

PRESIDENT BIDEN'S BORDER CRISIS IS A PUBLIC HEALTH CRISIS

JOINT HEARING BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS AND THE SUBCOMMITTEE ON HEALTH OF THE COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES ONE HUNDRED EIGHTEENTH CONGRESS FIRST SESSION

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C O N T E N T S

	Page
Hon. H. Morgan Griffith, a Representative in Congress from the Commonwealth of Virginia, opening statement	1
Prepared statement	4
Hon. Tony Cárdenas, a Representative in Congress from the State of California, opening statement	10
Prepared statement	12
Hon. Michael C. Burgess, a Representative in Congress from the State of Texas, opening statement	14
Prepared statement	16
Hon. Marc A. Veasey, a Representative in Congress from the State of Texas, opening statement	21
Prepared statement	23
Hon. Cathy McMorris Rodgers, a Representative in Congress from the State of Washington, opening statement	26
Prepared statement	28
Hon. Angie Craig, a Representative in Congress from the State of Minnesota, opening statement	31
WITNESSES	
Urbino Martinez, Brooks County Sheriff	33
Prepared statement	36
Answers to submitted questions	94
Stuart Archer, President and Chief Executive Officer, Oceans Healthcare	39
Prepared statement	41
Answers to submitted questions	95
Rochelle M. Garza, President, Texas Civil Rights Project	46
Prepared statement	48
Brandon Judd, President, National Border Patrol Council	54
Prepared statement	56
Submitted questions for the record ¹	98
SUBMITTED MATERIAL	
<i>Inclusion of the following was approved by unanimous consent.</i>	
Report, “Drug Seizure Statistics FY2023,” U.S. Customs and Border Protection	91

¹ Mr. Judd did not answer submitted questions for the record by the time of publication. Replies received after publication will be retained in committee files and made available at <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=115348>.

PRESIDENT BIDEN’S BORDER CRISIS IS A PUBLIC HEALTH CRISIS

WEDNESDAY, FEBRUARY 15, 2023

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
JOINT WITH THE
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC.

The subcommittees met, pursuant to call, at 7:10 p.m., in Building D, 301 W. Railroad Street, Weslaco, Texas, Hon. Morgan Griffith (chairman of the Subcommittee on Oversight and Investigations) presiding.

Members present: Representatives Griffith, Burgess, Latta, Bilirakis, Carter, Crenshaw, Joyce, Harshbarger, Miller-Meeks, Cammack, Rodgers (ex officio), Cárdenas, and Craig.

Also present: Representatives Walberg, Weber, Allen, Pfluger, and Veasey.

Staff present: Kate Arey, Content Manager and Digital Assistant; Sean Brebbia, Chief Counsel, Oversight and Investigations; Jolie Brochin, Clerk, Health; Sarah Burke, Deputy Staff Director; Kristin Flukey, Professional Staff Member, Health; Nate Hodson, Staff Director; Tara Hupman, Chief Counsel; Emily King, Member Services Director; Tiffany Guarascio, Minority Staff Director; Perry Hamilton, Minority Member Services and Outreach Manager; Elysa Montfort, Minority Press Secretary; Juan Negrete, Minority Professional Staff Member; and Harry Samuels, Minority Oversight Counsel.

Mr. GRIFFITH. Good evening, everyone, and welcome. This is the joint hearing of the Subcommittee on Oversight and Investigations and the Subcommittee on Health, and we will now come to order.

The Chair now recognizes himself for 5 minutes for an opening statement.

OPENING STATEMENT OF HON. H. MORGAN GRIFFITH, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF VIRGINIA

Good evening. Welcome to the first joint Oversight and Investigations and Health Subcommittee field hearing examining President Biden’s border crisis. It is important we convene here in Texas to shed light on the brutal and unsustainable conditions this President’s administration has caused at our border. No other country in the world operates its borders in the manner this administration has chosen.

According to a recent January 2023 Pew Research report, monthly encounters between U.S. Border Patrol agents and migrants attempting to cross into the United States at the U.S.-Mexico border remain at levels not seen in more than two decades. There were more than 206,000 reported encounters in November 2022, according to the U.S. Customs and Border Protection. For context, the highest number reported encounters in the previous administration was 132,856.

The flood of migrants takes our Customs and Border agents away from stopping the cartels and narcotics from being trafficked into our country. Substances such as fentanyl and fentanyl analogs are killing Americans on a daily basis. In 2022 alone, the United States Drug Enforcement Agency seized over 379 million doses of fentanyl, which is enough to kill every American. We must pass the HALT Fentanyl Act I have championed along with Representative Latta. This bill would permanently schedule fentanyl analogs as schedule I.

As one McAllen, Texas, Border Patrol representative told reporters at FOX News, quote, “We joined to stop all those statistics, the fentanyl, the rapists, the murderers, the molesters, and those people are still out there. If I’m over here with 100 women and kids ... that’s going to take hours of my time and my partner’s time,” which, of course, would take them away from the border.

While that is understandable that they would take that time—we want to help these vulnerable people—we must also address other issues at our southern border. Among those is the release of unaccompanied minor children.

The HHS Office of Refugee Resettlement, ORR, is responsible for overseeing and safeguarding the thousands of unaccompanied children coming across the border. The administration’s apathy to securing the borders has caused the number of children the ORR is charged with looking after to skyrocket from 1,929 children in October of 2020 to 20,339 children in April of 2021.

I’ve had serious concerns about what ORR considers to be appropriate background checks. In 2021, I visited emergency intake operations at Fort Bliss, Texas, and was both shocked and disappointed at what I learned there. There was no collaboration with law enforcement for background checks when vetting sponsors, and the public records check they were using were widely available internet search engines.

A September 2022 inspector general study related to the operation at Fort Bliss solidified my concerns. The study concluded case managers lacked sufficient child welfare training and were ineffective at reuniting children with parents or sponsors. One interviewee informed the inspector general there was a pervasive sense of despair among children at the facility who reportedly experienced distress, anxiety, and in some cases panic attacks. The inspector general reported on instances of children physically harming themselves due to case manager negligence.

Additionally, the inspector general’s report found that at Fort Bliss, ORR eliminated critical safeguards from the sponsor’s screening process, thereby potentially increasing children’s risk of release to unsafe sponsors. Further, the inspector general found ORR supervisors had grown concerned that policy changes

prioritized fast-tracking release of unaccompanied children to sponsors quickly, rather than taking the steps to, quote, vet sponsors and protect children from risks such as trafficking and exploitation. Supervisors also reported that inexperienced ORR case managers failed to consider children's significant history of abuse and neglect or whether sex offenders resided in the potential sponsor's household.

The administration's border neglect is not limited to poisoning Americans and undercutting our Border Patrol agents, but the White House's immigration policies are essentially printing billions of dollars for Mexican cartels who have dramatically increased profits in their human trafficking business. Homeland Security investigations estimated the human trafficking industry generates about \$13 billion today, up from \$500 million in just 2018. According to Border Patrol sources, criminal organizations trafficking women, children, families, and single adults over the U.S.-Mexico border earned as much as \$14 million a day in February 2021.

The disastrous impacts of this country's health as a result of this administration's policies must stop. This committee will shed light on the national emergency, even if the White House continues to ignore it.

I appreciate the opportunity to hold this hearing tonight and look forward to working towards solutions to solve these issues.

The Chair now recognizes Mr. Cárdenas for 5 minutes for an opening statement.

[The prepared statement of Mr. Griffith follows:]

Good evening! Welcome to the first joint Oversight and Investigations and Health Subcommittee field hearing examining President Biden's border crisis.

It is important we convene here in Texas to shed light on the brutal and unsustainable conditions this President's administration has caused at our border.

No other country in the world operates its borders in the manner this Administration has chosen.

According to a recent January 2023 Pew Research report, "Monthly encounters between U.S. Border Patrol agents and migrants attempting to cross into the United States at the U.S.-Mexico border remain at levels not seen in more than two decades."

There were more than 206,000 reported encounters in November 2022, according to the U.S. Customs and Border Protection.

For context, the highest number of reported encounters in the previous Administration was 132,856.

The flood of migrants takes our customs and border agents away from stopping the cartels and narcotics from being trafficked into our country. Substances such as fentanyl and fentanyl analogues are killing Americans on a daily basis.

In 2022 alone, the U.S. Drug Enforcement Agency seized over 379 million doses of fentanyl, which is enough to kill every American.

We must pass the HALT Fentanyl Act, I have championed along with Representative Latta. This bill would permanently schedule fentanyl analogues as Schedule I.

As one McAllen, Texas border patrol representative told reporters at Fox News: “We joined to stop all those statistics, the fentanyl, the rapists, the murderers, the molesters, and those people are still out there . . . If I’m over here with 100 women and kids... that’s going to take hours of my time, and my partner’s time.”

While that is understandable, after all, we want to help these vulnerable people. We must also address other issues at our southern border. Among those is the release of unaccompanied children.

The HHS Office of Refugee Resettlement, or ORR, is responsible for overseeing and safeguarding the thousands of unaccompanied children coming across our border.

The administration's apathy to securing the borders has caused the number of children the ORR is charged with looking after to skyrocket from 1,929 children in October 2020 to 20,339 children in April 2021.

I have had serious concerns about what ORR considers to be background checks.

In 2021, I visited the Emergency Intake operation at Fort Bliss, Texas, and was both shocked and disappointed at what I learned there.

There was no collaboration with law enforcement for background checks when vetting sponsors and the "public records check" they were using were widely available internet search engines.

A September 2022 Inspector General study related to the operation at Fort Bliss solidified my concerns.

The study concluded case managers lacked sufficient child welfare training and were ineffective at reuniting children with parents/sponsors; one interviewee informed the Inspector General there was a “‘pervasive sense of despair’ among children at the facility who reportedly experienced distress, anxiety, and in some cases, panic attacks.”

The Inspector General reported on instances of children physically harming themselves due to case manager negligence.

Additionally, the Inspector General’s report found that at Fort Bliss, ORR “eliminat[ed] critical safeguards from the sponsor screening process” thereby “potentially increasing children’s risk of release to unsafe sponsors.”

Further, the Inspector General found ORR supervisors had grown concerned that policy changes prioritized fast tracking release of unaccompanied children to sponsors quickly, rather than taking the steps to “vet sponsors and protect children from risks such as trafficking and exploitation.”

Supervisors also reported that inexperienced ORR case managers “failed to consider children’s significant history of abuse and neglect or whether sex offenders resided in the potential sponsor’s household.”

The Administration’s border neglect is not limited to poisoning Americans and undercutting our border patrol agents, but the White House’s immigration policies are essentially printing billions of dollars for Mexican cartels, who have dramatically increased profits in their human trafficking business.

Homeland Security Investigations estimates the human trafficking industry generates about \$13 billion dollars today, up from \$500 million in 2018.

According to border patrol sources “criminal organizations trafficking women, children, families, and single adults over the US-Mexico border earned as much as \$14 million a day in February 2021.”

The disastrous impacts to this country’s health as a result of this Administration’s policies must stop. This Committee will shed light on this national emergency, even if the White House continues to ignore it.

I appreciate the opportunity to hold this hearing tonight and looking forward to working towards solutions to solves these issues.

OPENING STATEMENT OF HON. TONY CÁRDENAS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. CÁRDENAS. Thank you, Chairman. Appreciate this opportunity for us to be here outside of the Capitol to have this field hearing. A lot of important issues we're going to hear about today, but I think equally important is that, even though some of us might have some different perspectives on what the solutions are, I think that every member of this committee does care about this country deeply and certainly wants to make sure that we make good policy decisions so that we can improve the lives of every American citizen and every person in our country.

I'm blessed to be a United States citizen, but equally blessed to be a United States Congressman representing the community that I was born and raised in. But I'm also proud of my Mexican parents who raised me in this great country and taught me the values of being fair and treating people with dignity and respect. And I know that in our Energy and Commerce Committee, by and large, we do that by respecting the people who come before us, witnesses like yourselves. So I also want to thank all of you for being here today as witnesses to inform us of what is going on in this part of our country so that we can be better prepared to make good policies.

When it comes to our borders, one of the things that I like to point out, the information that I've received is that most of the fentanyl and other drugs that come through our borders actually come through ports of entry. They don't come on the backs of unfortunate migrants or people who are seeking asylum who are trying to just make a better life or actually flee for their lives. So hopefully today we'll hear some more of the facts about what is ailing our country when it comes to why is it that we have so much illicit drugs on the streets of America.

And one of the things that is for sure: If we didn't have a market, these drugs wouldn't be on the streets of our country. I truly do believe that every person deserves the support that they need should they find themselves addicted to any substance. And as I mentioned in one of the hearings just a couple of weeks ago in Washington, DC, I asked permission for my son, who goes to NA meetings, that I'm one of the lucky ones. I'm one of the lucky ones that, now that he has found help and now that he is trying to better his life, he tells me, "Dad, every day that I'm sober is only one day. And tomorrow, I don't know, and I pray that I get the support and the love that I need."

I'll tell you what, there's only one good thing that has come out of the fact that my son at one time was addicted to substances, and that is not a day goes by—not a day goes by—that we don't tell each other "I love you." I'm one of the lucky ones.

We have heard testimony from parents, family members who love their children, love their family members, and they are no longer here with us. And one of the things that I want to point out, that, yes, for people who are selling drugs, there must be punishment. Being punitive is definitely something that we need to make sure we do it and do it right. But for those individuals who unfor-

tunately have found themselves addicted and cannot help themselves, we need to help them too.

There are many prongs to the solution. There are many issues that face us as a nation. And pointing at one border is not going to get us out of our problems. It is only going to allow us to mask the truth. This is a multiprong problem that we have. It's not just one border. It's not just one foreign country. It is our issue as United States citizens to make sure that we look not only to solutions to our legislatures and our governments, but also to look into our own hearts and realize that we can do better.

So on behalf of the people that I represent and the people who have chosen to send me to Congress, I really do appreciate this opportunity, not only to my fellow colleagues who made the trip here today, but also to all the people who are here and are listening and do want solutions for you, for your communities, for your families, for everybody in this great country.

So thank you very much, Mr. Chairman. I yield back.

[The prepared statement of Mr. Cárdenas follows:]

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Subcommittee on Health Member Tony Cardenas
Hearing on "The Biden Administration's Border Crisis is a Public Health Crisis."
February 15, 2023

Thank you, Chairman, I appreciate this opportunity for us to be here outside of the Capitol to have this field hearing. There are a lot of important issues we're going to hear about today, but I think equally important is that, even though some of us might have some different perspectives on what the solutions are, I think that every member of this committee does care about this country deeply and certainly wants to make sure that we make good policy decisions so that we can improve the lives of every American citizen and every person in our country.

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When it comes to our borders, one of the things that I like to point out, the information that I've received is that most of the fentanyl and other drugs that come through our borders actually come through ports of entry. They don't come on the backs of unfortunate migrants or people who are seeking asylum who are trying to just make a better life or actually flee for their lives. So hopefully today we'll hear some more of the facts about what is ailing our country when it comes to why is it that we have so much illicit drugs on the streets of America.

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We have heard testimony from parents, family members who love their children, love their family members, and they are no longer here with us. And one of the things that I want to point out, that, yes, for people who are selling drugs, there must be punishment. Being punitive is definitely something that we need to make sure we do it and do it right. But for those individuals who unfortunately have found themselves addicted and cannot help themselves, we need to help them too.

There are many prongs to the solution. There are many issues that face us as a Nation. And pointing at one border is not going to get us out of our problems. It is only going to allow us to mask the truth. This is a multiprong problem that we have. It's not just one border. It's not just one foreign country. It is our issue as United States citizens to make sure that we look not only to solutions to our legislatures and our governments, but also to look into our own hearts and realize that we can do better.

So on behalf of the people that I represent and the people who have chosen to send me to Congress, I really do appreciate this opportunity, not only to my fellow colleagues who made the trip here today, but also to all the people who are here and are listening and do want solutions for you, for your communities, for your families, for everybody in this great country.

So thank you very much, Mr. Chairman. I yield back.

Mr. GRIFFITH. I thank the gentleman.

I now recognize Dr. Burgess on behalf of the Health Subcommittee for 5 minutes for an opening statement.

OPENING STATEMENT OF HON. MICHAEL C. BURGESS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. BURGESS. I thank the chair and just echo Mr. Cárdenas' thanks to all of our constituents for making the trip to be part of this field hearing. It is a very important hearing, and it is appropriate that we are doing it here in the Rio Grande Valley.

So, I'm no stranger to issues regarding border security, no stranger to problems surrounding the immigration difficulties and fentanyl. In addition to being a Texan, I practiced medicine for three decades before coming to Congress to work on these issues. The Office of Refugee Resettlement that Mr. Griffith addressed is part of our subcommittee's jurisdiction, and it is appropriate that we be here on the ground to see firsthand.

And I will just share with you, it is work done by the O&I Committee in previous Congresses that has actually made the Office of Refugee Resettlement stronger than what it was in 2014 when we were faced with a similar crisis with unaccompanied children coming across our border.

All of us have worked on legislation to combat the misuse of opioids and to ensure the safety of unaccompanied children at the border.

This past year, the Office of National Drug Control Policy released their annual report to Congress regarding High Intensity Drug Trafficking Areas. Of 33 of these areas, the three located in Texas—Houston, South Texas, and West Texas—reported large disruptions of drug trafficking organizations, as well as seizures. All of the Texas-based high intensity drug areas, the drugs seized were worth over a combined \$100 million.

In addition, Customs and Border Protection reported approximately 7.8 thousand pounds of drug seizures in October of fiscal year 2023 and 9,000 pounds of drug seizures in November of fiscal year 2023. I mean, that's a lot of drugs.

