Zeina to go to school. For the entirety of the family’s stay in Syria, which spanned five years, Zeina did not attend school. The family was also struggling financially. Sayed invested heavily in two business ventures which failed. Nadia describes this time of her family’s life as “their time in hell.” She told me, “We were practically dead.” (Interview, 6/7/2013)

In 2009, things began to get better for Nadia’s family. Nadia became aware of “The Center for Love”, a non-profit organization for children with disabilities, and began taking Zeina to their meetings. Social workers came to visit them at the house regularly, paying special attention to Zeina. Nadia and Zeina joined other mothers and daughters on field trips organized by The Center for Love. Slowly, Zeina began to “act more like herself” and even began to speak with her family again. Through a connection with an old friend from Iraq, Sayed found work at a television station as a technician, enabling him to earn a steady wage. However, in late 2010, political protests began to break out in the neighborhood, every Friday after prayers. Even though the world became aware of the protests against Bashar Al-Assad’s regime in 2011, Nadia reported that the protests began in 2010; a fact that the government was able to successfully hide for a few months. As the protests became more volatile, Nadia’s fears and anxiety returned. “We had left one war behind, and somehow landed in another one.” (Fieldnotes 3/8/2013). As the political situation worsened, Nadia and her family made the decision to leave Syria. With the help of a lawyer who regularly volunteered at the Center of Love, Nadia and her family applied for asylum through the United Nations office in Damascus. In August 2011, the Jaffary family was resettled to Philadelphia.
Nadia described life in Philadelphia as “من معاناة إلى معاناة” - min mu’annah illa mu’annah - or from suffering to suffering. Due to his limited English skills, the only work Sayed could find was stocking shelves at Walmart, where he worked 35 hours a week, earning minimum wage, with no benefits. Nadia, who had begun to suffer from debilitating chronic migraines in 2003, was unable to work. Dima was placed in the fifth grade in an elementary school which was a block away from her family’s apartment. Zeina, who had not been in school since her accident in third grade in Iraq, was placed in a ninth grade classroom at a local high school several miles from her home. Zeina was transported by bus to the school, where she was placed in a class with students who suffered from severe disabilities; a fact which she found extremely demoralizing. With the help of a special education lawyer, who took Zeina’s case pro bono, Zeina was transferred to Liberty High, where she received ESL classes and special education classes more suited for her learning needs.

**Similarities and differences among the families**

**Similarities.** The narratives above demonstrate the unique accounts of each of the families, and in particular their pre-migratory histories which come to bear on their lives in Philadelphia, which will be discussed in more detail in later chapters. In spite of the unique life events which have shaped each of the families’ lives, the families share some key similarities. The families share other similarities which will be discussed in further chapters, but the main similarities I will discuss now are educational attainment of parents and English language proficiency.

All four of the families are headed by parents who have at most, a secondary education. Fatima Zaydoun, Nadia Shaker, and Warda Mustafa had all received
- "الإعدادية" — an elementary school diploma given to children who successfully completed a set of comprehensive exams for each subject, given in the final year of elementary school (approximately 5th grade)- and then stopped attending school soon afterwards. Mohammed Hassan, Fatima’s husband, had dropped out of school in the 6th grade. Sayed Jaffary had dropped out of school when he was in 8th grade.

Baheera Fathy was the only parent participant who had completed "الثانوية العامة" — a high school diploma given to youth who have successfully completed and passed a set of comprehensive exams for each subject, given in the final two years of secondary school- with a concentration in the Liberal Arts. All of the parents were literate in their native Arabic.

The families were also similar in their English language proficiency; parents in all four families reported being unable to read and write English upon their arrival to the United States. Through observing families, both inside and outside of their homes, it became clear that the families, and in particular the parents, were unable to read and write English. As a result, one of my major roles in the families was to be a translator, both within the households-by interpreting the many documents which permeated refugee homes-as well outside of the home. Over time, the youth in the families, particularly those who had been resettled to the U.S. earlier, such as Seif Hassan and Samah Musa, gained some spoken English, and would translate on behalf of their parents. Samah reported that she learned some phrases from working with English-speaking customers at the super market where she was employed. Seif learned some spoken English from his friends and in class at Liberty High, where he was a student for two years.
Differences. In spite of their apparent homogeneity as Iraqi refugees who were all residents of the same urban neighborhood, and whose children attended the same schools, the families differed in three main ways: religious background, earning potential, and reliance on public transportation. Two of the families, the Omar family and the Musa family, were Sunni; one family, the Hassan family was Shia, and one family, the Jaafary family, had a mixed heritage- the mother, Nadia was Sunni and the father, Sayed was Shia. According to the Nancy, the director of the resettlement agency, Iraqi refugees’ ability to “coalesce as an Iraqi refugee community” (Interview 12/6/2013) was affected by their encounters with sectarian violence in Iraq; experiences which were shaped by their religious identities.

Two of the families, the Hassan family and the Jaffary family, were resettled to the U.S. with the male heads of the household, while the other two families- the Omar family and the Musa family- were headed by widowed mothers. This affected the families’ earning potential, and subsequently their ability to access better employment opportunities. Both fathers, Sayed Jaffary and Mohammed Hassan, were able to find steady employment and help support their families, while both widowed mothers, Baheera and Warda, heads of the Musa and the Omar families respectively, suffered from chronic diseases which impeded their ability to work. The families who were resettled with the male heads of the household seemed to fare better economically, as evidenced by their ability to purchase costly goods, such as cars. The Hassan family owned three cars, and the Jaffary family owned one car. The Omar and the Musa families did not own any cars. The Hassan and Jaafary families’ financial ability to purchase cars facilitated

\footnote{While these families were able to purchase cars and access steady employment opportunities, they were reliant on public assistance (welfare and food stamps) to make ends meet. All four families’ incomes fell well below the poverty line.}
access to jobs outside of Philadelphia, where chances of employment were higher. Sayed Jaafary, and both of Fatima’s sons, Seif Hassan and Ayman Hassan, worked outside of the city limits, and used the family cars to commute to work. Meanwhile, the Musa and the Omar family were unable to purchase cars, and hence were limited by the constraints of public transportation in their neighborhood, which affected their employment possibilities. Samah Musa’s constant search for a higher-paying job that would pay her more than $5/hour- which was well below the minimum wage in the Pennsylvania at the time: $7.25/hour- was limited by her reliance on public transportation (Interview 4/27/2011).

Participants’ reliance on public transportation also affected their ability to access other essential services. The hospital providing special services for the Iraqi refugee community (such as Arabic-speaking translators), the refugee resettlement agency, and the community non-profit which provided language assistance for Arabic-speaking migrants and refugees, all required multiple forms of public transportation, which took over an hour and a half. In addition to the everyday trials of relying on a problematic public transportation system which an English-speaker might experience, this process demanded linguistic and navigational skills which proved to be a source of suffering for many refugees, particularly soon after their arrival.
Chapter 3. The Trouble with Self-Sufficiency

A few minutes after I arrive into the Jaafary home, Um Zeina gets up and retrieves a stack of bills and documents from her bedroom. I prepare to look through the entire stack, and help the family decipher the contents of each envelope—our weekly tradition. This time, however, Abu Zeina pulls out one envelope from the stack and hands it to me.

**Abu Zeina:** “Sally, can you explain this one for me? I think it is from the welfare office, and it looks important, but I can’t read it. I think it says that they are going to reduce our food stamps again, but I am not sure. I see the numbers here, (he points to the numbers on the top right of the page) from $442 down to $380. Is that right?” I read through the six-page document and then respond.

**Sally:** “Yes, it says here that your food stamps are going to be reduced from $442 to $380.”

**Um Zeina:** “But this is not right! Sally, we are barely making ends meet right now, with the food stamps being what they are. If they remove some more, what are we going to do?!”

**Abu Zeina:** “You know Sally, when we first got here we had almost $700 in food stamps. As soon as we got here, the [resettlement] agency rushed me to get a job. They told me if I didn’t get work we would be on the street. So, when I started working, we went from getting $680 a month in food stamps to a little less than $500 a month. OK, I understand that initial decrease, because I got a job and have an income now. But since then, every six months, the welfare agent cuts our food stamps even though there is no increase in our income at all! Now we will only have $380. Why does she do that? It doesn’t make any sense. And when we go to her office to try to reason with her, she won’t budge. Isn’t the whole point of food stamps to help us because we can’t make ends meet on our own?! [Fieldnotes 12/12/2012] 

Abu Zeina, a mid-forties Iraqi refugee was “rushed” by the agency to find work almost immediately upon arrival, with the threat of homelessness looming overhead. Abu Zeina and Um Zeina were made aware of the ticking clock nature of post-resettlement supports in their first meeting with their case manager. In that meeting they were informed that the rental subsidy they received from the agency and the cash assistance they received from the welfare office would end after four months. As a result, they needed to begin to search for work immediately to ensure that they had a steady income before these supports were removed. Abu Zeina was informed that they would continue
to receive Supplemental Nutritional Assistance Program (SNAP) benefits (more commonly known as food stamps) even after they began earning a steady income, but that those benefits would be significantly reduced as soon as he received his first paycheck.

Since Zeina, their daughter, who had survived a mass shooting at her elementary school in Iraq, was still struggling with debilitating bouts of depression, anxiety, and PTSD, they decided that Um Zeina (who had her own health struggles) would stay home to care for her. Abu Zeina began looking for work immediately. He began attending all the language classes offered by the refugee resettlement agency, in spite of the fact that the agency was 1.5 hours away from his home, and required two forms of public transportation. Within a few weeks, and after several interviews, Abu Zeina was matched with a job at Walmart, as a shelf-stocker in the warehouse. He was hired to work 35 hours per week, at the minimum wage, ($7.25/hour) with no health benefits. After taxes, Abu Zeina brought home $1,100 a month. This amount was supposed to support his family of four. Rent for their small two bedroom apartment alone was $750. Without the assistance of food stamps, it would have been impossible for the family to survive.

In his commentary above, Abu Zeina critiqued the welfare agent’s actions. While he understood the reasoning behind the initial decrease, which was a result of his employment and the resulting influx of a steady income, he questioned the consistent reduction of the family’s food stamps after his employment. Frustrated, he exclaims, “every six months, the welfare agent cuts our food stamps even though there is no increase in our income at all!” Abu Zeina and Um Zeina made multiple appointments with their welfare agent, in an attempt to “reason with her” and ask why their food
stamps were constantly being decreased, but “she [wouldn’t] budge”. At the end of his comments, Abu Zeina asked, “Isn’t the whole point of food stamps to help us because we can’t make ends meet on our own?!”

The question Abu Zeina raised is a good one. What, in fact, is the point of providing refugees with food stamps? Is it actually to provide consistent support to refugees who cannot make ends meet? I argue in this chapter that the welfare agency’s reduction of benefits, and the refugee resettlement agency’s insistence that refugees find immediate employment are a reflection of a commitment to self-sufficiency—one of the main goals of the American refugee resettlement program. This chapter investigates the problematic discourses and expectations of self-sufficiency which refugees encounter in the U.S. I examine several questions. How are discourses and expectations of self-sufficiency disseminated at the refugee resettlement agency? How does the refugee resettlement agency’s commitment to self-sufficiency affect refugees’ economic trajectories? What are the experiences of refugees with the welfare state? How do refugees respond to and resist the actions of their welfare agents? The chapter is divided into two sections. The first section deals with the varying discourses and expectations of self-sufficiency placed on refugees by the refugee resettlement agency. The second section engages with the experiences of refugees with the welfare agency.

**Discourses and Expectations of Self-Sufficiency at the Resettlement Agency**

**The Emphasis on Immediate Employment**

The commitment to self-sufficiency pervaded many of the services provided at the resettlement agency. At the heart of the case management offered to refugees were services pertaining to employment. According to Nancy, the director of the agency, the
language classes, training courses and mentorship programs were all built with the explicit goal of assisting refugees in finding work as soon as possible. In an interview, Nancy commented on the agency’s stance on this issue.

One of our top priorities [at the agency] is to find our clients work. A lot of the refugees who come here struggle because their work experience, their credentialing and their language skills don’t really translate to the American workplace. They often need to find entry-level work to break their way into the American job market, and to build a resume with American experience on it. We are always trying to connect refugees with access to entry level jobs, which is often difficult to do since their work experience and education in their country doesn’t necessarily translate here. [Fieldnotes, 2/1/2013]

Nancy highlighted employment as one of the agency’s major goals in their work with refugees. She acknowledged the difficulties that Iraqis faced in their search for employment, which included lack of transfer of prior education, experience, and skills. Nancy’s commentary captured the agency’s emphasis on employment and the prioritization of finding refugees entry-level work, which she viewed as a method “to build a resume with American experience on it”. In spite of her recognition of the difficulties Iraqis face in the American job market, the solution she put forth was the agency’s consistent attempt to find them entry-level work. Rather than granting refugees to retrain within their former fields—an option which might have led them to better employment and eventually gave them life chances—immediate, entry-level work was viewed as the highest priority.

In her commentary, Nancy also identified language barriers as one of the main challenges Iraqis face when searching for employment. Many Iraqis who were gainfully employed in their native homeland were unable to find work in the U.S. due to their limited English skills. The following excerpt of a conversation between Lian, the coordinator of the Help Your Self program at the refugee resettlement agency, and
Tamer, a newly arrived Iraqi refugee male in his mid-twenties, further underscored this issue. Earlier in the week, Tamer was accompanied by his case-manger on a site visit to a meat-packing facility, with the hopes that he can eventually find employment there.

Shocked by the cold temperatures, poor ventilation, and overall bleakness of the plant, Tamer shared his concerns with Lian.

**Tamer:** You know that I have been looking for work for several months now. I have also been attending English classes five times a week, even though the classes are so far from my house. I am willing to work anywhere really. But this place is just too cold. I have circulation problems and asthma, and if I worked there my condition would get worse.

**Lian:** Tamer, I think it is important for you to be realistic about the jobs out there. While it is great that you are taking all of these English classes, right now, your English is very limited and there are very few jobs out there for people with limited English. Honestly, you cannot be picky. You simply cannot. [Fieldnotes 3/19/2013]

Lian emphasized Tamer’s need to be flexible and his need to accept any work he can find. She acknowledged the difficulties facing refugees with limited English, but more importantly she reflected the agency’s stance regarding refugee employment: appropriate work is employment of any kind, and as soon as possible. What is most troubling about this interaction was Lian’s response (or lack thereof) to Tamer’s medical condition. Rather than acknowledging or empathizing with Tamer’s concern for what employment in this particular setting might do to his health, Lian urged him to be “realistic”, and told him that he “simply cannot be picky”. Eight hour shifts in a frigid meat-packing plant would be difficult even for a person in good health, so one can only imagine what it might do to an asthmatic person who struggled with circulation issues. Rather than evoking compassion, the mention of his ailments and his resistance to this job was instead framed as a lack of flexibility. Instead of receiving accommodations for
his health condition, Tamer was urged to take any job he could get. Immediate employment trumped all, once again.

The agency’s commitment to immediate employment was perhaps most explicitly expressed in the comments of Mary, the director of employment at the agency. At a community meeting designed for newly-resettled Iraqi refugees to present their problems and ask questions, Mary presented the agency’s stance on refugee employment.

The key is to employment is to keep an open mind. When you are first offered a job, it might be a part-time job. This could mean anything like 20 hours, or sometimes even less. The hope is that eventually you will be offered full-time work. Now there are probably going to be some challenges to your first job. It might be in a cold environment, like in a refrigerator working with food or something, which is not pleasant, but you need to keep an open mind. Sometimes the work is custodial work, which can include cleaning toilets, which of course, no one wants to do, but again it’s important to stay open to first job opportunities. Some of these jobs have very long work days, even if they are not full-time, they might have longer than normal work days, which is hard. Another challenge is that many of your first jobs don’t come with benefits. You need to think of this job as a stepping stone. Your first job is just a way to get you in the system. As your English improves and as your work history grows here, you will have more and better opportunities. [Fieldnotes 9/21/2013]

Mary asked refugees to “keep an open mind”, urging them to accept any work, no matter how unstable, low-paying, physically demanding and/or demeaning it might be. She attempted to encourage refugees by framing this work as a “stepping stone” to “better opportunities” which will become available to workers as their American work history is expanded and their English improves. Inherently problematic in this latent promise however, is the fact that the jobs Mary is asking refugees to “keep an open mind” about and to accept, might not assist them in moving out of these positions to better ones. I wonder, what will a job cleaning toilets or processing meat do for one’s resume? How can this type of work become leveraged into a “better opportunity?” What type of financial security can a job in custodial work or food-processing labor offer? More
importantly, if one is to accept such an entry level position, and is in fact fortunate enough to secure a full-time position, when will she/he have the time to improve her English? Learning English takes time—time which refugees will not have if they forced to find work immediately.

Susan, the director of resettlement at the agency described the goals of the employment program at the agency, and acknowledges this dilemma.

We have a new employment program at the agency. The goal is that refugees become employed within 120 days of their arrival, and that we get them a job of more than 35 hours per week. A part of this program is language classes of course, but how much language can they really gain in four months? So typically we find jobs for them that require very little English. We are always looking for partnering companies and corporations, but we are having a hard time finding jobs available for limited English speakers, especially in this economy. Walmart is one of the only corporations we are partnered with at the moment. [Fieldnotes 4/9/2013-emphasis added]

Susan acknowledged that the four months of language education provided by the program are not nearly enough for refugees to learn or gain real command of the English language. She pointed to the difficulty of finding work for refugees with limited English skills, especially since the economic downturn which began in 2008—ironically enough the same year that the U.S. began to resettle Iraqis on a large scale (Berman, 2011). Rather than giving refugees more time to gain a stronger command of the English language, resettlement agencies and their employees continued to push newly arrived refugees into immediate employment. In the next section, I will examine how the effects of immediate employment on the economic trajectories of refugees.

The Effects of Immediate Employment on the Economic Trajectories of Refugees

As outlined in the Introduction, self-sufficiency has long been a major goal of the American refugee resettlement program (Bach, 1983; Haines, 1988; Corvo & Peterson,
2005). The Office of Refugee Resettlement (ORR), which is responsible for providing assistance and services to refugees within the U.S., outlines self-sufficiency as one of its main aims for refugees (Caplan, 1985a; Rumbaut, & Ima, 1988). A recent report on the economic self-sufficiency of refugees, prepared by the ORR, underscores this commitment.

Office of Refugee Resettlement provides refugees with cash and medical assistance and social services including employment services for a time-limited period. This type of assistance, which is not provided to all immigrants, is designed to enable refugees to become employed and economically self-sufficient as soon as possible after their arrival and to support their social integration in this country. (Halpern, 2008, p. 5; emphasis added)

This quote confirms that the services provided by the Office of Refugee Resettlement (ORR), which are disseminated through refugee resettlement agencies, are designed to channel refugees towards economic self-sufficiency. According to the ORR, the way to do this is to ensure that refugees “become employed as soon as possible after their arrival”—confirmed by Abu Zeina’s experience.

Abu Zeina, who we met in the beginning of the chapter, was urged by his case manager to find a job, any job, almost directly after his arrival from Syria. With no language skills, and the ticking-clock of dwindling resettlement support, he took a minimum wage position at Walmart. In Iraq, as Abu Zeina once told me, his life “was a different story. Those were the good days” (Interview, 5/27/2013). In spite of the fact that he dropped out of high school in the tenth grade, Abu Zeina has been a successful luxury car dealer in Baghdad. He and his family had lived in a comfortable home, and he told me that they “had never wanted for anything.” Abu Zeina, who described himself as a “patriotic man”, had intended on staying in Iraq in spite of the violence. Soon after I met Abu Zeina, he told me “I was born in Iraq and I wanted to die there”. However, after
several events, including a shoot-out at his daughter Zeina’s school which resulted in an injury to her leg as well as a severe blow to head; the near-kidnapping of his younger daughter Dima; and his own experience with an armed militia, Abu Zeina finally succumbed to his wife’s pleas, and fled to Syria. After they moved to Syria, Abu Zeina was unable to continue working in his field as non-Syrians were unable to establish businesses due a lack of legal citizenship. After several failed business ventures with Syrian partners, Abu Zeina finally found work as a part-time set-designer at a television station just outside of Damascus. After one year, he became a full-time member of the set-design team, which was a lucrative position at the time. Abu Zeina reported that he enjoyed his work immensely and was well-loved by his colleagues. He worked there for four years, until he was resettled to the U.S.

Abu Zeina had a rich professional history that was varied. As a car dealer in Iraq, he had learned to become a highly skilled mechanic, which allowed him to evaluate cars before he bought and resold them. As an employee at the television station in Syria, he learned several skills including basic set design as well as communicating with people and managing several projects at a time. Abu Zeina had acquired all of these skills without formal credentialing, which, while impressive, made him vulnerable. Nancy’s words have rung true in Abu Zeina’s case; his work skills did not easily translate into the American workplace. Eventually, the unrest in Syria forced Abu Zeina and his family to become displaced once again, and they were resettled to Philadelphia in 2010. Upon arrival in Philadelphia, Abu Zeina met with his case-manager, who highlighted the agency’s message around employment. Below is his account of their conversation.

As soon as we got to America, they began telling us, “You only get four months of help. You have to get a job, any job so you can pay your rent! If you don’t get a
job, all of the rent assistance will be gone and you might end up in the street.” It’s like the moment you get here they put all this pressure on you. You don’t have any time to settle in, or get accustomed to being here, or learn the language. If they gave me some help, a year of rent and cash assistance, then I could have spent that first year learning English. With more English, I could have gotten a better job, one that can actually give me enough money to cover my family’s needs. With no language, my options were so limited. Walmart was the only company that would even think of hiring me. And now I’m stuck. There is no hope for improvement in this Walmart job. I can’t ever make enough to cover our needs. [Interview 9/30/2013]

Abu Zeina’s testimony reiterated the prioritization of immediate employment by the agency, and the resulting demands placed on newly-arrived refugees. Refugees are urged to find any job before the expiration of rent assistance, lest they “end up in the street.” Abu Zeina critiqued not only the message he received, but the timing of that message, which was given to him upon arrival. He was unable to “settle in, or get accustomed to being here”, not to mention learning the language. While his estimation of one year might be well below the needed time to gain English language fluency, his critique got at the heart of the problem of prioritizing immediate employment. As a non-English speaker, Abu Zeina was forced into working for Walmart as a shelf-stocker in the warehouse, which was the only work he could find. However, without English language classes, he would remain “stuck”, i.e., locked into low-wage work and unable to access the “better opportunities” Mary spoke of in her presentation. Um Zeina spoke of her husband’s experiences.

Abu Zeina wants to take English lessons, but how will he do that? He registered for the classes when he first arrived, but Walmart refused to give him a morning shift so he can go to classes at night. He starts work at 3:00 p.m. and comes back at 1:30 or 2:00 a.m. When is he supposed to sleep? And when would he go to classes? Especially that the classes are so far from our house! In this way they are choking you, you feel like you’re not only choked, but you’re stuck. You can only work in this terrible job, where you are barely making ends meet, and you can’t go and enroll in English classes. So this is yet another form of suffering and hardship we find here. [Family focus group 6/7/2013]
Um Zeina’s account of her husband’s troubles reiterated the feeling of “being stuck” in a job which would not allow him to learn English. His attempt to change his shift in order to attend the free language classes held at the agency was unsuccessful. Unable to change his shift, Abu Zeina was stuck in a “terrible job” where he could “barely make ends meet”, with no hopes of a way out via English language learning. Um Zeina described this experience as feeling “choked” by the lack of opportunity available to her husband. Abu Zeina had worked for Walmart for two years, and without an opportunity to improve his English he was unable to access the “better opportunities” Mary had promised in her earlier speech in the Iraqi community meeting. Abu Zeina reported a 45 cent/year raise since he began his work at Walmart two years prior.

In her commentary, Um Zeina cited her husband’s experiences as yet another form of “suffering and hardship”. Um Zeina spoke often of her concern for her husband, which caused her much anxiety and distress. She was concerned for his health, which was deteriorating as a result of the physical nature of his work. She expressed her desire to work in order to relieve Abu Zeina of the physical and financial burden of working, but her poor health was a barrier. Um Zeina suffered from diabetes and debilitating rheumatoid arthritis. Soon after Abu Zeina began working for Walmart, he and his wife went to meet with their case manager at the resettlement agency, Khaled, to discuss their financial struggles with him. Abu Zeina spoke to me about that meeting.

When I spoke with my case manager about the financial troubles we are having, he told me that the best thing would be for my wife to work. He told me it takes more than one income to be able to survive in America. But as you know, Um Zeina suffers from her knees because of the arthritis and from her diabetes, so how can she work? I cannot do this to her. I will work for our family, but what pains me is that after all of this work, I still cannot take care of us. [Family focus group 6/2/2013]
The case manager’s suggestion that Um Zeina find work was not a viable option for the family due to her health problems. The case manager also suggested that Um Zeina apply for Supplemental Security Income (SSI, also known as disability income). If Um Zeina was in extreme pain, and could not work, she might be eligible for SSI, and this would help the family bring in some extra money. However, due to the extremely demanding application process, which required multiple, complicated forms and doctor’s visits, Um Zeina was unable to apply for SSI and contribute to the family’s income. This left the family in an extremely precarious position. After the four months of the resettlement period was over, the agency withdrew its subsidization of the family’s rent. This left the bulk of the financial burden on Abu Zeina, whose salary was not nearly enough to cover their expenses.

Abu Zeina details the everyday realities of low-wage work, and its effects on refugee families.

So I get paid $1,100 dollars, and my rent alone is $750. By the time all the bills are paid, we don’t have enough to cover all of our needs. Recently, we haven’t been able to pay off our credit card like we want to every month, which is bad. But what can we do? I bring in money, and as soon as I bring it in, it’s all gone, and I have nothing to show for it. Nothing at all! I cannot afford a down payment on a home so we can own it, so I can ensure my family’s security in any way. I cannot afford to move to a better neighborhood with better schools. And the work is extremely hard, physically. I work on my feet the whole day and I ache all over when I come home. I can barely walk up the steps to my apartment. And in the end Sally, what is going to happen? What if something happens to me? What will happen then?! I worry about this all the time. What will become of my wife, my daughters? How can we live in this type of insecurity all the time? And even if nothing happens to me, what sort of life is this? How can anyone live like this? And THIS is what we came here for? Really?! This is what they brought us to? [Family focus group 6/2/2013]

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5 The application process for SSI was so complex in fact, that one of the families in my study resorted to hiring a lawyer to assist them.
Abu Zeina’s testimony pointed not only to the physical and financial suffering he experienced as a low-wage Walmart employee, but of the psychological burden posed by living in a state of constant state of precarity. He spoke of the constant worry of not making ends meet, of mounting credit card debt, and of the inability to secure the futures of his family. He was unable to attain the dream of owning a home which viewed as the main way to secure his daughters’ future. In essence, Abu Zeina articulated the everyday realities of life for the working poor, defined by Katherine Newman (2009) as “people who toil year-round and either fail to pull above the poverty line or struggle to make ends just above it” (p. xi). The daily financial struggle of attempting to make ends meet coupled with the lack of ability to ensure the security and future of his family took a toll on Abu Zeina, causing him to “worry all the time”. More importantly, these realities have resulted in a frustration and dissatisfaction with the resettlement program. He asked, “THIS is what we came here for? This is what they brought us to?”

Abu Zeina was not alone in his critique of the harsh realities facing refugees in terms of employment. Susan, the director of resettlement at the agency, confirmed the bleak state of refugee employment.

I think the most difficult thing we have to do [at the agency] is help our clients come to term with the fact that we are resettling them into poverty. No one wants to see them there, and no one wants to accept that, but the reality is that they are going to become a part of the American poor, and really there is no escaping that. That is a difficult message to give and an even more difficult one to accept, but it is the reality for these people. And there is no escaping it. I mean maybe there will be some hope for the second generation, depending on their circumstances. But for those who have resettled here, that is their reality. Even for those who have jobs, which are so hard to come by, they are going to be stuck in poverty. A salary from Walmart, even when it is supplemented with welfare checks and food stamps, is a salary that will keep people in poverty. I mean a Walmart salary can barely support one person. There is really no way out of it. This is especially a problem for Iraqi families because they have big families. How can they subsist on a Walmart salary? [Fieldnotes 4/9/2013]
Susan’s powerful (and somewhat devastating) testimony validated many of the themes which have been put forth so far. First, she confirmed the impossibility of subsisting on low-wage work, even with the supplementation of public assistance. Like Abu Zeina, she questioned how families can make ends meet on low-wage incomes such as those offered by Walmart. More importantly, Susan—who has had over 25 years of experience in the field of refugee resettlement—submitted that the inescapable fate of refugees is to join the ranks of the American poor. Susan contended that her bleak outlook for refugees’ life chances is grounded in reality—a reality which she argued is equally difficult for agency employees to communicate, as it is for refugees to accept. In seeming direct contradiction with Mary’s notion of low-wage work leading to “better opportunities,” Susan acknowledged that refugees who are “fortunate” enough to find work will inevitably find themselves “stuck in poverty”. Susan begrudgingly allowed for some hope for the second generation, but contended that for newly resettled refugees, “there is really no way out”.

Susan’s testimony and Abu Zeina’s experiences interrogated the emphasis on immediate employment as a means to self-sufficiency. Susan admitted that low-wage work—which is often the only work available to newly resettled refugees—might in fact lock them in poverty indefinitely. Susan’s assessment, and a close look into the lives of refugee families such as Abu Zeina’s family, leads one to question the emphasis on immediate employment, and to acknowledge that perhaps a short-term investment in refugees such as Abu-Zeina would facilitate a truer, more stable and long-term self-sufficiency. Haines (2010) reminds us that the American refugee program resettles people “whose lives have been utterly disrupted, whose kin and community networks-
most elemental of “safety nets”- have been attenuated and ruptured, whose expectations may never have been to come to America, who know no English and have no exposure to an urban, industrial (or post-industrial) society” (p.7). Abu Zeina echoed this reminder.

Sally, when they accepted the refugee, they knew that he came with nothing, that he lost everything: his family, his house, his car, his job and even his language. He came here to a different place where he knows nothing, and yet, when he comes, they give him help for four months and then say, “Now you’re on your own.” If they can’t help a refugee, why do they bring him here? If they can’t address our needs and give us help, why have they accepted us here? Don’t bring us if you can’t provide for us! Like I said, I think that the refugee needs at least a year to get his bearings straight and to learn the language. Then he can make a good life for himself and his family. What happened to us was just too much. Besides forcing us to take low-paying, dead-end jobs, they also took our health insurance away after 8 months and now we have no way to pay for health insurance? Why all of this? How is this helping a refugee?

In his testimony, Abu Zeina critiqued the resettlement program. Feeling “forced into a low-paying, dead-end job”, with no prospects and no security, Abu Zeina questioned the resettlement project. His questions also cut to the heart of the problem with prioritizing economic self-sufficiency: it disregards the very experiences that have brought refugees to American shores—the experiences which differentiate refugees from immigrants. Refugees who have lost everything are in need of extended financial support from the state that accepted them in order for them to transition successfully and “make it” in their new contexts. This insistence on economic self-sufficiency via immediate employment undermines these supports and puts refugees and immigrants on equal footing—for both are expected to “pull their own weight” and be self-reliant in order to participate in American society.

**The Help Your Self Program**

Immediate employment was not the only way that self-sufficiency was emphasized at the refugee resettlement agency. Refugees were also pushed to become
self-sufficient in other ways, such as becoming independent of their case managers and
navigating life in the U.S. without assistance. The expectations of this type of self-
sufficiency were most easily observed within the “Help Your Self Program”, which was a
one-year project funded by the Office of Refugee Resettlement, beginning in February,
2013. The program offered post-resettlement case management, English classes, and
community building for refugees whose initial resettlement period had expired. Most
importantly, the program provided services to refugees who essentially had nowhere else
to turn for critical services which were once provided by their case managers. The
program was open to all refugees, regardless of which agency had resettled them. The
program also served refugees who had migrated to Philadelphia after being resettled to
other cities or states. To be eligible to participate in the Help Your Self program, refugees
simply needed to have spent more than six months in the U.S., but no more than five
years. The program was conceived of by Nancy, the director of the agency. In an
interview with Nancy, the director of the refugee resettlement agency, she shared her
frustrations with the current set-up of the resettlement period, as well as her vision for
better programming.

Resettlement is so time-restricted that it can sometimes do a disservice to our
clients. What are you going to do? Help somebody for 90 days and then what? I
believe that we need to do as much as we can to meet whatever kind of needs
refugees have. We need to provide them with a continuum of care. We need to go
beyond bringing someone, welcoming them, helping them get into that first job or
see their physician for the first time, and get the kids in school. Whatever layers
and things that we can add in-house are great but all the while connecting them to
mainstream providers and teaching and guiding and showing how to do that so
that our clients can do that on their own. [Interview 12/6/2013]

In her comments, Nancy acknowledged the problem with the severe time-
restrictions which are currently placed on voluntary agencies as they serve their refugee
clients. She recognized that ninety days (the time allotted by the state for case management) is not nearly long enough to meet the needs of incoming refugees, and that it can potentially become a hindrance and even a “disservice” to refugees. Furthermore, she put forth a vision of providing more than what was required of the agency by the ORR. She believed that as an agency, they needed to “go beyond” providing the core services expected by the ORR and the state, which include housing, medical screening, and school enrollment, to meet the specific needs of refugees, and provide refugees with a “continuum of care”. Noteworthy in Nancy’s vision is an educational component, which would allow case managers to “teach” and “guide” refugees how to access key services, and ensure that they “learn to do that on their own”; i.e. that they become eventually become self-sufficient.

With this vision in mind, Nancy created the Help Your Self program and applied for grant money from the Office of Refugee Resettlement to fund it. Thankfully, she was successful, and the program was funded for one year. By October of 2013, eight months after the program began serving its first clients, the program was serving approximately 120 individuals with a variety of services. The program had three main components, individualized case management, English classes, and community building. Unlike the initial resettlement period which typically included a package of standardized core services - such as school enrollment for children, medical screenings and job training - which were provided to all refugees, the Help Your Self Program offered a variety of services based on the client’s needs. Lian, the program coordinator, described the nature of the services provided by the program.

Our program offers what I call “individualized case management”. We sit down with clients and discuss what their needs are. So some families will really focus
on medical appointments while some families are struggling with jobs. Some people come in and say, ‘I want to go to community college but I really need to learn English first’, so we help them to map the steps to achieve their goal. So it’s very much based on each individual’s needs. Our goal is to assist them with whatever they need help with, since many of them are still in need of assistance after their resettlement period is over. But our goal is to help them become self-sufficient. We want them to stand on their own two feet. [Interview 10/31/2013]

Lian acknowledged that the ultimate goal for her program is to assist refugees in becoming “self-sufficient”. Even though she viewed her program as a way to address the unique and various needs of refugees which go well beyond the initial resettlement period, she ultimately wanted them to “stand on their own two feet”.

In addition to the individualized case management, the program proposal had originally included the provision of English language classes in five locations around Philadelphia to ensure easy access for Iraqi refugees. However, since the agency did not receive full funding for the program, English classes could only be offered at the agency. Lian stated, “that really didn’t work for Iraqis. It’s just too far.” The long commute to the agency proved to be a problem for Iraqi refugees, not only in terms of accessing language classes, but also in accessing the case management services provided by the Help Your Self Program. Lian reported that the number of Iraqis being served by the program was relatively low in comparison with other refugee groups, a fact she attributed to challenges Iraqis faced in reaching the agency. To address this issue, Lian designed a satellite program in the northeastern region of the city, where most Iraqis have been resettled.

Once a week, Khadija, an Iraqi case worker, would worked as a part-time case aide at the program, “set up shop” at Liberty High School, where she could meet with Iraqi clients and assist them with their various needs. Below is Lian’s introduction of the program to the Iraqi refugees who attended the first meeting at Liberty High.
Hello. My name is Lian, and I am the program coordinator for the Help Your Self program at the refugee resettlement agency. We understand that it is difficult for you to come all the way to the agency for the help you need. So, every Wednesday, from 11:00-1:00 Khadija will be here to help you with whatever you might need help with. We can help you with translation, or with contacting different offices such as welfare offices. We can help you with referrals, but we cannot offer you financial support. In the beginning, when you were first resettled, you had particular appointments that the agency made for you, such as the health screening, and the welfare office. Those were fixed times, and we made those appointments for you. But now that the agency is no longer offering you those services, we serve you on your own timetable. I want to make clear that the goal here is self-sufficiency. We want you to go to the offices, so we’re going to push you to do things for yourself once you are ready. [Fieldnotes, 4/17/2013- emphasis added]

In her introduction of the satellite program, Lian explained the goals and structure of the program. She detailed the types of services available to refugees, such as translation, case management services which are tailored to clients’ needs and schedules, as well as connections to institutions such as welfare offices—all the while emphasizing the ultimate goal of the program: self-sufficiency. Lian further explicated the goals of the program in an interview with me.

Sally: Can you tell me a little bit about your program and how it is being received by Iraqis refugees in particular? I am particularly interested in the reasoning behind calling it the “Help Your Self” program.

Lian: My goal is to push my clients and I make it very clear during the intake session. I say “We are not going to do everything for you, we will push you. We will show you the first time and we will push you to do things by yourself after that. But some Iraqi refugees still will say, like, “YOU brought us here”, or, “YOU put us in that school”, or “YOU handled our green card application.” So everything is about the resettlement agency. It’s very hard for them to see that they are responsible persons who have to deal with things. So I think they need to move forward, they need to take on more responsibility, and they have to see that they have more power to control things. [Interview 10/31/2013; emphasis added]

Once again, Lian emphasized self-sufficiency as the goal of the program.

Refugees might receive some guidance and support “the first time”, but will be pressed by Lian and her staff to become self-reliant soon afterwards. Of particular interest is
Lian’s characterization of the responses of Iraqi refugees to the program, which she framed as both an incorrect assignment of blame and a shirking of responsibility. Lian’s comments reflected a critique of Iraqi refugees’ expectations of and demands on the agency. Her comments depicted these demands as an overemphasis on role of the agency; that for Iraqi refugees, “everything is about the resettlement agency”, which is portrayed as an evasion of responsibility and self-reliance. Lian’s commentary suggested that refugees should simply “move forward”, “take on more responsibility”, and understand that “they have more power to control things.”

Notably, Lian’s comments underscored the problematic discourses of self-sufficiency disseminated by the very agents who serve refugees and who are most well-acquainted with their everyday struggles. While Lian’s program was designed to meet the case-management needs of refugees, her comments pointed to the fact that refugees are still expected to demonstrate “self-reliance”, “responsibility” and “control”, in spite of the many challenges they faced, and are faulted when they do not demonstrate these qualities. This emphasis and expectation of self-sufficiency was demonstrated in Lian’s meeting with Tamer, the mid-twenties Iraqi refugee introduced earlier in the chapter, who had raised concerns about working at a meat-packing plant. Below is a segment of their conversation, where I acted as a simultaneous interpreter.

Lian holds up a graphic organizer entitled “Monthly Budget”. The paper has two columns, and has clip art of various pictures (such as a house, a light bulb, a space heater, a loaf of bread) with lines and a dollar sign near them. She says to Tamer “We will fill this out together. How much do you and your brother pay for rent?” He responds, “$800”. Lian writes down the number near the picture of the house. She then asks him about how much he pays for his electric bills, gas bills, public transportation pass, food, and miscellaneous expenses, as she jots the numbers down. Lian then adds up all of the expenses, and then shows the total to Tamer. Then she asks about Tamer’s brother’s income. Tamer responds “$1150”. She then asks Tamer: “OK. What do you think we can do to make this number, your
expenses, smaller? Do you eat out?” Ahmed responds, “No, I cook for us. We cannot afford to eat out, so we don’t.” Lian then asks, “OK. So what do you think you can do to make this number (she points to their income) bigger?” Tamer responds: “I really don’t know. I want to find work, but I cannot.” Lian pauses and responds, “There needs to be a way that you can either increase your income or reduce your expenses. Why don’t you take this piece of paper, bring it home and brainstorm with your brother what you can do something about one or both of these numbers. OK?” Tamer looks imploringly at me and says, “There is nothing else we can do.” I translate this, and Lian repeats, “You need to go home, and think about what you can do. You know this program is designed to partner with you. We cannot do this for you. Come up with some ideas, come back and let’s talk again.” Lian hands him the paper. Tamer takes it, thanks us and leaves.

