



Unaccompanied Refugee Minors

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Summary

Since enactment of the Refugee Act of 1980, the Immigration and Nationality Act has contained a designation for a group of children defined as “unaccompanied refugee minors” (URMs): refugee children in the United States under the age of 18, without a parent or close relative who is willing or able to care for them. The State Department identifies refugee children overseas who are eligible for resettlement in the United States but who do not have a parent or guardian. Once these URMs are admitted to the United States, the Department of Health and Human Services’ (HHS’s) Office of Refugee Resettlement (ORR) is tasked with caring for them until they are either reunited with their families or reach the age of 18. Since 1980, approximately 12,000 URMs have been handled by ORR.

Once in ORR’s custody, a URM will be placed in the agency’s URM program, wherein ORR works with state and local service providers, as well as volunteer agencies, to provide URMs with foster placement, services, and any needed care. As a means of placing URMs, both ORR and the state and volunteer services they work with have a number of options at their disposal, including foster homes, group homes, independent living, semi-independent living, placement with a relative, and residential treatment facilities.

The divide over URM policy in the United States generally falls between two groups: advocates of increased URM inflows and supporters of current levels. Groups that support greater URM inflows note the rising levels of refugees worldwide, along with media accounts of numerous URMs in regions such as Darfur. Proponents of refugee inflow levels under the current URM policy contend that present levels suffice. The central policy question for Congress in the URM debate revolves around the number of URMs being identified abroad and brought to the United States.

From FY1999 through FY2005 (the most recent year of data available to CRS), there were a cumulative total of 782 new URMs admitted to the United States. With an annual average of approximately 112 children, the annual rate has fluctuated between a low of 35 children in FY1999 to a high of 212 in FY2001. In FY2005, ORR received 108 URMs, of which 71 were male and 37 were female. The source countries for URMs fall mostly within one of three geographic regions: Sub-Saharan Africa, Central America and the Caribbean, and the Middle East.

Some legislation that was introduced in previous terms of Congress that would address several of the issues and charges that advocates have raised regarding unaccompanied refugee children are likely to be reintroduced in the 111th Congress. Most visible among these previous efforts was the Unaccompanied Alien Child Protection Act of 2007 (S. 844), which was sponsored by Senator Diane Feinstein. This report will be updated as warranted.

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Introduction

Since enactment of the Refugee Act of 1980,¹ the Immigration and Nationality Act has contained a designation for a group of children termed as “unaccompanied refugee minors” (URMs): refugee children in the United States under the age of 18, without a parent or close relative willing or able to care for them.² The State Department identifies refugee children overseas who are eligible for resettlement in the United States but who do not have a parent or guardian. These children comprise an especially vulnerable population because they are both fleeing persecution and entering the United States without a parent or custodian. Consequently, the Office of Refugee Resettlement (ORR) is tasked with caring for these children until they are either reunited with their families or reach the age of 18. Once in ORR’s custody, a URM will be placed in the agency’s URM program, wherein ORR works with state and local service providers, as well as volunteer agencies, to provide the URM with foster placement, services, and any needed care. Since 1980, approximately 12,000 URMs have been handled by ORR.³

The divide over URM policy in the United States generally falls between two groups: advocates of increased URM inflows and supporters of current levels. Groups that support greater URM inflows note the rising levels of refugees worldwide, along with media accounts of numerous URMs in regions such as Darfur. Proponents of refugee inflows under the current URM policy point out that the United States already has one of the highest refugee admission levels of any advanced industrialized country. The central policy question for Congress in the URM debate revolves around the number of URMs being identified abroad and brought to the United States.

This report covers the background of URM policy in the United States and provides a description of current agencies involved and resources available in the care of URMs. Analysis of URM trends and statistics, along with discussions concerning potential future sources of URMs, is also included. Finally, recent legislation concerning URM is listed and summarized. This report will be updated as developments warrant.

Background

The emergence of unaccompanied refugee minors as an issue has followed a pattern in the United States that dates back to at least World War II. This pattern has historically emerged from two overlapping factors: (1) the generation of large refugee flows from a conflict or oppressive regime and (2) significant U.S. involvement, either militarily or diplomatically, with the conflict or regime. Generally, these factors have contributed to both the creation of a notable supply of unaccompanied refugee children eligible to relocate to the United States, as well as a growth in public pressure on the federal government to provide assistance to these children.

¹ P.L. 96-212.

² 45 C.F.R. §400.111.

³ U.S. Department of Health and Human Services, Office of Refugee Resettlement, *The Unaccompanied Refugee Minors Program*, March 29, 2002, at http://www.acf.hhs.gov/programs/orr/programs/unaccompanied_refugee_minors.htm.

U.S. Policy Development

Beginning with the outbreak of World War II in 1939, the United States developed policies to deal with unaccompanied refugee minors on a largely ad hoc basis. Early URM policies came with the Attorney General's July 13, 1940 Order, and the President's Directive Program of 1945, both of which evacuated children from the war zone and displaced persons camps in heavily affected parts of Europe. The American general public felt sympathy for the refugee children, but a number of opponents of resettlement questioned the ability of such children to assimilate into U.S. culture, noted security concerns such children might present, and criticized the effect the children would have on immigration quotas.⁴

The first two decades of the Cold War between the United States and the Soviet Union provided the diplomatic tensions and political circumstances for a second wave of unaccompanied refugee children from Soviet-allied countries to become eligible for resettlement in the United States. For example, the Refugee Relief Act of 1953⁵ and the Hungarian Refugee Program of 1956⁶ allowed for a number of European children from Eastern bloc countries to enter outside of any existing immigration quotas, thereby defusing much of the potential criticism of previous refugee efforts.⁷ In addition, the early 1960s saw one of the largest inflows of unaccompanied refugee children coming from communist-controlled Cuba, with more than 14,000 such minors entering the country between 1960 and 1962.⁸

