



## ROUNDTABLE Summary

### Peace and Health for Afghan Populations in Canada (Policy & Practice) Friday, September 24, 2021

**Panelists:** Dr. Neil Arya (Moderator), Senator Salma Atallahjan, Dr. Saber Perdes, Anushka Atallahjan, Dr. Seddiq Weera, Dr. Kazim Hizbullah, Dr. Fawad Akbari (sent his regrets due to a family emergency)  
Full biographies available [here](#)

\*Please note opinions expressed are personal and do not represent the entire spectrum of those from Afghanistan or that of PEGASUS Institute

#### 1. Introductions

We hope to engage with academics, public health folks, clinicians, policy makers, decision makers, settlement workers and government officials.

#### PEGASUS Institute

**-Dr. Neil Arya-** Chair of [PEGASUS Institute](#) which is the host of this roundtable. PEGASUS Institute was developed from a series of bi-annual conferences that have taken place since 2014 (<https://www.pegasusconference.org/>), seeking to address global health challenges through a lens of peace and sustainability. The Institute was developed in recognition of the importance of on-going work, strategies, and platforms to advance global health, peace and sustainability. Our vision includes a world where peaceful interaction provides for sustainable global health. **Mission** to promote equity, justice and global health in its nexus with peace and environmental sustainability through interactive fora to share research, education, field experiences, advocacy and policy. **Core activities:** include Interactive Events, Educational Activities, Publication of Information, Research, Policy and Advocacy. One of PEGASUS Institute's main activities has been our PEGASUS Institute Virtual Event Series (<https://pegasusinstitute.ca/videos/>) of webinars and roundtables that are hosted in English, French and Spanish. **Outputs:** include academic publications, toolkits, community resources, online repositories and share and exchange information through many avenues such as events, our website, social media, newsletters, blog, mentorship programs, books, videos etc. with an aim to create meaningful change.

#### CANADIANS FOR AFGHAN HEALTH AND PEACE

**-WHO:** Canadians for Afghan Health and Peace (CAHP) is an interest group of Canadian volunteers committed to support Afghans in their quest to improve their health, address their settlement needs and aim for overall peace. **-We** are concerned Canadian citizens who want to mitigate the humanitarian crisis in Afghanistan and provide support for those impacted. Members come from a variety of organizations and bring personal and professional expertise in navigating immigration and settlement processes, addressing health care and education needs, and advocating for change. **Mission:** Our mission is to improve lives through advocacy and awareness-raising, settlement support, health services and psychosocial education, and promoting national reconciliation and a culture of peace. To further support the people of Afghanistan both inside and outside their country, including those seeking asylum, going through settlement process and/or facing any other humanitarian challenges.

#### PANELISTS

**-Dr. Neil Arya** came to Canada with his family as refugees at one month of age. His maternal grandfather came from near the Afghan border of Pakistan, at that time it was India. Dr. Arya has been a part of a peace through health group at McMaster for the past 20 years or so. He began a Refugee Health Clinic in Kitchener in 2008 and currently they are seeing an influx of Afghans there.

**Senator Salma Atallahjan**-Born into a family with a long-standing history of political activism. She has spent many years being involved socially and politically in her community. She moved to Canada from Pakistan in 1980 and was appointed to the Senate in 2010 and was the first Canadian Senator of Pakistani origin. She is committed to ethnic diversity, the rights of women, children and the world's most vulnerable. She has been involved in various studies with her role in the Senate Human Rights Committee and is concerned about Children's Rights under the UN Convention on the Rights of the Child. The Afghanistan Friendship Group has been very active since January 2021. As Co-Chair of the group, Senator and her colleagues have held meetings with the Canadian Ambassador for Afghanistan, Hassan Sorroosh.

