Coronavirus, Refugees, and Government Policy: The State of U.S. Refugee Resettlement during the Coronavirus Pandemic

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The novel coronavirus pandemic poses unique challenges to forcibly displaced populations around the world. Months into the pandemic, countries are still scrambling to enact policies that mitigate the outbreak and minimize the strain on their health-care infrastructures and economies. The United Nations High Commissioner for Refugees continues to work with member states to provide guidance and assistance to those populations protected under their mandate. However, there is great concern regarding the ability to appropriately provide for displaced populations, as they tend to be hosted in areas that lack access to health care and proper hygiene materials. The situation has been exacerbated by the temporary suspension of refugee resettlement across the globe. In the United States, the Trump Administration has responded to the crisis by further eroding refugee and asylum resettlement programs and failing to properly protect the asylum seekers currently being detained. At the local level, resettled refugees and asylees have responded to the unique challenges posed by coronavirus by using their skillsets to provide assistance and services to community members in need. The coronavirus, and the Trump Administration’s response, are likely to have long-term negative impacts on refugee resettlement and asylum programs.

KEY WORDS: asylum, coronavirus, detention, immigration policy, refugee resettlement, refugees

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On March 11, 2020, the World Health Organization recognized the novel coronavirus (COVID-19) as a global pandemic (Refugees International, n.d.). At the time of writing, around 203 countries have been affected by the virus (UNHCR, 2020b). Coronavirus—10 times more deadly than influenza (Krogstad, 2019)—has placed an unprecedented strain on the world’s most prosperous countries. Governments have grappled with how to handle the challenges posed by the pandemic, urging people to stay home and practice social distancing in one form or another. Medical professionals have made it clear that the coronavirus is a serious threat that should be taken seriously by all. However, the data show that the virus impacts certain populations disproportionately. For instance, forcibly displaced populations—including refugees, internally displaced persons, asylum seekers—may be particularly vulnerable to the coronavirus (Refugees International, n.d.).

**Displacement, Protection, and a Global Pandemic**

Forced migration is at record highs in 2020, with around 70.8 million people around the world being forcibly displaced. About 41.3 million people are internally displaced within their country of origin, 25.9 million are forcibly displaced outside of their country of origin (identified as refugees), and 3.5 million are seeking asylum in another country (UNHCR, 2019). The population protected by the UNHCR has doubled since 2012 (UNHCR, 2019) and around 78 percent of refugees are displaced longer than 5 years (UNHCR, 2019). Nearly 80 percent of displaced populations are hosted in low- and middle-income countries (UNHCR, 2020b) and about 60 percent of refugees live in cities with Turkey hosting the largest refugee urban population (USA for UNHCR, n.d.). Around 25 percent of refugees live in refugee camps, the largest of which are hosted in Bangladesh, Uganda, Kenya, Jordan, Tanzania, and Ethiopia (USA for UNHCR, n.d.).

Each host country faces its own specific challenges in facing a global health crisis due to differences in size, housing infrastructure, and environment. As of March 31, 2020, 203 countries have been affected by coronavirus; 96 of these countries host refugee populations (UNHCR, 2020b). The majority of refugees reside in countries with health-care systems that were already overwhelmed before the outbreak of coronavirus (United Nations Human Rights Office of the High Commissioner, 2020). Many refugees live in makeshift shelters or reception centers that are overcrowded, with limited access to healthcare services and clean water and/or sanitation (United Nations Human Rights Office of the High Commissioner, 2020). Against this backdrop, on March 17, 2020, the UNHCR announced that resettlement departures for refugees would be suspended temporarily (UNHCR, 2020a, para 4). This response was spurred by actions resettlement countries were beginning to take to restrict the entry of international travelers to limit exposure to coronavirus, and out of concern for the safety and health of refugees during the resettlement process.
United States Immigration Policy in Response to COVID-19

On March 18, 2020, in response to the UNHCR refugee resettlement suspension, it was reported that the Trump Administration would be temporarily halting refugee admissions, effective March 19, 2020 (Alvarez, 2020). On March 20, 2020 the Centers for Disease Control and Prevention (CDC) issued an order halting the entry of any individual seeking asylum on the Canadian or Mexican borders due to public health concerns (CDC, 2020; CMS, 2020; Kanno-Youngs, Shear, & Haberman, 2020). On April 20, 2020, the CDC extended their March 20 order to suspend entry of persons from “countries where an outbreak of a communicable disease exists” for a minimum of 30 additional days (Redfield, 2020). Two days later, on April 22, 2020, President Trump issued an Executive Order suspending all immigration to the United States for a minimum of 60 days (Trump, n.d.). The new Executive Order continues to allow immigration into the United States through the Special Immigrant Visa (SIV) program for Afghans and Iraqis being persecuted for their affiliation with the U.S. military, in addition to allowing nonimmigrant visa entry for students, agricultural workers, religious workers, and high-tech workers (CMS, 2020).

