

The logo for Bethany, featuring a stylized blue 'B' with a white cross-like shape inside, followed by the word 'Bethany' in a dark blue sans-serif font with a registered trademark symbol.

Bethany[®]



The Global Refugee Crisis

A REPORT BY BETHANY CHRISTIAN SERVICES



From Chris Palusky, Bethany's CEO

I have spent my entire career working with humanitarian groups to address global crises and children in need of protection due to mass displacement, poverty, and unthinkable violence. Partnerships between governments, international organizations, local communities, and nonprofits like Bethany are essential. Together, we're looking beyond country borders to address critical issues. These partnerships have been forces for good, and their continued success is vital to helping vulnerable populations around the world.

The COVID-19 pandemic has intensified global crises for millions of people, putting already vulnerable children and families worldwide at even greater risk. These new challenges are especially severe for refugees—people desperately seeking safety beyond the borders of their home countries.

We hope this report will be a helpful resource for anyone seeking to understand how COVID-19 is impacting the population of displaced people, which is now at a record high. While the data is eye opening, stories from clients in Colombia and Ethiopia, as well as from staff from our U.S. refugee resettlement program, help humanize what is happening and what it means to real people.

The world has faced many challenges. And for more than 75 years—driven by our faith—Bethany has met those challenges head on. We remain committed to ensuring children are safe, loved, and connected. Now, during this global pandemic, Bethany continues to stand up for vulnerable children, refugees, and families around the world.

You have power to make a difference. Vote this November. Pray for the precious lives behind these numbers. If you are able, invest in the future of families around the world, because family changes everything.

Stay well, and thank you for reading.

Blessings,

Introduction

As of 2020, as many as 34 million children are displaced worldwide. To us, that's unacceptable, and it speaks to the great hardships families are facing.

COVID-19 has added to the myriad of challenges refugee and immigrant families are facing, including the loss of livelihoods and evictions, as well as growing stigmatization because of their refugee status. Many are unable to consistently access basic health facilities or comply with physical distancing measures, and they often lack access to basic hygiene. Those living without documentation in urban settings are also more likely to be underserved or left out of national health and social welfare programs.

Many refugees are living in limbo. Unable either to return to their homes or stay where they are, many have been waiting years—sometimes decades—for resettlement in a safe country. Now they must wait longer, hanging onto a promise that may never be delivered. We've seen migrants turned

away, hopeless, at the U.S. southern border. We've heard reports of displaced Venezuelans in Colombia returning on foot to the families and unstable conditions they left behind in their home country during the pandemic. From January to June 2020,¹ 31% of resettled refugees survived violence or torture. Another 20% were at-risk women and girls who are unprotected because of their gender. And 9% were at-risk children² where resettlement was determined to be in their best interest. Reunified families made up just 1% of resettled refugees during this period. In all these circumstances, families on the margins become even more vulnerable.

Refugee families at risk of separation deserve the chance to heal from past trauma and thrive. U.S. legislators, leaders, Christians, religious entities, nonprofits, and aid groups are poised to make an unprecedented difference in the lives of millions of people. But we must look beyond our own borders and extend care to children and families who need it most.



At Bethany, we believe families deserve to be safe, loved, and connected. This report aims to clearly demonstrate the alarming state of the global refugee crisis amidst the coronavirus pandemic.

Defining Key Terms

ASYLUM-SEEKER: Someone whose request for sanctuary (international protection) has yet to be processed.³

FORCED DISPLACEMENT: People around the world may be displaced by human activity—conflict, violence, discrimination, etc.—or by nature—devastating floods, drought, famine, monsoons, etc. The total number of people forcibly displaced includes refugees, asylum-seekers, internally displaced people, unaccompanied minors, and stateless people.

HAIS: A global Jewish nonprofit that protects refugees.

INTERNALLY DISPLACED PEOPLE: Individuals who have been forced to flee their homes but never cross an international border, including people displaced by internal strife and natural disasters. Unlike refugees, internally displaced people are not protected by international law or eligible to receive many types of aid.⁴

REFUGEE: Someone who has been forced to flee his or her country because of persecution, war, or violence.⁵

REFUGEE CAMP: Facilities built to provide immediate protection and assistance to people (refugees) who have been forced to flee due to conflict, violence, or persecution.⁶

STATELESS PEOPLE: Individuals who are not considered citizens or nationals under the operation of the laws of any country. They typically do not qualify for programs that provide services such as health care, financial aid, and education.⁷

UNACCOMPANIED MINOR: A child under the age of 18 who is separated from both parents and is not being cared for by an adult who, by law or custom, has responsibility to do so.⁸

