

POLICY BRIEF

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Building a New Life in Uncertain Times: The Impact of Covid-19 on Refugees in the U.S.

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INTRODUCTION

The Refugee Admissions Program in the United States—established in its current form in 1980—reflects the core values of this country, whereby those fleeing persecution are able to establish new lives and contribute to the nation's founding ideals of life, liberty, and the pursuit of happiness. However, the Covid-19 pandemic has now slowed migration across international borders to a near-screaming halt. And while refugees seeking resettlement to the United States are among those impacted by Covid-19 travel restrictions, the number of refugees admitted to the country began to decline long before the pandemic began. At the end of last year, the yearly refugee admissions ceiling for 2020 was capped at a mere 18,000 individuals—a record low since the inception of the program in 1980.¹ The refugee admissions ceiling—which is determined yearly by the president—has steadily declined under the administration of President Donald Trump, signaling a stark departure from the United States' historic stance as the global leader in refugee resettlement.²

Yet even while it was considered a leader, the United States resettled an astonishingly small percentage of the world's refugees—approximately 0.6% of the total global refugee population each year.³ Refugee status is conferred upon individuals who have a well-founded fear

of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group. Resettlement is only an option for the most at-risk refugees, who must fall under one or more of the following categories, as outlined by the U.S. government in coordination with criteria put forth by the United Nations High Commissioner for Refugees (UNHCR): legal and/or physical protection needs, prisoners of conscience, survivors of violence and/or torture, medical needs, women at risk, or individuals who lack any foreseeable alternative, durable solution in their current place of asylum.⁴

Given the stringent criteria and limited capacity for refugee admission, refugees selected for resettlement in the United States are among the world's most vulnerable populations. The individuals selected for resettlement are relocated from a third country to the United States via the U.S. Refugee Resettlement Program, operated by the U.S. Department of Homeland Security (DHS) and the Department of Health and Human Services (HHS). The Office of Refugee Resettlement is then charged with providing short-term financial and medical assistance to newly arrived refugees, as well as case management services, English language classes, and job readiness and employment services. These services are delivered through local nongovernmental organizations (NGOs) and charities that receive federal funding to



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assist refugees in their first 90 days as U.S. residents. The goal of these programs is to facilitate the refugees' successful transition to life in the U.S. and to help them attain economic self-sufficiency.⁵

RECENT ANTI-IMMIGRATION POLICIES AND REFUGEE RESETTLEMENT

The onset of the Covid-19 pandemic created unprecedented challenges for resettled refugees in the U.S. and exposed underlying vulnerabilities that particularly impact refugee women and children, as well as the organizations that work to support them. However, even before the pandemic, refugees seeking resettlement in the United States, as well as recently arrived refugees, faced a difficult environment as a result of the many changes enacted under the Trump administration.

First, the refugee resettlement system encountered legal and logistical setbacks as a result of a series of immigration-related executive orders and policies, including a 120-day total ban on refugees and a 90-day ban on immigration from seven Muslim-majority countries in 2017,⁶ calls for additional security vetting of refugees,⁷ and an attempt to end temporary protected status for certain foreign nationals in the United States.⁸

A further obstacle came in September 2019 when Trump issued an executive order requiring governors and local jurisdictions to accept refugees.⁹ In January 2020, Texas Gov. Greg Abbott became the first U.S. governor to refuse to admit federally resettled refugees, claiming that the broken U.S. immigration system puts unfair pressure on border states like Texas.¹⁰ This assertion conflated the immigration system with the refugee resettlement system—when in fact they are entirely separate—and also conflated financial resources for resettled refugees with resources for asylum seekers at the southern border.¹¹ Abbott's decision was ultimately blocked by a Maryland federal judge who reasserted that refugee resettlement is a federal issue.¹² However, if implemented, Abbott's decision would have had a major impact on U.S.

refugee resettlement as a whole, since Texas has historically resettled more refugees than any other state. Non-participation would have meant both fewer refugees resettled in Texas as well as fewer federal dollars distributed to the organizations working in Texas to support resettled refugees during their initial period of residency.

