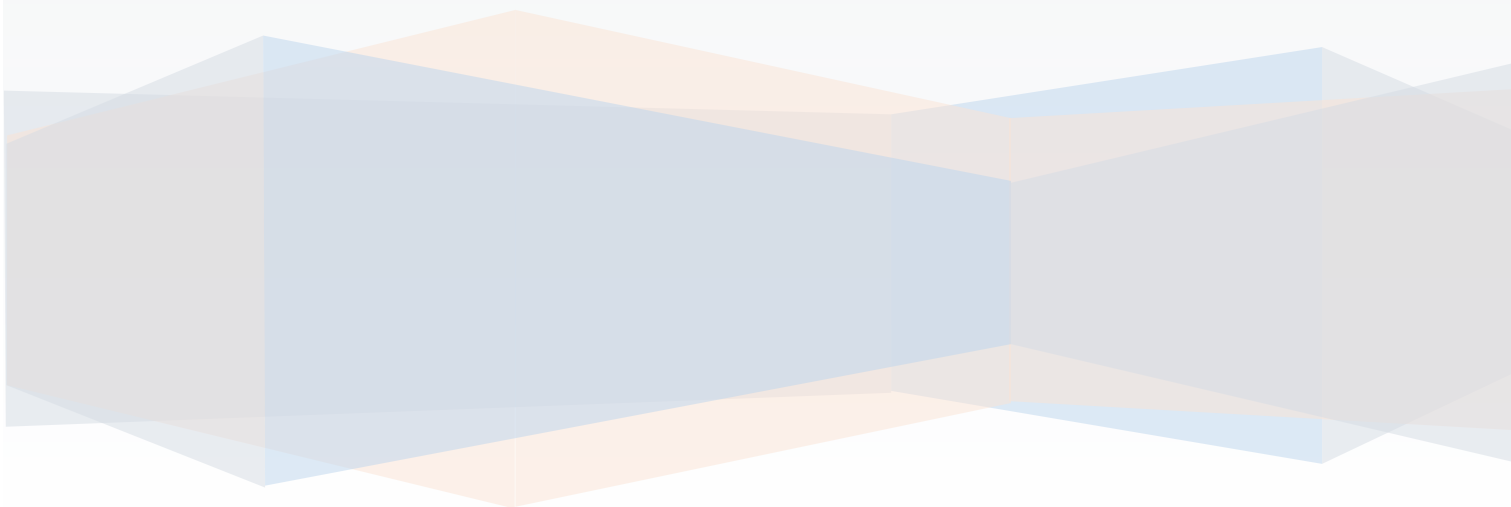


# Comparative Analysis of International Refugee Resettlement International Law Obligations and Policy

A report on a conference held at the University of  
Auckland December 2013

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## The Speakers

On 14 December, academics from the Universities of Canterbury, Sydney, Western Australia, Minnesota, York, Alberta and Auckland gathered at the Faculty of Law, University of Auckland, to consider the refugee and asylum-seeker settlement policies of five countries and their compliance with international human rights obligations.

The New Zealand Centre for Human Rights Law, Policy and Practice hosted the conference, “Comparative Analysis of International Refugee Resettlement International Law Obligations and Policy”. The conference was well attended by members of the legal profession, government officials, NGOs and other interested parties.

### Natalie Baird

Natalie Baird joined the University of Canterbury in 2007. She obtained a BA and LLB (Hons) degree from the University of Canterbury in 1995. In 2000, she completed a Master of Laws at Columbia University in New York where she was a Fulbright Scholar and a Human Rights Fellow. Natalie’s current research interests lie in the areas of international human rights, refugee law and Pacific legal studies. Natalie teaches International Human Rights and part of the Public Law, Bill of Rights and Immigration and Refugee Law courses at the University of Canterbury. Natalie has recently been working with a group of six students to coordinate a submission for the upcoming "Universal Periodic Review" of New Zealand at the UN Human Rights Council in January 2014. The submission focuses on the human rights impacts of the Canterbury earthquakes, and has been endorsed by 26 organisations.



### Dr. Susan Banki

Dr Susan Banki is a lecturer at the University of Sydney. Susan's research interests lie in the political, institutional, and legal contexts that explain the roots of and solutions to international human rights violations. In particular, she is interested in the ways that questions of sovereignty, citizenship/membership and humanitarian principles have shaped our understanding of and reactions to various transnational phenomena, such as the international human rights regime, international migration and the provision of international aid. Susan's focus is in the Asia-Pacific region, where she has conducted extensive field research in Thailand, Nepal, Bangladesh and Japan on refugee/migrant protection, statelessness and border control. She is currently investigating the local, regional and international mechanisms (and the interactions between them) that serve as potential levers for change.



### Professor Mary Crock

Mary Crock came to academia in Sydney in 1995 from a background in practice after completing her doctorate on the relationship between the Courts and the Executive in controlling immigration. Her main field of research is migration, citizenship and refugee law. Her specific research interests range broadly from studies of the interaction between immigration and labour laws through the examination of vulnerabilities in particular categories of migrants - most particularly refugee children and youth and refugees with disabilities. Through her work with her husband, Emeritus Professor Ron McCallum AO, she has been involved in internal United Nations initiatives for the reform of the UN Human Rights treaty body system. She is known for her work on immigration detention, but has also written and lectured on many other aspects of immigration and refugee law and their interface with other areas of law and other disciplines.



### Professor Farida Fozdar

Farida is a professor and future fellow of Anthropology and Sociology at the University of Western Australia. Farida completed her PhD at Victoria University of Wellington, and took up a position in Sociology and Community Development at Murdoch University in 2003. In 2011 she received an ARC Future Fellowship which she took up at UWA. Farida uses qualitative and quantitative methods to understand the ways in which racial, ethnic, national and religious identities are constructed, issues around refugee and migrant settlement, and questions of cultural diversity. She has a particular interest in discourse analysis. Farida undertakes social research consultancies including evaluating programs to assist migrants and refugees with re-settlement.



### Dr. Louise Humpage

Louise Humpage is a Senior Lecturer in the Sociology Department at The University of Auckland. After receiving a doctorate in Sociology from Massey University in 2003, she held a Post-Doctoral Fellowship at the Centre for Applied Social Research, RMIT University, Melbourne. She joined the Sociology Department in 2005. Louise's research interests include public attitudes to social citizenship, welfare reform, indigenous affairs policy, and refugee policy.



