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ISSUE BRIEF

Supporting Afghan Refugees:

A Case for Cultural Sensitivity and Humility in Resettlement Practices

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Introduction

Many refugees have experienced or witnessed atrocities, systematic abuses, discrimination, and years of trauma—that have left life-long emotional, spiritual, and physical scars.

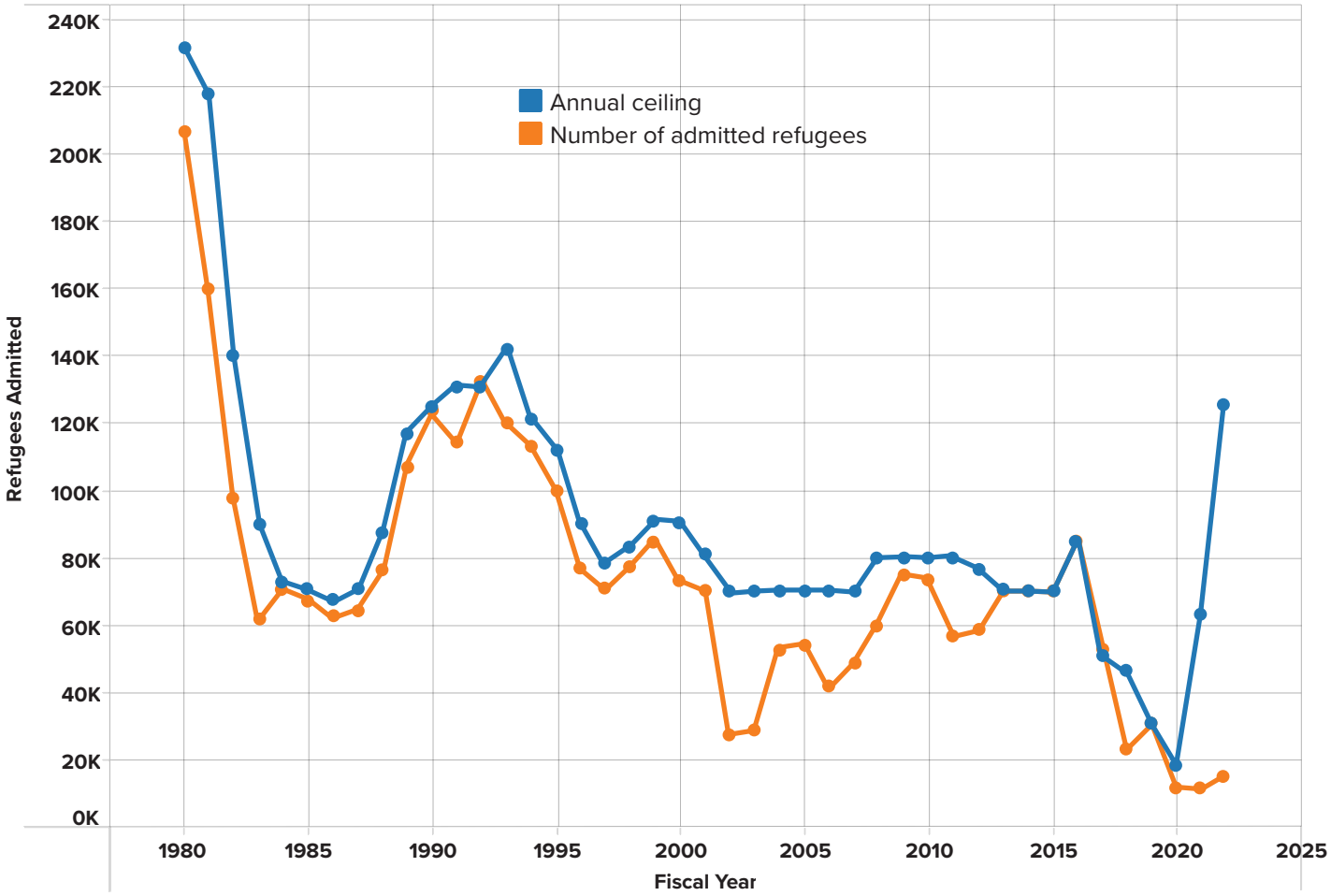
In recognition of the one-year anniversary of the Taliban retaking control of Afghanistan, the authors of this publication seek to raise awareness of the whole person needs of settled refugees in the United States by highlighting experiences of a number of newly resettled Afghan refugees.[1] Our newly arrived neighbors and friends experience unique challenges accessing services that would allow them to thrive and assimilate. This paper hopes to shed light on these experiences and the importance of a community-coordinated approach to support them.