U.S. military involvement in the Vietnam conflict resulted in additional ad hoc efforts at resolving the circumstances of increased numbers of unaccompanied child refugees. Public attention was drawn particularly in 1975 to Operation Babylift, which was a series of 26 flights out of Vietnam to bring more than 2,500 orphans to the United States.⁹ The first of these flights crashed, killing 78 orphans and thereby marring the program's reputation. Furthermore, the build-up of large populations of Indochinese refugees and displaced persons in Southeast Asia resulted in the Indochinese Refugee Children Assistance Program,¹⁰ as well as programmatic clarification efforts in 1979.¹¹ Although the number of URMs were fewer than had been brought into the United States through Operation Babylift, the Indochinese Refugee Program was significant for future policy development because it highlighted key jurisdictional and operational difficulties in handling URMs. Crucially, although Operation Babylift resulted in federal program coordination between the Department of Defense (DOD), Department of State (DOS), and the Immigration

⁴ Susan S. Forbes and Patricia Weiss Fagen, *Unaccompanied Refugee Children: The Evolution of US Policies—1939 to 1984* (Washington, DC: Refugee Policy Group, 1984).

⁵ P.L. 83-203.

⁶ President Dwight D. Eisenhower, "Statement by the President Concerning the Admission of Refugees From Hungary: November 8, 1956," *The American Presidency Project*, John Woolley and Gerhard Peters (database managers), Santa Barbara, CA: University of California (hosted), at <http://www.presidency.ucsb.edu/ws/index.php?pid=10700&st=hungarian&st1=>.

⁷ Susan S. Forbes and Patricia Weiss Fagen, *Unaccompanied Refugee Children: The Evolution of US Policies—1939 to 1984* (Washington, DC: Refugee Policy Group, 1984).

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ Indochina Refugee Children Assistance Act of 1976; P.L. 94-405, Title II, as amended by P.L. 95-561, Title XIII.

¹¹ Department of Health, Education and Welfare (HEW) Action Transmittal of February 6, 1979, referenced in Susan S. Forbes and Patricia Weiss Fagen, *Unaccompanied Refugee Children: The Evolution of US Policies—1939 to 1984* (Washington, DC: Refugee Policy Group, 1984), pp. 47-51.

and Naturalization Service (INS), the federal coordination during the 1979 efforts occurred between the DOS and HHS's ORR.¹²

The overlapping jurisdiction and lack of clear procedural precedent was one of several problems that plagued the ad hoc URM policy approach between World War II and the end of the Vietnam conflict. A recurring difficulty through this entire period was securing the involvement of state and local agencies, because of reimbursement concerns (which were normally alleviated with written guarantees from federal officials for 100% reimbursement from the federal government). In addition, problems and concerns arose regarding the coordination of efforts between the public and private sectors and the detention of juveniles in adult facilities, as well as the age determination of potential juveniles in the refugee population. Consequently, in 1979 and 1980, Congress held a series of hearings to inform Members on the difficulties that had arisen in dealing with refugees and URM.¹³

The Refugee Act of 1980

With Members informed by experts from both the public and private sectors, Congress worked on passing refugee legislation, with the result being the Refugee Act of 1980.¹⁴ This act (which is still reflected in the statutory amendment to the INA on refugees) had two basic purposes: (1) to provide a uniform procedure for refugee admissions and (2) to authorize federal assistance to resettle refugees and promote their self-sufficiency. In terms of URM, the 1980 act included special provisions intended to address the problems that had been raised at the hearings, including

- establishing federal reimbursement to URM welfare providers until minors reached age 18;
- providing that placement of URM should happen before or shortly after their arrival in the United States and under the state law in the placement location;
- when to grant ORR legal custody of URM (whether it should be while in transit to or subsequent to arrival in the United States);
- giving ORR the authority to enter into contracts with appropriate public and private agencies;
- mandating that ORR track and maintain relevant information on all URM in the United States after 1975.¹⁵
- Since the 1980 act, fewer URM policy and operational concerns have been voiced by observers, and ORR has absorbed other unaccompanied children into the URM program, including Cuban/Haitian entrants and unaccompanied alien children.¹⁶

¹² Each program effort also involved working extensively with volunteer agencies, as well as with state and local child welfare agencies.

¹³ For example, see U.S. Congress, House Committee on the Judiciary, Subcommittee on Immigration, Refugees, and International Law, *Refugee Act of 1979*, hearing on H.R. 2816, 96th Cong., 1st sess., May 10, 1979 (Washington: GPO, 1979).

¹⁴ P.L. 96-212.

¹⁵ Ibid.

¹⁶ Susan S. Forbes and Patricia Weiss Fagen, *Unaccompanied Refugee Children: The Evolution of US Policies—1939 to 1984* (Washington, DC: Refugee Policy Group, 1984), and U.S. Department of Health and Human Services, Office (continued...)

The Unaccompanied Refugee Minor Program

Under regulation, an unaccompanied refugee minor (URM) is a child who is under the age of 18, and

“who entered the United States unaccompanied by and not destined to (a) a parent or (b) a close nonparental adult relative who is willing and able to care for the child or (c) an adult with a clear and court verifiable claim to custody of the minor; and who has no parent(s) in the United States.”¹⁷

Moreover, to be placed in the URM program, children must be considered refugees,¹⁸ victims of trafficking,¹⁹ Cuban/Haitian entrants,²⁰ or have been granted asylum.²¹ Although URMs are more commonly identified abroad by the Department of State for U.S. resettlement, some children categorized as URMs are already present in the United States when deemed eligible by authorities.

