

Refugee Resettlement: An Important but Neglected Part of Global Health

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Seven days after taking the oath of office and with the stroke of a pen, President Trump halted any travel or immigration from seven specific countries, reduced the national quota for refugees from over 100,000 to just 50,000, and suspended all refugee admissions for 120 days, as well as specifically from Syria indefinitely. In a remarkable showing of solidarity, many medical and public health organizations published a letter to President Trump arguing that the travel and immigration ban would negatively affect the United States' ability to attract foreign health professionals and researchers.¹ They were glaringly silent on the other half of the executive order restricting refugee resettlement.

Many medical schools and schools of public health now incorporate global health into their curriculums. Usually, this takes the form of students and faculty working in developing countries abroad. However, until poverty and war are eliminated, the most

promising way for many individuals and families to escape their dire conditions is to uproot and resettle. Medical and public health professionals, if we truly ascribe to the goal of eliminating human suffering, must reject the travel ban in its entirety and advocate for the continuation and scaling up of refugee resettlement.

Following World War II and building on the 1948 Universal Declaration of Human Rights, the 1951 Refugee Convention and 1967 Protocol defined and protected refugees – people who are forced to flee their country, have a well-founded fear of persecution and are unable to count on protection by their country. There are over 65 million displaced people worldwide, of which 20 million are refugees displaced outside of their country of origin.² Most are hosted by neighboring countries, often in refugee camps where

¹ Letter to President Trump. (2017). Retrieved from https://www.apha.org/~media/files/pdf/advocacy/letters/2017/170201_eoimmigration_oppose_health_ashx.

² Wildman, S. (2017). 9 questions about the global refugee crisis you were too embarrassed to ask.

Retrieved from <https://www.vox.com/world/2017/1/30/14432650/global-refugee-crisis-refugee-ban-trump-9-questions>.

health care resources are scarce and infectious diseases are common³

Turkey, for example, which borders civil war-torn Syria, hosts 2.5 million refugees⁴ Though the need is great, less than half of one-percent of all refugees are resettled in a third country.

Refugees, innocent bystanders of their conflict- and violence-ridden communities, are among the most vulnerable in the world. They are a shared responsibility among 145 nations. But the United States, with President Trump's executive order, is on track to shirk its responsibility, sow the seeds of resentment across the globe, and lose its position as a humanitarian leader.

The primary justification behind President Trump's suspension of refugee resettlement was the need to protect the nation from terrorism. However, the Cato Institute calculated that the chance of an American being killed in a terrorist attack committed by a refugee was zero percent (1 in 3.64 billion per year).⁵ The well-known attacks on U.S. soil—including that of 9/11, the Boston Marathon, San Bernardino, the Orlando nightclub, New York City, and Las Vegas—were not perpetrated by refugees. Multiple agencies, including but not limited to the State Department and Department of Homeland Security, thoroughly vet refugees, making their resettlement the safest method

of entering the United States when it comes to national security.

Many Americans also express concern about the impact refugees have on the labor market and the welfare state, namely taking jobs that would otherwise go to citizens or costing taxpayers when they take advantage of services provided by the state such as education and health care. The evidence, however, suggests that refugees contribute more than they take. Over twenty years, the average adult refugee pays \$20,000 more in taxes than they extract in social benefits.⁶ A city-level analysis of refugees found that \$4.8 million were spent on refugee services compared to \$48 million in positive economic impact as well as \$2.7 million in additional local and state tax revenue.⁷ Indeed, when refugees resettle and integrate into American society, they represent an investment as opposed to their typical description as a burden.

Struck down by federal courts, the executive order was revised and struck down again. However, the Supreme Court most recently agreed to hear the case while allowing a version of the travel ban to continue, including severe restrictions on refugee resettlement. As natural attorneys of the vulnerable, we medical and public health professionals must raise our voices against the travel ban – not only because it impacts our ability to recruit talent from around the world but also, if not more importantly,

³ UNHCR. (1995). *Refugee health*. Retrieved from <http://www.unhcr.org/en-us/excom/scaf/3ae68bf424/refugee-health.html>.

⁴ UNHCR. (2017). Figures at a Glance. Retrieved from <http://www.unhcr.org/en-us/figures-at-a-glance.html>.

⁵ Nowrasteh, A. (2016). Terrorism and Immigration: A Risk Analysis. *Cato Institute Policy Analysis*, No. 798.

⁶ Evans, W. N., & Fitzgerald, D. (2017). The Economic and Social Outcomes of Refugees in the United States: Evidence from the ACS. *National Bureau of Economic Research Working Paper Series*, No. 23498. doi:10.3386/w23498

⁷ *Economic Impact of Refugees in the Cleveland Area*. (2013). Retrieved from <http://rsccleveland.org/economic-impact-refugees-community/>.

because it is an assault on the values we espouse. The ideals of human rights and global health mandate that we confront the unfounded stigma against refugees and protect their right to seek haven in our country.