ECONOMIC ASSISTANCE AND THE CARES ACT

Against this backdrop, the Covid-19 pandemic created further challenges for refugees already residing in the U.S. First, there has been a lack of clarity around resettled refugees' access to government provisions related to Covid-19 provisions. The CARES Act passed by Congress on March 27, 2020, provided short-term economic remedies, including stimulus checks for individuals, but access to the program varied based on whether someone had a valid social security number, permanent residency, or met IRS residency requirements.¹³ The Department of State was allocated US\$350 million for its Migration and Refugee Assistance (MRA) account to assist refugees, but it is unclear how or whether any of the funds were distributed.¹⁴

Second, refugees may not seek assistance under the CARES Act—even if legally eligible to do so—as a result of fears instigated by changes to what is known as the public charge rule. New, stringent regulations about which immigrants constitute a “public charge”—or non-citizens who have accessed certain forms of economic and social assistance while living in the U.S.—were announced in October 2019 and were upheld on February 21, 2020, by the Supreme Court.¹⁵ As a result of these changes, individuals who have sought various forms of government assistance, and thus deemed to be a public charge, will be considered inadmissible when they attempt to apply for a visa or convert a short-term visa to permanent residency. While refugees and asylees are exempt from public charge inadmissibility regulations, many may fear to access direct financial

assistance from the government due to misinformation or lack of communication about the changed regulations, or out of concern that utilizing federal benefits could eventually impact their path to citizenship.

REFUGEE WOMEN AND CHILDREN IN THE U.S.

In addition to confusion over a refugee's eligibility for Covid-19-related federal assistance, the disruption to service provisions and assistance caused by the pandemic have been acutely felt by refugees, with particular impact on women and children.

The challenges associated with displacement, migration, and resettlement have a disproportionately negative impact on refugee women, children, and youth. Since 2016, women have comprised approximately half the population of resettled refugees in the United States.¹⁶ Women and girls at risk of human trafficking, sexual violence, exploitation, domestic violence, or stigmatization are among those eligible for resettlement.¹⁷ During displacement and throughout the process of resettlement, women are also at increased risk of experiencing violence—whether this occurs when first uprooted from their homes, in refugee camps or urban residences, or throughout the process of being relocated to the U.S.¹⁸

Refugee women often have unmet physical and mental health needs upon their arrival to the United States.¹⁹ Fortunately, newly resettled refugees are eligible for up to eight months of health insurance coverage through the federally funded Refugee Medical Assistance program, and some may later choose to apply for Medicaid, the Children's Health Insurance Program, or other forms of insurance through the Health Insurance Marketplace.²⁰ But even when health insurance is readily available, refugees may face other structural or cultural barriers to health care access, such as transportation issues, limited English proficiency, and challenges with acculturation.²¹ Furthermore, displacement

and resettlement may result in the loss of family, community, and social connections. This increases the likelihood of social isolation, which has implications for the successful integration and long-term outcomes of refugee women post-resettlement.²²

Children and young adults are at particular risk of experiencing trauma caused by displacement. Between 2002 and 2017, approximately 40–50% of resettled refugees were age 20 or younger.²³ According to the U.S. Department of State, refugee children and youth are more susceptible to “abuse, violence, exploitation, and separation from their caregivers” and are characterized as an at-risk population.²⁴ Even in the absence of violence and abuse, the traumatizing effects of displacement may be more pronounced in the case of young children.

In the earliest years of life, strong or prolonged exposure to stress and adversity may cause a toxic stress response, which can impede a child's socioemotional, mental, and physical development.²⁵ While this toxic stress response can be mitigated through responsive parenting,²⁶ it can be difficult to promote resilience and healthy development in children in situations where parents are also experiencing adversity and instability. Moreover, studies show that the effects of trauma are both cumulative and intergenerational, which means that childhood trauma and the impacts of parental trauma may alter a child's DNA and have long-term effects on their health and well-being.²⁷

The heightened vulnerability of refugee women and children intensifies the need for supportive services post-resettlement. However, the current administration's policies described in the previous section have severely curtailed vital resources that support refugee resettlement, despite a worsening global displacement crisis. Thus, the resettlement organizations that refugees rely on already faced a financially uncertain environment when the coronavirus pandemic hit the U.S. in early March, leading to the suspension of many services due to the shelter-in-place orders. Like other businesses, the organizations responsible for assisting resettled refugees had to suspend

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many of their programs. Some services—such as one-on-one video counseling or information sessions—were moved online, but part of the work of these organizations involves creating a community space for newcomers, which is difficult to replicate without face-to-face interactions. There are also language barriers and cultural differences to navigate—which is more difficult to do remotely—and many newly arrived refugees may not have access to high-speed internet or devices that allow them to take full advantage of online services.

To cite one example from Houston, Interfaith Ministries—one of the organizations assigned to assist recently resettled refugees—hosts a Women's Empowerment Group that is designed to “prevent isolation, build community, and equip women with the information or skills they need to begin a new life.”²⁸ Some refugee women who attend the group may not have had much formal education, the chance to learn English, or the opportunity to become computer literate—which are among the skills the group helps them to cultivate. The lack of in-person meetings during the lockdown may have contributed to a sense of isolation for women who have not yet had a chance to develop social networks and community in their new city of residence.