Just this past week, the Dallas Morning News reported that three teens tragically passed away from fentanyl-laced pills. Six other teens were hospitalized from exposure to the substance in the city of Carrollton, Texas, just next to the district that I represent. These 9 Texas students were all younger than 17 years of age. After the story broke, and parents sat waiting to be notified as local authorities began to take action, but to all of us this is unacceptable.

It goes without saying that the problem has infiltrated our schools to the point where distribution of these substances happens unsupervised and oftentimes on social media apps.

While our number-one priority should be securing our border to protect the unchecked distribution of fentanyl, we must already accept the problem that is already here. The way in which we treat patients exposed to opioids and addicted opioids has drastically evolved in the past decade.

The scourge of fentanyl in our community is a completely different disease from what it was even 5 years ago. The last time the

committee worked on the SUPPORT Act, which was signed into law in 2018, our focus was correctly on opioids and opioid addiction. But since then, the landscape has changed drastically, to include patients dying from only 3 milligrams of fentanyl. Basically, we're talking about a pencil tip.

Patients exposed to the high-potency substance often suffer from other addictions and have severe mental and behavioral health problems. And I appreciate Mr. Cárdenas sharing his story with us. As he knows, these patients and treating these patients can be complex clinical situations.

Our committee, our focus, should remain on examining Federal laws that prevent patient access to care. And one of those is the IMD exclusion, the Institution for Mental Disease exclusion, which we addressed in the reconciliation bill. Unfortunately, it wasn't—an amendment was not allowed to go forward, but this prohibits Medicaid payments to residential mental health facilities with more than 16 beds. We actually can improve our track record by addressing that deficiency. We should focus on bolstering our workforce and supporting our providers to ensure that mental health and substance abuse patients have access to personalized care and medicine.

So, our border is important. Our border agents deserve our respect, and I hope that with this hearing today we can convey some of that respect.

And, Mr. Chairman, I'll yield back to you.

[The prepared statement of Mr. Burgess follows:]

Floor Statement

Health and O&I Field Hearing on the Border and Fentanyl

Michael C. Burgess, M.D.

2.15.23

As prepared for delivery

Thank you to everyone who has joined us today, and welcome to McAllen, Texas. I'm very pleased to have the opportunity to host and thank the witnesses for advocating on behalf of issues important to Texas as well as the rest of America.

I am no stranger to issues regarding border security, immigration, and fentanyl. In addition to being a native Texan, I practiced as an OB-GYN for three decades before coming to Congress to work on these issues. I've visited the Office of

Refugee and Resettlement, as well as worked on legislation to combat the misuse of opioids and ensure the safety and care of UACs at the border. Energy and Commerce has a rich history of working on these issues, and I am pleased that we are here in my home state today to hear of the real consequences of the Biden Administrations policies here and around the country.

This past year, the Office of National Drug Control Policy released their annual report to Congress regarding High Intensity Drug Trafficking Areas (HIDTA). Of thirty-three HIDTAs, the three located in Texas (Houston, South Texas, and West Texas) reported large disruptions of Drug Trafficking Organizations (DCO) as well as drug seizures.

All Texas-based HIDTAs seized drugs are worth over a combined total of \$100 million at each location. In addition, Customs and Border Protection (CBP) reported approximately

7.8 thousand pounds of drug seizures in October of FY 2023 and 9.0 thousand pounds of drug seizures in November of FY 2023 for all Texas-based jurisdictions.

Just this past week, the Dallas Morning News reported that three teens tragically passed away from fentanyl laced pills and six teens were hospitalized from exposure to the substance. These nine Texas students were no older than 17 years old.

After the story broke, parents sat waiting to be notified as local authorities began to take action. This is unacceptable. It goes without saying that this problem has infiltrated our schools to the point where distribution of these substances happens unsupervised over social media apps.

While our number one priority should be securing our border to prevent the unchecked distribution of fentanyl, we

must also accept that the problem is already here. The way in which we treat patients exposed to opioids and fentanyl has drastically evolved in the past decade.

The scourge of fentanyl in our communities is a completely different disease. The last time this committee worked on the SUPPORT Act, our focus was opioids. Since then, the landscape has changed drastically to include patients dying from only 3 milligrams of fentanyl. The amount that would fit on the tip of a pencil.

Patients exposed to high potency substances often suffer from other addictions and have severe mental and behavioral health problems. As a committee, our focus should remain on examining federal laws that prevent patient access to care, such as the IMD exclusion, which prohibits Medicaid payments to residential, mental health facilities with more than 16 beds. We

should focus on bolstering our health care workforce and supporting providers to ensure that mental health and substance abuse patients have access to personalized care and medicine.

To tackle this problem, we must take preventative measures to change the way in which we treat these patients and seriously discuss how we can address border security. The Energy and Commerce Committee has a history of taking action and delivering results. Our border agents deserve better, our behavioral health providers deserve better, and Texas communities deserve better.

Mr. GRIFFITH. I thank the gentleman for yielding back.
I now recognize Mr. Veasey for 5 minutes for an opening statement.

**OPENING STATEMENT OF HON. MARC A. VEASEY, A
REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS**

Mr. VEASEY. Mr. Chairman, thank you very much.

And I think all of us know that Texas has been hit hard by the opioid crisis. One in four Texans have experienced an opioid overdose or know someone who has. And as it was just pointed out, in north Texas recently, we experienced a string of similar deaths, including in high-school-aged children. Because of this, I join my colleagues in taking action to address the opioid crisis and give much relief to people here in my home State of Texas.

Last Congress, we passed a bipartisan mental health and substance abuse use treatment package, H.R. 7666, that is, Restoring Hope for Mental Health and Well-Being Act of 2022, and it was later signed into law as part of the Consolidated Appropriations Act of 2023. This historic piece of legislation ensures that medical practitioners are prepared to identify and treat substance abuse disorders and increase access to medication-assisted treatment. It also authorizes billions of dollars in public health programs that address the mental health and substance abuse crisis, including both the substance use prevention, treatment, and recovery services block grant and State opioid response grants.

We should be focusing heavily on increasing access to prevention, treatment, and recovery for those struggling with substance abuse. I would welcome a field hearing in Texas that explored bipartisan solutions to this public health crisis. We were able to work together on bipartisan solutions last Congress, when Democrats were in the majority. Instead, we are here discussing things like the militarization of our border.

We continue to hear misinformation that falsely links illegal immigration with a surge in fentanyl trafficking, and that is simply not reality. We know for a fact—we know for a fact, even from very conservative organizations like the Cato Institute, which is founded by the Koch brothers, we know that a majority of fentanyl-related convictions do not involve undocumented immigrants.

In 2021, the number of U.S. citizens convicted of fentanyl was 10 times higher than the convictions of undocumented immigrants for the same offense. We also know that a majority of fentanyl smuggled illegally comes through legal ports of entry and not at illegal crossings. Instead of acknowledging these facts and taking constructive action to address the opioid crisis, Republicans are using misinformation to encourage excessive incarcerations—which we should have learned something from, from the '90s—detentions, and deportations at the border.

This field hearing today is nothing more than a political stunt targeted at the extreme elements of the Republican Party. Enough of the misinformation. We need a facts-based approach to the humanitarian crisis at the border. President Biden has taken steps to streamline the immigration process by expanding pathways for safe, orderly, and humane migration without compromising border security. This has included expanding the parole process for immi-

grants from certain countries, expanding refugee resettlement opportunities, and modernizing appointment processes at U.S. ports of entry. Such efforts are already showing signs of success. January 2023 saw some of the lowest levels of monthly border encounters since February 2021.

In contrast, Republicans seem more interested in political stunts like this one than working with the President and Democrats on a humane and lawful approach to border security and immigration, like passing a comprehensive immigration reform bill. For example, congressional Republicans have repeatedly voted against bills funding security at the border, including most recently a \$4.9 billion supplemental funding request in December of 2022. It is clear that Republicans are more interested in politics than rolling up their sleeves and doing the hard work to address this humanitarian crisis at the border and fixing our broken immigration system and doing something about this fentanyl problem that is plaguing all of our communities.

We have had an opportunity to talk about evidence-based approach to address substance use—substance abuse use, but we were denied testimony from an expert witness who has worked directly with communities affected by fentanyl along the border. This is a huge missed opportunity that really could have made a difference in the lives of people in the surrounding communities. If Republicans are serious about addressing illicit fentanyl, I would hope that they would work with us on real solutions rather than dodge opportunities from witnesses with firsthand experience.

I look forward to working with my colleagues on both sides of the aisle to address the opioid crisis in our communities and this humanitarian crisis at our border.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Veasey follows:]

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Representative Marc Veasey
Hearing on “The Biden Administration's Border Crisis is a Public Health Crisis.”
February 15, 2023

Good afternoon and thank you Mr. Chairman.

Our nation is dealing with multiple health crises that continue to devastate communities across the country.

Americans’ health is being hit on three fronts - the mental health crisis, the COVID-19 pandemic, and the opioid crisis.

Texas has been hit hard by the opioid crisis. One in four Texans have experienced an opioid overdose or know someone who has.

Recently in North Texas, our community experienced a string of tragic deaths related to fentanyl overdoses.

Because of this, I joined my colleagues in taking action to address the opioid crisis and give much needed relief to people here in my home state of Texas.

Last Congress, we passed a bipartisan mental health and substance use treatment package, H.R. 7666, the Restoring Hope for Mental Health and Well-Being Act of 2022, that was later signed into law as part of the Consolidated Appropriations Act, 2023.

This historic piece of legislation ensures that medical practitioners are prepared to identify and treat substance use disorders and increase access to medication-assisted treatment.

It also reauthorized billions of dollars in public health programs that address the mental health and substance use crises, including both the Substance Use Prevention, Treatment, and Recovery Services Block Grant and State Opioid Response Grants.

We should be focusing heavily on increasing access to prevention, treatment, and recovery for those struggling with substance use.

I would welcome a field hearing here in Texas that explored bipartisan solutions to this public health crisis. We were able to work together on bipartisan solutions last Congress when Democrats were in the House Majority, but unfortunately that is not what we have here today. Instead, we are here discussing the militarization of our border.

We continue to hear misinformation that falsely links illegal immigration with a surge in fentanyl trafficking.

That is simply not reality. We know that the majority of fentanyl-related convictions do not involve undocumented immigrants. In 2021, the number of U.S. citizens convicted of fentanyl trafficking was **TEN TIMES** higher than convictions of undocumented immigrants for the same offense.

We also know that a majority of fentanyl smuggled illegally comes through legal ports of entry, and not at illegal crossings.

Instead of acknowledging these facts and take constructive action to address the opioid crisis, Republicans are using misinformation to encourage excessive incarcerations, detentions, and deportations at the border.

This field hearing today is nothing more than a political stunt targeted at the extreme elements of the Republican Party.

Enough of the misinformation, we need a facts-based approach to the humanitarian crisis at the border.

President Biden has taken steps to streamline the immigration process by expanding pathways for safe, orderly, and humane migration without compromising border security.

This has included expanding the parole process for immigrants from certain countries, expanding refugee resettlement opportunities, and modernizing appointment processes at U.S. ports of entry.

Such efforts are already showing signs of success. January 2023 saw one of the lowest levels of monthly border encounters since February 2021.

In contrast, Republicans seem more interested in political stunts like this one than working with President Biden and Democrats on a humane, lawful approach to border security and immigration.

For example, Congressional Republicans have repeatedly voted against bills funding security at the border—including most recently a \$4.9 billion supplemental funding request in December 2022.

It's clear that Republicans are more interested in politics than rolling up their sleeves and doing the hard work to address the humanitarian crisis at the border and the fentanyl surge plaguing Americans.

Sadly, we had an opportunity to talk about an evidence-based approach to address substance use, but we were denied testimony from an expert witness who has worked directly with communities affected by fentanyl along the border. This is a huge, missed opportunity that could have really made a difference in the lives of people in the surrounding communities. If Republicans are serious about addressing illicit fentanyl, I would hope they would work with us on real solutions rather than dodge opportunities to hear from witnesses with first-hand expertise.

I look forward to working with my colleagues on both sides of the aisle to address the opioid crisis in our communities and the humanitarian crisis at our border.

Mr. GRIFFITH. I thank the gentleman.

And now the Chair recognizes the chair of the full Energy and Commerce Committee, Mrs. McMorris Rodgers, for her 5-minute opening statement.

**OPENING STATEMENT OF HON. CATHY McMORRIS RODGERS,
A REPRESENTATIVE IN CONGRESS FROM THE STATE OF
WASHINGTON**

Mrs. RODGERS. Thank you, Mr. Chairman. And a big thank you to everyone for being here as we roll up our sleeves to go to work to address the border crisis, the fentanyl crisis that's been driven by President Biden's open borders agenda. It is putting Americans all across this county at risk, turning every town into a border town.

More people than ever are dying from fentanyl poisoning. You know, most heart wrenching is that fentanyl is an attack on the young generation. The number-one leading cause for death for Americans between ages 18 and 45 is fentanyl poisoning.

Last month in my hometown of Spokane, Washington, law enforcement from drug enforcement agency, DEA, the Federal Bureau of Investigation, FBI, and the Spokane Police Department seized 35 pounds of meth and 50,000 fake pills believed to be laced with fentanyl.

It takes just one pill to kill. That was Molly Cain's message to us when she testified before our committee a few weeks ago. She is pleading for action and for justice for her son, Carson. He should be alive today, but one pill he purchased off of Snapchat killed him instantly. No parent should have to feel Molly's pain.

Most illicit fentanyl and fentanyl analogs being smuggled across the border are being produced by cartels in Mexico, with precursor ingredients sourced by China. Criminals and drug dealers are selling these deadly substances in communities that are killing a record number of Americans—71,000 in 2021. Nearly two-thirds of drug overdose deaths in the United States in 2021 involves synthetic opioids. So far in 2023, DEA has seized 4.5 million fake pills laced with fentanyl, and Customs and Border Patrol seized more than 1,400 pounds of fentanyl. And this is just the amount that's been seized. How much is being missed?

The U.S.-Mexico border is close to 2,000 miles long. How many pounds of fentanyl are coming across the areas that are scarcely monitored between the ports of entry? That is why we need to secure the border, secure the southern border and stem the follow of these weapons-grade poisons.

The Biden administration is set to do the opposite and create more chaos if the President ends Title 42 protections. That cannot happen. Republicans are offering alternatives to keep people safe and save lives. For example, Representative Lesko has legislation to update Title 42 so that it can be used in cases of situations we see with the fentanyl crisis.

We also must pass the HALT Fentanyl Act, led by Representatives Griffith and Latta, to permanently place fentanyl-related substances into schedule I of the Controlled Substances Act. This will ensure that our law enforcement officials have the tools that they

need to keep these poisons off our streets. As DEA has told us, this permanent scheduling is their top priority.

In addition to discussing the fentanyl crisis, we will examine today how the influx of migrants is straining hospital capacity and making it harder to treat patients.

Yuma Regional Medical Center in Arizona has already had to delay care for patients because of the surge they see. They've had to hire additional staff to keep up with demand. El Paso, Texas, declared a state of emergency. The mayor said hundreds and hundreds of people are living in unsafe conditions because of the migrant surge.

These challenges created by President Biden's open border agenda have only been made worse by the COVID-19 pandemic and workforce shortages from vaccine mandates. The status quo is unworkable, and it is harming patient care.

I look forward to hearing from each of our witnesses. Thank you for being here on the ground, on the front lines of this border crisis. We want to know what more we can be doing to ensure that our future is secure and that our communities are safe.

Thank you, and I yield back.

[The prepared statement of Mrs. Rodgers follows:]

Congresswoman Cathy McMorris Rodgers
Joint Oversight & Investigations and Health Subcommittee Hearing
February 15, 2023
Opening Statement
As Prepared for Delivery

SPOKANE

President Biden's open-borders agenda is putting Americans across this country at risk every day...turning every town into a border town.

More people than ever are dying from fentanyl poisonings.

It's the leading cause of death for Americans between the ages of 18 and 45.

Just last month in my district, law enforcement from the Drug Enforcement Agency (DEA), Federal Bureau of Investigation (FBI), and Spokane Police Department seized 35 pounds of meth and about **50 thousand** fake pills believed to be laced with fentanyl.

It takes just one pill to kill.

That was Molly Cain's message to us when she testified before our committee a few weeks ago.

She is pleading for action... and for justice for her son Carson.

He should be alive today... but one pill he purchased off Snap Chat killed him instantly.

No parent should have to feel Molly's pain.

FENTANYL SUPPLY

Most illicit fentanyl and fentanyl analogues being smuggled across the border are being produced by cartels in Mexico—with precursor ingredients sourced from China.

Criminals and drug dealers are selling these deadly substances in communities and are killing a record number of Americans—71,000 in 2021.

Nearly two-thirds of drug overdose deaths in the United States in 2021 involved synthetic opioids.

So far in 2023, DEA has seized 4.5 million fake pills laced with fentanyl and Customs and Border Protection (CBP) has seized more than 1400 pounds of fentanyl.

And this is just the amount that has been seized – how much is being missed?

The U.S. / Mexico border is close to two thousand miles long. How many pounds of fentanyl are coming across the areas that are scarcely monitored between ports of entry?

SOLUTIONS

That is why we need to secure the southern border and stem the flow of these weapons-grade poisons.

The Biden administration is set to do the opposite and create more chaos if the President ends the Title 42 protections.

That cannot happen.

Republicans are offering alternatives to keep people safe and save lives.

For example, Rep. Lesko has legislation to update Title 42 so it can be used in the case of situations we see with the fentanyl crisis.

We also must pass the HALT Fentanyl Act, led by Representatives Griffith and Latta, to permanently place fentanyl-related substances into Schedule I of the Controlled Substances Act.

This will ensure that our law enforcement officials have the tools they need to keep these poisons off our streets.

As DEA has told us, this permanent scheduling is a top priority.

PUBLIC HEALTH

In addition to discussing the fentanyl crisis, we will examine today how the influx of migrants is straining hospital capacity and making it harder to treat patients.

