

# Welcoming Afghan Arrivals

## Resources for Grassroots Efforts

- Background data: Tens of thousands of Afghan refugees are being resettled throughout the US in nearly every state.
- Some Afghan children who receive parole are included in the [Unaccompanied Refugee Minor program](#) administered by the Office of Refugee Resettlement (ORR) and located in 15 states and DC. These children are eligible for Medicaid, standard domestic medical screening, per [CDC Domestic Refugee Screening Guidelines](#), and are usually placed in group homes, in foster care families, or may be adopted, depending on if guardians or relatives can be identified.

## What AAP Chapters and Individual Pediatricians Can Do to Help Welcome Afghan Arrivals

### CULTURAL HUMILITY

Afghanistan is a multi-ethnic country that is linguistically, culturally, and religiously diverse. Therefore, principles of cultural humility are essential when caring for the diverse community of new Afghan arrivals.

[Cultural Humility](#) is a communal reflection to analyze and address the root causes of health disparities and institutional inequities in medicine. It is a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. The three principles:

1. Lifelong learning and critical self-reflection
2. Recognize and change power imbalances
3. Institutional accountability

### Tips for Providers Preparing for Families Arriving from Afghanistan

1. Be prepared to be open minded to a new culture, accepting new ways of life, paying all attention to remain non-judgmental and avoiding any prejudicial state of mind.
2. Offer the best means of translation and communication services that would mitigate the language barriers that may lead to misunderstanding, inaccurate assumptions, and hence, poor or dangerous clinical judgement and decisions.
  - Even if the father was a US military translator/interpreter, having a certified medical interpreter for the mother and children is important.
3. Confidentiality is important to review for all teens, mothers and fathers. This may be a new or misunderstood concept in the medical setting.
4. Culture shock, and later generational conflict between kids and parents is another aspect to consider.
5. Support and encourage maintenance of the native language and hence the bilingual home environment; there is strong evidence of positive effects of bilingual environment on child development.
6. Check out the [presentation](#) by Drs Nadia Hashimi and Zarin Noor, pediatricians and advocates of Afghan heritage.

## CLINICAL

Children newly arrived from Afghanistan are a special population requiring unique clinical considerations, including recognition of circumstances and risks that may have ensued in Afghanistan, during flight, or upon arrival to the United States.

### Clinical Considerations:

1. Most Afghan evacuees arriving in the United States will be [eligible for health insurance](#). There are several options based on status. Make sure eligibility workers are aware in your area.
2. Obtain overseas screening records from your state refugee coordinator. Visit the Office of Refugee Resettlement (ORR) [State Refugee Coordinator Directory](#).  
*Note: Afghan arrivals will have minimal if any overseas records. Copies of screening records from military bases may be sent with the arrival. At writing, arrivals are receiving:*
  - COVID test
  - The J and J COVID vaccine if  $\geq 18$  years
  - Vaccines: MMR #1, VZV #1 and IPV #1, if age appropriate
  - TB screening: CXR for  $\geq 15$  years, IGRA or PPD for 2-14 years
  - Always confirm that this has been done
3. If you are concerned for loss to follow-up with you, difficulties and delays in getting prior records (which is a real issue), and you can easily do screening there (without financial harm to family, weighing need to diagnose immediately or not), go to [CareRef](#) and perform the recommended medical screening:
  - IGRA
  - CBC with diff
  - HepBsAg
  - Strongyloides IgG
  - Albendazole x 1 for presumptive treatment of soil transmitted helminths OR O&P x 2-3 collected 12-24 hours apart
  - Lead
  - Syphilis EIA
  - HIV
  - HepCab (Hep C has presumed higher prevalence in Afghanistan than in the US)
  - If 13 and over, urine pregnancy test and GC/CT
4. Micronutrient deficiencies are common: iron deficiency anemia as well as vitamin D deficiency for veiled mothers, teenagers and their infants who have had prolonged breast feeding without vitamin D supplementation.
5. Birth control: Please offer this per standard of care, evidence-based guidelines. These can be found on the [CDC Domestic Refugee Guidelines site](#).
6. Mental Health: Many newly-arrived Afghan children have been exposed to traumatic events and may have experienced traumatic separation. This may present as somatic symptoms (e.g., abdominal pain, headaches), eating disturbances, and sleep disruption that may be attributable to unique medical risks (e.g., parasitic infections, exposures) and/or caused or exacerbated by trauma. Familiarize yourself with the [signs and symptoms of trauma in children](#).