For refugee children, public schools play a vital role in helping them learn English and integrate into U.S. society.²⁹ While school closures across the country have been difficult for all children, distance learning has likely proved especially difficult for children and families with limited English proficiency—which greatly complicates the completion of lessons—and for those who do not necessarily have a reliable internet connection or technological devices readily available at home. In some instances, nonprofits have partnered with local school districts to bridge this gap for English-language learners, helping to ensure digital connectivity for students and their families, hosting trainings for teachers on language distance learning, and translating home-schooling resources.³⁰

CONCLUSION AND RECOMMENDATIONS

Many states across the U.S. are reopening businesses and services, thereby ending the lockdowns that brought life to a standstill for nearly three months. While this will allow the service-providing organizations that assist resettled refugees to resume many of their programs, some services will remain online or operate at a lower capacity for the foreseeable future. Furthermore, in the event of a second wave of Covid-19, organizations should think through the ways that services can be offered more effectively, and information communicated more clearly.

To mitigate the harm to resettled refugees and future generations of children and youth, we recommend the following:

- Ensure greater clarity and public education about the benefits available to refugees through coronavirus relief packages. This information should be up-to-date and translated in the languages of all refugee populations.
- Create social support and educational programming with the most vulnerable families in mind. This is particularly important for refugee children who receive distance learning, as public schools may not fully return to in-person instruction in the fall.
- Support and amplify the measures that refugees utilize to protect themselves and their communities. For example, Plant It Forward—a community-supported agriculture organization in Houston, Texas, founded by philanthropic entrepreneurs in partnership with Congolese refugees—has doubled its membership during the pandemic, ensuring that Houstonians have access to fresh, nutritious produce amid concerns about shopping at grocery stores.³¹
- Ensure trauma-informed, culturally appropriate services for refugee women and children during interactions with the health care, education, and social service sectors.

- Offer high-quality early childhood development support for the children of refugees, and offer educational resources for refugee parents about strategies to support their child's healthy development.

Beyond the support the U.S. can offer resettled refugees, there is overwhelming evidence that refugees benefit our communities, whether through refugee-owned small businesses, enhancing diversity, or helping to revitalize small towns or neighborhoods in large cities. Refugee resettlement agencies and organizations also serve as anchor institutions that employ U.S. citizens as well as refugees, offering services and programming that benefit both refugees and citizens alike.³²

Prior to the pandemic, many policymakers and U.S. citizens could overlook the needs of vulnerable populations, especially refugees resettled in the U.S. However, Covid-19 has highlighted the vast disparities in opportunities and services for vulnerable populations—and how these disparities impact all U.S. residents through the spread of disease, the overtaxing of health care systems, and economic losses. We have an opportunity now to reduce inequities within our country, and chart a path forward that creates opportunities for all U.S. residents to be healthy and financially stable. Moreover, it is time to reframe the conversation about refugees to foster unity and mutual benefit, rather than perpetuate false narratives that promote xenophobia. While it is critical to ensure that refugees—particularly women and children—have access to health and educational resources in order to promote their full participation in U.S. society, we must also remember that refugees are resilient, entrepreneurial actors who develop community-led activities to support themselves. Their actions can be amplified and strengthened through government and private partnerships.

ENDNOTES

1. Jeanne Batalova, Brittany Blizzard, and Jessica Bolter, "Frequently Requested Statistics on Immigrants and Immigration in the United States," Migration Policy Institute, February 14, 2020, <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states>.
2. Ibid.
3. "America Admits Fewer Refugees as Number Displaced Grows Globally," Pew Research Center, May 31, 2020, <https://www.pewresearch.org/global/2017/10/12/u-s-resettles-fewer-refugees-even-as-global-number-of-displaced-people-grows/>.
4. "Country Chapter USA," in UNHCR Resettlement Handbook (UN High Commissioner for Refugees, 2018), <https://www.unhcr.org/3c5e5a764.html>.
5. Other individuals who are eligible for these federally funded services are survivors of human trafficking—whether labor or sex trafficking—and asylum seekers who are living in the U.S. and who have been successfully granted asylum.
6. Exec. Order No. 13780, 82 F.R. 8977 (2017), <https://www.govinfo.gov/app/details/FR-2017-02-01/2017-02281>
7. Ibid.
8. Jill H. Wilson, "Temporary Protected Status: Overview and Current Issues," Congressional Research Service, April 1, 2020, <https://crsreports.congress.gov/product/pdf/RS/RS20844>.
9. Exec. Order No. 13888, 84 F.R. 52355 (2019), <https://www.govinfo.gov/content/pkg/DCPD-201900669/pdf/DCPD-201900669.pdf>
10. Merrit Kennedy, "Texas Pulls Out of Federal Refugee Resettlement Program," *NPR*, September 30, 2016, <https://www.npr.org/sections/thetwo-way/2016/09/30/496098507/texas-pulls-out-of-federal-refugee-resettlement-program>.

