

U.S. Refugee Resettlement Is in Ruins—It Is Our Duty to Rebuild It



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Beginning in 2017, policy changes impacting the U.S. Refugee Admissions Program (USRAP) led to dramatic cuts in U.S. refugee resettlement. These changes have impeded relief of humanitarian crises, compromising the safety of tens of thousands of refugees eligible for resettlement and delaying family reunification. Rebuilding USRAP will require significant funding, support, and time. Such rebuilding is a necessary step in addressing the global refugee crisis and a potential life-saving intervention for many refugees, who suffer a range of threats and maladies. Many have chronic untreated medical issues and untold psychological trauma—physical and emotional wounds from years of persecution. They need—and deserve—our help.

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Our refugee intake clinic usually buzzes with activity. Every month, our primary care group welcomes recently arrived refugees to Rhode Island and introduces them to the U.S. healthcare system. There is much to do: review overseas forms, discuss medical histories, address acute concerns, administer vaccines, order screening tests, and arrange referrals. Most importantly, we listen to their stories: why they fled their homelands, the traumas they survived, the lives they left behind, and their hopes for starting a new chapter as resettled refugees in the U.S.A.

Every refugee tells a story of survival, a testament to resilience. Indeed, refugees are people who are unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular group, or political opinion.¹ Most refugees spend years living in exile. The United Nations High Commissioner for Refugees (UNHCR), the agency dedicated to protecting forcibly displaced communities, refers a small fraction of refugees for resettlement—the process of transferring refugees from an asylum country to another state

that has agreed to admit them and ultimately grant them permanent settlement. Resettlement is a necessary, life-saving intervention for many refugees, who often suffer a range of threats and maladies on a daily basis: violence, abuse, malnutrition, and infectious disease, among others. But refugee resettlement has been under attack, leaving our refugee clinic largely empty despite its open doors.

From 2017 through 2020, changes in the U.S. Refugee Admissions Program (USRAP) severely disrupted global refugee resettlement through reduced resettlement numbers and discriminatory policies such as country-specific bans and extreme vetting procedures. Such disruption has impeded relief of humanitarian crises, compromising the safety of tens of thousands of refugees eligible for resettlement and delaying family reunification.

Prior to 2017, the U.S.A. led the world in refugee resettlement, serving as a sanctuary for this displaced population. In fact, USRAP had resettled more refugees than all other countries combined since its establishment in 1980.² Starting in 2017, the U.S. government repeatedly cut the cap on refugees allowed entry. In full, U.S. leaders cut refugee resettlement over 85%, from a proposed cap of 110,000 for fiscal year (FY) 2017 to 15,000 for FY2021.^{2, 3} Each successive cut—the majority of which occurred before the onset of the COVID-19 pandemic—made history as the lowest resettlement ceiling on record.

Beyond these cuts, in 2017, the U.S. government issued refugee bans against multiple countries, many of which are majority-Muslim,⁴ decreasing U.S. resettlement of Muslim refugees over 90% between 2016 and 2018.^{5, 6} The U.S.A. effectively turned a cold shoulder to some of the world's most vulnerable people, including those fleeing humanitarian crises in Syria, Somalia, and Yemen. In 2020, the U.S.A. expanded the initial country-specific bans to include 13 countries in all,⁷ which together accounted for approximately 50% of the 20.4 million refugees under UNHCR's mandate in 2019.⁸

Such discriminatory policies stigmatize refugees as threats. In truth, resettled refugees have been the most vetted category of people arriving in the U.S.A. for four decades, owing to a rigorous screening process consisting of multiple interviews, background checks, and security clearance measures, together creating a high burden of proof that often takes two years, and sometimes far longer, to complete.⁹ Nevertheless, legislators justified their policy changes on resettlement as matters of

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national security, frequently connecting refugees to terrorism.^{4, 9} Yet there is virtually no evidence to support the notion that refugees engage in terrorism. For instance, only three individuals among over 784,000 refugees admitted to the U.S.A. from 2001 to 2015 were later arrested on terrorism charges, and these arrests resulted from attempts to provide assistance to groups abroad rather than attacks against the U.S.A.¹⁰

The U.S. government has had it backwards: refugees are victims—not perpetrators—of persecution. Indeed, all refugees referred for resettlement must fit at least one vulnerability category according to UNHCR: survivors of violence and torture, persons with urgent medical needs, and at-risk women and children, among others.¹¹

