

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL



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DANA NESSEL
ATTORNEY GENERAL

May 11, 2023

TRANSMITTED VIA EMAIL

ATTN: Bob Sivinski, Chair
Karen Battle, Co-Chair
Office of Management and Budget
Interagency Technical Working Group on
Race and Ethnicity Standards
1650 17th St. NW,
Washington, DC 20500

Re: Middle East & North African (MENA) Inclusion in Statistical Policy
Directive Number 15 (SPD 15)

Dear Mr. Sivinski and Ms. Battle:

I strongly support the revising of Statistical Policy Directive Number 15 (SPD 15) to disaggregate the “Middle Eastern or North African” (MENA) category from the White racial category. This long-overdue revision would capture the distinctness of the MENA population and allow that population to be fully and fairly represented with respect to a wide variety of federal, state, and local programs that address racial and ethnic disparities.

As of 2019, over 1.2 million immigrants from the Middle East and North Africa lived in the United States, making up about 3% of the country’s 44+ million immigrants. My own state of Michigan is one of the states that many of these immigrants call home, with MENA-Americans constituting approximately 11% of Michigan’s population in 2016. Michigan’s largest county, Wayne County, is one of four counties in the country that have the largest number of MENA immigrants. As Michigan’s Attorney General, I have the pleasure of serving this community, as well as other communities across the state. Part of that service includes ensuring that each community has access to the information and resources that it needs to thrive. Under SPD 15’s current racial classifications, however, the MENA community is often denied access to such necessary information and resources. I therefore implore the Office of Management and Budget to acknowledge this unique community and accept the proposed revision so that MENA individuals within my state and across the country can finally obtain the recognition and support they deserve.

For decades, the U.S. Census Bureau has classified MENA Americans as White, yet this classification does not account for the cultural, social, health, or economic differences—and therefore, distinct needs—embodied in MENA communities. Nor does this classification represent the perceptions of MENA Americans themselves, who do not view themselves as White and therefore feel invisible under the current census classification. These valued residents deserve to *feel* seen and *be* seen.

But the lack of a standalone MENA racial category is not just a matter of federal statistics. Indeed, it has significant practical results. A lack of data collection related to the MENA community results in a lack of research into the issues the community faces. And a lack of research into those issues means that federal policymakers do not understand or consider the unique needs of the MENA community when creating programs meant to advance civil rights or minimize or eliminate racial and ethnic disparities in healthcare, housing, education, and the like.

Exacerbating this is a widespread lack of access: A variety of the programs created are available only to racial and ethnic minority groups, the determination of which is based, in large part (and in some cases, entirely) upon the ethnic and racial classifications of the SPD 15. Because the SPD 15 does not recognize MENA as distinct from White, the MENA community is oftentimes unable to access these programs. Yet, in many cases, these programs are much needed.

As just one example of this chain of consequences, recent studies show that the MENA population has higher rates of risk behaviors and chronic health conditions than the general population, but due to linguistic- and cultural-competency-related issues, has lower rates of health insurance coverage. Because the SPD 15 does not separately consider the experiences of MENA Americans, these risk factors are not accounted for and therefore are not adequately considered in terms of affording MENA Americans access to programs that work to provide quality health care. And the healthcare-access programs that do exist—such as the Racial and Ethnic Approaches to Community Health Grant Program through the Centers for Disease Control and Prevention—are unavailable to MENA communities due to their non-inclusion as a “racial and ethnic minority group.”

Healthcare access is not an outlier. The same is true in many other areas, from diminished capital and credit opportunities that affect the ability to achieve in business to reduced public funding that affects full participation in the arts. As policy conversations are undertaken to discuss the viability of federal programs, the wisdom of creating new programs, and the direction of federal funds to various programs and agencies, MENA communities must be separately represented in those conversations.

The ultimate goal is to give MENA Americans access to information and resources that are responsive to their distinctive needs and to ensure them the civil rights and racial equity to which they are entitled—in short, to ensure that they enjoy equal protection and equal opportunity under the law. Disaggregating the MENA category from the White racial category on the SPD 15 is the first step toward this goal. As is true with other racial and ethnic minorities, this equality for one is equality for all.

Respectfully submitted,

A handwritten signature in blue ink that reads "Dana Nessel". The signature is written in a cursive, flowing style.

Dana Nessel
Michigan Attorney General