### Clinical Resources:

1. Partner with the [Coalition for Immigrant Mental Health](#).
2. Familiarize yourself with local mental health resources.

3. Consider resources relevant to traumatic separation among immigrant and refugee children, such as resources from the [National Child Traumatic Stress Network](#) and their guide, [Psychological First Aid for Unaccompanied Children](#).
4. Share and circulate the [AAP Immigrant Child Health Toolkit](#) to members and colleagues.
5. Go to the [CDC Domestic Refugee Screening Guideline](#) site to learn more about standard, evidence based screening offered to refugee arrivals.
6. Access [CareRef](#) to learn how to use this screening tool in your office while seeing patients.
7. Publicize and view the AAP webinar, [Unaccompanied Children Current Legal, Policy, and Medical Consideration](#).
8. Go to the [MN Center of Excellence in Newcomer Health](#) site where there is a library of webinars (including several webinars specific to Afghan arrivals that will be posted soon) regarding unaccompanied refugee minors, review of screening standards for newly arriving children, and other resources.
9. Visit the MN Center of Excellence in Newcomer Health site to review the Afghan Clinical Guidance Workgroup's [Brief overview for clinicians caring for Afghan new arrivals](#).
10. Visit the [Colorado Center of Excellence in Newcomer Health](#) site to see their patient-focused health education resource repository for Afghan Newcomers in languages including English, Dari, Farsi, Pashto, and Urdu.

## ADVOCACY

1. Become familiar with [AAP's stance on supporting Afghan evacuees](#) in collaboration with several organization across the country.
2. Reach out to school districts and community organizations to offer support and linkage to medical care.
3. Reach out to local Resettlement Agencies in your state—those charged with accepting and resettling Afghan arrivals.
4. Connect with the Office of Refugee Resettlement (ORR) – [State Refugee Coordinator Directory](#) in your state.
5. Partner with your local refugee servicing organizations including resettlement agencies and other non-profits.
6. Understand access to [federal programs](#) and public benefits in your area. [NILC: Afghan New Arrivals and Access to Public Benefits](#).

## OTHER RESOURCES

1. AAP policy, [The Effects of Armed Conflict on Children](#), laying out the short & long-term effects of armed conflict on children's health
2. A resource, [Talking to Children About Tragedies & Other News Events](#), found on [healthychildren.org](#)
3. [CDC Domestic Refugee Screening Guidelines](#) and [CareRef](#) Clinical Assessment for Refugees
4. Welcome with Dignity (WWD) [Talking Points and Messaging \(FYI - This is a Google Doc\)](#)
5. Welcome with Dignity (WWD) [Graphics, GIFS \(FYI - This is a Google Drive\)](#)
6. Welcome With Dignity (WWD) Twitter [latest video](#) on Afghanistan to reshare on Twitter
7. [Welcome.US](#), a national effort to welcome and support Afghan families
8. [We Are All America Toolkit](#) – Afghan Rapid Response Toolkit (FYI - This is a Google Doc)

9. [Refugee Council USA Social Media Toolkit](#) – Afghanistan Sign On Letter Social Media Toolkit (FYI - This is a Google Doc)
10. [Evacuation of Afghan Allies Social Media Toolkit](#) (FYI - This is a Google Doc)
11. Various ways to help by the [International Rescue Committee](#). The IRC responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future.
12. [Women for Afghan Women \(WAW\)](#) – A grassroots civil society organization dedicated to protecting and promoting the rights of disenfranchised Afghan women and girls in Afghanistan and New York.
13. Lead screening in Afghan refugees. See papers/reports:
  - [A Denver Refugee Clinic Blood Lead Level Analysis](#) in Refugee Females of Reproductive Age, 13-45 years, 2014-2019
  - [Childhood Lead Exposure Associated with the Use of Kajal, an Eye Cosmetic from Afghanistan](#) — Albuquerque, New Mexico, 2013
14. The Washington Post Article: [For Afghan evacuees arriving to U.S., a tenuous legal status and little financial support](#) (Published 9/1/21)
15. MPI: [Different Statuses, Different Benefits: Determining Federal Assistance for Afghan Evacuees](#) (Published 9/2021)
16. NILC [“Overview of Immigrant Eligibility for Federal Programs”](#) which was updated to reflect Congress's most recent action
17. U.S. Committee for Refugees and Immigrants: [“Resources for Afghan Allies.”](#)

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