



NNAAC
NATIONAL NETWORK FOR
ARAB AMERICAN COMMUNITIES

Bob Sivinski

Chair, Interagency Technical Working Group on Race and Ethnicity Standards

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Re: Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards (88 FR 5375)

Dear Chair Sivinski,

The National Network for Arab American Communities (NNAAC) and the 106 undersigned nonprofit and community-based organizations concerned with civil rights and equity for underserved communities commend the Office of Management and Budget (OMB) for proposing to revise Statistical Policy Directive Number 15 (Directive 15) to collect detailed data on race and ethnicity through a combined question that includes a “Middle Eastern or North African” (MENA) response option.¹

To better equip federal agencies to enforce civil rights protections, NNAAC and the undersigned organizations urge the OMB to revise Directive 15 to require that all agencies collect, report, and utilize detailed data on race and ethnicity through a combined question that includes a MENA response option. We also urge the OMB to provide federal, state, and local agencies with the resources needed to collect, report, and utilize detailed demographic data in the design and implementation of federally conducted or supported surveys and programs.

In the 1970s, Congress authorized the OMB to standardize federal data collection on race and ethnicity. Under this authority, the OMB issued Directive 15, which currently requires all agencies to collect and report data on race with respect to five categories: “Black or African American,” “White,” “American Indian and Alaska Native,” “Native Hawaiian or Pacific Islander,” and “Asian.” Directive 15 also requires agencies to collect and report data on “Hispanic or Latino” ethnicity through a separate question. Directive 15 is critical to the effective administration of all branches of the federal government, which utilize statistics on race and ethnicity to better enforce and implement civil rights law, identify, and address disparities in program outcomes and resource distribution, and design culturally specific programs, among other important activities. Since the OMB first issued Directive 15 in 1977, historically underserved populations have utilized federal data to fully exercise their civil rights.

¹ Across densely populated states with urban metropolises like California, New York, Illinois, Massachusetts, Florida, and New Jersey, as well as more diffuse or rural states like Michigan, Texas, Pennsylvania, Georgia, Minnesota, and Tennessee, NNAAC members serve low-income and high-need residents in their local communities and provide culturally responsive, linguistically accessible, and trauma-informed services to diverse Middle Eastern and North African communities, including Arab Americans. NNAAC members bridge barriers to MENA populations’ access of high-quality services, including but not limited to the lack of cultural competency and linguistic accessibility in service delivery. NNAAC members also work to improve MENA communities’ health status, educational attainment, workforce readiness, entrepreneurial success, and ability to express themselves through the arts and humanities.

However, Directive 15 has always required agencies to aggregate data on MENA under the “White” reference category, which has maintained troubling inequities in health, education, employment, housing, and voting rights and prevented MENA communities from fully accessing their equal opportunity and equal protection.

By collecting data on race and ethnicity through a combined question that includes a MENA response option, the OMB would empower federal, state, and local agencies as well as community advocates in the private sector to better identify and address existing inequalities between all racial and ethnic populations and subpopulations. Per the Census Bureau, the combined question increases reporting, decreases nonresponse rates, improves accuracy and reliability, and achieves similar or higher levels of detailed reporting for all major groups.² Moreover, the inclusion of a MENA category helped MENA respondents more accurately report their racial and ethnic self-identification, significantly decreased the overall percentage of “White” or “Some Other Race” responses, and significantly increased the percentage of respondents reporting as “Black” or “Hispanic.”³

It is essential that Directive 15 continues to evolve to reflect the rapidly changing demographics of our diverse nation. In the six decades since the OMB first issued Directive 15, MENA populations have grown into some of the fastest growing ethnoracial groups in the country. At the same time, Congress and the Executive branch have built an impressive infrastructure of policies and programs to identify and address the barriers to equality which racial and ethnic populations face. Still, without inclusion in Directive 15, the unique experiences of and worsening conditions of life for MENA populations have gone undetected by the federal government.

I. CIVIL RIGHTS ORIGINS AND INTENTS OF DIRECTIVE 15

The federal government began to connect the dots between federal data collection standards and civil rights and racial equity in 1964, when President Lyndon B. Johnson issued Executive Order 11185 to facilitate coordination of Federal education programs amidst passage of the Civil Rights Act of 1964. EO 11185 established the Federal Interagency Committee on Education (FICE), which called on the federal government to develop standards for the classification of Federal data on race and ethnicity. Shortly thereafter, FICE convened representatives from across the federal bureaucracy to form the Ad Hoc Committee on Racial and Ethnic Definitions, which called for common definitions and a compatible, nonduplicative basis for race and ethnic data collection across all federal agencies. In April of 1975, the Ad Hoc Committee released their recommended taxonomy of terms “for federal agencies to use when collecting, reporting, and maintaining data on race and ethnicity.”