The introduction of “extreme vetting” is another example of the political assault on refugee resettlement. This policy, enacted in 2017, created new requirements that refugees provide addresses and phone numbers for every residence where they previously lived for more than 30 days in the past decade, as well as contact information for all close relatives.⁹ Compiling a list of addresses would be an impossible task for approximately half the world’s population—the Universal Postal Union estimates that approximately 4 billion people, the majority of whom live in developing countries, do not have a street address.¹² Moreover, such a demand is an inconceivable request for refugees, most of whom have fled their homelands because of violence, have moved frequently while living in exile, and have often lost contact with relatives. “Extreme vetting” also instituted separate interviews for children and strict limits on the monthly number of security checks that agencies such as the FBI can perform for resettlement cases.⁹ These disruptions only serve to create systemic gridlock, which exacerbates backlogs and further decreases resettlement numbers.

In 2021, newly elected federal leadership championed plans to expand U.S. refugee resettlement and reverse discriminatory policies. A Presidential Proclamation in March 2021 revoked the refugee bans on majority-Muslim countries,¹³ a necessary step towards equitable resettlement. A proposal soon followed to expand the refugee resettlement ceiling to 62,500 under the auspice that “a robust refugee admissions program is critical to U.S. foreign policy interests and national security objectives.”¹⁴ Later, federal support appeared to wane—the cap would remain at 15,000, triggering public and political backlash while reinforcing the notion that global humanitarianism was no longer an American priority.¹⁵ Federal leadership reversed course, most recently proposing an expansion of the cap to 125,000 for FY2022 with a focus on expanding resettlement for Central Americans, Afghans at risk because of their affiliation with the U.S.A., and LGBTQI+ refugees, among others. Nevertheless, despite the expanded ceiling, this proposal also specifies that the State Department’s immediate goal would be to fund USRAP’s affiliates at an initial operating level of only 65,000 arrivals.¹⁶

Such political wavering has significant effects on refugees already accepted for resettlement. For instance, in March 2021, the State Department suspended flights to the U.S.A. for 715 refugees just days before their expected travel dates, leaving them stranded and interrupting long-awaited reunification for families.¹⁷ Among these would-be passengers, a Congolese family of four was scheduled for health intake visits in our refugee clinic—the first such appointments we had scheduled in over 6 months. We opened our clinic’s doors to welcome them, but they never arrived.

As a physician who cares for resettled refugees of all ages, I have seen the troubling effects of policy changes on the mental health of these patients: exacerbations of depression, post-traumatic stress disorder, anxiety, and somatization. Decreased resettlement caps and worsening backlogs have delayed family reunification, a significant stressor contributing to adverse mental health effects among resettled refugees. Furthermore, family reunification for resettled refugees in the U.S.A. is restricted to a spouse and unmarried children under 21 years of age.¹⁸ Resettled refugees who remain separated from their families abroad describe their heartbreak in learning of the increasing limits and obstacles on resettlement imposed by our political leaders. They feel that the U.S. government is turning away from them.

Regardless of the proposed cap increase, USRAP faces enormous challenges in rebuilding. First, reduced resettlement numbers over the past years have led to drastic budget cuts for resettlement infrastructure. These cuts have had significant effects on the nine domestic resettlement agencies that work with USRAP in coordinating the complex logistics of resettling refugees in U.S. states. At the end of 2016, these agencies operated through approximately 325 community affiliate offices across the country. As of 2019, budget cuts had led to the closing of over 100 offices—nearly 1 in 3 overall.¹⁹ One of two agencies in Rhode Island has closed its doors, and the other has had to cut staff and services. Such a reduction in infrastructure restricts the capacity of these sites to manage rapid expansion in refugee resettlement. Second, understaffed offices within USRAP itself face an enormous backlog—approximately 90,000 cases.¹⁶ Unfortunately, this number pales in comparison with global refugee displacement, which now exceeds 26 million and may continue to increase in light of the evolving crises in Afghanistan, Central America, and elsewhere.²⁰ Third, the COVID-19 pandemic has exacerbated roadblocks in the resettlement process in numerous ways. For instance, pandemic-related travel restrictions led to 2020 having the lowest number of refugees resettled worldwide in over two decades.^{21, 22} The pandemic has also affected many social aspects of resettlement, including reduced availability of housing, fewer employment opportunities, and limited access to healthcare.²³ Furthermore, low-income housing and inferior work conditions may place resettled refugees at higher risk of contracting COVID-19 in comparison with the rest of the U.S. population.²⁴