Framing the plight of refugees

In public discourse, immigrants, refugees, and asylum seekers are often grouped together or referred to interchangeably. Yet, refugees and asylum seekers are categorically different from individuals who choose to immigrate, whether for economic opportunity, reunification with family, or some other voluntary reason. Refugees are forced to flee their homes due to war, violence, or persecution—their choice is one of life or death, which places them

1 The first author, Halima Ahmadi-Montecalvo, documented anecdotes (with permission) from newly arrived Afghan refugees through her voluntary work in the resettlement process. Names and other identifying details have been changed throughout.

Figure 1: US refugee admissions and refugee resettlement ceilings, fiscal years 1980–2022 (through June 2022)



Source: "US Annual Refugee Resettlement Ceilings and Number of Refugees Admitted, 1980-Present," Migration Policy Institute, accessed August 3, 2022, https://www.migrationpolicy,org/programs/data-hub/charts/us-refugee-resettlement.

in a legal and social category wholly separate from other migrant populations. It also means their journeys, from initially fleeing to resettlement and assimilation, are fraught with trauma, stress, and grief.

In 2021, approximately 35,000 of the 20.7 million refugees worldwide were resettled.[2] This means that, year after year, millions of individuals assigned refugee status find themselves in a perpetual state of limbo, sometimes waiting decades for the opportunity to be resettled in a safe and stable environment where they may thrive and contribute their talents to their adopted homeland. In fact, each year over 300,000 children are born as refugees while their parents await resettlement.

Describing her experience waiting in a camp in Qatar, Nehal, a 25-year-old activist who fled Afghanistan recalls, *"it was so hot and uncomfortable, more than 500 people were bunched up together. I remember feeling relieved that we were out of danger and away from the Taliban, but I also felt, and still feel, a great sense of loss. We left everything behind, our family, our friends, our careers."*

2 "UN Refugee Agency releases 2022 resettlement needs," United Nations High Commissioner for Refugees, last updated, 23 June 23, 2021, https://www.unhcr.org/en-us/news/press/2021/6/60d32ba44/un-refugee-agency-releases-2022-resettlement-needs.html.

Historically, the United States has been one of the top resettlement countries for refugees worldwide, but its ceiling for receiving refugees has dwindled since 2016 (see Figure 1), due in part to both the political climate and restrictions related to the COVID-19 pandemic.

The vast majority of refugees resettled in the United States in 2021 were from the Democratic Republic of the Congo, followed by Syria, Afghanistan, and Ukraine. As the situations in both Afghanistan and Ukraine continue to get worse, we anticipate more people will flee these countries and eventually represent a larger share of the total resettled population in the years to come, particularly given the 2022 fiscal year cap in the United States was increased to 125,000 refugees, the highest number since 1993.[3]

As the United States prepares to welcome thousands more refugees into its communities, it is important to consider the unique challenges they will face and proactively advance solutions to support their whole-person needs. This paper focuses in particular on the Afghan refugee community. Given the substantial cultural differences between the United States and Afghanistan, resettlement and assimilation for this community will require culturally sensitive and empathetic support for refugees in navigating new socio-cultural contexts. These include, but are not limited to, supporting and connecting to culturally appropriate healthcare, understanding care-seeking behavior and the physical and behavioral health needs specific to this population, and tackling challenges related to education, considering both language and cultural barriers and the fact that girls and women may not have had the opportunity to formally attend school in recent years. Perhaps one of the biggest structural barriers Afghan refugees face in the United States is navigating a complex cultural landscape rife with misunderstandings and poor assumptions about Afghan refugees themselves and their connections to terrorism, resulting in discriminatory attitudes and behavior in the population at large. The following sections include firsthand accounts of Afghan refugees currently settled in the United States, focused on the challenges they face in accessing support and care.