### Martin Jones

Martin Jones is a lecturer in international human rights law at the Centre for Applied Human Rights at the University of York. He previously practiced as a refugee lawyer in Canada and has held academic appointments in Canada, the USA, Egypt and Australia. Martin has been active with refugee legal aid organisations in the Global South, including by co-founding in 2008 the Egyptian Foundation for Refugee Rights. Martin's research examines the intersection of refugee law and refugee protection, including in particular the role of the law, the legal profession and the judiciary in the enjoyment of refugee rights in the Middle East, South East Asia, and East Asia.



### **Chris Mahony (Deputy Director New Zealand Centre for Human Rights)**

Chris Mahony specialises in the law and politics of International Criminal Justice. He is also concerned with Transitional Justice, International Human Rights Law, International Law, International Institutional Design, Criminal Justice Policy, Refugee Law, African Politics, and the balancing of Witness Security and the Rights of the Accused. Chris is currently completing a DPhil in politics at the University of Oxford. His DPhil thesis examines the politics of case selection at the Special Court for Sierra Leone, the International Criminal Tribunal for Rwanda, and the International Criminal Court.



### **Dr. Jay Marlowe**

Dr. Jay Marlowe worked as a lecturer within the Department of Social Work and Social Policy at Flinders University prior to taking his post with The University of Auckland. Before finishing his PhD, he was a visiting fellow with the Refugee Studies Centre at the University of Oxford. Jay has worked as a social worker at the Loss and Grief Centre in Adelaide which provided counselling and community development initiatives for people and communities living through loss and trauma. He has also worked in a number of international settings that includes working for three years in wilderness programs with adjudicated youths in the United States. Jay's primary area of research interest focuses upon refugee resettlement, social inclusion and ways that migrant communities can participate within civil society.



### **Professor Stephen Meili**

Professor Stephen Meili is the Supervising Attorney at the University of Minnesota's Immigration and Human Rights Clinic. His teaching interests include human rights and immigration law, civil procedure, consumer law, and legal practice. Prior to joining the University of Minnesota in 2008, Professor Meili was Director of the Consumer Law Litigation Clinic at the University of Wisconsin Law School for 17 years. After receiving his J.D. from New York University School of Law, Professor Meili held a graduate fellowship at Georgetown University Law Center's Institute for Public Representation, where he supervised law students on litigation and legislative projects in



immigration, consumer, and environmental law. His current project is a study of the impact of international human rights treaties on asylum law jurisprudence and practice in Australia, Canada, New Zealand, the United Kingdom, and the United States.

#### **Dr. Philomina Okeke-Ihejirika**

Philomina is a professor in the Department of Women's and Gender studies at the University of Alberta. Philomina completed a PhD in Education at Dalhousie University and is a Doctoral Fellow at the Canadian International Development Agency. Her areas of research are gender and development in Africa and international migration and settlement. Professor Okeke is also engaged in various projects outside academia aimed at community. She is actively involved in building transnational linkages with scholars, academic institutions, and local organizations. Her life experiences, scholarly expertise, and community interests, have naturally drawn her to issues of women's rights.



## Welcome

Rosslyn Noonan opened the conference by welcoming visiting academics. Rosslyn was appointed the first visiting fellow to the NZCHRLPP, and is former Chief Commissioner for the New Zealand Human Rights Commission. New Zealand has a reputation for receiving a regular quota of refugees, and for taking refugees who are most vulnerable. However, the state's approach to spontaneous asylum seekers has been shocking; despite qualifying as refugees in New Zealand they do not receive the same treatment as UN quota refugees. Many issues remain for New Zealand to resolve. For New Zealand and Australia alike, it is timely that we are looking at what constitutes best practice in refugee resettlement.

## New Zealand – Refugee Policy through the “4 A’s”

Chris Mahony, Jay Marlowe, Natalie Baird and Louise Humpage began with a presentation considering the compliance of New Zealand's Refugee Resettlement Policy with international law obligations.

Chris Mahony explained the origins of the project, with the dearth of comparative analysis in this area. The focus is on state obligations under international law to provide support to refugees, and to assist the process of resettlement. Several other issues will also arise for future consideration.

The current focus is on treatment of refugees after status is determined. The path taken before this point can be extremely determinative in itself. Preceding circumstances are relevant to all cases, as quota refugees have their status determined prior to arrival whereas Convention refugees have their status determined after arriving in the territory.

The New Zealand report compiles international law obligations, and policy that relates to all political, social and economic rights. This presents a deluge of issues, therefore the focus is narrowed to several economic, social and cultural rights issues as opposed to civil and political. Whilst the latter are extremely important, they are not as omnipresent for refugee resettlement as issues of housing, social security and welfare. The report does focus on civil and political rights that frequently interact



with social and economic rights, such as the right to family unity and freedom from discrimination.

These issues are raised particularly in relation to whether people are classed as ‘Convention’ or ‘Quota’ refugees. Mr Mahony highlighted that policy tends to be elastic and aspirational rather than assertive. This is partially facilitated by the weakness of international law obligations. Additionally states place caveats on the need to work progressively towards the acquisition of these rights. Means-testing language allows states to cite the resources available to them, and then to work within those confines. This provides policy-makers an enormous discretion to filter and dilute these rights. Consequently the New Zealand report employs a methodological approach, considering a number of different variables in order to determine policy.

With respect to economic, social and cultural rights, the New Zealand report focuses on the four “A’s”: availability of the right, accessibility to the right, acceptability of the right, and the adaptability of the right.

Dr. Jay Marlowe considered the right to health, education, work and social security with a focus on the framework or lack thereof in relation to economic, social and cultural rights.

Most permanent residents and citizens access New Zealand’s publicly funded healthcare system, and therefore quota refugees are eligible for this service. Convention refugees do have access, though there are significant restraints. Thus, healthcare is generally available, though it can be variable between 20 district health boards that operate across the country. Mental health services provide specialist refugee support, predominantly in Auckland and Wellington. There is no ongoing specialist children’s mental health service. Dr. Marlowe noted that while the quality of medical care in New Zealand is of a high standard, there can be significant differences between Western biomedical perspectives and other views which can impact on the appropriateness and effectiveness of particular interventions with culturally and linguistically diverse groups.

New Zealand provides free primary and secondary education that is compulsory for children between the ages of six and sixteen. The Ministry of Education funds Refugee Education Coordinators who provide support in schools to children from refugee backgrounds. Coordinators help children to integrate into mainstream schooling, identify perceived needs, aid English language skills and work with the whole family.

Overall the quality of education is high, though recent international rankings suggest that this is dropping marginally. In addition, the Human Rights Commission notes significant disparities in educational outcomes for minority and lower socio-economic groups. It is difficult to isolate the outcomes for refugee background children. However, they will clearly be represented in these groups. This concern represents an area for future inquiry. Discussions should surround not only the right to education, but within education and through education. This discussion constitutes the progressive realization in participatory rights in this area.