Yuma Regional Medical Center in Arizona has had to delay care for patients because of the surge in migrants.

They've had to hire additional staff to keep up with the demand.

El Paso, Texas, declared a state of emergency. The mayor said hundreds and hundreds of people are living in unsafe conditions because of the migrant surge.

These challenges created by President Biden's open border agenda have only been made worse by the COVID-19 pandemic and work force shortages from his authoritarian vaccine mandates. The status quo is unworkable, and it is harming patient care.

CLOSING

I look forward to from the witnesses here on the ground who are on the frontlines of President Biden's border crisis.

We want to know what more we can be doing for a more secure future and to help keep your communities safe.

Thank you and I yield back.

Mr. GRIFFITH. Thank you very much.

The Chair now recognizes Ms. Craig for 5 minutes for her opening statement.

OPENING STATEMENT OF HON. ANGIE CRAIG, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MINNESOTA

Ms. CRAIG. Thank you so much, Mr. Chairman. I really appreciate the opportunity to be here tonight on behalf of all Minnesotans.

You know, this hearing is not political theater to me. We have a mental health and addiction crisis in America, and that is making our communities less safe. Folks are dying, and families are being absolutely torn apart, and yes, it's leading to more crime.

My constituents aren't interested in a blame game. They're interested in solutions. This shouldn't be a partisan circus or a political wedge issue. We owe that to the families of people we've lost to this epidemic. My sincere hope is that we can have an honest conversation in America at the border tonight with each of you.

How is illicit fentanyl entering our Nation? We just told you that 97 percent of it is coming across legal ports of entry. I see absolutely no testimony on that fact here in this testimony tonight.

What resources can we give law enforcement at the border to stop it? Is it more technology? Is it more Customs and Border Patrol officers? How can we disrupt these flows? How else are these raw materials getting across our Nation? What can we do to support DEA as they work to disrupt the cartels responsible for this criminal activity? What can we do to educate young people on the dangers of buying any drug on a social media platform? What responsibility do social media companies have in helping save lives?

We have a real problem, America, and it does nothing for our constituents if we revert to the kind of politics that is pretending to care about a problem but really thinking about who we can pin the blame on in the next election.

I have the privilege of representing Minnesota's Second Congressional District. My constituents are some of the most engaged and compassionate and resilient people in this Nation. Devin Norring was one of them. He was an honors student at Hastings High School who loved playing football, making music, and skateboarding. He was an adventurer, and he took every chance he could to enjoy life. He loved his family. He was a protector to his siblings, and he would give a stranger the shirt off his back.

I never got to know Devin. What I know comes from his parents and, sadly, his obituary, because on April 4th, 2020, Devin died in his sleep as a result of a fentanyl overdose. Seeking relief from blackout migraines and dental pain, Devin had bought what he thought was a Percocet pill from a drug dealer on Snapchat. That pill turned out to be 100 percent fentanyl. He was 19 years old.

You know, sometimes we get lost in these numbers, but we need to keep in mind that the real cost is a human cost. Devin didn't want to die. Devin was killed. He had a full life ahead of him, and it was cut short.

In November of last year, I was on a ride-along with the Shakopee Police Department. The first call of that night, a young man was brought back to life by Narcan on the floor of a family

restaurant. It's just another night for law enforcement in my community, but addiction, mental illness, and other challenges have stretched us all thin, and especially them.

I came face-to-face with the intersection of mental illness, addiction, and crime late last week. There are no easy answers. If there were, we wouldn't be still sitting here talking about it, and people wouldn't be dying. But the reality is that this is a complex problem that requires bipartisan solutions, and political theater and grandstanding and ignoring the facts gets us nowhere.

We absolutely need to permanently schedule fentanyl-related substances as a class I drug, but FRS has been emergency scheduled since 2018, and fentanyl overdoses have only increased. That tells me that permanent scheduling alone is not enough. We must continue to invest in resources for those who are suffering from substance use disorder, bolster mental health, and stem the flow of fentanyl coming across the United States border through legal ports of entry as well as through other illicit means.

We also must address the common avenues of distributions to social media and make sure that parents are taught the signs, that young people understand you cannot take anything bought on a social media platform. We need our law enforcement officers in our Nation's schools making sure that they know that.

You know, my colleagues, you titled this hearing "Biden's Border Crisis." Even the title of the hearing is political. I hope our actions today are aimed at finding real policy solutions, not just scoring political points.

Thank you so much, Mr. Chairman, because that's exactly what I intend to do, is find real solutions. And I yield back.

Mr. GRIFFITH. I thank the gentlelady.

We now conclude with Members' opening statements. The Chair would like to remind Members that, pursuant to the committee rules, all Members' opening statements will be made a part of the record.

I want to thank our witnesses for being here today and taking the time to testify before the subcommittees.

Each witness will have the opportunity to give an opening statement followed by a round of questions from Members.

Our witnesses today are Mr. Urbino Martinez, Brooks County Sheriff; Mr. Stuart Archer, CEO, Oceans Healthcare; Ms. Rochelle Garza, president, Texas Civil Rights Project; and Mr. Brandon Judd, a current 25-year veteran Border Patrol agent and current president of the National Border Patrol Council.

We appreciate all the witnesses being here with us today, taking your time out to share with us and the Nation.

We will now swear in the various Members. As you know, the testimony—the various witnesses. As you know, the testimony you're about to give is subject to Title 18, Section 1001, of the United States Code. When holding an investigative hearing, this committee has the practice of taking testimony under oath.

Do any of you have any objection to taking testimony under oath—or, to testifying under oath?

Seeing no objections, we will move forward.

The Chair also advises you that, under the rules of the House and the rules of the committee, you're entitled to be advised by counsel.

Do any of you desire to be advised by counsel during your testimony today?

All right. And I see all saying that they do not require that.

In that case, if the witnesses will please rise and raise your right hand.

[Witnesses sworn.]

I now recognize Mr. Urbino Martinez for 5 minutes to give his opening statement.

STATEMENTS OF URBINO MARTINEZ, BROOKS COUNTY SHERIFF; STUART ARCHER, PRESIDENT AND CHIEF EXECUTIVE OFFICER, OCEANS HEALTHCARE; ROCHELLE M. GARZA, PRESIDENT, TEXAS CIVIL RIGHTS PROJECT; AND BRANDON JUDD, PRESIDENT, NATIONAL BORDER PATROL COUNCIL

STATEMENT OF URBINO MARTINEZ

Mr. MARTINEZ. Good afternoon, Chairman—Ranking—Chairman Griffith, Chairwoman Rodgers, ranking members, subcommittee members. Thank you for the opportunity to appear before this committee to discuss this important issue.

There are three issues that I face in Brooks County. It's a national security issue, a public health issue, and a humanitarian issue.

My name is Benny. I work for the Brooks County Sheriff's Office. I have just started my 44th year in law enforcement. I have a command staff and 5 deputies are responsible for 943 square miles of Brooks County, which is actually just an hour north of here. The ranchlands, they're privately owned ranchlands. The population of that is about 7,400, population of Brooks County.

Brooks County is one of the largest—has one of the largest checkpoints in the Nation, known as the Falfurrias checkpoint, approximately 70 miles north of the U.S.-Mexican border and 281. It is a major north/south artery from the Rio Grande Valley area that leads to Houston, San Antonio, Austin, Dallas, and other destinations throughout the interior of the United States.

U.S. Highway 281 is part of the Gulf Coast corridor, which is one of the most active drugs, human smuggling corridors in the United States. The Falfurrias checkpoint is one of the busiest checkpoints in the southwest corridor in regards to undocumented crossers, apprehensions, and narcotic seizures. Because of Brooks County's geographical location and Falfurrias checkpoint, it has very unique challenges. In most cases, the smugglers and coyotes drop off undocumented crossers. They are led by smugglers and made to walk east to west of United States Highway 281 to circumvent the checkpoint, moving through north private ranchlands, then to get picked up on Texas 285 and other roads by other smugglers who will then transport them to the Gulf Coast corridor to cities north, usually Houston, Texas.

In other cases, local gang members and others seeking financial gain who live in the county drive their human and drug loads through private ranchlands property by cutting locks, fences, caus-

ing untold private property damage. The sad reality is that many of those who are being led through the brush by the smugglers do not survive the demanding journey.

Since 2009, Brooks County has recovered 929 bodies of undocumented crossers, to include 119 in 2021 and 90 in 2022—over 200 in 24 months. We estimate that we recover less than half of all those who perish. Since 2009, the costs to the county of dealing with these who have perished have totaled almost a million dollars.

In addition, Brooks County emergency services are greatly impacted. Ambulances are being pulled from day-to-day operations to answer calls to remote areas where turnaround time is roughly 4 to 5 hours, leaving our constituents without emergency medical services. This has put a strain on the local health system.

Last year, there were 115 EMS calls for the undocumented and 3 deaths en route to the hospitals. Fire related to immigration in Brooks County consists of 36,208 burned acres, which cost the county 75,000 to our fire department in fuel, breakdowns, equipment, and related costs. The cost to only 1 of the area's heli-flight services was approximately 320,000, and only 45,000 of that was reimbursed. Two area hospitals used for undocumented services wrote off thousands of dollars for direct cost of unpaid services, further burdening small rural hospitals.

The Falfurrias checkpoint reported that, in 2022, there was a hundred percent increase in firearm seizures from 2021, a 400 percent increase in checkpoint vehicle circumventions, 150 percent increase in cocaine, 1,743 percent increase in meth, 175 percent increase in gang members, 67 percent increase of sexual offenders, and a 222 increase in alien smuggling cases. I have to advise also that we do have a high number of sexual assault cases that occur on these females that are crossing with the males through the ranches.

On the national level, in 2022, there were 2.2 million encounters from 171 different countries. In the current year of 2023, there has been 775,000 encounters with 3,000 of those having seriously criminal history with national security and public safety concerns. There have been 1.2 million getaways reported, and these are people that we'll never know who they are or what they carry, et cetera. We have no idea if they are cartel, other criminals, or terrorists because the Federal Government has failed to enforce border security efforts. Borderer Patrol has been taken up processing the majority of migrants giving themselves up at the border.

From March through October of 2022, Brooks County is part of the Texas Operation Lone Star Coalition, of which Brooks County is part of—OK—has reported 322 smuggling pursuits, 204 bailouts, recovered 181 stolen vehicles, seized 31 firearms, seized over half a million dollars in bulk cash going to Mexico, recorded 286,000 of property damage, and have charged 179 people for engaging in organized crime activity.

In the last—

Mr. GRIFFITH. Sheriff, if you could wrap up.

Mr. MARTINEZ. Oh, sorry. OK.

The funding—we had two Aerostats, and those Aerostats were removed because they actually just shift those monies over to something else. So—OK. The border crisis is a result of not securing the

border. Where there are no consequences for unlawful entry of the United States and DHS does not adjudicate asylum cases in a timely manner and removing those that don't have valid claims, transnational gang organizations will continue to be able to recruit migrants to come up here and overwhelm the Border Patrol rescues.

With that, I close. Thank you.

[The prepared statement of Mr. Martinez follows:]

Prepared Testimony by Urbino “Benny” Martinez

Brooks County Sheriff, Falfurrias Texas

Joint Subcommittee on Health and Subcommittee on Oversight and Investigations Hearing

“President Biden’s Border Crisis is a Public Health Crisis”

301 W Railroad Street, Building D, Weslaco, TX

February 15, 2023

Introduction

Chairwoman Rogers, Ranking Member Pallone, and all Subcommittee Members, thank you for the opportunity to appear before this Committee to discuss this very important issue.

My name is Benny Martinez. I’m the Brooks County Sheriff in South Texas. The Brooks County Sheriff’s Office, has five deputies and Command Staff, and is responsible for maintaining law and order within a rural region of **943** square miles that encompasses the county seat of Falfurrias. Outside of the city of Falfurrias, the county consists primarily of privately owned ranchland. The sandy terrain is mostly vegetated with mesquite trees, scrub oaks, and prickly pear cactus. The county’s total population is about **7400**.

Background

Brooks County has the largest U.S. Border Patrol checkpoint in the Nation. Known as the Falfurrias checkpoint, it is approximately 70 miles north of the U.S/Mexico border on U.S. Highway 281. U.S. Highway 281 is a major north/south artery from the Rio Grande Valley area that leads to Houston, San Antonio, Austin and Dallas and other destinations throughout the interior of the United States.

United States Highway 281 is part of the Gulf Coast corridor, which is one of the most active drug and human smuggling corridors in the United States. The Falfurrias checkpoint is one of the busiest checkpoints in the southwest corridor in regards to undocumented crosser apprehensions and narcotic seizures.

Because of Brooks County’s geographical location and the Falfurrias checkpoint, it has its own very unique challenges. In most cases, smugglers/coyotes drop off undocumented crossers. They are led by the smugglers and made to walk east and west of United States Highway 281, moving north through private ranch lands, to then get picked up on Texas Highway 285 and other roads by other smugglers who will then transport them on the Gulf Coast corridor to cities north. In other cases, local gang members or others seeking financial gain, who live in the county, drive their human and drug loads through private property by cutting locks and fences, causing untold private property damage.

The sad reality is that many of those who are being led through the brush by the smugglers do not survive their demanding journey. Since 2009, the county has recovered **929** bodies of undocumented crossers, that includes **119** in 2021 and **90** in 2022. We estimate that we recover less than half of all those who perish. Since 2009, the cost to the county of dealing with those who have perished has totaled to almost **\$1,000,000**.

In addition, the Brooks County emergency services are greatly impacted. Ambulances are being pulled from day-to-day operations to answer calls in remote areas where turnaround time is roughly 4 to 5 hours, leaving our constituents without emergency medical services. This has put a strain on the local health system.

Last year (2022) there were **115** EMS calls for the undocumented, and **3** deaths in route to hospital.

Fire related to immigration in Brooks County consisted of **36,208** burned acres, which cost the county **\$75,000** to our fire department in fuel, breakdowns, equipment, and other related costs.

The cost to only one of the areas heli-vac services was **\$320,000** in 2022, with only **\$45,000** being reimbursed. The two area hospitals used for undocumented services wrote off thousands of dollars for direct cost of unpaid services, further burdening small rural hospitals.

The Falfurrias Border Patrol Station reported that in 2022 there was a **100%** increase in firearm seizures from 2021; a **400%** increase in checkpoint vehicle circumventions; a **150%** increase in cocaine; **1,743%** increase in meth; **175%** increase in gang members; **67%** increase sexual offenders; and a **222%** increase in alien smuggling cases.

On a national level, in 2022, there were **2.2** million encounters from **171** countries. In the current FY 23 there have been **775,000** encounters, with **3,000** of those having serious criminal history with national security and public safety concerns. There have been **1.2** million got-a-ways reported. We have no idea if they're Cartel, other criminals, or terrorist, because the Federal Government has failed to enforce border security efforts and Border Patrol's time has been taken up processing the majority of migrants giving themselves up at the border.

From March – October 2022, the Texas Operation Lone Star Coalition, of which Brooks County is a part of, has reported **322** smuggling pursuits, **204** bailouts, recovered **181** stolen vehicles, seized **31** firearms, seized **\$591,000** going back to Mexico, recorded **\$286,000** of property damage, and have charged **179** people for engaging in organized criminal activity.

In the past 31 days of 2023, there have been **1,937** Mexican Cartel drone's incursions in three South Texas border counties.

The Falfurrias Border Patrol was using two Aerostats that flew just south of Falfurrias, and that were providing great situational awareness of foot and vehicle traffic. The funding for the Aerostat program (which included 14 Aerostats) was recently removed against Border Patrols requests.

The National Sheriffs' Association recently called for the eradication of Drug Cartels, starting with the Sinaloa and Jalisco New Generation Cartels. Their February 9, 2023 press release read in part:

“The Mexican drug cartels, as well-documented in the successful prosecution of Joaquin Archivaldo Guzmán Loera, also known as El Chapo, operate sophisticated crime operations fueled by fear, terror, intimidation, extortion, and murder. These criminal organizations are directly responsible for the increases in deaths, human trafficking, sex trafficking, and unprecedented violence occurring in cities and counties across our nation. These cartels and their operatives are operating with disastrous effects not just on our southern border, but their influence can also be felt across our northern border and maritime borders as they seek to exploit all avenues to deliver lethal narcotics and violent criminals into our communities.”

The border crisis is the result of not securing the border. When there are no consequences for unlawfully entering the United States, and DHS does not adjudicate asylum cases in a timely manner and remove those who don't have valid claims, transnational criminal organizations will continue to be able to recruit migrants to come up here and overwhelm Border Patrol resources while they run narcotics and criminals around the back end.

Conclusion

In closing, I want to thank you for bringing attention to this very important topic and I look forward to any questions you have.

Mr. GRIFFITH. I thank the gentleman.

I now recognize Mr. Archer for his 5 minutes of opening statement.

STATEMENT OF STUART ARCHER

Mr. ARCHER. Thank you, Madam Chair, and thank you to the Health Subcommittee and Oversight and Investigations Subcommittee for holding this hearing today.

My name is Stuart Archer. I'm the president and CEO of Oceans Healthcare, a system of behavioral health facilities located throughout Texas, Louisiana, Mississippi, and Oklahoma.

Oceans Healthcare prides itself on six core convictions: dignity, comprehensive care, quality, integrity, advocacy, and teamwork. These values are the foundation of our company and what drives our employees to provide the highest quality of care.

Oceans Healthcare was founded in 2004, specifically to meet the behavioral health needs of the underserved, including our specialized programs for our Nation's military and first responders. Headquartered in Plano, Texas, Oceans Healthcare has 33 locations, 23 hospitals, and employs over 2,000 caregivers and serves over 24,000 patients a year. Our centralized support model provides Oceans' hospitals and care teams with the operational resources and expertise they need so they can focus on what they do best: providing high-quality, compassionate behavioral health to patients and families. Furthermore, this model has given us the ability to further expand into rural and underserved areas. In fact, Oceans often stands as the only behavioral health provider in the communities we serve, providing access to quality behavioral health to those who might not have it otherwise.