[Fieldnotes 3/19/2013]

In this exchange between Lian and Tamer, she urged him to “brainstorm” some ideas with his brother to bridge the gap between their income and expenses. However, the fact remained that without employment and a steady income, Tamer’s financial problems would persist. In spite of his daily search for work, and his attendance of English classes three to four times a week, Tamer was still unable to secure a job. Lian attempted to encourage Tamer to reduce any unnecessary expenses he and his brother incurred, but found that there were none, since they only spent money on necessities such as rent, food, and utilities. In spite of Lian’s prodding, Tamer was unable to come up with ways he could decrease his expenses and/or increase his income—a response which moved Lian to state that the Help Your Self was designed to “partner” with him, not to “do it for him”. Lian reminded Tamer that it was up to him and his brother to find solutions to their problems, i.e. that it was their responsibility.

This discourse of self-sufficiency was echoed by Nancy, the director of the agency.

The hard part is that we always have to work and change that message from “Me versus you” to “Let’s work together”. And a lot of our Iraqi clients’ expectation of us was, “I’m here. It’s your responsibility to get me to where I need to be.” And we’ve had to really work on getting the message across that, “We partner. Let’s
work together. Ultimately this is *your* life. This is *you* starting over. We’re here to help. We’re going to be a team with you for this time, but it’s *you!*” And that’s a hard message, I think especially for Iraqis because they came from a community, regardless of wars and sanctions, which had a much stronger social safety net. That might have been formal, like through government kind of support, or it could have been a web of informal, community-based supports. Either way it was a more vibrant social support. And then they come here and there is nothing. And so for them it’s like they’re getting the message, “Hi! Here you are, there’s no safety net, there’s no community; it’s just you!” And so a lot of their reaction is, (in a loud voice) “WHAT DO YOU MEAN IT’S ME??!! IN MY LIFE IT HAS NEVER BEEN JUST ME. I’ve had a network, I’ve had support, I’ve had a family, I’ve had this, I’ve had that, and now I don’t have any of that.” [Interview 12/6/2013]

In her commentary about her Iraqi clients, Nancy reiterated Lian’s call for them to view the agency as a “partner” and to take on more responsibility. Nancy acknowledged that Iraqi refugees, who are accustomed to various forms of supports, found themselves resettled in contexts where “there is nothing” for them—no safety net, or formal and informal networks of support. In spite of this recognition, Nancy critiqued Iraqis’ demands on the agency, insisting that ultimately, it is *them* “starting over”, and that the agency is simply “there to help.” Essentially, Nancy placed the ultimate responsibility for adjustment, transition, and self-sufficiency on the vulnerable shoulders of refugees, even though she was all too familiar with the challenges they faced on a daily basis. In spite of her earlier critique of the time-restricted nature of resettlement, and her aforementioned vision of providing refugees with “a continuum of care” which would assist them in successfully transitioning to their new contexts, she subscribed to the notion that the onus of responsibility for one’s success lies within one’s control.

This belief obfuscates the pre-migratory histories of refugees which oftentimes make “starting over” an almost impossible task without sufficient assistance, guidance and support. As persons who have experienced severe trauma, violence, suffering, and loss, refugees’ “starting over” requires demands a great deal of resources. However,
Nancy maintained that a refugee needs to accept the message that “it is just you”. This sentiment was echoed in Lian’s reproach of Iraqi refugees who need to “see that they are responsible persons who have to deal with things”, and “move forward and see that they have more power to control things”. These demands were put on refugees by the very agents who were responsible for assisting them in adjusting to their new contexts.

Particularly troubling was the fact that these demands were placed on refugees by staff of the Help Your Self program, which was designed as an intervention and a means to bridge the service gap left behind by the much-too-short resettlement period. Nancy and Lian’s comments illuminated the fact that one of the main goals of the program was to assist refugees to “help themselves”, i.e. to achieve self-sufficiency. These notions of “responsibility”, “control”, and “self-reliance” undergirded the very program which was one of the only places left for refugees to find much needed navigational assistance.

Participants, such as Um Zeina articulated a desire to become self-sufficient—a desire which contradicted the assumptions and characterizations of agency staff.

You know Sally, I wanted to learn. I wanted to know where to go. In the beginning, I was always lost, I could never find my way around and I couldn’t make sense of things. Everything was new, and I had to learn so many things at once. We were all in a daze. So much had happened to us, and now everything was new again. It is not like when we went to Syria, because at least when we went there, it was not that different from Iraq and at least we could speak in our own language. But after a few months of being here, I had begun to settle in, and I was ready to learn, so I can rely on myself. But it was too late. There wasn’t a helping hand there for me, someone to guide me, to show me, to help me. Our case manager told us that our time was over. And the new [Help Your Self] program at the agency, they show you something once, and then they say, “Now you go do it alone.” That is not help! I also need to learn to speak English, so that I can be independent. But as you know, I have a hard time getting to the classes because the agency is so far away. Without the language, I can’t do anything. I can’t get a job to help my husband because of my health. I can’t even talk with my own landlady about trivial matters. So you see, I wanted to be independent, but I couldn’t. [Interview 6/7/2013]
In her testimony, Um Zeina articulated her aspiration to “rely on herself” and “be independent”—both sentiments which Nancy and Lian had deemed lacking in the Iraqi refugee community. However, Um Zeina encountered barriers on many fronts. She was unable to attend the English classes which were held at the agency since it took two forms of public transport (and an hour and a half) to get there. Without some command of the English language, Um Zeina felt she “couldn’t do anything”, or communicate with others, even with simple tasks such as complain to her landlord about the growing pest problem in her kitchen. Also, due to her rheumatoid arthritis and volatile diabetes, she was unable to work to assist her husband in supporting their family. Um Zeina’s testimony highlighted that it was not for a lack of desire to be self-sufficient, but that as a newly resettled refugee, she experienced some real barriers that limited her ability to do so.

Um Zeina’s commentary also underscored the problem of the all-too-short resettlement period which was introduced by Nancy earlier in this chapter. Upon arrival in the U.S. and for several months, Um Zeina felt that her whole family was “in a daze”; for “everything was new again”, and it was difficult to “make sense of things”. This was a time when she and her family were attempting to navigate a new city, neighborhood, home, and to “learn so many things at once”—all in a language they could not speak. Understandably, Um Zeina felt overwhelmed, for as she had said, “so much had happened to them” before they had arrived. When she finally felt “ready to learn to rely on herself”, after she had “begun to settle in”, it was too late. Her resettlement period had elapsed, and she no longer had access to her case manager.
Um Zeina’s then critiqued the Help Your Self program, where she was given guidance or assistance once and then was expected to “go do it alone”. Her experience with the program interrogated its efficacy in meeting the needs of refugees. Um Zeina’s testimony emphasized the everyday (and very real) challenges which prevent refugees from achieving self-sufficiency—in all its forms—without the critical supports and length of time needed to do so. Furthermore, Um Zeina’s commentary disrupted notions of Iraqi refugees as persons who are reluctant to become self-reliant, or as those who are quick to misplace blame onto the agency rather than assuming responsibility for their own lives.

**Refugees and the Welfare Agency**

**The Effects of Reducing Dependence**

The testimony by Abu Zeina, which opened this chapter, spoke to the financial difficulties refugees face in their new contexts. Pushed into immediate employment by their case managers, Abu Zeina was forced to take the first job he could get in order to procure a steady income before his rent subsidy and cash assistance expired. As soon as the resettlement period was over, the cash assistance the family once received ($480/month) was removed. Once Abu Zeina found work and began earning a steady income, the amount of SNAP benefits (or food stamps) his family received was cut by 27%. This steep cut, which Abu Zeina had been pre-warned about by his case manager at the resettlement agency, was due to the fact that he was now employed, and was assumed to no longer need as much support. However, as Abu Zeina shared in his commentary, his family suffered a consistent reduction in benefits every six months, in spite of the fact

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6 For Abu Zeina’s family, the resettlement period was four months. However, since that time, it has been cut down to three months of support. With dwindling support from the Office of Refugee Resettlement, and the increasing cost of living in Philadelphia, it might soon be cut down to two months, giving refugees only 60 days to find work or face the possibility of homelessness.
that his income did not increase. The consistent biannual cuts to the Jaafary family’s food stamps resulted in a nearly 50% cut in under two years. Meanwhile, Abu Zeina had received a total of a 90 cent/per hour increase in his income in those same two years. This left the family in an extremely precarious position. They resorted to using a credit card to make ends meet, and in spite of their best efforts to pay it off, they continually accrued more debt. Within six months, they had maxed out one credit card, and were applying for another.

Unfortunately, things took a turn for the worse in the late spring of 2013. The Walmart store where Abu Zeina was working began laying people off. Thankfully Abu Zeina was not laid off, but suffered a steep cut in his weekly hours; rather than working 35 hours a week, he worked only 25 hours. As a result, his take-home income was a little over the cost of the rent in April and May. Desperate, Abu Zeina and Um Zeina made an appointment to see their welfare agent, hoping to plead with her for extra food stamps and cash assistance. Since I was away, the family relied on the telephonic interpretation available at the welfare office. Below is Um Zeina’s account of that appointment.

We went to see her, and we told her everything. This wasn’t news to her. She already knew what was happening. They require us to send a report to them every six months. In that report we have to send them information about our income and we send paystubs along too. My husband’s hours have been cut down, and his salary is less as a result. His paystubs show that decrease. The welfare agent saw the decrease in our income, but still, she didn’t increase our food stamps. We asked her why, and she said, “This is not how this works.” She said something about the fact that the decrease has to last six months before we can get assistance. But how does that make sense?! What will we do in the meantime? Starve?! Why won’t she give us some of those food stamps back? All they know to do is take away, not give?! [Fieldnotes, 6/7/2013]

The Jaafary’s experience highlights the somewhat punitive nature of the welfare agency, and in particular the tendency to “take away” and “not give” anything to refugees in need.
The cuts in the family’s food stamps were made on a regular basis, in spite of the fact that the family’s income had not changed for the better. When the family’s income did in fact change, for the worse, the welfare agency did not accommodate for that change, and step in to compensate the family’s loss. This was explained away by the welfare agent as a result of the fact that the reduction of Abu Zeina’s has not lasted for a full six months. This procedure exacerbated the precarity experienced by vulnerable refugees who depend on the assistance of the welfare office to survive. As Um Zeina wondered, “what will we do in the meantime? Starve?!”

As it turns out, Abu Zeina’s hour reduction at Walmart would last for nearly seven months. The family became desperate during this time. Thankfully, Dr. Stern, Zeina’s psychologist heard of the family’s situation, and assisted them in applying for Supplemental Security Income (SSI or disability income) on her behalf. Four months after Abu Zeina’s hours were reduced, Zeina received her first disability check. By that time Abu Zeina and Um Zeina had resorted to borrowing money from friends, since their application for a second credit card was rejected. With Zeina’s first check, they began to pay off their debt to their friend, and to attempt to pay off their credit card debt. They were also finally able to cover their expenses, for the first time in months. Unfortunately, a few weeks later, they received another letter from the welfare office. Their food stamps were cut again, this time by nearly 50% in one sweep. Furious, Abu Zeina and Um Zeina went to see the welfare agent once again to understand the reasoning behind these latest cuts. Um Zeina tells me about their conversation with their agent.

So the welfare agent said the reason behind the cuts is because of Zeina’s disability income! She said that this income is helping us pay our bills, our rent, our food and everything else. She said that if we didn’t want our food stamps to be affected, then Zeina can go and live by herself, which is ridiculous for so many
reasons! For one, the income she receives is only $460 a month. How can she ever live on her own on $460?! Where could she even live that would cost just that much for rent?! More importantly, Sally, don’t they give her this money because she cannot work and earn her own income because she has a disability? Zeina could never live on her own! She wouldn’t know the first thing about caring for herself. She can’t handle money, buy food, cook, and live out in the world alone. She is not well, she is like a child! So this income, this money, is for us to take care of her, and to help us with her expenses. They punish us, and remove some of our food stamps and take away what little cash we receive from the welfare office. How is this right?? [Fieldnotes, 1/15/2014]

Um Zeina’s commentary underlines the punitive nature of welfare policy. Zeina’s disability income, which the family had hoped would help them cover their expenses, and help them dig themselves out of debt, had been used against them. Rather than leaving the family’s food stamps and existing support intact, the welfare agent counted Zeina’s income as extra income and therefore reduced the family’s support. As Um Zeina would later describe it, “they give us with one hand and take it back with another.” When pressed by the family on the matter, the welfare agent suggested that Zeina move out and live independently. This draws attention to another problem within the current welfare policy: that the support is not sufficient to actually to support those who need it. As Um Zeina queries, how could Zeina possibly be expected to live alone on a mere $460/month? In their neighborhood of Philadelphia, this could not have even covered the expenses of a studio apartment, let alone food, and utilities. The amount of support Zeina received could never be enough to allow her to live alone.

Second, as her mother asks, how could Zeina, whose disability is rooted in a severe developmental delay, be expected to live independently, when she “wouldn’t know the first thing about caring for herself”? Zeina, who was 18 when I met her, functioned in the world as a nine year old, which was the age she was at the time of the mass shooting at her school in Iraq. In a sense, Zeina was frozen at that age, and had no
concept of caring for herself. Um Zeina cared for her daughter’s every need, and planned
to do so indefinitely. Um Zeina questioned the welfare agent, asking her why her family
was being punished for the assistance Zeina received. Unfortunately, the welfare agent
would not budge. Over the next few months, the Jaafary’s food stamps continued to be
cut. By the end of September, 2014, the family was receiving a little over $100 in food
stamps every month. As a result, they considered moving.

**Um Zeina**: We are just waiting for the end of this academic year, and then we are
planning on moving. We want Zeina to keep seeing Dr. Stern, and to graduate, but
after that, we are definitely leaving. We can’t afford to live in Philadelphia
anymore. We have heard from other Iraqi families that have left to other places
that they are happier there.

**Sally**: Where are you thinking of moving?

**Um Zeina**: We are thinking of going to Maine, or Connecticut. We have some
friends who moved there, and the rents were cheaper, the schools were better, and
there were all these programs to help refugees. Even the welfare there is better.
Philadelphia is just too expensive and there is no help here for refugees.

[Fieldnotes, 9/30/2014]

The state of public assistance, which was supposed to assist refugees deal with the high
cost of living in Philadelphia, was simply inadequate. Families like the Jaafarys could not
make ends meet with the constant reduction in their food stamps and/or welfare checks.

This was driving many Iraqi refugee families to relocate in search of better, more
affordable living, and more comprehensive refugee services. Rasha, the director of a non-
profit agency that served Arabic-speaking immigrants and refugees in Philadelphia
confirmed this in an interview.

**Rasha**: Iraqis struggle a lot here. I mean they provide them with very little when
they get here. The public assistance that they give them is minimal, per individual,
and per family. As a result, we’ve been seeing a lot of Iraqis out-migrating to
other states.

**Sally**: Where are they going?

**Rasha**: They are going to places like Michigan and California. Recently I heard
of a family who moved to Maine. And a lot of them are fleeing because of the
employment issue actually, feeling that perhaps if there was a community
somewhere else, that maybe that they would be able to help them find better employment. Since the public assistance is so bad, they are looking for better-paying jobs. [Interview, 10/27/2011]

In her comments, Rasha emphasized the trend in the Iraqi community of “out-migrating”, or leaving the cities and contexts where they were first resettled. Due to the minimal public assistance refugees receive, they were leaving Philadelphia in search of states which might offer better jobs, better schools for their children, and better overall supports. Families like the Jaafarys were simply unable to make ends meet, especially with the dwindling supports offered by the welfare office. It is no wonder they were fleeing Philadelphia in search of a better life elsewhere.

The question remains, however, how different would their experience be elsewhere? In particular, would their experience with welfare vary in a new context? If indeed the goal behind federal welfare policies is to reduce dependency, then would this in fact vary from state to state? While refugee families might indeed be able to find relatively cheaper housing, or higher-paying jobs, their experience with welfare will most probably be consistent. Since the ultimate goal is to reduce dependency on welfare, the strategy of consistent cuts to those who depend on public assistance (such as the consistent cuts to the Jaafarys food stamps) is used to incentivize work. The logic is: with dwindling supports, refugees will be *forced* to work, and will not attempt to be a burden on the welfare state. Another strategy is to ensure that the supports given to individuals are actually insufficient, also to incentivize work, and/or to reduce dependence. This was clear in the amount of disability income given to Zeina, ($460/month) which was clearly not enough to support her to live independently. These procedures and policies, which find their root in the commitment to reducing dependency, and ultimately to get more
refugees off of the welfare rolls, might follow refugees wherever they traveled (Haines, 2010). Therefore, unlike what Um Zeina has heard, that “[e]ven the welfare is better”, out-migration would not necessarily fix the issue of dwindling or insufficient public assistance.

**Responding to Constant Welfare Surveillance**

Many of the refugees in my study reported experiencing fear of constant surveillance by their welfare agents. As Um Zeina mentioned earlier in the chapter, each refugee family had to send in a biannual report, accompanied with proof of income, such as paystubs and bank statements. If their welfare agent detected any increase of income, the family’s benefits would suffer a loss. As a result of this, many refugees grew fearful of the constant gaze of their welfare agent, and of the punitive measures the agent might take. Um Zeina spoke of this in an interview.

The welfare agent has us so scared that we don’t even put our money in the bank. It is your right to deposit money, your own money in the bank, whether it’s money you earned, or money you came into the country with. But due to our fear of being punished for having money, we don’t put our money in the bank. Why should we have to live in this kind of fear? We are always scared that somehow she will find out about the money in the bank and cut our food stamps even more. And now we are scared that someone will break into our home and find this money. It is like our last days in Iraq, when we had our money at home. Look what has become of us. We have no peace of mind. [Interview 6/7/2013]

Um Zeina and Abu Zeina decided to keep their money at home, lest their welfare agent cut their “food stamps even more.” Um Zeina spoke of being unable to have any peace of mind, both as a result of the fear of the welfare agent, and of the fact that anyone could break into her home and steal the money. The fear of surveillance caused Um Zeina and her husband to be constantly anxious, worried that what little money they had would be stolen—an experience reminiscent of the family’s final days in Iraq, when the banks had
all but collapsed and the family had to keep all their money in the home, living in a
counter state of fear of break-ins. The hawkish gaze of the welfare agent had recreated
that same anxiety, and had robbed Um Zeina’s peace of mind.

This fear of constant surveillance affected other refugees in different ways. Over
the course of my three years of ethnographic engagement with the Iraqi refugee
community, I observed several families and individuals attempt to better their financial
situation, but were ultimately unable to do so due to their fear of losing their welfare
benefits. Samir, a disabled 38-year-old male Iraqi refugee, shared his dream of starting a
business with me in an interview.

You know I have a lot of dreams and ideas about how to make my family’s
situation better. As you can see, half of my body is paralyzed, and so I cannot
work. I receive cash and food stamps but it is not nearly enough for my family.
The welfare people should allow us to better ourselves and improve our lives
without it becoming a threat to our family’s stability. For example, my relatives
who still live in Iraq and I could start a car dealership in Iraq, where we import
American cars to Iraq. But without the government backing me up by ensuring
that my assistance will remain intact, then I will not be able to do anything. It
might be successful, or it might fail, but I can’t take the risk unless I have a
guaranteed income, something that will back me up if this thing fails. But maybe
it could be a big success. It doesn’t just have to be cars; it can be exporting cheap
food stuffs to Iraq, anything that is difficult and expensive to get in Iraq that is
available and inexpensive here. But again, I would never even think of going into
this type of business without knowing that my assistance won’t be taken away.
[Interview, 11/11/2011]

Samir’s comments highlighted his desire to better his family’s financial situation, which
was tempered by his fear of failure. Samir’s disability was a barrier to the typical types of
jobs available to non-English-speaking refugees, including positions at meat or fruit-
packing plants or at Walmart. This left Samir and his family in an extremely precarious
position, since his wife, who was also disabled, was also unable to work and earn a
steady income. During the aftermath of the American invasion of Iraq in 2003, she had
been the victim of a stray bullet, which was lodged in the back of her neck, at the base of her brain. The doctors in Iraq, Syria, and the U.S. had all confirmed that an attempt to remove the bullet would most probably kill her, so she continued to suffer from debilitating chronic migraines which were particularly acute during the winter months.

Even though both Samir and his wife were disabled, neither of them received SSI (disability income). They had both applied months earlier, but had not heard back about their case. The cash assistance they received barely covered their rent, and the food stamps were not enough for their family of four. Samir often resorted to asking for donations from the local mosque to make ends meet—an act he referred to as “extremely humiliating”. The son of a former businessman in Iraq, Samir shared with me that his family had friends and distant relatives in Baghdad who could assist him in starting an import/export business. However, with the knowledge that any initial increase in his income could potentially cost his family their public assistance benefits, Samir decided against this venture.

Samir was not alone in his desire to better his family’s income by starting a business. In fact, I was approached by Abu Zeina to join him as a business partner. Below is an excerpt from that uncomfortable exchange.

**Abu Zeina:** Well, since, as you know income is really very little, I have been thinking about a way to improve our situation. So I have a proposal for you. As you know that I was a car dealer in Baghdad. Well, there are all of these cars that have been damaged by Hurricane Sandy. They are called salvage cars, and they are brand new cars that were damaged on the dealers’ lots. Well, they are in excellent condition, except for the fact that they have been damaged by water, so they need some fixing and attention, but that would not really take much. Well in Iraq, they love American cars! So my idea is to export these cars to Iraq, where some relatives of mine would be in charge of fixing them up and then selling them. This could be a really big business Sally! I even found a man in Iraq who said he would invest all the upfront money.
Sally: This sounds like a great idea! And it sounds like you have it all figured out. So what would you need me for?

Abu Zeina: Well you know how the welfare agent is with us. If we have any extra income at all, they will cut down your food stamps. You know how our financial situation. Even with the food stamps, we can barely make ends meet. So I don’t want to lose the food stamps! What would happen if this business fails? Yes, it is a good idea, and it has the potential to be very profitable, but what if it isn’t? Then the food stamps would be like a backup for us. So we would want you to have the business in your name. You would have all the money and accounts in your name, and we would do all the work. That way the welfare agent would not be able to know that I was in business and that wouldn’t affect our food stamps.

[Fieldnotes, 3/21/2013]

Abu Zeina’s business plan was not necessarily a bad one. He was in fact a former car dealer, and as well as a skilled mechanic. He had told me many times of the multiple connections he had in with the best mechanics in Baghdad who could “turn a heap of junk into a piece of art”. Unlike Samir, who had never actually been a businessman, Abu Zeina indeed had the experience and the connections to make this business venture possible. Of course, I refused. I apologetically explained to him that I was merely a graduate student, a former teacher and a researcher, and that I could not get involved in things I did not understand. I did not explain to them that the main reason was also ethical—I wasn’t interested in committing welfare fraud, nor did I think it wise to enter into any sort of business with my study participants. He was kind and told me that he understood my reluctance, and thankfully was not offended by my rejection of this offer.

Abu Zeina only had this to say,

Right (he paused). And I wouldn’t want you to be uncomfortable or get involved in something you didn’t want to either. It’s just that if the welfare lady sees that we have made any money, she might take away our food stamps. I just really want to try to make our life better. This thing, I mean all of this, what I do every day feels like a waste, like I am throwing it away. I work so hard at an awful job where I will never get paid enough to meet my family’s needs, and after all of this work, I throw all my money away in rent. I am worked to the bone, and I am getting older and soon this type of work won’t be an option anymore. I want to have something for my girls, something for them so that in the end, they will have
something to show for their father’s hard work. But as long as we are being watched and everything that we earn or buy is being held against us, then that won’t happen. [Fieldnotes, 3/21/2013]

Abu Zeina’s response underscored the problem of constant surveillance. Refugees like Samir and Abu Zeina had ideas, plans, and dreams of improving their lives, but the fear of losing the minimal welfare support they received acted as an insurmountable barrier. What is ironic is that the very endeavors that might get refugees off of welfare were arrested because of their fear of the punitive gaze of their welfare agents.

Noteworthy here are the creative ways that refugees responded to the problem that Nancy had pointed out earlier; without a strong command of English and some American work experience, their employment options were limited. Since refugees were unable to capitalize on their former work experience, language and professional skills in the U.S., many attempted to respond to this creatively by attempting to forge business ventures between Iraq and the U.S. Abu Zeina, whose expertise were in auto repair and sale, saw an opportunity created by Hurricane Sandy. In an Iraqi market, those cars, once repaired, could make a large profit and finally assist him and his family to have enough income to get off of welfare once and for all. However, the fact remained that this was a business venture, there was risk involved, and that currently, his family could barely make ends meet. Without the minimal food stamps they received, he would literally have a hard time feeding his family. Under the constant watch of their welfare agent where “everything that [they] earn or buy is being held against” them, Abu Zeina simply could not take that chance. His business plan was put on the shelf, and he continued working at Walmart, trying to carve out a living for his family.

**Forms of Resistance against Welfare Policies in the Refugee Community**
Speaking to an official to make one’s case. As demonstrated in the previous section, many refugees felt constrained by the feeling of being under constant surveillance by their welfare agents. As a result, they were unable to create better opportunities for themselves and their families. However, it became clear that refugees were not content with merely accepting the policies, procedures and decisions made by their welfare agents. Many of my participants expressed a desire to speak with welfare officials and complain about the consistent cuts to their benefits. Samir, the disabled refugee who had dreamt of starting a business shared,

You know, I am grateful for the welfare assistance. But unfortunately, it is not enough. It does not come close to covering our needs. I get food stamps, and health insurance, and those are very critical things for me. But there are real difficulties in life that we face here. I just wish I could talk about this with the policymakers and the government of this country who are concerned with refugees. We, as refugees, want the officials to hear us. We want them to listen to what is happening to us here. They might have wanted to remove our suffering but what has in fact happened is that we have been taken from one hardship to another. They need to hear us. [Interview, 11/11/2011]

Samir’s commentary revealed his desire to communicate his suffering, and the suffering of refugees in general, with the “policymakers and government of this country who are concerned with refugees.” While he acknowledged that the welfare benefits and the subsidized healthcare he received were critical, he also stated that they did not “come close to covering his needs”. He put forth that even if the officials concerned with refugees had good intentions, they inadvertently caused refugees more suffering. By resettling refugees into contexts where they lacked enough support to survive, refugees were “taken from one hardship to another”. Samir’s desire to express this to officials underscored a desire to resist against the seemingly insufficient and harsh policies that shaped refugees’ everyday lives.
Samir was not alone in his desire to speak to an official. Um Zeina shared her desire to make her case with a judge at the welfare office.

I decided to make a complaint at the welfare office. I mean they can’t just keep cutting our benefits like this with no explanation! So when I got the paper that gave me an option to go see a judge, I requested an appointment to go see him. I would ask him, “Why are you doing this to us? Aren’t you supposed to help us? Isn’t this our right as a refugee?” But Abu Zeina begged me not to go, and said, “Please don’t get us into unnecessary trouble with these people.” He was scared that if you go and complain, they would take away our food stamps and Zeina’s stipend, and then we would be in a worse spot than we are now. [Interview, 6/7/2013]

Um Zeina’s commentary stressed refugees’ desire to resist the unilateral decisions made by the welfare agent regarding her family’s benefits. She wanted to question the judge, to understand why her family’s benefits continued to shrink. Invoking the label of a refugee, she wanted to demand her family’s rights, and remind the judge of the moral obligation to help those who have suffered displacement and loss. Ultimately, her husband was successful in convincing her not to request the appointment with the judge. When I asked her why she decided against it, she explained,

Abu Zeina reminded me about this Iraqi man, he was also a refugee who went to the judge and complained. He had a family of six and they kept cutting down his food stamps every month until he only had $600 in food stamps every month. That’s not very much when you have a big family. He went and complained and told the judge that this was not enough for his family. He also told them that nothing had changed. His salary was the same, and there was no extra money coming in, and yet they kept cutting his family’s food stamps. Do you know what the judge did? He said, “Oh you don’t like that you have $600? Well then how about your family will only get $150 a month in food stamps from now on?” The man, he is an elderly gentleman, he just stood there, humiliated, knowing that if he said another word, the judge might take it all away. This is what they do if you complain. Abu Zeina heard this story from the man himself. They work together. So he was worried that would happen to us. He convinced me that we can’t afford to lose any more food stamps. [Fieldnotes, 1/22/2013]

As it turned out, Um Zeina’s decision not to complain and to make her case to at the welfare office was in fact rooted in fear. Abu Zeina’s account of his coworker’s
experience was effective—it frightened those who thought of daring to lodge a complaint and resist against the policies of the welfare agent. This man’s experience acted as a cautionary tale for her, and other refugees who might feel emboldened to fight back or to voice their displeasure with the insufficiency or reduction of their benefits. In a sense, this story acted as a means to ensure that refugees know and stay in their place, lest they incur more of the punitive measures that they had hoped to protest. Fearful that the minimal support they received would be further reduced, Um Zeina dropped her case, and asked me to inform her welfare agent that she no longer wished to file a complaint. In the end, her will to resist lost to her pragmatic realization that they could simply not afford to lose any more benefits that were critical to her family’s survival.

**Desperate times: Welfare fraud in the refugee community.** A final form of resistance to the welfare agent’s actions was welfare fraud—times when refugees deceived their welfare agents into giving them more benefits. While none of my participants reported any of this behavior (to my knowledge), many of them had heard stories of those within the refugee community who had successfully done so. Um Jawad, a mid-forties mother of six, recounted one incident of welfare fraud that she had heard.

There is this man we know. He is a refugee. He is Iraqi, like us. We saw him when he first arrived here with his wife, he looked normal, like everyone else. But then we met him at the welfare office, and Sally, he looked really scary. He had grown his beard out and grown out his hair, and he looked like he hadn’t bathed or run a comb in his hair or beard for months. He also wore ripped clothes, and wore thick glasses. The whole time he was in the waiting room of the office, he kept having this full-body tick. It was like his whole body went through a convulsion, like this (she got up and demonstrated a tick that began in the upper arm area and then shook her whole body). He was doing this on purpose! He wanted to look like he was crazy, and you know what? They believed him! And he ended up receiving a disability check, every month something like $800. And you know what Sally? We saw him a few days later at a grocery store here in the neighborhood, and guess what? He looked like his normal self again. He was clean shaven, his hair was cut, and he was wearing a suit, and of course there was
Um Jawad’s account underlined the desperation refugees might feel when they cannot make ends meet. Faced with short resettlement periods which push them into immediate employment, only to find that the minimal public assistance they receive is consistently, some refugees resorted to extreme measures. Um Zeina also recounted a similar tale.

We met this woman once and told us how she tricked the people at the welfare office. She had a husband and only one child, so they did not get a lot of food stamps. There is a doctor who gives you some tests when you apply for disability income. So she walks into this doctor’s office with her husband, and they are sitting in front of the doctor and then all of sudden, she begins screaming and hitting her husband. She takes off her shoe and hits him, over and over and chasing him in the doctor’s office. She trashed the doctor’s office! At first the doctor was trying to get between them, but then she began attacking the doctor too, so he backed away and walked out of the office. He had to call security and they held her down and took her away! All the while, she was screaming at the top of her lungs, hitting her husband. And her husband was just quiet and not responding. Well at her next appointment, she did the same thing. So the doctor said that was not well and that she needed help, so that woman ended up getting a lot of money. And you know what she said to me Sally, she said, “I am an incredible actress. I should get an award really.” She was proud of herself! [Fieldnotes, 1/15/2013]

By pretending to be unstable, this woman attempted to secure enough support for her small family. According to Um Zeina, this was apparently necessary since the support she received from the welfare office was quite minimal. While the woman seemed to be proud of her ability to trick the doctor, there was actually an immense amount of risk involved in her act. Um Zeina explained,

In a way this woman was playing with fire. If she continued to act out in a way that was violent, then the doctor could tell the authorities to take away her young son from her. If she was hitting her husband, then she might also be hitting her son, and in America you can’t do that. She told me that she knew this going in, but she felt that there was no other way. This is what people do Sally. This is how they get the money they need from the welfare. [Fieldnotes, 1/15/2013]
The woman, who seemed in the earlier excerpt to take her role lightly and to joke about her award-worthy performance, actually risked losing custody of her son by pulling this “act” for the benefit of the doctor. As Um Zeina argues, the woman’s desperation for support from the welfare office must have outweighed this risk. Apparently she felt like “there was no other way” to secure the survival of her son and her family in the U.S., and so she took matters into her own hands. This woman’s story beg two questions: First, what leads people to this extreme behavior? For a woman to risk losing custody of her son, she must have felt cornered, desperate, and completely out of options. Second, might this be prevented if people are adequately supported until they can in fact become self-sufficient? I doubt that refugees would resort to these measures if they indeed had all they needed, especially when the stakes were so high and the risks so dangerous.

While these stories point to the desperation and extreme financial hardship that refugee families might face in their newly resettled contexts, I believe they also capture a form of resistance. These two accounts draw attention to the ways that refugees are actively resisting the punitive and oftentimes unilateral decisions made by the welfare agency regarding their economic survival. By feigning madness and instability, these two actors attempt to use the welfare agency’s strict rules and regulations against itself. Since pleas of help, like those lodged by Abu Zeina when his wages were slashed at his job, go unheard, these refugees decided to use a different route. While I do not condone this behavior, and neither do my participants, I understand it. Um Zeina had this to say about what might be driving people to these tactics.

We have never lied or tried to trick the welfare. As devout Muslims, we don’t believe in lying, or anything like this. But as you can see people who lie and cheat so they can get more from the welfare office, they get what they need! And us, we have never lied, and is this our punishment? Just because we have been honest,
we get our food stamps cut because Zeina gets her income? This is not right. But no one is listening. They do not care. We go to the welfare agent, and we ask, we tell them about our troubles and how much we suffer, and they say to us, “This is how it is. We can’t do anything for you.” No wonder those people do what they do. [Field notes, 1/15/2013]

In spite of their increasingly precarious financial situation, Um Zeina and her family had decided to be honest with their welfare agent. As a devout Muslim, Um Zeina had made the decision to be honest, not matter the cost. This commitment had come at a high cost. In spite of Um Zeina’s attempts to reason with their welfare agent, which included a detailed account of their growing credit card debt and inability to pay off loans to friends, the welfare agent would not budge. She had told Um Zeina and her husband, “This is how it is. We can’t do anything for you.” While Um Zeina condemned the actions of those who deceived their welfare agents, she seemed to understand the driving force behind them. She understood that they, like her family, desperately needed more support, and this seemed to be the only way to get what one needed from the unmovable welfare agent. Since there was no other way to ensure the survival of one’s family, Um Zeina stated, “no wonder those people do what they do.”

Welfare and refugee “rights”. Throughout this chapter, refugees called on the refugee label, questioning the rights they once thought that label should have espoused. Abu Zeina questioned the resettlement project stating, “when they accepted the refugee, they knew that he came with nothing, that he lost everything: his family, his house, his car, his job and even his language.” He spoke of the suffering and loss a refugee incurs, not only in his native homeland, but also in his new context. At the end of his comments, he asks, “If they can’t help a refugee, why do they bring him here? If they can’t address our needs and give us help, why have they accepted us here?” Samir, the disabled
refugee, wished to communicate the suffering of refugees with government officials and policymakers concerned with refugees, to inform them of the harm they had caused. Um Zeina, who expressed an interest to speak to a welfare judge, longed to ask “Aren’t you supposed to help us? Isn’t this our right as a refugee?”

Undergirding all of these questions and demands is a belief that refugees deserve better, that they have rights that are owed to them—rights that should differentiate them from other immigrants, and in fact other citizens. Refugees, who have survived unspeakable horrors, believed it was the moral obligation of their new countries of resettlement to care for them, and to in fact, help them until they can really stand on their own two feet. I met with Um Zeina a few months after she asked me to inform her welfare agent that she no longer wished to file a complaint. She spoke with me about her former perspective on refugee rights.

I wanted to go ask that judge, “What are my rights? And where are my rights as a refugee?” But you know what I have learned? There are no rights. This whole resettlement process, and becoming an American citizen, it is a farce. I didn’t find any rights here. I only found the same suffering, the same hardship. And this is what is devastating, not only to me, but also to every refugee who comes here. A refugee would look around and say, “What is the difference between me and any other immigrant, or anyone else for that matter? There is no difference.” The help they give you for four months, and then you have nothing? What kind of help is this?! They just send me a green card and that is supposed to shut me up? I don’t want the card. Keep it, and tell me, show me where my rights are. I want these rights they talk about. Where are my rights? [Interview, 9/14/2013]

In her comments, Um Zeina revealed her new understanding of the state of refugee rights in America. Not only was her former faith in a refugee’s rights for public assistance shaken, but her belief in the American resettlement project, and more importantly, the power of becoming an American citizen. Once a believer in the uniqueness of the refugee experience, Um Zeina now interrogated the differences between the ways refugees,
immigrants and “anyone else” is treated within the U.S. The brevity of the resettlement period, after which refugees are expected to become self-sufficient seems to flatten their pre-migratory experiences, and putting them on equal footing with everyone else who depends on public assistance.

Um Zeina’s feelings were not actually far from the truth. In an interview, Susan, the director of resettlement at the agency, spoke of refugee’s rights to public assistance.

**Sally:** How do you think entitlements that refugees get now compare to public assistance that the average low-income American gets?

**Susan:** It’s the same.

**Sally:** So there’s no difference in terms of having the refugee label or category?

**Susan:** No, I mean the resettlement funds is like a little cushion to begin with, so that maybe you can get settled with the housing, that’s basically it. That money is used by the agency to cover their rent for about three to four months.

**Sally:** And then after that it’s the same for both groups?

**Susan:** It is the same. There’s no difference. They are just like any other American who is on welfare. [Interview, 11/19/2013]

Susan’s comments emphasized the fact that the welfare system is in fact designed to process refugees as low-income Americans. While refugees and those of us concerned with refugees, like to think about them as a unique category of persons, who come to this country with a particular set of pre-migratory experiences, according to the welfare agency, they are simply low-income Americans. Susan drew attention to the fact that initial resettlement funds, provided by the Office of Refugee Resettlement, acts as a “cushion” to provide refugees with a few months of rental subsidy. After this time, “they are just like any other American who is on welfare.” And as average Americans who find themselves on welfare payrolls, refugees are learning that an integral part of experience on being public assistance is to never have enough benefits, and to watch the little benefits you have shrink consistently. Since the outright goal of the welfare program is to
get those who depend on it off its payrolls, then all bets are off. Self-sufficiency is prioritized, no matter the consequences.

**Discussion**

This chapter investigated two types of self-sufficiency, namely economic and navigational self-sufficiency. Since the 1980s, economic self-sufficiency, which is explicitly stated as the central priority of the American refugee program, has become synonymous with “reducing dependency” on public services and assistance (Haines, 2010). Refugees are expected to become self-sufficient by the end of their resettlement period, which is typically between three to four months. As a result of truncated supports at the federal and local level, refugees like Abu Zeina are coerced into finding immediate employment, with the knowledge they might “end up on the street” after the expiration of their initial Resettlement and Placement Grant stipend. For non-English speaking refugees who come with educational and professional backgrounds which do not easily transfer to the American workforce, low-wage work is often their only option. Without access to consistent English language and/or employment training, refugees are arguably locked into low-wage jobs indefinitely. As Susan, the manager of resettlement admitted, refugees who are “fortunate” enough to secure a low-wage job will inevitably join the ranks of the American poor; an inescapable fate, but perhaps for the second generation which she believes “might have some hope.”