UNHCR: The United Nations High Commissioner for Refugees, or UN Refugee Agency, refers to the global organization dedicated to protecting rights for refugees, forcibly displaced communities, and stateless people

URBAN REFUGEE SETTING: Unlike a camp, cities allow refugees to live autonomously, earn wages, and build a better future. But urban settings also present dangers. Refugees may be vulnerable to exploitation, arrest, or detention, and they can be forced to compete with the poorest local workers for the worst jobs.⁹

USCRI: The U.S. Committee for Refugees and Immigrants is a 100-year-old humanitarian organization and advocacy group for the forcibly or voluntarily displaced.

VENEZUELANS DISPLACED ABROAD OR VENEZUELAN REFUGEES:

For the first time, the UNHCR's 2019 Global Trends report on displaced persons accounts for Venezuelans living outside their country. Many displaced Venezuelans are not legally registered as refugees or asylum-seekers, but they do require protection-sensitive arrangements.¹⁰

In addition to increasing global stressors forcing displacement, COVID-19 comes amid the most critical year to date of the refugee crisis

On June 18, 2020, UNHCR's Global Trends report revealed that forced displacement affects 1 in every 97 people—nearly 1% of humanity.¹¹

At the end of 2019, 79.5 million people were displaced. This number represents both the highest number UNHCR has ever reported and an increase of nearly 9 million people from 70.8 million at the end of 2018.

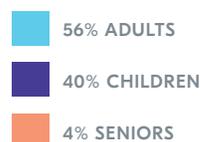
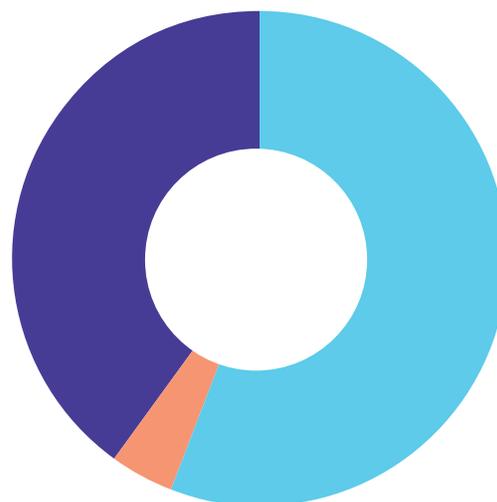
UNHCR's report estimates that 30–34 million minors are represented in the number of displaced people. That means approximately 40% of today's displaced humanity are children. By contrast, only 4% of the displaced are aged 60 or older. We can learn from this data that millions of children have been separated from older relatives and family, have experienced the loss of a loved one during displacement, or have been displaced with their families.

Some refugee camps see more children than others. In Pugnido, a camp in Ethiopia where Bethany is a UNHCR partner, 64% of residents are under the age of 18. Bethany has implemented trauma-informed foster parent training in the camp, as adults in the camp ultimately care for unaccompanied and separated children.

More than three-quarters of the world's refugees (77%) are in situations of long-term displacement—in other words, they've been unable to return home or find a new home for as many as 50 years. In camps like Kakuma (Kenya), it is common for three generations of family members to live in the camp—the second and third generations having known no other life.

