



COVID-19 International Response and Recovery Act (“CIRRA”) (S. 3669)

At-a-glance: Care-based analysis

As the COVID-19 pandemic triggered an unprecedented public health crisis and economic breakdown in the US and worldwide, US Congress proposed and passed several pieces of legislation to address and alleviate the impact of this crisis. The following analysis spotlights the ways in which COVID-19-related legislation and economic relief packages can advance an approach rooted in care. This lens must center those made most vulnerable during this crisis and recognize our interdependence across borders.

Background: On May 7, 2020, a group of Senate Democrats [introduced legislation](#) to allocate \$9 billion to strengthen international efforts to confront COVID-19 and promote a US role in a coordinated global response to this crisis.

Highlights: The bill proposes a wide-ranging set of reforms, which take steps towards a care-based approach:

- **Improves US leadership in global cooperation:** Calls for US leadership in multilateral fora, with international organizations, and other countries to advance a coordinated global response to the pandemic.
- **Increases international assistance:** Restores US funding and payment of arrears to the WHO, authorizes more than \$8 billion in funding for humanitarian aid and multilateral organizations, and for a global coalition coordinating the development of a vaccine. Following this, on July 6, 2020, the House Committee on Appropriations [released its draft FY21 foreign aid bill](#), which includes \$10 billion for a global COVID-19 response.
- **Promotes gender justice and women’s rights:** Strengthens programs to address gender-based violence, including training frontline health workers to identify and respond to it, and ensuring that hotlines and services for survivors are deemed “essential.” Authorizes assistance for the UN Population Fund to address sexual and reproductive health and gender-based violence.
- **Strengthens health systems and pandemic response:** Promotes coordination to ensure that US-supported health programs improve countries’ ability to detect, prevent, and respond to infectious disease outbreaks.
- **Protection for immigrants and refugees:** Makes exceptions to travel restrictions for refugees and asylum seekers. Resumes refugee resettlement operations, extends visas and re-entry deadlines for refugees and asylum seekers, and extends the immigration status of certain groups (e.g. DACA). Authorizes \$642 million for refugee resettlement in the US. Ends Trump’s Migrant Protection Protocols (MPP) program, which forced asylum seekers to wait in Mexico.

How could this legislation be strengthened from a care-based perspective?

- **No militarizing aid delivery:** The bill authorizes US combatant commands to provide humanitarian assistance in their areas of operation. However, involving the military in humanitarian aid efforts raises deep concerns. It can recast aid as a tool of war, placing aid workers in danger of being targeted and killed. Moreover, the military may politicize aid, choosing to distribute it in ways calculated to “win hearts and minds.” A more effective

approach is for humanitarian aid to flow through local, women-led grassroots organizations, which have deep roots in their communities, intimately understand diverse needs, and are trusted actors. They can deliver aid efficiently, quickly, in locally relevant ways, and access communities out of the reach of international organizations.

- **End deportations:** The bill temporarily prohibits deportations to countries with weak public health systems — only until protocols are in place to test individuals before deportation. However, a care-based approach calls for an end to deportations, releasing immigrant detainees, and financial support for immigrant families. Deportations are all the crueler amidst a pandemic. They rip families apart at a time of need, deepen economic pain, and expose people to infection during the deportation process and when they arrive in a country without support. Resources should not be spent deporting people, but in funding health care, economic relief, and humanitarian aid.
- **Lift economic sanctions.** The bill instructs the Trump administration to take steps to ensure that US sanctions do not impede the delivery of humanitarian aid and medical equipment to Iran, Venezuela, and North Korea. While getting humanitarian aid to people is vital, a care-based approach takes a wider view to demand that we lift economic sanctions that strangle economies, worsen poverty and unemployment, and result in [disproportionate harms on women and girls](#). These effects are only deepened by the COVID-19 crisis.
- **Confront US militarism.** Communities trapped in war zones are at heightened risk of contracting the virus, unable to practice physical distancing or access healthcare when bombs are falling and hospitals are destroyed. Legislation to confront this pandemic must address militarism, such as by urging the Trump administration to echo the UN's call for a global ceasefire; repealing the 2001 and 2002 Authorizations for Use of Military Force (AUMF), which have enabled decades of endless war; and prohibiting military and logistical assistance for the Saudi coalition's brutal war in Yemen.
- **Funding through grassroots groups:** The bill recommends significant appropriations for international assistance to confront COVID-19. This approach could be further strengthened by commitments to providing aid through grassroots, women-led organizations.
- **Intersectional gender analysis:** A highlight of the bill is its integration of gender analysis across relevant USAID programs and strategies. Beyond this, centering an intersectional approach, where programs are also reviewed for their impact on people with intersecting identities — like gender, age, race, Indigenous identity, and sexuality — could further improve the outcomes for those most impacted.