

CRISIS WATCH: Afghans Evacuated to the United States

Key Takeaways for Service Providers

The complex combination of recent crisis, past trauma, and current pressures, means that recently arrived people from Afghanistan are entering the U.S. with multifaceted needs that interact in complicated ways. It is important for providers to have a contextual awareness of the many competing priorities and stressors that Afghan children and families are experiencing. Service providers should recognize and appropriately respond to the following:

- Treatment considerations should take into account that many families do not currently have stability or permanency. Some do not have permanent housing or employment at this time, and most are uncertain about their ability to stay in the U.S. beyond two years.
- Most children and families have loved ones in Afghanistan that are in danger, creating a backdrop to daily life of constant stress and worry. Some may have family members missing, killed, or in hiding during the time you work with them.
- Basic needs are likely to be at the forefront of priorities, and services to meet those needs will help reduce stress and improve wellbeing.
- The term mental health is stigmatized, and people may believe that it equates to only persistent and severe mental illness and that treatment would be in restrictive and abusive settings. Therefore, providers will need to explain in understandable terms what mental health and mental health treatment means in the U.S. They should discuss symptoms, not diagnosis, and use less-stigmatizing terms like emotional wellness or wellbeing. Further, service providers will need to clearly explain their role and scope since these types of professions may be unfamiliar.
- Medical conditions need to be ruled out before any diagnosis is made. While this is best practice overall, it takes on additional importance since people may be arriving with untreated conditions, malnutrition, and past serious illnesses such as malaria and typhoid that may have long-term neuropsychiatric complications.
- What causes mental health conditions and symptoms, what they represent, and what makes them better, varies substantially across cultures and individuals. Providers need to be aware of how social and cultural factors impact beliefs and behaviors, be curious, and be flexible with approaches including incorporating ethno-cultural beliefs and practices.

It takes considerable strength, determination, and hope to seek to rebuild a life in a new and unfamiliar country. While trauma and toxic stress are real, they should not overshadow proven resiliency, perseverance, and courage. Providers should not only recognize this but elevate and celebrate it when working with children and families.

Afghan Evacuation

Afghanistan lies in the middle of important neighboring countries and acts as a crucial hub between South and Central Asia. Because of its strategic and geographical importance, Afghanistan has long experienced foreign interference and invasion, as well as violent domestic conflict. In the last four decades, conflict and crisis has been particularly acute and has included the Soviet-Afghan War (1979-1989), Taliban rule (1996-2001), and the U.S.-led war in Afghanistan (2001-2021).

In the summer of 2021, as U.S. and NATO forces withdrew, the Taliban quickly seized control of Afghanistan. When the Taliban entered Kabul in August, hundreds of thousands of Afghans fearing persecution desperately sought to flee the country. During the last two weeks of August, over 100,000 people were evacuated from Afghanistan to various countries around the globe.

In what became known as [Operation Allies Welcome](#) (OAW), over 70,000 of those evacuated arrived in the U.S. and were placed at military bases, in service areas known as “safe havens”, for further processing. Half of those that arrived were children and youth, including more than 1,400 unaccompanied children who arrived without a parent or legal guardian. Stays at Safe Havens lasted from several weeks to more than five months.

Since September, all Afghans at Safe Havens have departed to U.S. communities, with a rapid acceleration of departures from November 2021 through February 2022. Below are some important contextual considerations for service providers working with Afghan children and families.

Historical, Political and Cultural Information

The ongoing crisis in Afghanistan is complex and spans many decades. Afghanistan is a large country with numerous languages and ethnicities, and rich cultural beliefs and traditions. This [Afghan Background](#), produced in December of 2021 by the Cultural Resource Orientation Exchange, provides important foundational knowledge for providers.

Immigration Context

Most Afghans evacuated during OAW were granted humanitarian parole upon entry into the U.S. Humanitarian parole is not an immigration status, but it confers the right to be lawfully present in the U.S. for two years, and to apply for work authorization. Currently, there is no clear and established path for Lawful Permanent Residence (LPR) or family reunification for those with parole, leaving many unclear about their future. While some parolees may be eligible to apply for LPR based on an approved Special Immigrant petition or through a U.S. citizen or LPR family member’s petition, it is likely that most parolees will have to apply for asylum, which is an arduous process that may take years. Because the asylum process is complex, it is best managed and most successful when done by an immigration attorney. Unfortunately, the high need for asylum is outweighing capacity in many locations, and parolees are unlikely to be able to afford an attorney or find one who is willing to work pro bono. Not being certain about the ability to remain in the U.S. beyond two years increases stress, contributes to fears of deportation, and impedes adjustment.

[Common Forms of Humanitarian Protection for Afghans in the U.S.](#) provides a summary of immigration types and their related benefits.