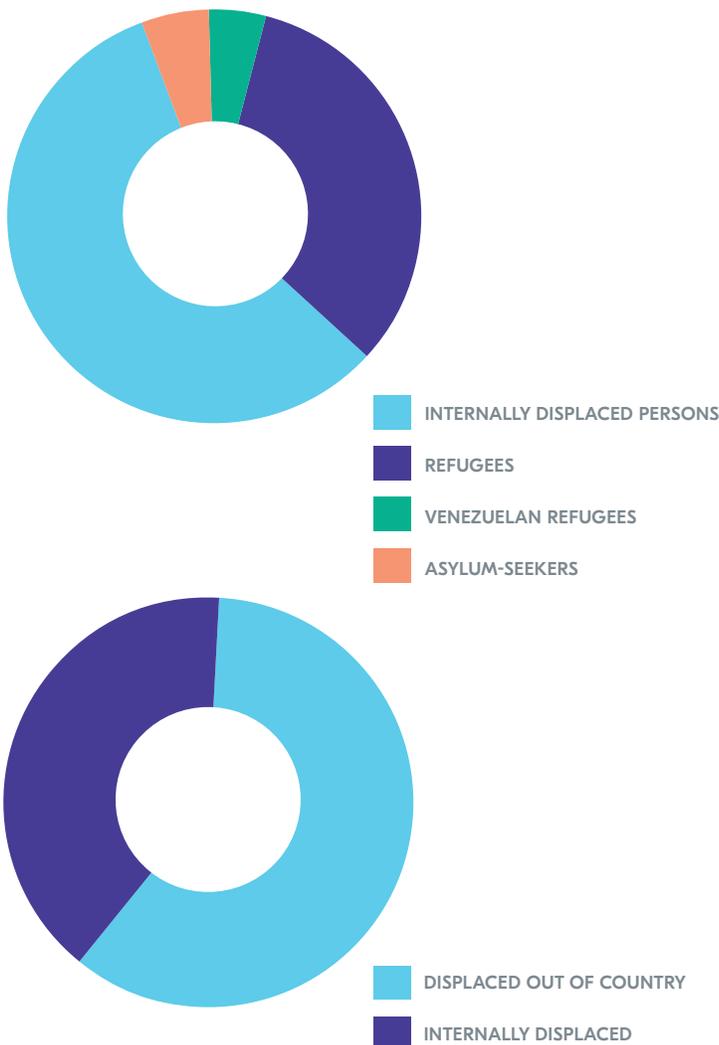
Most refugees cannot return home. In the 1990s, an average of 1.5 million refugees were able to return home each year. Since 2009, that number has fallen to around 385,000. In terms of resettlement to a safe, new home, less than 1% of refugees worldwide (63,726 people) were resettled in 2019, according to UNHCR data.¹²

79.5 Million People Around the World are Displaced



The Changing Landscape of Displacement

For the first time in its reporting, in 2019, UNHCR included displaced Venezuelans in their overall count of displaced people. As Venezuela experiences increasing rates of violence, food shortages, and issues in the public health sector, hundreds of millions of citizens have fled the country. Unfortunately, amid COVID-19, thousands of Venezuelans have returned to the dangers of their home country.¹³



BETHANY INSIGHT:

A national framework for modified foster care during COVID-19 in Colombia

COVID-19 has compounded the risk factors already vulnerable children are facing, especially in Colombia, where hundreds of thousands of Venezuelan refugees reside. Economic instability, urban settings, lack of shelter, and lack of means to maintain precautionary hygiene are just some of the added risks Venezuelan refugee families are facing. The risks have elevated to the extent that many Venezuelan families are attempting to journey back to Venezuela—not because conditions are safer there but because they will at least be home and reunited with loved ones. Children without caregivers are extremely vulnerable, leading to new national discussions on child protection. Bethany Colombia is a key stakeholder, seeking guidelines that will help increase the number of quality foster care homes available. We are currently preparing Colombian families to be licensed refugee foster families, caring for at-risk unaccompanied and separated Venezuelan children.

Elombe's Story

Waiting is hard during this season. But for refugee families, it's even harder.

Millions of Americans are spending their days waiting. Waiting for their cities and states to fully reopen following the COVID-19 crisis. Waiting for the economy to get better. Waiting for loved ones to return from the hospital.

I know how hard it is to wait. In 2016, I moved to the United States from Nairobi, Kenya, as a refugee. Bringing my family with me wasn't an option, so I came alone to make a life for all of us in America. About 10 months after arriving, I got a job as a case manager with Bethany, helping refugee families resettle here in America, and I filed paperwork petitioning for my own family to join me here.

It was a difficult time. I truly loved my work, but it was incredibly challenging to see other families reunite while I had no idea when—or if—I'd see my own family again. Would it be in a few weeks or a few years? My immigration attorney kept me updated on the status of my case, but he had no control over what would ultimately happen.

The hardest part was the video calls with my wife and daughters. My girls were too young to understand why they couldn't come right away. They had a lot of questions, but I couldn't give them the answers they sought: You'll hug your daddy soon. I made other calls too. I reached out to officials in Africa daily, asking about the status of my petition and my family. "You'll have to wait," they said. Every time it was, "wait."

My wife and daughters underwent a rigorous vetting process: interviews, medical check-ups, security check-ups, and (for my children) cultural orientation. Eventually their petition was approved, and in March of 2020, they got the call telling them they could come to the U.S. After four years apart, we would finally be together. I couldn't wait for them to arrive. I had rented an apartment large enough for our family and had been living there by myself for months.

But then COVID-19 hit. Kenya went on lockdown, and my family was told they could not get on a plane anytime soon. They were told they wouldn't be able to come to America until there's a coronavirus vaccine. Our season of separation had been incredibly challenging, but this was the lowest point yet. I began to despair—who knew how long it would take to develop a vaccine? I couldn't fathom more waiting, more calls with my daughters where I had no answers to their questions. Losing hope, I wept. I cried for them, and I cried for me. I lamented; when and how would we ever reunite? This didn't feel like waiting anymore but something much more cruel.