Rebuilding USRAP is a monumental task that will require significant funding, political advocacy, and time. First, the U.S. government needs to commit stable, multi-year funding to USRAP to expand resettlement infrastructure and community-based resettlement networks. To address backlogs and an expanding cap on the number of refugees resettled, we must invest in staffing, social support for obtaining housing and employment, and research into resettlement needs.²⁵ Second, the vetting process requires a comprehensive review by federal leadership to allow for necessary reforms that uphold humanitarian goals.⁹ Third, physician advocacy is essential to advancing USRAP's mission and its need for community engagement and support. Physicians play a critical role in advocating for resettled refugees by integrating social and mental health services within primary care, promoting trauma-informed care, and developing community partnerships to address evolving resettlement needs.²⁶ In rebuilding USRAP, we have an opportunity to restore the world's faith—and our own—in America's humanity.

Meanwhile, we await refugees with hope, and with concern. Many refugees suffer from chronic untreated medical issues and untold psychological trauma—physical and emotional wounds from years of persecution. As physicians, the opportunity to rebuild U.S. refugee resettlement calls attention to the importance of our own commitment to these patients according to the Hippocratic oath: “I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.” Accordingly, we will continue to advocate for our refugee patients in their times of need, regardless of the obstacles put forth by the federal government despite the moral and political imperative to the contrary.

And to all refugees awaiting resettlement, we will welcome you with open arms when you arrive at our clinic. To you, our doors shall always remain open.