In addition to handling URMs, ORR is tasked with caring for “unaccompanied alien children” (UAC).²² UACs are those children who are detained by immigration authorities in the United States for unauthorized presence in the United States and who are deemed to be unaccompanied. The main distinction between URMs and UACs is that URMs are considered legally present in the United States under the INA. Moreover, UACs are statutorily defined under the Homeland Security Act of 2002,²³ whereas regulations dictate the definition of URM.²⁴ The URM program and the UAC program are technically two distinct programs administered by ORR. In practice, however, they operate in a joint fashion, as the congressional intent was to model the UAC program on its URM predecessor.²⁵

Occasionally, refugee children in the URM program will initially arrive in the United States accompanied by a parent or guardian. However, family circumstances may undergo drastic changes, resulting in requests for ORR to reclassify a child as “unaccompanied” and place him or

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of Refugee Resettlement, *The Unaccompanied Refugee Minors Program*, March 29, 2002, at http://www.acf.hhs.gov/programs/orr/programs/unaccompanied_refugee_minors.htm.

¹⁷ 45 C.F.R. §400.111.

¹⁸ To be classified as a refugee, an alien must meet the statutory definition in INA §101(a)(42). For information on refugee policies and issues, see CRS Report RL31269, *Refugee Admissions and Resettlement Policy*, by (name redacted).

¹⁹ For information on human trafficking, see CRS Report RL34317, *Trafficking in Persons: U.S. Policy and Issues for Congress*, by (name redacted) and (name redacted), and CRS Report RL33200, *Trafficking in Persons in Latin America and the Caribbean*, by (name redacted).

²⁰ For information on Cuban and Haitian Entrants, see CRS Report RS20468, *Cuban Migration Policy and Issues*, by (name redacted), and CRS Report RS21349, *U.S. Immigration Policy on Haitian Migrants*, by (name redacted).

²¹ For information on asylees, see CRS Report RL32621, *U.S. Immigration Policy on Asylum Seekers*, by (name redacted).

²² For background and discussion of unaccompanied alien children, see CRS Report RL33896, *Unaccompanied Alien Children: Policies and Issues*, by (name redacted).

²³ P.L. 107-296 §462(g), 6 U.S.C. 279(g).

²⁴ 45 C.F.R. §400.111.

²⁵ P.L. 107-296 §462(b)(3), 6 U.S.C. 279(b)(3). For all intents and purposes, the UAC program has been absorbed into the URM program. Thus, the two programs function more as a single program.

her in the URM program. According to agency guidelines, ORR will reclassify a minor to unaccompanied status if a certain set of conditions are met.²⁶ However, reclassification is considered on a case-by-case basis, and the ORR Director has discretion as to whether certain criteria may be waived to accommodate given circumstances.²⁷

Cuban/Haitian Entrants²⁸

Although Cubans and Haitians can be admitted as refugees from abroad, individuals fleeing persecution in Cuba and Haiti are legally termed as “entrants” rather than “refugees.” The creation of the new entrant category was promoted by political and social considerations stemming from the large number of Cuban and Haitian nationals arriving by sea who attempted to claim asylum upon arrival in the United States. Depending on the current political climate, as well as the circumstances of individual cases, immigration officials can choose to either grant refugee status, grant parole, or return them to Cuba or Haiti. When an unaccompanied entrant is placed in ORR’s custody, ORR will reclassify that entrant to URM status and provide the entrant with the same services and treatment it provides for URM.

Asylum Seekers

Some children who come to the United States as UACs request asylum in an effort to avoid repatriation back to their countries of origin. UACs are frequently placed under INA §240 removal proceedings and are cared for under the URM program during these proceedings. If a UAC requests asylum, authorities will follow either “affirmative” or “defensive” application

²⁶ Agency guidelines dictate that ORR will reclassify a child to “unaccompanied” status if the following conditions are met:

- The minor is eligible for ORR-funded benefits and services; that is, she must be a refugee, asylee, Amerasian, Cuban or Haitian entrant, or a victim of a severe form of trafficking, as determined by ORR.
- No parent of the minor has lived in the United States since the child’s arrival here.
- No relative or non-related adult has ever had legal custody of the child in the United States.
- With respect to a child who entered the United States accompanied by a non-parental relative or non-related adult, or who entered the United States for the purpose of joining a non-parental relative or non-related adult, the child is not currently living in the home of such a relative or adult.
- An appropriate court has placed legal responsibility for the child with the state or local public child welfare agency or with a licensed non-public agency under contract with the state to provide services to unaccompanied minors.
- The state has reported the child to ORR as an unaccompanied minor and as part of the official state program for unaccompanied minors, and the state meets all other program and reporting requirements. (State Letter #02-07 from Nguyen Van Hanh, Ph.D., Director of ORR, “Reclassification of Unaccompanied Minors,” to State Refugee Coordinators, March 6, 2002, at <http://www.acf.hhs.gov/programs/orr/policy/sl02-07.htm>)

²⁷ State Letter #02-07 from Nguyen Van Hanh, Ph.D., Director of ORR, “Reclassification of Unaccompanied Minors,” to State Refugee Coordinators, March 6, 2002, at <http://www.acf.hhs.gov/programs/orr/policy/sl02-07.htm>.

²⁸ For further discussion of Cuban and Haitian entrants, see CRS Report RS21349, *U.S. Immigration Policy on Haitian Migrants*, by (name redacted).

procedures for evaluation.²⁹ If asylum status is granted, a child becomes a URM and may apply for legal permanent resident (LPR) status after one year in asylee status, but is not required to do so.³⁰ However, if asylum status is denied, the government may choose to pursue removal proceedings.

For unaccompanied children who wish to claim asylum in the United States, the asylum process is broadly similar to the adult process, but with some key distinctions. Although the general statutory requirements for children remain the same as adults,³¹ both the DHS guidelines and case law provide an unclear picture of the qualifying requirements. For example, to qualify for asylum, a child does not need to show that his or her persecutor had malicious intent, nor that he or she sought government protection.³² Yet, there is ambiguity as to how old a child separated from a parent must be before that child can apply for asylum without parental consent. The cases of Walter Polovchak³³ and Elian Gonzalez³⁴ established that while a 12-year-old minor was old enough to independently seek asylum, a 6-year-old needed to be represented by an adult in immigration matters. The lack of a definitive age for asylum is further complicated by the fact that these two cases were decided in the context of highly charged foreign affairs considerations, concerning the former-Soviet Union and Cuba, respectively.