At today's hearing, I look forward to discussing access to behavioral health resources in our Nation's border States. Oceans Healthcare has 18 facilities throughout the State of Texas and is certainly no stranger to the struggles that care providers in Texas have been facing.

You know, safety and compassion, we believe, are not mutually exclusive. Our hospitals have a duty to provide quality behavioral healthcare to our communities, but this has been challenging because the resources are so limited. Healthcare providers have a moral obligation to care for those in need, including those coming across our border, but this presents a challenge when we don't have sufficient staff, resources, or are treated in a way that behavioral health providers are treated many times.

Oceans is experiencing the same challenges as other hospitals across the State of Texas. In particular, finding clinicians has been extremely challenging for some time, and this challenge has only been exacerbated by the COVID-19 pandemic and further escalated by the border crisis.

To say it's challenging to incentivize behavioral health professionals to work in rural and underserved areas is an understatement. These behavioral health professionals know that when they choose a role in behavioral health, they often find that their pay is far greater in urban areas. And many times, instead of selecting the specialty of behavioral health altogether, these healthcare pro-

professionals can make significantly more by simply choosing a different healthcare specialty.

Oceans Healthcare is working hard to provide care in areas that might not otherwise have access, yet we are facing challenges due to a lack of parity within reimbursement. Not only is there competition between various hospitals and specialties, but there's also competition within our border States, as hospitals must also compete with the Federal Government to staff border facilities.

Furthermore, it's been my experience that our law enforcement and first responders have been particularly impacted by the mental health and substance abuse issues they're confronted with daily in their jobs. Instead of allowing our law enforcement to do what they do best, we have instead depended on them to also serve as healthcare providers and mental health specialists. We have to work on increasing partnerships with local law enforcement. And I'm proud to say that all of our hospitals partner with local law enforcement to work with their mental health deputies.

Finally, taking a broader approach to understanding why our behavioral health resources are so scarce and finding ways in which to improve access, we must understand that many of our Federal laws and policies surrounding behavioral health are antiquated. And while parity is a laudable goal, this crisis has made the inequities in behavioral health all more evident. For example, we must follow the precedent many States are setting by implementing innovation waivers and phasing out the Institutes for Mental Health disease exclusion to provide greater access to the populations needing impatient behavioral healthcare.

I'm honored to have this opportunity to testify in front of this committee and hope to offer an important voice specifically to those working to improve our Nation's mental health. I also would like to thank this committee for its work in passing the Restoring Hope for Mental Health and Well-Being Act last Congress.

Between the COVID-19 pandemic, our border crisis, and a mental healthcare crisis, strain on our Nation's public health resources has been building. It is the duty to assess the effectiveness of our current policies and work together to find ways to make improvements that will expand access and to ensure those who need care can receive it.

Thank you for this opportunity.

[The prepared statement of Mr. Archer follows:]



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February 15, 2023

My name is Stuart Archer. I am the President and Chief Executive Officer of Oceans Healthcare, a system of behavioral health facilities located throughout Texas, Louisiana, Mississippi, and soon Oklahoma. Oceans Healthcare prides itself on its six core convictions: dignity, comprehensive care, quality, integrity, advocacy, and teamwork. These values are the foundation of our company and what drives our employees to provide the highest quality of care.

Oceans Healthcare was founded in 2004 specifically to meet the behavioral health needs of the geriatric population, and has since expanded to serve patients of all ages, including adding specialized programs for our nation's military. Headquartered in Plano, Texas, Oceans Healthcare has 33 locations, with 23 hospitals, employs 2,000 people, and serves 24,000 patients a year. Our centralized support model provides Oceans' hospitals and care teams with the operational resources and expertise they need so that they can focus on what they do best: providing high-quality, compassionate behavioral healthcare to patients and families. Furthermore, this model allows us to focus our expansion on rural and underserved areas. Oceans often serves as the only behavioral health provider in the communities that we serve, providing access to quality behavioral healthcare to those who might not otherwise have it.

Oceans Healthcare offers comprehensive inpatient and outpatient treatment programs for patients at every stage of the healing process. As a nationally recognized leader in behavioral health, we treat patients experiencing depression, anxiety, bipolar disorder, schizophrenia, and behavioral changes related to Alzheimer's, dementia, substance abuse, or other mental health issues. Specifically, our services include inpatient behavioral services, intensive outpatient programs, partial hospitalization programs, and STAR military programs. Our commitment to

quality combined with a model that puts patients and families at the center of the treatment process has resulted in high patient satisfaction ratings and lower-than-average readmission rates. Oceans consistently achieves industry-leading performance metrics on national quality and safety measures.

At today's hearing, I look forward to discussing access to healthcare resources in our nation's border states. While Oceans does not have facilities directly on the Texas-Mexico border, we do have eighteen facilities throughout the state of Texas and are certainly no stranger to the struggles care providers within Texas have been facing. Oceans is experiencing the same challenges as other hospitals across the state of Texas, in particular, finding clinicians has been especially challenging for some time and this challenge has been exacerbated by the COVID-19 pandemic and further escalated by the border crisis.

While nearly 40% of Texas counties' primary health care needs are not being met, more than 80% of Texas counties are designated as mental health professional shortage areas.¹ To say it is challenging to incentivize behavioral health professionals to work in our rural and underserved facilities is an understatement. These behavioral health professionals can often find pay that is far greater in urban areas, and instead of selecting the specialty of behavioral healthcare altogether, these health professionals can make significantly more by simply choosing a different health specialty. In fact, a recent GAO report described low reimbursement rates for mental health services as a large barrier for patients finding in-network providers.²

Oceans Healthcare is working hard to provide care in areas that might not otherwise have access, yet we are facing challenges due to a lack of parity within reimbursement. Not only is there competition between various hospitals and specialties, but there is also competition within our border states, as hospitals must also compete with the federal government needing to staff

¹ "Workforce in Peril: Shortages Threaten Patient Care." *Texas Hospital Association*, <https://www.tha.org/issues/workforce/>.

² U.S. Government Accountability Office, 2022, *Mental Health Care: Consumers with Coverage Face Access Challenges*, <https://www.gao.gov/assets/gao-22-105912.pdf>.

border facilities. While migrant detention centers or camps can be a valuable job creators, especially in rural communities, instead of forcing local entities to compete for staff, why not encourage partnerships?

Furthermore, it has been my experience that our law enforcement and first responders have been particularly impacted by the mental health and substance use issues they are confronted with daily in their jobs. Instead of allowing our law enforcement to do what they do best, we have instead depended on them to also serve as health providers and mental health specialists. GAO found that Bureau of Prison inmates with serious mental illness as opposed to inmates without serious mental illness were incarcerated nearly twice as much for sex offenses, robbery, homicide, and aggravated assault.³ This is not fair to our law enforcement or our valuable community resources. Instead, we need to work on increasing partnerships with our local law enforcement. I am proud to say that all of our hospitals partner with local law enforcement to work with their mental health deputies.

I am grateful for the work this committee has done in the past to provide resources for our communities to support partnerships and public health and safety interventions between law enforcement and mental health specialists. I am particularly grateful for the expansion of the Mental Health Collaboration program authorized under the Helping Families in Mental Health Crisis Reform Act, included in the 21st Century Cures Act.

Finally, taking a broader approach to understanding why our behavioral health resources are so scarce and finding ways in which to improve access, we must understand that many of our federal laws and policies are antiquated and continue to lack the parity that this crisis demands. As mentioned earlier, the lack of parity in reimbursement is one significant barrier in hiring and incentivizing new health professionals to enter the behavioral health industry. In fact, during the COVID-19 public health emergency, the lack of parity that exists for behavioral health hospitals

³ U.S. Government Accountability Office, 2018, *Federal Prisons: Information on Inmates with Serious Mental Illness and Strategies to Reduce Recidivism*, <https://www.gao.gov/products/gao-18-182>.

was made abundantly clear. In many communities, Oceans Healthcare served as the only or the first inpatient psychiatric unit to care for COVID-19 patients with mental illness, yet our hospitals did not receive the same reimbursement as other hospitals simply because COVID-19 was not the primary diagnosis code associated with COVID-19 patients.

Additionally, we note that SAMHSA uses inconsistent criteria when issuing its block grant funding. On the one hand, when issuing the substance use disorder community block grants, no restriction is applied relative to providers' tax status, allowing recipients to be selected based on merit and outcomes alone. On the other hand, community mental health block grants issued by this agency are limited to only public and non-profit entities, instead of judging applicants according to their capabilities. Therefore, hospitals like Oceans which are providing valuable, quality care in underserved areas, are ineligible.

Finally, for too many of the patients who need more than outpatient mental health care, access to care remains blocked by obsolete laws. While we fully support increasing community-based mental health services, we must also acknowledge that inpatient services are critical for higher-complexity patients. Too often, these patients cannot access care. In fact, in Texas, there currently is a waitlist of over 2,500 patients.⁴ This need simply cannot be met by state beds alone. We have a much greater understanding of mental illness now and must modernize our laws to keep pace with our understanding. In particular, we must follow the example being set by many Medicaid managed care companies and state-issued waivers by CMS, and phase out the Institutes for Mental Disease (IMD) Exclusion to provide greater access to the Medicaid populations needing inpatient behavioral health care. I am grateful for the flexibilities this Committee provided related to the IMD Exclusion, such as the state plan option allowing for Medicaid Managed Care organizations to provide reimbursement for patients in an IMD for 15 days or less. According to a report issued by the Centers for Medicare and Medicaid Services

⁴ Ernst, Sara Willa. "Waitlist Grows for Psychiatric Beds at State Hospitals in Texas." Houston Public Media, 11 Jan. 2023, <https://www.houstonpublicmedia.org/articles/news/health-science/2022/12/22/439874/waitlist-grows-for-psychiatric-beds-at-state-hospitals-in-texas/#:~:text=The%20waitlist%20of%20people%20waiting,are%20languishing%20in%20jail%20cells.>

(CMS), states described the need for the IMD waiver due to an increased need for psychiatric and SUD treatment, and this option is a critical part of the continuum of care.⁵ This waiver expands access to essential inpatient behavioral health services, and I urge this Committee to further expand on this policy moving forward.

I am honored to have the opportunity to testify in front of this Committee, and hope to offer an important voice, specifically to those working to improve our nation's mental health system. Between the COVID-19 pandemic, our border crisis, and a mental health crisis, strain on our nation's public health resources has been building. It is our duty to assess the efficiencies of our current policies, and work together to find ways to make improvements that will expand access and ensure those who need care can receive it. Thank you for this opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stuart Archer', with a stylized flourish at the end.

Stuart Archer, CEO

⁵ The Centers for Medicare and Medicaid Services , 2022, Report to Congress | Study and Report Related to Medicaid Managed Care Regulation , <https://www.medicaid.gov/medicaid/managed-care/downloads/rtc-cures-act-12002.pdf>.

Mr. GRIFFITH. Thank you.

I now recognize Ms. Garza for her 5 minutes for an opening statement.

STATEMENT OF ROCHELLE M. GARZA

Ms. GARZA. Thank you very much.

Good evening. My name is Rochelle Garza, and I am the president of the Texas Civil Rights Project. I'm also a mother to a 10-month-old daughter, a fifth-generation Tejana, and a civil rights attorney from Brownsville right here in the Rio Grande Valley.

My goal in providing this testimony is twofold. First, to dispel misconceptions about two separate issues: the public health crisis related to fentanyl and the humanitarian crisis at the border. Second, I want to share how the current approach of heavyhanded policies that prioritize military force as the only solution have not and will not address either crisis.

The families at our doorstep are seeking safety and refuge. They have fled persecution, war, famine, climate disasters, and other horrors. They are not the source of fentanyl entering this country. I know this is contrary to what you've been told. Our Governor, Greg Abbott, has done all he can to lay blame on vulnerable people, including women and children, that are requesting asylum.

The fentanyl crisis is a very real public health crisis, and it has claimed the lives of over 107,000 Americans last year and has been felt across our country. Lives are being lost, and we need evidence-based public health solutions to address the problem of opioid addiction.

Unfortunately, our Governor is wrong about how fentanyl enters the United States. The vast majority of fentanyl seized at the border is intercepted at either U.S. ports of entry or through U.S. mail, with most smugglers being U.S. citizens. The facts do not lie. The overwhelming majority of migrants who have crossed into the United States do not attempt to smuggle drugs in their crossing.

Despite this, we have dedicated unprecedented amounts of money to prosecute migrants. We must call out the attempt to conflate fentanyl with migrants for what it is. It is a cheap political trick to use public health crisis as a justification to waste public resources on the same ineffective border policies that simply do not work and have harmed communities just like mine.

Requesting asylum is a right guaranteed by U.S. law. Border communities have seen an unprecedented amount of people fleeing desperate situations in their home countries to seek asylum. The lack of humanitarian solutions to address this increased need has led to a humanitarian crisis. People are in desperate need of aid. People need shelter, food, medicine. These are all needs that cannot be met with a military response.

In less than 2 years, Governor Abbott's Operation Lone Star, or OLS, has spent over 4.4 billion in Texas taxpayer dollars. As a result, border communities have been flooded with additional law enforcement, military-style weapons, and even right-wing nationalist militia groups, which has led to serious consequences for residents.

For example, Gage Brown, a resident of Bracketville, told us that high-speed chases have become the norm in her sleepy town. After law enforcement crashed into a building off the main street, the

local school put boulders around the perimeter of the campus for safety.

Local residents are also getting ticketed and stopped more often, bringing surges of stops, searches, and ticketing of Latino drivers, which the rest of the State does not experience. In Kinney County alone, the rate of ticketing has gone up by over 400 percent, which translates to roughly \$2 million of additional fines.

Then there are those who have been locked up under OLS who have experienced mass violations of civil and due process rights. In extreme cases, we are aware of sexual and physical violence against those in overcrowded facilities.

None of what I just described addressed either the humanitarian needs at the border or the fentanyl public health crisis.

Aggressive enforcement policies along the border are harmful, ineffective, and will not end the mass migration. We must change course. What we're asking for is simple: accountability for the failed policies that have led us to this point, relief for the humanitarian needs at the border, and real solutions that are going to move us forward.

We're at a point where for almost 2 years now, our Governor has been operating an illegal State-based immigration enforcement scheme, contrary to Supreme Court precedent. And in response, we have submitted complaint after complaint with stacks of evidence to the Department of Justice to highlight OLS' illegality, including mass civil and human rights abuses. And unfortunately, Texas is expanding, not ending, its efforts.

Congress can and must hold Texas to account. Texans at the border have been left to muster a humanitarian response largely without Government aid. Our friends and neighbors have fundraised for shelter, cooked warm meals, listened to those who've endured severe trauma, or provided legal orientation. These border-led relief efforts treat immigrants with dignity. They enhance public safety, and they save lives.

We need to turn toward real solutions that are going to move us forward. By focusing on strategies that advocates on the ground have been leading, we can find real meaningful solutions that benefit all of us.

And I am happy to answer questions. Thank you.

[The prepared statement of Ms. Garza follows:]

**Testimony *of* Rochelle M. Garza, Esq.,
President *of the* Texas Civil Rights Project,**



to the U.S House of Representatives,
U.S. House Committee on Energy and Commerce,
Joint Oversight and Investigations Subcommittee,
and Health Subcommittee *on*

“President Biden's Border Crisis is a Public Health Crisis.”

February, 15, 2023, Weslaco, TX

1 Texas Civil Rights Project Testimony

I. Introduction

My name is Rochelle Garza and I am the President of the Texas Civil Rights Project. The Texas Civil Rights Project is a non-profit organization boldly serving the movement for equality and justice in and out of the courts since 1990. We do so by using strategic litigation and advocacy to empower and fight for the human dignity of those most marginalized in our state.

I am also a mother to a 10-month old daughter, a 5th generation Tejana and civil rights attorney from Brownsville, Texas – in the Rio Grande Valley – where I have spent my career fighting for the rights of children, immigrants, and families. As a border native, I am grateful to share my perspective as a resident of this community and an advocate from the front lines of the humanitarian crisis at the United States-Mexico border.

My goal in providing this testimony is two-fold: First, to dispel misconceptions about what are actually two separate issues: the public health crisis related to fentanyl and the humanitarian crisis at the border. Second, I want to share how the current approach of heavy-handed policies that prioritize military force as the only solution, has not and will not help address either crisis.

II. The public health crisis related to fentanyl and the humanitarian crisis at the border are two separate issues that should not be conflated.

The families at our doorstep have fled persecution, war, famine, climate disasters, and other horrors are seeking safety and refuge. They are not the source of fentanyl entering this country. I know this feels contrary to what you’ve been told. Our Governor, Greg Abbott has been doing all that he can to blame the ongoing fentanyl health emergency on vulnerable people, including women and children requesting asylum.

The fentanyl crisis is a very real public health crisis that claimed the lives of over 107,000 Americans last year, and has been felt in cities and rural areas across our country – from sparsely populated counties in Wisconsin and Alabama, to large cities like New Orleans and Philadelphia. Lives are being lost and we need evidence-based, public health solutions to address the problem of opioid addiction.

Instead, in response to President Biden’s remarks on fentanyl at the State of the Union last Tuesday, Governor Abbott tweeted: “To truly solve this crisis, Biden must secure the border”.¹ Which, as RGV residents well know, means building an expensive, divisive, and unnecessary

¹ Abbott, Greg [@GregAbbott_TX]. “Tonight, Pres. Biden announced initiatives to lessen the flow of deadly fentanyl into the U.S. Texas has been fighting this surge ever since Biden opened our borders to the influence of Mexican drug cartels. To truly solve this crisis, Biden must secure the border. #sotu2023” *Twitter*, 7 Feb 2023, https://twitter.com/GregAbbott_TX/status/1623171700027273217?s=20&t=oSqR4Jnns0ymw7BbVg1lIPA.

border wall in our community, sending the military and state troopers to flood our small towns, and luring people awaiting the resolution of their immigration cases into busses only to dramatically drop them off at the homes of his political opponents.

