



THE AFGHAN REFUGEE RESETTLEMENT EXPERIENCE

PREMIGRATION AND POST MIGRATION

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GENERAL OVERVIEW OF AFGHANISTAN

- Ongoing war, active conflict and violence zone for over four decades
- Soviet invasion in 1978. The U. S. involvement (backing Afghan resistance against Soviet invasion in 1980's), 2 million people lost their lives, over 1 million emigrated
- Soviet troops defeated, communist block collapsed, U.S. left Afghanistan, civil war began between Afghan military parties over power in the 90's, over 60,000 people were killed in capital Kabul only, millions of people emigrated
- Solution to end civil war (Rise of Taliban). Taliban brought relative peace, but took away people's freedom, education, employment, business, and hope. Developed sanctuary for Al-Qa'eda. Millions of Afghans emigrated
- The 9/11 Tragedy. Once again U.S. returned to Afghanistan in 2001, NATO followed.
- Operation Enduring Freedom (OEF) commenced. 17 years later violence still ongoing.

PREMIGRATION

- The U.S. mission (diplomatic, military, and development) needed local support, local people hired and referred as Foreign Service Nationals (FSNs)
- Foreign armed presence, under any name, was never welcomed in Afghanistan throughout its history
- Working for the USG in a conflicting region such as Afghanistan caused isolation, disassociation from relatives, threats, kidnapping, and death to many USG employed Afghans
- Like many immigrants who helped U.S. mission in Afghanistan, in spite of achieving highest education and building a diplomatic and executive career in my home county, I chose to emigrate to USA (a huge U-Turn in my established career) to seek peace, security, and a future for my family, especially for my children.
- Although immigration and refugee programs are official USG programs, there was too little information, orientation, and support provided by the U.S. foreign missions to applicants

PREMIGRATION

- Met with only two officials in person before travel to the U.S.: 1) A Consulate Officer at the U.S. Embassy Kabul for visa interview and finger prints; 2) A local U.N. employee who handed over airplane tickets. Both provided information limited to their business
- No information/orientation was provided about housing, schooling, employment, medical services, and basic laws before travel to USA; however, the immigration process took one year in my case. This process is now taking two to four years.
- Refugee and immigrants try to connect with friends in the U.S. (if any) to get information about post migration day to day life
- In most cases, such information is limited to the person's own experience. Usually, disappointing and discouraging experiences are being shared.

POST MIGRATION

- Traumatized but resilient, educated, experienced and hopeful I arrived to US in 2014
- In spite of seemingly available resources, I noticed low moral and hopelessness in many immigrants and refugees who have arrived before me
- “You are Nothing” (degree and professional experience not counted), was a statement I often heard after my arrival to the U.S.
- Resettlement process was/is limited and could not meet all main need. Affordable housing in a secure neighborhood, language barriers, chronic illness, mental illness, transportation, disorientation, access to available health and educational services, employment based on qualification, and DV continue to be substantial challenges
- Poor coordination in the resettlement process. No connection with the local immigrant community leaders, community-based social and faith organizations
- Ignoring immigrant and refugee educational degrees and professional experience
- Offering underqualified jobs (Uber driver, pizza delivery, etc)

OPPORTUNITIES & MENTORS

- After experiencing all these challenges, I always strived to learn and overcome. Luckily, I met an inspiring and dedicated mentor at the Sacramento County Refugee Clinic where my family and I had our post arrival health screening. I met with Dr. Marius Koga who conducted our screening. As a former refugee who experienced similar hardships 30 yrs ago, he understood our plight without medicalizing it.
- He was the first person who acknowledged my education. During our conversation, I said “I was a medical doctor.” Dr. Koga said “You are a medical doctor.” The statement washed out the ‘You are Nothing’ idea from my mind.
- The first guidance and mentorship provided to me by a former refugee was not only helpful but so encouraging. Ever since I volunteered for my community and for UC Davis, learning, giving back, lecturing to UCD students, and acculturating to my adoptive country.
- Other great mentors have followed, like Dr. Marisa Ramos, the Chief of the Office for Refugee Health at CDPH. I was also fortunate to have the support of UCD PHS Dept.

CONCLUSION & RECOMMENDATIONS

- Most refugees and immigrants aim to contribute, be productive and successful citizens in the U.S. They do not want to be a social burden, nor to merely survive, but to thrive.
- They need more than a basic social assistance; they need personalized guidance and mentorship programs to navigate the systems and to integrate effectively in the society.
- Using (employing) qualified immigrants and refugees to serve back the community could bridge many cultural and language barriers and could greatly reduce health disparities
- Most importantly, refugee women need language and basic skill training to reduce burdens on their husbands and help with their children's schooling
- Provide accessible culturally competent mental health services to refugees in need.
- Acknowledge that the refugee's loss of social capital, language, country, network, social functioning, etc. are all part of the Ulysses Syndrome (Achotegui, 1992). This need not to be pathologized but needs support through appropriate, legislated social interventions.
- Acknowledge that Sacramento is home to the largest concentration of Afghan and Iraqi SIVs in USA and the fact that hundreds of them are medical doctors ("IMGs") should be seen and nurtured as a tremendous social capital with a unique potential.