

Special Immigrant Visas, Afghan Parolees, and Medical Care

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Abstract

The Special Immigrant Visa (SIV) program provides a path for foreign nationals who work with the U.S. government abroad to legally immigrate and acquire permanent residence. Special Immigrant status is similar to refugee and asylee status in that holders leave their countries of origin to escape persecution and threats of danger and in that they receive resettlement assistance and many public benefits once they arrive to the U.S. The recent crisis in Afghanistan surrounding the U.S. withdrawal of troops has complicated the special immigrant program and created an influx of thousands of Parolees across the U.S. After processing on military bases, Parolees receive the same public benefits and resettlement assistance as Special Immigrants. Caring for Special Immigrants and Parolees requires an understanding of their cultures and unique risk factors for diseases. Learning how to care for them effectively will become increasingly important for U.S. medical providers as Parolees are transitioned from military bases and more Afghan nationals apply for humanitarian parole going forward.

The Special Immigrant Visa Program

The term refugee refers to individuals who are displaced from their country of origin due to persecution, whether it be based on race, religion, nationality, social grouping, political ideology, or experiencing population control measures, such as forced abortions or sterilizations. In the United States, the classification of refugee is used specifically for immigrants meeting this definition who are screened for resettlement while outside of the U.S. A separate, but similar, classification for immigrants is as an asylee, who is an individual that may meet criteria as a refugee and applies for resettlement while present in the United States or at a U.S. port of entry. In 2020, approximately 12,000 individuals were resettled in the U.S. with refugee status. In recent history, the admission ceiling has been as high as 110,000 in 2017 under President Obama and had decreased significantly under the Trump administration.¹ In 2019, approximately

46,500 individuals were resettled in the U.S. as asylees, a growing figure year-to-year.¹

A third category that is often included with refugee status and asylee status is “Special Immigrants”, or Special Immigrant Visa holders (SIVs). Since 1965, these visas have been awarded to individuals who have provided public service abroad through non-profit work or work with the US government and to individuals who have been endangered by their work for the U.S. Government. The program has evolved over its existence to include various additional categories of qualification, including now religious workers, graduates of foreign medical schools, and international journalists. The SIV program initially held a limit of 10,000 immigrants annually, with special limits on specific sub-categories. This total was increased to 7.1% of the worldwide level of employment-based immigration in 1991.²

The National Defense Authorization Act expanded SIV eligibility in 2006 to Iraqi and Afghan translators working with the U.S.

military, and the Refugee Crisis in Iraq Act (RCIA) and the Afghan Allies Protection Act (AAPA), in 2007 and 2009 respectively, expanded the SIV program to residents of these countries who are generally employed by the U.S. government and its affiliates. Interpreters had to work with the U.S. military for at least 12 months before applying, and all others had to work with the U.S. government for at least 24 months. The cap for interpreters was initially set at 50 annually and later was increased to 500 annually. The RCIA had a total quota of 7,500 visas for Iraqi nationals. The AAPA had an annual limit of 1,500 for Afghan nationals from 2009 to 2013, since then this cap has been updated on an annual basis. Through the combination of these bills, approximately 100,000 Iraqi and Afghan nationals had received SIV status as of March 2021. About 31% of recipients were principal applicants and the remaining 69% were dependents of these applicants.²

Applying for SIV status can be a lengthy and challenging process. Applicants must submit materials to the Department of State (DOS) for approval: a letter from their employer, a letter of recommendation from a U.S. citizen that directly supervises them, and a written case for why their work with the U.S. government puts them in likely danger. Once approved, they must submit a separate petition to the Department of Homeland Security (DHS). Once approved by the DHS, they then submit additional materials to the DOS, including birth certificates, passport biodata, and additional civil documents that may vary, for every family member applying. Then each adult family member is interviewed in person at a U.S. consulate, and background checks are carried out. Applicants also must submit medical examinations that they pay for themselves. Difficulty with any step of this

process can significantly delay an application. Visa caps have not led to rejection of otherwise approved applicants, however, caps have led to significant delays in issuance of visas. As of January 2021, the average processing time for Afghan SIV applications was 996 calendar days, despite a goal of 9 months.²