Unfortunately, our Governor is wrong about how fentanyl enters the United States. The vast majority of fentanyl seized at the border is intercepted at either U.S. ports of entry or through U.S. mail, with most smugglers being U.S. citizens.² There have also been instances where national guardsmen themselves have been charged with smuggling narcotics while on duty.³ The facts do not lie: the overwhelming majority of migrants who have crossed into the United States at the Rio Grande do not attempt to smuggle drugs in their crossing.

Despite this, both the State and Federal government have already dedicated unprecedented amounts of money - together totaling in the tens of billions of dollars - to either detain, expel, or prosecute migrants. We must call out the attempt to conflate fentanyl with migrants for what it is - a cheap political trick to use a serious public health crisis as justification to waste public resources on the same ineffective border policies they have been pushing in communities like mine for years.

III. The current approach of heavy-handed policies that prioritize military force as the only solution, has not and will not help address either crisis.

Requesting asylum is a right guaranteed by U.S. law. What border communities have been seeing in the past few years is an unprecedented amount of people, facing desperate situations in their home countries, seeking to exercise that right - and the lack of action to address this increased need on the border has led to a humanitarian crisis. People are in desperate need of humanitarian aid - people need shelter, food, medicine. These are needs that a militarized response cannot fulfill.

Responding purely with militarized force along the border, as the state & federal government have been doing for decades, and with particular force in the last few years, has only worsened the situation in communities like mine.

Consider the immeasurable damage caused by just two years of Governor Abbott's Operation Lone Star. Over less than two years, this program has spent over \$4.4 billion in Texas taxpayer dollars, much of it covid relief funding⁴ locking up and jailing people seeking safety over trespassing charges, employing the Texas National Guard and State Troopers to do so.

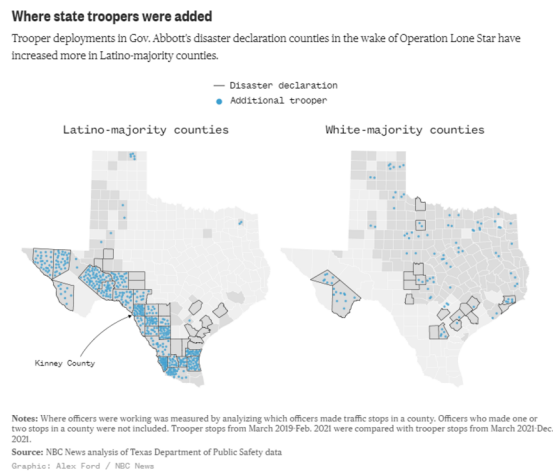
² Bump, Philip. "Most Fentanyl Is Seized at Border Crossings — Often from U.S. Citizens." *The Washington Post*, 4 Oct. 2022, <https://www.washingtonpost.com/politics/2022/10/04/border-fentanyl-seizures-americans/>. Accessed 13 Feb. 2023.

³ U.S. Attorneys Office, Southern District of Texas "Army National Guardsman ordered to prison for trafficking cocaine." Press Release U.S. Attorneys Office, Southern District of Texas, 20 Sept. 2022, <https://www.justice.gov/usao-sdtx/pr/army-national-guardsman-ordered-prison-trafficking-cocaine>. Accessed 13 Feb. 2023

⁴ Koepfel, Barbara. "Exclusive: Texas Governor Greg Abbott Used Covid Aid to Pay for a Border Wall." *The Nation*, 6 Oct. 2022, <https://www.thenation.com/article/politics/texas-covid-money-operation-lone-star/>. Accessed 13 Feb. 2023.

As a result of this massive program, border communities - from cities to rural towns - have been flooded with additional law enforcement, military-style weapons, and in some cases even right-wing nationalist militia groups. This has serious consequences for everyone living in these communities. We heard from Gage Brown, a resident of Brackettville, who says that high-speed chases have become the norm in her sleepy town⁵. After law enforcement crashed into a building off of the main street, the local school put boulders around the perimeter of campus for additional safety.

Local residents are also getting ticketed and stopped more often. For Texans who live in these communities, the response to the current border crisis has brought surges of stops, searches, and ticketing of Latino drivers, which the rest of the State does not experience. In one county alone, Kinney County, TX, the rate of ticketing has gone up by over 400% - which we estimate has translated into a roughly \$2 million increase in fines. A report by NBC of where State troopers have surged in response to the humanitarian crises, shows that the result is over-policing of Latino communities.⁶



⁵ Clayton, Jerry. "High-Speed Chases Endanger Lives of Migrants and Area Residents in South Texas." Texas Public Radio, 6 Aug. 2022, https://www.tpr.org/news/2022-08-06/high-speed-chases-endanger-lives-of-migrants-and-area-residents-in-kinney-county?utm_source=headtopics&utm_medium=news&utm_campaign=2022-08-08. Accessed 13 Feb. 2023.

⁶ Gamboa, Suzanne and Murphy, Joe. "In Texas, Resentment Builds as Border Crackdown Ensnarers Local Drivers." NBC News, 21 Aug. 2022, <https://www.nbcnews.com/news/latino/texas-lone-star-latino-citations-border-abbott-rcna42022>. Accessed 13 Feb. 2023.

Then there's the individuals who have actually been locked up under Operation Lone Star. We have heard reports of terrible conditions in overcrowded county facilities unequipped for processing this surge in minor trespassing charges, leading to mass violations of civil and due process rights, and extreme cases of sexual and physical violence against immigrants in Federal and State detention facilities.

None of what I've just described, addresses either the humanitarian needs at the border or the fentanyl public health crisis.

IV. We must rethink our approach to the border and true community safety

For the past decades, both the federal and state government have prioritized military force along the border. This has not and will not stop the famine, war, poverty, and other disasters that lead people to seek safety here. Aggressive enforcement policies through deterrence policies are not only harmful, but wholly ineffective and will not end mass migration. We must change course. What we're asking for is simple: accountability for the failed policies that have led us to this crisis point, relief for the humanitarian needs at the border, and real solutions that will move us forward.

First and foremost, we need accountability. We're at a point where for almost two-years now our Governor has been operating an illegal State-based immigration enforcement scheme - contrary to Supreme Court precedent. In response, we have submitted complaint after complaint with stacks of evidence to the United States Department of Justice (DOJ) to highlight OLS's illegality, including the civil and human rights abuses it is levying on immigrants and Texans alike. We have also called on the Department of Homeland Security (DHS) to cut its ties with OLS operations. Unfortunately, nearly two-years later, Texas is expanding - not ending - its abusive anti-immigrant efforts. Congress can and must hold Texas to account.

Secondly, border communities and organizations need relief. While Texas and the Federal government both spend billions to hunt down and lock up immigrants by the thousands, border Texans have been left alone to muster a humanitarian response. Texans, largely without government aid, have fundraised for shelter, cooked warm meals, listened to those who've endured severe trauma or provided legal orientation. Not only do these border-led relief efforts mean immigrants are treated with dignity, public safety is enhanced and lives are saved by keeping immigrant families off the streets, out of medical centers, and humanely transported to their destination.⁷ Without these understaffed and underfunded border humanitarian groups, the abuse and loss of human life on the border would be staggering.

⁷ Shifting Federal immigration policy, sometimes upended by State legal action, has at times meant unpredictable periods of *en masse* release of migrants from law enforcement custody at all hours of the day and night, at times without coordination with humanitarian spaces. See: Gonzalez, Richard. "Border Patrol Starts Releasing Asylum-Seeking Migrants To South Texas Streets." NPR News, Mar. 20, 2019. <https://www.npr.org/2019/03/20/705341748/border-patrol-starts-releasing-asylum-seeking-migrants-to-south-texas-streets>. Accessed 13 Feb. 2023.

Lastly, we need to turn toward real solutions that move us forward. Were humanitarian organizations to receive even a fraction of the budget given to projects like State or Federal border walls, it would be an unprecedented win for border communities. It would be one of the few times humanitarian relief groups receive some kind of support, instead of being villainized. By focusing our Federal and State energy on strategies that advocates on the ground have been leading, we can find real meaningful solutions that benefit all. Border Texans have been and still are showing us how to rise to the occasion of the humanitarian crisis we are seeing and will continue to see for years to come - we must stop and listen.

In the public health crisis caused by fentanyl, we need to target our efforts at providing public health solutions to address opioid addiction in this country.

Mr. GRIFFITH. I thank the lady.

And we'll now recognize Mr. Judd for his 5 minutes of—for an opening statement.

STATEMENT OF BRANDON JUDD

Mr. JUDD. Chairman Griffith, Chairwoman Rodgers, distinguished members of this committee, I would like to thank you for inviting me to testify before you today in order to communicate how the executive actions taken by President Biden and his administration have directly resulted in an increase in illicit fentanyl coming across our southern border with Mexico and into our communities in all 50 States.

Since he took office in January of 2021, the policies enacted by President Biden have directly resulted in the least secure border in my 25-year career. Due to the Biden administration's border and immigration policies, we have seen historically high numbers of people crossing the border illegally, forcing more than 50 percent of patrol resources to be dedicated to administrative duties such as, but not limited to, processing, transport, hospital watch, and detention security.

The dedication of such a high percentage of resources to duties other than actively patrolling the border allows cartels to create gaps in our coverage, facilitating the highest number of known gotaways in our history. In a short 2 years, there has been a minimum of 1.2 million gotaways. These gotaways are individuals doing everything in their power to avoid detection and apprehension. We do not know who they are. We do not know where they came from. We do not know what they're bringing across the border, and we do not know what their intentions are here in the United States. What we do know is that these individuals pose a significant threat to public safety, public health, and national security.

Each and every day along the entirety of the southwest border, criminal cartels dictate when and where illegal border crossers enter our country. The cartels have figured out the loopholes in our laws, and they know that our agents are forced to process—and they know when our agents are forced to process huge numbers of illegal border crossers, we are unable to properly patrol the border. When agents are unable to patrol, huge gaps are created in our first line of defense, and that's when the cartels can run the people and things they don't want us to catch because they know they will get away.

Under our current border security policies, criminal cartels have become incredibly successful at bringing their high-value products into our country illegally. And these circumstances have contributed to a huge increase in the flow of hard narcotics making their way into the U.S. and wreaking havoc on our communities.

According to a Washington Post report, more than 107,000 people died from a drug overdose in 2021, and fentanyl was responsible for two-thirds of those deaths. The amount of illicit fentanyl, a synthetic opioid, pouring into our country across our southern border is staggering and, frankly, terrifying, knowing that just 2 milligrams is considered a lethal dose.

According to publicly available data from Customs and Border Protection, the Border Patrol alone seized 949 pounds of fentanyl along the southwest border from February 2021 through January 2022. CBP just recently released narcotic seizure data for President Biden's second full year in office, February 2022 through January 2023, and the amount of illicit fentanyl seized by just the Border Patrol has more than doubled to 2,294 pounds.

To give some perspective on those statistics, 2,294 pounds of fentanyl converts to over 1 billion milligrams, enough to kill over 500 million people.

In September of 2021, 8 months after President Biden's open border policies went into effect, the Drug Enforcement Administration issued a public safety alert warning of the sharp increase in fake prescription pills containing fentanyl and meth. President Biden's DEA Administrator appointee, Anne Milgram, stated in the alert that the United States is facing an unprecedented crisis of overdose deaths fueled by illegally manufactured fentanyl.

The alert goes on to state, "The vast majority of counterfeit pills brought into the United States are produced in Mexico, and China is supplying chemicals for the manufacturing of fentanyl in Mexico."

The DEA's "Facts about Fentanyl" web page further states, "Illicit fentanyl primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico is being distributed across the country and sold on the illegal drug market."

This reality—the reality is this: President Biden has made the securing of our border impossible. Instead, his policies have allowed criminal cartels to advertise their services throughout the world with the promise that illegal border crossers will be allowed to remain in the United States without fear of deportation.

Until we end catch-and-release, which would allow our agents to actually do their jobs and patrol in the field, we will never come close to achieving a secure border. And without a secure border, illicit fentanyl will continue to flow into the U.S., devastating families in every single corner of our great Nation.

We are, in my opinion, the greatest Nation in the world. We are the most compassionate Nation in the world. On average, we take in more refugees and more legal immigration than any other country. This is compassion, and this is who we want to be. Unfortunately, we're not talking about legal immigration. We're discussing illegal immigration and how that fuels the fentanyl crisis here in the United States.

I appreciate this time to testify, and I look forward to any of your questions. Thank you, sir.

[The prepared statement of Mr. Judd follows:]

Statement of Brandon Judd
On Behalf of the National Border Patrol Council
Before the U.S. House of Representatives Committee on Energy and Commerce
Joint Subcommittees on Oversight and Investigations & Health
Hearing Entitled: “President Biden’s Border Crisis is a Public Health Crisis”
February 15, 2023

Chairmen Griffith and Guthrie, Ranking Members Castor and Eshoo, and distinguished Members of the Subcommittees, I would like to thank you for inviting me to testify before you today in order to communicate how the executive actions taken by President Biden and his Administration have directly resulted in an increase in illicit fentanyl coming across our Southern border with Mexico and into our communities in all 50 states.

My name is Brandon Judd and I currently serve as the President of the National Border Patrol Council, where I represent approximately 16,000 Border Patrol field agents and support staff. I have more than 25 years of experience as a Border Patrol Agent and a thorough understanding of the issues and policies affecting border security.

Since he took office in January of 2021, the policies enacted by President Biden and his Department of Homeland Security (DHS) have directly resulted in the least secure border in my 25-year career. Due to the Biden Administration’s border and immigration policies, we have seen historically high numbers of people crossing the border illegally forcing more than 50% of patrol resources to be dedicated to administrative duties such as but not limited to processing, transport, hospital watch, and detention security.

The dedication of such a high percentage of resources to duties other than actively patrolling the border, allows cartels to create gaps in our coverage facilitating the highest number of known “got-aways” in our history. A got-away is a person who crossed the border illegally, was detected, but evaded apprehension. In a short two years, there has been a minimum of 1.2 million got-aways. These got-aways are individuals doing everything in their power to avoid detection and apprehension. We do not know who they are, where they came from, what they’re transporting across our borders or what their intentions are in the U.S. These individuals pose a significant threat to public safety, public health and national security.

Couple that with the more than 3.1 million people who crossed the border illegally and were released into the U.S., and we’ve added more than 4.3 million illegal border crossers to our population just since President Biden has been in office. And at the current accelerated trajectory, we’ll add another more than 6 million illegal border crossers to our population over the next two years.

Each and every day along the entirety of our Southwest border, criminal cartels dictate when, where and how illegal border crossers enter our country. The cartels have figured out the loopholes in our laws and they know that when our Agents are forced to process huge numbers of illegal border crossers, we are unable to properly patrol the border. When Agents are unable to

Statement of Brandon Judd
 February 15, 2023
 Page 2

patrol, huge gaps are created in our first line of defense and that's when the cartels can run the people and things they don't want us to catch because they know they will get away.

Under our current border security policies, criminal cartels have become incredibly successful at bringing their high-value products into our country illegally and these circumstances have contributed to a huge increase in the flow of hard narcotics making their way into the U.S., and wreaking havoc on our communities. According to a Washington Post report entitled, "Fentanyl's deadly surge, Overview: From Mexican labs to U.S. streets, a lethal pipeline," published in December 2022, more than 107,000 people died from a drug overdose in 2021 and, "fentanyl was responsible for two-thirds of those deaths."¹ The amount of illicit fentanyl, a synthetic opioid, pouring into our country across our Southern border is staggering and frankly terrifying knowing that just two milligrams is considered a lethal dose.

According to publicly available data from Customs and Border Protection (CBP), the Border Patrol alone – not the Office of Field Operations responsible for our ports of entry – seized 949 pounds of fentanyl along the Southwest border from February 2021 – the first full month of President Biden's open border policies – through January 2022.² CBP just recently released narcotics seizure data for President Biden's second full year in office – February 2022 through January 2023 – and the amount of illicit fentanyl seized by just the Border Patrol has more than doubled to 2,294 pounds.³ To give some perspective on those statistics – 2,294 pounds of fentanyl converts to over 1 billion milligrams, enough to kill over 500 million people.

In September of 2021, eight months after President Biden's open borders policies went into effect, President Biden's own Drug Enforcement Administration (DEA) issued a Public Safety Alert warning of the "Sharp Increase in Fake Prescription Pills Containing Fentanyl and Meth."⁴ President Biden's DEA Administrator appointee, Anne Milgram, stated in the Alert that, "*The United States is facing an unprecedented crisis of overdose deaths fueled by illegally manufactured fentanyl...DEA is focusing resources on taking down the violent drug traffickers causing the greatest harm...*"⁵ The Alert goes on to allude to the fact that fentanyl is being illegally trafficked across our Southern border with Mexico, stating, "*The vast majority of counterfeit pills brought into the United States are produced in Mexico, and China is supplying chemicals for the manufacturing of fentanyl in Mexico.*"⁶

¹ C. Kan, N. Miroff, S. Hingham, S. Rich, T. Remmel, *CARTEL Rx, Fentanyl's deadly surge, Overview: From Mexican labs to U.S. streets, a lethal pipeline*, WASHINGTON POST (Dec. 15, 2022), https://www.washingtonpost.com/investigations/interactive/2022/fentanyl-crisis-mexico-cartel/?itid=sn_enhanced_cartel.