State and Volunteer Services

The URM program, as developed by ORR, works cooperatively with state child welfare service providers, as well as with volunteer service organizations. ORR works closely with two lead voluntary agencies—the Lutheran Immigration Refugee Services (LIRS) and the United States Catholic Conference (USCC)—to operate the unaccompanied refugee minor program. Historically, these two agencies have been closely involved in the development of U.S. refugee policy, as federal and state agencies have drawn on their expertise and services to deal with particular refugee crises.

Volunteer agencies assist ORR by providing a full range of services, from informing URM policy to actively conducting refugee field work both abroad and in the United States. Specifically, the agencies provide services that include identifying entrants and asylum children needing the benefits of the URM program, providing essential direct services (including foster care placements) to the children through their affiliate agencies, and recommending, researching, and planning URM program services.³⁵ These agencies may also provide additional assistance to the URM program as needed.

²⁹ Affirmative procedures are intended for applicants who have either authorized immigration status or are not in removal proceedings. Defensive procedures are for applicants that are actively in removal proceedings. Generally, the defensive procedure constitutes a second stage of the asylum process for those applicants who fail to qualify under the affirmative process. For more information on asylum procedures, see CRS Report RL32621, *U.S. Immigration Policy on Asylum Seekers*, by (name redacted).

³⁰ INA §209(a).

³¹ Generally, see Section 208 of the Immigration and Nationality Act.

³² Memorandum from Jeff Weiss, Office of International Affairs, to all INS Asylum Officers, File NO. 120/11.26, Guidelines for Children's Asylum Claims (December 10, 1998).

³³ *Polovchak v. Meese*, 774 F.2d 731 (7th Cir. 1985).

³⁴ *Gonzalez v. Reno*, 212 F3d 1338 (11th Cir. 2000).

³⁵ U.S. Department of Health and Human Services, Office of Refugee Resettlement, *The Unaccompanied Refugee Minors Program*, March 29, 2002, at <http://www.acf.hhs.gov/programs/orr/programs/> (continued...)

Because states are the main providers of child welfare services and thus have a preexisting infrastructure, ORR works closely with a number of states to provide care and services for URM. Currently, ORR works with state providers in 16 different states to support the URM program.³⁶ Most of these state providers are located in coastal regions and border states.

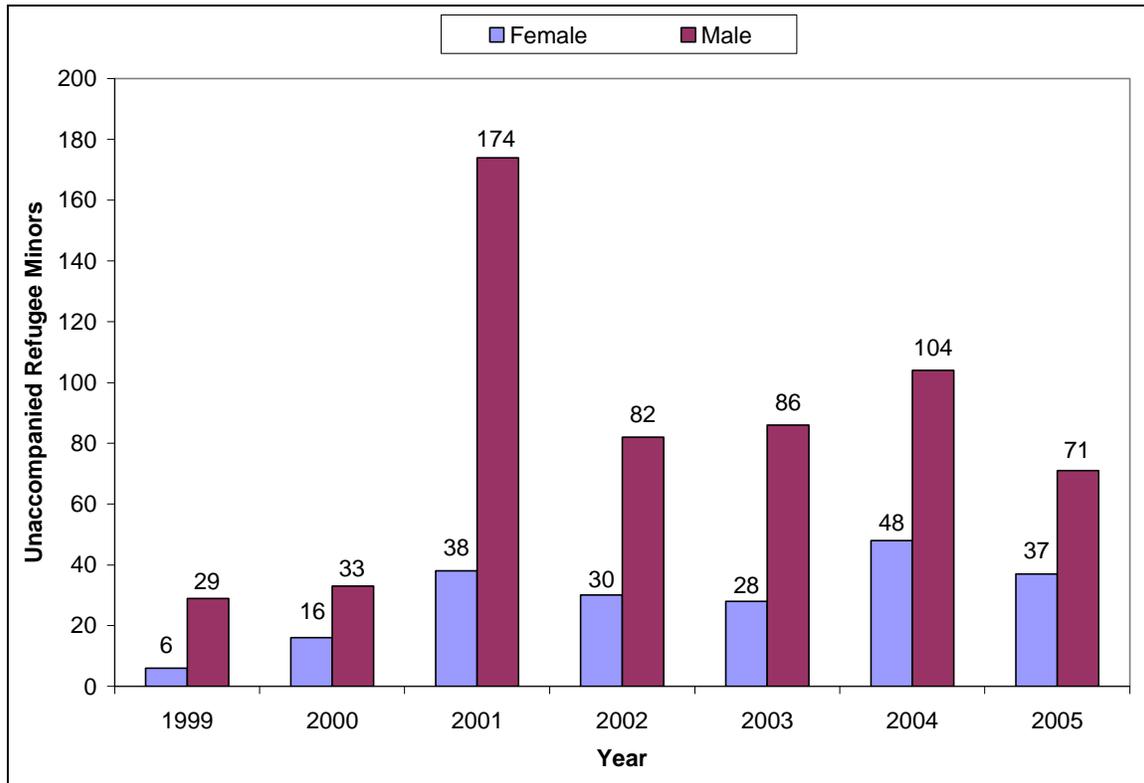
Trends and Statistics

Despite representing only a fraction of the immigrant and refugee populations in the United States, the vulnerability of unaccompanied refugee children makes their few numbers nonetheless notable. Presented below are several figures and tables depicting the URM population from FY1999 through FY2005, with FY2005 being the most recent fiscal year of data made available to CRS. During this time period, there were a cumulative total of 782 new URMs admitted to the United States. With an annual average of approximately 112 children, the annual rate has fluctuated between a low of 35 children in FY1999 to a high of 212 in FY2001. **Figure 1** demonstrates that the gender composition of the URM population is disproportionately male. The lowest annual percentage of males in the URM population during the time period was in FY2005, when they represented 66%. In FY1999 and FY2001, males constituted 83% and 82% of the URM population, respectively. The annual stock of the population in FY2005 was 49% lower than its seven-year peak in FY2001, but was 209% higher than the seven-year low in FY1999.