Benefits

Afghans with Special Immigrant Visas (SIV), humanitarian parole, refugee status, and SI/SQ (special immigrant) parole all have the right to receive resettlement assistance, the right to work, the right to receive medical assistance, and the right to access federal assistance programs like Temporary Aid for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Supplemental Security Income (SSI). However, there are often delays in the processing of certain documents, sometimes for many months. For example, though someone may technically have the right to work, it may be months before they receive their Employment Authorization Document making it difficult to secure employment. Similarly, delays in the issuance of proof of medical insurance may be a serious barrier to receiving medical care.

Afghan Placement and Assistance Program

Afghans with humanitarian parole are eligible for the Afghan Placement and Assistance program (APA), which is administered by the [Bureau of Population, Refugees and Migration](#) and done in partnership with the [nine resettlement agencies](#) operating in the U.S., as well as State-administered programs and community and institutional sponsors. APA is a new emergency assistance program that allows for initial relocation support for 30-90 days. The primary services provided under APA include: airport reception; safe and sanitary housing; adequate food supplies; seasonally appropriate clothing; household items and furniture; assistance with school enrollment for school-age minors; cultural orientation; assistance in completing immunizations (immunizations were begun at Safe Havens); connection to medical care; assistance in enrolling in eligible employment services; assistance in enrolling in eligible public benefits; and limited financial assistance.

While still residing at the Safe Havens, many of the individuals and families were connected to a U.S. resettlement agency - a process called assurance – allowing for a continuum from the Safe Haven into APA. However, some families opted to depart and continue to a destination in the U.S. before they had completed processing or been assured to any resettlement agency. Others opted to go to a location different from the location where they were assured. To request APA benefits, these individuals must seek out a resettlement agency and request to be enrolled, a process known as “walk-in”. Resettlement agencies are at different levels of capacity when it comes to accepting walk-in cases, meaning that many “walk-in” individuals and families must wait for services. As of mid-March 2022, roughly 5,000 Afghan parolees have still been unable to access APA as walk-ins. An APA Virtual Navigator Program was recently launched to assist with these cases and to ensure people can get the support they need. Afghans evacuated as part of OAW have until the end of September 2022 to apply for APA.

Housing

The largescale evacuation from Afghanistan and subsequent resettlement efforts in the U.S. are happening at a time when rents in many communities are rising. In 2021, the average rent in the 50 largest U.S. cities rose 14%.ⁱ Resettlement agencies are tasked with securing affordable housing for

people without a current job or work history in the U.S., or rental or credit history. While Resettlement Agencies are experienced at this task, the large numbers of arrivals along with rapidly escalating rents, is making this a particularly difficult undertaking. As a stop-gap measure, many Afghans are temporarily housed at hotels or other short-term housing arrangements while sustainable housing options are being pursued. Hotel stays have often been for one month, and in some cases, for several months. As of mid-March 2022, roughly two-thirds of all people assured through APA were in permanent housing while roughly one third remain in temporary accommodations like hotels.

While there is some housing support with APA, it is short-term and once permanent housing is found Afghan individuals and families will need to become financially self-sufficient quickly to pay rent. The financial burden and stress of housing costs is profound. Based on experience with refugees in the recent past, it may take years until a resettling family can achieve a sense of financial stability. In the meantime, many individuals may feel constant worry about being able to pay rent and utilities and fear becoming homeless in an unfamiliar country.

Housing is central to people's concept of "home" and thus is closely tied to expectations and hopes about a future. Many people from other countries hold certain beliefs about U.S. housing and the reality of the types of available housing for a newcomer is often disappointing. This disappointment can activate acute feelings of loss (previous home, possessions, social connections, family, etc.). It is also common for people to feel disillusioned and deceived as the life they envisioned in a new country and the reality of their situation collide. This, combined with the pressures of paying rent, makes housing an often fraught and emotional topic for newcomers.

Access Barriers

New arrivals will face a multitude of barriers to receiving services and supports. These include:

- language barriers and lack of professional interpretation,
- absence of translation of critical document and materials, such as school transcripts,
- materials being inaccessible to those who are pre-literate,
- lack of transportation options, and
- lack of childcare.

When people can connect to services, there is also a dearth of providers trained to work in culturally and contextually appropriate ways, often making services less meaningful and effective.

Impact of Trauma and Displacement

Past and recent conflicts in Afghanistan have resulted in significant death and destruction spanning generations. Post 9/11, the war in Afghanistan alone caused close to 250,000 civilian casualties (Brown University's "The Costs of War Project"). Currently, more than 3.5 million people have been internally displaced in Afghanistan and an additional 2.6 million have crossed into another country seeking refuge.

Almost all families arriving from Afghanistan have endured significant hardship due to the multiple decades of conflict; with many also experiencing the violent death of a loved one. In 2002 the U.S.

Centers for Disease Control and Prevention conducted a national population based mental health survey of Afghanistan. It found that 42% of the population in Afghanistan met criteria for Post-Traumatic Stress Disorder while 73% had significant symptoms of Major Depressive Disorder.ⁱⁱ This was before two additional decades of conflict and recent events.