² U.S. Dep't of Homeland Security, U.S. Customs and Border Protection, *Drug Seizure Statistics*, (Data current as of Feb. 2, 2023), <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>.

³ *Id.*

⁴ Press Release, U.S. Dep't of Justice, Drug Enforcement Administration, *DEA Issues Public Safety Alert on Sharp Increase in Fake Prescription Pills Containing Fentanyl and Meth*, (Sept. 27, 2021), <https://www.dea.gov/press-releases/2021/09/27/dea-issues-public-safety-alert>.

⁵ *Id.*

⁶ *Id.*

Statement of Brandon Judd
February 15, 2023
Page 3

While the Alert only implies that lethal doses of fentanyl are being illegally smuggled into the U.S. across our Southern border with Mexico and uses the word “brought,” the DEA’s own “Facts about Fentanyl” webpage makes the situation very clear, “*Illicit fentanyl, primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market.*”⁷ (Emphasis added)

The reality is this: President Biden has made the securing of our borders impossible. Instead, his policies have allowed criminal cartels to advertise their services throughout the world with the promise that illegal border crossers will be allowed to remain in the United States without fear of deportation. Until we end catch and release, which would allow our Agents to actually do their jobs and patrol in the field, we will never come close to achieving a secure border. And without a secure border, illicit fentanyl will continue to flow into the U.S., devastating families in every single corner of our great nation.

We are and, in my opinion, should be the most compassionate country in the world. On average, we take in more refugees and allow more legal immigration than any developed country in the world. And while no one is arguing against legal immigration, what we’re dealing with is illegal immigration and it is anything but humane. Under President Biden, the cartels have generated a record profit while also allowing a record number of innocent men, women and children to die in the Rio Grande River, in our harsh deserts, and even trapped in suffocating tractor trailers. And while this is bad enough, the cartels are also dealing death throughout the U.S. with their drug trade, which between the ports of entry, all starts with illegal immigration and the overwhelming of Border Patrol resources.

I thank the Subcommittees for inviting me here today and I look forward to answering any questions you may have.

⁷ U.S. Dep’t of Justice, Drug Enforcement Administration, *Facts about Fentanyl*, (Accessed Feb. 13, 2023), <https://www.dea.gov/resources/facts-about-fentanyl>

Mr. GRIFFITH. I thank the gentleman.

I thank you all for your testimony. We will now move into the question-and-answer portion of the hearing. I'll begin the questioning and recognize myself for 5 minutes.

Mr. Judd, fentanyl and fentanyl analogs are produced using precursor chemicals, and most of these precursors come from China, you just testified, that are shipped to Mexican cartels who then produce fentanyl and its analogs.

Do the cartels in Mexico have the capability to produce these precursors themselves?

Mr. JUDD. They do, but it's much cheaper to get them through China. The cartels are all about generating a profit, and they're going to do the things that are cheapest—in the manner that's the most cheapest. The problem is, is once China has its hooks into anything that's illegal, they will stay, and that's scary.

Mr. GRIFFITH. All right. To your knowledge, are other countries supplying precursors for fentanyl or its analogs?

Mr. JUDD. No. Only China.

Mr. GRIFFITH. Only China. Now, isn't it also accurate to say that before we did the temporary scheduling of the analogs, that they were looking at—cartels were looking at ways to change the formula so that it wouldn't be illegal to cross the border or even to distribute in the United States?

Mr. JUDD. Yes. So what they were looking at is they were looking at how could they mask the fentanyl, because again, if we have drug dogs, they can detect the precursors. And if you can mask that, then it becomes a lot easier to get the products across the border.

Mr. GRIFFITH. And haven't we seen—since the temporary scheduling of fentanyl analogs, haven't we seen that they just stuck with the basic fentanyl instead of trying to come up with cute ways to get around it? I shouldn't say cute because it's a poison. I couldn't help but think of that when we heard testimony earlier about Devin, that he thought he was getting a Percocet. That's not an overdose, as Mr. Carter often points out to us. That is a poisoning.

All right. Let's talk about the ports of entry. One of the things that we heard today in some discussions down on the border was that it is true more fentanyl and other drugs are captured at the ports of entry, but that what's happening is, is that the cartels are using the migrants that they're bringing across, the illegal aliens or immigrants that they're bringing across the border, to distract the Border Patrol, so that if you've got 100 people over here or 50 people over there, then that creates gaps where we don't have walls and where we don't have Border Patrol agents, that they can then run whatever in through that area?

Mr. JUDD. I'm not aware of any intel report that says 97 percent of the drugs that cross into the United States come through ports of entry. It stands to reason that more seizures are going to take place at ports of entry. Those are secure locations.

CBP can schedule how many vehicles are going to come through a port of entry at any given time, and with the resources, you can go through more of those vehicles.

So, again, at a secure location, it stands to reason that you're going to seize more drugs.

Between the ports of entry, if people are able to evade apprehension, we have no idea what they're bringing in. What we do know, however, is that we are constantly seizing backpacks filled with fentanyl.

In fact, it is my understanding that today in Yuma, Arizona, a person that crossed the border illegally had a backpack that contained 90 pounds of illegal drugs, including fentanyl.

Two nights ago, a Border Patrol canine handler apprehended smugglers coming between the ports of entry that was carrying fentanyl, meth, and cocaine. This happens on a regular basis. But if we can't detect it or apprehend it, how do we know where it came across?

We also know that in 2021, the ports of entry were largely shut down except to essential traffic, and during that time they had a lot more resources to go through all vehicles, yet seizures dropped exponentially. But the amount of drugs on the streets were more than any police agency had ever seen before.

It did not just magically appear on the streets. It comes between the ports of entry just like it does at the ports of entry.

Mr. GRIFFITH. And isn't it also true that, even if they're American citizens who are transporting these goods, they're working for the Mexican cartels?

Mr. JUDD. Yes. I have yet to apprehend somebody transporting drugs into the United States that was a United States citizen. Every single person that I have seen apprehended between the ports of entry have been persons that entered the country illegally and are not United States citizens.

Mr. GRIFFITH. All right. Sheriff Martinez, you testified about transnational criminal organizations being able to continue to recruit migrants to come up here and overwhelm the Border Patrol resources while they run narcotics and criminals around the back.

Are we getting any help from our friends in the Mexican Government to try to put a stop to this?

Mr. MARTINEZ. No, sir, that's the major problem we're having, getting the Mexican Government to step up their enforcement actions on their end.

Mr. GRIFFITH. All right. I appreciate that. Thank you all for being here this evening, and I look forward to hearing the rest of your answers. I now yield back and recognize Mr. Cárdenas for his 5 minutes of questioning.

Mr. CÁRDENAS. Thank you very much, Mr. Chairman.

Wow. Very distinct perspectives coming from the different witnesses that we have here today. But one of the things that I want to make sure that I point out, this is an official hearing of the United States Congress Energy and Commerce Committee to talk about issues that are facing us as a Nation, literally happening today.

And on my way over here today, I remembered what I was taught as a child and how the information that I believed for too many years of my life, because I trusted the sources, were actually wrong.

I was told that the reason why the buffalo almost became extinct across this great Nation was because people wanted them for their pelts.

Well, they did want them for their pelts, but really what was going on at the root of that was, they said, how can we get rid of Native Americans and starve them out? Well, let's take the thing that they need the most—the buffalo. They use them for food, for clothing, for shelter, et cetera, and that was a way to starve them out.

So I believe that when you step back and look at history and you actually get an honest perspective of what happened, then you really understand why the buffalo almost became extinct and also was part of a genocide process against people who lived in these lands far longer than most of us and our relatives lived.

I mention that in the context of, like I said earlier, different perspectives talking about the same issues. When it comes to fentanyl, when it comes to opioid addictions, when it comes to the crisis that we have in the United States of America, one of the things we speak very little about in this committee, or in Congress, is how some American individuals and American companies have actually contributed far more to this crisis than perhaps people with backpacks crossing our border.

For example, when you look at the Sackler family, they were punished a bit, but when you really look at the truth is, they got away with creating a crisis that came to 10,000 or more deaths a year. Now, we're looking at the latest numbers at a hundred thousand or more in our great Nation.

These are the kinds of things that I'm hoping this committee will do, is to make sure that we get an honest perspective on the record about what the real issues are and the real ways in which we can actually create solutions to make sure that we improve the lives and the conditions and the safety of the American citizen and in every community across our country.

One of the things that I wanted to ask you, Ms. Garza, is, when it comes to using punitive responses to the opioid crisis that we have in our country, the fentanyl crisis, is being punitive the answer, or are there other solutions?

Ms. GARZA. We need to have an holistic approach. Look, the opioid crisis is very real. We need to approach it as a public health issue, because it is. And so we need to provide treatments to people that are addicted. And once we do that, once we address that root issue, we're going to stop the demand for these drugs.

And we'll prevent deaths. I mean, people are losing their families, their parents, their children, and we need to take that as a real thing and separate it from what we're doing here today. This is—this is—I don't understand why we're here at the border, because there is really no connection between what is happening with the opioid crisis in this country and immigrants that are just seeking refuge in our country, that are seeking protection.

Mr. CÁRDENAS. Yes, thank you. And many people who come to our border, Ms. Garza, that you're familiar with, are they seeking asylum?

Ms. GARZA. The vast majority of people that I have encountered—and I started off as an immigration attorney, I'm a border Native, I have been here for years, I have been here through several administrations practicing immigration law, I've represented hundreds of children and families—the vast majority of people that

are coming here are fleeing very horrific experiences in their home country, and if we want to address migration, if we want to stem the flow of migration, we need to build up the rule of law in foreign countries.

We need to ensure that we are protecting people in their home countries and ensuring they feel they can stay in their home country and not go on this perilous journey into the United States.

Mr. CÁRDENAS. Thank you. Thank you, Ms. Garza. My time having expired, I yield back, Mr. Chairman.

Mr. GRIFFITH. I thank the gentleman. I now recognize Dr. Burgess for his 5 minutes of questioning.

Mr. BURGESS. Thank you, Mr. Chairman.

And, Sheriff, let me just ask you something because earlier this afternoon we were at the Central Processing Facility down on Ursula Avenue, and the deputy chief patrol agent showed us a graphic of where the location of the remains of people who had perished coming across, presumably illegally, and sure enough, there were a number of dots along the border, along the river.

But it was startling how many dots there were up north toward Falfurrias in your area. Can you help us understand what's going on there?

Mr. MARTINEZ. Yes, sir. What's happening, they're coming across between the port of entries. They're being held at stash houses which they're not being fed, there's no water, they're provided nothing for their health issue. OK?

Then they're traveled up to—up to maybe a mile south of the checkpoint, get dropped off, and they're walking through. They get injured, they get hurt, whatever the case may be. Maybe they get intercepted by law enforcement. They all run different directions. The only one that knows which direction to go is going to be the coyote, the smuggler.

So at the end of the day, if they don't get the assistance they need, they're going to die. And it's a slow death. But I might say, though, we have over—close to 2,000 placards in Brooks County alone. We have maybe three or four beacons in Brooks County alone, but they're told not to utilize that by the smuggler, OK?

Mr. BURGESS. Well—

Mr. MARTINEZ. I think I'm the only sheriff with a morgue in the county, and I'm holding bodies for Zavala County because they don't have a place to hold them. So I think it's—it's important to understand the fact that they're getting smuggled, and they have to pay to get smuggled, and they shouldn't.

Mr. BURGESS. Yes, sir. And it's hardly compassionate—

Mr. MARTINEZ. Yes, sir.

Mr. BURGESS [continuing]. Is the bottom line.

Mr. Archer, let me ask you, you and I have both referenced the Institute for Mental Disease exclusion. When, interestingly, we had Secretary Becerra in front of our committee last Congress, and I asked him a question about that, he actually spoke favorably about perhaps revisiting that.

In your opinion, would that be helpful with some of the problems that you're facing?

Mr. ARCHER. Yes, sir, it would. We—at Oceans today, in over half the hospitals we're in, in over half the hospitals in Texas,

we're the only behavioral health hospital for, sometimes, a hundred miles.

And because of a rule that's almost 50 years old on the books, we can't accept Medicaid patients, patients that we're willing to accept, that we have a contract with. And, you know, unfortunately, the behavioral health Federal laws are riddled with old rules. They point to State hospitals that either haven't existed or have lost beds tremendously over the last 20 years, and so we've got willing providers, willing to take patients, and accept their rates, and we simply can't because of some of these antiquated rules.

Mr. BURGESS. Let me ask you this: What are you doing—we all hear about the workforce issues, and every hospital that I represent will tell me about that—what are you doing to incentivize providers to stay at your facilities?

Mr. ARCHER. You know, what I would say is all of the above, you know, whatever it takes these days. It's the number-one stressor for us in hospitals and I'm sure in healthcare and in many industries. You know, the problem is, and the deep-seated problem in behavioral health is, you know, it's now fashionable to say good things about behavioral health, but from a parity perspective and from a payment perspective, a psychiatrist, a therapist knows that they're going to make 20 to 30 percent less than their peers.

So institutionally we've got a lot of work to do to value the work that they do when they come out of school. One of the most, I think, things that scares me the most is, you look at new graduates, you look at new psychiatrists, you look at new therapists, I'm sure many of you may have had a family member or loved one you know try to find one that will take an insurance, try to find somebody that will take your insurance in network.

And the problem is, is that the barriers for behavioral health providers have been stacked so high that a lot of folks have just tapped out and said, "Hey, we're just going to opt out of taking insurance."

And so, from a workforce perspective, we are doing everything we can to attract and retain the best and brightest, and part of that is inviting folks in earlier in their career, to understand what an engaging career in behavioral health is and how rewarding it can be.

Mr. BURGESS. You're right, we don't value it, and then as a consequence it becomes a cash-only business. And certainly Medicare and Medicaid, extremely hard to find a provider who will accept that.

Let me just ask you, Mr. Judd, in the few seconds that I have remaining, we've heard a lot about the influence of social media, Snapchat, on the sale of fentanyl, but TikTok also plays a role in illegal immigration, does it not?

Mr. JUDD. It does. It does. All social media platforms plays a role in illegal immigration. That's one of the ways the cartels advertise their services throughout the world and convince people to put themselves in their hands to come to the United States. The cartels use all social media platforms.

Mr. BURGESS. Well, we're going to have a hearing with TikTok later, maybe we can bring that up to them. Thank you, and I yield back.

Mr. GRIFFITH. The gentleman yields back. I now recognize Ms. Craig for her 5 minutes of questions.

Ms. CRAIG. Thank you so much, Mr. Chairman. I want to start with Ms. Garza. Even though fentanyl-related substances have been scheduled as a class I drug on a temporary basis—which by the way I agree with—since 2018, cases of fentanyl overdoses and deaths have continued to rise.

For Ms. Garza, and perhaps Mr. Archer as well, clearly that re-scheduling, scheduling at it as a class I one drug, is not the silver bullet that some politicians would have us think that it is.

And, of course, it feels a little bit like Groundhog Day here in Texas because we've had these conversations on heroin, on cocaine, and so many other drugs.

Do either of you have any input on some of the mistakes that Congress might have made in our approach to the opioid crisis?

Ms. GARZA. I will go first. You know, I think—I think it's very clear that criminalizing this is not going to create a solution. We, again, have to have a public health response to a public health issue. And providing counseling, which I'm sure Mr. Archer can speak more to, providing treatment to individuals that are addicted to opioids is the right course. I mean, this is what we should be focusing on, is treatment, as a public health issue.

Ms. CRAIG. Mr. Archer, anything to add to that?

Mr. ARCHER. Sure. I mean, look, I would agree. I mean, I think that we, from an addiction perspective, and I'm sure some of the stories you've heard today, patients with addiction carry a lot of shame, and it's—and it's not needed. It shouldn't be that way.

You know, an addiction patient has typically a biological and a genetic disposition for this.

But, you know, I would say this: As also a father of four and someone who has been unable to remove social media from my daughters' phones, I do worry deeply about these other forces that are moving around.

So I would, you know, I would say, I think both sides of this are important, and I would continue, I think this committee has done some, I think, very meaningful work around medication-assisted treatment, parity, and other areas.

But I would just say, look, more needs to be done, because the education efforts, starting as early as elementary school, junior high, and high school, those things have to continue.

Ms. CRAIG. Thank you so much.

Mr. Judd, maybe I misheard you, but I thought you sort of took issue with this number of 97 percent coming through our legal ports of entry at our Nation's border. I guess I'm just stunned because I'm sitting here holding a report—and Mr. Chairman, I'm going to ask unanimous consent that this report from the Customs and Border Protection be entered into our hearing record—I'm just stunned that there is so little discussion today, since I'm holding the report that says that is the case, and specifically with fentanyl, 97 percent seems to be seized at legal ports of entry, that you're not here representing your officers, asking for more equipment, more resources, more officers, more of anything to detect and seize the actual fentanyl that's coming into our country.

And I realize that doesn't fit the political narrative that some people are trying to offer up here today, but that's how it's coming into our country, and, yes, it's coming through the mail, it's coming through lots of places in other ways.

And I'm looking here, and, you know, several hundred pounds were also found on people who were coming across illegally on our border, I understand that, but 97 percent, and we're having a conversation here about the 3 percent. That doesn't save a damn single life in my congressional district, most likely.

So I'm just concerned that you don't have that data since you represent the officers.

Mr. JUDD. If I misheard you, I apologize, but I thought that you said 97 percent comes through the ports of entry. I did not hear you say 97 percent is seized at the ports of entry. Again, I will point to, ports of entry are secure locations. That's what they are. You can schedule traffic to come through. CBP can even shut down lanes if they need to, and they can go through all of the vehicles.

Just because that's where it's seized does not mean that more is not coming between the ports of entry. And we have seen that time and time again. So if you said that 97 percent is seized at the ports of entry, I apologize. But I heard you say 97 percent is coming through the ports of entry.

