

# Chapter 1. Somali History and Immigration to the United States

## Somali Geography and History

Somalia is a long, narrow country on Africa's eastern coast that has a population of about 10 million (WHO, n.d.). Mogadishu, the capital, lies along the coast of the Indian Ocean (Samatar, 1993). Though scholars debate the origins of the Somali people and their arrival into present-day Somalia, references to Somalia can be found in ancient Egyptian and Greek texts. By the 12th century, clan families were established and the widespread conversion to Islam had begun (Putnam & Noor, 1999).

Since the mid-1800s, Somalia has faced periods of divisiveness, including colonization by France of the Northwest region, Great Britain of the North Central, Italy of the South, and Ethiopia of the inland region of Ogaden. When colonial powers determined the borders of the country in the 19th century, many ethnic Somalis were left out (in Ethiopia and Kenya), and this has continued to be a source of conflict. Colonial rule existed until 1960 when the Italian and British areas were united into an independent Somalia (Lewis, 1996).



Although the government of Somalia's initially socialist republic had a better relationship with the Soviet Union than with the United States, the government still encouraged democratic participation. However, by the late 1960s, the government was widely considered corrupt and inefficient. Shortly after the assassination of Somalia's president in 1969, a coup led by General Mohammed Siad Barre overthrew the civilian government. Barre then ruled Somalia for the next 22 years. Initially, Barre's rule was popular, but nepotism and lack of accountability led to widespread inequality, which was incompatible with Somali egalitarianism. Under Barre's oppressive, autocratic rule, clan-based opposition militias formed and were manipulated by Barre's regime. In 1990, a full-scale civil war broke out and ultimately led to Barre's overthrow and exile in 1991, and to the disintegration of the central government (Putnam & Noor, 1999). The civil war and ongoing clan violence have handicapped the country's infrastructure and economy.

Because of continued anarchy, clan warfare, and border disputes, civilians have suffered much violence, including torture and rape. Additionally, at least one million Somalis have fled to the neighboring countries of Djibouti, Kenya, Ethiopia, Burundi, and Yemen, contributing significantly to the large population of refugees in the Horn of Africa (Lewis, 1996). Currently, Somalia has no stable central government, and numerous warlords and factions fight for control of the capital and other regions of the country. An estimated 400,000 Somalis have died, and at least 45% of the population has been displaced (Kemp & Rasbridge, 2004). Mortality among female children is estimated to be 228 per 1000, and the average life expectancy for Somalis is 44 years (WHO, n.d.).

## Suggestion



- Be aware that some Somalis may have experienced rape, torture, or starvation. Some may be experiencing mental illness that could complicate adherence to TB medication.
- When possible, attempt to match female patients with female interpreters and health care providers. This is especially important when performing physical examinations.

## Immigration and Resettlement to the United States

The first Somali immigrants to the United States, mostly sailors, arrived in the 1920s and settled around New York. In the 1960s, Somali students began traveling to the United States, either supported by government scholarships or by family members living in the country. In the mid-1980s, small numbers were admitted as refugees; in the 1990s, the number of refugees increased because of the civil war (Putnam & Noor, 1999). The U.S. Office of Refugee Resettlement reports that during 1983–2004, 55,036 Somali refugees resettled in the United States. In 2004 alone, nearly 13,000 Somalis entered the country (U.S. Office of Refugee Resettlement, 2004). Current estimates of the number of Somali-born persons living in the United States range widely, from 35,760 (U.S. Census Bureau, 2000) to 150,000 (Lehman & Eno, 2003). The majority of Somalis have settled in Minnesota, California, Georgia, and Washington, D.C. (U.S. Office of Refugee Resettlement, 2004).

Because most Somalis enter the United States as refugees, the government resettlement process is relevant to TB control programs. Appendix F details specific TB screening procedures for refugee resettlement, but other government programs are also worth noting. The Department of Health and Human Services provides newly arrived refugees with transitional cash and medical assistance and provides a range of social and health services to refugees who have resided in the United States for fewer than five years. Employment services are the primary focus and include skills training, job development, orientation to the workplace, and job counseling. Transitional cash assistance benefits are provided to refugees on the basis of family composition: single adults and childless couples are eligible for Refugee Cash Assistance for up to eight months after arrival, and families with children are eligible for mainstream welfare for unemployed families for up to two years. In terms of health benefits, singles and childless couples are eligible for Refugee Medical Assistance for their first eight months in the United States, and families with minor children are covered by the Medicaid program. Though states must meet certain federal requirements, they have flexibility in designing their assistance programs; therefore, benefits and time limits vary by state.