Despite need, there are only a handful of psychiatrists in Afghanistan, and few trained psychologists, social workers, or others able to provide counseling support.ⁱⁱⁱ The country has just one psychiatric hospital where patients may be heavily sedated or even chained to beds.^{iv} There is also a lack of access to psychotropic medications.^v This means that most Afghans are likely to be unfamiliar with supportive mental health systems and effective treatment. The suggestion of a mental health condition may understandably produce a fear reaction given knowledge of the system in the country of origin. This combined with differing beliefs related to causality, meaning, and healing, can make mainstream mental health treatment highly stigmatized or a poor fit.

Pervasive crisis has also eroded the infrastructure in Afghanistan, with many in the country lacking reliable access to clean water, medicine, housing, and food. Consequently, Afghans may enter the U.S. with untreated or poorly treated health conditions, or injuries directly related to conflict. Afghanistan has one of the highest rates of malnutrition in the world, with one in three adolescent girls suffering from anemia and the rate of wasting (acute and severe malnutrition) at almost 10%.^{vi}

Conflict and displacement have been major drivers of interrupted education in Afghanistan for generations. Schools being destroyed, targeted, or taken over by armed groups, the routes reach them becoming unsafe, conflict in the community, families needing to move to safer locations, and widespread poverty resulting from displacement, are all reasons that children stop going to school for varying amounts of time. Before the current crisis, up to half of all children in Afghanistan were not enrolled in school, and approximately 60% of out-of-school students were girls.^{vii} According to the World Bank, approximately 55% of male and 30% of female Afghans aged 15+ are literate.^{viii} The result is not only missed educational opportunities but missed academic opportunities for social and emotional learning and asset development. The combined result of interrupted education and exposure to conflict and displacement is that many children have academic knowledge and skills below grade level-standards, and many experience learning challenges associated with toxic and traumatic stress.

During times of conflict and crisis, the systems, structures, and support networks that help keep vulnerable individuals safe and protected erode, paving the way for increased violence against women, girls, and individuals with diverse sexual orientations and gender identities. In a national survey conducted in Afghanistan in 2008, nearly 90% of women disclosed experiencing at least one form of gender-based violence including physical, sexual or psychological violence and forced marriage, while 62% of women reported experiencing multiple forms of violence.^{ix} The added stressors of a rapid evacuation, changing gender norms and expectations in the U.S. context, and living in poverty in a new country and community all contribute to drivers of gender-based violence within families.

While the current displacement to the U.S. represents an opportunity for safety and a future, it also means separation from loved ones. Many Afghans in the U.S., and almost all that were part of OAW, have left behind family that are facing significant peril. Many are receiving daily, if not multiple times a day, calls from family members asking for help seeking safety or financial assistance so that they can buy essentials like food and medicine. It is not uncommon for members of the U.S. Afghan community to receive the news of a loved one who has been targeted, shot, or who has had to go into hiding. As the situation has become more protracted and further deteriorates, the fear and desperation have intensified.

Afghanistan is a deeply collectivistic culture and supporting immediate and extended family members is considered an important responsibility. This means that many members of the Afghan community are supporting immediate family in the U.S. and extended family in Afghanistan. For new arrivals, the pressure to move to some level of financial self-sufficiency while also meeting the duties of supporting family can be intense.

ⁱ Megan, M. (2022, February 2). *Rents soared in many U.S. cities last year - and may keep rising in 2022*. CBS News. Retrieved February 11, 2022, from [HERE](#).

ⁱⁱ Cardozo BL, Bilukha OO, Gotway CA, Wolfe MI, Gerber ML, Anderson M. Report from the CDC: mental health of women in postwar Afghanistan. *J Womens Health (Larchmt)*. 2005 May;14(4):285-93. doi: 10.1089/jwh.2005.14.285. PMID: 15916500.

ⁱⁱⁱ World Health Organization. (n.d.). *Mental and disability health*. World Health Organization. Retrieved February 11, 2022, from [HERE](#).

^{iv} Raphelson, S. (2018, February 14). *Afghanistan's lone psychiatric hospital reveals mental health crisis fueled by War*. NPR. Retrieved February 11, 2022, from [HERE](#).

^v WHO-AIMS Report on Mental Health System in Afghanistan (2006).

^{vi} *Nutrition*. UNICEF Afghanistan. (n.d.). Retrieved February 11, 2022, from [HERE](#).

^{vii} Ministry of Education, Islamic Republic of Afghanistan, and United Nations Children's Fund (UNICEF). (2018, April 25). *Global Initiative on Out of School Children, Afghanistan Country Study*. <https://www.unicef.org/afghanistan/reports/global-initiative-out-school-children>

^{viii} *Literacy rate, adult male (% of males ages 15 and above) - Afghanistan | Data*. (2021, September). The World Bank. <https://data.worldbank.org/indicator/SE.ADT.LITR.MA.ZS?locations=AF>

^{ix} Nijhowne, D. & Oates, L. (2008). *Living with Violence: A national report on domestic abuse in Afghanistan*. Washington, DC: Global Rights: Partners for Justice