

The Parolee Plight: An Update on the Immigration Background and Status of Afghan Parolees with Implications for Clinical Practice

Name Withheld By Request

University of Virginia School of Medicine - 2023

Abstract

Afghanistan is a central Asian nation with a long-standing history of internal and external conflict with an extensive history of international involvement. In the summer of 2021, the planned drawdown of the United States' military forces was complicated by the rapid rise of the Taliban regime, the fall of the Afghan government, and a disordered and deadly evacuation of Afghan nationals who had served with the U.S. military and allied forces. The majority of the 125,000 Afghans who were evacuated as part of Operation Allies Refuge were resettled in various nations around the world, with the U.S. accepting well over 70,000 individuals as part of the Afghan Humanitarian Parolee program. This program provided a temporary 2-year parole into the U.S. without a clear path to citizenship. As of 2023, parolees may apply for another 2 year extension of this immigration status, but no clear path to more permanent immigration status has been approved. In the backdrop of these unique circumstances, clinicians should consider the vaccination status and possibility of endemic diseases, such as tuberculosis, as well as the mental health challenges that may be compounded in this population by the turmoil of their exit from Afghanistan. Furthermore, the arrival of tens of thousands of parolees has overburdened existing resettlement agencies against the backdrop of inflation, lack of affordable housing, and challenges accessing sustainable jobs. Individualized approaches to patient care should consider the unique challenges of the parolee population compared to prior waves of Afghan immigration, as well as support the call for increased multidisciplinary healthcare services for this patient population.

Introduction

In August 2021, the United States (U.S.) military completed its departure from Afghanistan following a 20-year involvement in counter-terrorism efforts¹. Scenes of crowds rushing the gates at Hamid Karzai International Airport were broadcast around the world as thousands of Afghan citizens sought to leave the country through Operation Allies Refuge (OAR), the official evacuation program for Afghan evacuees, during which an estimated 125,000 Afghan nationals were evacuated between the American military airlift and flights from other allied nations^{1,2}. In the wake of such rapid immigration, the following work seeks to provide an overview of the current political climate, medical implications and

social factors impacting the care of Afghan patients, particularly parolees, in the U.S.

Overview of Immigration Terminology and Current Status of Afghan Parolees

In the wake of the 9/11 attacks, North Atlantic Treaty Organization (NATO) nations entered Afghanistan as part of a global counter-terrorism initiative against groups such as the Taliban³. Over the next 20 years, thousands of Afghan nationals worked with U.S. military and the International Security Assistance Force (ISAF), often at great risk of personal harm to themselves and their families¹. In response to this, the U.S. and other allied nations have established pathways to immigration for Afghan nationals who seek

to leave Afghanistan due to perceived or realized threats. In the U.S., a Special Immigrant Visa (SIV) may be obtained by Afghan nationals who worked for “the U.S. government in Afghanistan between October 7, 2001, and December 31, 2024, for at least 1 year and provided faithful and valuable service in this capacity”, resulting in serious threat to personal safety thereafter^{4,5}. This program continues to accept applications following the end of the American military presence in Afghanistan. Notably, the backlog of applications has remained a significant challenge, with up to 350,000 cases backlogged as of March 2022⁵. Additionally, applicants for this designation are required to present a letter of recommendation from a direct supervisor during their time working for the U.S. military and its allies⁵, which may not be achievable for Afghans who have fled the country and are no longer in contact with their supervisors.

In the spring and summer of 2021, the U.S. began escalating the planned drawdown of troops in Afghanistan, a situation that was complicated by the rapid Taliban takeover and fall of the Afghan government. Given the disordered and rapidly deteriorating political situation in Afghanistan, the U.S. Congress established the “Afghan Humanitarian Parolee” program. Humanitarian parole provides legal authorization to live and obtain work in the U.S.; this status describes the majority of Afghan nationals who entered the U.S. following OAR as there was not sufficient time to secure SIV or refugee status for most people^{2,6}. Parole was originally granted for two years without a clear path to citizenship, though parolees may apply to change their immigration status or continue a prior application for immigration status, such as an SIV.