**Dr. Saber Perdes-** International Relations Coordinator at the Afghanistan National Public Health Association who migrated to Canada in August from Afghanistan. Physician and former part-time instructor at the school of medicine, teaching Public Health in Afghanistan. He was a technical health specialist and Advisor to the Afghan Public Health Agency. Worked on projects supported by Global Affairs Canada. More than 15 years of experience in Public Health, Management, Leadership, Teaching, Government and NGOs. Has a Masters in Public Health from St. Louis University in the US and has published many research reports, technical reports at the Ministry of Public Health. He speaks English, Dhari, Pashto, Hindi and some basic Arabic and French.

**Anushka Ataulhjan-** With the University of Toronto School of Public Health. PhD in Public Health from the University of Alberta and a Masters in Demography and Health from the London School of Hygiene. She is a qualitative researcher and the daughter of Senator Salma Ataulhjan. Senior Research Associate at the Centre for Global Child Health at Sick Kids Hospital. Now Assistant Professor at the Dalla Lana School of Public Health at the University of Toronto. Interest in health and peace now is a Public Health Expert. Global Health Researcher who does research on Global Health Crises. Interested in the public health impacts of public and humanitarian crises, specifically focusing on women, children and adolescents.

**Dr. Seddiq Weera-** Who went from being a political prisoner for four and a half years opposing the Soviets to work with the Afghan Ministry of Education when the Taliban was deposed from power. In the last two decades has been promoting a culture of peace. He authored a text book on Life Skills used in all Afghan schools after 2004. Practiced medicine in Afghanistan. Came to Canada and studied Epidemiology and worked at McMaster University where he helped develop a project at the Centre for Peace Studies in the late 1990s leading peace education projects with Afghan civil society in Afghanistan and Pakistan. Started to do a PhD at the University of Toronto but with the fall of the Taliban, he ended up doing over 18 years of consultancy in Afghanistan, helping with systems reform and education, promoting a culture of peace and reconciliation. Was a doctor of TB in Kabul. He was a primary healthcare doctor in a village before he immigrated to Pakistan. He was also a part-time assistant with an HIV high-risk identification project. Worked as a doctor in Peshawar and Islamabad. 2007 he was a government representative working with the government in Delhi, working with the Ministry of Social and Human Resources.

**Dr. Kazim Hizbullah-** Global Health Expert and member of the Ottawa Coalition for Afghanistan. Medical Doctor and Public Health Expert from Eastern Afghanistan. He's been a Fulbright Scholar and has a Master's in Public Health from George Washington University. He's worked across Asia and Africa and at the Afghan Ministry of Public Health. Projects on HIV/AIDS, TB and Malaria in Afghanistan. Recently he has led the formation of what is now the Ottawa Coalition for Afghanistan that is meant to work with Afghan-Canadians to support Afghans inside Afghanistan and in Canada. He brings first hand experience with international development, global health, partnerships and challenging environments (emergency relief for conflict zones and post-war areas).

## 2. Current Challenges: Peace and Health for Afghan Populations

### Evacuation of Afghans to Canada

-Canada has committed to accepting 40,000 refugees but this process has been slow, confusing and dangerous for those evacuating.

-Many, including Senator Ataulhjan receiving desperate emails, phone calls and messages from Afghans trying to flee Afghanistan. Messages detail the loss of many gains that were achieved and people fearing for their lives

-Many Afghan Canadians concerned about their loved ones in Afghanistan and neighbouring countries and there is a growing need for solutions

-Evacuation efforts are not clear, people obtain all of the right paperwork and clearances and are left stranded.

-On the ground many are having to flee to neighbouring countries such as Pakistan which brings additional challenges.

-The government of Canada plays more of a hands-off approach in evacuation

### Challenges with information sharing and Communication (IRCC, Global Affairs, Visas)

-As much as we appreciate the government's efforts to expedite and process visa applications, communication and clarity of processes are poor. There is confusion with application processes, follow-up and procedures and this is leaving many people stranded and in danger.

-Scholars are back of the line and the priority is family members of Afghans living in Canada. The speed is so slow that people are frustrated.

-We have been in contact with our Ambassador and other Afghans in Canada but for some reason, nothing concrete is happening around the 40,000 resettlement commitment.

