

# US Response to Refugee Crisis after Military Evacuation from Afghanistan: A Disaster Perspective

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## OBJECTIVES

**This is a descriptive study to highlight the challenges faced by refugees resettled in the United States.**

1. Identify the resettlement process for Afghan refugees arriving to the United States.
2. Discuss the challenges faced by refugees.
3. Highlight the need for interoperability between governmental and non-governmental agencies to improve access to resources in preparation for disasters.

## BACKGROUND

The United Nations High Commissioner for Refugees (UNHCR) has reported that there are roughly 101 million refugees around the world. A refugee is, “a person who has fled war, violence, conflict or persecution and has crossed an international border to find safety in another country” (UNHCR, 2022). Since its inception, the United States (US) has been a refuge for migrants, asylum seekers and refugees. The US is home to refugees from around the world including Iraq, Armenia, Turkey, Syria, Yemen, and Afghanistan. Relocating to a new area presents challenges due to new languages, climates, and varying religious beliefs to culture as well as societal norms. Refugees must navigate all these changes as well as learn to navigate a new health care system.

In the US and around the world, the numbers of refugees are increasing. To meet this crisis UNHCR created the Preparedness Package for Refugee Emergencies, a reference guide for preparedness, in collaboration with governmental and nongovernmental entities. Although this provides a framework, it is not all inclusive. The United Nations International Strategy for Disaster Reduction defines a disaster as a “serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources.

The World Health Organization defines disaster as a sudden ecologic phenomenon of sufficient magnitude to require external assistance as cited in Makwana, 2019. Recently settled refugees may not be prepared for new climates and the natural disasters that come with it. This can be a result of accessibility to resources and education, socioeconomic status, and the lack of a strong disaster preparedness structure. In the United States, each geographic area has unique set of confronted disasters such as flooding, earthquakes, tornados, and severe drought. Having a basic knowledge of disaster preparedness can help refugees prepare for such events, as well as mitigate the potential aftermath of injuries and illnesses.

## DISCUSSION

### CHILDREN

Depending on the age of the child and their life prior to being evacuated, the children present with a unique set of challenges. They may have psychological trauma, undiagnosed conditions, stress, and significant fear. All this effects their ability to assimilate in their new schools while facing countless changes including maintaining cultural identity and new surroundings. Providing information on disaster preparedness with all of this in mind is necessary to ensure that children will absorb the information and be able to act in times of crisis.

### JOB REQUIREMENTS

Many refugees had fulfilling and important jobs prior to their resettlement. Unfortunately, they may not be able to have the same job in the US due to regulations, standards and transferability of degrees/licenses and visa status. This puts refugees at an increased risk to be impacted during disasters as they may accept work that is not safe in order to provide for their families.

## WHAT NEEDS TO BE DONE

Inclusion of vulnerable populations including refugees is critical for their safety and well-being as well as overall mental health. Tailored education in disaster preparedness is crucial for refugees as they are often place in unfamiliar environments, cultures, and climates. Providing culturally competent information allows refugees to react during disasters. Having the tools to mitigate health and financial repercussions allows these families to thrive in their new home. Furthermore, having refugees at the table during the creation of disaster plans will ensure that their needs are met as well as those of their new countrymen.

## RESETTLEMENT

There are medical requirements that refugees must obtain in the host country prior to resettlement in the United States. Some of the host countries evacuated to did not have a robust healthcare system and prior to the arrival of these refugees, citizens had difficulty accessing healthcare. The addition of refugees that need priority medical assessments, vaccinations and other treatments greatly impacted the already overburdened country. Upon arrival to the US refugees were provided medical evaluations and connected with various non-governmental organizations (NGOs) to help facilitate resettlement. The information provided included basics such as housing, local resources and sources for employment. With so many competing priorities, disaster preparedness is often left out leaving refugees vulnerable as they settle into their new homes.

## DISEASE OUTBREAKS/ACCESS TO CARE/MEDICAL MISINFORMATION

As outbreaks of infectious diseases increase around the world, refugees who may not have the benefit of immunity or knowledge of the disease. Furthermore, we saw during the COVID pandemic, ethnic groups and populations were affected differently by the disease and this is something that needs to be taken into consideration. Undiagnosed medical conditions; undertreated chronic health conditions including psychiatric illness increase their vulnerability. Furthermore, based on previous experience many refugees lack trust in health care and medical personnel creating another barrier. Having an advocate to support them will allow refugees to comfortably seek and access care as well as decrease the risk of medical disinformation especially during a disaster.

## CULTURAL/RELIGIOUS CONSIDERATIONS

As refugees create a new home for themselves, they must balance assimilation with maintaining their cultural and religious identity. Significant time and effort were spent ensuring that refugees were resettled in communities that were friendly and accepting. However, despite all this work refugees will encounter discrimination and challenges due to language, cultural and religious practices as well as the fears of their new neighbors. Providing resources and strategies needed to combat these challenges aids in the resettlement process and beyond.

## CONCLUSION

Refugees, regardless of the country from which they were displaced, need more education on the pertinent disasters in their area, and how to appropriately prepare for them. The value of including refugees in community engagement is vital for their well-being and assimilation. Stakeholders and public health advisors need to engage refugees and other vulnerable populations after they have settled in their new area to conduct a needs assessment and identify factors that affect their livelihood and work on building those areas up to decrease morbidity and mortality and to create a culture and society of inclusivity and care to promote resiliency. There is the need to be proactive rather than reactive as it pertains to vulnerable populations for disasters.

Disasters create their own unique challenges to accessing care and when there are refugees or individuals that had limited to access to care prior to the disaster, this creates more complex set of needs. Though these populations experience disasters in their home country, there is a need to supplement current education, especially in the refugee population, on arrival to prepare them for potential disasters which endanger them in their new home.

## REFERENCES

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