These policy shifts and temporary bans have essentially ended refugee resettlement and asylum programs for the foreseeable future, leaving many refugees and asylum seekers in vulnerable, unsafe situations. As of April 16, 2020, around 7,400 refugees had been resettled in the United States (CMS, 2020); the annual ceiling of refugee admissions for 2020 set by the Trump Administration was 18,000—a number the U.S. Refugees Admissions Program (USRAP) is unlikely to meet now. With the new restrictions in place, the only refugees currently being resettled are those deemed “emergency cases,” or those being relocated from Nauru, Papua New Guinea, and Australia through the 2017 U.S. Australian agreement (CMS, 2020). Prior to the coronavirus pandemic the Trump Administration’s cuts to the resettlement program were drastic; the 2020 Presidential Determination of Refugee Admissions was the lowest in the USRAP’s history and constituted an 84 percent decrease from the 2017 Obama Administration’s Presidential Determination of 110,000 (Krogstad, 2019).

In addition, denying asylum-seekers entry into the United States has created unsafe conditions along the border with Mexico. A year ago, the Trump Administration instituted the Migrant Protection Protocols (MPP), which required most individuals requesting asylum at the U.S. southern border wait in Mexico while their case was reviewed (Caldwell, 2020; CMS, 2020). Since the program was enacted, around 65,000 individuals have had to wait in Mexico for court rulings on their asylum cases (Caldwell, 2020). To date, there are roughly 20,000 cases pending and many others awaiting appeals’ decisions (Caldwell, 2020). Although immigrant court hearings have been suspended due to the coronavirus, for individuals in Mexico under MPP, the Executive Office of Immigration Review (EOIR) continues to hold hearings for detained immigrants (CMS, 2020).

The United States has the largest immigration detention apparatus in the world, detaining an average of 37,000 individuals a day (Fox & McKenzie, 2020).
Detention facilities are high-risk environments for communicable diseases; facilities often have unsanitary conditions, poor ventilation, and limited access to hygiene materials (Kerwin, 2020). In 2019, Immigration and Customs Enforcement (ICE) reported around 6,000 immigrants had been quarantined across the United States due to outbreaks of the flu, mumps, and other communicable diseases (Raff, 2020). This is particularly concerning given that the mortality rate for coronavirus is 10 times higher than the flu, and unlike the flu, there is no treatment for coronavirus (Fox & McKenzie, 2020). In a joint press release from the United Nations Human Rights Office of the High Commissioner, the International Organization for Migration, World Health Organization and United Nations High Commissioner for Refugees expressed concern for detained immigrants and urged governments to release detainees without delay (United Nations Human Rights Office of the High Commissioner, 2020). Medical professionals in the United States have called on ICE to decrease detention populations by transitioning to community-based alternatives (Kerwin, 2020). As of April 20, 2020, few detainees have been released and there has been limited testing for those detained. In addition, ICE has not been transparent about coronavirus cases in detention facilities, failing to provide statistics on returnees who may have been infected during transit, or infected staff members working at private facilities—where over half of all detainees are held (Kerwin, 2020).

**Domestic Assistance during COVID-19**

In late March the United States Congress passed three legislation packages in response to the pandemic, providing assistance to the health-care industry, businesses, and individuals. The federal legislative actions taken make refugees and immigrants eligible for some benefits and assistance programs. One of these benefits is the economic impact payment, which is distributed by the Internal Revenue Service and is available to lawful permanent residents who classify as a “resident alien” for U.S. income tax purposes (Refugee Council USA, 2020). Also, refugees and immigrants with work authorizations are eligible for state unemployment insurance and the new benefits instituted by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), including the Pandemic Emergency Unemployment Compensation, the Pandemic Unemployment Assistance, and the Federal Pandemic Unemployment Compensation (Refugee Council USA, 2020). These programs offer much-needed relief for eligible immigrants, as foreign-born populations have been disproportionately impacted by the pandemic-induced recession (Abraham, Grant, Spiegel, Vazquez, & Page, 2020; Capps, Batalova, & Gelatt, 2020). In addition, the CARES Act allocated $350 million to the Department of State’s Migration and Refugee Assistance (MRA) account to provide services, including health care, for refugees both domestically and internationally (CMS, 2020).
Refugee Facilitated Assistance

At the local level, refugees and asylees have taken active roles and used their skills to help communities respond to the coronavirus. Many refugees work in positions that have been deemed essential services during the pandemic. More than 46,000 refugees work in food processing, more than 31,000 work in grocery stores and food markets, and over 77,500 refugees work in restaurants and foodservice establishments (New American Economy, 2020). The health-care sector has the second-largest workforce of refugees with 15.6 percent of refugees working in the industry (New American Economy, 2020). In health care, refugees make up a significant percentage of frontline workers in states that have historically resettled large numbers of refugees, such as California, Texas, and New York.