(...continued)

[unaccompanied_refugee_minors.htm](#).

³⁶ A list of the state coordinators and their contact information is located at <http://www.acf.hhs.gov/programs/orr/programs/urmvolog.htm>.

Figure 1. Gender Distribution of New URM Population, FY1999-FY2005

Source: CRS presentation of data from the Department of Health and Human Services, Office of Refugee Resettlement, 2007.

Table 1 shows the residential placement of new URMs by year and state of residential placement.³⁷ Among the 16 states where URM are enrolled in state social service programs, the largest cumulative number of URMs between FY1999 and FY2005 were placed in Michigan. The 212 URMs placed in the Michigan system during this time period accounted for 27% of the URM total. The only other states with more than 70 cumulative placements in that time period were Virginia and Washington, which had 99 and 80 placements, respectively. These two states thus accounted for 23% of the cumulative URM placements from FY1999 to FY2005. Moreover, while some years, such as FY2001 and FY2002, witnessed more concentrated distributions of URM to states, FY2005 saw a greater level of dispersion among the states. Consequently, programs such as those in Michigan, Massachusetts, and Washington experienced a reduced burden from FY2004 to FY2005, while the share of children in states such as New York and Texas increased by more than 50%.

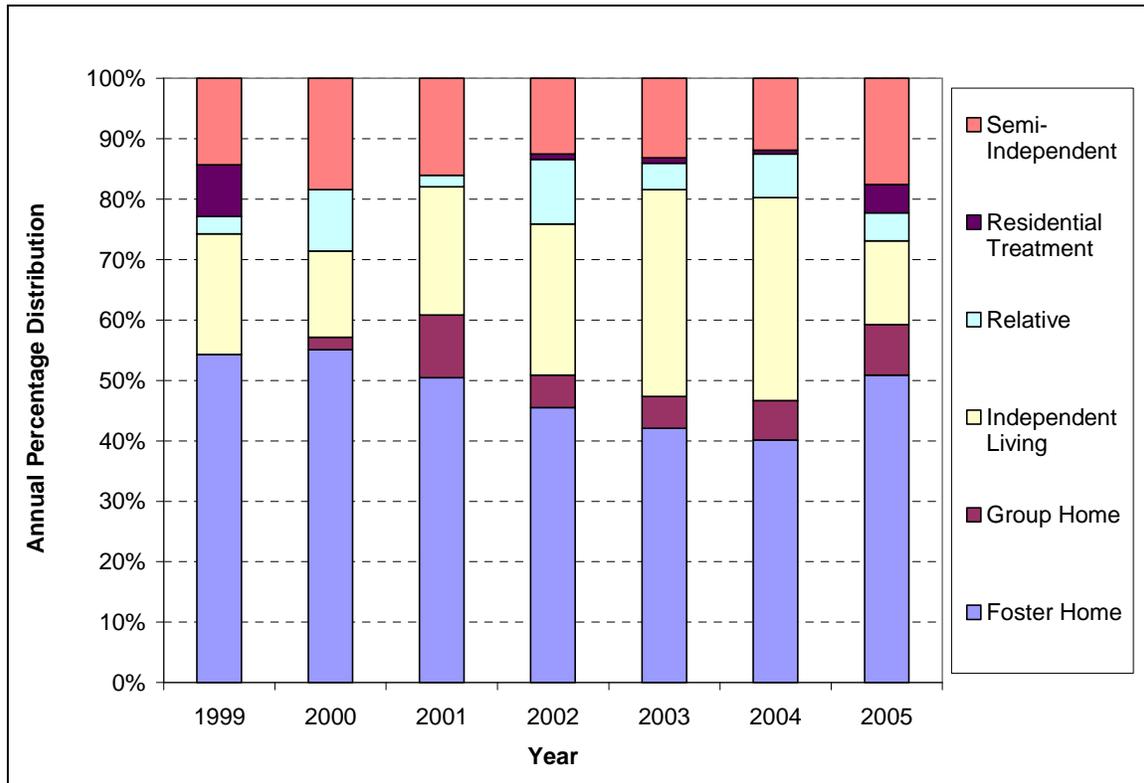
³⁷ Placements are largely coordinated by the Lutheran Immigration Refugee Services (LIRS) and the United States Catholic Conference (USCC), and placement location is determined by the needs of a specific child and the space and resources available in a given location.

Table I. New URM Enrollment, by State, FY1999-FY2005

State	1999	2000	2001	2002	2003	2004	2005	Total
AZ	2	6	7	6	1	7	9	38
DC	4	8			2	1	1	16
FL						1	9	10
MA	4	3	12	12	14	14	4	63
MI	1	11	61	34	35	51	19	212
MN			1					1
MS	1	2	43	6	1	3	2	58
ND	8	2	5	9	9	9	9	51
NJ	2	2						4
NY	3	1	5	6	8	10	18	51
PA	1	2	22	7	10	18	7	67
SD				7	1	1		9
TX					1	7	11	19
UT		1	1				2	4
VA	4	7	34	16	15	12	11	99
WA	5	4	21	9	17	18	6	80
Total	35	49	212	112	114	152	108	782

Source: CRS presentation of data from the Department of Health and Human Services, Office of Refugee Resettlement, 2007.

