Unaccompanied Refugee Minors

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Unaccompanied Refugee Minors

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, 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.

In the 110th Congress, legislation has been reintroduced from previous terms that would address several of the issues and charges that advocates have raised regarding unaccompanied refugee children. In the Senate, Senator Diane Feinstein sponsored the Unaccompanied Alien Child Protection Act of 2007 (S. 844), which also became S.Amdt. 1146 to S. 1348 (the Comprehensive Immigration Reform Act of 2007); S.Amdt. 1146 passed the Senate by a voice vote in 2007. A bill entitled “A Place to Call Home Act” (H.R. 3409) includes URM provisions that are largely similar to those in S. 844. These bills would address the rights of URMs and would require numerous reports and consultations by the executive branch to Congress. This report will be updated as warranted.
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Unaccompanied Refugee Minors

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.

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\(^1\) P.L. 96-212.
\(^2\) 45 C.F.R. §400.111.
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.

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.

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 1953 and the Hungarian Refugee Program of 1956 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. 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.

U.S. military involvement in the Vietnam conflict resulted in additional ad hoc efforts at resolving the circumstances of increased numbers of unaccompanied child

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5 P.L. 83-203.
8 Ibid.
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 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 URMs. \(^13\)

**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 URMs, the 1980

\(^{9}\) Ibid.

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


\(^{12}\) Each program effort also involved working extensively with volunteer agencies, as well as with state and local child welfare agencies.


\(^{14}\) P.L. 96-212.
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 URMs 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 URMs (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 URMs 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

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

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15 Ibid.


17 45 C.F.R. §400.111.
Moreover, to be placed in the URM program, children must be considered refugees, victims of trafficking, Cuban/Haitian entrants, or have been granted asylum. 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). 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, whereas regulations dictate the definition of URM. The URM program and the UAC program are technically two distinct program 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.

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 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. 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 Entrants**28

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 URMs.

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26 (...continued)

- 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], visited February 22, 2008)


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 procedures for evaluation. 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. 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, 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. 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 Polovchak and Elian Gonzalez 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

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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 Ruth Ellen Wasem.

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).
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. These agencies may also provide additional assistance to the URM program as needed.

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. 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. From FY1999 through FY2005, 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.

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36 A list of the state coordinators and their contact information is located at [http://www.acf.hhs.gov/programs/orr/programs/urmvolag.htm], visited December 18, 2007.
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 1 shows the residential placement of new URM by year and state of residential placement. Among the 16 states where URM are enrolled in state social service programs, the largest cumulative number of URM between FY1999 and FY2005 were placed in Michigan. The 212 URM 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%.

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

Table 1. New URM Enrollment, by State, FY1999-FY2005

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<tr>
<th>State</th>
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<td>112</td>
<td>114</td>
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</table>


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**

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 URMs 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.
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

<table>
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*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 URMs reflects what most observers believe is in the best interest of the child. URMs 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. 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. Moreover, large populations of Iraqis have attempted or succeeded in fleeing the violence by crossing the borders into neighboring countries such as Syria. 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 at least 2.2 million Iraqis living in neighboring countries as refugees. Moreover, the agency estimates that approximately 2 million Iraqis are

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41 Since the invasion of Iraq, the annual number of refugees from Iraq has declined from the years prior to the Iraq invasion. For example, in FY2001, the number of refugees admitted from Iraq was 2,473, whereas in FY2006, the number admitted was 202 — a figure representing 8% of the FY2001 Iraqi refugee total. Thus, despite the increased violence in recent years, fewer Iraqis, including children, have been admitted to the United States annually as refugees.
displaced within the country’s borders. Consequently, nearly 8% of the Iraqi population are refugees and an additional 7% are internally displaced. 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. Numerous groups have advocated for amendments to U.S. policy that would allow more Iraqi nationals to be granted refugee status. In response to the mounting refugee situation, the United States has pledged to admit at least 12,000 Iraqi refugees in FY2008.

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. 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. Media reports have noted that a number of these refugees are children whose families have been killed during the violence. At the end of 2006, the UNHCR estimates there was a population-of-concern of more than 2.1 million in the Sudanese region. This population included approximately 1.3 million internally displaced persons and roughly 700,000 refugees (mostly in the neighboring country

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43 According to the CIA World Factbook, the estimated population of Iraq in July 2007 was 27,499,638.