Ms. CRAIG. So let me just ask you this then. We don't know how much is really coming through our ports of entry. We just know how much is seized there.

Mr. JUDD. Absolutely.

Ms. CRAIG. Why aren't you asking for more equipment to seize more—

Mr. JUDD. I'll be happy to—

Ms. CRAIG [continuing]. That they're trying to get through the ports of entry?

Mr. JUDD. I'll be happy to answer that question, because I believe that we have the resources today to do the job. That has been proven in the past. I do not believe that the taxpayer should have to shoulder this burden.

I believe that, if we had the proper policies, proper programs, proper operations, then we could, in fact, secure the border, and that has been proven in the past.

Again, look at 2021. Seizures at the ports of entry were at an all-time low. Yet the amount of drugs on the streets were at an all-time high. Those drugs did not magically appear.

Mr. GRIFFITH. The gentlelady's time—

Ms. CRAIG. Mr. Chairman, my time is expired.

Mr. GRIFFITH. Thank you. And the gentlelady yields back. I now recognize the chairwoman of the full committee, Cathy McMorris Rodgers.

Mrs. RODGERS. Thank you, Mr. Chairman. We're here today to look for answers to a border crisis that is driving the flow of fentanyl—illicit fentanyl—that is pouring into our communities. I'm from Spokane, Washington, near the Canadian border, near Idaho, and we are one of 11 cities now DEA has listed as crisis cities for fentanyl.

I want to go back to the discussion right here. So I've seen estimates that DEA thinks that they're able to catch about 5 to 10 per-

cent of the fentanyl that's actually coming in to the United States of America.

So to Mr. Judd and to the sheriff, would you—would you speak to how the policy of taking away resources to stop fentanyl from being smuggled in, you know, the policies that are taking away from border security, to secure the border, and how that is impacting your ability to stop the flow of fentanyl coming into the United States?

Mr. JUDD. We start any shift with 50 percent of our resources outside of patrolling the border. That's 50 percent. We can end the shift with as many as 90 percent of our resources doing administrative duties rather than patrolling the border.

And any time that you have that, you have a wide-open border. In fact, you have sections of the border that are completely controlled by criminal cartels when you take that many of our resources out of the field.

And, again, that starts with policy, programs, and operations, and if we had those, then we wouldn't be doing that, and we could do a much better job of securing the border.

Mrs. RODGERS. Thank you.

Sheriff?

Mr. MARTINEZ. Yes, ma'am. Just in the last 31 days of this year, there's been 1,937 Mexican drones flown between the United States and Mexico. I say this. Let the Drug Enforcement Administration do what they're supposed to. Remove their gloves and let them work how they're supposed to, OK? Everything is in place. We are just going in circles here. They can do the job. CBP can do the job.

All you got to do is talk to them. If you need a closed hearing to do it—but they know what they're doing. Let them work.

Mrs. RODGERS. And we're talking about the number-one killer of 18-to-45-year-olds now in the United States of America: fentanyl, the number-one killer. Enough fentanyl on Lincoln's ear on a penny can kill someone.

So would you—would you just speak to us about what you think needs to happen, from a Federal Government perspective, to help secure the border and stop the flow of the fentanyl?

Mr. MARTINEZ. Yes. We're having this health issue that we talk about, this fentanyl and everything. We have to secure the border, put those walls back up. I think the walls need to go back up. OK? That's important. Because all it is, is a tool. That's what the wall is, as you would a radar in a patrol car. It's just a tool, OK? Get Border Patrol back to do what they're supposed to do, get them on the front line, get them the equipment, the technology they need.

Even though you have technology, you still have to identify what you're looking at, OK? I worked for the State police for 29 years. Eighteen years of that I did narcotics, the service. So I know what happens on the back side. I've been part of that, OK, so I know what occurs.

The cartels will do everything they can to get their merchandise across, because that's what they do, you know, and it's simple. Get Border Patrol back to what it's supposed to do, put the walls back up, secure some of that, because all it is, is you got to funnel things through.

This issue about the port of entry, this is what it is. That's where you get your metrics, OK? Your metrics is being—OK, everything is the port of entry. That's just a metric. And the reason I'm passionate about this, because I had another Representative, a Congressman from California, that questioned it.

And it really annoys me because I know what we have done, and I know what the Federal Government has done in operations that maybe some of you don't know, and you should know. So it's there, it's occurring, it's occurring now.

Mrs. RODGERS. In December—in December, the Administrator for Drug Enforcement Agency was in my office, and she told me that they've identified 160,000 plants in China that are producing the chemicals that now make their way to Mexico that are then used to produce the fentanyl-related substances making their way into the United States.

Would Mr. Judd, perhaps, would you speak to what's going on just maybe a few miles or right across the border from here within the cartels?

Mr. JUDD. Yes. When you look at the border, there is no one-size-fits-all to secure the border. The border has many different dynamics.

If you look at Tucson, Arizona, there is no river. If you look at McAllen, Texas, there is a large river. The cartels, they use the different terrain features, they use the different specific areas. Laredo, Texas, they use a lot of the commercial to do their smuggling because they're going to use what is available at the time, the resources that they have. And that's what we see.

And that's why we have to—I agree with Ms. Garza—we have to have a holistic approach. There's got to be a look at everything that we do, but enforcement is absolutely a necessary issue in this process. And if we don't have the enforcement, then we're going to continue to see the chaos that we're currently seeing.

Mrs. RODGERS. Thanks for what you're doing.

My time is expired. I yield back.

Mr. GRIFFITH. The gentlelady yields back. I now recognize Mr. Veasey for his 5 minutes of questions.

Mr. VEASEY. Mr. Chairman, thank you very much.

Ms. Garza, I don't know the Koch brothers. I've never met them. I know that a lot of my Republican colleagues around the table have met them and dealt with them and been supported by them. And because of your work in the nonprofit world, you probably are familiar with Cato Institute and know that they founded that organization.

And there is a very interesting report, if you haven't read it, that talks about this issue. Ninety-seven percent of ports are less likely to be stopped than are people illegally crossing between them.

One of the reasons why we see people going to these ports is because they know that they're—that drugs are less likely to be searched there. And so it's only logical that these people that are bringing fentanyl into this country would go through these ports.

Just 0.2 percent of the people arrested by Border Patrol for crossing illegally possess any fentanyl whatsoever. And contrary to what Mr. Judd just told us, we know that the Government exacerbated

the problem by banning most legal, cross-border traffic in 2020 and 2021, accelerating the switch to fentanyl.

And that during the travel restrictions, fentanyl seizures at ports quadrupled from fiscal year 2019 to 2021. Fentanyl went from a third of combined heroin and fentanyl seizures up to over 90 percent. And annual deaths from fentanyl doubled from 2019 until 2021, after the Government banned most travel and asylum. So it's pretty logical and obvious where the drugs are coming from.

And so I want to ask you, how has a militarized border affected these communities, especially knowing that the drugs aren't coming in through their communities?

And I just want to say for the record, Mr. Chairman, I've been to the border many times, and I've visited McAllen for a variety of different reasons over the last 18 years, and this is probably one of the safest communities I've ever been in, in the entire State of Texas. I'm from Fort Worth.

Please.

Ms. GARZA. I just—I want to start with the fact that I'm a fifth-generation Tejana from Brownsville, Texas, and it is one of the safest communities. I'm raising my 10-month-old daughter here intentionally. It is not what is depicted in the media. This is not a war zone. It is a very safe community. It's a very welcoming community.

And unfortunately we are on the eve of some fiestas that are happening in Brownsville, the celebration of the relationship between Brownsville and Matamoros that is incredibly unique. It's a celebration of the relationship between the United States and Mexico, of our intertwined economies, of our families, of our culture, of our congress.

And to have a hearing like this, that isn't focused on the needs of border communities, we need infrastructure, we need dollars for healthcare. We don't need a militarized zone. We have all kinds of enforcement in this region, and it has done nothing to stem the flow of drugs.

Operation Lone Star has spent billions of dollars in this region, as I laid out in my testimony, and it has not resulted in reductions of deaths that you are seeing in your communities, in the interior of the United States. So throwing more money into militarizing this region is not going to solve the problem.

We need to address this as a public health issue, and we need to treat immigrants that are seeking protection in this country humanely. And we need to take care of that part because the people in this community are stepping up even though they are impoverished. We are still standing up and helping out these folks that are coming and looking for protection in our country.

Mr. VEASEY. Thank you. In Mr. Judd's opening statement, he made a comment that he didn't know exactly why the undocumented are coming here, and I would like to remind Mr. Judd and everybody sitting around this table, not just him, that the reason why they're coming here, and the reason why they are here, they're primarily taking jobs that are very hard to fill in this country.

And so all of us should remember that the next time we put food on our table, that that food was probably picked or harvested or produced by people that were undocumented.

The next time we put gas—we talk about Texas being the oil and gas capital of the world. The next time we put gas in our car. And so that's what they're doing. I just wanted to answer Mr. Judd's question because he said that he did not know what they were doing here, and I'm telling you what they're doing here. We're all eating tonight because of them.

Mr. Chairman, I yield back.

Mr. GRIFFITH. I thank the gentleman for yielding back. I now recognize Mr. Latta for his 5 minutes of questions.

Mr. LATTA. Well, thank you much, Mr. Chairman, and thanks for holding this hearing, and thanks to our witnesses for being with us tonight. You know, one of the things I think it's important to point out is that, you know, in some of the hearings that we've had, we're no longer hearing the words that we're having an overdose issue in this country, but we have a fentanyl poisoning problem in this country.

And it wasn't very long ago at a roundtable that we conducted that a law enforcement officer said that those that are lacing narcotics with fentanyl are committing murder.

So I think it's important to point out that, you know, we really have to see that there's a massive change happening in this country because, again, it's already been pointed out, but I'm going to point it out again, that when you think of the 107,735 people that lost their lives in this country in 2021 alone, that over 70,000 of those were because of fentanyl.

So I think it's really important that the legislation, the HALT Fentanyl Act that my friend, the chairman, and I have introduced, is so important to get across the finish line because, again, it will permanently schedule fentanyl-related substances as a Schedule I drug and enable researchers to continue to study Schedule I substance for possible medical benefits.

And I think it's also important to point out, again, that when the Drug Enforcement Agency's associate administrator for business operation, Jon DeLena, was before our committee, he stated that the HALT Fentanyl Act is the agency's top priority.

And, Mr. Judd, if I could start with you, why would Mr. DeLena say that the HALT Fentanyl Act would be the agency's top priority?

Mr. JUDD. Because the amount of deaths that are occurring in the United States. It has to be the top priority if we're going to stem off the number of deaths. Again, 107,000 people died of overdose deaths in 2021 alone. That number went up, I believe it's about the exact same in 2022. We cannot continue to sustain that number of deaths in the United States.

Mr. LATTA. Well, thank you, and, you know, again, some of us were able to visit the McAllen CBP facility before we came here this evening. And let me ask, what trends does CBP have identified in illicit drug shipments, and especially when you think about the international coordination on fentanyl analogues and counterfeit drugs coming in across our borders?

Mr. JUDD. What we have noticed and what has become very, very clear is, the cartels want to pull resources out of the field. And the way they do that is, they flood specific areas with illegal border crossers. When they do that, it requires us to deploy those re-

sources to that area, and when they deploy those resources, then you have wide gaps that are clearly open.

And when you look at 1.2 million gotaways, if every single one of them, and I'm not saying that every single one of them, but if every single one of them was carrying a backpack of 90 pounds of drugs, that's an awful lot of drugs, and that is the scary aspect of this.

We must be able to detect and apprehend everything that is crossing the border between the ports of entry. And once we do that, then we can evaluate where resources need to be placed.

But until we do that, just throwing resources at an issue is putting the cart before the horse. That's why we have to have the proper policies, programs, and operations. Then we can look at what resources are necessary after that.

Mr. LATTA. You know, something else that was brought up this afternoon when we were visiting, the question as to individuals that in the past might've had some cash on them that are now—you're finding folks coming up that have no cash. And so the question then is, you know, is the cartel, out of the goodness of their heart, allowing these people to go through their area to bring them up here for free?

Mr. JUDD. No. Every person and every thing that crosses the border illegally goes through the cartels. Whether you're paying fees on your way up through Mexico, whether you're paying a fee at the border, every single person or every single thing that crosses the border illegally, it is in the cartels' hands.

Mr. LATTA. Well, and again, I think what you mentioned about the distracting of our Border Patrol by the cartel when they bring large groups of people up into one area is very, very important.

And also, you know, one of the things, if I could just finish up with then, is this, is that, you know, the cartels are producing fentanyl-laced pills that cost about 10 cents apiece. So that means they're killing Americans for 10 cents. And that's something that, you know, we've got to stop, and I think this is one of the things that's so important for this committee, and why we're here tonight.

So, Mr. Chairman, I appreciate the opportunity to ask the witnesses, and I yield back.

Mr. GRIFFITH. I thank the gentleman for yielding back. I now recognize Mr. Bilirakis for his 5 minutes of questioning.

Mr. BILIRAKIS. Thank you, Mr. Chairman, I appreciate it. Thank you, Madam Chair.

In November, I had the opportunity to lead a delegation visit to the Arizona-Mexico border, having in-depth conversations—and I also brought some of my local sheriffs with me as well—but having in-depth conversations with the Border Patrol agents, custom agents, and, again, local sheriffs, and also Mr. Judd.

The resounding feedback I received was that our border is not secure, which continues to allow the surge of illegal drugs that have made every State a border State.

Florida, like every other State, has seen stark upticks in fentanyl poisoning deaths. Without question, without question, fentanyl is a weapon of mass destruction. We are at war, ladies and gentlemen.

Sheriff Martinez, when I visited the Arizona-Mexico border, I met with Sheriff Dannels, who described the United States' south-

ern border as a war zone governed by the Mexican cartels. You have provided similar testimony, sir, today.

He also said that the large policy shifts from the Trump administration to the Biden administration have emboldened these cartels and elaborated that these new policies have left those at the border out to dry. And I've heard this from residents here in Texas. Do you feel this is a fair assessment, sir?

Mr. MARTINEZ. Yes, sir, it is.

Mr. BILIRAKIS. In your opinion, was the Remain in Mexico policy implemented under President Trump helpful?

Mr. MARTINEZ. Yes, sir, it was. As the wall.

Mr. BILIRAKIS. Thank you.

Mr. JUDD, again, it's wonderful to see you again. Thank you for all you do.

Mr. JUDD. Thank you.

Mr. BILIRAKIS. I greatly appreciated the role you played in helping coordinate the visit in November. The time you spent with the group was informative, and your frankness continues to be refreshing. I would like to ask you similar questions as I did Sheriff Martinez.

Do you agree with Sheriff Dannels' assessment that the southern border is a war zone?

Mr. JUDD. I would agree that the southern border is controlled by criminal cartels, and large swaths they have complete control over.

Mr. BILIRAKIS. OK. Do you believe construction of the southern wall should be continued and completed?

Mr. JUDD. I know it should. All you have to do is look at history. In one of the stations that I was assigned to, prewall, we were apprehending a hundred thousand people. Postwall, that dropped down to less than 10,000 people. We're able to dictate where illegal activity is taking place if we have infrastructure like physical barriers.

Mr. BILIRAKIS. Thank you very much. What other resources and technology do you and the 16,000 Border Patrol field agents need to protect our border from the influx of illicit fentanyl?

Now, I know you said that we got to change the policies, but can you elaborate the resources that are needed once we change the policies, sir?

Mr. JUDD. So we must retain Border Patrol agents. We can't do that right now. We're supposed to be at 21,378, and as yet we're at 19,300. That is the resources that we have to be able to keep. If we don't have enough agents in the field, we can't do the job.

CBP, they do an incredibly important job. The ports of entry are incredibly important, but they don't have an issue of retaining employees at the ports of entry. We have an issue with retaining employees between the ports of entry, and we must be able to retain our employees, and we can't do that right now.

Mr. BILIRAKIS. Thank you, sir. Ultimately, this is a public health crisis, I agree with that.

Mr. Archer, thanks for being here today to provide perspective of healthcare—the workforce trying to address the collision of illicit fentanyl and the mental health and substance use disorder concerns we face as a Nation.

How have the policies of the Biden administration negatively impacted your facilities, your staff, and ultimately patient care?

Mr. ARCHER. You know, I think as a behavioral health provider today, post-COVID, we are in an environment where, you know, certain things have been extended during COVID such as telemedicine flexibility, you know, things that we're hoping are going to be made permanent in the near future.

Workforce continues to be one of our major concerns. I know I've shared that numerous times with us tonight. It's what we wake up to day and night in this industry.

And, again, I'll just say that behavioral health patients and the caregivers that I represent have not always had the strongest advocates. And so as we look at the power that managed care has and other organizations have, parity remains one of our major desires and needs for our industry.

Mr. BILIRAKIS. All right. Thank you very much, Mr. Chairman, I appreciate it, and I yield back.

Mr. GRIFFITH. I thank the gentleman for yielding back. I now recognize our longest-serving pharmacist in the United States House, Buddy Carter.

Mr. CARTER. Thank you, Mr. Chairman, and I'm going to jump right into it because I got a lot to go over in 5 minutes.

I want to ask you, Mr. Judd, let's talk about this 97 percent of the fentanyl that is seized is at the border. OK, I'll accept that. I'll accept that as being a fact, OK? But it's my understanding that U.S. authorities estimate that we're only catching 5 to 10 percent that comes across. So if you're talking about 97 percent of 10 percent, you're still talking about a minuscule amount. Is that correct?

Mr. JUDD. That is correct, yes.

Mr. CARTER. Let me ask you something else. We were at the processing center this afternoon, and I heard something that was very disturbing, and I need to get clarification on it. They told us that because fentanyl is an approved drug in America, that the dogs are not trained to sniff for it.