Worse, those same travel bans prevented me from leaving the U.S. to visit my family. I'd been able to return to Kenya for a month-long visit in 2018, but even at that time my youngest daughter didn't recognize me. I couldn't bear the thought of having to wait even longer and have her memories of me

grow even fainter. I needed my family back in my life.

And then a miracle happened—they got a call. They were told to pack their bags to resettle in America. When I saw them at the airport, my daughters ran to me and jumped into my arms. The flight attendants cheered us on, and my coworkers were overjoyed on my behalf. My waiting was over, and the joy and chaos of family life had returned. My daughters could not sleep because of the time change, and my wife would not sleep before knowing how to use the remote for our TV.

Today, I treasure every minute we spend together.

I thank God for our miracle, and I thank the U.S. government for allowing us to be together and safe. I ask my fellow Christians to pray for families like mine. COVID-19 has made us all a bit lonelier, but it's been particularly devastating for immigrant and refugee families. The waiting process is always long and painful, but travel restrictions due to the virus have made it unbearable.

Pray that scientists would develop a cure and that borders would reopen. Pray that leaders in the U.S. would open their hearts to families in need, even during these uncertain times. Pray that organizations like Bethany can continue to provide much-needed support. And pray that God gives us all strength to endure this waiting time and, through it, draw closer to him. ●

Displaced people around the world—in camps and in urban settings—are uniquely threatened by COVID-19

"Refugee camps are temporary facilities built to provide immediate protection and assistance to people who have been forced to flee due to conflict, violence, or persecution."

— UNHCR¹⁴

"[Refugee] camps are often cramped, have limited access to clean sanitation, electricity, medical care, insufficient nutritional provision, and poor housing conditions. These conditions make it difficult, if not impossible, for refugees in such protracted situations in the camps to socially distance themselves from others or quarantine altogether. Moreover, such conditions are ideal for the spread of COVID-19 throughout the camps."

— USCRI¹⁵



Refugee camps in non-urban areas are not designed to provide adequate protection during a pandemic.

Recommended COVID-19 protocol we've relied on in the U.S. to keep us healthy is unavailable or impossible in refugee camps: the ability to isolate at home, grocery and food delivery services, hand sanitizer and handwashing stations, masks, disinfectant spray, stimulus checks, and so on. Individuals in the U.S. impacted by the economic downturn have generally had access to food, water, shelter, and financial assistance.

Hospitals or medical centers in refugee camps can provide basic medical care and sometimes immunizations. Consider that even in the U.S., where access to specialized care is prevalent, communities have faced shortages of hospital beds, intensive care units (ICU), ventilators, personal protective equipment, and trained respiratory therapists.

Government entities such as the Centers for Disease Control and Prevention (CDC) and local governing bodies have encouraged U.S. citizens to "flatten the curve" in a national effort to ensure the availability of hospital beds. Compared to U.S. cities of similar size, refugee camps start at a significant disadvantage in every area. The situation is dire, and the repercussions may not be fully realized nor reconciled for years to come.

SNAPSHOT:

Medical capacity in refugee camps¹⁶

	Kakuma Refugee Camp (Kenya)	Little Rock, Arkansas ¹⁷
Population	196,050 people	197,881 people
Hospital beds (Total)	100 beds	4,850 beds
Intensive care units	0 units	520 units
Ventilators	0 ventilators	800 in Arkansas

DID YOU KNOW Five Olympic competitors at the 2016 Rio Olympics Games were from Kakuma? Locals also hosted the very first TEDx event to take place at a refugee camp. There are only five doctors at the Kakuma hospital; that's about one doctor per 40,000 people.

	Dadaab Refugee Camps (Kenya)	Pittsburgh, Pennsylvania ¹⁸
Population	320,000 people	300,286 people
Hospital beds (Total)	800 beds	8,130 beds
Intensive care units	0 units	1,080 units
Ventilators	1 ventilator	3,600 in Pennsylvania

DID YOU KNOW Refugee-led groups were able to produce more than 150,000 cloth masks in Dadaab, which was a positive effort toward preventing the spread of the virus but not enough for every camp resident to wear one.

