

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 225
(A-24)

Introduced by: Medical Student Section

Subject: Humanitarian Efforts to Resettle Refugees

Referred to: Reference Committee B

1 Whereas, “refugee” is defined in the Immigration and Nationality Act as an individual
2 experiencing persecution or a well-founded fear of persecution on account of their race, religion,
3 nationality, membership in a particular social group, or political opinion¹⁻³; and
4

5 Whereas, refugees in the US undergo an extensive and complex admission process involving
6 evaluation and referral by UNHCR (the UN’s refugee agency) to the US State Department’s
7 Refugee Admissions Program (USRAP), and are a distinct population from asylum seekers or
8 migrants crossing at the US’ southern border, who follow a completely separate process¹; and
9

10 Whereas, the US consistently admits fewer refugees than its cap, leading to 5,000 to 40,000
11 unallocated refugees⁴; and
12

13 Whereas, 29 million refugees are estimated in 2023, including 14 million children⁵⁻⁶; and
14

15 Whereas, over a 20-year period, refugees in the US ages 18 to 45 pay on average \$21,000-
16 \$43,707 more in taxes than they receive in benefits⁷⁻¹⁰; and
17

18 Whereas, refugees in general contribute \$21 billion in taxes annually, including to Social
19 Security and Medicare, offsetting the costs our aging population¹³; and
20

21 Whereas, analyses from Ohio, Michigan, and Minnesota demonstrate how refugees produce
22 billions of dollars in economic activity annually and create thousands of jobs^{9,11}; and
23

24 Whereas, 77% of refugees are working age, as opposed to the 39.7% of the US-born population
25 and male refugees participate in the labor force at higher rates than US males^{7,12,14}; and
26

27 Whereas, under 3% of refugees return to their country of origin, and 84% of long-term refugees
28 make the US their home by taking steps to become citizens^{6,10,15}; and
29

30 Whereas, when annual refugee admissions decreased 86% between 2016-2020, the 295,000
31 person gap actually harmed the US economy by nearly \$10 billion annually⁸; and
32

33 Whereas, decreased resettlement caps and worsening backlogs delay family reunification and
34 leave people displaced for decades, remaining indefinitely in refugee camps¹⁶; and
35

36 Whereas, forced displacement and restrictions on refugee admissions result in distinct chronic
37 physical and mental phenomena and generational trauma¹⁶⁻¹⁸; therefore be it
38

39 RESOLVED, that our American Medical Association support increases and oppose decreases
40 to the annual refugee admissions cap in the United States. (New HOD Policy)
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Fiscal Note: Minimal - less than \$1,000

Received: 4/24/2024

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RELEVANT AMA Policy

D-65.984 Humanitarian and Medical Aid Support to Ukraine

Our AMA will advocate for: (1) continuous support of organizations providing humanitarian missions and medical care to Ukrainian refugees in Ukraine, at the Polish-Ukrainian border, in nearby countries, and/or in the US; (2) an early implementation of mental health measures, including suicide prevention efforts, and address war-related trauma and post-traumatic stress disorder when dealing with Ukrainian refugees with special attention to vulnerable populations including but not limited to young children, mothers, pregnant women, and the elderly; and (3) educational measures to enhance the understanding of war-related trauma in war survivors and promote broad protective factors (e.g., financial, employment, housing, and food stability) that can improve adjustment and outcomes for war-affected people, particularly when applied to vulnerable categories of people. [Res. 017, A-22]