-Many individuals and families apply for visas and do all of the paperwork and some are not given case numbers. There is little follow-up and the processes are slow.

### Safeguarding Afghans (in Afghanistan)

**-Those who are most vulnerable-** Women and girls were already being deeply affected by the pandemic but since the fall of Kabul and take over by the Taliban, the situation has become even more dire. It is an extremely unsafe and oppressive atmosphere. LGBTQ+ folks- Female healthcare workers, Female Leaders and those who Empower others are at extreme risk.

**-History and Culture-** Concern for not only immediate safety and lives but also thousands of years of history, culture and music that are under threat that have passed down traditions. Internally Displaced Persons

**-Healthcare and Public Health System:** Public Health System in Afghanistan: Health delivery is sub-contracted through NGOs by the government and funded by international NGOs and organizations (World Bank, Global Fund,

others). They support, with the government a Basic Package of Health Services that is now at risk with the take over of the Taliban, funding has halted and many NGOs are incapacitated due to security issues and funding. Significant improvements in child and maternal health have occurred in Afghanistan since the early 2000s are now at serious risk. Concerns related to malnutrition and food insecurity. Insecurity leads to further disruption in maternal and child healthcare access (antenatal care, contraceptives, unassisted deliveries), increased morbidity and mortality Mental health impacts (trauma, intergenerational) in conflict for several decades.

-Immunization efforts are disrupted e.g., polio. Historically conflict disrupts immunization. There is often mistrust also which leads to surges in disease. Barriers to care in terms of infrastructure (healthcare, road etc.) and healthcare workforce including female midwives and nurses. Lay healthcare workers to deliver interventions. Gendered mobility restrictions and targeting of healthcare workers concern for their own safety. Gendered barriers and increased economic pressure (loss of income) which leads to inability to access healthcare. Increases in adolescent marriages. Disproportionally felt. COVID- 3 million vaccines set to expire as no human resources to distribute. Much is done through NGOs and a lot of funding has stopped

#### **Safeguarding Afghan- Canadians**

-Many Afghan-Canadians are experiencing severe distress as their home country is collapsing and they are worried about friends, family and loved ones.

-Many are working very hard to assist others, including family to evacuate but this can be exhausting while trying to manage daily life (jobs, families etc.)

-Many are in need of mental health supports.

#### **Resettlement**

**-Housing:** There have been major challenges with finding housing (in general, affordable, suitable for larger families). Landlords do not want to rent to newcomers (no credit, on assistance, discriminate); there is a lack of availability of housing; rent prices are very high and there is a requirement that each child have their own bedroom- this is very difficult for larger families that are used to sharing rooms and financial resources are not enough to rent larger dwellings. Many families are at hotels for long periods of time until housing is attained and this is difficult with children in smaller spaces and impacts mental health.

**-Lack of Assistance/ Quality of Assistance:** Settlement workers are overworked, overwhelmed and take on many families for their caseloads. This slows processes and leaves many figuring things out on their own. Some settlement workers are new, inexperienced and don't receive much direction/ training.

#### **-Difficulties navigating the system and figuring out how to function in Canada**

**-Challenges with accessing Services** including health services, social services, mental health services etc.. Newly arrived individuals don't know the systems and how to access them. This includes finding out where to go, what to do, administrative processes (licences, paperwork, provincial cards), accessing the internet and electronic devices for information, language barriers (and lack of interpreters available). This includes challenges enrolling children in schools as when newly arrived refugees are living in hotels (waiting to find housing) their kids can not be enrolled in school as they need a permanent address (red tape). It is a major challenge. Once in school there are challenges getting them to and from school.

**-Mental Health-** Even after resettlement adjusting to new contexts (isolation and access to mental health services)

-Once many of the other resettlement aspects are addressed, employment challenges exist

### **3. Solutions, Recommendations and Ways Forward**

#### **Peace-building**

-Will require the dismantling of groups or parties that are self-interested, oppressive, have limited beliefs, violate human rights, don't recognize the legitimate rights of others, are violent, and lack empathy, compassion and sympathy for others. This includes those who fail to demonstrate the capacity to include others, recognize other points of view and to seek a win/ win scenario for all.