	Cox's Bazar/Kutupalong (Bangladesh)	Baltimore, Maryland ¹⁹
Population	598,195 people	593,490 people
Hospital beds (Total)	200 beds as of June 2020. Humanitarian aid groups are actively working to increase number of beds.	6,930 beds State officials pushed for 6,000 "new beds" at peak.
Intensive Care Units	Unknown, if any	840 units
Ventilators	Unknown, if any	1,250 ventilators

DID YOU KNOW The Cox's Bazar/Kutupalong population listed is the number accepted by USCRI; other sources show the camp may house over a million people. The largest refugee camp in the world, Cox's Bazar/Kutupalong is at extremely high risk of disaster amid COVID-19.²⁰

Aside from the health crisis created by the virus itself, many of the underlying implications of COVID-19 have seriously affected refugees living in non-urban camps around the world.



Camps are overcapacity and overcrowded

Camps are meant to be temporary shelters, but as travel bans and camp lockdowns have been implemented and enforced around the world, refugees have had a more permanent residence in camps.

Rukban in Syria has the capacity to shelter 12,000 people, but more than 70,000 are weathering the pandemic there. Following the Jordan border closure in April, refugees living there have been cut off from medical care at a UN clinic in Jordan.²¹

Updated COVID-19 information isn't accessible for refugees

Distribution of information has been the first line of defense for many countries that, throughout the pandemic, have enforced or encouraged sheltering at home, social distancing, wearing masks, using hand sanitizer, and frequent hand washing. Key social structures have also encouraged or enforced these efforts. Unfortunately, refugee populations are often the last to learn about important COVID-19 developments.

The Kutupalong Camp, for example, has been impacted by the Myanmar internet ban, which has been in effect since June 2019. Camp residents have received very little information regarding COVID-19's spread or preventative practices.²²

Lack of protection

In at least four high-risk camps, UN police officers stopped patrolling in mid-May. Camps targeted by armed groups are seeing an increase in violence and murder. Camps that saw child marriage or gender-based violence prior to the pandemic are experiencing an increase in incidents.

“In camp and shelter settings, especially in Greece’s Moria camp, there is little to no safe space for women and girls; both women and men widely report that even the minimal space set aside for women and girls only is itself not safe, and that women and girls must still navigate public spaces that present constant insecurity.”*
—HIAS Report²³

*Since the initial development of this report, Greece's Moria camp experienced a devastating fire that has left thousands without shelter.²⁴

Not all refugees are located in camps. In fact, over 60% seek refuge in urban settings. Unfortunately, those that do have become more vulnerable amid COVID-19. The following key issues impact refugees in camps and urban settings alike.²⁵

Living in an urban area can offer refugees more opportunities; however, humanitarian support can be harder to access there than in refugee camps. According to HIAS, displaced people and vulnerable host communities report that COVID-19 has decreased their ability to meet basic needs.

- Over 70% can no longer meet their basic food needs (compared to roughly 15% before the COVID-19 pandemic).
- Over 60% are no longer able to meet their basic shelter needs, and many face housing insecurity and eviction.
- Over 60% are no longer able to access basic washing facilities and supplies, especially hygiene products and protective equipment. In some contexts, particularly in camp and shelter settings, even access to essential supplies such as soap and clean water is extremely limited.
- Over 75% report that they are no longer able to access health services.

Lack of aid/resources

NGOs and various aid organizations or programs have pulled out of camps or halted services at a time when more humanitarian aid is needed to address challenges such as increasing hospital capacity, installing handwashing stations, disseminating information about COVID-19 precautions, and ensuring access to sanitizing supplies. Humanitarian aid groups face obstacles of higher costs of everyday goods (toilet paper) and personal protective equipment (masks and gloves). And travel restrictions, including freight, have made distribution more difficult.²⁶

Juba (South Sudan) is experiencing critical supply chain interruptions, and aid groups have been impeded from reaching the camp. In May, the people living in Juba went without water supplies for three days.²⁷



Service delivery amid the pandemic

Despite the volume of those displaced already at global crisis levels, the process of providing services during a pandemic has forced service delivery to be completely reassessed—in the worst case ceasing and, in all cases, revised. This has resulted in the soaring increase in technology use to break down barriers, utilizing everything from drones to 3D printers and WhatsApp to avoid the disruption of services and provisions.²⁸

Growing child protection risks

Overall, and especially in the refugee community, there's a growing need to support women and children trapped in domestic violence situations, interpersonal violence,²⁹ and child abuse or neglect.³⁰

Historically, outbreaks similar to COVID-19 heighten the risk of child protection needs due to disruptions in family structures, family income, social interactions, and access to basic needs. Outbreaks impact the environment in which children grow and develop.