Quota refugees have the same entitlements to the right to work as New Zealand citizens by virtue of being permanent residents. However, there are significant distinctions for Convention refugees. Once status is determined convention refugees do not automatically receive residency and must apply for work visas at the discretion of immigration. Evidence in New Zealand and the broader international literature suggests that people from refugee backgrounds have high rates of unemployment and underemployment. Discrimination in the work place is therefore an issue for consideration. Employment, therefore, constitutes one of the central pillars of resettlement strategy.

New Zealand meets many of its rights obligations in relation to social security and welfare. However this has come increasingly under question as the cost of living outstrips the financial support provided and potentially in the contexts of current welfare reforms.

Dr. Marlowe summarized his findings by noting that New Zealand largely meets its obligations, but that ‘policy’ is a “slippery fish.” Quota refugees have the same entitlements as other permanent residents and citizens. However, Convention refugees are distinct. Dr. Marlowe concludes that part of the subsequent project is to ascertain the actual lived experience of people resettling.

Natalie Baird continued the New Zealand presentation by examining the right to housing and family reunification. Last year New Zealand released its Refugee Resettlement Strategy, identifying housing as a priority area. The strategy’s goal is to have refugees live in safe, secure, healthy and affordable homes without the need for government housing assistance.

Ms Baird highlighted two points. Firstly, that the ‘desired integration outcome’ is a reduced subsidy for refugees after two or five years in New Zealand. Underpinning

the reduced subsidy is the need for refugees to be self-sufficient. There is no reference in that indicator to the standard of housing, which appears to be motivated by a desire to reduce spending. Secondly, of particular interest in New Zealand is the distinction of Quota versus Convention refugees. The strategy says it will first apply to quota intakes, and in the future will apply to all refugees.

The Government indicates that it will be one or two years before the strategy will apply to Convention refugees thus the distinction will continue. In terms of the broader context, New Zealand has ratified the ICESCR which includes Article 11: the right to a standard of living, including housing. This is positive with respect to international law obligations, however New Zealand's problem is a weak domestic legislative framework to support this.

Ms Baird matched the four A's framework to the seven criteria for measuring adequacy of housing: affordability, accessibility, habitability and cultural adequacy.

These are the main areas of concern for housing in New Zealand, and additionally cultural adequacy in relation to refugees specifically. In terms of availability, there is sometimes an issue of suitable housing, particularly for refugees with larger families. The rental market is 80% private and 20% state owned in New Zealand and many refugees rent privately. This raises a real issue of affordability.

In terms of habitability, New Zealand's standard of housing is poor due to temperature, dampness and lack of insulation. Cultural adequacy is challenged by house size, and distance from the ethnic community.

There are three channels for family reunification in New Zealand. Under the UNHCR quota New Zealand takes up to 750 people each year. 300 of those places are set aside for family cases, with priority accorded to spouses, dependent children and parents of young refugees. There is a second route under the Refugee Family Support Category that also allocates 300 places per year. The final option is a special directions request to the Associate Minister of Immigration, but this is rarely successful. The right to family is well recognized in international human rights law, but the actual obligation around family reunification is limited. It is an ongoing negative obligation not to interfere with family unity; it is more difficult to make a case in favour of a positive obligation within the Refugee Convention.

Dr. Louise Humpage concluded the New Zealand presentation. Dr. Humpage considered that while New Zealand may meet its obligations on paper, refugee policy

is aspirational due to project-based, short-term funding. The funding environment limits good intentions. Anecdotal evidence and other research on the lived experience indicate that obligations on paper are not being met in reality.

An issue for consideration is the importance of policy to refugee outcomes. The New Zealand report has used the “4 As” framework proposed by the late Katarina Tomasevski, UN Special Rapporteur on the right to education from 1998 to 2004, but the Agar & Strang and Opera frameworks are other possibilities for future research. In terms of making academic funding bids, Dr. Humpage concluded these issues need to be theorized in a deeper way, and a methodology agreed upon that will work across a number of countries systematically. In New Zealand, the Convention versus quota distinction matters significantly and it is of interest whether that is an issue elsewhere.

Though this project has excluded asylum seekers clearly there is convergence in New Zealand policy, a move towards the policy of other states involved in the project.

## Australia – Finding a common language for refugee research

**Susan Banki, Mary Crock, Margaret Piper and Farida Fozdar’s paper considered issues of definition confronting refugee resettlement research, provided an overview of Australian resettlement processes, and outlined refugees’ rights and service provision in Australia.**

Dr. Susan Banki began Australia’s presentation by highlighting the confusion surrounding the inclusion or exclusion of refugee status determination – do we need to employ the term ‘settlement’ in order to only consider refugee communities whose status has already been determined? Does resettlement include the selection and recruitment of refugees from their country of first-asylum for settlement in other countries. Dr. Banki believes that to say we are studying resettlement outcomes is misleading, given that resettlement outcomes focuses on whether a person is resettled or not rather than an evaluation of a refugee’s settlement experience in a foreign country

Refugee “integration” is another term that presents difficulties. “Integration” is sometimes referred to as “acculturation”, “incorporation”, or “adaptation”, and all of these processes have broad and wide-ranging social, cultural and economic components that apply not only to refugees, but all migrant populations (and some non-migrant minorities).

In Banki’s view there is a need to find a common language. She argues that “refugee settlement” constitutes the term best capturing the research at hand. This removes the idea of “resettlement”. However, a theoretical difficulty is then presented by the refugee settlement process encompassing only a small percentage of the problem. It is therefore difficult to look at refugee settlement without considering preceding resettlement because of the extent to which resettlement informs settlement outcomes Professor Mary Crock considered the disparate processes applied to asylum seekers and refugees. She identifies the critical informing element of whether a refugee arrives through the UNHCR supported programme (so-called “quota refugees”) or whether they attempt to claim refugee status upon arrival on Australian territory (so-called “convention refugees” or asylum seekers). Crock notes that quota refugees may have been refugees at one stage, but are essentially migrants upon arrival on Australian territory. These are the “refugees” with which developed countries are most comfortable. The latter category she argues, so-called “Convention refugees”, are the “real refugees” and the crux of today’s refugee problem.

Australia has five different categories of quota refugees that unlock different services:

1. Women-at-Risk category
2. Emergency rescue refugee
3. In-country special humanitarian category
4. The general global special humanitarian category.

There is a further category known as the Temporary safe-haven category. Established in 1999, it represented a “very curious” political gesture in response to the Kosovo crisis. Admission into this category operates solely on the basis of government nomination of refugees to come to Australia for resettlement. However, once a person has received a temporary safe-haven visa they are barred from applying for any other type of Australian visa in perpetuity. Professor Crock noted that this category is still being used with regards to onshore asylum seekers. She suggests, therefore, that the utility of imposed temporary status instructs the Temporary safe-haven category’s continuation.

