# Safety for all

Responding to the humanitarian crisis in Central America, restoring the U.S. asylum system, and protecting the most vulnerable

**International Rescue Committee | November 2020** 

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### Introduction

step up and share responsibility worldwide. If not, the consequences will be measured in lives lost and in regiona and political instability.				
Please reach out to JC.Hendrickson@rescue.org for additional information on the recommendations below.				

A competent and protection-forward asylum system is a matter of political will and policy. If the Biden

administration gets it right, the U.S. will be a beacon of hope and can credibly urge the international community to

## 1. Surge humanitarian assistance to both sides of the border

<sup>8</sup> signaling that multiple risk factors are

- border. The IRC operates a border shelter, the Welcome Center in Phoenix, to provide critical assistance to asylum seekers released from ICE detention.<sup>14</sup>
- D. Deploy a major information campaign across the region to counter misinformation and publicize policy changes.

- B. Ensure minors are processed in strict accordance with existing child protection laws (e.g., TVPRA) and that families (including children traveling with siblings, grandparents, etc.) are never separated due to immigration status.
- C. Improve oversight, accountability, and transparency for DHS agencies (USCIS, CBP, and ICE) including their budget, implementation, and enforcement policies. Supervision and training of government officials interacting with vulnerable asylum seekers is necessary to ensure that
  - agencies should be competent and properly trained to utilize security data systems, identify asylum seekers, and elicit relevant testimony in a protection-forward, trauma informed manner. Increased competence and protection-forward training would ensure that implementation of asylum laws, rules and regulations result in efficient, fair and credible asylum processing.
- D. Ramp up COVID-19 response capacity at POEs. The U.S. should rapidly invest in PPE, rapid COVID-19 testing capability, and trauma-informed public health expertise at POEs. POEs, reception centers, and border shelters must be equipped to manage COVID-19 using standards driven by science and public health expertise, not enforcement agencies.
- E. Construct short-term reception centers to meet logistics and protection challenges. To meet acute challenges posed by a sudden and significant increase in the number of people arriving at the southern border (at and between POEs), the administration should consider the short-term usage of reception centers to expedite registration in a protection-based manner. The creation of reception centers would also mark a clear departure from the use of ICE and CBP facilities and registration procedures that have demonstrated an inability to uphold the humane treatment of all people and have as a result lost public confidence. Such facilities must foremost ensure the protection of migrants and asylum seekers and preserve the right to asylum and other forms of humanitarian legal protection. Reception centers should be created with funding transferred from ICE programs.<sup>16</sup>
  - a. **Expedite asylum seekers' registration and initial processing.** Asylum seekers must not be held for the duration of the adjudication of their claims; reception centers must only provide triage and processing. Individuals should stay for a maximum of 72 hours.
  - b. Grant full access to humanitarian and social service organizations to reception centers. Civil society should be based on-site to ensure the provision of urgent medical and psychosocial services, legal orientation, logistics coordination, and other linguistically and culturally responsive services.
  - c. Release asylum seekers to the border shelter network. There must be strong referral pathways between reception centers and border shelters to end the practice of vulnerable people left without basic necessities upon release from initial federal custody.
- F. Formalize and expand the existing network of border shelters in the U.S. (See Section 1.C.)
  - a. Fund specially equipped border shelters or other (non-CBP or ICE) facilities to provide a place for COVID-19-positive asylum seekers to quarantine before reuniting with their sponsors. Such facilities should be provided with PPE, rapid testing machines, and have healthcare professionals on staff. Asylum seekers should be referred to medical care as needed and provided updated health information in their own language. Individuals must not be detained and have agency to move freely if they choose to self-isolate in a separate location, in line with public health expert recommendations.<sup>17</sup>
  - b. Equip shelters to provide transit coordination and referral to longer-term support in host communities across the U.S.

F.	Fund programming for the protection of women and girls. With some of the highest rates of femicide globally, violence against women and girls is a driver of displacement across the region. This threat facing
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#### **Appendix**

The administration must rescind policies unlawfully limiting asylum eligibility, denying due process, and preventing -sufficiency. This list is not comprehensive.

- A. Rescind policies unlawfully limiting asylum eligibility.
  - a. Direct DOJ and DHS to rescind 83 FR 55934,<sup>29</sup> the interim final rule barring asylum for people who cross the border between ports of entry.
  - b. Direct DOJ and DHS to rescind 84 FR 33829,<sup>30</sup> the interim final rule barring asylum for people who transit through a third country on their way to the U.S. southern border in search of safety.
  - c. Direct DOJ and DHS to withdraw 84 FR 69640,<sup>31</sup> a proposed rule that would add seven categorical bars to asylum eligibility and constitute an unnecessary and punitive overhaul of the asylum protections enshrined in U.S. and international law.
  - d. Direct DOJ and DHS to withdraw 85 FR 36264,32