The first iteration of Directive 15, the “Race and Ethnic Standards for Federal Statistics and Administrative Reporting,” was issued in 1977 and closely reflected the recommended taxonomy of the Ad Hoc Committee. It required compilation of data for four racial categories (White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander) and an ethnic category to indicate whether an individual is of Hispanic origin. It also provided guidance that “the basic racial and ethnic categories for

² Census Bureau, “2015 National Content Test: Race and Ethnicity Analysis Report,” *Department of Commerce* (February 21, 2017), p. xii. <<https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2015nct-race-ethnicity-analysis.pdf>>

³ 2015 National Content Test, xiii.

Federal statistics and program administrative reporting” were not to “be viewed as determinants of eligibility for participation in any Federal program.”

The 1997 “Revisions” changed the minimum race and ethnic categories and offered preliminary guidance to agencies concerning tabulation procedures for the purpose of producing as much detailed information on race and ethnicity as possible. In their “Revisions,” OMB acknowledged the importance of tabulation procedures for two stakeholder groups: government officials charged with carrying out constitutional and legislative mandates, such as civil rights laws, progress in anti-discrimination programs, and redistricting legislatures; and the staff of statistical agencies who produce and analyze data to monitor economic and social conditions and trends. The OMB’s acknowledgment betrays a recognition that the design and implementation of **Directive 15 has significant implications for social and economic policymaking as well as civil rights enforcement.**

II. CIVIL RIGHTS IMPLICATIONS OF THE OMB’S PROPOSED REVISION

Directive 15 effectively frames how federal, state, and local governments, as well as their public and private sector partners, understand our racial and ethnic diversity as well as the disparities that exist between social groups. Since local governments, intergovernmental and nonprofit organizations, and private sector firms are incentivized to cooperate with federal standards for data collection, policy design, and program implementation, these data standards are nearly universal in scope.

Directive 15 serves as a guide for the enforcement of legal protections, such as protection from discrimination. Data is instrumental in the demonstration that a law or practice has had a discriminatory or differential impact. Racial and ethnic populations can rely upon federal data on race and ethnicity to demonstrate proof of a “pattern or practice” of unlawful discrimination, which many federal civil rights enforcement authorities require. For instance, federal data is critical to advocating for additional voting practices and ensuring equitable enforcement of existing voting protections. The Census produces data used to enforce voting rights through the Citizen Voting Age Population (CVAP) special tabulation, which disaggregates voter data by race and ethnicity.

However, what is not measured can neither be demonstrated nor addressed. Given the universal scope of federal standards that exclude MENA communities from recognition in data on race and ethnicity, MENA communities are effectively unable to demonstrate a “pattern or practice” and disadvantaged in their ability to bring legal claims against policies or practices that have a discriminatory impact on them. For example, some MENA populations were cracked during the latest round of redistricting in the state of Michigan, where the nation’s greatest concentration of MENA populations reside. **Due to the lack of data on MENA voters, MENA communities and community-based organizations are largely unable to advocate for fair political representation and voter protections.**

Moreover, what is not measured cannot be improved. For generations, MENA populations and subpopulations have experienced significant prejudice and systemic bias. This social disadvantage manifested in deleterious material conditions, such as poor mental health, traumatic stressors, and social

or professional marginalization.⁴ As a result of persistent discrimination, there has been an increase in risk factors for physical health, including high blood pressure, substance abuse, and anxiety, as well as in physical health outcomes, including hypertension and breast cancer.⁵ For example, the Arab-Israeli War of 1967, wars in Iraq and Afghanistan, and Arab Spring, among other conflicts, accomplished a sort of second-order effect by creating a surplus population of MENA émigrés fleeing from violence or state breakdown. When they arrive to America, they come as a racialized and under-resourced population.⁶ The most recent issue of the *ACCESS Health Journal* published studies which identified “a growing body of research” indicating “that Arab Americans,” particularly refugees, “are subject to a host of stressors, including discrimination, lack of social support, and economic hardship that could detrimentally influence their mental health” but which are under-emphasized without “the introduction of [a] MENA identifier in nationally representative epidemiologic surveys.”⁷ **The lack of data on MENA communities does not equip the federal government to analyze and understand MENA health outcomes and conditions.**