Regarding asylum seekers, there are eight different categories. Essentially, if an asylum seeker arrives in Australia outside a recognised refugee programme, there are significant policy implications depending on when and how they arrived and the visa they hold. From a global perspective, Professor Crock considered Australia’s status-determination system one of the most elaborate in the world. She also noted the political “competitive dredging” that goes on in Australia in relation to asylum seekers policies.

Professor Crock argued that a rights framework is the best tool to assess a state’s obligations towards quota refugees and asylum seekers. She commented on how “raw” the Australian perception of settlement is due to existing policy approaches.

Professor Fozdar continued the presentation with an overview of the entitlements of refugees and asylum seekers in Australia and how these services are provided. Broadly, immigrants to Australia, including humanitarian entrants, are entitled to live, work and study in Australia and to access public services including medical subsidies, social security payments and student loans. Refugees also have access to a number of services targeted specifically at refugees. Professor Fozdar alluded to problems that coincide with a neo-liberal system of providing services.

Professor Fozdar outlined the process of cultural orientation for refugees granted refugee status off-shore. The process commences with a five day training known as

AUSCO. After six to twelve months, they are eligible for access to services provided under the Humanitarian Settlement Strategy, which provides assistance with accommodation and applications for government services. They receive a package of food and hygiene products upon arrival and may access trauma and torture counselling services. Following this period, refugees may access services under the less case-oriented Settlement Grants Programme for up to five years post-arrival.

In the post-presentation discussion, Professor Crock identified a “gap” in the research regarding how people are chosen to come to Australia and/or the “gap” between the resettlement programs that exist and the treatment of refugees on states’ territory that are not covered by the state programs.

Dr. Margaret Piper also considered it very difficult to track and therefore carry out research on the previously identified “quota” versus “convention” refugees in Australia. Most of the services available do not use a visa sub-class number in their data. One can only look at identifiers such as ethnicity and country of birth. Within a public policy space, once a refugee has permanent residence, their visa sub-class is not considered to be relevant. Dr. Piper recommended tracking visa sub-classes in order to avoid research based on assumptions.

## Canada – Healthcare and the Interim Federal Health Program

**Phil Okeke, Richard Enns, and Anna Kirova co-authors of the Canadian paper, examined the historical evolution of Canada’s commitments to refugee obligations through the lens of access to healthcare. Healthcare was chosen as the focus of their paper given the recent changes to Canada’s Interim Federal Health Program by the ruling Conservative government. This program was established in 1957 to provide health care coverage to resettled refugees in Canada, and those claiming asylum.**

Ms Okeke began her presentation with an overview of Canadian immigration history. She and her co-authors found that it could be split into four distinct periods. The first period encompassed the early period following Canadian Confederation in 1867. In this period, immigration policy was largely aimed at attracting immigrants, who were seen as important for the development of Canada. Although Canada saw itself as competing for migrants from its neighbour, the United States, its policy still strongly favoured certain settlers, particularly those of Western European extraction.

The second period began in the 1880s, marking the beginning of Canada’s capitalist expansion. As migrants were needed to provide valuable labour and settle vast tracts

of land in the western part of the country, this was a defining trend in Canada’s policy. Racial elements were still present, however. Some migrants, such as the Mennonite settlers from Russia, were considered “first-class settlers” and others, such as Chinese migrants, were valued primarily for their labour and were discouraged from settling or bringing family members to Canada. Prevailing racial sentiments were codified through the *Electoral Franchise Act* of 1885 and the *Chinese Immigration Act* of the same year. These laws restricted voting rights for naturalised and non-naturalised Chinese and imposed a “head tax” on each Chinese arrival.

Immigration policy became much more discriminatory after the turn of the century and through the First and Second World Wars. Immigrants from Germany and the Austria-Hungarian Empire were barred following the onset of World War I, as were the physically and mentally disabled, alcoholics and the illiterate. This period also saw the deportation of Jewish refugees fleeing Germany during the Second World War and the war-time detention of Japanese Canadians. After the Second World War,



Orders-in-Council in 1947 and 1950 welcomed refugees, and skilled migrants who mirrored the white face of Canada and were considered most likely to integrate.

Following this period, however, Ms Okeke and her colleagues observe that Canadian policy adopted a less-restrictive stance. In 1967, a points-based system was introduced to lessen the effect of race on immigration decisions. Moreover, Canada's acceded to a number of international instruments, including the *United Nations Convention Relating to the Status of Refugees* and the *Protocol Relating to the Status of Refugees* in 1969. Prior to these signings, Canada's refugee policy had never been formalised, and hitherto, refugees had not entered and received treatment as part of a separate class of refugees. Thus, Canada's signings represented its first attempt at a systematic response to refugee issues. In 1976, legislation was passed to establish a formal class of refugees, admission pathways and appeal processes, and an independent Immigration and Refugee Board was set up in 1988 to assess refugee claims. In the courts, the case of *Singh v Minister of Employment and Immigration* [1985] 1 SCR 177 was hailed as a judicial landmark, with the Supreme Court of Canada holding that the *Canadian Charter of Rights and Freedoms*, proclaimed 3 years earlier, gave refugees the right to an oral hearing to determine their status.

Since then, however, politicisation of the refugee process has remained a significant issue. After the *Singh* case, further efforts to inject "constitutional values" into Canadian refugee policy struggled against waning public support for refugees, especially with the arrivals of Sri Lankan Tamils and Sikhs by boats in 1986 and 1987. These events provided an opportune political basis for tightening rules around the determination and admission of refugees. Canadian academics such as Jaworsky are of the opinion that the current system remains significantly discriminatory.

In terms of its human rights obligations, Canada has signed a number of international instruments, including: the UDHR, the 1951 Convention Relating to the Status of Refugees (CRSR) and 1967 Protocol Relating to the Status of Refugees, the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights (ICESR) and the Convention on the Rights of the Child (UNCROC). Ms Okeke and the Canadian authors point to the provisions in these documents that identify health as a fundamental human right to which refugees are entitled without discrimination, and to the "highest attainable standards" of health care. Amongst other obligations, signatories are also bound to address social determinants of health including employment, housing, nutrition and clothing and health services. These "obligations", however, seem to be aspirational rather than decisive in terms of policy-making.