On June 8, 2023, the Department of Homeland Security (DHS) released an extension of the original two-year parole for eligible Afghan nationals. This application is open to current parolees via Form I-131, or the Application for Travel Document⁷. Individuals may be approved for an extension of this parole based on “urgent humanitarian reasons and for a significant public benefit”⁷. Additionally, parolees may apply for asylum or to become a lawful permanent resident (LPR) pursuant to DHS and Customs and Border Patrol (CBP) policies. In the following discussion, “parolee” should be understood to encompass individuals who exited Afghanistan in the aftermath of the U.S. withdrawal from Afghanistan in 2021 under emergency circumstances unless otherwise noted.

Like prior bills following U.S. military withdrawals and evacuations from other nations, the Afghan Adjustment Act (S.2327/H.R.4627) has been proposed as a solution for stabilization of the Afghan parolee immigration plight⁸. Initially introduced in August of 2022, this bipartisan bill has a threefold purpose to provide a pathway to lawful permanent resident status for parolees (among other Afghan nationals), create standardized screening guidelines for such applicants, and increase support for Afghans remaining in-country following the U.S. withdrawal⁸. The bill has been amended and re-introduced in 2023 but has not been passed by Congress at the time of writing. Thus, many Afghans who entered the U.S. as parolees are effectively in an immigration limbo without a clear pathway to a more permanent status. Providers should be mindful of the potential impacts these unique immigration challenges may have on the physical and mental health of parolees and seek to provide interdisciplinary resources as possible within the healthcare setting.

Pre-Arrival Medical Screening and Implications for Clinical Care

Regardless of their immigration status, many Afghans may be impacted by lack of adequate healthcare prior to exiting Afghanistan. Decades of internal turmoil, compounded by varying levels of health literacy, healthcare availability, and socioeconomic status contribute to an inconsistent baseline level of prior healthcare that providers should consider when meeting new patients⁹. In the first months of OAW, an outbreak of measles in Afghanistan corresponded with an outbreak of measles among evacuees at several of the international evacuation sites to which emigrants were originally flown. This prompted a mass vaccination campaign with MMR (measles, mumps and rubella) and varicella vaccines both abroad and in the U.S. leading to up to 96% of evacuees at domestic military bases being vaccinated by November 25th, 2021¹⁰. Unlike traditional emigration pathways such as the SIV or refugee process, most parolees did not have time to complete the typical vaccinations or health exams prior to exiting Afghanistan, which may have contributed to this outbreak.

Post-Arrival Screening and Preventive Care

Most parolees who arrived in the United States were subject to required vaccinations either at one of the international evacuation sites in Bahrain, Germany, Kuwait, Italy, Qatar, Spain, the United Arab Emirates and other nations or at one of the U.S. “Safe Havens”². The Safe Havens were established at eight domestic American military bases as initial reception sites for parolees prior to their resettlement in their final destinations. Required vaccinations were administered at these sites if not given previously, including vaccination against MMR, polio, varicella,

COVID-19 (SARS-CoV-2) and Tdap (tetanus, diphtheria, and pertussis) for those over 11 years old (also between ages 7-10 in some cases)¹¹. Children between the ages of 2 months to 6 years of age received DTaP (diphtheria, tetanus and pertussis)¹¹. Certain individuals, including those who did not arrive via one of the Safe Havens, unaccompanied children, or those who prematurely departed a Safe Haven before receiving these vaccinations must submit proof of vaccination with the US. CBP office¹².

Additionally, parolees arriving via the Safe Havens were subject to tuberculosis (TB) screening with either a blood test known as the interferon gamma-release assay (IGRA) for those greater than or equal to 2 years of age, or a chest X-ray if greater than or equal to 15 years of age if unable to perform IGRA¹¹. For individuals less than 2 years of each, tuberculin skin test (TST) is the preferred option¹³. Data are sparse on this topic, although one study suggested that the rate of TB, including latent TB, may be lower in this population due to a possible higher education level for those who worked with the U.S. military or in government agencies¹⁴. Nevertheless, more information is needed on this topic, and state Health Departments continue to screen for tuberculosis for individuals from high-risk countries, including Afghanistan.

Clinicians should also be aware of mental health challenges impacting the Afghan parolee population. In addition to the stressors of the immigration limbo previously described, parolees often experience anxiety and fear for relatives who remain in Afghanistan under the Taliban regime¹⁵. Decades of violence and internal turmoil in Afghanistan also increase the risk of baseline anxiety, depression, and post-traumatic stress disorder (PTSD), which may be compounded by the trauma of

the violence and uncertainty related to their terms of exit in 2021 or later¹⁶.