Abu Zeina’s account and financial struggles call into question the conflation of immediate employment and/or the reduction of dependence on public assistance as “self-sufficiency”, or as a measure of refugees’ “success”. Haines (2010) problematizes the definition of “self-sufficiency”, in particular questioning the degree of self-sufficiency
which should be expected of newly arrived refugees. Haines expands definition of self-sufficiency to include the factors necessary for long-term stability including safety and security, such as subsidized healthcare, childcare, and extended financial support. Haines also points to the problem of prioritizing immediate self-sufficiency over investing in long-term self-sufficiency. Unlike immigrants who might come to the U.S. with educational, linguistic and professional backgrounds which prepare them for the transition into American life, refugees may come with little or no English language proficiency, and may lack the necessary skills to successfully navigate and/or adjust to their new contexts (Masterson, 2010; Thomas, 2011). As a result, refugees may need more supports, such as increased financial support which would allow refugees to learn English, for a longer period of time in order to become self-sufficient. Haines contends that rather than addressing the needs of refugees to allow them to become self-sufficient, the notion of self-sufficiency “has often been treated at the rudimentary have-it-or-not level, which is then translated operationally into whether or not refugees are receiving public assistance” (p. 25) Haines (2010) asks, should the goal be “a marginal self-sufficiency now or a more stable self-sufficiency in the future?” (p. 25) Haines also puts forth analogous questions about the ways in which we define self-sufficiency and the degree of self-sufficiency we expect, asking “self-sufficient to what? To living in a decent neighborhood? To having health care?”—questions which were mirrored in Abu Zeina’s life experiences (p. 25).

Abu Zeina and Um Zeina’s daily lives testify to the problematic emphasis on immediate employment as a route to self-sufficiency. Imagine the alternative if, as Abu Zeina suggested, refugees were given ample time for language and employment training
upon arrival. While Abu Zeina’s estimate of the time needed to learn the language (one year) might have been overly optimistic, his suggestion would allow refugees time to gain the critical skills necessary to secure more stable and gainful employment in the future. However, the imminent resettlement period deadline, which brings with it the removal of essential financial supports, is the reality refugees face—a reality which will continue to force them into the first job they can get, no matter how low-paying it may be.

The emphasis on immediate employment was not the only way that expectations of self-sufficiency were expressed at the refugee resettlement agency. Agency employees expected refugees to become independent of their case managers and to navigate life in the U.S. within 90 days of their arrival. The only program which offered refugees with assistance after their case management period had expired was the Help Your Self program, which was housed at the refugee resettlement agency. The program was designed by Nancy to fill the gap left by the removal of case management services. It was a means of providing her clients with a “continuum of care”, and a stop gap measure to assist refugees who continued to need assistance. The program had three components: English language instruction, individualized case management, and community building. However, Lian’s earlier commentary underscored the fact that the ultimate goal of the program was to assist refugees in “helping themselves”, or in other words, in helping them to become self-sufficient.

In spite of agency staff’s intimate knowledge of the struggles refugees face, and of their acknowledgment of the brevity of services offered by the agency due to budget constraints, they still articulated seemingly unrealistic expectations and demands of Iraqi
refugees. In fact, agency personnel went so far as to fault Iraqis. Nancy and Lian’s comments framed Iraqis as persons who resisted self-reliance, who shirked responsibility for their lives onto others, and who had difficulty with “moving forward” and recognizing that it was “just them starting over.” The irony was that this discourse of self-sufficiency was produced by the very agents who were in charge of assisting refugees in transitioning to their new contexts, and within the very program which was supposedly designed to bridge the gap of services created by the removal of case management services after the expiration of the resettlement period. In effect, Iraqi refugees are faulted for inadequately taking up, enacting and demonstrating “self-sufficiency” by the very agents who are supposed to help them achieve it.

**Conclusion**

The expectations and discourses of self-sufficiency introduced in this chapter raise some key questions. First, how are expectations of self-sufficiency used to direct disadvantaged refugees towards the American low-wage workforce? For refugees like Abu Zeina- who come with educational, linguistic, and professional backgrounds which do not easily transfer into the American workforce- being forced to find immediate employment to avoid looming financial disaster and homelessness leaves them with no option but to accept low-wage work—oftentimes the only work they can find. As Susan acknowledged, refugees can easily become locked into low-wage work, and then take their place as permanent members of the American underclass. Employing Bowles and Gintis’ (1976) analytic lens, one must wonder how refugees are being used to ensure the abundance of necessary armies of cheap labor for the American workforce.
Second, how do expectations and discourses of self-sufficiency erase and make invisible the pre-migratory accounts of refugees? For instance, how do the demands placed on refugees by the agents who serve them—such as their need to “move forward”, or to “start over”—obscure and flatten the very experiences of loss, violence, displacement and dispossession which brought them here, and which make adjustment and starting over such a challenge? Haines (2010) reminds us that “refugees have experienced, and continue to feel the pain of, some of the most brutal events of modern history.” (p. 41).

Refugees come from contexts which are often rife with economic deprivation, famine, and often extraordinary violence (Betts, Loescher, & Milner, 2012). Refugees often face persecution, danger and violence, both in their native homeland and in neighboring states where they seek refuge (Boothby, 2008). Refugees bring these experiences to their new contexts—experiences which can make the adjustment and transitioning process complicated and extremely difficult. Furthermore, expecting refugees to achieve self-sufficiency within four months of their arrival, assumes that they come with the educational, linguistic and professional backgrounds which would allow them to achieve such a feat. Refugees can come from fundamentally different backgrounds than Americans (education, religious beliefs, and family structures) and therefore, unlike other immigrants, they can be comparatively ill-prepared for life in the United States (Haines, 2010; Thomas, 2011). And yet, refugees are required to become self-sufficient, just like everybody else, and no matter what.

Finally, how are expectations and discourses of self-sufficiency leveraged to absolve federal and local agencies of their obligations towards refugees? For that matter, how are expectations of self-sufficiency used to absolve the U.S. of its obligations to
refugees, and in particular, to those refugees displaced by American military action and occupation? Unlike many refugees who are resettling in the U.S., Iraqi refugees are unique in that they seek refuge in the nation that most would argue caused their displacement (Berman, 2011). Hannah Thomas (2011) reminds us that, “the displacement of nearly five million Iraqis is an indisputable result of Operation Iraqi Freedom—a war most notably sponsored and supported by the United States. As such, the United States has a moral obligation to help in the resettlement of all Iraqi refugees that displaced (p. 196)”. In spite of President Obama’s 2009 speech which addressed the resettling of Iraqi refugees, where he stated that ‘America has a strategic interest—and a moral responsibility—to act’ Iraqi refugees in the United States continue to live at or below the poverty line (Thomas, 2011). As of the end of the 2014 fiscal year, Iraqi refugees boasted an unemployment rate which is over three times the national average, while the average wage for those Iraqis who are “fortunate” enough to find employment is $9.79/hour (Refugee Resettlement Watch, 2014). While these bleak statistics point to the ongoing suffering of this group of refugees in their new contexts, more importantly, they interrogate the existence of any special “moral responsibility” the U.S. has shown Iraqis displaced by its war and occupation of their homeland.

Haines (2010) underscores the notion of a “moral commitment” undergirding the refugee resettlement project, to provide a “safe haven” for refugees, especially those imperiled by American foreign policy. The moral obligation that the U.S. owes Iraqi refugees cannot be merely to allow them entry to the U.S., provide them with services for four months, and then demand that they “start over” and become self-sufficient. As Thomas (2011) argues, “Iraqis—stripped of their identity, occupations, homes,
possessions, and even family members as a result of Operation Iraqi Freedom—deserve more from the United States” (p. 218). The expectations of self-sufficiency placed on refugees by local agency workers, and by the state on Iraqi refugees— which removes critical financial and navigational supports almost immediately after arrival— seem to undermine the notion that the U.S. owes them any moral debt or obligation. And that is the trouble with self-sufficiency—it removes the responsibility for refugees from the nation state which caused their displacement and dispossession, and places it squarely onto their own increasingly vulnerable shoulders.
Chapter 4. The Broken Promise of an American Education

Heba: America wasn’t even on my mind when I was in Syria. I never even dreamed of it. I had never even thought of it, really. But when I came here, it was a surprise for me. I thought things would be different, but it turns out that everything is the opposite of what I thought it would be like. I was expecting life to be easy. I expected that there wouldn’t be any difficulty in anything; that education would prepare you for a job, and that when you get a job, it would be good and really well-paying. And I thought when I first came to the school, that the teachers would care, that they would help you, that things would be easier and smoother, you know? But I didn’t find that at all. Everything is hard. And the teachers, they don’t care. I try to get help, but I can’t. I try to explain that I am new here, that I am refugee, but it doesn’t matter. I want to be an engineer someday. That is my dream. But how can I do this when every step is a struggle? America is not at all what I thought it would be. Sometimes, I wish I never came here. [Interview 4/5/2011]

Heba was a 19 year old Iraqi refugee female who came to Philadelphia with her widowed mother, her brother, sister-in-law, and her infant nephew in 2010. Upon her arrival at Liberty High, her neighborhood high school, Heba was placed in the ninth grade, in spite of the fact that she was 18 years old at the time. She had completed the 11th grade in Syria, but due to her inability to procure transcripts proving her educational attainment at her Damascus high school, she was placed in a grade that was several years behind her American peers. Since Heba had been educated exclusively in Arabic, both in Iraq and in Syria, she came unprepared to handle a high school curriculum taught entirely in English at Liberty High. When I spoke to her, in the spring of her 9th grade year, she had already turned 19 years old. In two short years, Heba would age out of public education, and would be unable to obtain a high school diploma. In spite of these barriers, Heba articulated her dream of becoming an engineer one day—a dream which was produced in spaces rife with violence, loss, and suffering, and one that collided with the realities she
experienced in her urban, public high school. There she was learning that her education, which was supposed to be “easy” and “smooth”, as well as act as a bridge to a high-paying career, was precarious, difficult and soon to be unattainable. More importantly, through her interactions with the public school and its agents, Heba was learning critical lessons about the mirage that is the American dream. In this chapter, I will explore the educational aspirations of refugee youth like Heba, their experiences with urban public schools, and the effects these experiences had on their understandings of themselves as fledgling citizens in the making.

**Educational Aspirations of Refugee Youth**

Scholars have long documented the enthusiasm and aspirations immigrant youth harbor for higher education (Kao & Tienda, 2005), even in the face of obstacles such as being first-generation college students (Bohon, Johnson, & Gormon, 2006; Kiyama, 2010); coming from working-class families (Louie, 2012; McGinnis, 2009); or attending underfunded schools (Conchas, 2001; Wells, 2010). Furthermore, research suggests that educational attainment has increasingly become a prerequisite for not only socioeconomic mobility, but for survival in modern day America (Card, 1999; Hout & DiPrete, 2006), particularly for students from underrepresented groups (Harper, 2012; Perna, 2005; Perna & Jones, 2013) including immigrant youth (Fry, 2002; Glick & White, 2004; Hirschman, 2001).

Within the literature, refugee youth are oftentimes subsumed into the immigrant category, in spite of the differences in their pre-migratory experiences. Scholars tend to classify immigrant youth along varying categories of race, generation, and language status; categorized as, for example, a first-generation, Asian, English-Language Learners
(Kanno & Kangas, 2014; Kanno & Cromley, 2013). While these categories give us important information about foreign born students, they do not tell the whole story. For refugee youth in particular, information about their pre-migratory histories is essential to understand their aspirations for postsecondary education. In other words, a focus on these limited categories can obscure the very experiences which differentiate refugees from their immigrant peers, namely pre-migratory histories mired in violence, trauma, and instability.

Refugee youth come to their new contexts with unique pre-migratory challenges which shape their educational needs, such as long educational interruptions, linguistic and foundational barriers, and lack of familiarity with the educational systems of their receiving countries (McWilliams and Bonet, forthcoming; Shakya et al., 2012, Stevenson and Willot, 2007). Furthermore, they are likely to have experienced long-time exposure to economic and political instability and upheaval resulting in firsthand experiences with poverty, violence and trauma (Boothby, 2008; Winthrop & Kirk, 2008). Upon arrival to their new contexts, they may face additional challenges, such as lacking or nonexistent policy or program supports to assist them in their transitions to their new contexts (Arnot, Pinson, & Candappa, 2009; Jones & Rutter, 1998).

While some research has explored the educational aspirations of refugee adults (Buck & Silver, 2012; Lam & Warriner, 2012; Warriner, 2007), there is little scholarship on this process among refugee youth, with two notable exceptions—one study conducted among newly resettled refugee youth in Canada (Shakya, et al, 2012) and the other in the UK (Stevenson & Willot, 2007). These studies highlight some common pre-migratory experiences shared by several refugee groups such as educational interruptions, poverty,
linguistic barriers, retraumatization, and prolonged refugee status determination. In spite of these challenges, refugee youth in these studies identified schooling in general and higher education in particular as their ultimate goal. Many refugee youth expressed a desire to make up for lost time, “contrasting their educational goals and potential benefits in [their new contexts] with the lack of access to good quality education, opportunities, and rights in their war-torn home country or refugee camps.” (Shakya, et al, p. 69)

Refugee youth viewed higher education as a means to improve their financial situation, as well as a way to better care for family members.

These hopes are not just a product of a longing for stability, but are confirmed by bodies of research that highlight postsecondary education as increasingly central for access to gainful employment in the United States. By 2018, economists estimate that about two-thirds of all jobs will require at least some postsecondary education, up from 59 percent in 2008, and 28 percent in 1973 (Carnevale, Smith, & Strohl, 2010).

Furthermore, job availability projections in the next ten years limit high school diploma holders to work in blue collar positions like sales, office support, and food and personal service occupations – jobs that are part-time, insecure, and transitional (Perna, 2013). Refugees therefore recognize after arrival that access to postsecondary education is critical not just for stability but survival in their new contexts.

My research with Iraqi refugee youth uncovered similar ambitions—youth came to the U.S. with educational aspirations and a great deal of hope of a “better life” vis-à-vis a postsecondary education, which they would then leverage to secure stable and high-income careers. Similar to those in the Canadian and British studies, these refugee youth came to the U.S. with complex and difficult pre-migratory histories. However, further
complicating their situation was the context in which they arrived—namely a neoliberal American context where refugee supports are paltry (See Chapter Three). Both aforementioned studies were conducted in nation states which provide wider safety net for refugees, including a full year of financial support for refugee families in the Canadian context (vs. three months in the U.S.); a full year of federally-funded English classes for adult newcomers in the Canadian context (vs. the absence of federally funded classes in the U.S.); national health care for life in both the British and Canadian contexts (vs. 8 months of health care given to refugees in the U.S., which is then permanently withdrawn), and no age limit on postsecondary education (vs. the cut-off at 21 in many American states, including Pennsylvania). While the programs in the British and Canadian contexts are in no way a panacea, nor do they address the gamut of refugees’ needs, they go well beyond what is available is refugee youth who are resettled in the U.S. context.

Iraqi refugee youth, on the other hand, are arriving in a post-2008 economy in the United States, characterized by waning social supports, an emphasis on self-sufficiency (See Chapter 3), and unstable public institutions. One key institution, which is the focus of this chapter, is the urban public school. The vast majority of refugee youth my study rated education as their top priority in the U.S., and framed it as a bridge to a high-paying career, upward social mobility, and the ability to lift themselves and their families out of poverty. Unfortunately, these youth were thrust into underperforming, increasingly underfunded urban high schools in Philadelphia, while they were simultaneously navigating the residual effects of their flight such as trauma, fragmented schooling, and scarce time to compensate for preparation deficiencies. Additionally, youth acted as
cultural brokers and in some cases, primary wage earners for their families, which complicated their access to secondary education (McWilliams & Bonet, forthcoming).

This chapter will explore the disjuncture between refugee youth’s pre-migratory educational aspirations, and their everyday reality which hollowed out the opportunities for any sort of a “bright future.” I engage with the following questions: First, how do refugee students’ pre-migratory experiences shape their educational needs? Second, what are refugee youth’s experiences with urban public schools? Relatedly, how do these experiences act as barriers to their educational aspirations? Finally, how do their experiences inform their understandings of citizenship as fledgling citizens in the making? The chapter is divided into two sections. The first section details experiences of refugee students who were excluded from secondary education. The second section describes the educational experiences of several refugee youth in Liberty High, their neighborhood public high school.

Exclusion from Secondary Education

Caught Between Survival and Educational Aspirations: The Case of Samah

Some refugee youth were unable to access secondary education due to the pressure of being the family’s primary wage earner. Resettled without an adult who can serve in that role, youth needed to work fulltime, unable to attend school. This was the case for Samah Musa. I first met Samah in the spring of 2011, in the living room of her family’s two bedroom apartment in Philadelphia. Samah, who was 19-year-old Iraqi refugee woman at the time, resettled to the U.S. with her family: Um Ahmed, her widowed, ailing mother, and her younger sister, Ghada, who was 17 years old, her younger brother Adam, who was 15 at the time. Samah’s father was killed during the
outbreak of violence after the American invasion of Iraq in 2003, when she was eleven years old. Samah’s mother suffered from multiple chronic illnesses, including diabetes, heart disease, and high blood pressure, which left her unable to work. After her father’s death, Samah, her siblings and her mother lived in a constant state of financial precarity, and relied on the charity of family, friends, and neighbors to survive. Samah tearfully shared the many times her mother had to swallow her pride and accept a box of powdered milk or a bag of rice from friends and neighbors to feed her and her siblings.

The aftermath of the American invasion of Iraq in 2003 only made life more impossible for Samah’s family in Baghdad. Sectarian violence became rampant; men were being gunned down for being Sunni or Shiite and/or being in the wrong neighborhood, while girls and young women were being abducted on a daily basis and sold to sex-traffickers. Samah recounted the terror she and her siblings would experience during the short hours it took for her mother to go in search of food and drinking water, which was being rationed at the time. During those seemingly endless hours, the children had to be completely silent to ensure the illusion of an empty house. Samah, her siblings, and their mother told me of their harrowing escape from Iraq (See Chapter 2 for her mother’s account). They fled by night in a car with only a few of their belongings so as not to draw attention to their exodus. Samah remembers sitting on the cold asphalt ground of the Syrian border with Iraq, chilled to the bone, feeling both relieved and scared.

The family had hoped to settle permanently in Syria, but due to high rental costs in Damascus, the family moved, once again, to Yemen. For the bulk of her middle and high school years, Samah worked at a hair salon every day after school to help support
the family financially. She was incessantly mocked in school by her Yemeni classmates who derided her for being Iraqi, and for being a refugee. She was told by her classmates that she was not a true Muslim since she refused to cover her face and wear the *niqab*, a full covering of the face except for the eyes, even though she did wear the *hijab*, a headscarf. In spite of all these challenges, Samah had managed to become an excellent student and graduated from high school with high honors. Samah had hoped to earn a high school diploma in the U.S. and eventually pursue a degree in medicine to fulfill her dream of becoming a doctor one day. However, the realities of the limited support her family received after their arrival in Philadelphia rendered this dream untenable.

Upon arrival in the U.S., Samah met with a case manager at the resettlement agency. Samah describes this conversation below.

> When we came here, the case manager met with us and told us someone has to work to support the family because the money they gave us every month would be taken away after four months. My mother is an older woman, and you know how her health is. She has high blood pressure and diabetes, and has a hard time even walking sometimes, so I am not going to ever let her work! And my siblings are young, *too* young to work. They have to go to school. As a result, it fell on me to take care of everyone. I had to find work to take care of us. [Interview, 4/27/2011]

Samah searched for work for three months, to ensure that she would be employed by the time the initial case management period and financial supports expired. Samah tried to find work at nearby retailers and fast food stores. However, due to her limited English skills, she was unable to acquire a job. Samah ascribed her inability to find a job to her identity as a Muslim, obvious through her donning of the *hijab*. She explained, “I would walk into the store and ask for an application and the person would just look at me, and especially at my hijab, and then say, ‘No, we don’t have any work here for you.’” After months of searching, the only work she could find was at a Middle Eastern supermarket,
run by a Palestinian family, which only paid $5/hour—well below the minimum wage in Philadelphia at the time ($7.25/hour). The workload was heavy; Samah worked over 60 hours a week, and had to rely on public transportation and commute for over one hour in each direction each day.

Prior to coming to the U.S., Samah had envisioned a better life for herself and for her family. She described her vision of her life in America in my first interview with her.

When I got here, I found that America was not at all what I had hoped or imagined. I had imagined that everything was in abundance and everything we needed would be here. My education, which is of course the highest priority, would be taken care of. Everyone would be comfortable and we won’t be in need of anything. I thought that finally, a country had opened its arms to us.

Samah articulated an imagining of a better life for herself and her family, where “everything was in abundance” and, finally, after displacement and dispossession, they would be “comfortable” and wouldn’t “be in need of anything.” She had envisioned that America would be a new home for her, where education would undoubtedly be of the highest priority. However, the realities that Samah faced quickly dismantled this vision.

**Sally:** How is the reality you see here in America different from what you thought?

**Samah:** Look at what has happened to my education! I mean I am now 19 years old, and in one or two years, I won’t be eligible to attend high school here. So what am I going to do? How am I going to get my diploma and complete my college education? And it is just unthinkable for me not to complete my education. I mean it is the most important thing! And this year, I am working all the time, and I am never home. I leave for work at 8:30 in the morning because I have to take two buses there and back, and don’t come home until 10:00 or 11:00 at night. I do this six days a week, Sally! It is driving me crazy that I am not going to school. Since I was in kindergarten, I was always interested in academics. I graduated high school with high honors! I wanted to go to college and become a doctor. But what can I do? There is no way out for me. I have to take care of us. [Interview, 4/27, 2011]
Samah’s everyday lived reality, which was dominated by the struggle for her family’s survival, affected her ability to realize her dream of continuing her education—a dream she identifies as “the most important thing”. For Samah, it was “unthinkable” not to complete her education, attain a college degree, which she then hoped to leverage into a career as a physician. In her Yemeni high school, she had chosen the more difficult Maths and Sciences route, rather than the Liberal Arts route, to ensure that she could prepare herself for a Bachelor’s degree in the sciences and then study medicine. She spoke of the countless sleepless nights she spent studying for her final exams, and how difficult it was to remain an honors student with her work responsibilities at the salon. It had been her dream, since she was in kindergarten, to be the first doctor in her family, and it had fueled her desire to come to the U.S. However, her days were swallowed up by low-wage work, rendering her dream of attending Liberty High, the local high school, impossible. Between her ten hour shifts, which she worked most days of the week, and her daily commute which was between two to three hours, Samah spent approximately 90 hours a week away from home. At the time of our interview, Samah was aware that she would soon turn twenty one years old, and would be ineligible to access secondary education in Philadelphia. If she continued to work, she would inevitably age out of public education, but if she stopped working and attended school, her family’s survival would be threatened. Faced with these realities, Samah saw “no way out” for herself.

Samah’s inability to access secondary and subsequently higher education was source of much distress and anxiety for her, and for her mother, who was concerned for Samah’s future. During my weekly visits to the family, Samah would speak of the difficulties she faced at work, and ask me if I could assist her in finding any educational
alternatives. Samah and I spent several evenings looking up General Educational Development (GED) classes for her to attend, and in particular ones which would accommodate for her needs as an English language learner, but our search was futile. It seemed that these programs simply did not exist in Philadelphia. Nancy, the director of the refugee resettlement agency, spoke of the difficulties that other Iraqi refugees had in accessing adult education programming.

A few years ago, in the Northeast, no in Philadelphia in general, I want to say there were at least 35 state-funded adult education programs available to folks. That included GEDs classes, ESL classes, and other classes as well. So Iraqis would have had access to those, they would have found them, and they would have done it, and they could have done much of it on their own. Now there are only six classes in the whole city. So the likelihood of them being able to find one in their local community is- the odds there are not very good. [Interview 12/6/2013]

Due to the general citywide dearth of adult education programming, coupled with her demanding work schedule, Samah was unable to find GED classes which fit her schedule. The local GED testing center closest to Samah informed her that classes were held biweekly, for three hours at a time, and that they did not have any classes with an ESL component. After hearing about her time restrictions, they advised Samah to purchase the GED preparation book, and to attempt to study it “on her own”, on “her own schedule”, and take the tests as many times as needed to pass. The test, which is composed of four modules: Science, Social Studies, Mathematical Reasoning, and Reasoning through Language Arts, required a varied and deep set of skills and knowledge, which Samah would need to learn, and in a language which was almost completely foreign to her. In the few months that Samah had resided in the U.S., she had managed to learn a few English words and phrases which she used on the bus and at
work. Studying for the GED test independently would prove to be a challenge for a native English speaker, and hence nearly impossible for Samah.

For a few months, Samah and I worked together, a few hours a week, in the attempt to prepare her for the GED exam. I tutored her twice a week, two to three hours at a time, with the hopes that she could eventually sit for the exam. However, in spite of Samah’s best intentions and efforts, our tutoring sessions were often postponed and sometimes canceled. At times, Samah would walk into the house after work, collapse on the couch, close her eyes, and soon thereafter fall asleep. Her mother would guide her to her bed, and apologetically offer me dinner, and our tutoring session would turn into a visit with the family. Other times, Samah would call a few hours before our tutoring session and inform me that she had to cancel our session. When we did actually manage to meet, Samah was often spent, agitated, and became easily frustrated with the material. She oftentimes lamented the fact that she had already completed her high school diploma in Yemen, and could not see why she had to go through this again. Eventually, after a few months, Samah gave up on trying to get her GED. She called me and informed me that “It’s just too hard Sally. It’s too much.” She told me that she felt it was impossible to balance her heavy workload with her studies. In essence, the structuring and programming of the few remaining GED classes available to Samah, none of which accommodated for her needs as an English Language Learner, coupled with her schedule which was almost completely swallowed up by her work, effectively excluded Samah from the opportunity to access a secondary education, and subsequently her lifelong dream of a college education.

Aging out of Secondary Education with Nowhere to Go: The Case of Seif
One of the most common experiences for refugee youth is an interruption in their educational trajectories. Refugee youth can go unschooled for many years in their own countries of residence due to the devastation of schools in their native countries as a result of war (Boyden et al., 2002; Winthrop & Kirk, 2008). Even after they flee their native countries, refugee youth can experience a lag in their education due to repeated migration; a difference in educational systems between youth’s country of origin and their interim countries of residence; and the need to work instead of attend school (McWilliams & Bonet, forthcoming, Shakya et al., 2012). As a result, students can come to third countries of resettlement having been unschooled for several years. This was the case for Seif Hassan.

I first met Seif in an after-school arts program for Arab students at his public high school in 2011. At the time Seif was a 20 year-old high school sophomore at Liberty High, one of the largest high schools in Philadelphia, serving over 3,000 students. Seif was involved in the *dabke* group (a folkdance which is native to many Arab countries including Iraq) organized by a local non-profit. When I met him, Seif seemed like a typical high school student, joking and laughing with his friends while he rehearsed the *dabke* for the school’s annual Multicultural Day. In spite of his cheery demeanor, Seif had not had an easy life. He spent the bulk of his adolescence in Jordan after fleeing his native Iraq with his family due to the rising conflict there. Due to the financial strain of supporting a family of seven, Seif had to drop out of middle school to join his father and elder brother in working as day-laborers on construction sites in Amman. Seif came to the United States in 2010 with his father, mother, two younger brothers and younger sister, leaving behind his eldest brother Jawad who was unsuccessful- despite many
dangerous and expensive attempts— in crossing the border to Jordan. In spite of the eight year gap in his formal education, Seif had hoped to make up for lost time here in the United States. During our first interview, Seif expressed his desire to graduate high school, enroll in college and eventually become a pharmacist. He told me that he wanted to get a “good job” to help his family pay the exorbitant legal fees and travel expenses that would finally reunite them with his eldest brother.

Upon arrival in Philadelphia, Seif was enrolled in Liberty High as a ninth grader along with his fifteen year old sister Layla, even though he was nineteen years old at the time. Since Seif had come to the U.S. without transcripts of his education in Jordan, and due to his interrupted education, the school district placed Seif in the ninth grade. Seif was unhappy about this placement, as he was several years older than his peers. He reported feeling embarrassed that he was in class with fifteen-year-olds, including his “baby sister” rather than being placed in a higher grade with age-appropriate peers. However, after some time, Seif made his peace with the situation, and tried to make the best out of his school placement. He became involved in extracurricular activities, enrolled in an after-school tutoring program to improve his English, and made several friends at school. Seif was doing relatively well academically, particularly in his ESL class. Before coming to the U.S., Seif could not speak any English, but in two years he was able to gain a rudimentary command of the language, and served as his family’s interpreter and mediator to the outside world. He accompanied his parents to their doctor’s appointments, took and made calls on his parents’ behalf, and wrote out checks for bills.
Near the end of Seif’s eleventh grade year at Liberty High, he was called into a meeting with the assistant principal, Mr. Smith. In the meeting Seif was informed that he could not return to school the following year as he had reached the age limit for public education in Pennsylvania—twenty one years old. Mr. Smith informed Seif that he could complete that academic year, but that he could not return for senior year. Seif pled with Mr. Smith to complete his last year, but Mr. Smith apologetically told him that this was school policy, and that there was nothing to be done. Mr. Smith gave Seif information about The Educational Options Program (EOP), which was an adult education program offered by the school district for adult students (above 17 years of age) who wished to earn credits towards their high school diploma. Seif described the loss he felt after this conversation.

You know, I had my grades, my credits; I had teachers I was used to. I had friends, and I had a work schedule figured out that went along with my school schedule. EOP is from 3-6 in the afternoon, every day, so I lost my job. They should have let me stay there [at Liberty High]; finish my high school diploma, stay with my friends, stay with the same school system and team of teachers. And I was a regular at the school gym, at the gym I had friends, and I was doing well. I was playing sports with them and stuff, and now all that is gone. I lost everything. [Family focus group, 3/23/2011]

Seif described the immense loss he felt when he was forced out of public education. Not only had he managed to build a community of friends and become a regular member of extracurricular activities, but he was also able to secure part-time employment which accommodated his school schedule. Seif operated a forklift at a local warehouse after school to help support his large family and to cover his own personal expenses. Due to the rigid timing of the EOP classes, Seif lost his job at the warehouse, which put a financial strain on the family. Seif also reported feeling isolated at the EOP classes, where he did not know any one. At Liberty High, Seif had become familiar with his
teachers, his classes and was a part of a cohort of students he had become well acquainted with. In this new context, he was a newcomer, once again. Seif also reported struggling with the academic content of the EOP classes.

In these EOP classes, I have no ESL at all. I have lost all the reading, writing, speaking. Everything we did in ESL is gone. I am worried that I will lose the English I learned, and I won’t learn any more English. I speak some English, but I still need to learn more. All I take, all day long, is Algebra 2 and biology. So how will my English improve? [Family focus group, 3/23/2011]

The Educational Options Program was explicitly designed for adult students, including those who have previously dropped out of high school. Unfortunately, it did not have an ESL component. The program was only available at four schools in the entire district, and offered students between 6-9 credits a year. For students like Seif, whose rosters were once dominated by ESL classes (he spent three out of seven periods in ESL classes per day at Liberty High), transitioning to a learning context where he received no ESL instruction, and where he was expected to learn difficult subjects such as Algebra 2 and Biology without any ESL supports would prove to be nearly impossible. In order to make adequate progress in the Educational Options Program, he would have to earn the maximum amount of class credits in subjects which, according to Seif, were well out of his reach. Without the support of ESL teachers and classes, Seif was concerned that he would lose the linguistic ground he had gained during his tenure at Liberty High. Seif also reported feeling “lost in class” much of the time in EOP classes.

The thing is that I am totally a mess in class, and completely confused. The teachers don’t like to answer our questions. So sometimes, when the teacher is talking and explaining something, and I can’t understand it, I ask someone, a student, who knows Arabic and English so he can translate and help me understand what the teacher is talking about. So the teacher sees me talking, and he looks at me, and he says “Well, you get a zero, that’s it.” I am only talking so I can understand what is happening in the classroom, to know what the teacher is
teaching, so that I can learn something, anything in the class. I say that, I try to explain, but no. The teacher doesn’t listen to me, and gives me a zero in the class. And this is how it goes there. So now, I sit quietly in the class. I don’t understand anything, but at least I am not getting in trouble. [Family focus group, 3/23/2011]

Without any ESL support built into the program, and with teachers who seem suspicious when English Language Learners (ELLs) speak their native language in the class, even when they are simply seeking out assistance from bilingual students in the class, students like Seif were at a loss. He was unable to access the material due to language barriers, and yet was not allowed to seek out the help of bilingual students for help due to the punitive measures dictated by the teachers. As a result, Seif decided to sit quietly in the class to avoid losing precious class credit needed to earn his diploma—he was silenced in a class which was inaccessible to him and where he was punished for his attempts to learn.

After several weeks of attending classes at EOP, Seif became increasingly concerned about his progress there, and asked me to help him. Upon Seif’s request, I called an administrator of EOP, and asked them about his progress, and his options. A student counselor informed me that Seif had only earned 7.5 out of the 24 high school credits required for graduation thus far. She also informed me that if Seif were to continue attending the EOP classes, it would take him at least three more years to earn the amount of credits required for graduation, and that is only if he earned full credits in each class he took. He would be nearly 26 years old by that time. After reviewing Seif’s record, she ascertained that due to his status an English language learner, it might take him longer to earn these credits as the EOP did not offer ESL classes or ESL supports. She recommended that Seif look into GED classes instead, as this would allow him to take the tests any time, without having to attend daily classes. She informed me that there
were GED classes offered in several locations throughout Philadelphia. However, the only remaining GED center in the northeastern region of the city, where most Iraqi refugees have been resettled, did not offer classes with a GED component. As a result it would be immensely difficult for Seif to earn his GED, since much of the content and subject matter included in the GED exams would be well beyond his reach as an English language learner.

Seif’s choices were to either stay at the EOP for the next three years where he would continue to attempt to earn between 6-9 credits every year, or to try to sit for the GED exams, time and time again, even though there were no classes available that accommodated for his language needs. Even if he were to overcome the immense obstacles he faced at EOP, it would take him several years to earn a diploma—years he might not feel he could commit to this process. Seif was already 22 years old, and needed to work to assist his family, while also pursuing his lifelong dream of a college education. He told me that he could not imagine attending the EOP program for three more years, which was only offered in the middle of the day, from 3:00-6:00 p.m., as it made any work schedule impossible since it was awkwardly placed in the middle of the day.

Unfortunately, Seif did not have the opportunity to make a choice. Three months after Seif begun attending EOP classes, he was forcibly removed from the program. Seif returned from a weeklong trip with his family to Michigan, where they had travelled to visit relatives who had just arrived from Baghdad, only to be informed by the administrator of the program that he could no longer return to due to his unexcused absences. When Seif tried to explain his absence, the administrator showed Seif the paperwork detailing the attendance policy, which clearly stated that only medical
absences, substantiated by doctor’s notes, would be accepted. Seif had signed several documents before enrolling for the class, including this stringent attendance policy and contract, without knowing what he was signing, as he could not make sense of the high-level English vocabulary in the documents. When I asked him why he had signed the paperwork without knowing what it said, he responded, “What else was I going to do, Sally? I couldn’t read it, and I needed this class! It was my last chance. I thought it would be normal stuff; how was I supposed to know what I was signing? And if I didn’t sign, they wouldn’t have let me into the class!” [Phone call, 3/7/2012]

Seif tried to argue with the administrator, explaining that his family needed him to travel with them as he was the only English speaker, but the administrator would not budge. Seif had been expelled from the EOP and would not be allowed to return. The administrator told Seif that his best bet was a GED class. However, the scarcity of GED classes citywide, and the absence of programs with an ESL component brought into question Seif’s ability to ever earn a high school diploma (or its equivalency) and leverage that into his dream of a college degree. His only option was to attempt to take the GED course, time and time again, a difficult and very expensive endeavor, in hopes of attaining a high school diploma.

**Beyond Access: Refugee Youths and Urban Public Schools**

For many refugee students and families, aging out of and/or being effectively excluded from secondary education was a primary concern—and rightfully so. Without access to a secondary education, students like Seif and Samah could not achieve their goal of attaining a college degree, which has been proven to better the life chances of immigrant youth (Card, 1999; Kao & Tienda, 2005; Perna, 2005). However, other
refugee students, those who were “fortunate enough” to access their neighborhood schools, reported and experienced a different set of problems in their urban schools. Some of these problems can be linked to the crises some urban school districts were facing, which inevitably affect the educational experiences of all their students, including refugee youth. One such district is the School District of Philadelphia.

Refugee youth in this study were coming to schools in an urban district affected by unprecedented instability and fiscal crisis. The school district of Philadelphia has recently been the site of unprecedented draconian budget cuts at the state and local level, which contributed to the closure of 30 neighborhood schools across the city, as a result of the fiscal crisis caused by the expansion of the charter school movement (McWilliams, 2015). The cuts, which were first implemented in 2012, precipitated in the laying off of over 4,000 teachers and staff (Gabriel, 2013). These cuts have resulted in ballooning class sizes, overworked teachers, and gaps in essential services (McWilliams, 2015). Refugee students were arriving in this context, and were being educated in schools with diminishing supports and resources. These layoffs have had a particularly negative effect on refugee students since the cuts have eliminated the positions of staff that are critical to refugee youth’s transitions within and beyond the school, such as school psychologists, reading specialists, and bilingual counselors and nurses (McWilliams and Bonet, forthcoming). The closure of neighborhood schools combined with the layoffs of teachers and staff put pressure schools to do more with less, including supporting the unique needs of refugee students.

As previously mentioned, refugee students come to their schools with unique challenges which are rooted in their pre-migratory histories. These challenges collide
with the current realities of their urban schools, causing them to experience further barriers to higher education. The next section will describe and analyze the problems and major concerns refugee youth experienced in their public schools, including inappropriate grade assignment, social promotion and the resulting lack of preparedness for college, and discrimination within their schools by students and teachers.

**Inappropriate Grade Assignment**

All of the refugee students in my study had been educated in their interim countries of residence, and some without any significant interruptions. However, very few of these students came to the U.S. with the proper legal documentation to prove their level of educational attainment. As a result, most of the students in my study came to the U.S. without the necessary documentation from their high schools. The School District of Philadelphia had a clear policy for deciding how incoming students from foreign countries were to be placed. At the Iraqi community meeting attended by several school district officials, one district employee explained this process to refugee parents.

So the process of having credits transferred is actually a centralized process. It used to be that every school was doing this for their school, which was much faster, but each school was doing it differently, so the school district decided to do it to make it standard. It used to be six people who did this at the district level, but now only 3 people are doing this process this year. Unfortunately, because of this we have been very backlogged this year, so if you have been waiting on us to do this for you this year, we apologize for the wait. So how the process works is that when we first get the transcript, we send it to translation services, which then sends it back to us. Then someone from the Chief Academic Office decides which credits transfer. Everyone who comes with six years of schooling from their country, they get two credits automatically. If some students come here with no transcripts, the only credits they will get are the two credits for having the 6 years of schooling in their country of origin. Since those are the only credits they have, they are placed in 9th grade. [Fieldnotes 2/15/2014]
As the district official clarified, refugee high school students who came to their schools without transcripts were placed in the ninth grade, regardless of their age or academic attainment in their countries of origin. As was the case for Seif, who was placed in the ninth grade at the age of 19, this can result in a gap of several years between refugee students and their classmates, which can cause shame and frustration, an issue I will discuss in the next section. The district official pointed to the fact that the process of verifying students’ transcripts can be a very long and tedious one, even for the students who were fortunate enough to have brought their transcripts with them. Due to pressures to centralize the transcript verification process, it was transferred from the individual schools that were receiving the students, to the central district office—a move which caused a significant delay. Furthermore, due to recent cuts at the administrative level, the numbers of staff who handled student transcripts were cut by 50%, which created a severe backlog. As a result, refugee students inevitably experienced a substantial delay in the processing of their paperwork, and in the meantime were placed in inappropriate grades.