Challenges navigating a new system

Most Afghan refugees do not speak English. The US healthcare system is already difficult to navigate for Americans with deep ties to their communities and previous experience, let alone newcomers from non-English-speaking countries without established health systems. An inability to communicate accurately in a healthcare setting often results in an overabundance of undetected, undiagnosed, and misdiagnosed health problems. Refugee parents who have been in the United States for a short time typically have not yet acquired English language skills and many often rely on their children for translation services, including in healthcare settings. The following narrative demonstrates the challenges this presents when seeking care.

Nadia, a fifty-year-old former teacher and activist, has been in the United States for seven months now. She lives with her husband and thirteen-year-old son. She finds it difficult to navigate the healthcare system here in the United States. She and her husband rely on their son to serve as their interpreter when they have to go to the doctor. She recounted a recent experience that left her "feeling embarrassed and helpless." She said, "I was suffering from night sweats, migraines, a urinary tract infection (UTI), and back pain recently. So, I went to the doctor with my son, who is now fluent in English," she proudly added. "But I could tell my son was feeling uncomfortable by the doctor's questions. At one point, he turned to me and said 'mom, I don't think I can translate some of these things the doctor wants to know from you. It's embarrassing.'" When she asked for a translator, the doctor said they did not have a translator available that day and that is something that needs to be arranged prior to the visit. "So, I told my son to please go ahead and translate, I couldn't bear my back pain and migraines anymore and couldn't wait for another visit." She added, "the doctor wanted to know more about my last menstrual cycle, and sexual activity among other things."

This story illustrates the importance of well-trained medical interpreters and the need to make them available both by phone and in person, on-demand in all healthcare settings. Children of immigrants are often thrust into this role, serving as medical interpreters for their families. This is especially difficult when navigating socially and culturally sensitive topics, like the ones in this narrative, that often upend traditional family roles.

In addition to the cultural and language barriers experienced in navigating the healthcare system, refugee families report health-related social needs such as transportation, healthcare coverage, employment, and social isolation as

3 "US Annual Refugee Resettlement Ceilings and Number of Refugees Admitted, 1980-Present," Migration Policy Institute, accessed August 3, 2022, https://www.migrationpolicy,org/programs/data-hub/charts/us-refugee-resettlement.

primary factors impacting their ability to receive the healthcare they need.

Naheed and Fawad are a couple in their early thirties who live in a one-bedroom apartment with their two girls, ages four and six months. Fawad just got a part-time job at a fast-food restaurant thirty minutes away from where they live. They do not own a car yet, so Fawad takes the bus to work. Naheed stays home with the kids. Fawad has severe eyesight problems and was told by an optometrist to see a cornea specialist about corrective surgery. He was given a referral, but when they called the specialist's office, they were made aware that the office does not accept Medicaid and were given a list of accepted insurance. When they asked how much it would cost if they paid out of pocket, they were told, because they are on Medicaid, the specialist would not be able to accept their out-of-pocket payment. Fawad added, "without this surgery, I won't be able to pass the eye exam at the Department of Motor Vehicles (DMV), so I cannot get my driver's license. If I don't have a license, I can't drive a car. If I don't have reliable transportation, I can't get a job that offers benefits, including insurance that would cover my eye surgery. I feel helpless."

Naheed and Fawad's story may not sound so different from the realities of the millions of Americans living in poverty, supporting their families paycheck to paycheck, and attempting to access support and services. However, Naheed and Fawad have the additional sociocultural barriers of language, culture, and tradition—key to navigating both a society and healthcare system completely different from what they were familiar with in Afghanistan. They are unaware of the existence of resources (e.g., a health advocate) that could help them navigate the US system and find alternative solutions, and also lack a strong safety net or knowledgeable community to fall back on for support. Refugee families like Naheed and Fawad's struggle to navigate the complexities of the US healthcare system and avoid falling through the cracks, overwhelmed by the sheer learning curve of suddenly living in a new place and the knowledge that figuring out how to operate within US systems is essential to their future success.

Discrimination

Finally, immigrants in general, but especially those of color, experience discrimination at the intersection of language proficiency, race, and country of origin. Afghan refugees commonly experience discrimination related to misperceptions of Afghans and their culture, as well as erroneous links, both implicit and explicit to terrorism and the 9/11 attacks. The following narrative is a firsthand account of this type of discrimination in practice.

