There are about 250,000 Muslims in the Bay Area and about 67,500 in Santa Clara County. In addition to native born American, Muslims come from many countries and speak many languages. Their commonalities lie in their spiritual beliefs and religious practices.

*This document is currently a draft to initiate discussion on accommodation for all religious practices and beliefs in disaster planning.*

**Language Barriers**- Limited English and/or limited literacy, similar to many immigrant communities. **Suggestions:** Training of community and faith based ethnic organizations to assist with translation of emergency messaging, interpreting and application forms.

**Gender customs-** The Muslim faith has regulations about intergender relations and dress code. This has been a challenge for mass care settings, and many community members may prefer to stay in heavily damaged homes over going to a mass care facility.

* In Islam, women are mandated to wear the *hijab* in the presence of men who are not family members. In an emergency shelter, women would be required to wear the hijab continuously, which could be uncomfortable and challenging. Privacy for changing or bathing may also be an issue. **Suggestions:** Where space allows, set aside a private area for women and children to relax. If possible, provide food and support to Muslim facilities that choose to open a shelter. Ideally provide advance Red Cross shelter management training in advance to interested organizations.

**Food** **-** The Muslim faith has dietary laws that are sometimes difficult to comply with in mass care settings. This is usually due to a lack of awareness in the general population. Feeding staff is more likely to understand and accommodate a request for a gluten-free or nut allergy diet. **Suggestions:** Include information on vegetarian, Halal and Kosher diets in Mass Care training, and modify disaster plans and protocols to accommodate. Consult with local ethnic service providers on where to access appropriate food. Clearly state in public outreach and mass feeding sites that food meets various dietary requirements.

(*Examples*: On a recent deployment to Florida and this became an issue for the IRUSA team. The state run facility for relief workers provided food and we halal meals were requested from camp leadership. The caterers were not able to understand and provide those meals. While vegetarian meals can be provided, after a long and arduous day of physically taxing relief work, protein is needed. Similarly, in New York City during the Pandemic the city gov't worked to provide meals to everyone and found halal MREs for the Muslims community, but faced backlash after the meals were found to be substandard by recipients.)

* **Observing Ramadan** The practice of fasting during Ramadan, which includes abstaining from food and drink during daylight hours, may be challenging in environments that lack understanding or accommodation. **Suggestion**: Mass Care Coordinators aware of Ramadan Days and plan to provide halal meals at proper times (ie before dawn and after sunset).

**Prayer Accommodations-** One of the pillars of Islam is the obligation for Muslims to pray five times daily. Sometimes facilities do not have an appropriate space for congregational prayers. Muslims then need to seek out a place to pray individually.

* During prayers, a Muslim should not speak or respond to others. This has lead to problems, where well-meaning people are concerned that the praying person is sick, because they are collapsed on the floor and not responding to them.
* Preceding these prayers, a purification ritual known as Wudu is performed, involving the cleansing of the face, hands, arms, and feet. In times of disaster, finding clean water and a suitable space for this ritual can pose a challenge for Muslims.

**Suggestions:** Provide cultural sensitivity training for disaster responders and relief organizations. Update protocols so that disaster responders and mass care staff are aware of religious practices and accommodate whenever possible.

**Authority Issues**

* **Uneasy with Law enforcement**- This barrier manifests in different ways in different parts of our community. After enduring years of surveillance, many of the immigrant Muslim community are uneasy with Federal law enforcement agencies, but more comfortable with local law enforcement. Alternatively, the native-born Muslim population and the substantial African American Muslim community are more concerned with local law enforcement. **Suggestions:** Unless essential try to avoid visible presence of uniformed security in the vicinity of relief activities. Public education on Protected Areas so security measures will not be perceived as immigration enforcement.
* **Distrust of Government** – Reluctance to enter a government facility or share information with any government program. Interaction with Authorities perceived as potentially dangerous. **Suggestion:** Government facilities should be the last choice for location of emergency shelters, disaster relief service centers or distribution points

**Healthcare Skepticism** Arabs, Middle Easterners, and North Africans, share a skepticism towards the healthcare system, and tend to be reluctant to seek medical attention. **Suggestions:** Targeted assistance with insurance enrollment and increased support of ethnic service providers to understand and address cultural concerns and misinformation. Cultural sensitivity training in physicians and healthcare workers could help to create trust.

* **Vaccines and Medication** The same distrust exists towards vaccines and medicines.. Quote “*We don't trust that the treatment won’t make us sicker.”* **Suggestion:** Translations into native languages, transparency, and targeted outreach would help communities understand the potential benefits.

**Mental Health Stigma** Immigrants from many Muslim countries may have a a reluctance to acknowledge or discuss mental health issues, and a resistance to services, including counseling. In times of disaster, pre-existing conditions (particularly for traumatized refugees) may be triggered, causing over-reaction or inappropriate response in an emergency. **Suggestions:** Develop agreements with local ethnic service providers for qualified interpreters and translators to help addressing this stigma. Sustained and targeted public education and availability of services in communities may help over time.

**Distrust of Media** Among many Arabs, Middle Easterners, and North Africans is a pervasive distrust in the media, often perceived as politically biased and favoring the West. Biased representation contributes to a sense of marginalization within these communities. Muslims may find limited and often stereotypical representation in mainstream media and entertainment, reinforcing a sense of separation. (*Example*: The Census American Community Survey lumps Arabs and North Africans into the *White* category, essentially eliminating their separate cultural identity and visibility.) **Suggestion:** Find out where local Muslims receive their information and try to get emergency information into a source they recognize in a language they can understand.

**Burial Practices** Traditional Islamic burial practices involve specific rituals and a swift burial. It is believed that delaying the burial can cause unnecessary discomfort for the departed soul. It can cause additional stress and grief to the family if the deceased is not laid to rest in a timely and respectful manner. **Suggestion:** In mass casualty situations, Dept of Public Health can communicate with Muslim community and alleviate their stress by allowing for necessary rituals, at minimum. Include this in Coroner’s protocol. ***Note***: Protocols should be written so that at all times, Coroners make every effort to honor the beliefs and rituals of faith-based communities regarding timing and treatment of bodies. This should be done without extra expense to the families of the deceased.

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