47 For more information, see CRS Report RL33574, Sudan: The Crisis in Darfur and Status of the North-South Peace Agreement, by Ted Dagne.


of Chad.\textsuperscript{51} The Bush administration has declared the actions of the Janjaweed militia to be a genocide.\textsuperscript{52} Despite such condemnation, the violence has continued and few refugees have been resettled into advanced industrial countries such as the United States.\textsuperscript{53} In the 110\textsuperscript{th} Congress, nearly two dozen bills and resolutions have been introduced by Members from both parties in directed efforts to use U.S. influence to stem the violence in Darfur.\textsuperscript{54}

In recent years the United States has not filled the full allotment for refugees.\textsuperscript{55} Since FY2002, the highest level of refugee admissions was achieved in FY2005, with 53,738, despite an annual admissions ceiling of 70,000.\textsuperscript{56} In FY2006, the refugee admission level was 41,150. Yet critics note that the UNHCR has identified a worldwide population of approximately 9.9 million refugees at the end of 2006.\textsuperscript{57} Thus, for many critics, questions arise over whether the United States is being active enough in seeking qualifying refugees (particularly children),\textsuperscript{58} and whether it is admitting its “fair share” of the refugee population.\textsuperscript{59} In terms of absolute refugee levels, however, the U.S. refugee admission level is one of the highest in the world.\textsuperscript{60}

\textsuperscript{51} Ibid.


\textsuperscript{53} According to statistics published in the Department of Homeland Security’s Office of Immigration Statistics’ \textit{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.

\textsuperscript{54} For example, H.Res. 422, entitled “Calling on the Government of the People’s Republic of China to use its unique influence and economic leverage to stop genocide and violence in Darfur, Sudan,” had 131 bipartisan co-sponsors and passed the chamber by a vote of 410-0. The identical measure in the Senate (S.Res. 203) had 27 bipartisan cosponsors and passed the chamber with unanimous consent. Also, see CRS Report RL33574, \textit{Sudan: The Crisis in Darfur and Status of the North-South Peace Agreement}, by Ted Dagne.


\textsuperscript{56} Between FY1996 and FY2001, the level of refugee admissions ranged between a high of 85,076 and a low of 68,925.


Recent Legislation

In the 110th Congress, several bills have been introduced that contain provisions relating to URM. Senator Diane Feinstein sponsored the Unaccompanied Alien Child Protection Act of 2007 (S. 844),61 within which sections 401-403 contain URM provisions. These section would require the President, in his consultation with Congress on the worldwide refugee situation, to present information on the number of URMs by region. In addition, the President would offer an assessment of the capacity of DOS, the international community, and volunteer agencies to identify and care for such URMs, and would report on plans for the United States to resettle such URMs and any consequences to the children of the United States with respect to resettling the URMs. The bill would also provide for training for immigration officers, asylum officers, and immigration judges to sensitize them to the needs of URMs. Lastly, provisions in the bill would prevent a URM from being removed to any safe third country62 or from being subject to any time limits for filing an asylum application.

Senator Feinstein also introduced this same legislation as S.Amdt. 1146 to S. 1348 (the Comprehensive Immigration Reform Act of 2007), and the amendment passed the Senate by a voice vote. This amendment was subsequently absorbed into a Manager’s amendment in the form of a substitute (S.Amdt. 1150 to S. 1348). On June 18, 2007, Senators Kennedy and Specter introduced a subsequent version of the comprehensive immigration reform legislation as S. 1639, which, although not identical to S.Amdt. 1150, kept the same URM provisions intact. Among those publically associated with negotiating the compromise legislation were Homeland Security Secretary Michael Chertoff and Commerce Secretary Carlos Guteirrez. S. 1639 stalled in the Senate on June 28, 2007, when the key cloture vote failed.

On August 3, 2007, a bill entitled “A Place to Call Home Act” (H.R. 3409) was introduced as comprehensive legislation dealing with youth-related issues. Sections 842-844 concern URMs. The URM provisions in H.R. 3409 are almost identical to those of S. 844, with the exception that statistical reporting requirements and provisions for reports to Congress are absent.

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61 During the 109th Congress, Senators 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.

62 INA permits immigration officers to bar asylum to those aliens who can be returned to a “safe-third country” (INA §208(a)(2)(A) and (C)). This provision was aimed at aliens who travel through countries that are signatories to the U.N. Refugee Protocol (or otherwise provide relief from deportation for refugees) to request asylum in the United States. To return a potential applicant to a safe third country, the United States must have an existing agreement with that country. The first and only agreement was signed with Canada in 2002.