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**The Impact of Marginalization, Armed
Conflict, and Longitudinal Stress on the
Health and Wellness of Children: Exploring
the Vulnerabilities and Resiliency and how
Occupational Therapy Can Help.**



Dr. Jose R. Rafols Major, USA, (Ret).

“Many who have walked in similar boots and have traveled to remote, isolated, and beleaguered lands, as I have, become acutely aware that warfare or natural disasters impact individuals, villages, and entire populations in ways we cannot fully comprehend”.



Presentation Outline

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The Consequences

Armed conflict, displacement of populations, uncertainty, marginalization, ethnic cleansing, economic hardship, human-trafficking and physical and mental degradation impact entire populations; moreover, children and their caregivers are often emotionally scarred for life.



The Victims

❖ Who are most vulnerable to the lethality of warfare and civil unrest?

- I. Young children (**ages 1-5*)
- II. Young adults (**human trafficking, conscripted into war*)
- III. Elderly---considered to be less-mobile and more vulnerable (**cannot evacuate war-torn regions*)
- IV. Ethnic minorities (**retaliation is common*)
- V. Religious minorities (**retaliation is common*)
- VI. Changes in governance (*Shift in the ruling parties*)

- **Fact:** Only 60% of Afghan children attend school and 28% of adult Afghans are literate (*UNICEF, 2014; humanium.org, 2017*).
- **Fact:** Many Afghan children are maimed and handicapped due to the thousands of land mines scattered throughout the country-side (*UNICEF, 2013; Frontiers in Psychology, 2017*)
- **Fact:** A distinction that Afghanistan wishes to forget is that it is known as the country with the highest number of terrorist attacks against schools and of girls attending schools in particular (*UNICEF, 2014; humanium.org, 2017*).



The Catalyst

❖ Civilians are frequently caught in the *cross-fire of armed conflicts*. The result of stepping on non-disarming antipersonnel land mines is loss of limb or life.

- This six year-old Afghan female (Sasha) was playing with her two brothers in a field plowed by her father.
- One of her two brothers stepped on the AP-land mine killing both brothers instantly and resulted in a below the knee amputation of Sasha's right lower-leg.



The United Nations estimates that there are more than 10 million unexploded land mines remaining in the Afghan countryside (www.cnn.com, 2012)

The Arena

- ❖ **Regions where lawlessness, collapse of governance, and poverty exist are the perfect breeding grounds for armed-conflict.**
 - ✓ Children have trouble adjusting to temporary shelters, such as, living in refugee camps.
 - ✓ Daily routines are disrupted, ADLs are hindered, play-time is limited and school aged children face an up-hill battle with school attendance.
 - ✓ There may be lengthy separation from one parent or both, thereby, increasing anxiety and uncertainty.



- The “new normal” for children living in war-torn regions; children must take care of themselves with little to no parental supervision (2010, Sharana Provincial Hospital).
- These Afghani children, ages 18 months to 8 years old, are playing in the foyer of the Sharana Provincial Hospital, Eastern Afghanistan (2010, Sharana Provincial Hospital).

The Displacement

❖ Orphaned and displaced children have trouble assimilating into their new surroundings: (Why)?

- ✓ The new region's spoken language may be different than theirs.
- ✓ The extended family is typically separated from these children & they have to go it alone.
- ✓ The children's new surroundings contrast greatly from where they came from.
- ✓ Trust in their adult care-givers may be precarious, as some children are exploited for work and other unscrupulous acts.
- ✓ Trust in the military forces, even friendly forces, represent uncomfortable feelings.

