

*"Making the Case" for Refugees' Human Rights
to Public Health Officials -- Suggestions for Talking Points*

Asylum Access COVID-19 Response

Overview

Preventing the spread of the COVID-19 coronavirus requires that refugees and other displaced people have equitable access to prevention and treatment measures. Unfortunately, government policies often impede refugees' access to measures such as safe housing and health care -- putting the health of both refugees and citizens at risk.

Compounding the problem, governments may use a crisis such as a pandemic to further restrict refugees' access to fundamental rights like asylum, legal status, access to employment, and freedom from unjustified detention. Restrictions on these rights can prevent refugees from accessing health testing or treatment, or exacerbate barriers to safe housing, sanitation measures, and participation in community responses to the crisis.

Purpose of this Document

When government policies and practices restrict refugees' human rights or access to pandemic prevention and treatment, public health officials may serve as champions to change these policies -- if appropriately engaged and educated.

Often overlooked as allies, public health officials are trained to consider the wider public health impacts of government policies or practices -- even when those policies or practices are ostensibly directed only at a particular group (e.g., refugees). For this reason, they may be open to considering the negative implications of marginalizing refugees, and to advocating within their own governments for changes that better protect everyone from the threat of COVID-19.

This document articulates key public health arguments for the protection and advancement of refugees' human rights, and for the removal of barriers that impede refugees' access to human rights. It was developed by Asylum Access, a global refugee human rights organization, in consultation with public health experts. A working draft that may be added to or amended over time, this document offers a menu of possible talking points, from which advocates may wish to select those points that are most appropriate to, or persuasive within, their specific context.

Q: Why should public health officials care about protecting refugees from COVID-19?

A: Protecting those who are marginalized and/or particularly vulnerable will prevent the spread of the virus for all.

- Disaggregated data shows that the rate of **COVID-19 infections are substantially higher** within marginalized communities.
- Refugees are no exception, as they are more likely to live in places **without access to healthcare** and that are **densely populated**, making social distancing difficult.
- Ultimately, as rates of infection grow within marginalized communities, so too will infections grow within their host communities.

Q: Why should public health officials care about refugees' human rights during COVID-19?

A: Barriers to rights encourage the spread of COVID-19 and keep refugees from joining shared efforts to stem the spread of the pandemic.

- Refugees may be **unlikely to come forward** to seek healthcare or for testing or contact tracing, because they fear arrest, detention or deportation.
 - This is especially true where government policies have impeded refugees from obtaining legal status or documentation, or make it difficult for refugees to remain lawfully in the country.
- Refugees may **lack the resources to take appropriate precautionary measures** such as social distancing, maintaining good hygiene, or purchasing Personal Protective Equipment (masks/gloves).
 - This is especially true where government policies or social practices deny refugees access to the workforce, or push refugees into poorly-paid, exploitative jobs.
 - It is compounded when refugees are excluded from social welfare or protection programs that provide financial support in times of unemployment.

- Refugees are often best-equipped to communicate critical information, provide frontline healthcare, distribute assistance or provide legal support to refugee communities – but may be **discouraged by government policies or practices that keep them from joining community efforts** to stem the spread of the pandemic.
 - This is especially true where refugees are at greater risk of erroneous arrest when they engage in essential movement within their communities, due to discrimination or lack of awareness by police and other officials.
 - It is also true where government policies have impeded refugees from obtaining legal status or documentation, or make it difficult for refugees to remain lawfully in the country.
 - It is compounded when refugees are unable to obtain permission to participate in providing essential services, or where policy barriers make it difficult for refugee healthcare or legal workers to obtain certification of their professional qualifications.

Q: How do we protect refugees from COVID-19?

A: We must specifically design prevention and treatment for refugee communities in order to effectively mitigate risks for all.

When building COVID-19 response plans, public health officials should ensure:

- Refugee and migrant communities **are consulted** so that their specific needs are considered.
- **Testing and treatment is available to all populations**, regardless of immigration status.
 - For example, hospitals and other health facilities should consider instituting a “non inquiry policy” so that staff do not ask about anyone’s immigration status on arrival or at any point during the visit.
- **Immigration officials cannot enter hospitals** or otherwise criminalize refugees or migrants who are seeking medical care.