**Being Sent Back.** My research revealed that the experience of being sent back to earlier grades was deeply troubling for many students. In an interview with Heba Omar, who we met at the beginning of the chapter, she expressed her feelings about being in a grade which was incommensurate with her age-level.

*Sally:* So what grade are you in?
*Heba:* Well when I came here, I didn’t have a diploma from anywhere. And that was my first mistake when I came here. I had gone to school in Syria, but I didn’t know that the system here is credits. I didn’t have anything to prove that I had earned those credits in Syria. And when I came here, my language skills were weak, so because of that, because of my language, and credits and all of that, that’s how they decide what grade you’re in.
*Sally:* So what grade are you in now?
**Heba:** I am in 9th grade. In Syria, I would be in 11th grade. And I am older, you know, I am 19 years old now. *I am embarrassed to be in the class I am in.*  
[Family focus group, 4/11/2011; emphasis added]

In Heba’s response to my simple question about her class placement, she made a point to explain how she ended up in the ninth grade, in spite of her age. This question, which I had placed in the interview protocol as a simple “ice-breaker” for our conversation, elicited a long response as Heba seemed eager to explain how and why she was still in the ninth grade. Unfamiliar with the American school system, which is credit based (vs. the Syrian educational system where one’s subject grades were solely based on final, end-of-the-year exams), and unaware of the fact that she needed to bring her Syrian diplomas as proof of enrollment, Heba was placed in the ninth grade. Heba expressed feelings of shame around this placement, due to the mismatch between her age and her class placement.

Refugee youth were not alone in their concern with the school district’s policy of sending them back to earlier grades. At one of the community meetings run by the refugee resettlement agency, which was held at Liberty High (after school hours) and targeted Iraqi parents, Abu Ziad, a sixty year old Iraqi male refugee, presented his concerns around his son’s grade assignment.

So my son, Ziad, he was a 12th grader in Syria. He graduated already, and we have his certificates all notarized from the Syrian ministry of education and everything. But they still have not processed those certificates. Now, he came here to Liberty High School, and they put him in 10th grade. He is very upset because all of his classmates are much younger than he is, and he doesn’t want to come to school. He wants to go to college, like his sister. His sister, his older sister, when we came to Philadelphia she began going to a local community college and he wants to do the same. Ziad is really giving us a hard time at home, I have to force him to come to school every morning. Is there any way for him to go to community college like his sister did? [Fieldnotes, 4/17/2013]
Like Heba, Ziad struggled with being placed in a grade with classmates who were several years younger and in a grade he had already completed in his interim country of residence. Ziad’s refusal to attend school did not reflect a disinterest in education, as was demonstrated in his interest in attending college, but instead revealed negative feelings he had regarding being “sent back” and repeating grades he had already completed. Abu Ziad articulated his son’s desire to enroll at a community college rather than repeating high school grades he had already completed in Syria. However, the local community college’s requirement of a high school diploma (or its equivalency) for enrollment left students like Ziad and Heba with no other choice other than to attending Liberty High, in hopes of someday attaining a high school diploma.

Some students, too frustrated with this age gap, could not sustain continuing at Liberty High. Hussein, Seif’s younger brother, was placed with his siblings in the ninth grade at age of 18. After one year in school, he dropped out. When I asked him about his experience at the school, he shared:

I didn’t see the point. I was 18 and surrounded by 14-year-olds! It was ridiculous. I had already done all of this! How long would it take me to finish high school? And then what? How long will it take me to finish college? How old would I be when I finish THAT? And what happens after that? It wasn’t for me. I needed to work, to earn money, to be an adult. I already was an adult! But I was surrounded by these babies! I didn’t have patience for that. So I left. [Family focus group, 3/23/2011]

Hussein never returned to Liberty High after completing the ninth grade. He joined his father and worked fulltime at a local Middle Eastern supermarket. With his earnings, Hussein helped his family of seven survive and continue to afford to pay the rent of their three bedroom house. Hussein’s narrative not only confirms the negative effect of being held back on students’ feelings about school, but it also illustrates how
being held back can act as a real obstacle to educational advancement. Hypothetically, if Hussein were able to earn all of his credits on time, he would earn his high school diploma at the age of 21, and then begin his college journey. Not willing to wait until in his mid-twenties to begin earning money, and to become “and adult”, Hussein left school and chose a life of work instead.

Heba’s, Ziad’s and Hussein’s experiences highlight the problems that arise when schools do not respond to the unique needs of refugee students, including interruptions and foundational gaps in their educational histories. Furthermore, the district’s policy of placing students in grades several years behind their peers may have negative effects on students’ educational aspirations and on their future life chances.

**The anxiety of eventually getting “twenty-oned”**. The previous section demonstrated how the shame related to being held back can have very real effects not only on student’s attitudes towards schools but also on their educational attainment. Another real barrier created by the decision to send older refugee students back several grades is the possibility that they could age out of public education before they had the opportunity to attain a high school diploma. As Seif’s experience has demonstrated, once students are “twenty-oned”- a term often used by district staff to describe the process of students becoming excluded from secondary education at the age of 21- they might find themselves with no way to earn a high school diploma. This problem was a source of concern and anxiety for many high-school aged youth and their parents.

At an Iraqi community meeting held by the refugee resettlement agency to identify communal problems, refugee parents vocalized their concerns about their children’s education, particularly about their ability to persist in their high schools and
attain their high school diploma. Waheed, a forty-five year old Iraqi refugee father of two, and Fayyaz, a fifty-three year old Iraqi refugee father of four, presented this problem at the meeting. In this fieldnote excerpt below, Waheed and Fayyaz discuss this problem with Susan, the case manager of the agency. Waheed and Fayyaz, who are both non-English speakers, spoke to Susan with the assistance of Khadija, an Iraqi refugee who was employed by the agency as a case aide.

Waheed: I think I can speak for many of us when I say that our biggest problem is education. In our country, there was so much war that the school system, all the schools were shut down. As a result our children’s education was interrupted, they spent several years with no education. Then we left to go to another country, Syria, and there they were set back several years due to that interruption, but they coped and tried to adapt. When our children arrive here, they give them a placement test, and the English language is very hard for them because it is strange and new. After this test, they place them several grades behind where they should be, and this is very bad. 

Susan: What you’ve described here, that is the refugee experience.

Fayyaz: My son, he is now 20 and he is in 11th grade. Soon he is going to be 21 and I don’t think he can attend a public high school after the age of 21. This is a big problem.

Susan: You are right. This is a universal problem. We need to communicate to the schools that these refugee students lose years of schooling.

Fayyaz: I think this is an important point, because we know that after 21 students can no longer attend public high schools. So this is not something we can call the school to fix, it is a district rule. Something needs to happen at the district level.

Susan: That’s exactly what needs to happen. [Fieldnotes 9/21/2013; emphasis added]

At the meeting, Waheed presented education as the “biggest problem” facing many of the Iraqi refugee families in the community. Parents were deeply concerned about their children’s interrupted educational trajectories, and the effects these multiple interruptions- caused by war and repeated forced migration- had on their educational opportunities. Susan, the case manager of the resettlement agency, confirmed the prevalence of these interruptions, and deemed it “the refugee experience.” Parents were
particularly concerned about their children aging out of secondary public education—a problem which Fayyaz identified as a systemic, structural issue that went beyond the bounds of an individual school. Since the age limit was a district rule, parents like Fayyaz felt something needed to happen at the “district-level” to address this problem. Susan was in full agreement of this, and worked to coordinate another Iraqi community meeting which would be solely focused on education.

Following this meeting, the agency invited several representatives from the school district to attend the education meeting. Susan and Lian, who organized these meetings, had hoped that the district employees would come and meet with the Iraqi refugee community to answer their questions and address their concerns. Unfortunately, due a severe winter storm, only five refugees attended the meeting, down from the average twenty five to thirty attendees of other community meetings. In spite of the low attendance, five district representatives—two ESL teachers, and three district officials—gave a presentation to the few refugees in the room. After their presentation, people were encouraged to ask questions. Since I was familiar with the concerns of refugee parents’ concerns, which they had vocalized in the last meeting, I addressed a few questions to Ms. Williams, the head district official at the meeting.

**Sally:** So oftentimes what happens is that refugees have an interrupted education, so you might have a 20 year old in 9th grade. There is an age limit when they age out of high school, right?”

**Ms. Williams:** “Yes, 20 years old. They can attend high school until they are 21. So for example if they have a birthday in December and they turn 21, they can complete that academic year.”

**Sally:** “So for students like that, who age out of public education, where can they go?”

**Ms. Williams:** “Well there are GED programs and other equivalency programs, but unfortunately, there is no ESL component to those programs.” [Fieldnotes 2/15/2014]
Ms. Williams confirms the fact that once refugee students get “twenty-oned”, their only option is to enroll in equivalency programs, such as the Educational Opportunity Program, or GED programs. However, as Ms. Williams admits, these equivalency programs cannot accommodate for their needs as English Language Learners. Without equivalency programs that have an ESL component, refugee students like Seif can either get stuck in equivalency programs for several years in an attempt to gain enough credits to graduate, or can attempt to repeatedly sit for GED exams for which they are woefully underprepared. In essence, the district’s rigid age limit, and its lack of programming that fits the needs of refugee students effectively excludes some refugee students from secondary education.

Social Promotion

While many refugee youth like Heba, Ziad and Seif suffered as a result of being held back, other refugee youth were fortunate enough to be placed in the age-appropriate grades. These were the students who arrived in the U.S. as children and/or as young adolescents, and who were unaffected by the district’s credit-transfer policy. One of these students was Layla, Seif’s younger sister. When Um Jawad took her children to Liberty High to register them, Layla, and her brothers, Hussein and Seif, were all admitted to the ninth grade, in spite of the difference in their ages; they were 14, 18, and 19 years old respectively. The family was unaware of the school district’s requirement of notarized documentation of their children’s education in Jordan, and so could not prove that Hussein and Seif had earned enough credits in their Jordanian schools. As a result, they all started high school together in the ninth grade.
Layla was one of the few students in my study who had not experienced any educational interruptions. Her family had left Iraq when she was very young, and she had attended school in Jordan from kindergarten through 9th grade, when her family had resettled to Philadelphia in 2010. She had been an average student in Jordan. She told me she wasn’t “the smartest student in her class, but worked very hard” since it had always been her dream, like her brother Seif, to become a pharmacist one day. She was a little frustrated that she had to repeat the ninth grade, but told me, “it wasn’t the end of the world. I thought, if my brothers could do it, then I could too.” She was determined to do well, get her diploma and enroll in a local college.

In Jordan, Layla had attended public schools, and had not learned any English. In my first interview with her she told me, “When I first got here, school her was really hard. I mean I was shocked.” She explained that she went from not speaking, reading or writing any English, to suddenly taking all of her subjects in English. Upon arrival to Liberty High, the school placed her in an intensive ESL track: four English as a Second Language classes, one Math class, and one elective. By the time I had met Layla, she had been attending Liberty High for over three years, and was beginning her senior year.

I became closely acquainted with the family after Um Jawad, Layla’s mother, had reached out to me to help Layla with her senior projects. Um Jawad was concerned about Layla, who was having an extremely difficult time tackling these projects which were set by the school as a requirement for graduation. During my first visit to tutor Layla, we met to speak about her projects. The first project was to make an informational poster about the college/university she planned to attend. The following are my fieldnotes from our first tutoring session together.
The only information Layla had about the project was a handout. The first question on the document had said, “What university do you hope to attend? Why?” During the lesson, Layla had written, “I want to go to Temple because I want to be a pharmacist there.” We talked about why she wanted to be a pharmacist, and she said, she would make a lot of money but not have to deal with blood. We laughed and went on with our work. The rest of the document was a list of questions that she was expected research and then include on the poster, such as “How many undergraduate majors does the college/university offer?” and “What percent of the student body receives financial aid?” Layla struggled with decoding unfamiliar words such as “undergraduate”, “majors”, and “financial aid.” After attempting to read a few sentences, she became embarrassed and frustrated. I encouraged her, telling her that these were vocabulary words that were new to her, and that she will learn them with time. Eventually, we decided on a college to research, and begun to look up the questions, one by one, with Layla writing notes over the unfamiliar words in Arabic. We completed half of our list of questions, and Layla, promised to highlight all of the unfamiliar words on the list until we met the following week. [Fieldnotes, 9/16/2011]

My initial session with Layla revealed that she had some serious difficulties with reading and writing. The sentence she wrote, “I want go to Tambel because I be farmse there” demonstrated that Layla was able to express herself in English, but that she struggled with sentence structure, grammar, and spelling. After a few sessions with Layla, I estimated that she was reading and writing at a second grade level. This was not surprising, for Layla had come to the U.S. with no instruction in English, and she had only been schooled in America for three years. What I did find curious was her teachers’ expectations of her, given her academic level. Layla was expected to complete this project in order to graduate, even though it demanded a high level of skills, such as the ability to read college brochures and websites, synthesize and summarize information about these institutions, all the while dealing with high-level vocabulary which was unfamiliar. What was most surprising, however, was Layla’s seamless progression from ninth grade to twelfth grade. Here she was, reading and writing at an elementary level, and yet she was slotted to graduate in a few months.
Layla’s academic struggles became even more apparent when she attempted to tackle the second senior project. For this project, Layla had to choose a controversial topic, deliberate about its consequences, and then argue for the side she has selected. For this project, she was expected to present her findings in two formats; first in a five-page research paper, which she was to turn in to her teacher, and second, in a power point, which she was to present before her teacher and her entire class. For her research paper, Layla needed to cite at least five sources, including a minimum of three books or publications. Layla was extremely anxious about this project and asked me to assist her.

In early December, three months before the project was due, we began meeting on a weekly basis to prepare for it. The following are field notes from our first meeting.

Layla and I discussed the project guidelines and expectations. We read the sheet explaining the project. Layla asked me, “What does controversial mean?” We spent some time discussing this, and I did my best to explain it to her in Arabic. Next, we pored over the list of 40 possible topics from which to choose from, given to Layla by her teacher. After reading through the list, with her trying to decode the words, and me explaining what it meant, Layla decided on the nature vs. nurture debate. She had never heard of this debate before, but was interested in learning about it. She explained “I wonder if I am who I am because of where I was raised and who was around me, or if I was just born that way, you know?” she asked. I laughed, and agreed. So we decided that this was the topic we would work on. [12/3/2011]

Since the project requirements included relying on books, as well as online research, I brought a general psychology textbook designed for college freshmen to our next session.

While I was aware that it would probably be above her reading level, I knew it would have relevant information, and that it would be a good source to cite. I also thought it would be a way for Layla to engage with more difficult texts, ones she might encounter upon high school graduation. The following are my fieldnotes from our second session,

We began by having her reading directly from the text book. This was a struggle for her. Even sight words like “through”, “however”, “again” proved to be too difficult. This is when I began to get an accurate idea of her reading level. It was
also at this point that I realized that I was probably going to have to do much of
the work for this project. While I didn’t think that was right, I also knew that she
needed to do this to graduate, and she had not been equipped to do so. I tried to
include her in this project as much as I could. I would read, one paragraph at a
time, translate what I had read, and then continue reading. After we had read
through all the information, I created a few slides for her Powerpoint presentation.
Layla had never used Powerpoint and was not familiar with the program. We
worked in this fashion for over two hours. (Observer Comment: All the while, I
wondered how the school had not prepared students like Layla. This was Layla’s
senior project! One of the ways that she was being evaluated on whether or not
she was ready to graduate high school. How is she being pushed to be ready to
graduate/go into the world/possibly even transition to college when she couldn’t
read the materials she needed to in order to complete this project?! How could
they let her get this far without doing a better job of preparing her? What will
happen when she graduates?? What will become of her dream of going to
college?) [Fieldnotes, 12/10/2011]

As these fieldnotes reflect, my work with Layla left me troubled not only by the
fact that she was being required to complete two complex and difficult senior projects—
an endeavor which she was clearly unequipped for—in order to graduate, but also that
her seemingly seamless social promotion left her unprepared for her ultimate dream of
college. My ultimate question remained, how had Layla been promoted from one grade to
the next? One possibility was that Layla was promoted not for her academic prowess, but
for her behavioral excellence. Layla consistently brought home glowing progress and
report cards, which framed her as “an ideal student”—a verbatim quote from one of her
report cards. Additionally, in all of the meetings that Um Jawad had with Layla’s
teachers, she was told that Layla was well-liked by her teachers and that she was doing
well. They told her that Layla was well-behaved, followed the rules, and that she was a
joy to have in class. In fact, Layla’s ESL teacher told Um Jawad that “they wished all of
their students were like Layla”. Perhaps Layla’s behavior was the key to her “success” in
school. In a family focus group, Layla and her youngest brother Ayman discuss the
emphasis placed by teachers on obedience and behavior.
Ayman: Most of the Arab kids got an F in Math last year. A couple of us went to the teacher after we got our grade: we wanted to know why we got an F. We knew we weren’t doing well, but we didn’t think we were going to fail. When we asked him, he told us, “It’s all about your behavior.”

Layla: And that’s why I don’t say anything in class. I think that’s what the teachers want. Even when I need the teacher to clarify or explain something, I don’t ask because I am worried she will get mad. The teachers, especially the ESL teacher is very harsh. When other students have tried to ask her for help or for her to explain the problems again, she yelled, ‘Shut up! When I am talking, you don’t talk!’ So I haven’t said anything in that class yet.”

Sally: “What do you mean?”

Layla: “I mean that I haven’t said one word in that class this year yet.”

Sally: “But it’s November.”

Layla: “I know. But it seems that anyone who asks for help or says anything gets into trouble, so I am not saying anything there. I am completely lost, but that doesn’t seem to matter. As long as I am quiet, then the teachers thinks I am OK and they will leave me alone.” [11/22/2011]

As Ayman and Layla’s commentary suggested, a large emphasis is placed on students’ behavior by their teachers. Layla, who was framed as a “model-student”, was in fact struggling with reading, writing, and mathematics in much the same way that her brother Ayman was in his own classes. In her own words, she felt “completely lost” in her ESL class. However, Layla’s strategy of keeping quiet, even if that meant that she remained unclear about her assignments and her lessons, seemed to be working. She had been promoted from one grade to the next with ease, and brought home glowing reports. Ayman, who was more vocal, tended to persist in asking for help and complained when the teacher seemed to be acting with excessive harshness, brought home lower grades and at times, failing ones. It is telling that upon questioning of his grade his teacher said, “It’s all about your behavior.”

Upon close inspection of Layla’s school reports, another trend became clear: the steep reduction in ESL instruction within a short period of time. In the three years that Layla had been at Liberty High, she had quickly “graduated” from being in an intense
ESL track to a more mainstream one. In her first year at Liberty High, Layla had four ESL classes (two reading and two writing classes). In her second year, she had only two ESL classes, and in her junior and senior year, she only had one ESL class. Her other classes were low-track reading, writing, and mathematics classes which did not accommodate for her needs as an English Language Learner. Without the appropriate support, Layla had been floundering in her mainstream classes, receiving Cs and Ds—a far cry from her almost straight-A performance in her ESL classes. In spite of this dip in her grades, Layla had been promoted from one grade to the next, and was slotted to graduate, in spite of her academic difficulties.

**Discrimination and Islamophobia**

**Peer Discrimination.** One of the major challenges refugee youth reported in their schools was peer discrimination, which they attributed to their ethnic and religious identities. The following excerpt is from an interview with Ghada, an 18-year-old eleventh grade female who wore the *hijab*.

**Ghada:** Like in gym, all the American kids in my gym always say awful stuff to me; they say to me is “fuckin”, and “bitch” and that kind of stuff. And it really bothers me. And I tell them, “STOP! Don’t talk to me.” And I even try to yell at them, but they don’t listen, they just keep saying that stuff. Or sometimes some kids are playing with rocks, and then I am walking by and they throw a rock at me. One kid said, “Go back to your country. We don’t want you here.” He threw a rock at my head, but I ducked so it didn’t hit me. And I was just trying to walk by, you know?

**Sally:** Why do you think they do this?

**Ghada:** Because I am Muslim. [Pause] But you know when they do stuff like that, with rocks, I don’t even respond.

**Sally:** Why not?

**Ghada:** Because I am scared of what they will do if they get mad. They are already throwing rocks at me. What else will they do?

**Sally:** So what do you do?

**Ghada:** I just try to avoid them. [3/23/2011]
Ghada’s commentary highlights the verbal abuse she received from her American peers, such as cries to return to her country, for she was unwanted and unwelcomed “here”—in “their” school, and ultimately in “their” country. Even more alarming, however, was the physical threat and abuse that Ghada was subjected to at the hands of her classmates, which she ascribed to her identity as a Muslim. Had she not been quick enough to duck, that rock could have hit Ghada’s head—the very area covered by her hijab and marking her as Muslim. What I found to be particularly disturbing were the effects of the physical violence. Afraid of the consequences of responding to this abuse lest she incur further, and perhaps more severe forms of violence, Ghada was effectively silenced. In order to evade more incidents, Ghada’s plan was to attempt to avoid those students. In essence, her response to be a victim was to attempt to become invisible, and to “pass under the radar”. Unfortunately, the visual marker of her Muslim identity, the hijab, would make this an impossible task. Additionally, while Ghada could avoid the students who threw the rock, she could not predict who might throw the next one, leaving her vulnerable still.

Ghada’s experience in her school was not an isolated incident. In fact, the harassment of Iraqi refugee youth in their schools was of major concern to Rasha, the director of a non-profit dedicated to serving Arabic-speaking immigrants and refugees in Philadelphia. Rasha’s organization, which has been serving the community since 1997, had fielded many similar complaints.

Rasha: So the Iraqi refugee community, especially those who have arrived most recently, suffer from discrimination, especially in schools. We’re hearing a lot of incidents of bullying, and kind of like being discriminated against because of their religion.
Sally: Can you give me an example of that?
Rasha: Sure, so we had one client, he was an Iraqi refugee, and he was at a middle school which is almost 100% African American. On a daily basis he was called all types of names, because he was Arab and Muslim. He was called things
like “Osama Bin Laden”, and asked like “What are you doing here?” and told “Go back to where you came from.” We worked with the Human Relations Commission to actually pull him out of that school. It was that bad. And this is just one of the incidents that have been happening over the years. There were many more. Parents have complained to us in the past. Unfortunately the parents are scared to officially report things because they don’t trust law enforcement, especially, well because we come from the Middle East and so law enforcement is viewed as not the protector but the aggressor. It’s really tough for parents though. It’s a really big issue. [Interview, 11/2/2011]

Rasha’s account demonstrated that Ghada was not alone in her experience at her school. In fact, many parents had come to Rasha’s organization with complaints about similar discrimination and harassment. Similar to Ghada, parents were wary of officially reporting incidents of threat and abuse, a fact Rasha attributed to their lack of trust in law enforcement. Coming from war-torn contexts where law enforcement officials were often embroiled in corruption and even outright violence against citizens, parents were reluctant to report these incidents in an official manner. The case of the Iraqi middle schooler was a notable exception; the family had reported the incident to Rasha, and asked her to assist them in communicating with school officials. Even though this young boy was being bullied on a daily basis, the school was slow to respond to the parent’s complaints. Later on in the interview, Rasha explained that the student was removed from his neighborhood school only after the involvement of a Task Force with the Human Relations Commission, the department of justice, and the U.S. attorney’s office in Philadelphia. Only then was he removed from his school and placed in another school, which was a feeder school to Liberty High School, and boasted a great deal of ethnic and religious diversity. While this served as a solution for this particular refugee youth, the issue of discrimination, verbal abuse and physical threat was a reality for many Iraqi refugees in their schools.
Teacher discrimination. While many refugee youth reported feeling singled out and discriminated against by their classmates and American counterparts, others recounted similar experiences with teachers and staff at Liberty High. In a family focus group, Layla and her younger brother Ayman share negative experiences with their teachers.

Ayman: The teachers at the school, they all dislike Arabs. They are constantly giving us detentions and whenever we talk in the class, even when we are just trying to help each other understand what the teacher just explained. The other day the teacher was taking attendance, and then he called my friend’s Adam’s name. I raised my hand and told him that Adam was absent because it was Eid. The teacher yelled at me, and said, “Shut up!” The teachers hate the Arab kids. They always talk to us like this. And they are constantly giving us detention for things that other kids don’t get punished for.

Layla: Yeah, the other day I walked into gym late because I needed to go to the bathroom, which I had a hall pass for. When I walked in, the teacher asked me, “Where were you?” I told him I was in the bathroom, and he told me if I was late again he would have me suspended.”

Sally: Suspended?!

Layla: Yes. That’s how the gym teacher talks to all of the Muslim girls, especially the ones who wear the hijab. He doesn’t like us.

Sally: Why do you think that is?

Layla: I think he doesn’t like that we won’t wear the ‘normal’ gym outfit which includes shorts. I also think it’s because we’re different. [Family focus group, 11/29/2011]

Both Ayman and Layla experienced their teachers as excessively punitive. Layla’s tardiness to her gym class, for which she had had gained permission before the fact, resulted in a threat of suspension. Ayman’s attempt to explain his friend’s absence, resulted in the teacher belittling him and telling him to “Shut up!” Layla felt that her hijab, and the fact that she dressed differently than the other girls who wore shorts to gym was the reason her teacher was harsh with her and her Muslim female classmates. Both siblings felt that a dislike for Arabs and Muslims was behind their teachers’ actions and
attitudes towards them. This was further confirmed by Adam and Ghada, who had similar experiences with their teachers.

Adam: I almost got hit by a teacher once.
Sally: What?!
Adam: He’s a substitute. He is this old man, and when he gets mad, he hits the Arab kids with his cane. One time, I was on my way into the class and was a tiny bit late, and he raised his cane and wacked it at me, trying to hit me. Good thing I have good reflexes, or he would have gotten me good. That cane is solid, and has a metal tip. It would have hurt if he hadn’t missed! (He laughs at this.)
Sally: That’s ridiculous! Have you tried telling someone any of this stuff? Like the principal or something?
Ghada: They don’t care. Plus they’re not here for us; they’re in it for the money.
Adam: And everyone is scared to complain. They are all afraid to be punished or suspended.
Um Ahmed: This is not right, Sally. How can they treat them this way?! [Family focus group, 11/6/2011]

In his commentary, Adam recounted his experience of nearly being physically assaulted by a substitute teacher, who apparently “hit the Arab kids with his cane” when he became angry. While it was unclear from Adam’s account whether Arab students were the only targets of the teacher’s assaults, it is disturbing that they are being targeted at all. Even though Adam retold this experience in a humorous way, jokingly grateful for his good reflexes which spared him the brunt of the teacher’s swing, it was clear that this was an issue of concern for the family, particularly for his mother. When asked why Adam never reported this incident to school administration, Ghada interjected with the view that the teachers did not care about the wellbeing of students, but were “in it for the money.”

Even more disturbing was Adam’s response, in which he stated that students were afraid to report incidents of threats and assault lest they be punished or even suspended. In effect, the administration’s response to students’ complaints about abusive teachers effectively silenced students, and furthermore left them in harm’s way. In this case, the
substitute teacher would continue to teach since no complaint would be lodged against him, and students would remain vulnerable to his angry outbursts.

Discussion

This chapter has engaged three main questions. First, I asked, how do refugee students’ pre-migratory experiences shape their educational needs? One common pre-migratory challenge refugee youth in my study shared was a significant interruption in their educational trajectory. For Seif, this was caused by the financial needs of the family, which forced him to drop out of out his Jordanian middle school and join his father as a day laborer to support their large family. For other youth, like the children of Waheed, who had actually stayed in Iraq and were resettled directly from Baghdad quite recently, the interruption was caused by the devastation of their local schools due to extended war and conflict. For others still, like Ziad and Heba, the interruption was caused by the multiple transitions that resulted from repeat forced migration. Some refugee students had fled Iraq with their families during the school year, and had to wait until the following academic year to begin schooling in their new contexts, oftentimes being forced to repeat the year they did not complete in their Iraqi schools. These same students are moved, once again, this time to the U.S. with their families, and resettled, oftentimes in the middle of the school year. As a result of these interruptions, refugee students can come to their American schools with large foundational and linguistic gaps in their education. This issue was of deep concern to students and families alike, and was so prevalent in fact that Susan, the case manager at the refugee resettlement deemed it “the refugee experience”.
Another common and related pre-migratory challenge that arose was refugee students’ difficulty in procuring the proper documentation proving their educational attainment in their last country of residence before resettling to the U.S. Some students, like Heba were resettled mid-year, and had only transcripts from their prior year. Other students, like Seif were resettled with their families very quickly, and did not have the time to obtain documentation from local departments of education. Others still, like Samah, had attended schools in countries, such as Yemen, where corruption was so entrenched that obtaining legal documentation in an expedited manner required “greasing hands” of officials—something some families simply could not afford. Some parents like Abu Ziad and Fayyaz were simply not aware of the need to bring along documentation of educational attainment, and had assumed that they would be assigned to grades based on their age. As a result, most of the students in my study came to the U.S. without the proper documentation from their high schools.

Both of these pre-migratory challenges bring me to my second set of questions: what are refugee youth’s experiences with urban public schools, and, how do these experiences act as a barrier to their educational aspirations? While I have addressed the first question in my findings section, I wish to focus on the latter here. One common experience for refugee youth was that of being sent back to grades which were several years behind their American peers. This was a result of refugee students’ interrupted educational trajectories, and/or their inability to procure documentation to prove their educational attainment. Due to the school district’s policy, students who come without transcripts were sent back to the ninth grade, regardless of their age or their previous academic attainment. This policy had several negative outcomes. First, older refugee
students expressed feelings of shame and embarrassment about being in a grade with students who were several years younger than themselves. As Heba described, a 19-year-old ninth grader, who would have been an 11th grader in Syria shared, “I am older, you know, I am 19 years old now. I am embarrassed to be in the class I am in.” Second, students, like Ziad felt frustrated by the fact that they were being asked to repeat grades they had already completed, and students who once had high educational aspirations began to lose interest in school. Ziad’s attendance became irregular, and according to his father, his parents “had to force him to go to school.” Thirdly, some students like Hussein, who experienced this lag in their education as an insurmountable obstacle, abandoned their secondary education altogether and dropped out.

The final and arguably most devastating effect of sending older students back to earlier grades is “getting twenty-oned”. When older refugee students are placed in the ninth grade, they will inevitably age out of public education at the age of 21. The limited programming available by the school district for older students, coupled with the dearth of adult education programming in Philadelphia, which has been deeply affected by budget cuts at the state and local level, can leave some students with nowhere to turn. Without any options, refugee youth are forced to forego their former educational aspirations, and instead, become a part of the low-wage workforce. This can best be understood by returning briefly to consider the case of Seif.

Seif was the student who had been “twenty-oned” at the end of the eleventh grade in Liberty High and had enrolled in the Educational Opportunity Program (EOP) offered by the school district only to be expelled due an “unexcused” absence. After several attempts to prepare for and sit for the GED exam, which was a final resort for Seif, he
finally gave up. In an interview, Seif told me, “Even though all I wanted from America was an education, I can’t do this anymore.” Um Jawad, his mother told me that Seif was very depressed for a few months after he was forced out of the Educational Opportunity Program. He spent all of his time in his room, lying on his bed, staring at the ceiling, isolating himself from his family, refusing to speak to anyone, barely eating, and chain-smoking all day long. Eventually, he emerged from his room, and began to search for work. He secured a position as a forklift operator, at the warehouse where he had once worked part-time while he attended Liberty High. Seif was paid minimum wage for this work, ($7.25/hour) and did not receive health benefits. Since his benefits had longed lapsed (a mere 8 months after his arrival), he remained uninsured. Um Jawad spoke with me about her concern and sadness about her son’s situation.

**Um Jawad:** You know I keep thinking of Seif, poor Seif whose only dream was to finish high school, enroll in college, and become a pharmacist. I want him to get what he wants, which is an education. There needs to be a program for someone like him, someone who has a dream to go to college but is too old or busy for high school. They have misled him time and time again with all of these programs and he needs something that will meet his needs.

Um Jawad articulated her deep disappointment for her son “whose only dream was” to attain a high school diploma and access higher education, in hopes for a better life. Um Jawad’s conclusion was absolutely spot-on: refugee students, like Seif, many of whom come to American public schools with interrupted educational trajectories, need “something that will meet [their] needs.” Rigid district rules such as sending refugee students several years back, where they are several years older than their American counterparts and adhering strictly to state age limits effectively excluded students from secondary education and subsequently from higher education. This problem was only made more acute by the general dearth in state-funded adult programming, and in
particular that which meets the linguistic needs of students. School districts that absorb large numbers of refugee students need to be more flexible and add more programming that meets the unique needs of refugee students.

Um Jawad also argues that programs need to be available for refugee students “who [have] a dream to go to college”, but, like Seif, are “too old” or, like Samah, are “too busy for high school”. Samah was excluded from secondary education- even though it was the primary motivator for her resettlement- because she was “too busy” working for her family’s survival. She had been interested in academics since she was a child, and had always dreamt of being a doctor one day, but her days were swallowed up by work to provide for her family. Without access to Liberty High or to a high school equivalency program that fit her working schedule and her linguistic needs, Samah felt that, “there is no way out” of her situation. Samah would continue to work fulltime to stave off homelessness and hunger, as the entitlements her family received shrunk on a monthly basis. Eventually, she would never gain access to secondary education and subsequently higher education. Without adding more programming that addresses the unique needs of refugee students, districts will continue to exclude refugee students; robbing them of their imagined chance at the “good life” they had hoped to find in their new countries. Furthermore, by excluding refugee youth from higher education, school districts are inadvertently funneling refugee youth, and even perhaps locking them into the low-wage labor market.

This is not to suggest that access to and persistence in district schools was in any way a panacea. In fact refugee youth who had access to, and were able to persist in urban high schools reported a different set of barriers to their educational aspirations. One such
barrier was social promotion. Unlike her older brother Seif, Layla was “lucky enough” to make it through and actually had a chance to graduate from high school. But to what end? Layla was reading and writing at a second grade level, and struggled immensely with grade-level work and required projects; and yet she had been seamlessly promoted to the twelfth grade. Layla often spoke with me of her plans to attend a local community college, where she would complete her general requirements, and then transfer to a state university—an aspiration that was shared by many other refugee youth in my study. While she might successfully attain a high school diploma, the reality is that Layla might never actually be able to attain a college degree. According to Lian, an employee of the refugee resettlement agency,

Most of the refugee students who enroll in community college don’t take classes for college credit for a while. They take the English language placement test and then they are placed remedial ESL classes there. Sometimes the students can be stuck in these classes for several years before being they can enroll in college classes. A lot of the refugee students drop out of these remedial classes after a few years. It becomes discouraging for them, you know? So many of them are older students too, and by the time they begin taking the courses for credit, they can be in their mid-twenties. They get discouraged because they know how long they have to go. And they have other pressures, like work and helping their family, so they drop out, which is a shame. [Interview, 12/9/2013]

Lian’s commentary highlights the fact that Layla is not alone in her struggle. In her multiple interactions with the hundreds of refugees the agency resettles every year, she identified the under-preparedness for college as a major issue of concern. Furthermore, Lian’s commentary pointed to the fact that even for the “lucky few” refugee students who are able to attain a high school diploma, and enroll in college, their trajectory can still potentially riddled with delay. It might take several years for students to begin earning college credit, further delaying their attainment of a college degree. As Lian pointed out, students like Layla might not persist in their colleges due to the
pressure to work and to earn money, or simply because it was too disheartening to pay for classes that don’t count towards a degree.

In essence, this might leave students like Layla in the same position as her brother Hussein, who foresaw the delay in his education as a barrier to his ultimate aspiration of being an “adult who earned money”. As Hussein asked earlier, “How long will it take me to finish college? How old would I be when I finish THAT? And what happens after that?” Even though Hussein did not earn his high school diploma and Layla was on the track to earn her own, their college attainment results could potentially be similar. Layla might end up in stuck remedial classes and unable to actualize her college aspirations. By seamlessly promoting refugee students like Layla from one grade to the next, without providing them with academic support they need in order to be prepared for their next academic transition, their schools are doing them a disservice.

Another barrier refugee students experienced in their schools was discrimination at the hands of students and teachers. The students’ testimonies linked the threat of verbal and physical violence to their identities as Arabs and Muslims. Female students felt singled out due to their visible marking as Muslims via the hijab. Sadly, both female and male students reported being reluctant to reporting incidents of abuse by students for fear of further, more escalated forms of violence. In a similar vein, students were hesitant to report events of abuse by teachers lest they incur punitive measures by administration, such as suspension or even expulsion. In essence, students who were victims of violence were silenced by fear.

The accounts shared by the students about their teachers uncover another common theme: students felt that teachers, school staff, and administration do not care about them.
In her opening comments, Heba stated that before coming to the U.S., she thought “that the teachers would care” and “that they would help you”. Overall, she thought “that things would be easier and smoother” at her school. However, reality at Liberty High was quite different. She stated, “I didn’t find that at all. Everything is hard. And the teachers, they don’t care.” This sentiment was shared by many other refugee youth. When I asked Adam why he did not report the abusive teacher to the principal or administration, Ghada commented that “they don’t care”, and that “they are not here for us.” Refugee students, who were at risk of verbal and even physical abuse by some teachers, felt it futile to report these incidents to administration because students experienced them as uncaring, and unconcerned with their students’ wellbeing.

The discrimination students faced in their schools acted as a barrier to their educational aspirations. These schools were the contexts where refugee students were expected to learn, grow and prepare for their transition to college—a lifelong dream for many of these youth. These contexts, rife with threat of verbal and even physical abuse from students as well as teachers, were supposed to serve refugee students (and their families) who had come to place a great deal of importance on education, not only as a way to gain some normalcy and stability, but as a way out of their current socioeconomic reality of poverty. The discrimination and threats refugee youth faced by students and teachers alike can act as a real barrier to learning. When school is an unsafe environment, refugee students like Ghada become occupied with the business of avoiding students who might throw a rock at her; students like Layla stay silent in class for months at a time, even when they don’t understand what the teacher is saying, in order to avoid a tongue-lashing; and students like Adam don’t bother reporting the teacher who hits students with
his cane to avoid further punishment by administration. In this environment, refugee
students are occupied with the business of surviving their schools, rather than thriving in
them.

The final question I posed at the start of this chapter was: how do refugee youths’
experiences with urban public schools inform their understandings of citizenship as
fledgling citizens in the making? To answer this question, I would like to return to
Samah. In my first interview with her, she shared with me her hopes about America.

You know Sally, we lost so much, our home, our country and life in Yemen was
so hard. Finally, we were going to have a place, a new home. I thought America
opened her arms to us, like a mother and we could finally have a life here.

Interestingly, in her testimony, Samah depicted America as a mother, one who has
opened her arms to welcome her and her family. After a journey marked with
dispossession and loss, Samah had envisioned that America had taken her in, with open
arms, like a mother. In a way, Samah’s personification of America mirrored the idealistic
image of the nation state as a welcoming mother figure, most aptly captured in the figure
of the Statue of Liberty, which is inscribed with the words:

Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tost to me.