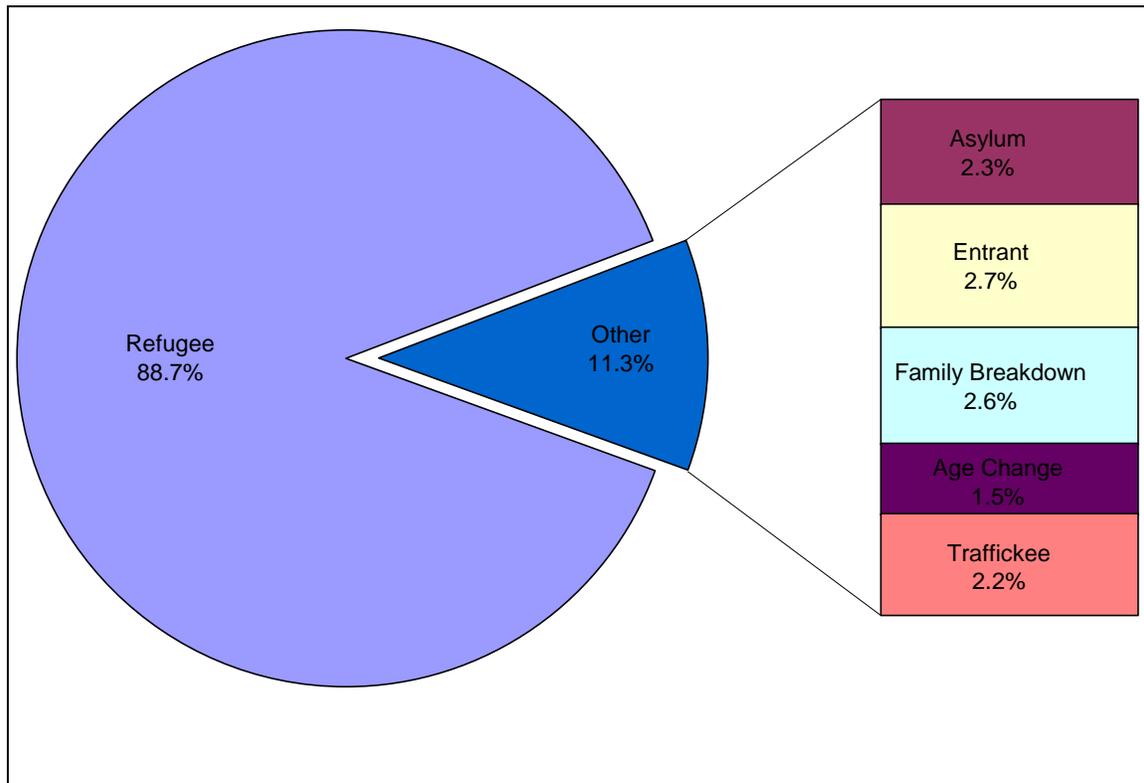
As a means of placing URMs, ORR and its partnering state and volunteer services have a number of options at their disposal. As depicted in **Figure 2**, the most frequent placement option pursued for FY1999-FY2005 was foster homes. As with cases involving other unaccompanied children, placing URMs in foster care is often seen as the most desirable outcome because doing so offers children a structured environment that replicates a family setting. In FY2005, 50.9% of URMs were placed in foster homes, falling between the seven-year high of 55.1% in FY2000 and seven-year low of 40.1% in FY2004. The majority of the remaining URMs were placed in either independent or semi-independent living arrangements. For most of the time period in **Figure 2**, independent living was the more common of these options, peaking in FY2003 with 34.2%. This type of placement experienced an upward trend from FY2000 to FY2003 but then declined in both FY2004 and FY2005. Semi-independent placements also declined from a seven-year high of 18.4% in FY2000 to a seven-year low of 11.8% in FY2004. In FY2005, semi-independent placements accounted for 17.6% of placements, while independent living represented 13.9% of placements. Group homes, residential treatment facilities, and homes of relatives are less common options for URM placement. In FY2005, these three options combined for 17.6% of placements. The cumulative percentages of placements for each category from FY1999 to FY2005 were as follows: foster home, 47.1%; independent living, 24.6%; semi-independent living, 14.6%; group home, 6.9%; relative, 5.5%; and residential treatment, 1.4%.

Figure 2. Annual Placement Distribution of New URM Population, FY1999-FY2005

Source: CRS presentation of data from the Department of Health and Human Services, Office of Refugee Resettlement, 2007.

As previously noted, the URM population is composed not only of refugee children but also of other classifications of unaccompanied minors. **Figure 3** presents the cumulative distribution of the URM population from FY1999 to FY2005. With a share of 88.7%, refugee children constituted the vast majority of the URM population during this time period. The remaining 11.3% of the population was distributed relatively evenly between five other classifications. Child asylum seekers constituted 2.3% of the cumulative URM population, whereas Cuban-Haitian entrants represented 2.7%. Refugee children whose families experienced a breakdown and were consequently left unaccompanied accounted for 2.6% of the cumulative URM population from FY1999 to FY2005. An additional 2.2% were trafficking victims and therefore were classified as URM rather than unaccompanied alien children. Lastly, 1.5% of children in the URM program during this time period were reclassified as URM subsequent to age determinations. In such cases, the child usually purports to be an adult, but subsequent interviews and tests reveal the child to be under the age of 18.

Figure 3. Classification of Cumulative New URM Population, FY1999-FY2005



Source: CRS presentation of data from the Department of Health and Human Services, Office of Refugee Resettlement, 2007.