- Refugee and migrant communities **are proactively assured of their safety** when accessing medical care.
 - This might include informing refugee or migrant communities in advance about policies prohibiting questions about immigration status in healthcare facilities, or barring immigration officials from entering hospitals.
 - This might include ensuring that community legal workers – including refugees – are designated “essential workers” so they can educate communities about their rights to safely access healthcare, and intervene if those rights are violated.
- **No one is arrested, detained or otherwise penalized** for leaving their houses without Personal Protective Equipment (e.g. masks/gloves), or in order to buy food and basic supplies.
 - Such penalties do not acknowledge the challenges that impoverished and marginalized communities face under strict movement controls.
 - For example, refugees may be unable to afford Personal Protective Equipment. Similarly, they may need to shop frequently, because they lack sufficient funds to purchase a larger supply of food or basic supplies at one time.
 - Refugee communities also may lack full information about strict movement controls, if information has not been provided in their language or if they lack access to communications (for example, if they cannot afford a television, phone, or internet access).

Q: When are travel and movement restrictions counterproductive? *How do we prevent or discourage non-essential movement but allow exceptions where needed to help contain the virus?*

A: Tackling the pandemic effectively requires that we make exceptions to travel and movement restrictions with marginalized and vulnerable populations in mind.

- Every government makes exceptions to travel and movement restrictions in a pandemic. For example, **ambulances continue to operate** – they are essential to the safety and wellbeing of the general public.

- Exceptions to travel and movement restrictions *important to the health and wellbeing of refugee communities* should be available to:
 - **Healthcare workers**, especially **those who live within refugee communities** themselves, who are providing life-saving services and information within affected communities. These workers also need permission to access prisons, detention centers and closed camps.
 - **Other service providers**, especially **refugee-led service providers**, who ensure those living in poverty can still access basic support (food, hygienic articles).
 - Those **facilitating search and rescue** and those **screening for possible refugee status at borders**, who are providing immediate protection and safety from life-threatening situations.
 - **Legal workers**, especially when **representing those who face safety and security risks**, including those who lack documentation or legal status. Without this support, many will experience injustices. Refugees and migrants, for example, may face detention or deportation back to life-threatening situations unrelated to COVID-19.
- To protect the entire country, **refugees must be allowed to enter and access protection** -- even when borders are otherwise closed due to COVID-19.
 - Past epidemics show us that **border closures do not prevent outbreaks**. Those fleeing danger will continue to arrive in covert ways, if they cannot enter openly. Their migration is not a choice, but a circumstance forced upon them.
 - **Transparent border crossings enable governments to conduct proper screening**. During the Ebola outbreak of 2014, border closures hampered countries' timely knowledge of Ebola outbreaks -- putting those countries' citizens and residents at greater risk.
- **Broad international travel restrictions will not prevent outbreaks** at this stage in the pandemic.
 - The World Health Organization notes that restricting movement is ineffective in most situations, and that international travel restrictions are only useful at the beginning of an outbreak. COVID-19, already in dozens of countries, is past that point.

Advocating to Donors and Influencers

In addition to advocating with public health officials in refugee-hosting countries, we may also have opportunities to advocate with donors and influencers. In addition to the points above, a further point is vital for this audience:

- Ensuring refugee communities access critical information and services demands that **refugee-led initiatives have access to resources.**
- Unless these initiatives receive up-to-date information, financial resources and movement permissions, it is unlikely refugee communities will receive the information they need to protect themselves and their communities.

Conclusion

As we advocate with public health officials to protect and expand refugees' human rights as a means of combating the spread of COVID-19, it is important to remember that this is a moment not only of danger but also of opportunity.

This pandemic has starkly illuminated the negative impacts on everyone when refugees are barred from accessing their human rights – legal status and lawful stay, freedom from detention, access to decent work, inclusion in state health and other services, and protection against discrimination among others.

If we can successfully “make the case” to government officials about the importance of implementing policies and practices that accord refugees their full human rights, we can not only mitigate the impact of this pandemic, but also establish precautions to keep everyone – citizens, refugees, and all other residents – safer from the next one.