Multidisciplinary clinics which provide social services, behavioral health support, and family-based interventions can serve to bridge the gap between a patient's prior experiences and the current situation living in the U.S. One conceptual framework suggests clinicians remain open to discussing their patients' personal, ethnic and social identities, as these three components have been found to increase provider understanding of traumatic experiences while building a holistic care plan with the patient¹⁷. By prioritizing a personalized approach to each patient's care, physicians may increase their effectiveness in building rapport with parolees and strengthen their ability to diagnose and treat their medical needs more effectively.

Social Determinants of Health – Post-COVID Challenges Remain

In addition to the challenges described above related to immigration status and pre-existing medical conditions, the Afghan parolee population may be particularly negatively impacted by social determinants of health (SDOH). Arriving in the U.S. in the second year of the COVID-19 pandemic, parolees were subject to many similar challenges facing those of lower socioeconomic status, including finding work in "essential jobs" without the option to work remotely and living in high-density housing that did not allow for social distancing¹⁸. According to Erica Uhlmann of the International Rescue Committee (IRC) in Charlottesville, VA, various factors have made resettlement more difficult for newly arrived parolees, including insufficient affordable housing, rampant inflation for the price of household necessities, inadequate public transportation, and a gross supply and demand mismatch between the volume of new arrivals and the existing resources of

resettlement agencies¹⁹. While many parolees may be approved for Medicaid, Supplemental Security Income (SSI), or Temporary Assistance for Needy Families (TANF), these benefits are only available for a limited period²⁰. Adjunctive supports, including the Office of Refugee Resettlement of the Administration for Children and Families may provide additional benefits at the state level or via non-profits and resettlement agencies such as the IRC²⁰. Navigating the multi-faceted and often patchwork network of support services reinforces the need for multi-disciplinary services in clinics serving parolee patients as clinicians seek to address these SDOH.

Clinicians should also be mindful of the specific needs related to employment and legal assistance that may impact the overall quality of life and mental health of parolees. In a Survey of Afghans Resettled Under Operation Allies Welcome from 2023, two-thirds of respondents indicated a need for immigration assistance²¹. Additionally, whereas 83% of respondents were employed at the time of the survey, the need for employment assistance continued to rise compared to 2022, especially among female respondents. Limited English proficiency may contribute to limited job opportunities, but learning English may not be straightforward for many, including women. The pressure to find work before government assistance runs out²⁰ may push many into lower-paying jobs in sanitation or food service. Additionally, women may find it difficult to attend English-language learning programs for a myriad of reasons, including familial responsibilities, cultural norms of remaining in the home, and limited transportation options²². Clinicians should consider these factors when caring for parolees, recognizing how the unique circumstances of their arrival in the U.S. and SDOH challenges may impact their ability

to seek medical care and comply with treatment plans.

Conclusion

Whereas Afghan parolees share much of the same cultural background as prior waves of Afghan immigrants over the last century, the unique circumstances of their exit from Afghanistan, unclear immigration pathways, and the challenges of living in the aftermath of the COVID-19 pandemic may complicate their resettlement in the U.S. and their ability to receive comprehensive care. While clinicians may not individually be able to affect specific immigration or systems-level changes, an understanding of the landscape may increase their ability to address patients' physical, mental, and emotional health related to these issues. Advocating for increased multi-disciplinary support and partnering with community stakeholders, such as resettlement agencies, may strengthen the ability of healthcare providers to care for these patients as individuals and as part of their communities.