Precarious income, now nonexistent

Camp lockdowns have made it impossible for many refugees to hold jobs outside the camp to earn money. At the same time, cash assistance has been halted in many cases. For refugees living in urban settings, mandated quarantine means no longer being able to sell goods on the street or go to their job at a local restaurant. Accordingly, gender-based violence, evictions, and living on the streets have been secondary consequences of the spread of COVID-19.

The 1.8 million Venezuelan refugees and migrants in Colombia were not covered by any financial aid, which the Colombian government provided to citizens. Many do not have access to food kitchens or shelters, which is especially concerning for women.

BETHANY INSIGHT:

Virtual engagement for Venezuelan refugees in Colombia

At Bethany's Child and Family Protection Center in Cúcuta, Colombia, staff have served more than 700 beneficiaries from January–June 2020. Bethany staff modified services to follow the strict quarantine regulations by providing remote case management, psychosocial groups, and recreational activities. Using WhatsApp, cohorts of children, youth, and women have weekly meetings with a Bethany psychologist and social workers. Hotlines have been set up as an additional resource for Colombian and Venezuelan families to learn more about what services and resources are available in their area, in addition to psychosocial support. Bethany Colombia is developing a beneficiary-centered web page to provide further information, support, and referrals. Shifting to a virtual service base has been vital for Bethany staff to stay connected to people who need support. Our ability to make this transition highlights how important web-based services will be for future global programming, even beyond Bethany's COVID-19 response strategy.

“For displaced women in Latin America and the Caribbean specifically, xenophobia from host communities often manifests as a perception that these women (typically Venezuelan) are promiscuous and therefore can be coerced into offering or selling sex. This results in the commercial sexual exploitation of displaced women.” —HIAS report³¹

Through private donor engagement, Bethany Colombia has been able to offer rental assistance for the most vulnerable families living on the streets or facing evictions in Bogotá and Cúcuta.

Returning “home”

In some non-urban camps, refugees have been encouraged to return home. Likewise, refugees in urban areas have difficulty making an income, paying bills, and being able to find and afford basic necessities such as food, diapers, and hygiene products. Around the world, refugees are forced to make an impossible choice: return to known unsafe situations or stay in the growing tension of uncertainty and discrimination.

The mental health impact of displacement during a pandemic

It’s important to focus on the tangible and most immediate physical health aspects of the pandemic, emphasizing sanitation, social distancing, testing, and access to medical resources in the case of infection. But we cannot forget a more invisible—but no less threatening—public health crisis of trauma and mental health. When mental health is tested amid stress, loss, uncertainty, and challenging working conditions, unhealthy coping methods tend to rise. The mental health crisis exacerbated by COVID-19 is impacting both displaced people and health/humanitarian workers.³²

“Although the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well, if action is not taken. Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country’s response to and recovery from the COVID-19 pandemic. The mental health and well-being of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently.” —United Nations³³

Increased discrimination, xenophobia, and “othering”

For refugees and migrants, most have faced increased discrimination and xenophobia as the COVID-19 pandemic continues. The UN reports, “According to IOM, stigmatization of certain groups during crisis situations is not new. From terrorism to disease outbreaks, migrants have often been scapegoated for endangering native populations.”³⁴

Unfortunately, we’ve seen this firsthand in the United States. Migrants at the U.S./ Mexico border—including migrant children traveling alone—have been turned away and sent back to their countries of origin. There they face the risk of violence, danger, and lack of opportunity—to earn an income, get an education, have food to eat, or have a home where they feel safe.

Maria's Story

Humanitarian aid made it possible for my family to survive displacement

Uncertainty has followed me like a shadow since the unrest began in Venezuela. My parents struggled to get by as the country collapsed, and things became much worse as the coronavirus began to spread. I was 13 and felt responsible to find work to support my parents, so I decided to travel to Cúcuta, Colombia, with my 19-year-old brother and his 16-year-old wife. We hoped life would be better there.

The journey was scary and difficult at times, especially for my sister-in-law, who was pregnant and close to having her baby. I will never forget the day we crossed the river at the border. We held our bags as high as we could above our heads, but that river robbed us of everything anyway, including

our documentation. Once we arrived in Cúcuta, we lived in the streets and struggled to find food. My sister-in-law went into labor, and it wasn't until after she gave birth that we found a place to stay at a migration center for two weeks. There, we got help applying for asylum.

That's also where we learned about the Child and Family Protection Center of Bethany de Lleras. At Bethany, we finally had the chance to use the internet and call our parents for the first time since we left. A psychologist helped us process the difficult journey we'd made. Bethany workers also helped us find a more stable place to stay, something we desperately needed with a newborn.