Nevertheless, consistent with these instruments, the Canadian government has resettled refugees through overseas selection processes and an “inland determination system”. In the late 1980s, almost 16,000 refugees, or 20% of immigrants were admitted to Canada through the “refugee class”. This peaked at about 33,000 (or 28% of immigrants) in 1991. These numbers, Ms Okeke suggests, are strongly connected to the developments of the African conflicts. Since 2006, the total number of refugees has never exceeded 16,500, or 30% of immigrants in any given year, and only about 11,500 in 2012. For the past two to three years, the percentage of immigrants admitted as refugees has hovered around 5%.

### *Interim Federal Health Plan*

Ms Okeke proceeded to outline the Interim Federal Health Program (IFHP). Established in 1957 by the Canadian Government, it was administered by Health Canada until 1995, when Citizenship and Immigration Canada (CIC) assumed responsibility for the program. In Canada, healthcare is primarily a responsibility of the provincial governments, but the Federal government retains responsibility for special groups, such as First Nations and Inuit peoples, military personnel, and federal penitentiary inmates. At the creation of the IFHP, refugees were also included in this group.

The IFHP provided for a range of essential and emergency healthcare services. From its inception in 1957, refugees who were at various stages of the determination process were the primary claimants, as they were not eligible for provincially provided healthcare coverage. More recently, privately-sponsored refugee claimants have become more frequent. These are claimants who arrive as permanent residents - and are supported for their first year in Canada by private sponsors - but are unable to access prescription or dental work from provincial programmes.

Beginning in 2010, the federal government, led by Conservative Prime Minister Stephen Harper, began modifying the IFHP. In April 2012, the original 1957 Order-in-Council establishing the IFHP was repealed in favour of the *Order Respecting the Interim Federal Health Program, 2012* authorizing the Minister of Citizenship and Immigration to administer the IFHP in accordance with the new *Order*.

The new rules create different classes of refugee recipients with different health entitlements. They distinguish between refugee claimants and privately-sponsored refugees on the one hand, and government-assisted refugees and privately sponsored refugees on the other; and refugee claimants who have been denied entry to Canada.

In addition, the changes define “health care coverage” and “expanded health care coverage.” Healthcare coverage includes services of doctors and nurses licensed in Canada, laboratory diagnostic and ambulance services and immunisation and medication services to “prevent or treat a disease posing a risk to public health or to treat a condition of public safety concern”. Expanded health care coverage includes a number of additional supplementary services.

Government-assisted refugees and those receiving Resettlement Assistance and entering Canada through the Joint Assistance Sponsorship Program are eligible to receive expanded health care coverage – a level of health care provided under the initial Interim Federal Health Program. Refugee claimants and privately sponsored refugees however, are only eligible to receive health care coverage as stipulated in the new *Order*.

Ms Okeke and her colleagues noted that these changes were made, according to Canada’s Minister of Citizenship and Immigration at the time, to ensure that refugees who had benefitted from the previous program were not receiving greater health benefits than either permanent residents or citizens of Canada. An additional factor, according to the Minister, was to remove any “incentive from people who may be considering filing an unfounded refugee claim in Canada”.

In practice however, Okeke notes that very serious gaps have arisen under these changes. Cases have emerged where chemotherapy drugs have been denied, along with prosthetics and elective surgeries. Moreover, counselling and other psychological services most often used by refugees are covered only under expanded healthcare coverage. These changes, Ms Okeke and her colleagues argue, illustrate a current trend in immigration policy away from refugee resettlement and towards the economic and political advantages of immigration, similar to the direction of Canada’s immigration policy early in the country’s history.

One possibly intended consequence of Canada’s recent policy changes has been the reduction in privately-sponsored refugees arriving in Canada. Groups, such as churches and community organisations that were previously vigorous in sponsoring refugees have become more reluctant to assume the financial risk now associated with sponsorship, given that privately-assisted refugees now only receive basic health care coverage. Sponsors have been encouraged to use the Joint Assistance Sponsorship Program to sponsor refugees, but fewer refugees have entered Canada as a result since these sponsorships count towards the annual targets established by the federal government while privately-sponsored refugees were admitted on top of the targets that government had set.

Ms Okeke concluded her presentation with the observation that whilst Canadian policy has in many ways been compliant with human rights obligations, things have changed markedly over the past ten years. In particular, government policies around the IFHP have become increasingly unclear, without clarity, healthcare providers have become unwilling to assist refugees due to the uncertainty of obtaining reimbursement or have done so at their own cost due to ethical issues associated with withholding needed care. Ms Okeke described this as the “moving train”, in that one is always uncertain as to when to step on.

Ms Okeke also acknowledged definitional problems with this area of research, but the questions that pose the most interest to her and her colleagues is the issue of politicisation, and, more specifically, the issue of racialisation. She feels that in the face of increasingly adverse public sentiment, this issue is becoming harder to ignore.

## The United Kingdom – A Legalistic Approach

Martin Jones' paper considered the question of refugee resettlement in the United Kingdom from a legalistic perspective, exploring the role of international and domestic legal frameworks in protecting refugees and shaping policy.

Martin began by considering the United Kingdom's long history of refugee resettlement. Following the Second World War, the United Kingdom welcomed many Polish refugees, and during the Hungarian Revolution of 1956, the United Kingdom was one of the top resettlement destinations for Hungarian refugees. Thus, he notes, in the context of this history of refugee resettlement, its current framework, currently in its eighth year of existence, is relatively new.

This history, he suggests, offers an insight into why the history of refugee resettlement in the UK has been somewhat fraught. Although refugees were resettled on the understanding that they were being offered temporary protection, the vast majority of them stayed, as did the overwhelming majority of the Kosovars who were received by the United Kingdom. Thus, what effectively emerged in the mid to late 90s was a resettlement program which was formalised around the turn of the millennium into what is now known as the Gateway Protection Programme (GPP).

Martin identified three streams of refugee resettlement in the United Kingdom. The first is the GPP, which was established in 2004. The second stream is the Mandate Refugee Programme (MFP), which pre-dates the Gateway Protection Programme. The third is the United Kingdom's programme of refugee family reunion. On paper, Martin noted, the GPP is the UK's largest refugee programme, taking a 750 refugees annually.

In Martin's view, the United Kingdom's GPP is peculiar in that it eschews the use of provisions or rules specifying a category of persons who qualify as refugees, as is much more commonly the case. Rather, the system operates on the basis of a statutory authorisation and ministerial discretion. In this sense, refugees arriving under the GPP and the MPF are admitted outside the UK's immigration rules, and so from that perspective are exceptional allowances to the rest of the immigration framework. This is different from the third category of refugee family reunion, which is governed by a particular rule, namely rule 352A of the Immigration Rules. However as a general picture, Martin argues that there is very high level of ministerial decision-making with respect to admissibility, both regarding individual cases and groups of refugees. This is especially so for those cases involving the admissibility of people who will require significant medical services.