As of 2010, SIV recipients can choose to receive the same federal public benefits as refugees. This decision must be made during the application process, and not all applicants choose to receive these benefits. With resettlement assistance through the DOS and Department of Health and Human Services, SIV recipients can receive transportation to the U.S. and services through non-profits to help with resettlement once there, such as with employment and housing. They can also be eligible to receive Medicaid and Supplemental Security Income (SSI). SIVs give permanent legal residence in the U.S., and recipients can apply for citizenship after 5 years of residence.²

Afghan Parolees

As of May 2021, there were between 17,000 and 18,000 Afghan SIV applications being processed, and it was unknown how many more Afghan nationals were eligible for the program but had not yet applied.² Furthermore, it was unknown how many people were technically ineligible yet still at risk of retaliation for their work with the U.S. government. In the Summer of 2021, as U.S. troops were pulled out of Afghanistan and the Taliban gained territory at a rate faster than previously expected by U.S. officials, the demand for SIVs grew exponentially and is still yet to be accurately measured.

On July 29, 2021 an emergency appropriations bill was passed in order to

assist with accelerating the application process. This bill increased the Afghan SIV cap by 8,000, reduced the work requirement from two to one year, waived pre-evacuation medical examinations, and allowed relatives of deceased applicants to continue their applications.³

In August 2021, after the fall of Kabul, Afghanistan's capital city, the U.S. began enacting humanitarian parole. Humanitarian parole has been used in the past for urgent evacuations, such as when 130,000 Parolees were evacuated from Vietnam in 1975. In the past, Parolees have been withdrawn from dangerous regions, vetted outside of the U.S., and then welcomed as processed immigrants. Recently, SIV applicants further along in the application process have been brought directly to military bases within the continental U.S. while many others have been evacuated to Qatar, Bahrain, Germany, Kuwait, Spain and the United Arab Emirates.⁴ Original reports estimated that 50,000 Afghan Parolees would be evacuated,⁴ however the DHS estimates that approximately 70,000 Afghan nationals were initially evacuated as Parolees.⁵ This number will continue to increase as individuals still residing in Afghanistan apply for humanitarian parole. Others are escaping Afghanistan by their own means and immigrating as refugees and even making it to the U.S. and applying as asylees.^{4,6}

Afghan Parolees are granted two years of legal residence while they apply for SIV or asylum status. During this time they may also apply for work authorization, SSI, Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), and services through the Office of Refugee Resettlement.⁷ As of December 31st, over 52,000 Afghan Parolees had been resettled through non-profit resettlement agencies,

while approximately 22,500 Parolees remain on U.S. military bases awaiting placement. During their time living on military bases, Parolees have access to food, shelter, and emergency medical care and are required to receive the measles, mumps, and rubella (MMR), varicella, polio, and COVID-19 vaccinations.⁸

Caring for Special Immigrants and Parolees

Caring for SIV recipients involves many of the same challenges as caring for individuals with refugee status. They have been forced to leave their homes and immigrate to an often vastly different and unfamiliar country, and many have experienced hardships, such as torture, rape, and murder of loved ones. Many have lived with less access to medical care, sanitation, and clean water than traditionally seen in the U.S. necessitating screening for chronic diseases and an awareness of common pathogens in their countries of origin. SIV recipients and their family members can have low education levels and often lack English proficiency.⁹

The traditional pre-immigration medical examination for SIV applicants follows the same Center for Disease Control and Prevention guidelines as for refugees. For examinees from the Middle East, this includes infectious tuberculosis (TB) screening (and treatment completion before immigration, if positive), prophylactic ivermectin for Strongyloidiasis, prophylactic albendazole for soil-transmitted helminthic infections, and evaluation for infectious diseases that bar immigration, such as severe acute respiratory syndrome, viral hemorrhagic fever, and Ebola. Pregnant individuals are waived from ivermectin and albendazole prophylaxis. Special Immigrants are supposed to receive age-appropriate

vaccinations at that time, but this is limited by availability and often not completed in whole. Of note, this overseas medical examination does not include HIV testing as of 2010.¹⁰ The majority of Parolees did not receive this screening before arriving in the U.S., however it is expected to be completed on military bases before resettlement into communities.⁸