11. Julián Aguilar, "Gov. Greg Abbott Says Texas Nonprofits Helping Refugees Should Focus on Homelessness. Refugee Groups Say It Doesn't Work That Way," *The Texas Tribune*, January 22, 2020, <https://www.texastribune.org/2020/01/22/texas-groups-greg-abbotts-wrong-refugee-money-cant-be-spent-elsewhere/>.
12. Miriam Jordan, "Judge Halts Trump Policy That Allows States to Bar Refugees," *The New York Times*, January 15, 2020, <https://www.nytimes.com/2020/01/15/us/refugees-states-trump.html>.
13. "The CARES Act: How Pandemic Relief Impacts Refugees," We Are All America (Refugee Council USA; We Are All America; National Partnership for New Americans, April 9, 2020), https://www.weareallusa.org/cares_act.
14. Kevin Appleby, "\$2.2 Trillion Appropriations Measure to Address COVID-19 Excludes Certain Immigrants," The Center for Migration Studies of New York, March 27, 2020, <https://cmsny.org/covid-appropriations-immigrants/>.
15. "Public Charge," Immigrant Legal Resource Center, June 22, 2020, <https://www.ilrc.org/public-charge>.
16. "America Admits Fewer Refugees," Pew Research Center, May 31, 2020, <https://www.pewresearch.org/global/2017/10/12/u-s-resettles-fewer-refugees-even-as-global-number-of-displaced-people-grows/>.
17. "Country Chapter USA," in UNHCR Resettlement Handbook.
18. Fariyal Ross-Sheriff, "Contagion of Violence Against Refugee Women in Migration and Displacement," accessed June 25, 2020, <https://www.ncbi.nlm.nih.gov/books/NBK207254/>.
19. Zermarie Deacon and Cris Sullivan, "Responding to the Complex and Gendered Needs of Refugee Women," *Affilia* 24, no. 3 (June 10, 2009): 272-284, <https://doi.org/10.1177/0886109909337401>.
20. "Health Insurance," Office of Refugee Resettlement (U.S. Department of Health and Human Services, February 19, 2019), <https://www.acf.hhs.gov/orr/health>.
21. Meghan D. Morris, et al., "Healthcare Barriers of Refugees Post-Resettlement," *Journal of Community Health* 34, no. 6 (2009):529-538, <https://doi.org/10.1007/s10900-009-9175-3>.
22. Natalia Banulescu-Bogdan, "Beyond Work: Reducing Social Isolation for Refugee Women and Other Marginalized Newcomers," Migration Policy Institute, January 8, 2020, <https://www.migrationpolicy.org/research/reducing-social-isolation-refugee-women-newcomers>.
23. "America Admits Fewer Refugees," Pew Research Center.
24. "At-Risk Populations," U.S. Department of State, accessed June 24, 2020m <https://www.state.gov/other-policy-issues/at-risk-populations/>.
25. "Toxic Stress," Center on the Developing Child at Harvard University, October 23, 2018, <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.
26. Ibid.
27. "Early Experiences Can Alter Gene Expression and Affect Long-term Development," Center on the Developing Child at Harvard University, May 2010, <https://developingchild.harvard.edu/wp-content/uploads/2010/05/Early-Experiences-Can-Alter-Gene-Expression-and-Affect-Long-Term-Development.pdf>.
28. "Women's Empowerment Group," Interfaith Ministries for Greater Houston, accessed June 24, 2020, <https://www.imgh.org/refugee-services/womens-empowerment-group/>.
29. Melissa Lazarín, "COVID-19 Spotlights the Inequities Facing English Learner Students, as Nonprofit Organizations Seek to Mitigate Challenges," Migration Policy Institute, June 12, 2020, <https://www.migrationpolicy.org/news/covid-19-inequities-english-learner-students>.
30. Ibid.
31. Meredith Nudo, "During Pandemic, Plant It Forward Memberships Soar," *Houstonia Magazine*, May 14, 2020, <https://www.houstoniamag.com/news-and-city-life/2020/05/csa-memberships-soar-plant-it-forward-pandemic-coronavirus>.

32. Cyierra Roldan and David Dyssegaard Kallick, “Anchor Institutions: Refugee Resettlement Agencies,” Fiscal Policy Institute, September 11, 2018, <http://fiscalpolicy.org/anchor-institutions-refugee-resettlement-agencies>.

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