Ahmad is a twenty-five-year-old Afghan refugee who has now been in the United States for nine months. In Afghanistan, he was a third-year university student studying economics and helping with his family's business. When asked about the biggest barriers he has faced since arriving in the United States, he said, "language, without a doubt. And navigating the different systems in this country. Everything is different. The education system, the healthcare system, the employment system. It's difficult not to be able to communicate." From his perspective, language is the primary barrier, so he is "determined to become fluent soon." He mentioned a recent incident in a hospital waiting room that baffled him and believed the experience might have been different if he had been fluent in English. He explained that he was in the emergency room (ER) late at night with his sick daughter and noticed a wallet left on a nearby chair. He took the wallet to a nurse at the information desk and returned to his seat, but thirty minutes later the police arrived and took him aside for questioning. He was confused as to why he seemed to be in trouble and needed to be questioned, because he thought he had done the right thing by turning in the wallet. His lack of English fluency complicated the encounter and they had to wait and find a translator. He eventually came to learn "the owner of the wallet had claimed that there was cash missing from his wallet. I had to wait for another hour with the two police officers until they were able to access the security footage and see that I did not take anything out of the wallet and, in fact, was telling the truth about trying to do the right thing. What hurt the most was that, after all that, not only did I not get a thank you but I also didn't get an apology for hours of my time wasted, and for the humiliation."

Social determinants of mental and behavioral health

Mental health is defined by the World Health Organization (WHO) as "a state of well-being in which the individual realizes their abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to their community."[4] Refugees present unique mental health

4 "Mental health: strengthening our response," World Health Organization, last updated June 17, 2022, https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

diagnostic challenges because of complex combinations of traumatic pre-migration life experiences and post-migration socio-cultural difficulties often not found in non-refugee populations. After arriving in a host country, refugees often deal with trauma related to the situations they fled from, leaving family and friends behind, and compounding losses of relationships, cultural identity, social support, and social and professional prestige. Additional negative experiences of discrimination and widespread difficulty finding attainable employment and educational opportunities can overwhelm refugees' capacity to cope with adversity, or decrease their confidence that they will be able to do so.

Sahar is a twenty-five-year-old Afghan woman who graduated from medical school just a few months before the Taliban took control of Afghanistan. She had started a job at a hospital in Kabul and was looking forward to saving lives and building a family. She says she is "one of the lucky ones to be able to get out of Afghanistan when she did," but she now works at a meat packing factory in the United States and is trying to rebuild her life, a far cry from what she imagined growing up. Sahar is trying to learn English, a skill she recognizes is key to finding her footing in the United States, but is often hindered by poor concentration and the mental strain of experiencing flashbacks related to her pre-arrival experiences, a reality she finds "really frustrating." She also cannot shake a deep, pervasive feeling of guilt over family, friends, and colleagues who remain in Afghanistan, admitting, "I constantly think about them, and feel really guilty that they are stuck in a really bad situation, and I can't do anything to help."

Having originated in a war-torn country, Afghan refugees have across the board been exposed to a range of factors that adversely impact their mental health and are not common in the new communities they have joined. The effects of these pre-arrival experiences may persist long after their arrival in a safe country, interfering with meeting the challenges and demands of settlement. Mental health symptoms related to these experiences also may present as somatic symptoms, such as fatigue or headaches, rather than the typical psychological symptoms included in most anxiety and depression screeners. Thus, they may go both undiagnosed and untreated. Most refugees arriving in this country, regardless of their results on validated psychological screens, are carrying traumatic memoråies and should be connected to culturally appropriate behavioral health support as standard practice to avoid people slipping through the cracks.