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REFERENCES

1. United Nations High Commissioner of Refugees. Convention and protocol relating to the status of refugees. Available at: <https://www.unhcr.org/en-us/1951-refugee-convention.html>. Published 2010. Accessed December 7, 2021.
2. **Krogstad JM.** Key facts about refugees to the U.S. Pew Research Center. Available at: <https://www.pewresearch.org/fact-tank/2019/10/07/key-facts-about-refugees-to-the-u-s/>. Published October 7, 2019. Accessed December 7, 2021.
3. U.S. Department of State. Proposed Refugee Admissions for Fiscal Year 2021: Report to Congress. Available at: <https://www.state.gov/reports/report-to-congress-on-proposed-refugee-admissions-for-fy-2021/>. Published 2021. Accessed December 7, 2021.
4. Executive Office of the President. Protecting the Nation From Foreign Terrorist Entry Into the United States. Fed Regist. 2017 Feb 1;82(20):8977-8982.
5. **Bier DJ.** Trump Cut Muslim Refugees 91%, Immigrants 30%, Visitors by 18%. CATO Institute. Available at: <https://www.cato.org/blog/trump-cut-muslim-refugees-91-immigrants-30-visitors-18>. Published December 7, 2018. Accessed December 7, 2021.
6. The Bridge Initiative. The Muslim and African Bans. Available at: <https://bridge.georgetown.edu/research-publications/reports/the-muslim-and-african-bans/>. Published 2019. Accessed December 7, 2021.
7. Executive Office of the President. Improving Enhanced Vetting Capabilities and Processes for Detecting Attempted Entry Into the United States by Terrorists or Other Public-Safety Threats. Fed Regist. 2020 Feb 5;85(24):6699-6707.
8. United Nations High Commissioner for Refugees. Global Trends: Forced Displacement in 2019. Available at: <https://www.unhcr.org/globaltrends2019/>. Published 2020. Accessed December 7, 2021.
9. International Refugee Assistance Program. Debunking “Extreme Vetting”: Recommendations to Build Back the U.S. Refugee Admissions Program. Available at: <https://refugeerights.org/wp-content/uploads/2020/10/Vetting-Report-2020.pdf>. Published 2020. Accessed December 7, 2021.
10. **Newland K.** The U.S. Record Shows Refugees Are Not a Threat. Migration Policy Institute. Available at: <https://www.migrationpolicy.org/news/us-record-shows-refugees-are-not-threat#.YHmPJS2ZMWo>. Published October 7, 2015. Accessed December 7, 2021.
11. United Nations High Commissioner for Refugees. UNHCR Resettlement Handbook. Available from <https://www.unhcr.org/46f7c0ee2.pdf>. Published 2011. Accessed December 7, 2021.
12. International Bureau of the Universal Postal Union. Addressing the world—an address for everyone—the white paper. Available at: <https://www.upu.int/UPU/media/upu/publications/whitePaperAddressingTheWorldEn.pdf>. Published 2012. Accessed December 7, 2021.
13. U.S. Department of State – Bureau of Consular Affairs. Rescission of Presidential Proclamations 9645 and 9983. Available at: <https://travel.state.gov/content/travel/en/News/visas-news/rescission-of-presidential-proclamations-9645-and-9983.html>. Published March 10, 2021. Accessed December 7, 2021.
14. U.S. Department of State. Report to Congress on the Proposed Emergency Presidential Determination on Refugee Admissions for Fiscal Year 2021. Available at: <https://www.state.gov/proposed-emergency-presidential-determination-on-refugee-admissions-for-fy21/>. Published February 12, 2021. Accessed December 7, 2021.
15. **Kanno-Youngs Z, Jordan M.** Biden wavers on restricting refugee entry. New York Times. Available at: <https://www.nytimes.com/2021/04/16/us/politics/joe-biden-refugee-policy.html>. Published April 16, 2021. Updated May 3, 2021. Accessed December 7, 2021.
16. U.S. Department of State. Report to Congress on Proposed Refugee Admissions for Fiscal Year 2022. Available at <https://www.state.gov/report-to-congress-on-proposed-refugee-admissions-for-fiscal-year-2022/>. Published September 20, 2021. Accessed December 7, 2021.
17. **Jordan M.** Refugee Flights Canceled as Biden Fails to Lift Trump Cutback. New York Times. Available at: <https://www.nytimes.com/2021/03/12/us/refugees-biden.html>. Published March 12, 2021. Accessed December 7, 2021.
18. U.S. Citizenship and Immigration Services. Family of Refugees and Asylees. Available at <https://www.uscis.gov/family/family-of-refugees-and-asylees>. Accessed December 7, 2021.
19. Refugee Council USA. Where are the refugees? Available at: <https://rcusa.org/wp-content/uploads/2019/07/RCUSA-Report-1.pdf>. Published 2019. Accessed December 7, 2021.
20. United Nations High Commissioner for Refugees (UNHCR). Global Trends in Forced Displacement – 2020. Available at: <https://www.unhcr.org/refugee-statistics>. Published 2021. Accessed December 7, 2021.
21. United Nations High Commissioner for Refugees (UNHCR). Data reveals impact of COVID-19 on livelihoods and futures. Available at <https://www.unhcr.org/news/stories/2021/2/6017c7744/data-reveals-impact-covid-19-livelihoods-futures.html?query=storymaps>. Published 2021. Accessed December 7, 2021.
22. United Nations High Commissioner for Refugees (UNHCR). With refugee resettlement at a record low in 2020, UNHCR calls on States to offer places and save lives. Available at <https://www.unhcr.org/en-us/news/press/2021/1/600e79ea4/refugee-resettlement-record-low-2020-unhcr-calls-states-offer-places-save.html>. Published 2021. Accessed December 7, 2021.

23. **Brickhill-Atkinson M, Hauck FR.** Impact of COVID-19 on Resettled Refugees. *Prim Care.* 2021;48(1):57-66. <https://doi.org/10.1016/j.pop.2020.10.001>
24. Centers for Disease Control and Prevention. COVID-19 in Newly Resettled Refugee Populations. Available at <https://www.cdc.gov/immigrantrefugeehealth/resources/refugee-populations.html>. Published 2021. Accessed December 5, 2021.
25. **Kerwin D, Nicholson M.** Charting a Course to Rebuild and Strengthen the U.S. Refugee Admissions Program. Center for Migration Studies. Available at: <https://cmsny.org/wp-content/uploads/2020/12/CMS-and-RCUSA-Report-Charting-a-Course-to-Rebuild-and-Strengthen-the-US-Refugee-Admissions-Program.pdf>. Published December 2020. Accessed December 7, 2021.
26. **Siddiq H, Rosenberg J.** Clinicians as advocates amid refugee resettlement agency closures. *J Public Health Policy.* 2021 Sep;42(3):477-492. <https://doi.org/10.1057/s41271-021-00296-9>. Epub 2021 Jul 21.

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