The current standards have impeded the federal government from identifying and addressing unequal access to federal programs. Due to the lack of data on MENA communities, **MENA communities are also effectively excluded from consideration in the design, implementation, and evaluation of government policies and programs.**

For instance, the lack of data on the numbers, needs, and locations of the MENA population contributed to the lack of understanding across state and local governments of the significant impact of COVID-19 on MENA communities. As a result, state and local governments failed to support culturally competent outreach and vaccination efforts to an already underserved population. Itedal Shalabi, co-founder of the Arab American Family Services of Illinois (AAFS), reported that it took nearly ten months for the Cook County Department of Health organization to fund AAFS to provide COVID testing and vaccine education, at which point over 12,000 Illinoisans had died of COVID-19.⁸ To educate and reach out to their community without the requisite funding, AAFS reallocated staff time typically earmarked for providing food assistance, mental health, and domestic violence support, among other services. In a *USA Today* article on the significant underreporting of COVID-19’s disparate impact on the Arab American community, the deputy director of ACCESS’ Community Health and Research Center cited the lack of “a racial or ethnic identifier” in the production of misleading “community coronavirus infection rates” and “a false sense of security among community members who believe this is not a disease that impacts

⁴ Nadia N. Abuelezam, Abdulrahman M. El-Sayed, and Sandro Galea, “The Health of Arab Americans in the United States: An Updated Comprehensive Literature Review,” *Frontiers in Public Health* 6 (September 11, 2018): 262, <https://doi.org/10.3389/fpubh.2018.00262>; Patel et al., “A Snapshot of Social Risk Factors and Associations with Health Outcomes in a Community Sample of Middle Eastern and North African (MENA) People in the U.S.”

⁵ Héctor E. Alcalá, Mienah Zulfacar Sharif, and Goleen Samari, “Social Determinants of Health, Violent Radicalization, and Terrorism: A Public Health Perspective,” *Health Equity* 1, no. 1 (December 1, 2017): 87–95, <https://doi.org/10.1089/heq.2016.0016>.

⁶ Abboud S, Chebli P, Rabelais E, “The Contested Whiteness of Arab Identity in the United States: Implications for Health Disparities Research,” *American Journal of Public Health* 109 (September 19, 2019): 1580-1583.

⁷ Sanjana Pampati, Carlos Mendes de Leon, Madiha Tariq, Evette Cordoba and Zaineb Alattar, “The Mental Health of Arab Americans. Finding from Southeast Michigan,” *ACCESS Health Journal* 4th Issue, (Spring 2019): 261-262.

⁸ Assad, S, Tucker, D, Hacker, C. “Across Illinois, Arab Americans Were Dying From COVID-19, But The Government Wasn’t Counting. Some Say That Cost Lives.” CBS Chicago. <<https://www.chicago.cbslocal.com/across-illinois-arab-americans-were-dying-from-covid-19-but-the-government-wasnt-counting-some-say-that-cost-lives/>>

them.”⁹ At an earlier stage of the pandemic, Raed Al-Nasr, a critical care physician at Sharp Grossmont Hospital in San Diego County, identified “higher rates of underlying health conditions”, including “smoking-related conditions, and limited access to medical care” as contributing factors to “a disproportionate number of COVID-19 cases from the Arab and [MENA] communities.”¹⁰ AAFC was ultimately able to advocate for the Illinois Department of Public Health (IDPH) to include a MENA data collection category to track their COVID-19 response. However, the data IPPH produced significantly undercounted their efforts and was not interoperable with federal data. The establishment of a MENA category as part of a combined race and ethnicity question would permit for interoperability of such data.

Another example of how the current standards impede the federal government from identifying and addressing unequal access to federal programs concerns MENA small business owners, who occupy a disproportionate share of the MENA population relative to the share of small business ownership in other racial and ethnic groups. Without recognition in Directive 15, MENA populations are significantly impeded in their ability to advocate for group inclusion in the SBA’s business development program, and the SBA is limited in its ability to identify and address the needs for such services among MENA small business owners.