Without our documentation and legal immigrant status, it's been difficult to find work. The coronavirus has made it harder since stores have been closed. But we've been blessed by the generosity of so many people. Bethany connected us to another agency that helped us pay rent and gave us essentials like clothing and food, and I still talk to the psychologist who is helping me figure out what comes next.

All these things give me hope that we will gain legal immigration status in Colombia. We want to work so we can support ourselves here, and we want to take care of our parents so they can someday join us. ●

BETHANY INSIGHT:

Mental health services amid COVID-19

In Ethiopia's Gambella regions, Bethany's mental health officer has modified messaging to the refugee community to address the additional stress and growing concerns related to COVID-19. Community-based gatherings have moved to household-by-household discussions with Bethany refugee caseworkers. Also, trainings are being provided to doctors, nurses, and community health workers on managing their own well-being while caring for the host and refugee communities. The stress of being quarantined away from your family and friends has led to increased stigma and fears; therefore, emphasis has been on providing resources and materials to help maintain emotional well-being during the recovery process. Health workers also experience stress in screening and caring for those who are sick, often with insufficient access to personal protective equipment and medical equipment.

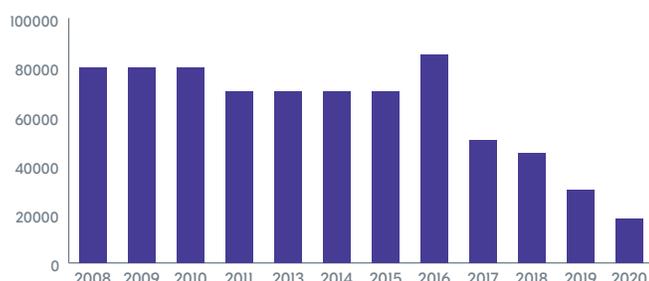


**Resettlement
in the U.S. is
low risk for our
government
and our people,
high reward
for families**

When the U.S. refugee resettlement program was initiated in 1980, the U.S. had an annual refugee resettlement ceiling of more than 230,000 individuals. In more recent memory, the refugee resettlement ceiling has hovered mostly around 75,000.

From 2008 to 2011, the U.S. had a refugee ceiling of 80,000. Between 2011 and 2015, the ceiling dropped to reach 70,000 or less. The ceiling received a short-lived uptick in 2016—a still conservative 85,000 before a sharp drop off in 2017. In 2017, 2018, and 2019, respectively, the ceilings were 50,000, 45,000, and 30,000. Now, in 2020, the U.S. refugee resettlement ceiling is at a historic low at only 18,000 people. So far this year, fewer than 7,000 have been resettled in the U.S.³⁵

REFUGEE RESETTLEMENT CEILING



Meanwhile, we know millions of people around the world are in more danger than ever before with displacement, trafficking, and concern for public health at an all-time high. Families remain separated. The vulnerable are more vulnerable amid economic decline.

Together, the U.S. government and nonprofits like Bethany that specialize in resettlement have the capacity to help resettle tens of thousands more families in the United States and, ultimately, can be a real part of the solution to the concerning reality of significantly displaced humanity and separated families in our world today.

The CDC has published guidelines for refugee resettlement, which would allow refugees to be resettled with little to no risk to U.S. citizens. Refugees resettling in the U.S. already must undergo extensive health screenings before entering the country; these could easily include COVID-19 testing and symptom screening. Mandatory two-week quarantines for the newly resettled might be implemented by U.S. officials and made possible through aid groups, who already help provide or source groceries and housing to refugees resettling in the U.S.

Conclusions:

WHAT DOES THIS MEAN FOR FAMILIES?

The demographics of displaced people speaks to the deep tragedy of global family separation. There is a disproportionately high number of displaced children, and most reports speak to the widespread concerns of gender-based violence against displaced women.

COVID-19 travel bans—while prudent—have kept families apart even longer.

Lockdowns in refugee camps mean residents are unable to access support networks they rely on. Additionally, in

many parts of the world, digital networks connect individuals to their relatives.

The U.S. District Court case of a 16-year-old boy separated from his father while fleeing his home in Honduras illustrates how closing the U.S./Mexico border has threatened to send thousands of children back to unthinkable violence and keeping them separated from loved ones.³⁶

The way we deliver humanitarian services to children and families is being forced to adapt and change. The need is ongoing, and the risks are only increasing.



Solutions:

HOW THE U.S. CAN RESPOND?