Coronavirus has stressed a health-care system that was already dealing with shortages in medical personnel across the United States (Osorio, 2020). The need for health-care workers prompted the state of New York to allow medical students to begin practicing earlier than previously allowed. In New Jersey, Governor Phil Murphy issued an order providing temporary medical licenses to physicians who have at least 5 years’ experience and who have practiced in the past five years (Osorio, 2020). The need for trained medical workers has led to an innovative collaboration in which the International Rescue Committee (IRC)—a refugee resettlement agency—identifies foreign-trained immigrants and refugees currently residing in the United States so that they can be contacted if they meet eligibility requirements for temporary licenses (IRC, 2020a, 2020b). This unique partnership should provide a significant boost to a strained health-care infrastructure, as it is estimated that 165,000 refugees and immigrant workers who obtained health-related degrees abroad had previously been unable to utilize their credentials in the U.S. health-care system (IRC, 2020a).

Aside from providing services as first responders or essential workers, some refugees have garnered community support to aid in coronavirus responses. In Westchester County, NY, Neighbors for Refugees—a nonprofit organization that provides services aimed at empowering refugees as they transition to life in the United States (Neighbors for Refugees, 2020a)—partnered with Masks for New York to help address the shortage of personal protective equipment (PPE) for hospital workers (Masks For NY, 2020). As a result of the partnership, recently resettled female refugees with seamstress experience, in collaboration with local community members, raised over 7,000 USD in three weeks and made around 3,000 masks for medical facilities around New York City (Neighbors for Refugees 2020b). Similarly, in DuPage County, Illinois, the Re:new Project—an organization in the Chicago area that teaches refugee women English and sewing, while also employing them to craft artisan products—has transitioned their standard operations and begun making face masks following CDC guidelines for medical professionals (Re:new Project, 2020). Even with shelter-in-place orders in effect, refugee artisans have continued their work from home and are able to make about 700 masks a week, which are donated to medical facilities, nonprofit organizations, and retirement communities in need around Chicago (NBC Chicago, 2020).
In addition to working in essential services and helping to produce PPE, refugees have been involved in efforts to provide food for those in need during the pandemic. In Baltimore, Mera Kitchen Collective—founded in 2018 to empower refugee and immigrant women through food entrepreneurship (Meehan, 2018; Cassie, 2019)—has responded to the coronavirus pandemic by donating prepared meals to health-care workers and fellow Baltimoreans in need (Strickland, 2020). Mera Kitchen's initial goal was to provide 1,400 meals; however, within 24 days of starting the community meal initiative, the organization had received donations of more than 25,000 USD, enabling them to provide over 10,165 meals (Mera Kitchen, 2020; Strickland, 2020). Aside from providing food aid, the organization has also been able to provide employment for individuals who were laid off due to the pandemic (Mera Kitchen, 2020). Similarly, Adenah Bayoh, a Liberian refugee who now owns IHOP restaurants in Paterson, Newark, and Irvington, is providing free meals to those in need (Hill, 2020). Families in New Jersey will be able to pick up free pancakes and sandwiches from her restaurants until schools reopen (Hill, 2020). In addition, Bayoh is working with Irvington city council to provide free meals to seniors in the community (Hill, 2020).

A Pandemic and the Future of Refugee Resettlement in the United States

The pandemic policies enacted, and the suspension of immigration to the United States, will have long-lasting impacts on humanitarian immigration into the United States. Since taking office, the Trump Administration has steadily dismantled and impeded immigration into the United States for the world’s most vulnerable populations (Alvarez, 2018; Boghani, 2019; Chishti & Pierce, 2020; Pierce, 2019). The Administration has touted their restrictive immigration policies as measures that are “restoring the rule of law,” “securing our borders,” and “protecting American workers” (The White House, n.d.).

Since the migrant crisis of 2015, Western governments have seen a surge of politicians and political parties that are xenophobic and intolerant of immigrants. In recent years, a wave of nationalism and populism has coursed through Europe and the United States. President Trump has used fears emerging during the pandemic to create policies and procedures that further restrict immigration and conflate immigrants with public safety or health concerns. It is likely that once countries begin to reopen following the coronavirus pandemic, some politicians will seize on temporary suspensions to further restrict immigration policies (Yayboke, n.d.). And once the Refugee Admissions Program resumes the resettlement of refugees, it is likely that new procedures and protocols will be added to an already lengthy and intensive screening process. Currently, health and security screenings for refugees take an average of 2 years to complete. The future of refugee and asylum programs in the United States could be significantly altered in the coming year, partly due to the coronavirus, and partly due to policy shifts stemming from the November 2020 elections.
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Notes

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