Samah, a refugee, perhaps the epitome of “homeless” and the “tempest-tost” had
envisioned that in the bosom of this new mother, she and her family “could finally have a
life”. However, the realities that awaited Samah in the arms of this “new mother” were
sobering: 60-hour work-weeks at a job that paid below the minimum wage; the inability
to attend high school, and enroll in college; the realization that for her, “there was no way
out” of this life. Due to the lack of GED programs which fit her intensive work schedule,
as well as one that accommodated her needs as an English Language Learner, Samah’s college access seemed nearly impossible. In a later interview with Samah, she shared with me, “If it were up to me, I swear, I would not stay here one more minute. America, it turns out that, she is a cruel mother and I would leave her if I could.” Faced with the reality that her dream of a college education was now a mirage, Samah denounced America as a “cruel mother”; one she wished she could leave if she had the chance. She no longer imagined herself belonging in this new home, but wished to leave it behind.

Similarly, Seif articulated a deep disillusionment with America as a result of his educational experiences. In an interview I conducted with Seif after he forewent attempts to take the GED exam, he shared,

So I left my country, lived in Jordan for a few years, and came as a refugee here. And how can a refugee be treated? I mean what does a refugee mean? You take someone in as a refugee and then throw them out in the streets?! Or do they take him all the way back to first grade?! They need to take him and place him where he belongs, in the right grade fitting his age and needs. And what would have happened if they would have done that, put me in the right grade? What would America have lost had it done that? What is America going to benefit when my future is ruined? I mean, America will benefit from me, right? So are they going to do this for free? No. I will end up paying them back times over. So where are the promises of this America, where is the democracy and where are the human rights?! [Family focus group, 3/10/2012]

Invoking the category of “refugee”, Seif perceived himself as deserving of particular rights, least of which was the right to receive an education commensurate to his age, and one that met his needs. Rather than receiving an American education which would pave the way to the future he had envisioned for himself, Seif came face to face with a reality marked with obstacles and repeated instances of exclusion. Seif critiqued the effects of the rigid school policy which caused him to be placed in the “wrong” grade, and the subsequent exclusion from Liberty High School and then again from the Educational
Options Program—an exclusion which felt akin to being “thrown into the streets”.

Similar to Samah, Seif made a move to personify America, and in a sense depicted himself in a direct struggle with the nation state. Rather than a cruel mother, Seif portrayed America as a tightfisted patron, one who refused to help him even though it was well within her ability to do so. Seif described America as one who has stood idly by and watched as his future was ruined, even though it would benefit from his success. He articulated an expectation to “repay America back times over”, presumably in the form of taxes and other duties expected of citizens. More fundamentally, Seif articulated a complex definition of citizenship, both as a set of rights and responsibilities, and an interactive process that should address the particular needs of refugees. In exchange for fulfilling his duties and responsibilities as a citizen, Seif had expected America to invest in his education and future. However, the obstacles he faced, the multiple exclusions he experienced, and his perception of his future as one which was ruined, moved Seif to question America and what it stands for. He questions the liberal ideals espoused in the promise of America, such as democracy and human rights, and articulated the dissonance between his everyday experiences and his former conceptualizations of American citizenship.

More importantly, Seif asked the question, “What does a refugee even mean?” For many students like Seif, the very experience of being a refugee entailed a life marked by interrupted educational trajectories due to conflict, displacement, and financial instability. For them, the promise of America was, in essence, a chance at educational opportunity which could pave the road for better life chances. When that promise is broken, as it was in Seif’s case, it moves refugee youth to critique the nation state, what it stands for, and
to question their place in it. In other words, students’ experiences with their schools—the primary state institution they come in contact with on a daily basis—has a deep impact on their sense of belonging, and their stance towards America.

**Conclusion**

The experiences of refugee youth with urban public schools raise several questions. First, how do rigid school district policies around grade placement and the current state of adult education come together to funnel older refugee youth into the low-wage labor market? For older refugee youth like Seif, Ziad and Heba who are sent back to ninth grade in spite of their age, the inevitability of aging out of public education combined with the dearth of appropriate adult education programming acts as a channel into low-wage, precarious jobs. Since many of these youth come from large families, and some like Samah are the primary wage-earners, they become locked into these jobs to ensure the survival of their families, with no hope of realizing their educational aspirations of attaining a college degree. Without a college degree, which research suggests has increasingly become a prerequisite for not only socioeconomic mobility, but for survival in modern day America (Card, 1999; Hout & DiPrete, 2006), these youth can become permanent members of the American underclass.

Second, how does the current state of urban schooling, and in particular the state of Philadelphia’s schools, interact with refugee youths’ educational needs? As mentioned earlier, refugee students come to their schools with particular needs, such as significant foundational and linguistic gaps caused by educational interruptions, and exposure to violence, conflict, which can result in trauma. Ideally, teachers, school staff and administration would be able to identify these needs and respond to them. However, in
the current climate marked by deep cuts in essential staff and teachers, schools are forced to do “more with less.” Teachers, who reportedly have upwards of 40 students in their classes after the budget crisis (McWilliams, 2015) cannot possibly meet the needs of all of their students.

For instance, let us return to Layla, the senior who was reading at a second-grade level. Layla’s educational experience in her school might not be too dissimilar from that of any other English Language Learner. I suspect that Layla would have greatly benefited from extended time in ESL classes, and plenty of one-on-one attention. However, in a climate where teachers’ benefits were being threatened, and school administrators were taking on more responsibility due to cuts in essential staff, this does not seem possible. I mention this here not to excuse the teacher’s actions, as some of them were inexcusable (such as the teacher who swung at students with his cane) but to heed the call of educational anthropologists to pay attention to the context in which teachers and staff find themselves. The youths’ testimonies were rife with critiques of their teachers’ actions and attitudes towards students, with the particular complaint that teachers simply “didn’t care” about their students. Teachers are asked to care for multitudes of students with varying needs, including refugee students, while their jobs and livelihoods are under attack. How can we expect teachers to care for refugee students and for their unique needs, when we do not extend the same courtesy towards their educators? Before we become quick to indict teachers, we must think critically about the broader systems which place them at the center of the current market fundamentalist attack on education.

Finally, I believe that this chapter begs the question: What does America owe refugee youth, and in particular, what does America owe Iraqi refugee youth? To fully
understand the educational experiences of Iraqi refugee youth, we must consider their pre-migratory histories and in particular, the multiple transitions they have had to make, invariably from zones of conflict and war to a new kind of instability in third countries of resettlement. This instability lies in the demolition of public educational infrastructure, which occurred both in their home countries and then again in America. The U.S. has played a major role in militarizing, colonializing, and occupying Iraq with devastating implications for its people, including creating massive inter-regional migrants as well as refugees across the globe. The American machinery of war abroad functions as ‘war’ on the domestic public infrastructure including educational institutions in Iraq. Accordingly, we need to conceive of war and destruction as omnipresent in both refugees’ pre-migratory histories and the neoliberal project to divest them of educational opportunity in their new contexts. While the first kind of war is painfully visible, this second is actually more pernicious as refugee youth and families come to understand that schools, as institutions that allegedly promise hope, are not what they seem.

Staging interventions to improve the lives of refugee youth involves a bucking of current trends in public education that dispossess refugee youth once again of the ability to aspire and realize better futures. Rather than following through with its current course of action, which has been characterized by the closing of neighborhood schools, favoring charter schools, while also laying off teachers and essential staff, as well as threatening the health benefits of school personnel (Lipman, 2013; McWilliams, 2015), cities like Philadelphia need to reinvest in public education—one of the last vestiges of the public good owed to American citizens. Otherwise, refugee youth will continue to be dispossessed, again, of their right to hope. Furthermore, their negative experiences with
schooling in America will continue to deeply impact their ability to imagine themselves as citizens with the right to full membership in their new contexts. Youth are learning critical lessons about American citizenship through their encounters with and experiences in urban public schools.

At the opening of this chapter we met Heba, a 19-year-old ninth grader at Liberty High. In her commentary, she expressed her disappointment with America, which was “the opposite of what [she] thought it would be”. Unlike her expectations, life was in fact not easy, and difficulty abounded. Heba had hoped that “education would prepare you for a job, and that when you get a job, it would be good and really well-paying.” Heba articulated the hopes that many of the refugee youth in this study shared, and yet were unable to achieve. Heba had the dream of becoming an engineer one day, but asks, “But how can I do this when every step is a struggle?” When students struggle to gain access to, or persist in schools where they can be vulnerable to verbal and physical abuse by fellow students as well as teachers, they come away with grim views about America, and about their place in it. As Heba puts it, “America is not at all what I thought it would be.” When refugee youth fail to find refuge and better futures vis-à-vis education in their new contexts, hope can turn into regret, causing them to state, like Heba, that they “wished they never came here.”
Chapter 5. Refugees and (Lack of) Access to Healthcare in America

I received an alarming call from Um Zeina this morning. With panic in her voice, she told me that her daughter Zeina was in a great deal of pain. She was having a very difficult time urinating, and when she did, there was blood in her urine. Um Zeina was very concerned, and told me that she was sure this was connected with Zeina’s recent food and liquid restriction. Um Zeina asked me to help her find a same-day appointment for her daughter as she was unfamiliar with how to do so. She explained, “Zeina's doctor always gives us appointments every few months to check on her. I don't know how to reach them, and even if I did, how would I speak with them? I wanted to tell them that her health is going from bad to worse, but I couldn’t. And now she is writhing in pain and crying, Sally. It’s awful! I feel so helpless. If I was in an Arab country, I would know where to take her. I would call ahead and make an appointment with an internist and even if I have to wait in his office all day with her, he would see us eventually, but here I just don’t know what to do.” [Fieldnotes, 12/5/2012]

Later in my conversation with Um Zeina (Nadia Shaker, but she preferred to go by Um Zeina, literally translated, mother of Zeina), she informed me that Zeina’s health had been declining for several months. Zeina had stopped eating solid foods for a few weeks prior to her mother’s frantic call, and seemed listless and lethargic. Um Zeina believed this was all connected with her daughter’s longtime battles with anxiety and depression. Zeina was the survivor of a mass shooting at her elementary school in Iraq. When she was only nine years old, an armed militia overtook her school and indiscriminately began shooting students, teachers and school staff. Zeina was shot in the knee, and suffered a severe blow to the head when a school employee, who was trying to carry her to safety, accidentally rammed her head against the metal gates of the school. During the shooting, Zeina had witnessed the murder of her lifelong best friend, several of her classmates, and her teacher—events which took a great toll on her young psyche. Immediately following the incident, Zeina suffered from night terrors, severe depression (including suicidality
and prolonged periods of catatonia), agoraphobia, anxiety, and fear of unfamiliar adults, and particularly of security personnel, police and other armed authority figures. As a result of Zeina’s agoraphobia and depression, she was unschooled for eight years, both in Iraq, and then in Syria where the family fled in 2006.

Upon arrival to the U.S., Um Zeina sought out mental healthcare for Zeina. At the family’s first healthcare screening, which was arranged by the refugee resettlement agency, Um Zeina requested (through a translator provided by the agency) that Zeina be seen by a psychologist as soon as possible. Fortunately, a new pilot program had just been funded by the state for young victims of violence, and Zeina was eligible to participate. Within a few weeks, Zeina began to see a psychologist once a week, and continued to be under his care for several years. Additionally, as a minor, Zeina was eligible for state funded health insurance until she was 18 years old, which ensured that she had access to much-needed medical care. With this health insurance, Zeina was finally getting medical attention for her knee, a heart murmur, and poor visibility out of her right eye—all problems that surfaced after the traumatic incident at her school.

In spite of her access to healthcare in the U.S., Zeina continued to struggle with physical and mental health problems. The blow to her head resulted in a traumatic brain injury which significantly affected her functioning skills. This left her, as Um Zeina describes, “frozen at the age she was when she was shot”. Zeina, who was 17 years old when I first met her, resembled an elementary school student in her mannerisms. She had a sweet, childlike nature, and loved kittens, cartoons, stuffed animals, and coloring books. Zeina also demonstrated some developmental delay in her academic abilities. The traumatic brain injury had permanently affected her memory and concentration, making
schoolwork extremely difficult for her. This, combined with the significant interruption in her formal education, left her reading and writing at a preschool level in the ninth grade. Zeina also continued to struggle, immensely, with depression and anxiety. A few months after she arrived in the U.S., she began cutting herself with razor blades, expressing her feelings to her mother of being “dead inside”. A few weeks before Um Zeina called me, Zeina had begun restricting her food, refusing to eat anything, telling her mother that she was not hungry and that “there was no point.” Two weeks prior to her call to me, Zeina had almost stopped eating altogether, and had practically stopped drinking any fluids as well.

While Zeina’s experience is heartbreaking and unquestionably deserves our empathy and concern, I would actually like to draw attention to Um Zeina’s experience. As the mother and primary caregiver of a child who has suffered so much, it had fallen on Um Zeina to ensure that her daughter receive adequate care. It was Um Zeina who advocated for her daughter to get immediate mental healthcare upon arrival to the U.S. It was Um Zeina who consistently monitored her physical and mental health symptoms. Even though Um Zeina had observed how Zeina’s health “was declining” and “was going from bad to worse”, she was unable to speak with her daughter’s healthcare professionals in between appointments to communicate her concerns with them. Since Um Zeina’s initial resettlement period had expired, she no longer had access to her bilingual case manager at the refugee resettlement agency, or any of the agency’s other personnel for that matter. Doctors and nurses used telephonic interpretation to speak with Um Zeina and her family while they were at the hospital, but with no English speaker in the home, she had no way of communicating with them in between appointments.
Um Zeina also felt helpless and unable to care for her daughter due to her lack of familiarity with the healthcare system in the U.S. Um Zeina had successfully navigated healthcare systems in two countries, but was simply unaware of what to do in a country so foreign to her. In Iraq and in Syria, Um Zeina would have made a same-day appointment for Zeina to see a specialist, and she had assumed that the same would be true in the U.S. Unfortunately none of her previous experiences in either country had prepared her for the procedures of emergency care in the U.S.

Um Zeina’s experience highlights some of the main struggles refugees face in navigating healthcare in the U.S. Refugees like Zeina come to their new countries of resettlement with a complex history of physical and mental health needs. These needs are a product of their pre-migratory lives in contexts rife with violence, conflict, and trauma. Refugees like Um Zeina come to the U.S. to find that the healthcare systems that they were accustomed to in their home countries and interim countries of residence bear no resemblance to the American healthcare system. This lack of familiarity coupled with language barriers renders navigation of the healthcare system nearly impossible. Be that as it may, I would be remiss if I did not point to the fact that Zeina’s case represented one of the “fortunate” ones in my study. In spite of all the suffering that Zeina had experienced, and all of the difficulties Um Zeina faced in ensuring that Zeina received the best care, Zeina was still covered by health insurance—an advantage that many of her fellow refugees did not share. As I will demonstrate in this chapter, refugees’ struggles with healthcare in the U.S. include not only navigation of unfamiliar healthcare systems, but also access to and persistence in health insurance once the federally funded health insurance they receive upon arrival lapses.
In this chapter, I engage with the following questions: First, how do refugees’ pre-migratory experiences shape their health needs? Second, what are refugees’ experiences with healthcare in the U.S.? Specifically, what are their experiences accessing, navigating and maintain adequate healthcare that addresses both their physical and mental health needs? Finally, how do their experiences inform their understanding of and feelings about America? The chapter is divided into two sections. The first section describes refugees’ repeated exclusion from healthcare in the U.S., with a primary focus on the experiences of the Hassan family. The second section describes refugees’ access to mental healthcare, both in terms of access and persistence, with a primary focus on the Survivors Support Network, a program for the survivors of torture offered at the refugee resettlement agency. The final section addresses how these experiences inform and shape refugees’ understandings of themselves as citizens, and their feelings about America.

The Unique Health Needs of Refugees

The scholarship on refugee health and wellbeing draws attention to their unique physical and mental health needs, which are often a product of their pre-migratory histories. Some refugees have to contend with the difficulties of life in refugee camps which oftentimes includes lack of access to basic necessities, such as consistent healthcare. Urban refugees who flee to neighboring countries receive little aid from refugee-serving governmental agencies (such as the UNHCR), NGOs, and non-profits, and struggle with gaining access to public services afforded to citizens such as healthcare (Loughry, 2010). Refugees often experience longtime exposure to violence, persecution and harassment, as well as economic and political instability, which can have detrimental effects on their health. Previous studies have found that one in six refugees has a physical
health problem severe enough to affect their life (Wood, et al. 1995). While the physical needs of refugees often varies by region of origin, common ailments reported by refugees include headaches, backaches, and non-specific body pains which are typically of musculoskeletal origin, and are a result of trauma, muscular tension, or emotional distress (Burnett and Peel, 2001).

Refugees also report common psychological needs such as depression and anxiety, panic attacks, or agoraphobia (Watters, 1998). In fact, research suggests that over two thirds of refugees who have been registered by the UNHCR have reported suffering from anxiety or depression (Victorian Foundation for Survivors of Torture, 1998). Refugees with a history of trauma report a high level of anxiety as well as poor sleep patterns and tend to adopt behaviors which are designed to avoid stimuli which bring back memories of past experiences (Burnett and Peel, 2001). Refugee youth often report problems with memory and concentration which can act as a barrier to learning (Kira et al, 2012; Rutter, 2006; Sarroub et al, 2007).

**The Specific Health Needs of Iraqi Refugees**

Research suggests that Iraqi refugees are likely to be victimized as a result of the ongoing violence in their native country. Earlier studies among Iraqi refugees indicate that they are extremely likely to be victims of discrimination, persecution, harassment, and are often forced into exile or long periods of hiding (Gorst-Unsworth & Goldenberg, 1998; Jamil et al, 2002). In 2007, which was the first year that the U.S. began resettling large groups of Iraqi refugees, one in five Iraqi refugees were registered as survivors of physical and psychological torture and/or violence (Loughry, 2010). Most survivors of torture have also endured prolonged imprisonments and enforced combat, had witnessed
chemical attacks on fellow civilians, and were forced to be spectators of scenes of violent death, massacre, and even the execution of their own relatives and loved ones (Gorst-Unsworth & Goldenberg, 1998).

Research concerned with Iraqi refugees’ wellbeing suggests that psychological problems, which can often have somatic representations, are often reactions to refugees’ past experiences as well as their current situations (Burnett and Peel, 2001; Gorst-Unsworth, and Goldenberg, 1998). Many Iraqi refugees were forced to leave family members behind, and may be unaware of their whereabouts, or even if they are alive or dead (Jamil et al., 2006). Refugees with immediate family in Iraq, who experience intrusive fears about their family’s well-being reported higher levels of symptoms of post-traumatic stress disorder (PTSD) and depression, and greater mental health-related disability (Nickerson, et al., 2010). In their post-resettlement contexts, Iraqi refugees are likely to face social isolation (Burnett and Peel, 2001), live in poverty (Thomas, 2011), and lack proper and/or consistent access to healthcare (Jamil et al., 2006; Loughry, 2010; Materson, 2010; Vermette, et al, 2014).

It is not surprising then that Iraqis refugees struggle with various mental health issues—a fact confirmed by the research on the subject. Taylor and her colleagues (2014) indicated that 50% of Iraqi refugees resettled in the U.S. suffered from emotional distress, anxiety, and depression, while 31% were at risk for post-traumatic stress disorder. According to a study conducted among Iraqi refugees who sought mental health treatment, 54.3% of the men and 11.4% of the women suffered from PTSD (Jamil et al, 2006). The same study found that more than 80% of those seeking mental health treatments presented with symptoms of anxiety and depression.
The scholarship on the health needs of Iraqi refugees indicates that a large portion of the population also suffers from various health problems. In the only study conducted among Iraqi residents after the fall of Saddam Hussein, Ali Al-Hamzawi and his colleagues’ (2014) study conducted with nearly 5,000 participants found that 50% of Iraqis suffer from a chronic disease such as cardiovascular disease, cancer, arthritis, chronic pain, diabetes, frequent or severe headache or migraine, insomnia, neurological disorders, digestive disorders, and respiratory diseases. According to a recent study, 60% of Iraqi refugees coming to the U.S. reported suffering from one chronic health condition, and 37% reported suffering from two or more conditions (Taylor et al., 2014). The Center for Disease Control’s (2010) conducted a review of nearly 5,000 health records of Iraqis who have recently been resettled to the United States. This review revealed that 14.1% of Iraqi adults had latent tuberculosis infection, 15.2% were hypertensive, and 24.6% were obese. The same review found that 7.1% of children under 5 years old were severely malnourished, and 29.6% of women of childbearing age were anemic. A recent study indicates that 36% of Iraqis of recently resettled refugees were receiving Supplemental Security Income (SSI), a United States government program that provides stipends to low-income people who are either seniors (65 years or older), blind, or disabled (Refugee Resettlement Watch, 2014).

**Iraqi Refugees and Health Insurance in the United States**

Upon arrival to the U.S., refugee adults and children receive free health insurance which is funded by the federal government via the Office of Refugee Resettlement (Haines, 2010; Materson, 2010). While children are insured until they are 18 years old, refugee adults lose their health insurance after only eight months (Nezer, 2013). The
Office of Refugee Resettlement (ORR) insures refugee adults for only eight months, with the expectation that they will then enter the job market, secure jobs with benefits and become “self-sufficient” after that time. However, as Hanna Thomas (2011, p. 199) underscores, this is no easy feat, especially for refugees who come from zones of conflict.

The expectation that adult refugees enter the job market and become self-sufficient is unfounded, as acquiring and maintaining a job is difficult even for the average American. For refugees still overcoming trauma, assimilation issues, and language barriers, the task of acquiring a job is even more daunting. Further, Iraqis are especially vulnerable to unemployment because many are widows caring for children, with no job experience, while others face discrimination because of their Islamic faith.

As Thomas describes above, the expectation of self-sufficiency as set forth by the ORR, pays no heed to the pre-migratory experiences of refugees. Self-sufficiency as a blanket goal flattens the experiences of refugees, and does not accommodate for their unique pre-migratory histories and needs. As detailed above, Iraqi refugees come to the U.S. with complex health conditions, including trauma, which can act as a potential barrier to securing a job. Furthermore, Iraqi refugees who come to the U.S. with limited English skills, and who are unfamiliar with the terrain of the American job market will inevitably find “the task of acquiring a job even more daunting.”

While finding a job might be daunting, the task of finding a job with benefits can make this a near impossibility. Many of the Iraqis coming to the U.S. do not speak English, and therefore struggle to find work. Nancy, the director of a Philadelphia-based refugee resettlement agency, explains this problem.

A lot of the Iraqi refugees who come here struggle because their work experience and their credentialing doesn’t really translate to the American workplace. They often need to find entry-level work to break their way into the American job market, and to build a resume with American experience on it. We are always trying to connect refugees with access to entry level jobs, which is often all they
can get here. This can be very tough on them because these jobs are very demanding and the vast majority of them don’t come with any health benefits. [Fieldnotes, 2/1/2014]

Since the bulk of work available to refugees oftentimes comes with no benefits, they remain uninsured after their federally-funded insurance lapses. This is highly problematic, due to the aforementioned physical and mental health problems Iraqis tend to report, which can be exacerbated the physically demanding nature of entry-level work. At the time of my study, the most abundant jobs available to refugees in Philadelphia were at meat-processing plants, fruit and vegetable packaging plants, and in warehouses (Nezer, 2013). These jobs translated to standing on one’s feet, for several hours a day and cutting meat, fruit or vegetables in a large, extremely cold refrigerator, or hauling heavy boxes for an entire shift. This work would inevitably take a further toll on refugees’ health.

Rasha, the director of a Philadelphia-based social service agency serving Arabic-speaking-immigrants and refugees, identifies access to health coverage as a major challenge facing Iraqi refugees.

**Sally:** From what you hear and see in the Iraqi community, what do you think their most pressing needs are?

**Rasha:** One of the main things they struggle with is healthcare. Iraqis suffer a lot because as they have a lot of health problems. They do get full health coverage when they get here, but then after eight months, unless they are over 65 or they are disabled or they’re pregnant, they won’t continue to get the medical assistance. They really suffer after that, because so they need healthcare but can’t get access to it. We try to provide them with as much as we can, but in reality there is very little we can do. We have a health fair once a year, but we can’t really offer them anything substantial. And many of these refugees are struggling with some chronic and complex health problems. [Interview, 11/2/2011]

I had the opportunity to attend the health fair at Rasha’s organization. Medical students and nursing students from local universities volunteered to do basic medical screenings
for the organizations’ clients, including Iraqi refugees. At the 2012 health fair, 76 immigrants and refugees came to the organization to get their blood pressure, blood sugar, eye sight and hearing checked [Fieldnotes, 11/30/2012]. Of the 76 people who attended the health fair, 60 (or 78%) attendees did not have health insurance; 25 (or 33%) of the attendees of the health fair were Iraqi refugees. Notably, 20 (or 80%) of the 25 Iraqi refugees who attended the health fair reported suffering from chronic diseases. I could understand Rasha’s frustration with the event. In a sense, it didn’t really matter whether or not their screenings detected the need for further medical attention. Without health insurance, refugees were simply unable gain access to much-needed healthcare.

Rasha’s concerns were confirmed by a health needs assessment conducted by Dr. Ruth McDermott-Levy and Najeem Al Balushi (2015) among Arabs and Arab Americans who reside in Philadelphia, including Iraqi refugees. McDermott-Levy and Al Balushi found a high prevalence of obesity, cardiovascular disease, diabetes, risk of residential lead exposure, and symptoms of stress and depression among respondents. Of the Iraqi refugees surveyed, 24% reported that they either personally experienced torture or observed another person being tortured; 31% had a close relative who experienced torture in Iraq, and 73% reported somatic symptoms of depression and anxiety. Furthermore, 44% of Iraqi refugees report musculoskeletal conditions, and 16% reported cardiovascular conditions. A major problem identified in this assessment was patients’ limited access to health care due to being uninsured or underinsured. While the national average for people who were uninsured was 15%, over 49% percent of the Iraqi refugee respondents in this study reported they or a household member did not have health insurance. Furthermore, 39% of Iraqis reported that there were times that they did not
seek medical attention, even for acute problems, due of the cost of care. These staggering numbers confirm that in spite of reporting serious physical and mental health conditions, Iraqi refugees struggle with access to much needed health insurance coverage.

**The Case of Um Jawad: Access Interrupted**

**The Effects of Brevity of Support and Health Insurance**

As the research and testimonies from Rasha and Nancy suggested, Iraqi refugees are in desperate need of consistent healthcare, but are oftentimes unable to acquire health coverage after their initial federally funded insurance lapses. This was the case for Fatima Zaydoon, or as she preferred to be called, Um Jawad (literally translated as mother of Jawad, the name of her eldest son). I first met Um Jawad in the living room of her family’s Philadelphia apartment in the spring of 2011. She was only 45 years old at the time, but I distinctly remember thinking that she looked much older. Even though Um Jawad wore a hijab outdoors, she never wore one in the house in my presence. Her hair was always pulled back in a ponytail, and she almost always had a strip of cloth tightly wound around her forehead and tied underneath her pony-tail. When I first met her, she apologetically explained, “Pardon the silly Rambo-looking cloth. I have it there because of my horrible headaches.”

Before coming to the U.S., Um Jawad had suffered from chronic and debilitating migraines, which would force her to be in bed for several days in a row. She also suffered from severe and chronic pain in her limbs, which resulted in difficulty in walking, standing, and lifting objects. Um Jawad attributed this pain to a specific incident which took place in Iraq.

*Sally:* So how have your headaches been lately?
Um Jawad: It is quite bad, Sally. Today it is tolerable, but most times when I have a headache, the really bad ones, they last for days and it doesn’t go away.
Sally: Do you know what caused these headaches?
Um Jawad: Yes! Early on in my marriage, I got pregnant and was in a car accident. I was six months pregnant, and lost the baby. Since then, my body has not been the same. That is when the headaches and the pain started. That is the cause of all of this.
Sally: How did that accident happen?
Um Jawad: I was walking and a car hit me. The funny thing is that I was actually walking on the sidewalk, not on the street. Well that car, he came all the way up to the sidewalk and hit me. Some luck I have huh? (She laughs nervously) When the car hit me, I flew up onto the car hood, and then I was knocked onto the ground, hard. When I landed on the concrete, I landed on my back and I hit the back of my neck on the sidewalk. Since then I have been in constant pain.
[Interview, 6/7/2013]

When Um Jawad had first arrived in the U.S., she attempted to get medical attention to address her pain, but was unsuccessful. Her federally funded health insurance, which lasted only eight months, was difficult to navigate. The refugee resettlement agency, which was responsible for making initial appointments for newly resettled refugees and accompanying them to their first few appointments, was not as helpful as Um Jawad had hoped. She explained,

Um Jawad: In the beginning, it was good, because Khaled, who was in charge of our case, and who was Iraqi, helped us. He had come with us to our first couple of visits to the doctor and helped us tell the doctor about my pain, and that was very helpful. And then, after our time [resettlement period] was over, he told us, “I can’t help you anymore.” If you need someone from the agency from now on, they are going to have to send you someone else.” After that time, they would send us these young people to help us, and none of them spoke Arabic.
Sally: And how did you communicate with these people since they didn’t speak Arabic?
Um Jawad: That’s exactly it! We couldn’t communicate with them! When we were in the doctor’s office, the doctor would use a phone interpreter, but that was not always good. Sometimes the interpreter couldn’t understand our Iraqi accent, and other times the line would get cut off. It was so bad! And every time we went to the doctor, they sent us a different person, and none of them spoke Arabic. They would come with us to the doctor, but they couldn’t speak with us, or tell the doctor what we needed. But then the agency stopped sending people altogether. The agency, they didn’t help us very much. It was like, “Sink or swim. You go and find where you need to go on your own.” [Interview, 6/7/2013]
In her commentary, Um Jawad highlighted the problems caused by the brevity of the resettlement period, as well as the limited access her family had to Khaled, their Iraqi case manager. Due to the heavy load that Khaled (who was incidentally the only Arabic speaking case manager at the resettlement agency) carried, his time with each family was very limited. When he was no longer able to assist Um Jawad and her family, the level and quality of care they received was seriously affected. During my time at the agency, I learned that the agency relied heavily on unpaid interns (who were mostly undergraduate and graduate Social Work students from local universities) to accompany families to their later visits to hospitals and doctors. This practice proved to be quite frustrating to refugees like Um Jawad since these interns were all non-Arabic speakers. Additionally, due to the inherent unstable nature of volunteer labor, which was built around the schedules of busy college students, a different intern was sent to the family each time, creating a “revolving door effect”. This made creating any sort of connection with agency employees, and in particular interns, impossible.

As Um Jawad underscored in her comments, without a reliable, consistent Arabic-speaker by her side, the quality of her care suffered. The unreliability of telephonic interpretation created a communication barrier between her and the medical staff. This withdrawal of agency support affected Um Jawad’s ability to communicate with her doctors. This had serious and negative effects on her health. She explained,

You know Sally, when I first got here, I told the doctors all about my pain and my headaches. I tried to tell them that the headaches began when I had that accident. I know that is when all these problems started. I tried to tell the doctors that, but they didn’t look into it. They told me I was fine, but of course I am not, as you can see. Maybe they didn’t understand me? I don’t know. Anyway, that was back when I had health insurance. After almost a year after we first went to the doctor, the hospital called me. They wanted to try to do something about my pain, but by
that time my insurance was gone. I couldn’t go back there and do more tests because I had no insurance. And I continue to suffer from my limbs and these horrible headaches, and I don’t know what to do. [Interview, 6/7/2013]

Unable to communicate directly through a translator in the room, Um Jawad felt that her ailments and pains were trivialized, and not taken seriously by the doctors who examined her. This left Um Jawad with the impression that perhaps her doctors had simply not “understood her” and as a result did not give her the care she needed—which was of course, very difficult to do, as neither she, nor her husband (who accompanied her on all her visits) spoke any English. Furthermore, they lacked the background knowledge, and the skills necessary to navigate a healthcare system which was completely alien to them. Um Jawad described this below.

You know Sally, the whole system here is so strange. I knew what I wanted the doctors to focus on when I got here. I wanted them to check my bones, especially my joints, and I wanted them to check my neck and head. That is what is wrong with me. I have been suffering from these problems for many years now. But here they expect you to go see a general doctor first. Then he has to check you, and if he thinks you have a problem, he orders tests and scans, and writes you a paper that lets you make an appointment with the specialists. That process takes forever, and it drags on. It dragged on so long that my insurance ran out! In Iraq you make an appointment directly with the specialist. You know what is wrong with your body, and you can see a doctor who can attend to your needs! This system here is backwards, and it is bad for people who are suffering. And especially bad for those who only have a few months of insurance!

Um Jawad pointed to the fact that the referral process, which is built into most American healthcare plans, is particularly damaging for those on a tight timeline. It took several months before she was called in to take x-rays of her knees, and by the time it was time to see an orthopedic, her insurance had run out. Um Jawad later explained that her lack of familiarity with the American healthcare system contributed to this problem.

When we got here, we didn’t know anything. We didn’t know how the whole doctor thing worked. If I had known from the very beginning that this is how things worked, it might have been different. Maybe then I could have talked to my
general doctor about all my problems in the first appointment. Maybe then I could have gotten to see specialists while I had insurance. But I didn’t know, I just didn’t know.

Um Jawad indicated the importance of “knowing how it works”, a key aspect to the successful navigation of the complex American healthcare system. The lack of this knowledge, coupled with the time-restricted nature of refugees’ health insurance can be highly detrimental to their ability to access necessary care. Um Jawad’s experience draws attention to the fact that successful navigation of the healthcare system requires an understanding of its complexities, one which transcends the barriers created by language.

I would like to refer back to an earlier quote by Nancy, the director of refugee resettlement agency. Nancy stated,

You know Sally it is really a navigational issue more than a language issue. These bureaucracies of poverty are incredibly complex and difficult to navigate, even for native English speakers. When you add culture and language to it, then it makes it almost impossible. [Fieldnotes 4/3/2013]

Navigating the healthcare system includes a wide variety of tasks like making appointments, communicating effectively with general practitioners, asking for referrals. As Nancy underscored, while this is a complex task for most, it can prove to be an almost impossible task for those who are a) new to the country and the system, and b) do not speak the native language. In spite of these obstacles, it falls on refugees like Um Jawad to learn how to traverse this system independently after their access to refugee resettlement personnel expires.

The Case of Um Samir: Navigating the Healthcare System

My work with other refugee families had revealed that Um Jawad was not alone in her difficulties navigating the healthcare system. Warda Mustafa, or Um Samir, also reported experiencing similar challenges. Um Samir had suffered from multiple health
problems since 2005, incidentally the year her husband died of cancer. Even though she was only 56 years old when I met her in 2011, she suffered from diabetes, high blood pressure, as well as chronic pain in her knees and legs, making it necessary for her to use a cane to walk. Prior to my first visit to Um Samir’s home, she had informed me that she had suffered a fall when her knees buckled as she was going down a flight of stairs. As a result of the fall, her legs became significantly swollen, she had cuts and bruises all over her body, and her limited mobility was further restricted. Um Samir had not sought medical care for her injuries, even though she was still covered by insurance. When I asked her why she decided not to see a doctor, this is what she had to say,

I have had a very hard time with doctors in America, Sally. I can’t speak English, so I can’t talk to the doctors. When I go to the doctor they use an interpreter, but to make an appointment, I have to speak English. And as you know, the [resettlement] agency helps us, but only for a while. Khaled told me ‘We will help you for 3 or 4 months, but after that we have newcomers, and we need to help them instead. You need to find people who have been here longer and they can help you.’ But the thing is, everyone works is busy with their own life. So how can I go to the hospital alone when I am having a hard time even walking? I cannot take the subway, because I have to go up and down several sets of stairs. So one time I found a Palestinian cabdriver and he helped me get there. And another time, I went to the hospital once with my daughter Heba, but she had to miss school to come with me. She can’t keep missing school! And I am in pain all the time! It hurts from my feet till my lower back, and it hard to walk or even move. You know, we were very grateful to be resettled here, but we need a medical system that works for us. [Fieldnotes, 4/5/2011]

Um Samir confirmed the difficulties that Iraqi refugees experience in navigating the healthcare system in the U.S. Like Um Jawad, she was informed that agency personnel could assist her only for few months, as they needed to assist other newcomers. Um Samir’s mobility difficulties made matters worse, as she could not ascend or descend stairs without assistance. According to Um Samir, her local subway station stop had only one elevator, which had been broken since she arrived, and to get to the platform, she
needed to walk down several flights of stairs. The hospital, which was a subway and a
bus ride away from her house, was virtually inaccessible to her without the help of
another person. Since she was resettled to the U.S. with her daughter Heba (who was in
school during doctor’s hours) and her son Samir (who was paralyzed in over half of his
body and needed a walker to move), this left her with no means of getting to the hospital
once her resettlement period had expired.

When in dire need, Um Samir had depended on her daughter to accompany her to
the hospital, but this required Heba to miss school. This created truancy issues for Heba,
who got in trouble for missing school, and resulted in her missing important learning
experiences. As a result, Um Samir avoided relying on Heba. Once, Um Samir was able
to secure a Palestinian driver accompany her to the hospital. More importantly, since he
was an Arabic speaker, she was able to call him after her doctor’s appointment had
ended, and he came back to the hospital to drive her back home. Usually, Um Samir was
unable to use taxis as she could not communicate with them. Um Samir later told me that
the cabdriver, who she described as a “lovely young man”, who had told her that she
reminded him of his mother, and that he would be willing to drive her to all her
appointments, even those across town, which were out of his normal route.
Unfortunately, since the round-trip cab ride cost Um Samir over $70 (before tip), she was
unable to utilize the young man’s services again, leaving her, once more, with nowhere to
turn for help.

At the end of her comments above, Um Samir stated that she is grateful to have
been resettled in the U.S., but that Iraqi refugees “need a medical system that works for
[them].” A system where refugees are given guidance and assistance by an Arabic-
speaking case manager for a few doctors’ visits, and are then handed over to interns, who do not speak the language, only to have that assistance removed after three months, is not one that works for these refugees. As Um Jawad stated above, the message they are receiving is, “Sink or swim. You go and find where you need to go on your own.” Non-English speaking refugees who were arriving from contexts rife with war, conflict and come with trauma, as well as chronic illnesses, needed more than a few months of help. They felt thrown out to sea by those who are supposed to be in charge of their care, and are “sinking”. When Um Samir took a fall in her home, she opted not to go seek medical care, as it was simply too difficult to access her doctor and find a way to get to the hospital. Both Um Jawad and Um Samir continued to suffer from chronic pain and other illnesses, which for the most part went untreated, due to their inability to successfully navigate the healthcare system. Clearly, this system was not working for refugees, even when they do have health insurance.

The mirage of health insurance: Um Jawad’s fruitless search

I would like to return to Um Jawad, and particularly to her experiences after her state-funded health insurance lapsed. In spite of her chronic migraines and pain, Um Jawad secured part-time work at a local hotel as a member of the housekeeping staff, where she was paid the minimum wage: $7.25/hour at the time. A mother of six, Um Jawad worked to help secure the livelihood of her family as well sending monthly remittances to her son Jawad, who was living with his grandfather in Iraq. As can be expected, Um Jawad’s work added her to chronic pain. She was on her feet for the bulk of her eight-hour shifts, and had to lift up heavy objects, such as cleaning appliances, mattresses, and furniture—all actions which exacerbated the chronic pain in her limbs.
Um Jawad spent her days off in bed, attempting to recuperate so she could continue to work. She took the maximum doses of over-the-counter pain relievers so she could cope. Um Jawad’s children tried to help their mother and relieve some her of some her work at home, and her husband attempted to assist her when he wasn’t working. This helped relieve Um Jawad from expending significant physical effort outside of her job, but did not relieve the chronic migraines and severe pain she experienced on a daily basis.