Overseas assistance

- Invest in foreign assistance. Our world is interconnected. To stop the virus in the U.S., we need to stop it everywhere.
- Prioritize protection and livelihoods. When families can meet their own basic needs, they don't need to engage in high-risk activities or face separation in order to survive.
- Work with local partners. Churches and local NGOs have the trust of their communities and best understand the local need.



Resettlement assistance

- First and foremost, refugee resettlement must be understood as a bipartisan issue with common-sense, good-natured policy that benefits the United States and the world.
- This policy must increase refugee admissions beyond the current cap of 18,000 refugees. At a minimum, the U.S. can add the difference between the refugee cap for the fiscal year 2020 (18,000) and the number of refugees actually resettled (currently >7000) to the cap for fiscal year 2021.

For example, if the U.S. resettles only 7,500 refugees in 2020, then we might reasonably adjust our 2021 cap by an addition of 10,500 (18,000 - 7,500) for a modest cap of 28,500 refugees (18,000 + 10,500).

- Additionally, the policy can adapt to the reality of traveling amid COVID-19 by counting resettled refugees for fiscal year 2020 as those ready for departure in FY 2020, even if they arrive in the fiscal year 2021.
- Ultimately, in the U.S. we must work to return to average historical refugee admission caps of at least 95,000. This will enable the U.S. resettlement program to be commensurate with global need. Additionally, increasing refugee admission will restore U.S. global leadership on this issue.
- Finally, we must ensure that resettled refugees have resources about COVID-19 in their own languages and are eligible for the assistance they need to provide for their families.

References

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- 14 - “Refugee camps are temporary facilities built to provide ...” <https://www.unrefugees.org/refugee-facts/camps/>
- 15 - “[Refugee] camps are often cramped, ...” — USCRI Report (see end note)
- 16 - Data regarding medical capacities and resources listed in this section can be found at the following sources (see end note)
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 - UNHCR West and Central Africa COVID-19 Emergency Response
 - UNHCR East and Horn of Africa, and the Great Lakes Region COVID-19 Emergency Response External Update
 - UNHCR Southern Africa COVID-19 Emergency Response
 - UNHCR Asia and the Pacific COVID-19 External Update
 - UNHCR Regional Bureau for Europe COVID-19 Emergency Response
 - UNHCR Americas COVID-19 Response Update
 - UNHCR Middle East and North Africa COVID-19 Emergency Response Update
- 17 - Little Rock, Arkansas
 - 4850 beds
 - <https://arktimes.com/arkansas-blog/2020/03/26/harvard-model-predicts-arkansas-covid-19-will-swamp-hospitals>
 - 520 units
 - <https://arktimes.com/arkansas-blog/2020/03/26/harvard-model-predicts-arkansas-covid-19-will-swamp-hospitals>
 - 800 ventilators
 - <https://www.arkansasonline.com/news/2020/apr/07/efforts-paying-off-hutchinson-notes-202/>
- 18 - Pittsburgh, Pennsylvania
 - 8130 beds
 - <https://www.post-gazette.com/business/healthcare-business/2020/03/22/harvard-global-health-institute-univeristy-Pittsburgh-COVID-19-outbreak-hospital-beds/stories/202003180109>
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 - 3600 ventilators
 - <https://www.post-gazette.com/business/healthcare-business/2020/04/13/ventilator-critical-care-respiratory-therapist-Pennsylvania-UPMC-AHN/stories/202004090165>
- 19 - Baltimore, Maryland
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 - <https://patch.com/maryland/baltimore/will-coronavirus-stress-maryland-hospitals-capacity>
 - 840 ICU units
 - <https://patch.com/maryland/baltimore/will-coronavirus-stress-maryland-hospitals-capacity>
 - 1,250 ventilators
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- 26 - Lack of aid/resources UNHCR <https://www.unhcr.org/en-us/news/stories/2020/5/5eb294fb4/pandemic-stressed-production-transportation-unprecedented-ways.html>
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Additionally, information throughout this report was pulled from a June 2020 USCRI analysis of refugee camps, the report lists the following sources:

UNHCR Global COVID-19 Emergency Response

UNHCR West and Central Africa COVID-19 Emergency Response

UNHCR East and Horn of Africa, and the Great Lakes Region COVID-19 Emergency Response External Update

UNHCR Southern Africa COVID-19 Emergency Response

UNHCR Asia and the Pacific COVID-19 External Update

UNHCR Regional Bureau for Europe COVID-19 Emergency Response

UNHCR Americas COVID-19 Response Update

UNHCR Middle East and North Africa COVID-19 Emergency Response Update





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