Martin then considered how the programmes operate. He first described the GPP, which relocates groups of refugees to three northern urban configurations - Manchester, Bradford and Sheffield-Hull. The refugees arriving under these programmes, he noted, are those who qualify by virtue of being part of a group that the United Kingdom government has decided to focus on in consultation with UNHRC. According to the administrative rules, which is to say ministerial discretion within published guidelines, these are individuals who are recognised as refugees by the UNHRC and meet UNHRC eligibility criteria for resettlement.

The candidates under this programme must also meet the UK's admissibility rules, although these rules do not provide a clear picture of what admissibility constitute. Besides excluding individuals according to expected criteria (criminality, for example), they also exclude individuals based on vaguely defined categories, such as those who fail to adequately co-operate with the UNHCR as part of their resettlement process. These, and other vaguely defined categories do not always correspond with the immigration rules and so the picture of admissibility that emerges is murky.

There are also admissibility issues around individuals who either pose a threat to public health in the UK or individuals who will have "excessive demand". In this there is some ambiguity because although the UK does not provide a quota of medical cases that it will resettle, it equally does not preclude them. The UK policy is to set the number of medical cases according to the larger groups that they are going to resettle.

The MFP is a precursor to the gateway protection programme, allowing refugees to be settled to the UK upon referral from the UNHRC due to a close connection with the UK. These are individuals or small family units who are resettled because of a connection, and the connection need not be with a refugee in the UK, with family who have migrated to the UK qualifying as a suitable link. However, the required family connection is generally restricted to immediate family. Again however, these individuals will have to have met UNHCR resettlement criteria.

In addressing the final category, the Refugee Family Reunion Category, Martin expressed some ambivalence about whether this properly constitutes a resettlement category. He agreed with Professor Crock's point that a government's declaration does not necessarily make a refugee. Ultimately, these applicants are close family members of refugees who have received refugee status in the UK, and the single factor preventing them from being classed as refugees at the time they apply for that is that they can apply from within their country of nationality.

The main issue concerning the refugee family reunion category, which differs from family reunion generally because it is not means-tested, is that it is defined in terms of pre-existing, pre-flight relationships. These therefore cannot be spouses refugees have met either when in the UK or in the country of first (and subsequent) arrival. These have to be relationships that go back to the country of nationality.

Martin then commented on the political context of refugee resettlement. Over the last two decades, refugee and asylum-seeker issues have been a hot topic of debate. Martin observes that this peaked around the turn of the millennium when there was a sudden spike in refugee numbers, which rose to over 100,000 asylum seekers a year in contrast to the current rate of about 20,000 – 30,000 annually. Ultimately, he feels, this hostile public attitude is shared by the media and extends into the political arena. Moving onto the issue of selection, Martin poses the question of whether the human rights analysis should be applied to the resettlement selection process, or only to the refugees who actually arrive for settlement. He considers it important to seriously and critically scrutinise the selection process. This is partly to allow us to contextualise the 1% of these selected refugees worldwide, and also because he sees deeply problematic human rights issues around the procedural protections of this selection process. There are many political decisions around which populations should be resettled, of who UNHCR picks and nominates and how this fits into the strategic case for resettlement. At an individual level, there is also the question how an individual enters a group or is removed from a group once a group is picked.

Martin argues that considering the selection process is particularly important to the assessment of the United Kingdom's refugee resettlement programme. Taking the example of the right to health, Martin points out that analysis of the healthcare rights afforded to refugees changes markedly when one considers that, at least in the United Kingdom's case, anyone who may need healthcare is deliberately excluded. Ruling out all refugees with tuberculosis or hepatitis B inevitably improves the healthcare outcomes of the United Kingdom's resettled refugees, but ignores the discrimination that feeds into the process. He also notes that other deep problems in the UNHCR's selection process - including problems of access, the lack of procedural rights for refugees during the selection process, bias and corruption and accuracy of the decisions – could potentially affect the analysis. Ultimately, Martin contends that not scrutinising the selection process can allow countries like the United Kingdom to paint a more positive picture than it deserves.

Martin's paper also argues that the United Kingdom's membership of regional treaty systems, most notably that of the EU, the Council of Europe and the European Human Rights Convention, provides significant insight to its refugee resettlement system. In the European context some rights, especially the right to family unity for example, find their strongest application, not in international legal mechanisms, but in regional, and in some cases domestic, legal norms. Indeed, he notes that in many other countries international law is not the point of reference. Even in the United Kingdom where international human rights standards are directly applicable to domestic law, there is still significant reference to domestic norms that are unconnected to international norms, and are purely a local tradition. He cites the United Kingdom's Equality Act 2010 as an example of this. Martin argues that domestic norms often drive change in refugee resettlement law and policy, indicating that in some cases international human rights law has been overtaken by regional human rights developments. Martin feels that this is an important consideration in analysing refugee policy.

In analysing the application of the substantive refugee rights, Martin was particularly interested in the effect of the prohibition on discrimination on the other rights, particularly as refugee rights are primarily socio-economic rights. In this regard, he argues that the prohibition on discrimination is an important counterweight to the defence of "progressive realisation", which is commonly raised by states as a reason for not affording a group of people their rights.

Another interesting question raised by Martin is the interconnectivity of many of these rights, and he illustrates this through the right to housing. Under the GPP, housing rights are privileged, he argues. Given this prioritisation of housing however, cost becomes a significant factor and generally speaking, resettlement sites are typically in the north of England, in economically deprived areas where housing is relatively inexpensive. However, jobs are rare in such places and Martin suggests that such a policy trades the ability to house refugees against the ability to offer them meaningful access to employment. This interconnectedness extends to other rights as well, including health and education. Hence, for Martin the question is: Does the analysis of individual rights obscure their interrelationship? Similarly, can policies be created that allow all three rights to be enjoyed rather than traded off against each other?

Regarding the right to health, Martin argued that it clearly demonstrates the previously mentioned issue of how a post-arrival analysis without consideration of the initial selection process can skew the analysis. To Martin, this also raises broader



policy questions about the rationales of resettlement. For example, if an underlying principle of resettlement is the sharing of responsibility, then what does it mean for an assessment of the United Kingdom's policy that it refuses to resettle people with costly medical requirements?

Martin's finally discusses the right to family unity in order to explore the extent to which the rights in the Refugee Convention have been overtaken by other rights-based developments. The operation Article 8 of the European Convention on Human Rights is a clear example of this. To date, he notes that its use has been largely defensive, in preventing family members from being separated, and to fairly successful and politically controversial effect. Recent cases, he suggests, show that Article 8 is a proven legal tool, and that future court challenges could have encouraging prospects. Thus, Article 8 has become the key operating provision in enforcing the right to family unity, which stands in contrast to the Refugee Convention, which is largely unused and, Martin argues, increasingly irrelevant.

