

Winter Presents New, Dire Challenges for Afghanistan's Women



Internally displaced Afghan children stand in the snow outside their shelter at a refugee camp in Kabul February 3, 2012. REUTERS/Omar Sobhani (AFGHANISTAN – Tags: ENVIRONMENT SOCIETY TPX IMAGES OF THE DAY)

A harsh winter has descended upon Afghanistan. Everyone who is still there is now trapped, in hiding, and cold, very cold.

One woman asks us for “a safer house due to multiple threats by the Taliban.” Another woman needs “medication for high blood pressure and diabetes.” A third requests “winter clothing, blankets and food.” A fourth woman wants “insulin for her brother,” and a fifth needs “headache medication and a

doctor's visit for her father who was shot in the head by the Taliban."

These requests have just come in from all over Afghanistan via encrypted apps.

Raging war zones and humanitarian disasters tend to bring out the best in humanity as well as the worst. Some people become engaged in order to profit from the disaster while, at the same time, positioning themselves as heroes. Others quietly do the dangerous, decent, and heroic work of rescuing, evacuating, sheltering, or feeding, the vulnerable and the targeted.

For the last five and half months I have been part of a feminist "digital Dunkirk" that has been evacuating Afghan feminists and dissidents. I have raised funds and written multiple [articles](#). Many evacuated Afghan refugees now languish unhappily in camps in the Middle East and in the West, or in temporary apartments or small houses all over Europe. Our [team](#) has [evacuated](#) hundreds, perhaps even thousands of endangered Afghan feminists, dissidents, gays, and their families.

However, our priorities had to change.

Some of us have expanded our mission from evacuation to helping people survive. We are working with those who are delivering food, medicine, blankets, warmer winter clothing, and arranging for physician home visits. I cannot name all the heroes, because it would put some of them at risk, but I can name some.

"The Afghan Medical Corps (AMC) was built by one extremely brave Afghan physician" who himself has been targeted by the Taliban," Ryan Mauro, director of [Clarion Intelligence Network](#) and the founder of the [Afghan Rescue Project](#), told me Wednesday. "Nevertheless, "he has put on elaborate disguises to get into hospitals and check on patients...has ridden in the

back of food trucks to make house calls. He has put Taliban flags on his car to bluff his way through Taliban checkpoints to see patients in need...Since the formation of the AMC under this one Doctor, we have grown to over two hundred physicians, and a dozen midwives. Our latest project is the development of pregnancy kits to include supplies for during pregnancy and after delivery.”

Writer [Russ Pritchard](#), another American, has been in charge of helping to administer the AMC, which is also known “as the closest thing to God on the streets of Kabul.” He was pulled into this adventure as he was editing a manuscript for an Army Ranger who then asked him to help with an evacuation – and the rest is history. As we were communicating Wednesday, Russ told me:

“As we type each other I’m arranging, via a doctor in hiding, an emergency baby formula drop for a mother who is having problems breast feeding, and arranging emergency dialysis for a 28-year-old mother whose kidneys have shut down. She will be going to a hospital under a fake name under the supervision of a doctor who will destroy all paperwork so she does not exist and dialysis is free. Over Thanksgiving weekend, we had fifteen baby deliveries. We field at least 12-18 calls a day.”

I ask him: How dangerous is this work?

“We have had medical staff shot and killed by the Taliban while on medical calls,” he says. “My number one emergency is pregnant mothers. Most ceased prenatal care in August. We had some really great wins and some devastating losses with moms delivering in the fields.”

Pritchard takes calls 24 hours a day.

My team is currently overwhelmed by requests for evacuation from feminists, members of the LGBT communities, dissidents, etc.

“At this point, both before, but especially since [the] Omicron [Covid variant] began, countries will not accept Afghan refugees,” said UK-based human rights activist [Mandy Sanghera](#), an international human rights activist with whom I work:

“Canada pledged to take 20,000 but has not yet honored that promise. They have taken a bit under 5,000. The bottleneck in the camps in the UAE and in Qatar has not lessened. Western countries, especially the United States, are [not processing applications](#) efficiently. It is something of a disaster.”

Our women can get into Pakistan, but rents are high, as is the cost of being led overland. Portugal may take Afghans but the sums being quoted are also high.

This extraordinary humanitarian outreach is being powered primarily by civilians – veterans of both military forces and of NGOs, philanthropists, ordinary citizens, and by many people whom I cannot name at this time. Governments have not been able to keep up with the demand for assistance and rescue; many do not want to handle the cost or the potential danger.

A Westerner cannot easily imagine how poorly Afghan women have been served in terms of health care – both traditionally, during the civil wars, and under the Taliban. Please permit me to quote from an anecdote contained in my book [An American Bride in Kabul](#).

Long ago, I went to visit a hospital in Kabul. I specifically asked to see a maternity hospital. Here's what I wrote about that shocking visit.

The corridors and courtyards of this long, low series of wooden buildings remind me of nineteenth-century Russia – a kerchiefed woman slapping a sheet to wash, a samovar in the doctor's private waiting room. A man, wearing a turban and a long quilted coat, is pacing barefoot, back and forth.

The doctor, educated in Germany, greets us first, then turns to the man and speaks brusquely, with annoyance.

“You brought your wife here too late. The baby is already dead. Your wife, not long, maybe a few hours more.”

Turning back to us, his guests, he smiles and offers us tea.

“These provincials always come when it’s too late.”

The husband has resumed his pacing; the doctor is stirring sugar into his tea. Suddenly the husband is yelling, the doctor yelling back. Quietly Abdul-Kareem translates for me.

The man is refusing to pay any hospital fees because not only will he have to pay to bury both his wife and child, he will need that money to buy another wife to cook for him and take care of his other children.

And where in the name of Allah did the doctor think he’d be able to get this kind of money? He had already paid for a car to transport his wife all the way from their village, which clearly was a waste of money. Why should he have to pay the doctor for killing his wife and child?

I left the hospital as quickly as I could. I didn’t want to hear the screams of women as we sipped our civilized tea. Now, on the way out, the smell of blood was unmistakable on some of the drying sheets.”

Afghanistan is still not safe for wives – or for anyone who might need medical help.

First published in [*IPT*](#).