In 1978, Congress amended the Small Business Act to authorize the Administrator of Small Business Administration (SBA) to establish a program to ensure the “full participation in our free enterprise system” by socially disadvantaged and economically disadvantaged persons.¹¹ The amendment also authorized the SBA Administrator to determine who may qualify as a socially and economically disadvantaged person for the purposes of this program.¹² Under this authority, the SBA issued guidance on which “members of designated groups” they presume to experience social disadvantage such that they are preemptively eligible to benefit under this program.

The SBA also established a process through which group representatives can petition to be included among those presumed to be socially disadvantaged, and therefore qualify to receive business development assistance. To meet the burden of proof, group representatives must use data to demonstrate a connection between economic deprivation of the group and chronic racial or ethnic prejudice or cultural bias. While data produced through the American Community Survey does suggest that MENA populations experience more significant economic deprivation than non-Hispanic Whites, it does not capture data on variables that can establish a connection between such deprivation and racial or

⁹ Ibid.

¹⁰ Al-Naser, R. (May 19, 2020). “Commentary: Arab and Middle Eastern COVID-19 patients are often listed as ‘unknown’. We must be counted.” The San Diego Union-Tribune.

<<https://www.sandiegouniontribune.com/opinion/story/2020-05-19/arab-and-middle-eastern-covid-19-patients-san-diego-county-commentary>>

¹¹ The amendment defined “socially disadvantaged persons” as “those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities” and “economically disadvantaged persons” as those whose “ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged.”

¹² To ensure the full participation of socially and economically disadvantaged persons in the free enterprise system, Congress authorized the SBA to provide such individuals a host of benefits, including mentorship opportunities, business development assistance, access to set-aside and sole-source contracts, and free management training and technical assistance, among other provisions.

ethnic prejudice and cultural bias.¹³ There is a one-to-one correlation between the groups presumed to be socially disadvantaged and those recognized in Directive 15, which reflects the connection between recognition in federal data and representation in, or access to, federal programs.

A MENA category on a combined question would also allow federal agencies to develop a more accurate and holistic picture of racial and ethnic disparities across an increasingly diverse national population. Recent research on the Arab American subpopulation within MENA identifies disparities between Arabs in the United States and non-Arab White Americans in terms of poverty, language access, and insurance coverage.¹⁴ Evidence also suggests that members of the MENA community suffer from poorer health outcomes at a greater rate than do non-Hispanic Whites and face unique cultural and linguistic barriers to accessing high-quality healthcare services. **By aggregating MENA data under the White reference category, the OMB is effectively minimizing the federal government’s outlook of the disparities faced by all racial and ethnic populations relative to the White population and obscuring the unique experience of MENA populations.**

Given the informal discrimination that persists against individuals from the MENA region and the formal exclusion of MENA populations from policies and programs designed to produce equal rights under the law, Directive 15 has deprived MENA populations of equal rights under the law. In this context, a revision to Directive 15 that includes a separate MENA category is long overdue. Recognition of MENA populations in Directive 15 is the first step to redress of the systemic barriers that prevent MENA populations’ full enjoyment of equal protection and equal opportunity under the law. Without an equitable revision to Directive 15, the federal government will continue to fall short of its promise to protect the civil rights of racial and ethnic minorities, socially and economically disadvantaged individuals, and underserved populations.

III. CONCLUSION

Redesigning Directive 15 to produce more detailed data on race and ethnicity is critical to ensuring that federal, state, and local and state governments, as well as community-based organizations, can assess and address the needs of the diverse populations they serve. Collecting detailed data on race and ethnicity through a combined question that includes a MENA response option would better equip all federal agencies to uphold their civil rights responsibilities and eliminate undue burdens on MENA populations’ ability to seek legal protection against discrimination and access programs designed to address their socioeconomic conditions.

By revising Directive 15 to include a MENA category on a combined question for race and ethnicity, the OMB can help agencies and the broader public identify and address disparities between and within the groups recognized in the minimum racial and ethnic categories. In turn, this would allow federal, state,

¹³ The “Community Portrait” of “Arab Americans” published by ACCESS (can be found here: <https://insight.livestories.com/s/v2/arab-american-heritage-v2/0adb9ffd-937c-4f57-9dca-80b81ee46b9f/>) reveals that Arab Americans live in poverty, in linguistic isolation, and in multigenerational households to a significantly greater degree than do non-Hispanic Whites.