## United States – The Role of International Treaties on Asylum Law

Meili's interest in the present project on refugee resettlement stems from his research on the impact of international treaties on asylum jurisprudence and practice in the United States, Canada, the United Kingdom, Australia, and New Zealand. While his research centered on asylum law seeks to understand how treaties can assist asylum seekers in obtaining a favorable decision through the court system, Meili's work on the present project focuses on the impact of treaties after individuals have been accorded refugee status.

Meili began his remarks by providing an overview of the history and structure of refugee resettlement in the United States. The US government began devoting resources to refugee resettlement in the aftermath of World War II. Waves of refugees from Eastern Bloc countries during the Cold War, from Cuba fleeing the Castro regime, and from Southeast Asia at the end of the Vietnam War were resettled in the US. Many of these resettlement efforts during the post-war episodes were led by religious and community groups. The public-private model for providing assistance to refugees endures in the US today. In this market-based approach, NGOs compete for government funding to implement resettlement programs. Consequently, Meili's analysis may have more to do with how NGOs are utilizing the resources they receive from the US government, rather than how the government directly treats refugees.

Realizing the need for a formalistic approach to resettling refugees, Congress passed the Refugee Act of 1980, which is pertinent to the present project in two respects. First, the Act incorporated the definition of refugee from the 1967 Refugee Protocol into US law. Second, it created the Office of Refugee Resettlement (ORR), which is the primary US agency tasked with refugee resettlement. The ORR, which is housed in the US Department of Health and Human Services, collaborates with a number of other US agencies, as well as NGOs, to provide services for refugees. Meili then spoke to the amount of resources allocated to refugees in the US. Most of the money goes to government agencies and NGOs rather than direct program. The majority of this money benefits short-term forms of assistance to refugees, including cash awards, medical assistance, and assistance obtaining employment, often within the first year, or even the first 30 to 90 days. A smaller percent of that aid funds longer-term assistance, such as English language training and programs to keep refugees employed.

Meili also spoke to the distinction between Convention refugees and quota refugees. In the US, many of the Convention refugees are unlikely to avail themselves to these benefits due to the lengthy process for being accorded such status. Asylum seekers must file their applications within one year of entering the US, and there is much litigation about whether an exception to the one-year filing deadline applies to an applicant. Additionally, once an asylum seeker files an application, it can take several years for the case to be adjudicated. Meili supervises the Immigration and Human Rights Clinic at the University of Minnesota Law School, which represents asylum seekers. In the past several years, the processing time for an asylum application has increased dramatically. This is primarily due to the resources for the relevant agencies being allocated to detention and deportation rather than for adjudicating asylum. Many Convention refugees already will have jobs, housing, and other benefits by the time refugee status is awarded to them.

With respect to the US, the more important distinction is between asylum seekers and refugees. There are also several distinctions to be made within the category of asylum seekers. The first group consists of individuals who are legally in the US on a non-immigrant visa but fear persecution in their country of origin. These individuals are differentiated from asylum seekers who are without any legal status, either because their visas expired or because they entered the US without inspection. Individuals in this second group, aliens who are out of status, are less likely to come forward and apply for asylum because they risk deportation.

Meili discussed the international treaties which are relevant to the inquiry as related to the US. The US has ratified or otherwise acceded to the 1967 Protocol Relating to the Status of Refugees, which incorporated the 1951 Refugee Convention, the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), and the International Convention on the Elimination of All Forms of Racial Discrimination (CERD). Noticeably absent are treaties such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC), which apply to many of the other countries in this study. Therefore, with respect to the US, many of these treaties' provisions are aspirational rather than binding. One of Meili's ultimate conclusions is that the US policy toward refugees comports with its treaty obligations, with the huge caveat that the US has set the bar rather low in terms of binding obligations.

Meili highlighted some areas of refugee resettlement where the US has complied with its treaty obligations. He first examined the right to housing provided in such treaty

obligations as the 1951 Refugee Convention, the UDHR, the ICCPR, and CERD. These treaties set a basic two-tier system of rights: equal access to housing without discrimination and no arbitrary interference with the right to property. Under the procedures set forth in the UNHCR Refugee Resettlement Handbook, which is applicable to the US, public and private non-profit agencies act as sponsoring groups for the refugee resettlement process. These agencies must ensure refugees have initial housing with essential furnishing, supplies, food, and clothing for a minimum of 30 days and up to 90 days. The housing must be decent, safe, and sanitary according to US federal housing standards. There again, the bar may be quite low given the state of federally-subsidized housing in the US. The ORR provides resettlement resources, including cash assistance, to eligible refugees to cover basic needs such as food, clothing, and housing for up to eight months. In addition, the US Department of State Operational Guidance to Resettlement Agencies includes detailed provisions regarding the acceptability and safety of the initial housing placement for refugees. US policy regarding the right to housing appears to go beyond its treaty obligations in some areas, but falls short in others. For example, the ORR is required to take a holistic approach to housing by considering its affordability and the availability of employment opportunities and public and private resources, such as educational, health care, and mental health services in the locality. These requirements appear consistent with provisions regarding housing in the ICESCR, which the US has not ratified, where housing is described as part of the right to an adequate standard of living.

On the other hand, the US statutory scheme fails to mention refugees' right to property and freedom from arbitrary interference, which is part of the requirements of the treaties by which the US has agreed to be bound. Another problem in this area is that 30 days as the minimum for essential services to go along with housing is a very short period of time, particularly because individuals and families need time to acclimate themselves to the US. Although the ORR provides cash assistance for up to eight months, refugees must locate affordable housing after the initial 30 days if they cannot afford to stay in their initial placement site. Affordable housing may be difficult to locate, especially for refugees with limited English language capabilities. Refugees are eligible to live in subsidized housing, but they may be placed on a long waiting list. Meili posed several important questions regarding US accountability for safeguarding refugees' rights, including: What can refugees and their advocates do if these obligations are not being met? Who is the recourse against—the NGO which was charged with providing direct services, the US government which funded the NGO, or some combination of the two? What can advocates do in terms of bringing litigation against non-compliant organizations?