The traditional domestic medical evaluation should include TB rescreening, mental health screening, and testing for sexually transmitted infections, anemia, and Hepatitis B Virus (HBV), with vaccination if susceptible. Overseas administration of prophylactic treatment for parasitic infections should be verified, and age-appropriate vaccination series should be completed at this time, too. The domestic evaluation is handled differently on a per-state basis with many states relying on a combination of their department of health and community primary care clinics with organizational assistance from resettlement agencies.⁹ These procedures hold true for Parolees, too, with the qualification that Parolees may complete vaccination series on military bases before resettlement.⁸

Between 2014-2016, 14.4% of adult Special Immigrants from Iraq and Afghanistan screened positive for latent tuberculosis infection (LTBI) at time of domestic evaluation.¹¹ 63.5% were susceptible to HBV and 1.8% were infected with HBV.¹¹ Approximately 3% had Strongyloides infection, and 31% had at least one intestinal parasitic infection: Blastocystis – 10.9%, Giardia – 2.8%, and Dientamoeba – 2.7%. When compared to refugees from these countries, Special Immigrants had statistically lower prevalence of LTBI (26.1% of refugees) but had higher prevalence of intestinal parasites (12.5% of refugees).¹¹

The stressful experiences in their countries of origin and the stressors of moving to a new country significantly increase the risk for mental health issues, including post-traumatic stress disorder, depression, anxiety, and panic attacks.^{9,12} Using the Refugee Health Screening-15 (RHS-15), a culturally-responsive screening questionnaire, Special Immigrants are more likely to test positive for mental health issues than individuals holding refugee and asylee status. Special Immigrant woman test positive at a rate 1.74 times higher than that of their male counterparts. Afghan women report loss of their support systems as a key contributor to emotional distress once arriving in high income countries. They may lose support from family they left behind and may experience loss of financial support given the higher cost of living in the U.S. This financial transition often necessitates Afghan women working, against their traditional gender role, while simultaneously caring for a large family.¹²

Care for Special Immigrants and Parolees should also include standard evidence-based management of acute and chronic non-communicable diseases. In a cross-sectional analysis of adult Special Immigrants from Iraq and Afghanistan between 2007 and 2019, 19.4% reported a smoking history, 56.5% were overweight or obese, 2.4% had hypertension, 1.1% had diabetes, 0.7% had a thyroid disorder, and 30.8% reported prior hospitalizations.¹³

It is imperative to use reliable interpreter services in the medical setting until SIV patients obtain English proficiency to the level necessary for managing health issues.⁹ The majority of Special Immigrants were not employed as interpreters and even interpreters may not have the English proficiency necessary to properly engage in medical care without interpretation

services. The two most common primary languages of Iraqi Special Immigrants are Arabic (85.2%) and Kurdi (11.6%). The most common primary languages of Afghan Special Immigrants are Dari (62.7%) and Pashto (35.0%).¹³

Conclusions

Caring for Special Immigrants and Parolees requires familiarity with many concepts that medical providers may not frequently come across. These include the context of this distinct immigration status, infectious diseases with high prevalence in the Middle East but are relatively uncommon in the U.S., specifics of their cultures, and generally, the barriers that these immigrants face in transitioning to a new life. There has been a massive influx of approximately 75,000 Afghan Parolees who are rapidly being resettled throughout the U.S., and more are actively coming. Many of these concepts also apply to caring for refugees and asylees, whose numbers are increasing at a higher rate due to recent policy changes.¹⁴ Medical providers need to learn how to compassionately and appropriately care for this growing portion of the population, and further research needs to continue to be done to better understand how best to care for them.