¹⁴ Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *Am J Public Health.* 2011;101(suppl 1): S149–S155; Abuelezam NN, El-Sayed AM, Galea S. Arab American health in a racially charged US. *Am J Prev Med.* 2017;52(6): 810–812.

and local governments to improve the quality, coverage, and effectiveness of public services for culturally specific, linguistically isolated, and socially disadvantaged groups. With such data, agencies can provide these groups more culturally and linguistically appropriate services, which increase rates of response to federal surveys and utilization of federal programs across service populations that comprise individuals with diverse cultures, behaviors, customs, and sensibilities. More equitable federal data can also help federal agencies enforce their civil rights responsibilities with respect to MENA populations.

Thus, the detailed combined question and a MENA category produce better data and allow for more effective administration of federal surveys and programs in compliance with federal civil rights requirements. Given these potential benefits, the OMB should leverage the full weight of its administrative capacity to require all federal agencies to collect detailed data to better understand disparities between and within all the populations and subpopulations that comprise the groups recognized in the minimum standards.

For all of these reasons, we implore the OMB to make good on their historical mandate to ensure civil rights and equity for all marginalized and underserved groups by revising Directive 15 to require that all federal agencies collect detailed data on race and ethnicity through a combined question that includes a “Middle Eastern or North African” response category.

Best,

National Network for Arab American Communities (NNAAC)

ABISA

ACCESS

ACCESS California Services

ACCESS of Western New York

Advancement Project

Afghans For A Better Tomorrow

African Services Committee

AFT Michigan

Ahri Center, a project of Tides Center

Al-Bustan Seeds of Culture

Alif Institute

American Humanist Association

American Muslim Empowerment Network (AMEN)

American Syrian Arab Cultural Association

Arab American Action Network

Arab American Association of New York

Arab American Civic Council

Arab American Cultural Center of Silicon Valley

Arab American Family Services

Arab American Heritage Council

Arab Cultural and Community Center

Arab Film and Media Institute

Arab-American Family Support Center
Armenian-American Action Network
Armenian-American Studies Collective
Armenians for Housing Justice
ArteEast
Asian and Pacific Islander American Vote (APIAVote)
Asian Pacific American Labor Alliance, AFL-CIO
Association of Asian Pacific Community Health Organizations (AAPCHO)
Autistic Self Advocacy Network
Bridging Cultures Group
California Immigrant Policy Center
Cameroon Advocacy Network (CAN)
Center for Arabic Culture
Communities United for Status and Protection (CUSP)
Coalition for Asian American Children and Families (CACF)
Connecticut Shoreline Indivisible
Council on American-Islamic Relations, New York (CAIR-NY)
Culturingua
Disability Policy Consortium
Diverse Elders Coalition
Earthjustice
East Bay Sanctuary Covenant
Elmahaba Center
Emgage
Emgage Action
Equality California
Family Action Network Movement (FANM)
Haitian Bridge Alliance (HBA)
Housing Action Illinois
Human Rights First
ICNA Council for Social Justice
Indo-American Center
Japanese American Citizens League
Justice in Aging
Latino Community Fund (LCF Georgia)
League of Women Voters of the United States
Louisiana Organization for Refugees and Immigrants (LORI)
Michigan League for Public Policy
Michigan Immigrant Rights Center
Middle Eastern Immigrant and Refugee Alliance
Majdal: Arab Community Center of San Diego
Michigan United
Michigan People's Campaign
Mizna

MPOWER Change
Muslim Advocates
Muslims for Just Futures
NASTAD
National Asian Pacific American Families Against Substance Abuse
National Center for Transgender Equality
National Community Action Partnership
National Disability Rights Network (NDRN)
National Employment Law Project
National Health Law Program
National Hispanic Council on Aging
National Immigration Law Center (NILC)
National Iranian American Council
National Partnership for Women & Families
New American Leaders (NAL)
New Mexico Immigrant Law Center
Palestinian American Community Center
Philadelphia Arab-American Development Corps
Polygon Education Fund
Prevention Institute
Rising Voices
scaleLIT
Shoulder to Shoulder Campaign
Somali Action Alliance Education Fund
Somali Bantu Community of Greater Houston
Somali Family Service of San Diego
South Asian Public Health Association
South Dakota Voices for Peace
Southeast Asia Resource Action Center (SEARAC)
Start Early
Syrian Community Network
The Arab American Community Center
The Arab American Cultural and Community Center
The Feminist Front
The Markaz Review
True Colors United
UP-STAND
Washington Street Historical Society
Women Watch Afrika
Yemeni Alliance Committee