Meili turned to analysis of the right to health, which also brought up some interesting issues. The same treaties as the right to housing, for the most part, apply to the US. The Immigration and Nationality Act (INA), which is the main domestic piece of legislation relating to refugees in the US, requires the Department of Health and Human Services to consider the availability of resources, including health and mental health services, in the geographic area when developing and implementing policies and strategies concerning refugee resettlement. The INA also provides for the identification of refugees with medical conditions affecting public health and subsequent monitoring of such refugees to ensure they receive appropriate and timely treatment. In addition, refugees are exempt from US laws which impose a five-year waiting period for public benefits on certain categories of noncitizens. US law also entitles refugees to health-related benefits, such as medical assistance, school lunch programs, child nutrition programs, immunizations, and treatment for communicable diseases. While the health-related benefits appear to be great for refugees, Meili argues that these policies are driven at least as much by the country's desire to protect the health of US citizens as that of refugees. This leads to a more global question about treaty effectiveness, which is whether treaties drive state behavior or whether states comply with these treaties because it is in their economic self-interest to do so. In some respects, US policy related to the right to health exceeds its treaty obligations. By focusing on both physical and mental health issues, the US is acting in accord with the mandates in the ICESCR, the CRC, and the Convention on the Rights of Persons with Disabilities, none of which have been ratified by the US. The emphasis on refugee health care has been particularly noticeable after the US Supreme Court upheld the Patient Protection and Affordable Care Act (ACA) in 2012. The ORR wants to focus on coordinating with federal partners, state refugee coordinators, and other groups to prepare the refugee resettlement network for full implementation of the ACA. Previously, many refugees were only eligible for health insurance for up to eight months after arrival. Once the ACA is fully implemented, presumably refugees will be eligible for health insurance through the newly-created health insurance marketplace and able to find affordable coverage that meets their needs. The rollout of the ACA has been problematic, so its benefits for the refugee population are still an open question. However, US policy does not specifically address the health care needs of several vulnerable refugee populations, including the elderly, persons with disabilities, pregnant women, and people who become sick after their arrival in the US, all of whom are subject to special protections under international law. While US policy reflects significant concern about treating public health conditions which refugees present upon entering the US and providing initial

education about health care, its policies for conditions which arise after medical screening and during pre-natal and post-natal care appear to be more wanting.

Meili's last topic was family unity, which focused on derivative refugees. In other words, if a refugee comes to the US and gains asylum or is otherwise recognized as a refugee, which family members can they bring with them? Any family member who enters as a derivative refugee must be admissible as an immigrant, so if they have certain exclusions applying to them, such as criminal behavior, they would be disqualified from following the principal refugee. Only spouses and children of refugees are entitled to derivative refugee status. Other relatives, including parents, siblings, grandparents, grandchildren, nieces, nephews, aunts, uncles, cousins, and in-laws are not eligible for accompanying or following-to-join benefits. The INA provides for the development of policies and procedures relating to the protection of unaccompanied alien children from human trafficking. The US appears to have gone beyond its treaty obligations in some areas relevant to family unity but has fallen short in other areas. An example of where the US has fallen short is its limitation of relatives eligible to accompany or follow the principal refugee to that person's spouse, natural children, adopted children, and step-children. The relevant treaties do not explicitly limit the definition of family to spouses and children of the principal refugee. The US's purpose in structuring the law this way was to prevent the influx of large numbers of immigrants, but this law undoubtedly leads to unjust results in many instances, particularly to refugees who are accustomed to living with extended family members or whose only close relatives would not be able to unite with them in the US. On a more positive note, a recent change to US policy paves the way for refugee derivative status for same-sex spouses. Because of the June 2013 US Supreme Court decision striking down portions of the Defense of Marriage Act, the US Citizenship and Immigration Services now interprets the provisions of the INA which refer to spouses to apply in the same manner to same-sex and opposite-sex spouses. In light of this decision, US policy on family reunification aligns with the spirit of the UDHR, which has been interpreted by the UN Secretary-General to apply equally to people of all sexual orientations and identities.

In conclusion, US policy regarding the six core refugee rights for this project is in great measure consistent with its applicable human rights treaty obligations. Of course, given that the US has ratified far fewer of these treaties than most other refugee-receiving nations, this conclusion by itself is not cause for national self-congratulation. Legitimately laudable, however, are those instances where US policy has met or even exceeded the obligations of treaties to which it is not bound. Particularly impressive in this regard is the array of educational, health, and social

welfare programs backed by various funding methods designed to assist refugees in their transition to US society. However, in some cases, such as because of cultural barriers or income-eligibility requirements, certain refugees may not be able to access these programs. Of course, how effectively these policies and programs are implemented on the ground is entirely another question beyond the scope of the immediate papers.

In Meili's view, the clear "winners" in the US refugee resettlement scheme are children. The US has refugee programs designed to provide health and shelter services for children, prevent child trafficking, and assist unaccompanied children. Children are also eligible for derivative refugee status, as are spouses of principal refugees. Other "winners" in this system are refugees from the Americas and human trafficking victims, due to the specific programs designed to assist Cuban, Haitian, and Latino refugees and to protect trafficking victims, especially children. The "losers" in the US system are relatives who are not within the nuclear family of a principal refugee, as they do not benefit from the derivative status laws. Poor refugees also struggle under the US resettlement scheme because, while they may receive benefits initially, those benefits are accorded on a short-term basis, which will not be sufficient for many refugees who have difficulty finding jobs and making ends meet. Other "losers" in the system include the working poor, or those who are just above the income-eligibility guidelines for some of these programs. Because those income-eligibility requirements are quite low, it does not take much of an income to be ineligible for the programs.

The present project ties in with the treaty effectiveness literature, where there is a great debate about whether these treaties actually make a difference. US policy seems to indicate that it does, but again we do not know how these policies are carried out on the ground. Many policies are not necessarily motivated by a desire to comply with treaties, but rather are advanced because of national self-interest. It does beg the question, at least in the US case, whether the refugee resettlement regime would look any different absent ratification of any of the relevant treaties.

## WUN Conference Programme

### 14 December

- 9.00am** Registration and coffee (Common room, Level 2, Faculty of Law)
- 9.30am** Welcome (Dean of Law and lead investigator, Chris Mahony)
- 9.40am** Refugee Resettlement International Law Obligations and Policy in New Zealand (Mahony, Marlowe and Baird)
- 10.30am** Coffee
- 10.40am** Refugee Resettlement International Law Obligations and Policy in Australia (Fozdar, Crock and Banki)
- 11.35am** Refugee Resettlement International Law Obligations and Policy in the United States (Stephen Meili)
- 12.30pm** Lunch Staff Common Room
- 1.30pm** Refugee Resettlement International Law Obligations and Policy in Canada (Philomina Okeke-Ihejirika)
- 2.25pm** Refugee Resettlement International Law Obligations and Policy in the United Kingdom (Martin Jones)
- 3.30pm** Coffee
- 3.40pm** Comparative discussion (Chair: Chris Mahony)
- 4.30pm** A view to subsequent collaboration (Chair: Susan Banki)