Unfortunately, a few months after she began working at the hotel, Um Jawad suffered a fall at home, and sustained a back injury which prevented her from performing the physical tasks involved in her job. The injury ultimately cost Um Jawad her job, and forced her to stay home permanently. Now it was up to Abu Jawad and her two eldest sons, Seif and Hussein, to earn enough money to support their family. Since her state-funded health insurance had expired, Um Jawad had nowhere to turn for medical attention. She was bedridden, many days of the week, as a result of her intense migraines and began to struggle to do everyday tasks such as cooking, walking, and praying (which required her to kneel and bend forward five times a day) due to the pain in her limbs. Um Jawad suffered on a daily basis, without medical attention for over two years, until her husband heard about the opportunity to purchase health insurance through his employer. Um Jawad spoke to me about this possibility.

Abu Jawad wants us to go through his work for health insurance which will be $160 for each of us. He keeps pushing for this because he wants the doctors to figure out what to do with my headaches and my pain, but I know that they are going to be useless like they have been before. All they did back then was offer

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As a reminder, Hussein dropped out of Liberty High after 9th grade to help earn enough money to support his family. His older brother Seif, who was “twenty-oned”, struggled for a year in the Educational Opportunity Program, attempted to earn a GED, and was then forced to leave his educational aspirations behind to work fulltime and help support his family.
me stronger pain-killers than what I was already taking, and that’s not what I want! I don’t want to be addicted to those medications. I feel like taking the medication, which doesn’t even remove all of the pain, is not a long-term solution. They should find the cause of this thing and deal with it! So even when you do have health insurance, it is of no use. It did nothing for me. Anyway, I really want this insurance for Abu Jawad, not me. He is in desperate need of an operation. His case keeps getting worse, it is almost unbearable now. They might actually do something for him. His condition is visible, so they can’t tell him, “You’re fine” like they told me.

Due to the many negative experiences Um Jawad experienced with American doctors, she felt that any further attempt to get medical attention would be “useless”. While she was still insured, Um Jawad had experienced doctors as inattentive and unwilling to take her chronic pain seriously. Feeling unheard and uncared for, Um Jawad felt ambivalent about that the insurance her husband would purchase through his employer. Ultimately, the only reason she agreed to sign up for the insurance was to ensure that her husband would receive medical attention for his severe hemorrhoids, which were a constant source of pain for him. Um Jawad seemed mildly optimistic about the doctor’s ability to care for her husband. Since his condition was a visible one, she felt that his doctors could not dismiss his problem as they had done with her.

In spite of her ambivalence, Um Jawad and her husband decided to sign up for his employer’s medical insurance, even though it would cost them almost one fifth of Abu Jawad’s income. Um Jawad spoke further about her husband’s medical problems, which predated their arrival to the U.S. She explains.

Abu Jawad has been having these problems for a long time, even in Syria. He needs an operation, that’s what the doctor in Syria said, but when we found out that we were coming to America, we decided to wait on all of our medical needs. We thought it would be better to do these things here because we thought that medical care here would be top notch. I mean for God’s sake, this is America! Well that was a big mistake! We didn’t know that they would take away our health insurance only 8 months after we got here. Even when we had insurance, we would ask to get certain things done, they would say, “Oh your health
insurance doesn’t cover that.” Anyway, now that he is going to have insurance through work, I really want him to get this taken care of. He is in a lot of pain, all the time Sally. He has been waiting to do this operation for years. So hopefully it will be the first thing that we will do once the health insurance kicks in.

In her comments above, Um Jawad indicated that both her and her husband, who had been suffering from various ailments, had assumed that the medical care in the U.S. would be “top-notch”. Um Jawad labeled their decision to wait to be treated until they arrived in the U.S. as a “big mistake”. Um Jawad only looked forward to the fact under her husband’s (extremely costly) health insurance he might receive some much-needed attention. Unfortunately however, that too appeared to a mirage. Abu Jawad signed up for health insurance through his employer in September of 2013. However, due to the restrictions set by open-enrollment periods and schedules set by the insurance company, their coverage began in January of 2014. The months before the insurance began Um Jawad had been suffering, more frequently, from debilitating migraines. The migraines, which lasted at least four days at a time, forced Um Jawad to stay in bed all day with the blinds shut. She described these hours in bed as “torturous”, as the intensity of the pain robbed her of the ability to sleep. She had taken to shutting herself up in her room, crying, but doing so quietly so as not to upset her children and her husband, who were always worried about her health. The migraines were so intense that they caused her to vomit repeatedly throughout the day, and left her with no appetite. In recent months, she had migraines most of the time, which made it impossible for her to do anything, even light work around the house.

As soon as Um Jawad and her husband received their health insurance cards, they asked me to make medical appointments on their behalf. After some research online, I secured an appointment with a general practitioner whose office was in close proximity
to their house. I decided to accompany Um Jawad to her first doctor’s appointment, to ensure that she was able to communicate the severity of the migraines with him, as well as ask for a referral to see a specialist right away. We arrived a few minutes early, and as we waited in the car, Um Jawad asked me what her co-pay would be for her first visit. I asked to see her insurance card, which surprisingly had no mention of co-pays. I found this to be odd, since most health insurance cards always included explicit costs of co-pays for general physicians, specialists and emergency care. I explained this to Um Jawad.

Since we had some extra time before the doctor’s appointment, I decided to call the insurance company to inquire about her co-pay. Below is the summary of that phone call with the agent.

I spoke with a male representative who first asked me to provide some of Um Jawad’s personal information. I explained that I was a friend of the family and would act as her translator. I asked him about co-pays, explaining that she was about to go to her first appointment. He told me that the insurance plan provided by her husband’s employer no longer used the co-pay systems. When I asked for clarification, he explained that this plan worked on a deductible system. For the first $5,000, Abu Jawad and his wife would pay out of pocket, and once they reached that deductible limit, then the employer would cover 80% of the health care bills, until they have reached their out-of-pocket limit, which was $10,000, after which time the employer would cover 100% of their medical bills. Shocked by this news, I was quiet for a minute. Then I asked him if there were other plans where they could just pay co-pays for doctor’s visits, and if they could switch to that plan. The representative informed me that Abu Jawad’s employer only offered this type of plan. The employer offered plans with smaller deductibles, but the monthly premiums were higher. I thanked him for his time, and hung up. I then turned to Abu Jawad and Um Jawad and explained to them what I had learned. [Fieldnotes, 1/24/2014]

My conversation with the representative above uncovered the nature of their health insurance plan. Abu Jawad and Um Jawad would be responsible for paying the first $5,000 into their health insurance, and only then would they receive any assistance from the employer. Being familiar with the family’s financial situation, I knew this would be...
out of reach for them. The fact that Um Jawad asked me about her co-pays indicated to me that she and her husband were unclear about how her insurance plan worked. This was confirmed in my conversation with both of them after I ended my phone call with the representative.

**Abu Jawad:** “So what is the point of having this insurance anyway? What do they think? That we have an extra *five thousand dollars* lying around?! I didn’t know this of course, or I would have never signed up for it. They take $300 out of my pay check every month for THIS?! Really, Sally, what is the point, we might as well have no insurance!”

**Um Jawad:** “This plan does nothing to help us get the medical help that we need. We can’t afford to see a doctor and pay for all of this stuff ourselves.”

**Abu Jawad:** “Fatima really needs to see someone about these migraines. Really, Sally, they are getting out of control. It has gotten to the point where having these migraines is the norm, and we can count on our fingers the days of the month that she doesn’t have them! What should we do? Should we go in and see the doctor?”

**Um Jawad:** “I have waited this long, I can wait some more. I don’t think that we should see this doctor today. We can’t afford it, so let’s go.” (Abu Jawad nods in agreement. I begin to drive away, and we continue to talk.)

**Sally:** “Did they send you any paperwork or brochures when you signed up for this plan?”

**Abu Jawad:** “Yes, they gave me a big stack of papers, but I couldn’t read any of it!”

**Um Jawad:** “We didn’t know what we were signing up for.”

**Abu Jawad:** “Well the first thing I am doing when I get back to work is to cancel this useless plan. And what now, Sally? We are back to where we were; with no health insurance.” [Fieldnotes, 1/24/2014]

Abu Jawad’s response indicated, as I expected, that he did not understand how this particular health plan worked. Unable to read the thick stack of documents explaining the plan’s details, they had signed the paperwork, unaware of its particulars. Since the deductible was well beyond their financial means, Abu Jawad decides that the only course of action is to cancel this health insurance plan, leaving them back at square one, one again, without health insurance. Um Jawad would remain uninsured, unable to seek medical attention and would continue to suffer from debilitating migraines as well as
chronic pain which limited her mobility. Abu Jawad’s health problems would also go untreated, and would continue to be a source of constant pain for him.

When Abu Jawad returned to work the following day, he spoke (through a bilingual coworker) to the store manager, and canceled the insurance plan. He was informed that he would have to pay a penalty of $15 a month for canceling his insurance within a year of signing up for it, another thing he was unaware of due to his inability to read the informational packet he was given. Later that week, he told me, “Paying 15 dollars a month for canceling is ridiculous! How can you pay for a service you are not receiving? But that’s better than paying three hundred dollars for nothing!” [Fieldnotes, 1/30/2014]

Abu Jawad was not alone in his critique of his employer’s health insurance plan. Nora, the director of healthcare services at the refugee resettlement agency, confirmed the problematic nature of the insurance plans offered by this particular employer, who incidentally is the number one employer of Iraqi refugees in Philadelphia. In a conversation with her, I explained to her what had happened to Um Jawad, detailing the conversation I had with the representative.

Sally: The family was matched with a job through your resettlement agency a couple of years ago. They were informed that they had a $5,000 deductible and that his employer would only cover 80% after that. Well they don’t have an extra five thousand dollars lying around, so they canceled it.

Nora: Well what refugee family has an extra five thousand dollars lying around?! Yeah, these employer plans are really terrible and pretty useless. They don’t really do anything for people. But now that the Affordable Care Act has started, we can get them signed up through the health marketplace. [Fieldnotes, 1/27/2014]

Nora, who was well aware of the pitfalls of employers’ health insurance plans, drew attention to The Affordable Care Act (ACA), also known as Obamacare, as a way out for poor refugee families who could not afford the health insurance plans provided by their
employers. The Affordable Care Act (ACA) went into full effect on January 1, 2014, ushering in health insurance reforms, such as giving Americans with low-incomes new health coverage options. ACA also made it illegal for health insurance companies to turn away or overcharge patients with pre-existing conditions. Through the ACA healthcare marketplace, low-income families could pay low monthly premiums, which were based on their yearly income (Health Care for America Now Annual Report, 2014). Nora shared this information with several Iraqi refugees at a community meeting about ACA, explaining,

So there have typically been three ways to receive health care in the past. One was through your job. This oftentimes depended on how many hours someone worked, and there was variability in who can be covered, and how much a person paid a month. Another way to get insurance was through the welfare office, which covers different cases: SSI or disability; pregnant women and their infants/children; refugees, for 8 months after their arrival; people above 65 or seniors; and children who are younger than 18 years old. If you fall under any of these categories, then this law will not change anything for you. You can just keep the insurance that you have. But now there is a new option, which is through the health coverage exchange. Of course this depends on your income, and these aren’t exact numbers, but on average, a person who is earning $25,000 would have the monthly cost of about $42 a month. [Fieldnotes 10/24/2013]

As Nora explained above, ACA would allow refugees to purchase health insurance at a low cost, would eliminate the need to pay high deductibles. More importantly, ACA would cover the “basic ten” services: doctors’ visits; hospital care; trips to the emergency room; care for infants before or after they are born; pediatric care (including dental and vision); mental health services including substance abuse counseling, psychotherapy, and psychiatry; prescription drugs and physical therapy (including any equipment needed due to a disability); preventative care (including lab tests, mammograms, blood tests, etc); chronic diseases; and women’s health.
In an interview I conducted with her after the enactment of ACA, Nora told me that she was thrilled about the availability of the program for her refugee clients. She had been waiting for this legislation to be enacted, so her clients could finally gain access to affordable health insurance plans. Nora and her team of interns sent out flyers to all of the refugees they had resettled in the past few years. The flyers (which were printed in several languages including Arabic) highlighted the new plans available through ACA and invited refugees to come to the resettlement agency where a “healthcare navigator” would help them choose a plan that fit their needs. Um Jawad received one of these flyers, and showed it to me when I arrived to her house for a visit.

**Um Jawad**: Thank God! There’s a chance I might get insurance! This is GREAT news!”

**Abu Jawad**: “This is wonderful news. Finally!”

**Sally**: “The flyer says you can go to the agency, where they can help you. Or, if you don’t need language assistance, you can do it yourself, by accessing the health marketplace directly, either online or on the phone. Shall we do it now, on the phone?”

**Abu Jawad**: “Yes please!” [Fieldnotes, 4/2/2014]

I called the health marketplace, and explained to the male representative that I was a family friend, who would act as a translator. Over the next 45 minutes he asked for a variety of information, including Um Jawad and Abu Jawad’s social security numbers; green card numbers; employer information; whether either of them was disabled; whether either of them had been incarcerated; whether or not Um Jawad was pregnant at the time; and what their household income was last year, as stated in their 2013 taxes. After collecting this information, the representative first asked a few questions to confirm that the information given was true and correct. Then he asked if he could put me on hold for a few minutes. Below is an excerpt of my conversation with the health marketplace representative after he came back on the line.
Representative: “It appears here that due to the family’s income, they do not qualify for the lower payments and lower deductibles that are available through the Health Market Place.
Representative: “Well, because their family income is too low.”
Sally: “OK, so what does this mean?”
Representative: “Well, they are eligible for Medicaid, but unfortunately because Pennsylvania hasn’t expanded Medicaid, then they can’t get be a part of that. But the good news is that they are not going to have to pay fines for not having medical insurance.”
Sally: “You said they are eligible for Medicaid? How can they get that?”
Representative: “Well, because of their family’s low income, they are eligible for Medicaid but Pennsylvania has not expanded Medicaid, which has limited the program, so they can’t take part it in. So even though they are eligible for it, it is not available for them in the state they live in.”
Sally: “And you’re also saying that this family makes too little money to take part of the health market place! Basically, that they are too poor for ACA?!”
Representative: “That’s correct.”
Sally: “Well, are there any other options?”
Representative: “They could always purchase full-priced plans. Those are available through us too. We have five different levels. The least expensive one would be the bronze level which is $335 a month, per person.” [Fieldnotes, 4/2/2014]

According to the representative, Um Jawad’s family was simply too poor to be eligible for the Affordable Care Act—a fact I found to be devastatingly ironic and cruel given the name of the legislation. As it turns out, Um Jawad was not alone in this dilemma.

According to The Kaiser Commission on Medicaid and the Uninsured (4/1/2015), prior to the implementation of the Affordable Care Act, 1.2 million state residents, or 11% of Pennsylvanians were uninsured. While ACA was meant to offer affordable health care plans to middle-class and lower middle-class families, the poorest families in the state were never meant to be a part of this plan. Even after the implementation of ACA, the responsibility for providing medical care to the state’s poorest citizens was supposed to be delivered through Medicaid. While 28 of the 50 states expanded their Medicaid programs in 2013 to accommodate the needs of their poorest residents, Pennsylvania
(which was run by a Republican governor, Tom Corbett, and a majority Republican congress at the time) opted out of the expansion, leaving the poorest Pennsylvanians, including refugees like Um Jawad, with no access to the health marketplace.

After speaking with the ACA representative, I turned to Um Jawad and Abu Jawad and explained what I had learned. This was their response.

**Um Jawad:** “So what is the point of this Obamacare? We have nothing, and he said that he wanted everyone to have insurance, right? So what about us, why can’t we get it? Don’t we matter? Don’t *refugees* matter?!

**Abu Jawad:** “What are people supposed to do, Sally? That is my question!”

**Um Jawad:** “I think the worst thing is that this flyer they sent us, it gave me hope Sally. I had already lost hope. [She pauses, and tears fill her eyes] It is wrong to play with people’s feelings like this. It is worse than just saying no, you can’t get health insurance. Hope is a dangerous thing. They give people hope, and then they make you follow these threads and tunnels that lead nowhere and waste people’s time. [She pauses, and tears roll down her face. Abu Jawad holds her hand. I stop the interview.] [Fieldnotes, 4/2/2014]

Um Jawad’s initial reaction to the news was a sharp critique of Obamacare, which was transformed into grief. Um Jawad’s reaction captures the suffering created by repeated exclusion from healthcare. After her state-funded insurance had lapsed, Um Jawad’s attempts to access healthcare through the insurance purchased through her husband’s employer failed due to their inability to pay the high cost of the required deductible. Um Jawad had resigned herself to the fact that she would never get the medical attention she needed, when the ACA flyer from the refugee resettlement arrived. After learning about Obamacare, she had dared to hope that she would finally be able to get health insurance, only to be disappointed again. Tearfully, she stated that “hope is a dangerous thing.” Um Jawad knew that this left her, once again, without access to health insurance. This meant that she would continue to suffer from a host of medical problems and would be unable to seek out any medical attention.
The last available resource available to Um Jawad was her neighborhood Free Health Care Clinic. There are only a few free clinics in Philadelphia, and therefore the waiting lists can be several months-long. I called the clinic in Um Jawad’s neighborhood to make an appointment for her. The woman who answered the phone told me the following,

We can’t give you an appointment any time soon because we have a waiting list. My next available appointment is in January of next year [ten months later]. We have a few walk-in appointments each day, but the line is so long every day so we can’t get to everyone. The clinic open at 8:00 a.m., so I suggest that she come really early and line up. By 7 a.m. the line is already all the way around the building, so the earlier she gets here the better. If she doesn’t get in that day, she should come back the next day. It might take a few days, but hopefully, eventually she can get in. [4/29/2014]

Due to the high demand, the clinic in Um Jawad’s neighborhood had a nine month waiting list. As a result, the only way to access medical care was to que up outside of the clinic early in the morning, and wait outside for several hours. Um Jawad attempted this a few times, but due to the chronic pain in her legs, standing for several hours outside in the cold was simply too much. After a few days, she gave up, telling me, “All this standing is making my legs even worse. When I got home my legs were so bad I couldn’t even walk up the steps to my apartment! Abu Jawad had to carry me part of the way up. I had to stay in bed the rest of the day and could barely walk to the bathroom. I can’t go through that again.” [Fieldnotes, 5/11/2014]. Unfortunately, this left Um Jawad back at square one, and desperate for medical care. In a conversation with Um Jawad and her husband, I learned of some drastic plans they had made to mitigate their lack of access to healthcare.

**Abu Jawad:** “You know Sally, we have been thinking about travelling back to Iraq.”

**Sally:** “Are you going back to see family?”
Um Jawad: “No, no! We are going to go to get all of our medical procedures done.”

Abu Jawad: “Everybody else we know, they go back to Iraq for their medical care. My friend from work, Ali, he just came back last week. He went there for two weeks.”

Sally: “And how was it there?”

Abu Jawad: “It’s awful, but what is he to do? Cars explode every day. People die every day. Death and violence, people just have gotten used to it now. They have to live their lives, what are they going to do? He told me he went out with his friend two days before he came back. They were walking back to his friend’s car, and his friend was shot, killed. Ali was standing right here next to him, and his friend was shot. Ali just began to pat himself down, to search his own shirt and his body for bullets, for blood. His friend’s blood had splattered on his shirt, so for a few seconds he didn’t know whether it was his own blood, or his friend’s. This is how it is now in Iraq. And you have people choosing to go back there, to that, just to get to see doctors. Is this right? How can this be right? But what are we going to do?” [Fieldnotes, 5/15/2014]

In spite of the ongoing violence and instability in Iraq, Um Jawad and her husband were seriously considering returning there to seek medical attention. Even though they were well aware of the dangers that awaited them in Iraq, Um Jawad and Abu Jawad’s desperation for medical attention had driven them to consider returning there. Abu Jawad’s comments draw attention to the desperation that drives people to return to this horrific context, where the fortunate ones are those who come out of the experience alive, albeit covered in the blood of their friends. This desperation, which drives refugees back to Iraq, reflects the severity of their suffering without access to affordable healthcare in the U.S. Without health insurance, Iraqi refugees like Um Jawad might resort to desperate measures to seek medical attention, putting their lives at risk.

**Access to Mental Healthcare: A Patchwork of Fragmented Care**

Research presented earlier in the chapter suggests that refugees in general and Iraqi refugees in particular, are likely to suffer from a myriad of chronic illnesses. Um Jawad’s account confirms this fact, and demonstrates refugees’ need for consistent access
to medical attention and health insurance coverage. Scholarship concerned with the wellbeing of Iraqis also suggests that they are also extremely likely to suffer from mental health problems due to exposure to violence, instability, and conflict. My own research with Iraqi refugees, particularly with those who were victims of torture, confirms this fact.

**The Survivors Support Network: Assistance for Victims of Torture**

The Survivors Support Network program was a three-year program funded by the Office of Refugee Resettlement to assist victims of torture as well as their families. The program offered extended case management (beyond the initial four months refugees receive upon arrival), mental health counseling, and cash assistance. Even though the program was housed at the resettlement agency where I conducted participant observation, it accepted *all* eligible refugees, regardless of which of Philadelphia’s three resettlement agencies had resettled them. Heather, the director of the program, spoke about the mental health needs of Iraqi refugees.

*Sally*: So I was wondering if you could tell me what you are seeing with your Iraqi clients?

*Heather*: I would say that their main struggle is with mental health issues. In particular, there seems to be a complex intersection of medical and mental health issues. They seem to present with some serious co-occurring somatic manifestation. Not surprisingly, many of our clients who have experienced trauma tend to also have major health issues and chronic diseases. Also, as can be expected, they are presenting with trauma levels that are much higher than other refugee groups in Philadelphia. [Interview: 5/14/2013]

Heather’s comments supported the research that suggests the ties between exposure to violence, subsequent trauma and chronic illnesses. More importantly however, Heather pointed to the fact that Iraqi refugees, as a group, tended to present with higher trauma than other groups in Philadelphia, including the Burmese and
Bhutanese, who are the two largest groups of refugees resettled to the U.S. in recent years. Unlike Burmese and Bhutanese refugees, who have spent the good part of the past two decades in refugee camps, Iraqi refugees were coming from contexts rife with war, violence and instability. As a result, Iraqis presented with high trauma levels. This was evident in the numbers of Iraqi refugees served by the Survivors Support Network program. In their first year, 2013, the program was at full capacity and served nearly double their annual goal of 50 people. From May, 2013-June 2014, the Survivors Support Network handled 53 cases, and served 113 people, since they were assisting not only the actual victims of torture, but their family members as well. In the first year, the program only served 3 Iraqi cases, (only 5%) a fact that Heather, the program director attributes to the lack of an Arabic-speaking employee. During my year at the agency, my major contribution was to assist the program with intake sessions, translate documents and informational flyers, and make calls to eligible community members. Furthermore, in February, 2014, the program hired Khadija, a bilingual Iraqi refugee, as a fulltime case manager. As a result, in the 2014-2015 year, the Survivors Support Network handled 58 cases, and served 156 people. Of those cases, 37, or 66%, were Iraqi refugees.

Nader was one of the Iraqi refugees who benefited from the Survivors Support Network. On a warm May morning, he, his English-only speaking case-manager, Katie, and I sat in a small room for his intake session. Katie needed to assess Nader’s eligibility for the program, so she asked him in a gentle, dulcet voice, to tell us what happened to him in Iraq. Typically Katie would use a telephone interpreter, but since I was at the agency that day, she asked me to be in the room as a simultaneous interpreter. The following is Nader’s account of his captivity experience:
In 2003, I was kidnapped, blind folded and taken into captivity for 10 days. These men came to my house dressed as policemen, but it became clear later that they were not police at all. I was blindfolded the entire time, from the moment they snatched me from my house and the entire time I was held captive. Every day, they would pull me out of my cell, and they would poke me with rifles and guns, and they would talk to each other, for what seemed like hours. Then they would ask, “So, should we kill him today or let him live until tomorrow?” They would also beat me and torture my body, but there’s no need to get into that. They would do the same to the others, because I could hear the others screaming, even through the concrete walls. This went on for 10 days, until by chance British forces were sweeping the area. In their search, they just happened upon me and the other captives, so they rescued us. Once my blindfold was removed, and my eyes adjusted to the light again, I was sure that the other captives had suffered the same physical torture that I been through. I could see it. Once I returned home, to my family, I became very ill. I used to be a very healthy young man, but since my kidnapping I have suffered from diabetes, high blood pressure, and high cholesterol. I have to take several shots of insulin every day for my diabetes and medication every night to regulate my blood pressure. Since my kidnapping, I have also had a very hard time sleeping. I have nightmares every night, so I can’t sleep. I am afraid to sleep. When I came to America, I told the doctor about this, and he gave me some pills for depression, which I take every day now, and this helps me sleep. [Fieldnotes, 5/21/2013]

Nader’s account details his horrific experience as a victim of physical, psychological and emotional torture. While he was purposefully vague about the types of physical torture he had endured, which I believe was a result of the fact that both Katie and I were women, Nader’s comments revealed that he had obviously suffered a great deal of physical abuse and torture. While Nader’s captivity lasted ten days, the effects of this experience were permanently marked in his body. Upon his return to his family’s house, he found that his body had undergone a permanent change. Before his captivity, Nader described himself as a “very healthy young man”, but since his release, he suffered from several chronic illnesses, diabetes and coronary heart disease (high blood pressure and high cholesterol) that required multiple doses of insulin and medication to regulate. Nader also continued to experience the psychological effects of his captivity. Nader’s difficulty with sleep is a classic symptom of PTSD according to the Diagnostic and
Nader pointed to the fact that his American doctor (who he later clarified was a general practitioner) prescribed him antidepressants to help him sleep. Thankfully, Nader was eligible for the Support for Survivors Network, and was able to access the program’s services soon after his intake session.

Heather, the director of the program, explained the types of services available to her clients.

**Sally:** What is the type of assistance that you offer the clients?

**Heather:** So first, we offer them extended case management, so this means that they get help with whatever they need. We can help them make doctor’s appointments, take them to the welfare office, help them figure out a new place to live, whatever they need really. And this is really helpful because oftentimes clients need this help beyond the initial few months of case management they get when they arrive, but they can’t get it. With our program, we can give them that help and in a personal way, for as long as they need it. Of course, as we help them, we also try to train them to learn these skills, because ultimately the goal is self-sufficiency. We also give a bit of cash assistance, not much but some. So we can help with things like tokens for public transportation, some extra food stamps, stuff like that. We only have a small pot of money, and it goes fast, but it’s there.

In terms of mental health, we offer them and their families referrals to see mental health professionals. Sometimes, if we can’t place them with professionals right away, we provide them with mental health services ourselves. When we do that, we first focus on giving the clients training on how to use what we call emotional first aid kits. We focus on giving them strategies on how to handle their emotions when they are reminded of the trauma, or face situations where the trauma resurfaces. That way they can live with the trauma and not be overwhelmed by it. [Fieldnotes, 5/14/2013]

Heather’s program helps survivors of torture on multiple levels. On a basic and necessary level, participants in the program receive extended case management, a much-needed service as demonstrated by both Um Jawad and Um Samir’s accounts. Heather’s comments suggest that participants of this program would receive assistance in navigating and managing the “complex bureaucracies of poverty” that Nancy, the director of the agency had pointed to earlier in the chapter—bureaucracies which refugees find
themselves entangled with upon arrival and often underprepared to handle independently due to shortened case management periods.

This was definitely the case for Nader, who had been struggling to navigate his medical care for several months. With the assistance of a case manager, he was able to finally able to make appointments with specialists and follow up with doctors on tests and x-rays his general practitioner had ordered for him several months earlier. Nader’s case manager also assisted him in applying for Supplemental Security Income (SSI) or disability income, which was a complex and difficult application to navigate. A few months after our intake session, Nader began receiving SSI, which helped him contribute to his family’s financial obligations. Importantly, Heather, the director of the program, matched Nader with a therapist specializing in trauma. The case management offered by the Survivors Support Network made a significant impact on Nader’s financial, medical, and psychological wellbeing.

**The Program’s Importance for Families of Victims.** It did not take long before news of the program spread among the Iraqi refugee community. Within the first month of my arrival at the agency, there were inquiries about the program from an average of five to six Iraqi refugees per week. One of these inquiries came from Abdullah, a male Iraqi refugee in his mid-forties. I had met Abdullah at a meeting held by the agency at Liberty High, and he approached me (since I was the only Arabic-speaker at the meeting) and inquired about the program. I made an appointment for him to come to the agency and meet Heather on a day when I would be available to act as an interpreter. The following excerpt is from his intake session.8

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8 While it appears that he and Heather are speaking directly to each other, I am actually interpreting in the session.
Heather: So I hear from Sally that you are interested in our program Mr. Abdullah. Have you or anyone in your family suffered as a result of physical or emotional torture?

Abdullah: Yes, I have been tortured. You see? (At this, he lifts the sleeves of his t-shirt to show scars that span from his shoulder blade to his wrists. The scars are deep and very visible.) They did this to me.

Heather: Well, we can help you by referring you to someone you can talk to about your difficult experiences. Is that something that you would be interested in?

Abdullah: Yes. That would be very helpful. What I would really like is to get some help for my son Majed. You know he was merely 7 or 8 when he was snatched out of my arms. I was sitting with him on my lap and when they came for me, he held on and wouldn’t let me go. They ripped him out of my arms and hit him, knocking him down and then they took me. He has never recovered from that. It was five years ago, but he never got over it.

Heather: Can you tell me more about your son?

Abdullah: He comes home from school and he is really quiet. He is doing OK in school, his teachers seem very happy with him. He is a good boy. But when he gets home, he is very quiet. He won’t talk to anyone, not me, and not his mother. He loses his temper very quickly, especially if he happens to see my scars. Seeing my scars sets him off so quickly, and we don’t really know how to deal with it. He will be fine one minute, and then hysterical the next. It’s just horrible. I want him to be relaxed, to have fun, to laugh, and to be back to normal, and enjoy life. I want to go on walks with him, to have fun with him again. More than anything, I want to see him at peace.

Heather: I’m sorry to hear that. I will do my best to be sure he has someone to talk to. How about you Mr. Abdullah? What would you say you struggle with the most?

Abdullah: Sleep. I can’t sleep very well at night. I wake up in the middle of the night, shaking and covered in sweat, even if it is the middle of the winter. I can’t go back to sleep, because when I do, I remember the incidents, all that happened to me. [Fieldnotes, 4/23/2013]

Abdullah’s heartbreaking account demonstrates the devastating and long-lasting effects of physical and emotional torture. The scars on his body were not the only ones Abdullah brought with him from Iraq. Like Nader, the emotional and psychological toll of his experience in captivity disrupted his ability to sleep. Even at the time of this intake session, nearly five years after the incident, Abdullah suffered from recurring vivid nightmares—a classic symptom of PTSD (Herman, 1997; Rothschild, 2000).
Abdullah’s comments also pointed to the reverberation of trauma on not only himself, the victim, but also on the family members of the victims, like his son Majed. Being ripped out of his father’s arms, and knocked out of the way when Abdullah’s captors came for him, has had a lasting effect on Majed’s mental health and wellbeing. According to Abdullah, Majed’s mannerisms and very character have been altered as a result of “the incident”. Majed was now a quiet, somewhat removed child, who suffered from fits of rage upon sight of his father’s scars. Abdullah’s scars, which were an indelible reminder of an extremely painful and traumatizing time for Majed, continued to cause Majed deep distress and suffering. Abdullah’s account of both his and Majed’s experience reveals the devastating, and long-lasting effects that incidents of captivity, torture, and trauma can have on a victim, and indeed on an entire family.

Abdullah later told me that it was his concern for Majed that motivated him to seek out help and to inquire about the Survivors Support Network. He learned that the program provided assistance to the family of victims, and that was why he approached me about it. More than assistance for himself, he wanted help for his son. Thankfully, the Survivors Support Network program did provide support for families, and eventually both Abdullah and Majed were matched up with mental health providers. Furthermore, Abdullah received assistance with his stalled welfare case. With the help of his case manager, he was able to effectively communicate with the welfare agent, and provide the required documentation in order to receive his backlogged food stamps. Like Nader, the case management and mental health services provided by the Survivors Support Network proved to be critical for Abdullah and his family.

The New Definition of Torture and the Problem of Eligibility
While Nader and Abdullah’s experiences with the Survivors Support Network demonstrate the program’s successes, the fact remains that many people who needed similar services were unable to access them. Even other victims of torture who would have once qualified for the program were no longer eligible due to more restrictive criteria set by the U.S. government. A few months after the Survivors Support Network program began serving refugees at the agency, a new, more restrictive definition of “torture” was instated by the Office of Refugee Resettlement Agency. According to the United States Torture Victims Relief Act, torture was redefined as: “An act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control” (U.S. Department of Health and Human Services, 2013). This new definition excluded many Iraqi refugees (and their families) who had suffered a great deal of trauma and loss as a result of the violence and lawlessness following the American invasion, but were not eligible for the program since the suffering they incurred was not done by those “acting under the color of the law”, such as members of the government, military/militia, rebel group, police or political groups.

Um Samir and her family was one of the families that failed to meet the eligibility requirements, in spite of the great suffering they endured in both Iraq and Syria, where they resettled after fleeing Baghdad. Um Samir’s eldest son, Tarek, was threatened and pursued when his business partner, Ali was killed. Tarek and his childhood friend had established a business transporting cargo between Iraq and Syria on the Ramady road—an extremely dangerous but lucrative venture. On one of their trips, Ali, a Shia Muslim,
was captured by one of the Sunni militias on the road, and later killed. After Tarek informed Ali’s family of his demise, they began to threaten Tarek. Ali’s father gave Tarek and his family an ultimatum. Either he paid a “ديثة”- *diyya*, in Islamic law: the payment of a sum of money by an aggressor to his victim’s family, or “قصاص”- *qasas*, retaliation or revenge, in the form of his life. The sum of money Ali’s family demanded was more than Um Samir (a widow by then) and her children could bear, even after she sold her home, the family business, and everything they owned. Um Samir was to borrow money from her in-laws to make the full payment that Ali’s father initially demanded.

Unfortunately, Ali’s family, who had become increasingly hostile, demanded more money. Ali’s family had come to Um Samir’s home, armed with guns, banging on the door, asking for Tarek and demanding “their son’s right.” It was then that Um Samir decided to flee Iraq with Tarek and Heba (her youngest child), and join her other children who had already resettled in Syria. Unbeknownst to Um Samir, her troubles were not over.

I don’t know how, but they found us. They even got our cell phone numbers! They called me and told me, “You thought you could hide from us in Syria?! We want our money! It our son’s right. If you don’t pay the money, he will pay with his life.” They would call me, Tarek, all my children and terrorize us. So we would change our numbers, and we would move, but it was no use. They would always find us somehow. It was horrible. I was terrified all the time. I would fight with my children when they would want to leave the house. They would tell me that they couldn’t stay at home forever, that they needed to go find work and make money. But I was scared for them, especially for Tarek. And I could never sleep. I always felt like I could hear someone trying to break in. It was horrible. And when I did sleep, I would have terrible dreams that they took Tarek. This is why we came to America, we had to run away. We had to go far enough that they couldn’t find us. [Interview, 4/5/2011]

Um Samir’s account reflected the pain, fear, and loss she and her family suffered at the hands of Ali’s family. Um Samir and her family were forced to sell all they own, flee to
another country, and to continuously move to avoid the threat of violence by Ali’s family. Um Samir’s comments also reflected the psychological and emotional toll this took on her. Her arguments with her children to stay home were rooted in her fear for their safety, which seemed to be constant source of concern for her. Like Nader and Abdullah, Um Samir had difficulty sleeping. Even after she was resettled to Philadelphia, Um Samir continued to struggle with sleep, along with several other somatic manifestations of trauma.

Um Samir and her family suffered a great deal, but due to the restrictive eligibility requirements they were not eligible for the Survivors Support Network, since the physical, emotional and psychological threats they endured were not at the hands of those “acting under the color of the law.” As a result, Um Samir and her family members were unable to access additional case management, mental health counseling, or cash assistance. As we learned earlier in the chapter, Um Samir suffered from a number of chronic illnesses, and struggled immensely with navigating and accessing healthcare in Philadelphia. One must wonder how Um Samir’s experience with medical care would have changed if she had long-term access to a case-manager. With an English-speaking case-manager to assist her with the ins and outs of accessing healthcare (such as making doctor’s appointments, making transportation arrangements to and from the hospital) Um Samir might have had a very different experience. With a little extra money, Um Samir could even make her own transportation arrangements, and pay the young Palestinian taxi-driver to drive her to her appointments. Furthermore, access to the program would also benefit other members of Um Samir’s family. Samir, her eldest son, who was paralyzed in over half of his body, could receive assistance in filing for his SSI or
disability income case, which was stalled for over a year. However, the fact remained that Um Samir and her family members were not eligible for the program, and therefore could not access these services.

**The Problematic Understanding of the Nature of Violence**

The restrictive definition of torture placed by the government was not the only barrier for Iraqis seeking out mental health care through the Survivors Support Network. The problem actually lied in the refugee resettlement agents’ understanding of the nature of violence. For Heather and her employees, torture was understood as a personal, tangible, and time-restricted event. For some Iraqis, like Nader and Abdullah, this was the case. They had a “captivity narrative” that could be encapsulated and retold in an intake session. In that narrative, there was a beginning and an end, as well as specific actors such as captors, fellow captives, British soldiers, etc. But the majority of people living in Iraq, and in any active warzone for that matter do not have these types of experiences and narratives. For them, violence, trauma, loss, and death is an everyday occurrence. As Abu Jawad had said earlier, “Cars explode. People die every day. Death and violence, people have just gotten used to it now. They have to live their lives, what are they going to do?” This became apparent in a conversation between Lian, the program coordinator of the Help Your Self program, and Tamer, an Iraqi male in his mid-twenties who was struggling to find employment.

**Lian:** “I want to let you know that we might have a program that might be able to help you. But first I will ask you some questions to see if you are eligible. How are you feeling? Would you say you were experiencing an unusual amount of sadness, despair or negative emotions or thoughts?”

**Tamer:** “Well, I am quite upset about not having work. I am very worried, and would really like to get a job so I can help my brother. He works very hard, and I want to help.”

**Lian:** “Ok. So what do you mean by very upset?”
Tamer: “I have a hard time falling asleep. I think a lot. And I feel, well depressed I guess. But as I said, this is because I am not working. It’s normal I think. And I think that the realities of life here in America are very difficult, so different from what we thought it was going to be like. I thought we would have help with rent and food, at least until we find work. But now my four months are up and I have no help. This is all very difficult.”

Lian: “Of course. Well I was asking you how you feel because this program helps you especially if you have had difficult experiences in Iraq. Like if you are suffering from the effects of things that happened there; maybe explosions or other difficult experiences? Do you have any of those?”

Tamer: “Of course, but that was everyday life for us. War, explosions, lawlessness, that was normal for us in Iraq. In the beginning it was hard, but then it became everyday life.”

Lian: “So do you think some of the difficulty you have sleeping, or your negative emotions are stemming from those events that happened there?”

Tamer: [In a frustrated tone] “No! I am struggling with life here. [Fieldnotes, 3/19/2013]

Tamer’s comments pointed to the everyday nature of the violence of Iraq. He emphasized that the “explosions and difficult experiences” Lian had pointed to were simply a part of everyday life in a warzone. For Tamer, “war, explosions, and lawlessness” had become “normal”. While Lian was attempting to extract a “trauma story” from Tamer to help him become eligible for the Survivors Support Network, it became clear that for Iraqis, life in Iraq was the traumatic experience. Unlike Nader and Abdullah’s account of incidents of “torture”, the experience Tamer was describing was not bounded by time, or enacted by a few agents. No, it was the daily deluge of explosions, shootings, lawlessness combined with continuous precarity: inadequate food supplies, drinking water, and intermittent access to essential services including healthcare and education.