References

1. Monin K, Jeanne B, Lai T. Refugees and Asylees in the United States. Migration Policy Institute. May 2021. Accessed online at <https://www.migrationpolicy.org/article/refugees-and-asylees-united-states-2021>.
2. Iraqi and Afghan Special Immigrant Visa Programs. Congressional Research Service. June 2021. Accessed online at <https://sgp.fas.org/crs/homesec/R43725.pdf>
3. Summary of Afghan Special Immigrant Visa provisions in HR 3237. International Refugee Assistance Project. July 2021. Accessed online at <https://refugeerights.org/wp-content/uploads/2021/07/Summary-of-Afghan-Special-Immigrant-Visa-provisions-in-HR-3237.pdf>
4. Zak D. Explainer: Humanitarian Parole and the Afghan Evacuation. National Immigration Forum. August 2021. Accessed online at <https://immigrationforum.org/article/explainer-humanitarian-parole-and-the-afghan-evacuation/>
5. DHS Announces Fee Exemptions, Streamlined Processing for Afghan Nationals as They Resettle in the U.S. Department of Homeland Security. November 2021. Accessed online at <https://www.dhs.gov/news/2021/11/08/dhs-announces-fee-exemptions-streamlined-processing-afghan-nationals-they-resettle>
6. Castillo A. A Los Angeles attorney found a novel way to get Afghans into the U.S. Will it work? Los Angeles Times. November 2021. Accessed online at <https://www.latimes.com/politics/story/2021-11-08/afghans-humanitarian-parole-us-immigration-uscis>
7. Benefits for Afghan Humanitarian Parolees. Office of Refugee Resettlement. October 2021. Accessed online at <https://www.acf.hhs.gov/sites/default>

- [ult/files/documents/orr/Benefits-for-Afghan-Humanitarian-Parolees.pdf](#)
8. Operation Allies Welcome Announces Departure of Last Afghan Nationals from Fort Bliss, Texas. Department of Homeland Security. December 2021. Accessed online at <https://www.dhs.gov/news/2021/12/31/operation-allies-welcome-announces-departure-last-afghan-nationals-fort-bliss-texas>
 9. Terasaki G, Ahrenholz NC, Haider MZ. Care of Adult Refugees with Chronic Conditions. *Med Clin North Am.* 2015 Sep;99(5):1039-58. doi: 10.1016/j.mcna.2015.05.006. Epub 2015 Jul 7. PMID: 26320045; PMCID: PMC7127301.
 10. Overseas Refugee Health Guidelines. Center for Disease Control and Prevention. Last reviewed June 2021. Accessed online at https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas-guidelines.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fimmigrantrefugeehealth%2Fguidelines%2Foverseas%2Fintestinal-parasites-overseas.html#pt-table1
 11. Kumar GS, Pezzi C, Wien S, Mamo B, Scott K, Payton C, Urban K, Hughes S, Kennedy L, Cabanting N, Montour J, Titus M, Aguirre J, Kawasaki B, Ford R, Jentes ES. Health of Special Immigrant Visa holders from Iraq and Afghanistan after arrival into the United States using Domestic Medical Examination data, 2014-2016: A cross-sectional analysis. *PLoS Med.* 2020 Mar 31;17(3):e1003083. doi: 10.1371/journal.pmed.1003083. PMID: 32231361; PMCID: PMC7108690.
 12. Mahmood AA, Shah DD, Michlig GJ, Hughes ME, Bass JK. Assessing predictors of emotional distress by immigrant type: An exploration of adult refugees, asylees, and SIV holders in Maryland. *J Immigr Minor Health.* 2020 Feb;22(1):50-60. doi: 10.1007/s10903-019-00917-2. PMID: 31346844.
 13. Kumar GS, Wien SS, Phares CR, Slim W, Burke HM, Jentes ES. Health profile of adult special immigrant visa holders arriving from Iraq and Afghanistan to the United States, 2009-2017: A cross-sectional analysis. *PLoS Med.* 2020 May 13;17(5):e1003118. doi: 10.1371/journal.pmed.1003118. PMID: 32401775; PMCID: PMC7219704.
 14. Biden J. Statement by President Biden on Refugee Admissions. *TheWhiteHouse.gov.* May 2021. Accessed online at <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/03/statement-by-president-joe-biden-on-refugee-admissions/>