References

1. U.S. Department of State. (2022, March). *After Action Review on Afghanistan* [Press release]. <https://www.state.gov/wp-content/uploads/2023/06/State-AAR-AFG.pdf>
2. *Operation Allies Welcome* | *Homeland Security*. (n.d.). Accessed November 10, 2023, from <https://www.dhs.gov/allieswelcome>
3. NATO. (n.d.). *NATO and Afghanistan*. NATO. Retrieved November 11, 2023, from https://www.nato.int/cps/en/natohq/topics_8189.htm
4. *Special Immigrant Visas for Afghans - Who Were Employed by/on Behalf of the U.S. Government*. <https://travel.state.gov/content/travel/en/us-visas/immigrate/special-immigrant-visa-afghans-employed-us-gov.html>. Accessed 6 Nov. 2023.
5. *Evaluation of Adjustments to the Afghan Special Immigrant Visa Program From 2018 Through 2022* | *Office of Inspector General*. <https://www.stateoig.gov/report/aud-mero-23-23>. Accessed 12 Nov. 2023.
6. *Afghan Operation Allies Welcome (OAW) Parolee Asylum-Related Frequently Asked Questions* | *USCIS*. 19 Oct. 2023, <https://www.uscis.gov/humanitarian/information-for-afghan-nationals/afghan-operation-allies-welcome-oaw-parolee-asylum-related-frequently-asked-questions>.
7. *DHS Announces Re-Parole Process for Afghan Nationals in the United States* | *Homeland Security*. <https://www.dhs.gov/news/2023/06/08/dhs-announces-re-parole-process-afghan-nationals-united-states>. Accessed 26 Oct. 2023.
8. "Bill Summary: The Afghan Adjustment Act of 2023." *National Immigration Forum*, 28 July 2023, <https://immigrationforum.org/article/bill-summary-the-afghan-adjustment-act-of-2023/>.
9. Matsangos, Michael, et al. "Health Status of Afghan Refugees in Europe: Policy and Practice Implications for an Optimised Healthcare." *International Journal of Environmental Research and Public Health*, vol. 19, no. 15, 15, Jan. 2022, p. 9157. www.mdpi.com, <https://doi.org/10.3390/ijerph19159157>.

10. Masters, Nina B. “Public Health Actions to Control Measles Among Afghan Evacuees During Operation Allies Welcome — United States, September–November 2021.” *MMWR. Morbidity and Mortality Weekly Report*, vol. 71, 2022. www.cdc.gov, <https://doi.org/10.15585/mmwr.mm7117a2>.
11. Dawson-Hahn, Elizabeth, et al. “Brief Overview for Clinicians Caring for Afghan New Arrivals.” *Center of Excellence in Refugee Health*. 22 October, 2021, <https://www.health.state.mn.us/communities/rih/about/afghanbrief.pdf>
12. *Afghan Parolee Vaccination Status | USCIS*. <https://www.uscis.gov/vaccination-status>. Accessed 9 Nov. 2023.
13. Grumbine, Jill M. *Virginia Newcomer Health Program Manual*. 2023.
14. Macfarlane, Laura, et al. “Active and Latent TB Screening in Recently Arrived Persons from Afghanistan: Feasibility and Lessons Learned.” *Clinical Medicine*, vol. 23, no. 2, Mar. 2023, pp. 164–69. www.rcpjournals.org, <https://doi.org/10.7861/clinmed.2022-0327>.
15. “Research Insights on Health Equity for Afghan Refugees.” *American Institutes for Research*, 28 Mar. 2023, <https://www.air.org/resource/qa/research-insights-health-equity-afghan-refugees>.
16. Silove, Derrick, and Peter Ventevogel. “Living through Interminable Adversity: The Mental Health of the Afghan People.” *World Psychiatry*, vol. 21, no. 1, Feb. 2022, pp. 55–56. *PubMed Central*, <https://doi.org/10.1002/wps.20955>.
17. Groen, Simon P. N., et al. “Cultural Identity Among Afghan and Iraqi Traumatized Refugees: Towards a Conceptual Framework for Mental Health Care Professionals.” *Culture, Medicine and Psychiatry*, vol. 42, no. 1, 2018, pp. 69–91. *PubMed Central*, <https://doi.org/10.1007/s11013-016-9514-7>.
18. Doãn, Lan N., et al. “Immigrant Communities and COVID-19: Strengthening the Public Health Response.” *American Journal of Public Health*, vol. 111, no. Suppl 3, Oct. 2021, pp. S224–31. *PubMed Central*, <https://doi.org/10.2105/AJPH.2021.306433>.
19. Uhlmann, Erica. “Phone conversation.” *International Rescue Committee*, Charlottesville, VA, 7 Nov. 2023.
20. “ACF’s Office of Refugee Resettlement (ORR) Benefits for Afghan Humanitarian Parolees.” *Administration for Children and Families, Office of Refugee Resettlement*, Jan. 2023, <https://www.acf.hhs.gov/sites/default/files/documents/orr/Benefits-for-Afghan-Humanitarian-Parolees-English.pdf>.
21. *2023 Survey of Afghans Resettled Under Operation Allies Welcome Summary of Findings*.
22. Sharifian, Professor Farzad, et al. “English Language Learning Barriers of Afghan Refugee Women in Australia.” *International Journal of Applied Linguistics*, vol. 31, Nov. 2020. *ResearchGate*, <https://doi.org/10.1111/ijal.12320>.