One might wonder then, what happens when we privilege a particular type of suffering—in this case “torture”—as legitimate and worthy of garnering services? What other kinds of suffering are excluded when this occurs? Is carving out a life amidst daily violence, lawlessness, precarity and insecurity not in of itself, sufficient enough to justify
mental health services? I contend that living for extended periods of time in extremely volatile and precarious contexts is a type of chronic suffering, one that has long-term effects, and yet, due to its “undramatic nature” is not valued enough to be worthy of intervention.

Importantly, Tamer’s comments indicated the ways trauma and its effects are not restricted only to what happens in Iraq, but actually continue in the U.S. He underscored the challenges he experienced after his resettlement, including the insufficient financial support he received and the difficulty in acquiring a job, as the main reason behind his depression. Troubled with guilt and shame of being unable to work and assist his brother, who was working to support both of them, Tamer was unable to sleep. Again, trying to unearth a “trauma story”, Lian probed Tamer’s difficulty sleeping, and attempted to link it to feelings related to events he experienced in Iraq. Frustrated, Tamer insisted that it is “life here” that is a struggle, not the memory of life in Iraq. Try as she might, Lian’s attempts to “get the story” came up short. As a result, Tamer would go without the mental health assistance, or the case-management services that could assist him in transitioning to life in the U.S.

The Suffering of Women and Girls in Contexts of Conflict

Um Zeina, who we met at the beginning of the chapter, spoke with me about her struggles with anxiety, particularly about the safety of her two daughters, Zeina and Dima.

I know that I am too anxious and that this makes me overprotective of my girls. And, this problem, it didn’t start here. It started in Iraq, and then in Syria and it hasn’t ended. When you see what we saw, and hear what we heard, you had no other choice but to hold your children close. In Iraq there were constant death threats, and they would target the homes of people with young girls, because they would try to kidnap the girls and sell them as sex slaves. I never slept, I mean
really slept. I slept with one eye open all the time. I would constantly be worried about my girls and their safety. And you know the story of how that man tried to kidnap Dima from in front of our house? I would hear worse stories, horror stories about how people would pay thugs and militia people to go in homes, kill the men and then take the women. Women would see their husbands and sons slaughtered before their eyes and then they would have to watch their daughters being ripped away from them, and they would be taken and never heard from again. These kinds of stories became the everyday Sally. They became what you heard and saw and were surrounded with. So how can I not become overprotective? Then we went to Syria and it was worse. The men on the street would make sure that I heard them when they said that they would come to my house and attack it first once the Assad regime fell. We lived in constant fear. I am still really scared for them, and still can’t sleep. Even though I have left those places, all of those worries and fears, they still live inside me. They are in my brain, and in my body.

[Fieldnotes, 4/21/2014]

Um Zeina’s heartbreaking account underscored the cost of attempting to keep her children safe in not only one, but two active warzones—first in Iraq and later in the unrest in Syria. Her comments also speak to the particular psychological toll war can take on women and girls. Um Zeina, the caregiver of two girls in a setting where female bodies were under constant threat and attack, was on continuous alert. Bombarded with the horror stories retold by other mothers, Um Zeina’s project was to stay vigilant and to keep her daughters close, and out of harm’s way. The toll that this immense, daily effort took on Um Zeina’s psyche was clear, as demonstrated by her inability to sleep, which was not resolved, even after her removal from the context of physical danger. As she stated, the effects of this suffering was indelibly marked “in her brain and her body”.

Um Zeina also struggled with isolation, due to her inability to speak with anyone about her experiences.

The hardest about this is that you can’t to anyone about what you have gone through. I spend all my time here, with my girls, and alone. My husband, he is practically gone all the time because he is always working. So I am either here alone, or with my girls. And I can’t talk to them about this. They need me to be smiling, to be there for them, to be the one who is their friend, and mother and everything. And then when I do go out, I can’t talk to anyone. I don’t speak the
language, and even if I did, you can’t just talk to anyone about this. So I have nightmares every night. And sometimes, I just close my door, and sit alone in my room; that way the girls won’t see me if I cry. It is hard Sally. It’s very hard. [Fieldnotes, 4/21/2014]

Um Zeina’s commentary reveals the emotional toll that the trauma of living under constant threat can have on women. Like the other victims of trauma introduced in this chapter, she experienced difficulties sleeping and struggled with nightmares. Since Um Zeina’s federally funded health insurance lapsed, and she did not qualify for the Survivors Support Network, she had no access to mental health services. As a result, she had no one to speak with about her trauma, a fact she assessed to be “the hardest thing” about her experience. As a result, Um Zeina retired to her room, with her door closed, crying and thinking, where she could be alone and not be a burden to her children. One must also wonder how Um Zeina’s life might be different if she had regular access to mental health services to assist her with the anxiety, depression, and PTSD that she continued to experience, even after resettlement. However, as it stood, the suffering of Um Zeina and other women who have been through an immense amount of distress as a result of living in warzones did not garner any services or access to much-needed programs. The limited mental health programming available to refugees excluded her and other women.

**Refugee Access to Healthcare and Resulting Critiques of America**

The past two sections have described the barriers that Iraqi refugees experience in their attempts to access, navigate, and maintain adequate healthcare and mental healthcare. These experiences affect refugees feelings towards the U.S. Refugees come to the U.S. with certain expectations, hopes and dreams about the kinds of lives they will
lead here—lives which include access to basic services, including healthcare. Um Samir speaks to the expectations that refugees bring with them to their new contexts.

What we’re asking for is simple, and what we need is to just get our basic needs met. It doesn’t make sense that they give a refugee health insurance for eight months and then cut it off. We need health insurance because we come here with many ailments. If they are going to resettle refugees here, then they need to ensure that we are OK, not just throw us in the deep end and then see if we will sink or swim. They need to help us more. As refugees, we didn’t come here expecting much. We came here to live a simple, peaceful life. After all we have been through, this is all we want, and this is what we deserve. [Fieldnotes 11/6/2011]

Um Samir’s comments draw attention to the fact that refugees come to the United States with the reasonable expectation of receiving adequate healthcare. Um Samir argued that “they”, ostensibly resettlement agents, but also Americans in general, need to ensure the wellbeing of refugees rather than “throwing them in the deep end”, unsure if refugees will “sink or swim”. In her comments, Um Samir drew attention to the suffering of refugees, stating that what refugees want and deserve is a “simple, peaceful life” where their basic needs are met. Um Samir argued that unrestricted and unlimited access to healthcare should be a right that refugees enjoy.

Other refugees were not quite so measured in their critiques of the resettlement project, and particularly about their difficulties accessing healthcare in the U.S. The following excerpt comes from an interview with Um Jawad and her husband Abu Jawad, that I conducted after their failed attempt to sign up for Obamacare.

**Um Jawad:** “You know what I think? Medical care here is nothing but a big business. People’s health and lives don’t matter. As a refugee, you would think I would have particular rights, but that is not the case. We are all just numbers to them, and all that matters is how much money they can make off of us. The health system here has been just terrible. I mean maybe they have the best doctors, maybe they have the best hospitals, that’s what everybody thinks, but how do you get to them?! They make it impossible to get the medical care you need. Those excellent doctors and fancy hospitals are reserved for other people, not for us.”
Abu Jawad: “We came from a country where we had access to the best medical care, and it was all taken care of for us. And then we come here, to the ‘most advanced country in the world’ and we can’t even see a doctor. What sort of health system is this? In Iraq, if you are sick, you just go to a doctor. And it is paid for! If you have an accident, God forbid, and land in the hospital, you can rest assured that you will be taken care of and that you are not in danger of losing everything you had because you were in an accident! What is this?! Is this how health care should work?” [Interview, 5/15/2014]

Um Jawad’s critique of the medical system was in fact not that far from the truth. The medical system, and the health insurance industry in particular, is one of the largest businesses in the country—a $884 billion business to be exact (Health Care for America Now Annual Report, 2014). Um Jawad also pointed to the fact that while the U.S. might boast top-notch medical facilities and professionals, refugees’ lack of access to this system makes this fact irrelevant. Abu Jawad added to his wife’s critique by drawing attention to the irony of America’s label as “the most advanced country in the world” when refugees could not even access healthcare. He compared the American medical system to that of Iraq, which was an entitlement given free of charge to all Iraqi citizens. He pointed not only to the (seemingly unnecessary) complexity of the American system but to the burden of living in constant fear as a result of being uninsured. Aware that an unplanned hospital stay in the U.S. can be financially disastrous, Abu Jawad spoke nostalgically about the medical care he once enjoyed in Iraq. Frustrated and angry, he asked, “Is this how healthcare should work?”

Um Jawad and Abu Jawad were not alone in their critique of the medical system in the U.S. It became clear that the negative experiences refugees experienced accessing, navigating, and maintaining healthcare in the U.S. has had significant effects on their feelings towards their new “home” country. Um Zeina shared her views on refugees’ fragmented access to medical care in the U.S.
**Um Zeina:** You know Sally, everyone in Iraq envies us being here. They think, ‘Oh you are in America!’ They have no idea how we suffer, or what we go through. *This* is life in America?! *THIS*?! How can America treat refugees like this?! How can they know that we have lost everything, that we come here with so much pain and suffering, and do this to us? There is no compassion; there is no concern for the history of the refugee or what he has gone through. They pay your rent for months then stop. Medical care is taken away after eight months. And when you ask for help, you can’t find it. They say, “You have to take care of yourself now.” (She pauses.) You know, the refugee is just like everyone else in this country. His suffering, his loss, his illness, everything he has gone through, it doesn’t matter. He is like everyone else here; the refugee has no rights. The word refugee means nothing. And if a refugee has no rights, why does America bring him here? If America cannot provide for us, she should leave the refugee in his country! If he dies there, he will die once. But life here is like dying every day. [Interview 6/7/2013]

Um Zeina shared the fact that friends and family envy her family’s resettlement to America, pointing to the assumption that “life in America” would be a positive experience for refugees. Um Zeina condemned the lack of concern, acknowledgement or empathy for the suffering and pain of refugees in the resettlement process. Um Zeina highlighted the cruelty of the expectation that refugees become self-sufficient. If refugees continue to need assistance beyond this rigid schedule, they are told that they must take care of themselves.

Um Zeina also critiqued the American resettlement project. While life in the U.S. might provide physical safety, Um Zeina likens life here to “dying every day.” More importantly, is Um Zeina’s criticism of the term “refugee”, and particularly of the rights she once thought that term espoused. Um Zeina deemed the term as meaningless—since it seems that in America a refugee’s “suffering, loss, illness, and suffering doesn’t matter.” Um Zeina argued that refugees are no different from anyone else in the U.S., and that ultimately, they have no rights. She ended her critique with a question she levels at America, who she has personified as a woman who refuses to give rights to those she has allowed within her fold.
Discussion

This chapter has engaged three questions. First, I asked, how do refugees’ pre-migratory experiences shape their health needs? Research reviewed in this chapter, combined with refugees’ own accounts, suggests that Iraqi refugees pre-migratory lives in contexts rife with violence, conflict, and instability, have negative effects on their physical and mental health. Refugees like Um Samir, Nader, and Um Zeina present with what Heather, the director of the Survivors Support Network deems as “serious co-occurring somatic manifestation manifestations” of trauma. If we were to take Um Samir, Um Zeina, Um Jawad and Nader as a sample of Iraqi refugees in Philadelphia, the ailments that just these four refugees suffer from collectively include diabetes, coronary heart disease, arthritis, chronic joint and limb pain, chronic migraines, as well as depression, anxiety, and PTSD. It is clear that life in a warzone, and the precarity it presents, comes at a high cost. Subsequently, refugees come to their new countries of resettlement with a host of unique physical, psychological and emotional needs.

My second set of questions asked, what are refugees’ experiences with healthcare in the U.S.? Specifically, what are their experiences accessing, navigating and maintaining adequate healthcare that addresses both their physical and mental health needs? Um Jawad’s disturbing experience highlights the problematic state of refugee access to healthcare, particularly after their initial federally-funded coverage lapses. First, it is important to note the quality of insurance refugees have during their first few months. Um Jawad’s account underscores this point. Even though she asked her physicians, time and time again, for help with her debilitating migraines and the chronic pain in her limbs, she was dismissed, and told “You are fine.” By the time her primary
care physician got around to ordering scans and x-rays, Um Jawad’s insurance had lapsed. These experiences with the American medical system, which occurred soon after her arrival, were pivotal in shaping her opinion of the system as “useless”, and as “nothing but a big business”, where “people’s lives and health doesn’t matter.”

As the experiences of Um Samir highlights, refugees also struggle with navigating healthcare in the U.S. Even during the first eight months after their arrival, when refugees are still covered by the federally funded health insurance and have access to agency employees, navigation of the healthcare system is difficult. As Um Samir’s account reveals, the problem begins with the brevity of the resettlement period, during which refugees have access to case management services from refugee resettlement agency. The resettlement agency employed only one Arabic-speaking case manager, Khaled, who served the agency’s entire load of Arabic-speaking refugees (which included both Iraqi and Sudanese refugees). As a result, newly resettled Iraqi refugee families, like Um Samir’s family or Um Jawad’s family were served by Khaled for a very brief time. After this time, the families were turned over to non-Arabic-speaking agency employees, who were mostly interns. This left non-English speaking Iraqi refugees (who include all the refugees in this chapter) with no ability to communicate with the very agents tasked with their care. Refugees were unable to ask these non-Arabic-speakers for assistance, clarification or guidance in dealing with this new, unfamiliar medical system. To make matters worse, access to these interns was removed after a few weeks, as soon as refugees’ resettlement periods ended.

Um Zeina’s testimony, which introduced the chapter, underscores the fact that language is not the only barrier that refugees face in navigating the American medical
system. In her frantic call to me that afternoon, which was fueled by her concern for her daughter, it became apparent that Um Zeina’s lack of familiarity with the medical system in the U.S. was a real challenge for her. She exclaimed, “If I was in an Arab country, I would know where to take her… but here I just don’t what to do.” In Iraq or in Syria, Um Zeina would have simply gone to a specialist, who she could see on the same day. This could be done without making an appointment several weeks in advance, and without the need for a referral—both typical procedures in the American healthcare system which seem to be completely foreign to most Iraqi refugees. Later in my conversation with Um Zeina, it became clear to me that she was simply unaware of the fact that Zeina’s acute condition warranted a trip to the Emergency Room, which was really the only option to get her immediate medical attention.\(^9\) Um Zeina and Um Samir’s experiences point to the important role that case-managers play in assisting refugees to navigate these new systems. If they had long term access to an Arabic-speaking case-manager who could assist them in navigating this unfamiliar medical system, their experience might have been very different.

The data presented in this chapter also demonstrates the immense challenges that refugees face in accessing healthcare once their federally funded health insurance lapses. Um Jawad’s continuous search for and repeated failure in securing healthcare is quite disturbing, but also very telling. First, she and her husband attempted to sign up for coverage through his employer (a very costly venture I must add), only to find out that the plan worked on a deductible system that was simply out of reach for them financially.

\(^9\) After our conversation, I picked up Um Zeina and drove her and her two daughters, Zeina and Dima, to the emergency room. Zeina was eventually transferred from the ER to a wing of the children’s hospital, where she remained under close observation for two days for severe dehydration and malnutrition. Thankfully, Zeina was still covered by federally funded health insurance since she was under 18, or else her family would have incurred tens of thousands of dollars of debt.
After this failure to secure health insurance, Um Jawad was informed of the availability of Obamacare, or the Affordable Care Act, and was thrilled at the chance to sign up. However, it soon became clear that her family was in fact too poor for the program, and instead that she qualified for Medicaid—a program meant to serve the state’s poorest residents. Unfortunately, since Pennsylvania was one of the states that had not expanded the Medicaid program, she and her husband were left again without insurance. Her final attempt to gain access to medical care through the free clinic in her neighborhood was unsuccessful due to her inability to stand, for days, in line waiting her turn. After many months and three failed attempts, Um Jawad ended up where she started, very ill and uninsured. Her chronic daily migraines, which were debilitating, and the chronic pain in her limbs (which made simple acts like cooking, standing and praying extremely difficult) were worsening. In spite of all of this suffering, she had nowhere to turn for medical care and attention. Desperate, Um Jawad and her husband planned to return to Iraq for medical care, even though they knew full well that they would be risking their lives in doing so.

While this chapter focused on the experience of Um Jawad, it became clear that she was not alone in her difficulties accessing healthcare in the U.S. Nancy, the director of the refugee resettlement agency, identified healthcare access as one of the most challenging issues facing her refugee clients.

**Sally:** “What are the options for refugees who have run out of insurance?”

**Nancy:** “Well this is a real issue, and one without a very good solution. There is a clinic in the northwestern part of the city that is open late and will do emergency care, but that location is far and difficult to reach for Iraqis, and they have a waiting list too. Honestly, there really there isn’t a good, easily accessible place for clients who have run out of insurance to go to. There is a women’s health center offered by a teaching hospital in the city, but that is also very busy. Right
now, there is just no good solution to refugee access to healthcare. [Fieldnotes, 12/13/2013]

According to Nancy, the lack of a robust healthcare system that meets the needs of uninsured refugees is a “real” issue for Iraqi refugees, and “one without a very good solution”. Familiar with the difficulties refugees face in getting medical care after their state-funded insurance runs out, Nancy reiterates that there was “just no good solution to refugee access to healthcare.”

Before embarking on this analysis, I was under the impression that things were better for refugees who sought out access to mental health care. However, as the findings suggest, this was only the case for a select few. The only program that gave access to mental health care beyond their initial resettlement period was the Survivors Support Network, which was housed at the refugee resettlement agency. While refugees like Abdullah and Nader were able to access the mental health care and extended case management services given to eligible participants, the program’s restrictive definition of “torture” proved to be problematic. Refugees like Tarek, and his mother Um Samir, who had fled the country due to threat of violence were excluded from the program due to the stipulation that the torture be enacted by those acting “under the color of the law”.

Unfortunately, this was the only mental health program that was available to refugees whose federally funded state insurance had lapsed. This was problematic because many refugees came to the U.S. burdened with trauma, depression and other mental health struggles, but they had not been tortured, so they were not eligible for the Survivors Support Network program. For Iraqis like Tamer, life in a warzone had numbed them to the violence, normalizing it to become an everyday occurrence. As Nixon (2011) describes, Iraqis like Tamer experience what he calls “slow violence”,

which he defines as “a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space.” He argues that,

Violence is customarily conceived as an event or action that is immediate in time, explosive and spectacular in space, and as erupting into instant sensational visibility. We need, I believe, to engage a different kind of violence, a violence that is neither spectacular nor instantaneous, but rather incremental and accretive, its calamitous repercussions playing out across a range of temporal scales. In so doing, we also need to engage the representational, narrative, and strategic challenges posed by the relative invisibility of slow violence (p. 2).

The type of violence that Tamer spoke of is chronic, pernicious and eats away at those living in war conditions. Therefore, the restriction of providing services only to those who have suffered a particular type of violence, namely torture, in a sense fetishizes a particular type of suffering. Furthermore, it elevates and privileges this type of suffering as “deserving” and as one that garners access to services that are desperately needed by the vast majority of Iraqis resettled to the U.S.

Additionally, the limited mental health programming excluded the suffering of women and girls living under constant threat and violence. Um Zeina, a mother of two young girls, continued to suffer as a result of the constant fear she experienced, both in Iraq, and again in Syria. Worried about her daughter’s safety as a result of a growing sex slave industry in Iraq, Um Zeina’s lived in a state of relentless vigilance, robbing her of her peace of mind. This fear, fed by the shooting of her daughter Zeina at her school and the near-kidnapping of her daughter, persisted continued to haunt her, even after she was resettled to Philadelphia.

Luckily, her daughter Zeina was a minor at the time of her arrival in the U.S., so she gained access to mental health care through a program that was created specifically for children coming from contexts of conflict. Unfortunately, unlike the Survivors
Support Network which provided services to victims and their families, this program only provided Zeina with mental health services. This left Um Zeina, a woman who had experienced a great deal of trauma and distress, without access to mental health services. Struggling with anxiety, depression, and PTSD, Um Zeina suffered further as a result of living in isolation where she had “no one to talk to about these things.” In an interview, she told me she felt like she was “drowning and there was no one to help her.” She had a recurring dream where she was screaming for help, but no one could hear her cries—a powerful image that symbolized her experience in the U.S. Um Zeina’s narrative points to the need for more mental health services to all Iraqi refugees, not only those who have experienced a particular type of suffering.

My third question asked, how do refugees’ experiences with healthcare inform their understanding of and feelings about the U.S.? As Um Samir notes, refugees come to their new countries of resettlement with a certain set of expectations. In her case, she had hoped for a “peaceful and simple life”, one where her basic needs were met, including access to adequate healthcare. When life in the U.S. is at such stark contrast with refugees’ former imaginary of how it would be, they are shaken. As Tamer’s account demonstrates, this disjuncture can be devastating, and quite traumatic. Tamer commented that “the realities of life here in America are very difficult, so different from what we thought it was going to be like.” Citing the brevity of the financial support her received upon arrival, the challenges he faced in finding work, and the upcoming removal of his health coverage, he stated, “This is all very difficult.” As a result, Tamer struggled with symptoms of trauma and depression—a fact he linked to life in the U.S, even when the case manager, Lian, attempted to fish for an Iraq-related “trauma story.” For many
refugees, life in the U.S. is in fact an extension of the trauma they experienced in their home countries. Um Zeina’s comments that likened life in the U.S. to “dying everyday” underscored this fact. This was also confirmed in a conversation I had with Nancy, the director of the resettlement agency.

Just last week I was listening to a group of Southern Sudanese, who came from the Western region of Sudan, so they are from Darfur. And it was really heartbreaking for me to hear them comparing the challenges they are facing here in Philadelphia to the genocide they faced in Darfur. But I think this makes sense in a way. They are new here, and everything is so hard, and they need so much more help than we can give them. [Fieldnotes, 2/1/2014]

Nancy’s comments confirmed that refugees who have lived through the horrors of war, and even through genocide, can experience life in their new contexts of resettlement as similar to where they came from. Without the adequate amount of support (which Nancy admits her agency cannot give) to navigate and survive their new contexts, refugees can become retraumatized. This lack of support has had significant effects on refugees’ ideas about and feelings towards the U.S. Um Jawad and Abu Jawad levied an intense critique of the American medical system, which they viewed as a “big business” that failed in comparison to the one in Iraq, which was an entitlement given to citizens. However, the sharpest criticism of the U.S. came from Um Zeina. First she asked, “This is life in America?! THIS?! How can America treat refugees like this?!” In her questions, she implicitly referred to what Seif, in Chapter 4 had once spelled out. In emphasizing the irony of the difficulties of life America, Um Zeina seemed to be calling on all of the liberal ideals that America supposedly “stands for”, like “democracy” and “human rights”. Even though Um Zeina did not speak a word of English, she was obviously no stranger to the rhetoric of American exceptionalism. In her critique, Um Zeina was questioning the very ideals that supposedly undergird the refugee resettlement project,
including “compassion” and “concern”. She then asked, “How can they know that refugees have lost everything, that we come here with so much pain and suffering, and do this to us?” The “this” she was referring to was the brevity of support from the resettlement agency, financial support from the welfare office, and most relevant to this chapter, health insurance coverage.

More importantly, though, was Um Zeina’s interrogation of the term “refugee” and the rights she believed that term should have once espoused. Um Zeina, like other refugees in this study, believed that the fact that they were refugees, and not just immigrants to this country, should matter. She believed that the country that resettled them should consider a refugee’s “suffering, his loss, his illness, and everything he has gone through.” In another interview with her, Um Zeina told me:

Really Sally, the Iraqis have suffered so much. We were forced to leave our country, to leave everything and everyone behind, and then we had to be second-class citizens in other Arab countries, where we were mistreated. Iraqis have been through so much, and we deserve to find some sort of comfort when we come here, but there is none. [Fieldnotes 9/30/2013]

Um Zeina spoke of the suffering that Iraqi refugees have experienced, not only in the loss of their native homeland, but also in their second countries of resettlement. She stated, “There is no compassion; there is no concern for the history of the refugee or what he has gone through.” It is precisely this lack of consideration for a refugees’ history, reflected in the inadequacy of support they receive in the U.S. that motivated her questioning of the term “refugee”. She commented, “The word refugee means nothing”, and furthermore that “the refugee has no rights.’ Making a move to personify America, and to speak of her as a woman, Um Zeina questioned her, “if a refugee has no rights, why does America bring him here? If he dies there, he will die once. But life here is like
dying every day.” Life in America, which she likened to “dying everyday”, where she, as a refugee has no rights, has clearly shaped her views of this country, from a land of promise to site of daily death.

**Conclusion**

The experiences of refugees with healthcare in the U.S. pointed to the difficulties that refugees face in navigating the American healthcare system, as well their struggles to maintain access to medical attention after their federally funded health insurance lapses. Given the brevity of case management support they received from their refugee resettlement agencies, refugees who come to the U.S. without the linguistic and navigational background necessary to traverse the complex healthcare system can find themselves unable to procure medical care, even when they are still covered by the federally funded insurance. Refugees are expected to procure health insurance through employers after their subsidized insurance lapses. However, problematic employer health plans that are incompatible with refugees’ financial situations leave them unable to pay high deductibles, and effectively exclude them from healthcare once again. Even federal attempts to provide low-cost health insurance like the Affordable Care Act fail, when other necessary components (such as the expansion of Medicaid to provide for the state’s poorest citizens) are suspended. This constellation of limitations leaves refugees, who are likely to come to their third countries of resettlement with a host of medical problems, without access to much-needed healthcare. Refugees face similar limiting experiences with mental healthcare, where the only programming available is for those who have experienced torture under the new, stricter definition provided by the U.S. government. This leaves the bulk of Iraqi refugees without access to mental health services even
though a vast majority of them report struggling with anxiety, depression, PTSD, among other challenges.

The experiences of refugees with both physical and mental healthcare in the U.S. raise two main questions. First, what are the basic rights that should be provided to refugees who come to this country? The accounts above highlights the extraordinary costs of war as well as the physical, psychological and emotional toll that live in warzones can have on refugees. As Um Samir highlighted, refugees come to this country hoping to have their “basic human needs” covered. I argue that one of these basic human rights should be adequate, consistent access to healthcare, which includes mental healthcare. This demand might seem unrealistic in light of the fact that healthcare is not an entitlement given to American citizens, but rather a burden they are expected to bear personally. In the best case scenario, Americans are expected to receive their healthcare through their employers. However, Americans who are unemployed or employed in the low-wage market are unable to secure healthcare. A recent study estimates that 44 million Americans are uninsured and 38 million are underinsured. This means that nearly one-third of Americans face each day without the security of knowing that, if and when they need it, medical care is available to them and their families. In this context, refugees are merely the latest wave of American residents who live with this kind of precarity. It is quite fitting then, that refugees like Um Zeina see themselves “like everyone else in this country”.

This fact leads to my second question, what does America owe Iraqi refugees? Specifically, what rights should be afforded to those whose very bodies, minds, and souls have been wrecked by the war waged by America in their country? The scholarship
concerned with the health and wellbeing of Iraqis, and the data included in this chapter, suggest that life in war-torn Iraq—a war and conflict caused by the American invasion and occupation—is a major contributor to refugees’ poor health and psychological suffering. In light of that fact, one must wonder, what form of retribution should be given to refugees who have been harmed, firsthand, by America’s military imperialism? Should Iraqi refugees be treated “like everyone else” or should there be a consideration of their suffering and pain? As Um Zeina states, “Iraqis have been through so much”, as a result of American action in Iraq, and they “deserve to find some sort of comfort when we come here.” I argue that this comfort must include access to adequate and consistent healthcare which includes care for their mental health needs. As Um Samir contends, “After all we have been through, this is all we want, and this is what we deserve.”
Chapter 6. Conclusions

The preceding chapters have demonstrated the challenges and barriers experienced by refugee youth and their families, and in particular how their encounters with various arms of the welfare state have interrupted their right to have rights. Older refugee youth were excluded from their schools, due to the financial pressures of being primary wage earners or as a result of strict age limitations enforced by the state. Younger refugee youth who were admitted to and persisted in their neighborhood high school experienced a sort of pseudo-inclusion due to the toxic climate there. They were discriminated against due to their ethnic and religious identities, and were silenced by their teachers. Refugee adults were locked into the low-wage labor force when self-sufficiency, a longtime priority of both the America refugee resettlement program and the welfare program, was privileged over gainful employment. Refugee adults who struggled with a host of ailments and mental health problems lacked access to medical care and counseling/psychiatric services after their federally funded health insurance lapsed. In sum, refugee families were being processed by these multiple institutions, learning through these experiences that, as Um Zeina said in the introduction, there are in fact “no rights” for the refugee, and as a result, that “citizenship means nothing.” They were learning, as she states, that “there are no rights” and that “the resettlement process, and becoming a citizen, it is a farce.” [Interview, 6/7/2013]

This chapter will address several issues. First, I will reflect on the limitations of my study. Next, I will explore the policy implications of this project. In particular, I will dare to imagine, with the help of my participants, what refugees need in order to become full members (or citizens) of their new communities. Rather than privilege my own voice here, and make my own suggestions for interventions, I will center the voices of my
participants, who are ultimately the experts on their own lives. Then, I will address the implications of this work on the research concerned with refugees. Finally, I will discuss avenues for future research.

Limitations of the Study

Lack of Access to the School Site

One major limitation of my study was my inability to gain access to Liberty High, the school where all of my youth participants were enrolled. Due to research fatigue, the administrators were unwilling to allow me to conduct participant observation and/or to interview teachers. The assistant principal informed me that the school had been the site for multiple studies in the past as well as the site for a documentary, and that it had received “enough bad press”. Due to the current educational climate in Philadelphia where massive budget cuts and an emphasis on student-testing had resulted in the closing of over 30 neighborhood schools, the administration was simply unwilling to host another researcher who might paint the school in a negative light. Promises of confidentiality were not enough to persuade the assistant principal that my study was worth the potential risk.

As a result, I was unable to triangulate my data and include the voices, opinions, and experiences of the teachers and administrators who served refugee students. This limited my ability to understand the constraints of teaching and learning in a context limited by the market fundamentalist attack on teachers and their livelihoods. As I demonstrated in Chapter 3, refugee students found that their teachers, who were tasked with their care, oftentimes used harsh (and at times abusive) silencing techniques, emphasized behavior over inquiry, and were even at times physically violent towards them. That said it is important to remember that, at the time of this study, teachers in the
School District in Philadelphia found themselves under extreme duress to unprecedented austerity measures. Their health benefits and even their very livelihoods were in fact in jeopardy. While this does not excuse a lack of care and/or violence towards students, it sheds light on the ways that teachers were asked to care for our most vulnerable students while they were under constant attack. My inability to be in the school context, and to document the lived experiences of the teachers (and not only the students) limited my ability to capture the full effects of market fundamentalism on the schools that refugees were involved with on a daily basis.

**Unequal Ethnographic Engagement with Focal Families**

My project reflected the nature of the refugee experience, which is oftentimes marked by repeated migration. Two out of my four focal families, namely the Musa and Hassan families left Philadelphia a few months into my research project. This limited my ability to track their long-term experiences in their post-resettlement contexts. The challenges of building a new life in Philadelphia finally pushed most of the families to leave, once again, in search of better opportunities. Nine months after I began conducting research with them, the Musa family out-migrated (a term used by the refugee resettlement agency to indicate refugees moving away from the original city where they were resettled) to Connecticut to join relatives who had recently resettled there from Iraq. Ghada, Samah, Adam and their mother, Um Ahmed, moved to join Um Ahmed’s nephew, Mohammed and his small family. Mohammed had rented a large house, where they could all live together, and had already found a well-paying job. Ghada and Adam were enrolled in a suburban school with plenty of resources. They were each given a laptop to take home, and had an immense amount of support within the school as English
Language Learners. Samah, who no longer needed to work fulltime to support the family, was enrolled in a GED program that accommodated for her linguistic needs. However, a few months later, she met a young man and was married. We lost touch after the family changed their phone number, but it seemed as though the move was a positive one for everyone involved.

The Hassan family out-migrated to Michigan a year after I began conducting research with them. Abu Jawad had found work with some longtime friends in Iraq who lived near Dearborn, a longtime hub for Arab immigrants and refugees. Um Jawad was hopeful that she could find better health care there, as she as told by relatives that her condition might help her qualify for disability pay (SSI) and health insurance. Layla and Seif informed me that they looked forward to pursuing community college options there, while Hussein planned to join his father and work there. Ayman, who was still a tenth grader, was less than thrilled about the move now that he had made the varsity soccer team at Liberty High. Soon after the family left for Michigan, they changed their telephone number, and we also lost touch.

The Omar family remained in Philadelphia for two years, but eventually due to their repeated moves, I lost touch with them. Due to the disability of her son Samir which left him paralyzed in half of his body and reliant on a cane to walk, and her own mobility troubles, Um Samir and her family were unable to continue residing in the apartment that the resettlement agency had found for them, which was on the second floor. They moved to another apartment on the ground floor, but due to the high expense, they eventually had to relocate a third time. Each time the family moved, they would change their telephone number—an old habit Um Samir insisted on since her days in Iraq and Syria.
when she and her family were targeted by another family. After the third time, Um Samir never called me to give me her telephone number and I lost touch with them. I found out from other participant that Heba, Um Samir’s daughter, had graduated from Liberty High, but I could not find out any other information about them. These families’ search for better lives and brighter futures limited my ability to fully capture and document their post-resettlement experiences.

The Jaffary family was the only family I had access to without interruption which gave me a full and authentic understanding of their experience. My tutoring relationship with Zeina, which brought me into the Liberty High on a daily basis, gave me a full and well-rounded understanding of her educational experiences there. My tutoring took place in the main office of the English as a Second Language at Liberty High, and for over two years, I was able to hear the conversations and observe the interactions there. While none of this data was included in my study, it gave me an appreciation of the context of the school that Zeina was embedded within. During those two years, I also became extremely close with Zeina’s mother, Um Zeina. I visited with her twice a week, spending several hours with her at a time, speaking about everything from favorite Biryani recipes to the loss of her brother in the Iran/Iraq war. I also accompanied her family to all of their appointments, and joined them for family celebrations, on family outings, grocery shopping trips, and window shopping at the mall. During this time I served as a tutor, translator, advocate and friend—in short, I was a sort of extension of the family. This intensive engagement with the family resulted in some of the most interesting, intimate and important data of my study—the type of data that was simply unattainable in my shorter and more fragmented ethnographic engagements with the other families.
Policy Implications

How Can ‘The Right to Have Rights’ (Democratic Citizenship) Be Achieved?

This study privileged Somers’ (2008) definition of citizenship as the right to have rights. In her analysis, Somers delineates two types of rights. The first set of rights is related to membership in a political body, while the second bundle of rights is civil-juridical, often summarized as Marshall’s (1964) civil, political, and social rights. Somers argues that both sets of rights must also include human rights, since they can only be secured through recognition and inclusion. She puts forth that at the heart of our current troubles with rights is the concept of social naturalism, which she defines as “a way of organizing societal knowledge and perceptions around the schematic worldview that human society is subject to the same laws of nature as the natural world” (p. 52). Social naturalism equates society with nature, which subjugates the social world to the same to the same laws, restrictions and demands of the natural world. Social naturalists would argue that since nature is, by definition, is a self-sufficient system that needs no interference or regulation from the outside world, why would do have so many laws and policies that meddle with the self-regulating body of society? By this logic, social naturalists would also question why we attempt to help the poor. For, if society is equated to nature, then humans are reduced to animals that are driven by biological needs for food and reproduction. In this context, the key to societal order is not to give “handouts” to the poor, but rather the opposite: to consistently maintain the condition of scarcity so the hunger-driven social masses will continue to work. If one were to in fact remove the threat of hunger from the poor by providing relief through the “morally perverse” regime of welfare, their incentive for voluntary labor would disappear. According to social naturalists, intervening in the natural order of things and providing welfare relief will
actually worsen the problem it attempted to solve. Somers argues that the antidote to social naturalism is institutionalism.

Somers argues that the path to achieving full democratic citizenship is through institutionalism. Somers defines institutions as “organizational and symbolic practices that operate within networks of rules, structural ties, public narratives, and binding relationships that are embedded in time and space” (p. 55). She argues that an institution is simply something that is rule-driven. She defines institutionalism as “the theory that most things are in part (not entirely) constituted and regulated by the rules that organize them, and thus to understand something it is necessary- though rarely sufficient- to identify and interpret the character and the effects of those rules.” (p. 55) Somers draws attention to the fact that rules cannot be found in nature, but rather in the activities and interventions of actual human beings. Subsequently, society’s institutions are social, not natural artifacts. Institutionalism rejects both the notion that society can be reduced to the market, as well as the belief that the market contains the same self-regulating capacities as nature. Institutionalism stipulates that for markets to function, they must be rooted in regulations and institutions that clearly define the rules for its power and scope.

According to Somers, a democratic socially inclusive citizenship can only be achieved through a reversal of the current imbalance of power. This form of citizenship requires the presence of markets that are active but more importantly regulated and restricted from overstepping its bounds. This would require a robust state with thriving institutions that can both regulate and restrain global markets’ ever-growing aspirations to govern freely, and provide protection to civil society. The state’s organizations that have been overtaken by the market need to be displaced by institutions that can provide
social insurance and protection to citizens. Only then can they regain their rights to have rights. Deploying Somers’ argument of institutionalism for this study, this study will demonstrate that refugees’ right to have rights can only be secured through healthy and robust institutions of the welfare state.

In this study, that would translate to healthy, well-funded schools and adult education programs that can meet the needs of refugee students; welfare agencies that offer adequate financial support to refugee adults as they search for gainful employment; well-funded refugee resettlement agencies that can offer adequate navigational and linguistic support to refugees as they make transitions in their new contexts; and an Office of Refugee Resettlement that can offer healthcare to refugees, particularly to those who come to the U.S. with physical ailments and mental health challenges. In the following section, I will center the voices of refugees as they suggest policy interventions and programs necessary for their successful integration.

The Needs of Refugee Students

As the stories of these refugee families have demonstrated, the refugee experience comes with particular challenges. While refugee students are often subsumed under the immigrant category, and as English Language Learners in their schools, their pre-migratory histories shape their educational needs in a unique way. In order for policymakers, schools, and educators to ensure the success of refugee youth, they must address the particular challenges they have and continue to face. One of the most common experiences for refugee youth is an interruption in their educational trajectories. Refugee youth often go unschooled for many years in their own countries of residence due to the devastation of schools in their native countries as a result of war; repeated
migration; a difference in educational systems between youth’s country of origin and their interim countries of residence; and the need to work instead of attend school. Furthermore, due to the urgent nature of flight and resettlement, many students come to the U.S. without proper documentation of their educational attainment. Subsequently, they are sent back several grades, and often back to the ninth grade. On the ground, this may translate to a 20-year-old ninth grader surrounded by 15-year-old peers. Eventually, due to state age limits these students are expelled from their schools, or “twenty-oned”, while others drop out due to the shame and resentment stemming from their inappropriate grade assignment. Once they are excluded from public education, students like Seif face immense barriers in their attempt to earn a high school diploma or its equivalency due to the gutting of adult education programs in the state.