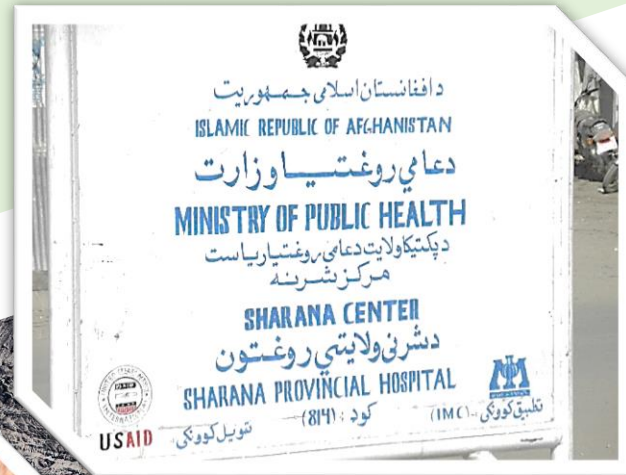
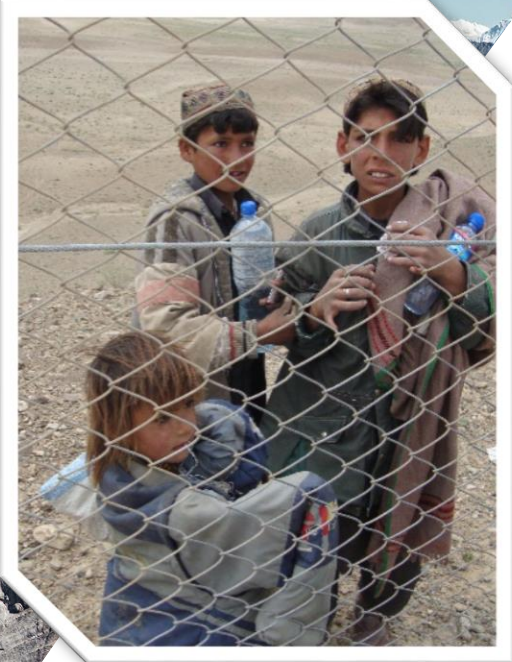
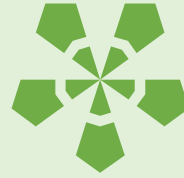


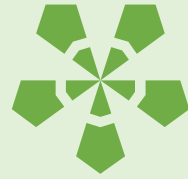
- These orphaned children were brought to a village outside of the town of Sharana Afghanistan (2010).
- All three lost their parents due to the armed conflict in their region approximately 35 kilometers north of FOB Sharana (U.S. and Coalition logistical Base, 2010).
- Note, the child on the far right (my left) does not fully embrace being close to an armed soldier (2010).

The Disparity

Children growing up in war-torn regions are disproportionately more susceptible to declining health, exploitation and abuse.

- ✓ Death and polytrauma are on the rise; in fact, since 2010, the number of UN-verified deaths among children has risen 300% (*Thomas Reuters Foundation, 2018*).
- ✓ One-in-three Afghan children is malnourished and access to basic health care services is limited (*Brown University, Institute for International Public Affairs, 2016*).
- ✓ In war-torn regions militants lack respect for the neutrality of health care facilities making a hospital visit extremely dangerous (*Thomas Reuters Foundation, 2018*).





The Resilience

Children of Eastern Afghanistan are courageous and resilient.

- ✓ Both children and young adults are resilient and often presented to our triage bays with a very high pain-thresholds.
- ✓ Post surgical cases rarely required pain medication (*RCE, 101st ABD, 943rd Forward Surgical Team, FOB Sharana, 2011*)
- ✓ *Children* demonstrated tremendous resilience by remaining calm even after burns, compound-fractures, projectile wounds, and blast injuries (*e.g. IEDs, and stepping on unexploded munitions*).
- ✓ Afghani National Army (ANA)-Area Support Group (ASG) soldiers would receive medical care at U.S. and Coalition Medical Facilities (*RCE, 101st ABD, 943rd Forward Surgical Team, FOB Sharana, 2011*).



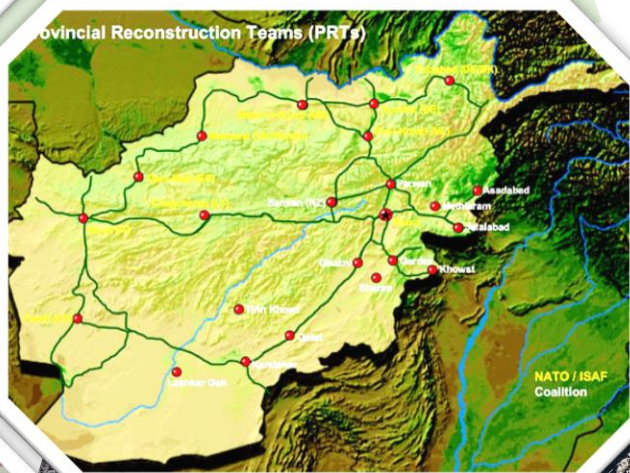
The Partnership

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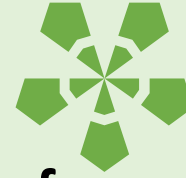


Provincial Reconstruction Teams

- ✓ Provincial Reconstruction Teams (PRTs) deployed subject matter experts, NGO's, diplomatic personnel, and the military in unstable regions of Afghanistan to assist local governments in their rebuilding efforts (*RCE, 101st ABD, 943rd Forward Surgical Team, FOB Sharana, 2011*).
- ✓ PRTs would assist the military in distributing non-perishable food, water-&-filtration systems, clothing, educational supplies, and access to basic health care services.
- ✓ PRTs and medical interpreters (Turps) were invaluable in helping the U.S. understand what the local Afghans needed.