-There is a need for national reconciliation to recognize everyone's rights, an opportunity to listen to pain, grievances and the human face of each other and work together to repair and reconcile.

-There is also a need for the Region (Iran, Pakistan, Russia) to collaborate on a regional approach to peace.

#### **Advocacy/ Awareness/ Amplification/ Political Action**

-Continue to push for those who are in danger to be evacuated

- It's a conversation that needs to be continued. Keep the people of Afghanistan, especially women, in the forefront. . Let's keep the story alive and keep talking about it. We have to make sure that this remains an issue that is addressed and is at the forefront of people's minds by continuing to raise awareness.

-Action: Once Parliament is back, Senator Ataullahjan can ask for meetings

-Canada can and should play a role in putting pressure on the Taliban and their sponsors to 1. Have full regard for human rights (including health) and women's rights in line with the humanitarian, international community.

2. Provide humanitarian support for Afghans. E.g., 20 million Afghans face acute starvation.

-Action: Propose that under the leadership of Senator Ataullahjan we reach out to the IRCC and request a meeting and ask them why the process is so slow and why it is taking so long even for those who have received confirmation of evacuation.

-Utilize existing information on settlement processes (successes, challenges and recommendations) e.g. from studies with Syrian refugees to improve the process for Afghan refugees

-As in this roundtable, provide opportunities to hear the voices of Afghans, their stories, opinions, experiences, concerns, suggested solutions

-Regular meetings with the IRCC and all parties and groups are represented and included, one voice will be less confusing and more powerful. Emphasize for the Canadian government to review the processes. Mobilizing sponsorships

-Awareness raising to learn more and include others in innovative solutions (Family Medicine Residents, Organizations, students etc.).

-Reach out to your MPs and political leaders and ask them what they are doing. We can keep being a group that is committed to Afghanistan.

-Continue to meet with the senior policy makers and government officials (with the help of Senator Ataulhjan).

-Suggest prioritizing a few groups of people and focus on them to start (families of those who are in Canada and have family in Afghanistan, clarify the processes and make it more simplified, women who have been leading and empowering other women, Government Officials). If this can be done systematically, it can have an impact.

#### **Collaboration**

-Ottawa Coalition for Afghanistan will reach out to the Senator to set up some meetings to move forward and work together

-As a group, giving the various organizations and connections with Afghans and other organizations including war veterans who are interested in helping people who helped them, we can all work together.

-This group and partners of this group hold meetings. The problems are many so it would be good to prioritize. Expand partnerships and coalitions, join forces, join hands.

#### **Addressing Immediate Resettlement Needs**

-Collaborate and assist practically. Canadians, former newcomers and others can assist with settlement

-Developing support systems (time and effort) to help families and individuals learn our systems and help them access services. Cultural bereavement, many are forced to make this change. Huge mobilization with respect to private sponsorship (groups or individuals).

-In terms of healthcare, funding, coordinating and modifying existing services to address refugee specific needs and to make all services more accessible. This includes training service providers, providing interpreters and working with settlement workers and volunteers.

-Action: Ask the government to waive the 'red tape' regarding needing a permanent address to enroll children in school. A letter from the organizations running the settlement processes would be very helpful in moving this forward.

#### **Stay Connected and Support with those in Afghanistan**

Still in touch with some of the Parliamentarians in Afghanistan on WhatsApp and the situation is really bad. Wish we could help more and we are trying to push as much as we can.

-International support for basic health and security services on the ground. Fundraising and resources

Action: In Canada we can advocate, lobby and fundraise, putting political pressure to at least meet the essential medicines needs in Afghanistan.

-What can Canadians do in Afghanistan and in refugee camps for those remaining there? Mental health and psychosocial supports, health and other organizations and institutes interested in global health issues