Takeaways

While the United States has, from its very founding, been a country of immigrants at its core, it is also a country divided by tribalism and ethnic and racial identity. Those considered to be "other"—foreigners, non-English speakers, people whose cultural values and beliefs are viewed as incompatible or competing with a perceived American ideal—are inherently distrusted. Yet, Afghan refugees settled in the United States have undergone perhaps some of the most stringent background and security screenings practiced to date, sometimes taking years to complete. These individuals have come to the United States for safety and asylum, but also for the freedom to participate in society and contribute their talents and experience. This is particularly true of the civil society and women's rights advocates who had to be evacuated at the eleventh hour before the last American troops left Afghanistan. The majority of this category of new refugees can make profound contributions to society in the long run, if they are provided with the initial support to navigate the US education, employment, and healthcare systems. Now that we have provided safety and shelter to these and other refugees, we must invest in integration and assimilation processes that respect the deeply formative nature of their varied cultural traditions, beliefs, and experiences, but also provide a foundation on which to build and embrace new lives in a new place.

Recommendations

The narratives and firsthand accounts of Afghan refugees captured in this paper make the case for a number of policy and systems-improvement recommendations.

- First, medical interpreters that speak Dari and Pashto must be urgently recruited, since interpreters that speak Farsi and Persian may not understand and interpret every Afghan refugee's needs accurately. It is also critical that those providing medical interpretation have the background and skillset to do so competently. Medical interpretation requires a knowledge of medical terms and jargon in both English and the translated language, as well as the ability to translate that information into lay terminology that patients can understand. Simply translating the words is not enough to adequately support these needs.

- Second, cultural literacy, sensitivity, and humility must be built into all systems (e.g., healthcare, education,

and employment) that serve refugee populations. When refugees think seeking services often involves mistreatment, they are less likely to even make an attempt, resulting in untreated health issues, social isolation, and a feeling of not belonging. This also means American communities miss out on the potential contributions of these often highly educated and skilled individuals. It is imperative that refugees and communities are supported by systems that prioritize awareness and cultural humility, trust building, and inclusive environments.

- Third, policymakers need to better understand barriers to access and the reasons underpinning low utilization of available physical and mental health services in this group of refugees. At a minimum, actual refugee voices must be sought out, elevated, and taken into consideration, as has been done in this paper. Illustrating systemic barriers through personal stories and firsthand accounts is key to ensure the refugee perspective is considered in legislative decision-making processes. Without the perspectives of those expected to benefit, policy and legislation will likely continue to miss the mark and, to some degree, end up perpetuating the existing cycle of mis- or underdiagnosed health problems, negative long-term treatment outcomes, and higher healthcare costs.

- Fourth, research, analysis, and evaluation dedicated to developing interventions and programs serving refugee populations must be driven by accurate data. Collected data must be disaggregated by ethnic and cultural identities to fully capture the diversity of experiences across refugee populations and ensure inclusivity of all perspectives. Diverse methodologies in research, including both quantitative and qualitative approaches, are also needed. This is especially important for the translation of data collection tools, such as surveys and interviews, as they should be conducted in refugees' native languages to enhance the quality of research and likelihood of producing actionable findings for both policy and practice. Literature that is specifically applicable to the needs of Afghan refugees is currently limited, for instance, so research should be focused on this population in order to address this particular gap in knowledge.

Dr. Halima Ahmadi-Montecalvo is a first generation Afghan refugee, a social and behavioral scientist, and epidemiologist with nearly 20 years of experience in social and behavioral research and evaluation work. She is the Senior Director of Research and Evaluation at Unite Us, where she leads evaluation efforts to measure the value of social care investments. Dr. Ahmadi-Montecalvo's research focuses on the social determinants of health and health inequities, with a particular interest in issues explaining factors within the social and built environment that affect the lives of vulnerable population groups.

Dr. Amanda Terry is a medical anthropologist and public health professional with nearly 20 years of experience in community engaged research and applied mixed methods design. She is the Associate Director of Research and Evaluation at Unite Us, where she leads the company's qualitative research and evaluation efforts. Dr. Terry's research focuses on the social drivers of health associated with maternal and child health outcomes and chronic disease prevention and management, with a particular interest in understanding the unique role culture and social capital play in driving health outcomes.

Belquis Ahmadi is a human rights lawyer with over 20 years of experience working on issues related to rule of law, civil society development, governance, democracy, countering violent extremism and peacebuilding.

At the United States Institute of Peace, where she works as a senior program officer, Belquis is focused on promoting rule of law, women's access to justice, countering violent extremism, and women's participation in the peace process.

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