Policymakers at the state level concerned with the successful transitions of refugee students must come to terms with the ways that seemingly reasonable laws, such as capping the age limit for high school students at 21 years of age, might have disastrous effects on the educational trajectories and future life chances of refugee youth. While it might be reasonable to expect a native-born student, who has had a fairly seamless education to graduate by the time they are 21 years old, this expectation is completely unreasonable for refugee students. In my study alone, which only included 14 youth, several of them experienced serious interruptions. Seif was unschooled for seven years in Jordan due to the financial need to work to help support his family; his brother Hussein was unschooled for four years for the same reason; Zeina was unschooled for nine years after the mass shooting at her school left her with debilitating agoraphobia and PTSD; and Heba was unschooled first in Iraqi for two years, and then for one year in Syria. All
of these youth came to the U.S. with aspirations of graduating high school, enrolling in college and eventually becoming high-earning professionals—aspirations that were interrupted by laws and restrictions blind to their particular histories and needs.

The School District of Philadelphia (SDP), which is still in the grips of a massive, market fundamentalist attack on public education (Conner & Rosen, 2013; Hursh, 2015; McWilliams, 2015) seems to have very little to offer its refugee students (McWilliams and Bonet, forthcoming). With dwindling human and financial resources, the SDP continues to struggle to serve its students. With over 4,000 teacher and essential staff laid off since 2013, and over 30 neighborhood schools closed (Conner, 2014; Gabriel, 2013; Stern, Brown, and Hussain, 2015), refugees find themselves in understaffed, overcrowded schools that lack many of the staff that are key to their success, such as bilingual counselors, guidance counselors, school psychologists, and school nurses. Due to staff cuts, refugee students find themselves “mainstreamed” well before they have acquired adequate English fluency. However, it is important to note that refugees are merely another group of students who have suffered due to recent market fundamentalist policies at the SDP. When one takes into account both public schools and publicly-funded by privately run charter schools, the School District serves a student population that is comprised of nearly 86% students of color, many of whom are economically disadvantaged (School District of Philadelphia, 2015). According to a recent report (Mathis, 2015), only 64% of SDP students graduate high school on time. Even though 38% of graduating students enroll in a college or university, only 10% of them earn a two-year or four-year college degree within ten years (Mezzacappa, 2010). In a district
where even native-born students struggle to graduate on time, the situation is even more
difficult for refugees who come to their schools with oftentimes significant interruptions.

Liberty High, where all of the youth in my study attended, is one of the largest
neighborhood high schools in the district with over 3,200 students in attendance in 2015-
2016. Uncharacteristically diverse due to the fact that it was in an “immigrant”
neighborhood, the student body was comprised of 30% African American students, 23%
Latino students, 22% Asian students, 18% White students, and 7% other. Over 80% of
the student body is comprised of English Language Learners, and 85% of the student
body has an Individualized Educational Plan (or IEP) as supervised by the Special
Education office of the school. A little over 90% of the students are considered to be
“economically disadvantaged”. While there is no way to find the exact number of refugee
youth attending Liberty High, Nancy suggested that almost all of the Iraqi youth resettled
in Philadelphia eventually become enrolled there. Since 2008, Nancy’s agency has
resettled approximately 1,200 Iraqis in Philadelphia. While many choose to out-migrate
to other cities, many persist in Philadelphia. Nancy approximates that over the years at
least 200 Iraqi youth have come through Liberty High.

The statistics above give us a window into the state of the school, where these
youth found themselves. In spite of the ethnic diversity in the school, which was often
referred to as “a little United Nations”, refugee youth joined the majority of students who
came to their schools with linguistic needs as English language learners, as those who
have lived in relative poverty, and as those who were in need of accommodations from
the office of special education to address their particular learning needs. In other words,
teachers, staff, and administrators had their hands full in terms of addressing students’
needs—an effort which has become particularly challenging given the fact that the supports they need to do so continue to dwindle. Overall, including students enrolled at both charter and public schools, the School District of Philadelphia served nearly 315,000 students in the 2014-2015 academic year. With these staggering numbers, refugee youth, and their particular needs, are but a drop in a bucket.

What do Refugee Students Need from their Schools?

**Orientation to Schools Prior to/Upon Arrival.** When I asked refugee youth and their families what might be most helpful to them, particularly when they first arrive at their schools, they had much to say. Ghada and her mother, Um Ahmed, shared the following with me.

**Um Ahmed:** I think that for the school, if there is a new person who comes to the school, they should teach him, this is your teacher, here are the classes you take. This is not like in the Arab countries where you stay in one class. You have several lectures in the day, and you have to travel to your classes. Because otherwise, the student doesn’t know the language, nor does she know the place, and everything around her is strange, and that can be quite a shock. Her reaction might be to hate school, or at best, she will try to adjust, but it will come with much difficulty. But if someone, an Arab person, would be responsible for that new student, and tells her, this is your class, this is your teacher, here is where lunch happens, here is the locker, this is what the locker is, and that way, someone will explain everything to them. If someone is responsible for them, then these new students, from the beginning, everything will be easy for them and go smoothly.

**Sally:** Ghada, what are your thoughts?

**Ghada:** My opinion is the same as Mama’s. I think things would be better, even if the students help each other. Like when I first came here, I had no idea where my class was, I had no idea what my teacher was saying. So I haven’t been there all that long, and really most consider me to be a “newbie”, but right after I got there, this Iraqi girl came to the school after me. And her English was quite good, better than mine. But I showed her where her classes were, I got her a locker, I helped her get her ID. I helped her with everything, until she didn’t need me anymore.

**Um Ahmed:** They should make one person in charge of these kids, someone from the students, someone from the teachers, anyone. They need someone to teach them and show them so they don’t have a hard time when they get there. [Family focus group, 4/15/2011]
As Ghada and her mother suggested, some sort of orientation is needed for refugee students when they first arrive at their schools. Since they hailed from countries where the educational system and the ins and outs of schooling were so different, students needed some guidance. Whether this person was an Arabic-speaking student volunteer who might receive extra credit for assisting another student, or a bilingual counselor at the school, students needed assistance in navigating the unfamiliar terrain of the school. Refugee youth would receive tours of the school, and get introduced to new aspects of U.S. schools that might be unfamiliar to them, such as traveling to classes, the co-ed nature of schools, and unfamiliar electives such as gym class or choir. Becoming familiar with the school environment and what is expected of them, would make students’ transitions smoother as they knew what to expect ahead of time.

Other U.S. cities have implemented nonacademic supports for refugees before students begin attending schools. Policymakers, administrators and teachers in Utica, another city in upstate New York which boasts an enormous refugee population (70% of homeowners in the city are refugees), have been coming up with creative ways to address the needs of their growing refugee population. For instance, at Conkling Elementary School in Utica, they recently hosted a six-week Summer Refugee Academy to evaluate refugee students’ needs, and to help prepare students for the school environment ahead of time. One day was dedicated for students to become accustomed to fire drills, as shrill noises can be very alarming for young people coming out of contexts of conflict. Educators also dedicated some time to introducing students to policemen and firemen, to allow students to overcome their fear of men in uniform.
Many of the programs mentioned above are a good place to start. Refugee academies to help students become accustomed to the school would be an immense help for students who come with little to no familiarity with U.S. schools. Beyond the benefits of becoming oriented to the school environment ahead of time, students can also receive academic and language training during the summer months. Furthermore, refugee students who come to their schools with health needs can be introduced to the nursing staff and the staff of the Special Education departments ahead of time, so they could prepare for their arrival. Refugee students, particularly those coming more directly from context of violence and conflict, oftentimes come to their schools with unique health needs such as physical disabilities and mental health challenges. Rather than languish for months without services that meet their needs while the Special Education personnel conduct the proper testing before drafting IEPs like Zeina, students can begin to receive services sooner if they begin the testing/placement process during the refugee academy, in the summer months.

**A Safe Learning Environment.** When I asked refugee students what they felt they needed most in the U.S., this is what Layla, the student who had been promoted to senior year in spite of her academic struggles and due to her “excellent behavior” had to say.

*Layla:* “What we need is better teachers and a better education. They are just so harsh with us Sally. Like I said before, I don’t really talk very much in class. But the other day I raised my hand, and asked her about an assignment, and I only did that because it counts for a lot of my grade in that class, and she yelled at me: ‘When I talk, you shut up!’ Why do they have to talk to us like that? But the worst thing has got to be the whole bathroom situation!”

*Sally:* “What bathroom situation?”

*Layla:* “The teachers Sally. They never believe that we actually have to go to the bathroom so they just don’t let us go. I think it’s because some kids have used that
excuse to cut class or smoke in the bathroom or something, but how is that my fault?!"

**Um Jawad:** “Sally, this is a real problem. Layla comes home and complains to me about it often. She really needs to go and they won’t let her! They are being too hard on them! I mean they are humans who have to relieve themselves! What is this, a prison?!”

**Layla:** “I almost had an accident one day. I had to go so badly, and the teacher wouldn’t let me. I started to cry quietly, and when he saw me that way, he finally let me go. That was a really close one though. I really thought I wasn’t going to make it.” [Family focus group, 11/6/2011]

In settings where students’ bodies were the subject of such intense control that they were prohibited from relieving themselves, how could they be expected to learn? For the “fortunate” students like Layla who did not experience an interruption in her educational history which caused them to be excluded, the environment of the school proved to be extremely toxic. Students were silenced, and their bodies were under constant surveillance and control. Their attempts to ask clarifying questions in order to keep up with the rest of the class were perceived as a form of disobedience rather than an attempt to learn. Students who strayed from the expected code of conduct were subjected to verbal abuse and in the case of Adam, physical threat from teachers. Visibly Muslim students like Ghada were subject to verbal and physical threat from their peers. Refugee students, like all students, need to feel safe in order to learn.

**Programs that Address their Interrupted Educational Trajectories.** In his critique of the U.S. that was at the introduction of this dissertation, Seif, the young man who was “twenty-oned”, argued that schools “need to take refugees, and “place them where they belong, in the right grade fitting their age and needs.” Um Jawad, Seif’s mother, also had this to say.

You know I keep thinking of Seif, poor Seif who’s only dream was to finish high school, enroll in college and become a pharmacist. If it wasn’t for him Sally, I seriously don’t know what would have become of us? I mean without his
language abilities and how smart he was in learning the language so quickly and being our interpreter, our bill payer, our secretary, our driver… where would we be? He deals with all of the calls we get from the hospital, he makes appointments for us, he reads and deals with our bills. He does everything really. Thank God for him Sally. But I want him to get what he wants, which is an education. There needs to be a program for someone like him, someone who has a dream to go to college but is too old or busy for high school. They have misled him time and time again with all of these programs and he needs something that will meet his needs. [Family focus group 11/6/2011]

Knowing that refugee students are likely to come to their schools with interruptions in their formal education, school districts need to create programs that address this issue. Some U.S. cities that have recently experienced a high influx of refugees have created educational programming with this particular issue in mind. For instance, Syracuse, a deindustrialized city in upstate New York that has become a refugee hub since the late 1970s, has created several educational programs particularly for refugees (Onondaga Citizens League, 2014). Since New York has the same age limit as Pennsylvania on public education, the Syracuse City School District offers older refugee students several services including a career academy, General Educational Development (GED) prep, and literacy training at a local vocational center. The center is staffed with educators who are trained in working with ELLs, offers bilingual counseling by hiring refugee adults who were resettled earlier and speak English, and assists students in navigating the difficult terrain of adult education. Rather than place students like Seif in high school, knowing that he will eventually age out, older refugee students are recommended to the academy. While the district’s first choice is to have students enter school when possible, the academy offers a viable solution for those whose education was significantly interrupted.
Administrators that design programs that offer older refugee students educational alternatives need to ensure that these programs are in fact an attempt to *actually* meet their needs, rather than a way to divert them from public education. In late November of 2015, a story broke out about a lawsuit leveled by the state attorney general against the Utica School District (Mueller). The lawsuit charged the district with funneling refugee youth who were over 16 into alternative programs in which they could not earn credits toward a diploma. The state accused administrators of barring refugee and immigrant students from the district’s only public high school, as well as segregating those students within their schools. Refugees and immigrant students were housed in separate buildings, segregated for elective classes, and were not allowed to mix with their peers during lunch or extracurricular activities. One possible explanation for the district’s actions is linked to the market fundamentalist policies that drive school finance, and in particular the punitive nature of school funding. Utica, a severely underfunded school district might exclude students who are in their later years of high school and are inexperienced in English in order to drive up graduation rates—a key measure of “success”. So even in a district with a majority refugee population, market fundamentalism continues to affect their right to have rights.

**What do Refugee Adults Need from the Office of Refugee Resettlement?**

**Longer/More Adequate Financial Support.** All of the adults in my study unanimously voiced a need for longer support periods from their refugee resettlement agency. Um Jawad had this to say,

Sally, what we’re asking for is simple, and what we need is to just get our basic needs covered. We need more food stamps to help us supplement our income. Even with everyone in the household working, we can barely afford to have enough food for everyone, because the rent and bills are so high. If they are going
to resettle refugees here, then they need to ensure that we can survive, not just throw us in and then see if we will sink or swim. They need to help us more; like if they gave us reduced rent that would be much more doable. But us shouldering all of this on our own is just a little too much. America has to make this right. They need to help us refugees more. We cannot continue to live like this. [Family focus group, 11/6/2011]

The feeling that they have been “thrown into the deep end” in the U.S. to “sink or swim” was a theme shared by many of my adult participants. Refugees were expected to become economically self-sufficient after four months, at which time their rent subsidy ran out. At the same time, their food stamps would be severely reduced. All of the participants in my study echoed what Um Jawad stated above. In order to make better lives here, they needed longer and more adequate support, namely longer (or permanent) rent subsidies as well as adequate and consistent public assistance (cash assistance and food stamps). The brevity and inadequacy of financial supports available to refugees have serious effects on their lives.

The aid given by the Office of Refugee Resettlement (ORR) must increase and be more flexible, responding to refugees’ varying needs. As suggested by Hannah Thomas (2011), the ORR and the State Department must be flexible in order to meet the needs of the refugees. Thomas argues that if “the intention of the program is to provide ‘sufficient support’ to newly-arriving refugees it must not be capped at a figure that falls short of achieving that goal” (p. 203). The ORR needs to raise the amount of monthly cash assistance, which is used to subsidize refugees’ rent, as well as be flexible to ensure that their needs are met. As it currently stands, the cash assistance program makes no effort to take into consideration the particular and varying factors and needs of refugees. For instance, in some states and cities, the cash assistance refugees receive is not enough to pay the rent where they reside. Philadelphia’s cost of living is relatively high as
compared to other U.S. cities, and yet the cash assistance received by refugees is a standard amount. This forced refugees like Um Zeina and Abu Zeina to begin borrowing money from neighbors and relatives to make ends meet and to pay rent. Another example is the ORR’s inability to provide for the needs of disabled refugees. Samir, the refugee who was paralyzed in over half of his body received the same amount of assistance and for as long as everyone else, when his disability made finding work extremely difficult. As Thomas argues, disabled refugees “should not be punished by a system that treats their needs and those of a healthy refugee equally” (2011, p. 203). Refugees need to find adequate support to meet their needs and they attempt to build better lives.

**Longer Support from the Refugee Resettlement Agency.** Participants also identified inadequate support by their refugee resettlement agencies as one of the major problems they faced in their new resettlement contexts. Um Ahmed had this to say about the topic,

> Since we are refugees, when we first came here, the agency here took care of us and adopted us. They showed us where we go, how to get there, how we can get medical care; this is all good, and everything, and we really appreciate it. We just had hoped that they would give us more help, or extend it for us. They help us for 4 months, and they pay for our rent for that much time, which is very good. But there are still places that we have not been and don’t know about, things that are hard for us to understand, like how to get to a doctor, how to find where we need to go, and so forth. So it would be really helpful if they would take care of us for a longer time. [Family focus group, 4/15/2011]

As Um Ahmed pointed out, the brevity of the support they received from their case manager at their refugee resettlement agency made transitioning to life in a new context very difficult. This was exacerbated when the agency has a shortage of Arabic-speaking personnel. As the account of Um Jawad demonstrated in Chapter 3, once her access to Khaled, her Iraqi case manager, was interrupted, the quality of her healthcare was
seriously affected. Without an Arabic-speaking case manager to help them make sense of the new city, refugees are unable to access the few rights they actually have. As Ong (2003) contends, “for disadvantaged newcomers, citizenship is ... a matter or figuring out the rules for coping, navigating, and surviving the streets and other public spaces of the American city.” Without the much-needed, adequate assistance of a guide to the city who can speak their language, refugees can feel lost in their new contexts, unable to enjoy full, meaningful lives.

**Longer and More Adequate Access to Healthcare and Mental Health Services.** The vast majority of adult participants in my study reported suffering from various health needs, such as chronic pain and migraines, heart disease, diabetes, to name a few. Once their federally funded health insurance was removed after 8 months, many of them lacked access to medical care. Even though they were expected to purchase/receive health insurance through their employers, many of them were unable to do so due to the high cost of the plans available to them. Abu Jawad spoke to me about his experience with health insurance below.

What happened to us as refugees was just too much. Besides forcing us to take low-paying, dead-end jobs, they also took our health insurance away after 8 months? Why? When I asked them, they said that my employer is supposed to give me health insurance. Well, when I talked to my employer, they told me that if I wanted health insurance for me and my wife, then each of us would cost $160. So if I wanted health insurance, it would cost over $300 for both of us. How can I afford that when my rent costs $750, and all I make is $1160 after taxes? If I would enroll in the health insurance plan, that would leave me with $50 left for all of the rest of our bills, food and everything else. My wife, she is sick all the time, and I also have medical problems. But when they take away our health insurance, we have no choice but to suffer because we can’t afford the insurance. [Interview, September 30, 2013]

As I detailed in Chapter 4, Abu Jawad and Um Jawad eventually ended up signing up for this insurance, only to find that it had a prohibitive $5,000 deductible. After canceling
this insurance, they faced one obstacle after the other in an attempt to gain health insurance, only to find that none of the available “options” (such as the Affordable Care Act, Medicaid, or free clinics in their neighborhood) were actually viable ones. As their experience demonstrates, refugees’ ability to access healthcare can be severely interrupted and perhaps permanently blocked once their federally funded health insurance lapses.

The Office of Refugee Resettlement (ORR) needs to provide refugees, particularly those who are living in poverty, with longer access to healthcare that lasts beyond 8 months. The ORR needs to be flexible and to respond to refugees’ particular needs. While some refugees might not have trouble accessing health insurance through their employers, they need to provide longer and more adequate health insurance to those refugees who come to the U.S. with chronic illnesses and other health problems. Knowing that states like PA did not expand Medicaid, which is the program that provides healthcare for its poorest citizens, the ORR needs to respond in kind, and provide refugees in those states with additional or supplemental programming.

Refugees come to their new contexts with more than physical health needs. As a result of living in homelands ripped apart by war, violence and all forms of instability, refugees come to their third countries of resettlement with the mental health challenges such as PTSD, depression, and anxiety to name a few. Olfat, a 60-year-old Iraqi mother of five and grandmother of seven, spoke at one of the Iraqi refugee community meetings organized by the refugee resettlement agency. She shared with the audience the legacy of war that her family has had to bear.

In 2006, which was the bloodiest year of the war, the government bombed a mosque and it was blamed on the Sunnis. That year, we lost three people in my
family. My eldest son was killed and my younger son, who has nothing to do with politics, and was never involved in anything political at all, was arrested and was held and is still being held in a secret prison. So that was a part of the catastrophe that we faced. Then we were forced to flee to Jordan. When I was still in Iraq, I met with a lawyer there, and she told me that she wanted to help me find my son. (She pauses, and tears roll down her face.) You know, I am living, I am eating, drinking, smelling good air, and living a good life, but what about him? He is in jail; what kind of life is he living? You know, I ask his children, ‘Where is ’Baba? (Daddy in Arabic) They say, ‘Maybe one day, Baba will break the locks and escape and then he will come home to us.” How can I keep living when I don’t know if he is alive or dead? Most days, I wish I was dead. (She dissolves into tears, covers her face with her hands and stops talking.) [Fieldnotes, 2/1/2014]

Refugees can come to the U.S. with a great deal of suffering, pain, and trauma. While there is some help available for those who have survived torture at the hands of a government official via the Survivors Support Network, many of the refugees in my study, like Olfat had no access to mental health services once their federally funded health insurance lapses. Some refugees, like Olfat continued to suffer as a result of the separation and concern for relatives who have been left behind, while others, like Um Samir grappled with the pain, trauma and loss of events that occurred in Iraq as well as their second countries of resettlement. Without access to mental health care refugees will continue to feel isolated, and suffer in silence, like Um Jawad, who in Chapter 4 shared her strategy of shutting herself up in her room and crying quietly so as not to disturb her family. Refugees, particularly those coming from contexts of war, need access to mental health care in order to transition successfully into their new contexts. The Office of Refugee Resettlement needs to create programs for those who suffer from trauma, and not restrict it only for those who were tortured “under the color of the law.”

**Improve Available Programming and Extend Period for Language Instruction.** As Thomas (2011) points out, “learning English the likely the most important step Iraqi refugees must take in order to achieve long-term stability in
“America” (p. 209). All of the participants in this study came to the U.S. with little or no English language fluency. This affected their lives in multiple ways. Unable to navigate their new contexts alone, they depended on refugee resettlement employees and agents of the welfare state to do so. With brief support periods and inadequate interpretation services, refugees were unable to advocate for themselves directly, but always had to depend on others to assist them. Their limited English proficiency affected them in many ways, including financially, emotionally, and psychologically. Those who came without English language proficiency also came without credentialing that would translate into the American workplace, leaving them access to frontline jobs with no benefits. Abu Zeina shared his experience with me.

It’s like the moment you get here they put all this pressure on you to find a job, any job as soon as possible. You are told to get a job and are threatened if you don’t. You’re going to starve! You’re going to end up on the street! You don’t have any time to settle in, or get accustomed to being here, or learn the language. They didn’t give me enough time Sally. I think they needed to give me at least a year. If they gave me a year of help, a year of rent assistance and cash, then I could have spent that first year learning English. With more English, I could have gotten a better job, one that can actually give me enough money to cover my family’s needs. With no language, my options were so limited. Walmart was the only company that would even think of hiring me. And now I’m stuck. [Interview, 9/30/2013]

As a result of the brevity of support given by the Office of Refugee Resettlement, refugees were forced to abandon language-learning and focus entirely on employment. While Abu Zeina’s estimation of needing only one year of language learning might be a bit optimistic, the point he made is a valid one: refugees need time to learn the language, and if they are supported financially during that time, they can focus their attention solely on that front.
However, the brevity of the support period is not the only barrier to language-learning. The language classes that were available to Iraqi refugees in Philadelphia were held at their refugee resettlement agency. The distance between the neighborhood where Iraqis lived and where the agency was located proved to be a major obstacle. Um Jawad spoke about this problem and its effects during one of our family focus groups.

We need the agency to help us not feel so isolated. Each of us, we are in our homes, burdened by our troubles and worried about making ends meet. We spend our days this way and it’s not good. I think the thing that makes us even more isolated is the language issue. We need access to language classes that are close to us, and that we don’t have to travel all the way to downtown to the agency to reach. It takes a bus and a subway ride to get us to the agency, and in the winter months the classes end after dark, and that’s just not accessible for us. We need help learning the language. [Family focus group, 4/15/2011]

Um Jawad’s comments pointed to the problematic distance between refugee homes and the resettlement agency. McWilliams and Bonet (2015) point to that fact that Philadelphia’s three largest refugee groups have varying access to language classes outside of the refugee resettlement agency. Refugees coming from Burma and Bhutan live in the southern region of the city, a longtime hub for refugees in Philadelphia, where many faith-based and community groups offer language learning opportunities for both refugee youth and their families. Iraqi refugees, on the other hand, live in the Northeastern part of the city, where there are very few consistent language classes held. For Iraqis, the only option is to go to the refugee resettlement agency. However, the distance between their homes and the agency proves to be enough of a barrier, particularly for women who feel unsafe to navigate the city after dark. This leaves refugees with few options to pursue language learning. Um Jawad’s comments also draw attention to the emotional and psychological effects of being unable to speak the native
language of their new contexts. Feeling isolated from the outside world, women, particularly those who have not joined the workforce spent their days isolated in their homes worrying about their survival.

A final obstacle to language-learning that refugees experienced was related to the quality and method of instruction. Iraqi refugees who attended the language classes offered by the refugee resettlement agency found themselves attending classes with others from all over the world, and with those who had varying levels of proficiency and fluency. None of the classes were taught by Arabic-speakers, nor did they target Iraqi refugees’ specific level of English. Um Zeina spoke to me about the effects of this problem.

When I went to the class, this teacher, this American, she gives me a worksheet filled with words I can’t read, and she smiles at me and tried to communicate with me using signs, how can I complete this worksheet?! I could barely fill out my name, and the rest of that page, I had no idea what was on it. She told me, “Just write random things.” And then I came back the next day, and she asked me to do the same thing. I looked around, and all the people there, an Indian man, a Chinese man, a Spanish woman, half of the people from yesterday didn’t come back. The only two who came back were me and another Iraqi woman, but I didn’t know her. This Iraqi woman, she knew a little bit of English, but I would have to begin from zero, at the lowest level. That woman was able to glean something from those lessons but I didn’t know enough to learn what they were teaching. People told me “Try to endure it. Try to bear it and it will get better, you will learn.” But how can I learn when they give me worksheets and they tell me fill it up with random words. What is this? And the teacher, she meant well, and would pat me on the back and try to teach me, but how can she teach me? How can she teach all of us in the room, the Indians, the Chinese and the Spanish people? How can you teach all these different people? We would all just sit there and smile at each other because we couldn’t talk or communicate. It was like we were smiling at our own failure. That’s all we could do, smile and laugh. So I stopped going because I didn’t learn anything there Sally. [Interview, 6/7/2013]

Even though the Office of Refugee Resettlement encourages refugee resettlement agencies to offer language learning programs in a manner that is culturally relevant and linguistically compatible with a refugee’s background (Thomas, 2011) the English as a
Second Language (ESL) classes were taught by non-Arabic speaking instructors. This makes the already-complex English language incredibly difficult to grasp, as refugees are forced to learn English in “English”, and leaves them unable to communicate with their instructors and their peers. The fact that Um Zeina’s class was filled with students who had varying levels of proficiency and staffed by a teacher who could not effectively communicate with her left her feeling like a silent participant who was ultimately a failure. In my study, several of the refugees who attempted to learn English at first eventually gave up, reporting that it was a “waste of time”, and that they could not learn anything. A policy intervention that could alleviate this problem would be appointing bilingual instructors, who could communicate with Iraqi refugees and meet their linguistic needs.

**Implications for Research and Education**

**Refugee Education as a Site for Citizenship Production**

My work moves away from the prevalent tendency to view refugee education as a form of psychosocial intervention, and rather centers the role of schooling in shaping them as citizens. Much of the research available on refugee education has been mired in trauma discourses, in effect pathologizing the experiences of refugee students. In light of the atrocities that refugee youth may experience, previous research has identified them as subjects shaped by war, violence and suffering. In this framework, providing refugee children with formal education is a form of intervention, serving the purposes of socialization and psychological adjustment. I argue that this perspective, while valid, is lacking in depth and complexity. My work moves beyond this problematic pathology
framework, and emphasizes the importance of education as not only a means for participation in the labor market, but also in shaping youth as particular kinds of citizens.

Through their encounters with the public school refugee youth are learning what they should dare to hope for and who they ought to be in their new contexts. Thanks to their exclusion from public education, Seif and Samah were learning about the type of citizens they were expected to become in the U.S. Denied access to secondary and subsequently higher education, their right to have rights was significantly affected. They were locked into low-wage jobs, with no benefits, working extremely long hours that left no time for language learning or adult education classes. Their aspiration of leveraging post-secondary education into lucrative careers that would pull them and their families out of poverty appears to be but a mirage that is interrupted by the realities of life in the U.S.

Refugee youth who were fortunate to attend their urban public high school (Liberty High) were also learning the type of citizenship they are expected to enact and embody. Students like Ghada and Adam who were verbally and physically threatened at their school by both teachers and students were faced with the message that as Muslims and refugees, they were the “ultimate Other”. For fear of further violence or punishment, students who had been victimized were effectively silenced, leaving them vulnerable to further threat and abuse. Students like Layla learned quickly that her behavior mattered more than learning, and deployed the strategy of silence to pass under the radar. She and her brother Adam were learning that their place in society is to be mere “silent participants” at best.
Reminiscent of Jean Anyon’s (1981) work on social class and school knowledge, these youth were being molded into the types of workers they were expected to become. While I tend to disagree with the rigidity of Anyon’s four school categories (working-class schools, middle-class schools, affluent professional, and executive elite) since I believe that schools probably contain a mixture of teaching styles, knowledge production technologies and control techniques that she argues is distinct to each school, I still find her work to be incredibly informative. Anyon sheds light on the ways that schooling shapes children into future members of the labor force—a process that I contend is very visible through the interactions between refugee youth and their teachers at Liberty High. Told to “shut up when I talk!”, and that their success was “all about their behavior”, these students were learning to follow directions, take orders and accept the total control of the teacher. These students’ experiences matched up with Anyon’s findings in “working-class” schools which were marked by teachers’ control of their students. She argues that the primary educational goal in working-class schools is the “reproduction of a group in society who may be without marketable knowledge; a reserve group of workers whose very existence, whose availability for hire, for example, when employed workers strike, serves to keep wages down and the work force disciplined” (1981, p. 31). Learning as youth to follow directions, to be quiet, to work without questioning, was forming them into the types of workers, and I argue citizens, that they were expected to become.

Citizenship as a Family Affair

Citizenship is often conceptualized as a process and practice that is concerned with individuals. In the most basic, legal concept of citizenship, it is something that an individual either has or lacks, such as a set of documents (birth certificate, passport, etc.)
or a set of rights (for instance Marshallian rights). This study has privileged Somers’ (2008) definition of citizenship, which at its heart is the right to have rights, a process which has been interrupted by market fundamentalism. Even Somers’ conception of citizenship seems to be an individualistic approach, where one’s right to have rights is disrupted by the market’s dominion over civil society and the state. My intervention into the literature and research on refugees, and particularly on refugee citizenship is to break away from the focus on the individual and to center the family. I contend that for refugees, citizenship is inherently a family affair.

My work builds on the scholarship that addresses the critical role of family in the lives of refugees (Anders and Lester, 2013; Dyregrov, Dyregrov, & Raundalen, 2000; Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007). Following the work of scholars like Ariana Mangual Figueroa, I contend that the family is a critical site for citizenship education and production. Mangual Figueroa’s (2012; 2011) research with mixed-status Mexican families explores families as sites for citizenship education. Mangual Figueroa examined how multiple categories of citizenship penetrated daily routines in the home, such as the everyday practice of homework completion routine and the planning for the future routine (a recurrent even in which family members spoke of future plans). Through ethnographic engagement within mixed-status Mexican families, Mangual Figueroa found that parents and children negotiated school and home definitions of citizenship, and in the process also “socialized one another to identities inextricably linked to migratory status” (2011, p. 275). Mangual Figueroa’s work provides a “nuanced picture of how family members of all ages make sense of identities and spaces that are saturated...
with discourses of citizenship” (2011, p. 277). In concurrence with Manguel Figueroa, my study centers the family as a critical for citizen-making.

The family, as a unit, has survived (oftentimes horrendous) instances of threat, violence, displacement, suffering and loss (Segal & Mayadas, 2005; Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis; 2015). The family unit was the one thing that refugees could rely on amidst the chaos that comes with the territory of being a refugee. To truly understand the lives of refugee youth, one must also consider the lives of their family members, who are integral to their story. More importantly, to understand how refugees are accessing or being barred from the right to have rights, one must look at the experiences of the entire family, and not the individual members. The family’s ability to have the right to have rights is mediated through their encounters with the various arms of the welfare state. However, and more importantly, they are also shaping each other into citizens. The family focus groups, which were a cornerstone of this study, captured the ways that families were co-creating their notions of what it meant to be a citizen. To understand the refugee experience, one must center the family, not the individual.

**Drawing on Refugee Families’ Experiences and Knowledge in Classrooms**

Countering deficit-oriented view of refugee families as subjects who are only in need of interventions, my work suggests that there is much that we can learn from refugee youth and their families. As David Haines (2010) argues, refugees “have experienced, and continue to feel the pain of, some of the most brutal events of modern history”, and yet their resettlement “usually lacks the advance preparation and preexisting community structures that are often available to immigrants and of enormous help in their adjustment” (p. 41). And yet, refugee families manage to navigate the institutional
systems of multiple countries, in spite of linguistic and cultural barriers. Each of the families in this study had fled their native Iraq to a neighboring country, had established new lives there, only to do so again in the United States. Even though this dissertation demonstrates the challenges that refugee families faced with various arms of the welfare state, it is important to note their successes as well. None of the families “ended up on the street”, as Abu Zeina was told by his resettlement case manager. All of them had found employment, and in spite of linguistic, financial and health barriers managed life in the U.S. with great success. They navigated the city using public transportation within a few weeks of arriving to Philadelphia. They learned how to pay bills, make doctor’s appointments, shop for groceries, use their food stamps, and do life in America within a few months of arriving. Their ability to adjust, adapt, and learn completely new systems of life, is an incredible strength.

Refugee families have much to share with us about the changing world around us. The global knowledge and experience refugee families have accumulated in their varying settings is a rich resource. For instance, it was through my discussions with Um Zeina that I learned that the unrest in Syria began much earlier than was reported by the media. She spoke of the growing tensions, protests and civil unrest that broke out in her neighborhood and areas all over Damascus as early as the spring of 2010. While the Syrian media did its best to quash reporting on these incidents until official incidents of the Arab spring began in late January of 2011, Um Zeina’s firsthand experience elucidates the real “on the ground” events. Educators can and should draw on the global knowledge and experience in the classroom. As a teacher educator, I would assist my students in designing learning around the global knowledge and experience that refugee
students bring to their classrooms, inviting them and their families to be knowledge-producers and experts.

**Future Avenues for Research**

My plans for future research follow different findings in my work. First, to further explore the critical nature of schooling to the trajectories of youth, I plan to conduct school-based research, particularly in urban public schools with a high influx of refugee students. There, I plan to interview district staff and administration regarding responses to the needs of refugee students, a growing population in urban, public schools. I would interview district personnel to understand how they are accommodating for their refugee students’ needs. How do school administrators, teachers, and staff respond to refugee students’ often interrupted educational trajectories? What happens when students age out? What types of programming is available to them outside of the public school? I would also conduct participant observation in the school, to observe, first hand, what supports are available to refugee students in their schools. Also, to tilt the angle a little, I would like to investigate what supports are available to teachers who have refugee students with unique educational and health needs in their classrooms. A recent report by the New York State School Boards Association (2014) highlighted the struggles that teachers faced in supporting the high influx of refugee students to their classrooms, many of whom had come from contexts of conflict with disabilities like blindness, paralysis, amputated limbs or bullets and shrapnel lodged in their bodies. I would like to know, what are the types of supports available to students and the teachers who serve them?

Second, to further determine and implement supports needed for refugees coming from contexts of conflict, violence and instability, I would like to conduct a comparative
community project with Syrian refugees. My research attests to the long-term effects that life in warzone can have on refugees, including effects on their physical and mental health, as well as struggles with adjusting to life in their third countries of resettlement. I would conduct participant observation at the refugee resettlement agency, observing Syrian refugees in their language classes, and accompany them to their appointments at hospitals, welfare agencies, and schools. This would allow me to document their earliest challenges and opportunities of making a life in the U.S., particularly in the current political climate which is rife with anti-refugee and anti-Muslim sentiment.

Finally, to have a more well-rounded view of the refugee experience, I would continue to be involved in international, comparative research with refugees. For the past two years, I have had the privilege of being involved in an international, inter-university research-collaboration between Rutgers University and the Lebanese American University, led by Thea Abu El-Haj and Garene Kaloustian. Our research has examined the educational ramifications of the Syrian refugee crisis, and in particular how it has disproportionately affected Lebanese urban, public schools. Syrian refugees, now 25% of the Lebanese population, are educated apart from their Lebanese peers, with the exception of early childhood education. Our project examines how Lebanese urban public schools, which struggle to meet the needs of their native students, are providing educational services to the growing population of Syrian refugee children. Our research has uncovered tensions, discrimination, and exclusionary practices between Lebanese policymakers, educators, communities and the newly arrived Syrian families. I hope to continue participating in this and other international research, which will add to our knowledge of what refugee students need in order to succeed in their second countries of
resettlement. Since only 1% of refugees worldwide are resettled to third countries of
resettlement, investigations of their educational experiences in neighboring countries are
critical to informing the research and policy concerned with refugees’ well-being.
### Appendix 1: Participant Information

<table>
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<tr>
<th>Family Surname</th>
<th>Date of Exodus from Iraq</th>
<th>Interim Host Country</th>
<th>Date of Arrival to U.S.</th>
<th>Family Members in the United States</th>
<th>Immediate family members who were not resettled with the family</th>
</tr>
</thead>
</table>
| Musa           | 2003                     | Yemen                | 2010                   | ▪ Baheera Fathy (Um Ahmed) - mother; widow; 47 years old  
▪ Samah Musa - female; primary bread winner; 19 years old; pursued GED; worked 60 hours/week @$5/hr  
▪ Ghada Musa - female; student; 11th grade; 18 years old, was in charge of all house chores due to mother’s failing health  
▪ Adam Musa - male; student; 10th grade; 16 years old, received failing grades in all subjects at his public SDP high school | ▪ Ahmed - male, 28 years old, resided in Kuwait  
▪ Sahar Musa - female, 24 years old, resided in Saudi Arabia  
▪ Mayadda Musa - 27 years old, resided in Saudi Arabia |
| Omar           | 2006                     | Syria                | 2010                   | ▪ Warda Mustafa (Um Samir) - mother; widow; 55 years old  
▪ Heba Omar - female; student; 19 years old  
▪ Samir Omar - male; 35 years old; suffered from paralysis in half of his body during an operation on a | ▪ Bahaa - male; 25 years old.  
▪ Khaled - male; 28 years old.  
▪ Tarek - male, 21 years old  
▪ Surraya - female; widow; 23 years old. (All resided in |
<table>
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<tr>
<th>Name</th>
<th>Year</th>
<th>Location</th>
<th>Year</th>
<th>Details</th>
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</table>
| Hassan | 2000 | Jordan   | 2008 | ▪ Fatima Zaydoun - (Um Jawad) - mother; 45 years old; recently laid off hotel house keeper  
▪ Mohammed Hassan– (Abu Jawad) – father; 50 years old; grocery store cashier  
▪ Seif Hassan- male; 23 years old; convenience store employee; pursuing his GED  
▪ Hussein Hassan- male; 21 years old; warehouse employee; dropped out of high school in 10th grade  
▪ Layla Hassan - female; student; 12th grader, in charge of most household chores  
▪ Ayman Hassan- male; student; 16 years old, plays soccer on high school varsity team |
| Jaffary| 2005 | Syria    | 2010 | ▪ Nadia Shaker (Um Zeina) – mother, 48 years old; home maker  
▪ Sayed Jaffary (Abu Zeina), 43 years old; Walmart employee |

Hassan 2000 Jordan 2008

Fatima Zaydoun - (Um Jawad) - mother; 45 years old; recently laid off hotel house keeper

Mohammed Hassan– (Abu Jawad) – father; 50 years old; grocery store cashier

Seif Hassan- male; 23 years old; convenience store employee; pursuing his GED

Hussein Hassan- male; 21 years old; warehouse employee; dropped out of high school in 10th grade

Layla Hassan - female; student; 12th grader, in charge of most household chores

Ayman Hassan- male; student; 16 years old, plays soccer on high school varsity team

Jaffary 2005 Syria 2010

Nadia Shaker (Um Zeina) – mother, 48 years old; home maker

Sayed Jaffary (Abu Zeina), 43 years old; Walmart employee
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<tr>
<td><strong>Zeina Jaffary</strong> – female; 20 years old; 12th grade student, with Special Ed designation</td>
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<tr>
<td><strong>Dima Jaffary</strong> – 14 years; female; high school student</td>
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