The Way Forward-I



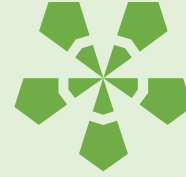
Leveraging knowledge and the understanding of a population that has been at war since *27 April 1978* is of supreme importance (www.Britannica.com, 2014).

- ✓ 40 years of war, armed conflict, and turmoil impacts entire generations of children and young adults.
- ✓ Stabilizing the economy and upgrading ones' infrastructure becomes a distant memory—as a country is more focused on survival mode rather than rebuilding mode.
- ✓ Children need to engage in age appropriate tasks and adults need to relearn vocational skills to become self reliant—*engagement in occupation* is key to recovery.



The Official War in Afghanistan lasted from 2001 to 2014 (www.cnn.com, 2017)

The Way Forward-II



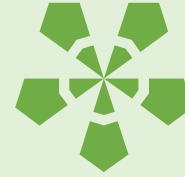
Occupational Therapy--*they can help!*

- ✓ Occupational Therapist and their Occupational Therapy Assistants were deployed to SWA regularly to perform various duties.
- ✓ These providers rendered:
 - Neuromusculoskeletal assessments and treatments.
 - Mental health assessments and interventions
 - Mild Traumatic Brain Injury assessments and intervention.
 - Critical Incident Debriefing (CID); normalizing & understanding the trauma of intense combat, bodily injury, and death of squad-members.



The Way Forward-III

Occupational Therapy Services in Eastern Afghanistan



- ✓ Occupational Therapist deployed with PRTs and outbound units conducting C.O.I.N. missions within their AOO's (*area of operations*):
- ✓ These providers reached out in the following ways:
 - Supply depots—drop off supplies to local village elders and/or their representatives.
 - Field expedient medical check ups to assess the villager's overall health and nutrition.
 - Combat-Stress-Checks (CSCs): assess the mental health status of the villagers and zero-in on the children.

COIN = *Counterinsurgency missions* checked on the health & welfare local Afghans, with an emphasis on assessing children and their mothers.



The Renewable Force

ماشومان



Children are every country's renewable energy:

- ✓ Children must gain access to basic medical services.
- ✓ Children must be allowed to receive age appropriate education with their peers.
- ✓ Children who are orphaned need to reintegrate with adult parent figures, or strong advocates soon after their relocation.
- ✓ Children need to play and socialize to develop psychosocially and physically.
- ✓ Children need to deal with the constant stressors of war and instability to foster normal development as adults.

The Insight and Comprehension



Connecting all the “Dots”.....

- ✓ **Children in Afghanistan, Syria, Iraq, Yemen, South Sudan, and Somalia**, to name a few, have grown up in total turmoil and surrounded by constant *combat* (**they do not know anything else*).
- ✓ **Children and their care-givers** have been displaced internally/externally with very little hope of returning to their city or village.
- ✓ **The current savagery of non-state combatants** engage in scorched-earth tactics systematically inflicting great harm on entire populations, and this negatively impacts child development ages 1-5.
- ✓ **Unified approaches by the military and NGOs** in dealing with mental and physical impairments, were and continue to be, severely hampered by safety concerns.



Timmy—the therapy dog (U.S. Army) is used to assist therapists in engaging combat-stressed service members during CIDs. Timmy’s handler was an Occupational Therapist (CPT Cushinado, SP, USA, AD).

The End/Fin/Die Einde

Armed Conflict, Vulnerabilities and Resiliency

Notable Quote:

“There can be no better measure of our governance than the way we treat our children, and no greater failing on our part than to allow them to be subjected to violence, abuse or exploitation”.

-- [Jessica Lange](#)

Printed references are available via handout or may be obtained upon request from: jrafols@usa.edu