The country sources for URM from FY1999 to FY2005, which are listed in **Table 2**, mostly fell geographically within one of three regions: Sub-Saharan Africa, Central America and the Caribbean, and the Middle East (with a few notable exceptions such as Vietnam and Russia). Not surprisingly, many of the URM came from countries within these regions that were either impoverished or engaged in some form of domestic or international conflict. The most stark example of these characteristics was Sudan, which accounted for 407 URM between FY1999 and FY2005, representing roughly 52% of URM to the United States in that time span. The other countries with more than 30 URM during this same period were Liberia, Haiti, and Honduras, which were the source countries for 63, 56, and 39 URM, respectively. Thus, each of these countries contributed 5%-8% of the URM total. Afghanistan was the source country of exactly 30 URM during the FY1999 to FY2005 time period. The only two countries from which the United States accepted URM every fiscal year during the data range were Haiti and Sudan.

Table 2. New URM, by Country of Origin, FY1999-FY2005

Country	1999	2000	2001	2002	2003	2004	2005	Total
Afghanistan		2	5	6	6	8	3	30
Africa						1		1
Albania		1			2			3
Angola							1	1
Azerbaijan							1	1
Bosnia	3	2	1					6
Burundi			2		1		1	4
Cameroon						1		1
China		2	7	4	1	5	1	20
Congo		3		1	1	3	4	12
Cuba	3		4	1				8
El Salvador					1	1		2
Eritrea		1					4	5
Ethiopia			1	2	1	3	1	8
Guatemala					3	3	5	11
Guinea		1						1
Haiti	9	10	7	5	10	5	10	56
Honduras		4	1	5	8	12	9	39
India							1	1
Iran			1	1		1	2	5
Iraq					1			1
Kosovo	2	1	1					4
Liberia		6			9	26	22	63
Mexico				3	1	3	3	10
Nicaragua			1	1		2	2	6
Russia					1			1
Rwanda						1		1
Sierra Leone	1		1	1	1	7	3	14
Somalia	1	3	7	5	1		10	27
Sri Lanka			1					1
Sudan	5	6	167	76	63	66	24	407
Thailand						2		2
Vietnam	9	7	5	1	3		1	26
Yemen						1		1
Yugoslavia	2							2
Zimbabwe						1		1
Total	35	49	212	112	114	152	108	782

Source: CRS presentation of data from the Department of Health and Human Services, Office of Refugee Resettlement, 2007.

Potential Sources of Unaccompanied Refugee Children

Unlike other immigration-related programs, the unaccompanied refugee minors program has relatively few public critics. Because the program has operated for more than two decades, operational criticisms have largely been dealt with. Moreover, ORR has built strong ties with state and volunteer agencies, so that the handling of the URM reflects what most observers believe is in the best interest of the child. URM are generally recognized as a highly vulnerable population, and the agencies and organizations involved in their care have historically put forth marked efforts to meet the children's needs and ensure their well-being. Consequently, current policy debates regarding the URM program are centered around who should be granted URM status, rather than how the children should be handled once they are in the United States.

Because the standard procedure for entering a child into the URM program begins with the Department of State (DOS) identifying a child abroad, some have questioned whether the DOS is being sufficiently proactive in seeking out eligible children.³⁸ Assessing such a criticism, however, is difficult because very little data on unaccompanied refugee children exist. Most information on such children comes from media and anecdotal sources.

One population of concern for U.S. refugee policy is the displaced population in and around Iraq—a population containing many children. Iraq has in recent years been marked by a violent insurgency, resulting in the deaths of thousands of Iraqi nationals and coalition soldiers.³⁹ Moreover, large populations of Iraqis have attempted or succeeded in fleeing the violence by crossing the borders into neighboring countries such as Syria.⁴⁰ According to estimates published by the United Nations High Commissioner for Refugees (UNHCR), the Iraqi population constitutes one of the largest populations of concern for the agency. UNHCR believes that there are now almost 2.3 million Iraqis living in neighboring countries as refugees. Consequently, nearly 8% of the Iraqi population are refugees.⁴¹ Although there are no official estimates, it is likely that some unaccompanied children constitute a portion of this population. Children have been cited as a particularly affected group among the Iraqi refugees, because many of them reportedly lack access to services such as education.⁴² Numerous groups have advocated for amendments to U.S. policy that would allow more Iraqi nationals to be granted refugee status.⁴³ In response to the mounting refugee situation, the United States pledged to admit at least 12,000 Iraqi refugees in FY2008.⁴⁴

³⁸ For more information on the Iraqi refugee situation, see CRS Report RL33936, *Iraqi Refugees and Internally Displaced Persons: A Deepening Humanitarian Crisis?*, by (name redacted), (name redacted), and (name redacted).

³⁹ Gregg Zoroya, "Study Estimates 600,000 Iraqis Dead by Violence," *USA Today*, October 11, 2006, at http://www.usatoday.com/news/world/iraq/2006-10-10-iraq-dead_x.htm.

⁴⁰ Scott Wilson, "Iraqi Refugees Overwhelm Syria," *The Washington Post*, February 3, 2005, p. A18, at <http://www.washingtonpost.com/wp-dyn/articles/A58648-2005Feb2.html>.

⁴¹ According to the CIA World Factbook, the estimated population of Iraq in July 2008 was 28,221,180.

⁴² Hannah Allam, "Illiteracy Increasing among Iraq's Refugee Children," *McClatchy Newspapers*, December 12, 2007, at <http://www.mcclatchydc.com/iraq/story/22992.html>.

⁴³ Barbara Slavin, "Few Iraqi Refugees Allowed into U.S.," *USA Today*, April 29, 2007, at http://www.usatoday.com/news/world/iraq/2007-04-29-iraqi-refugees_N.htm.

⁴⁴ Statements by Ambassador James Foley, Senior Coordinator on Iraqi Refugee Issues, and Ms. Lori Scialabba, Senior Advisor on Iraqi Refugee Issues at the Department of Homeland Security, "Briefing on Iraqi Refugee Issues," press (continued...)

A second notable situation is the refugee crisis that exists for Afghan nationals.⁴⁵ Most of these refugees fled their homeland following the Marxist People's Democratic Party of Afghanistan (PDPA) overthrow of the government in 1978 and the subsequent Soviet invasion of the country in 1979. Later internal conflicts between various *mujahideen* and the U.S.-led invasion of October 2001 resulted in subsequent waves of refugees and internally displaced persons.⁴⁶ At the end of 2007, the UNHCR estimated that there was a population-of-concern of roughly 3.6 million, of which 1.9 million were refugees.

Another refugee situation that has gained notable amounts of media attention is the movement of large numbers of individuals fleeing the Darfur region of Sudan.⁴⁷ Numerous advocacy groups have called on the U.S. government to increase efforts to aid the displaced populations that have been persecuted by the *Janjaweed* militia forces.⁴⁸ Media reports have noted that a number of these refugees are children whose families have been killed during the violence.⁴⁹ At the end of 2007, the UNHCR estimated that there was a population-of-concern of roughly 2 million in the Sudanese region.⁵⁰ This population included approximately 500,000 refugees (mostly in the neighboring country of Chad).⁵¹ The George W. Bush administration declared the actions of the *Janjaweed* militia to be a genocide.⁵² Despite such condemnation, the violence has continued and few refugees have been resettled into advanced industrial countries such as the United States.⁵³

In recent years the United States has not filled the full allotment for refugees.⁵⁴ Since FY2002, the highest level of refugee admissions was achieved in FY2005, with 53,738, despite an annual admissions ceiling of 70,000 that same year.⁵⁵ In FY2007, the refugee admission level was 48,281. In FY2008, the refugee ceiling was increased to 80,000. Yet critics note that the UNHCR has identified a worldwide refugee population of approximately 9.7 million refugees at the end of 2007.⁵⁶ Thus, for many critics, questions arise over whether the United States is being active enough in seeking qualifying refugees (particularly children),⁵⁷ and whether it is admitting its

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conference, November 29, 2007 (Washington, DC), at <http://www.state.gov/g/prm/rls/96035.htm>.

⁴⁵ CRS Report RL33851, *Afghan Refugees: Current Status and Future Prospects*, by (name redacted)

⁴⁶ *Ibid.*

⁴⁷ For more information, see CRS Report RL33574, *Sudan: The Crisis in Darfur and Status of the North-South Peace Agreement*, by (name redacted).

⁴⁸ For example, see Human Rights Watch, "U.S./Sudan: Bush Should Press for Promised Reforms," press release, July 19, 2006, at <http://hrw.org/english/docs/2006/07/19/sudan13769.htm>.

⁴⁹ Staff writers, "They Killed My Whole Family and Then Took Me Away and Made Me Their Slave," *Telegraph*, May 16, 2004, at <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2004/05/16/wsud16.xml>.

⁵⁰ United Nations High Commissioner for Refugees, *2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*, June 2008.

⁵¹ *Ibid.*

⁵² Jim VandeHei, "In Break With U.N., Bush Calls Sudan Killings Genocide," *The Washington Post*, June 2, 2005, p. A19.

⁵³ According to statistics published in the Department of Homeland Security's Office of Immigration Statistics' *2006 Yearbook of Immigration Statistics*, the United States admitted 1,848 refugees from Sudan in FY2006. This admission level constituted a 69% lower flow rate than the 10-year peak obtained in FY2001, with 5,959.

⁵⁴ CRS Report RL31269, *Refugee Admissions and Resettlement Policy*, by (name redacted).

⁵⁵ Between FY1996 and FY2001, the level of refugee admissions ranged between a high of 85,076 and a low of 68,925.

⁵⁶ United Nations High Commissioner for Refugees, *2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*, June 2008.

⁵⁷ Kristele Younes, "The Iraqi Refugee Crisis," *Foreign Policy In Focus Policy Report*, March 14, 2007, at (continued...)

“fair share” of the refugee population.⁵⁸ In terms of absolute refugee levels, however, the U.S. refugee admission level is one of the highest in the world.⁵⁹

Recent Legislation

In the 111th Congress, no legislation has been introduced relating to unaccompanied refugee minors. However, one piece of legislation was introduced in the 110th Congress that had been proposed in previous Congresses and is likely to be re-introduced in the current Congress.

In the Senate, Senator Diane Feinstein sponsored the Unaccompanied Alien Child Protection Act of 2007 (S. 844).⁶⁰ This legislation would have provided for several statutory changes, including the criteria for treatment and detention of all unaccompanied alien minors (including refugees), and the preference order of child placement. The legislation additionally would have granted ORR access to children in DHS’s custody to determine the child’s age. Notably, the legislation also would have provided for the appointment of child advocates for unaccompanied alien minors, including counsel for all children in the custody of DHS that are not being repatriated to a contiguous country. These advocates would largely serve on a pro bono basis. Senator Feinstein introduced this same legislation as S.Amdt. 1146 to S. 1348 (which was the Comprehensive Immigration Reform Act of 2007), and the amendment passed the Senate by a voice vote. The same provisions were also included in Title VIII of the “A Place to Call Home Act” (H.R. 3409), which was introduced as comprehensive legislation dealing with youth-related issues.

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<http://www.fpif.org/fpiftxt/4059>.

⁵⁸ Daniel L. Byman and Kenneth M. Pollack, “Keeping the Lid On Iraq’s Civil War,” *The National Interest*, May 2007, at http://www.brookings.edu/articles/2007/05iraq_byman.aspx.

⁵⁹ United Nations High Commissioner for Refugees, *2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*, June 2008.

⁶⁰ During the 109th Congress, Sens. Diane Feinstein and Sam Brownback co-sponsored the Unaccompanied Alien Child Protection Act of 2005 (S. 119), a bill that was closely related to S. 844 in the 110th Congress. S. 119 was passed in the Senate and subsequently referred to the House Subcommittee on Immigration, Border Security, and Claims. In the House, Rep. Zoe Lofgren sponsored the Unaccompanied Alien Child Protection Act of 2005, which became H.R. 1172.

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