Mr. JUDD. Certain precursors, that is true, but I have found that—I used to be a canine handler myself—I have found that the dogs are, in fact, finding fentanyl. How that is, I don't know. I was a canine handler many years ago, but I do know that the canine just detected that in Arizona two nights ago.

Mr. CARTER. Well, I certainly hope that's not the case because even though it is an approved drug, you've got to have a prescription for it. I'm sure these people don't have a prescription for it when they're coming across the border.

Mr. JUDD. No, they don't.

Mr. CARTER. Are we checking to see if they got a prescription?

Mr. JUDD. We check every document that they have, yes.

Mr. CARTER. Well, I certainly hope that the HALT Fentanyl Act, once it's made permanent, that this will make sure that every dog is trained to detect fentanyl that's coming across that border.

Let me ask you something else. If you had additional resources to put into border security, do you believe that more would be seized?

Mr. JUDD. I believe that if we had more personnel on the border, absolutely. If we were able to put our—if we were able to deploy

our agents to the field, yes, I absolutely believe that more would be seized.

Mr. CARTER. You know, I get so frustrated by this talk, and with all due respect, Mr. Archer and Ms. Garza, when you talk about opioid addiction and when you talk about fentanyl poisoning, you're apples and oranges here.

I could not agree more, we need to do something in this country about opioid addiction, we need to do more. I've witnessed it, a practicing pharmacist, I saw it firsthand. I saw it destroy families, I saw it destroy careers. We do need to address, but what we're talking about here is fentanyl poisoning.

You know, I was at a town hall meeting, and I made a mistake, and as a pharmacist, I made a mistake. I called it fentanyl addiction. And a mother jumped up and she said, "Sir, you were wrong. It's not fentanyl addiction, it's fentanyl poisoning." She said, "My son took one pill, and he's dead." She was right, and I was wrong. It is not opioid addiction. It is fentanyl poisoning.

Mr. Archer, one of the things that I think that we can do, and we got—you know, there are two solutions to this problem. First of all, we got to secure this border and stop these drugs from coming across the border. That's the first thing we got to do.

We got a big problem with the amount of drugs that are in this country already, and one of the things we've got to do—I tell you, in my pack, in my backpack, I carry Naloxone. I carry it everywhere I go. Thank God I've never had to use it, and I pray to God I don't have to use it.

But we need to make sure that Naloxone is available over the counter. It needs to be in every medicine cabinet in America. It needs to be like syrup of ipecac. It needs to be there.

And I call on this committee, we need to have the FDA—and, look, I'm a big critic of the FDA a lot of times, but I got to give credit where credit's due. They've already started the packaging to make this OTC, and now they're waiting on the pharmaceutical manufacturers to catch up with them. We need to be encouraging them. We need to have this.

Mr. Archer, have you witnessed this?

Mr. ARCHER. We have, we have, and I couldn't agree with you more.

Mr. CARTER. Well, you know, look, folks, 200 people every day. Two hundred people every day. If this—if you put 200 people every day in an airplane and crashed it, we'd all be walking. They'd stop it immediately. And what are we doing? We're sitting here arguing about whether it's at point of entry or whether it's a humanitarian crisis or what—it's drugs coming across the border. We're not talking rocket science here, folks. I just—we got to secure the border, and we got to treat these people.

We need to have this in every medicine cabinet, every emergency box. It needs to be like defibrillators. Where you got them, you need to have Narcan—Naloxone.

Thank you, Mr. Chairman. I'll yield back.

Mr. GRIFFITH. Appreciate the gentleman. I now recognize Mr. Crenshaw for his 5 minutes.

Mr. CRENSHAW. Thank you, Mr. Chairman. Thank you for holding this field hearing in my home State of Texas. Thank you to all the witnesses for being here.

Look, let's be clear. This is a field hearing on the border because fentanyl comes across the southern border. I heard that questioned earlier. You can't understand why we're having a field hearing on the southern border relating to fentanyl.

It's because it comes across the southern border, Ms. Garza. This is not political theater. This is not misinformation. It just comes across the southern border, and we're quibbling, as my colleague just said, we're quibbling about how much of it comes through points of entry and how much of it comes between points of entry.

Look, multiple things can be true at once. Most of the seized fentanyl is seized at points of entry. Another thing can be true: A lot of fentanyl comes between points of entry, and we don't find it.

Another thing can be true. It is indeed related to the immigration crisis because both crises have a common factor, and that is the Mexican drug cartels. That is a common enemy. We are not enemies here. This should not be a partisan issue. We have a common enemy in the Mexican drug cartels.

If you don't believe that there's a connection, I think me and Mr. Judd, in under a minute of conversation, can help find that connection.

Mr. JUDD, it's true that most fentanyl comes through points of entry that is seized. Points of entry are run by customs agents, correct?

Mr. JUDD. That is correct.

Mr. CRENSHAW. OK. How often are custom agents pulled off the line to assist Border Patrol because of the immigration crisis?

Mr. JUDD. Oh, Border Patrol agents are constantly being pulled off of the line to assist customs agents, and at times, customs agents are also being pulled off the line to assist Border Patrol.

Mr. CRENSHAW. Do we have enough customs agents to actually go through all the vehicles we need to go through?

Mr. JUDD. We do not. We need more.

Mr. CRENSHAW. There we go. Cartels, are they making money off of illegal immigration? Do they charge every single illegal immigrant when they cross that border?

Mr. JUDD. Thirteen billion dollars worth, yes.

Mr. CRENSHAW. Thirteen billion dollars. Do you think they reinvest that money in hospitals, in schools, or do you think they reinvest that money back into their illicit drug trade?

Mr. JUDD. El Chapo spent an awful lot of money on himself.

Mr. CRENSHAW. Is it also true that what the cartels do is tie up Border Patrol agents with hundred of migrants who are, indeed, I'm sure, nice people, but they tie them up, process them for hours, Border Patrol agents become babysitters and bus drivers, and then the cartels use that opportunity to then traffic what they want to traffic in places the Border Patrol cannot watch?

Mr. JUDD. That is 100 percent correct.

Mr. CRENSHAW. It is connected. It is indeed connected. The immigration crisis and the fentanyl crisis are separate, yes, but they are connected. This is not a partisan comment to make.

And it is true what my colleague just said, the longest-serving pharmacist in Congress: This is a different problem. This is not like the war on drugs. This is not cocaine and heroin. This is a poisoning problem, and it is poisoning almost 80,000 Americans a year, and it is coming from two specific organizations: the Sinaloa Cartel and the Jalisco Cartel. It should be a common enemy for Democrats and Republicans.

By the way, the man who represents this district that we're in right now, Vicente Gonzalez, he agrees with me. We're working on legislation together for the authorization of military force against the cartels because they are a military force. They are some of the best-equipped, best-trained, best-funded, most dangerous people in the entire world, and they're right across the border.

And they're killing Americans by the tens of thousands. More Americans died just in 2021 from fentanyl than the entire Vietnam War. They are at war with us.

I've introduced legislation that would go after them, militarily, financially, and go after the kind of people that help them, Mexican officials who help them.

You know, on the enforcement issue, Sheriff, can you effectively prosecute fentanyl dealers? Are your hands tied there? What can we do better there?

Mr. MARTINEZ. That's a good question. Definitely need to get the AUSA on board, the United States Attorney on board to start prosecuting cases. In my case, at the checkpoint, they pick and choose what cases they're going to accept and file on, and those cases I'll adopt in the State level. It really is not going to go anywhere, but—

Mr. CRENSHAW. What do you think—I think some States have looked at making—at classifying fentanyl as a poison. Would you recommend something like that?

Mr. MARTINEZ. Yes, Schedule I, yes, sir.

Mr. CRENSHAW. Well, Schedule I is different than classifying it as a poison. You classify it as a poison, it becomes a murder if you give it to somebody.

Mr. MARTINEZ. Absolutely. That'll work.

Mr. CRENSHAW. That'll work.

Ms. Garza, would you agree with that? Do you think fentanyl dealers, not the people who are taking it—I understand you have sympathy for them, I think we all do—but the dealers who knowingly give fentanyl to other people when they think they're taking Adderall or heroin or something else, do you think that we should vastly increase penalties for them?

Ms. GARZA. I will say that I recently had a C-section, I had a baby, and I was given fentanyl by a physician, and I—

Mr. CRENSHAW. That's not my question. That's in an operating room.

Ms. GARZA [continuing]. And I believe that there is a drug that—

Mr. CRENSHAW. We carry fentanyl on our medics' packs overseas. I understand that. Do you think that fentanyl dealers trafficking it illicitly, like putting it in Adderall, putting it in cocaine, and then people died, you don't think that those dealers should have a higher penalty?

Ms. GARZA. I believe that we should be prosecuting people. I think that we should stop—

Mr. CRENSHAW. But should they have a higher penalty than—

Ms. GARZA [continuing]. The stem of the flow of the drugs in this country. But we're conflating the issues and what the real problem is. You are identifying, sir, what the problem is, and the problem originates not at the border, it originates further south. And so we need to put efforts into curbing these drugs coming in, and we need to curb—we need to build up the rule of law in foreign nations so that people don't feel unsafe and have to flee.

Mr. CRENSHAW. Our solution—our solution—

Ms. GARZA. But you are villainizing our community.

Mr. CRENSHAW. I'm not villainizing—

Ms. GARZA. You are villainizing the border and—

Mr. GRIFFITH. The gentleman's time is up.

Mr. CRENSHAW. Well, can I respond to that?

I yield back, Mr. Chairman. Thank you.

Mr. GRIFFITH. Thanks. The gentleman yields back. I now recognize Dr. Joyce for his 5 minutes of questioning.

Mr. JOYCE. Thank you, Mr. Chairman. Today we're looking for answers on what can be done to stop the poisonous fentanyl that continues to enter our country, enter our country here, through our southern border.

I had an interesting event occur to me as I was traveling here to McAllen today on an airplane. I'm a physician. Even on the plane, they called for help. I went back. There was a woman in respiratory distress.

I'm on a commercial airplane. They had a stethoscope. They had a blood pressure cuff. They had a tank of oxygen. They had a whole cadre of medicines, and this woman had a great outcome.

And yet we are not, as government, providing you with the tools to stop this poison, another medical emergency, from coming into our country.

Last year, in my home county, in Pennsylvania, there was a record number of drug poisonings that occurred, largely due to fentanyl, which has become the number-one killer of Americans ages 18 to 45.

As we look at these deaths, it is critical that we have an understanding of how these drugs are entering our communities and what can be done to prevent that.

Recently we've seen reports that the materials to create these drugs are produced in China and then shipped to Mexico where the cartels mix analogues into other drugs and then move them across the southern border.

It is their business model. They're utilizing those specific agents and bringing those poisons to us. So I'd like to address my questions to you, Mr. Judd.

How do you feel the fentanyl precursor chemicals get through Mexico's Customs and Border inspections?

Mr. JUDD. Unfortunately, we can't control what happens in other countries. Afghanistan has taught us that. Mr. Crenshaw has clearly—his service has taught us that we cannot control what happens in other countries. We can only control what happens right here in the United States.

And what we do know is that this \$13 billion that is generated through human smuggling, that money is going back into the Mexican economy. Why would they want that to stop?

Then you add on top of that the amount of drugs that are coming into the United States and all of that, why would they want to stop that?

I believe the Mexican Government does not want any of this crisis to end. In fact, the only time that they have ever become true border security partners is when our Government threatens them with tariffs.

Mr. JOYCE. As we look at this continuation of the crisis—as we look at this continuation of the poisoning, Mr. Judd, do you feel that you have access to the appropriate personnel, policies to stem this tide?

I was in a situation today, I had the appropriate sources, and I was able to turn things around. Do you, as the Border Patrol, do you have the appropriate resources, personnel, and policies to stem what is coming across our border tonight?

Mr. JUDD. Congress has allocated enough funds for enough agents. We just can't keep those agents. So we have to be able to retain our agents. No, we do not have enough Border Patrol agents to do what is necessary.

I do not work at the ports of entry, but I know an awful lot of OFO officers, and I would tell you that they do not feel that that they are properly staffed even though they are able to retain their agents.

Mr. JOYCE. Mr. Judd, in your testimony you stated that in your 25 years of service with Border Patrol, right now our border is the least secure.

Mr. JUDD. Yes.

Mr. JOYCE. Do you feel that is true?

Mr. JUDD. Yes. 1.2 million gotaways clearly shows that.

Mr. JOYCE. Mr. Judd, the increased high-value fentanyl doubled from President Biden's first year in office to his second year. Do you expect that that's going to continue?

Mr. JUDD. I do, yes.

Mr. JOYCE. And finally as president of the Border Patrol Council, do you see this fentanyl poisoning crisis continuing until government, until Congress, makes the appropriate steps?

Mr. JUDD. I believe that there are executive actions that can be taken, but, yes, for the long run, Congress must address this issue.

Mr. JOYCE. I thank all of the witnesses for their testimony today, and I yield the remainder of my time.

Mr. GRIFFITH. Thank you, Dr. Joyce. I now recognize Diana Harshbarger, the youngest of our pharmacists, for her 5 minutes of questioning.

Mrs. HARSHBARGER. Thanks, Mr. Chairman. Thank you to the witnesses who are here today.

Mr. Judd, we just talked about this with Dr. Joyce. In your testimony you mentioned, from your firsthand knowledge and experience, that the Biden administration's open border policies have so stretched the Border Patrol agents thin that the number of gotaways is almost too many to quantify. You said that there were

1.2 million. How many do you really think have come across that border?

Mr. JUDD. So being a 25-year veteran myself and talking with agents on a daily basis, I believe that we detect about 80 percent of what actually crosses the border.

Mrs. HARSHBARGER. Yes. So there's many more than that?

Mr. JUDD. Yes, that's correct.

Mrs. HARSHBARGER. CBP has apprehended individuals on the terrorist watch list, correct?

Mr. JUDD. That is correct, yes.

Mrs. HARSHBARGER. So some of these gotaways could well be on that watch list, on that terrorist watch list. Am I correct?

Mr. JUDD. Yes, yes. In fact, just a few weeks ago, DPS pulled over a vehicle in which an Iranian national was stashed in the trunk of the vehicle. That person would have evaded apprehension if it was not for what DPS did.

Mrs. HARSHBARGER. Absolutely. You know, my stats say that 53 people on terrorist watch lists have been apprehended trying to enter the U.S. between ports of entry so far this fiscal year.

We're seeing an increase in Chinese nationals crossing the border illegally. In the last 3 months of 2022 that skyrocketed by 700 percent. Do you think the Chinese criminal—transcriminal organizations are assisting the Mexican cartels?

Mr. JUDD. I do, absolutely.

Mrs. HARSHBARGER. Absolutely. So do I. And as a pharmacist, Ms. Garza, we do use fentanyl for birthing and a lot of other things, for cancer therapies. And I don't know if young people in this room or that are listening to this know, it only takes two grains of sand—that's how much 2 milligrams of fentanyl is—to kill you dead. And this is why this is such a critical issue.

You know, in terms of illicit fentanyl, record amounts of seizures, as Joshua Sharfstein of the Johns Hopkins Bloomberg School of Public Health has said, if you're seizing a lot, it's because a lot is coming in.

And would you agree with the stat that 5 to 10 percent is what—that's all that's being intercepted at the border?

Mr. JUDD. I believe so—

Mrs. HARSHBARGER. I do too.

Mr. JUDD [continuing]. And the reason why, yes, I believe that—and the reason why I believe that is all my partnerships with other law enforcement organizations throughout this country. And every single one of them will tell you, they have never seen the amount of product on the streets today as—in the history of law enforcement.

Mrs. HARSHBARGER. Well, yes, they're marketing to children, making them multicolored, now they're doing tie-dyed. It's any way they can get it.

And this question is to Mr. Judd and Sheriff Martinez: In your views, should Title 42 be used not just for communicable diseases but also if there's dangerous substances coming across the border, sir?

Mr. MARTINEZ. Yes, ma'am.

Mrs. HARSHBARGER. Do you think we should designate fentanyl as weapons of mass destruction?

Mr. MARTINEZ. I think it classifies under that, yes.

Mrs. HARSHBARGER. Yes, so do I. Do the Mexican authorities know which specific cartels are trafficking fentanyl? And Mr. Crenshaw mentioned there's two active cartels in my State of Tennessee, and the Sinaloa is one of those.

So why can't these authorities—or can they or won't they stop these cartels, the Mexican authorities?

Mr. MARTINEZ. Because there's a lot of money involved.

Mrs. HARSHBARGER. Yes.

Mr. MARTINEZ. And that's—in that particular country, money kind of carries the rule of law.

Mrs. HARSHBARGER. Money does carry the rule of law, exactly.

How would you both, Mr. Judd and Sheriff, describe our law enforcement intelligence-gathering efforts on cartel members? Is it good, bad, indifferent?

Mr. MARTINEZ. No, I think they're doing a great job.

Mrs. HARSHBARGER. OK.

Mr. MARTINEZ. I think we just need to have the Federal Government do the work, do the job they're supposed to. It'll take care of it.

Mrs. HARSHBARGER. OK. Mr. Judd?

Mr. JUDD. We know who they are. It's just a matter of catching them.

Mrs. HARSHBARGER. You know, I've been on Homeland Security 2 years prior. I was on Homeland Security with several Members in here, and when we went to the border—and this is the third time I've been here—to talk to these intelligence gathering, you know what they ask us to do, they say, "We don't need anything, just let us do our job." That's all they ask for.

When these cartel members are caught, do they provide you with good information, or is it a struggle?

Mr. JUDD. It's an extreme struggle, that the only reason that they'll provide us information is if there's something in it for them.

Mrs. HARSHBARGER. Same.

Mr. MARTINEZ. I haven't had that experience. They usually just lawyer up and have the court-appointed attorney to take care of them.

Mrs. HARSHBARGER. Absolutely. Should we designate these cartels as terrorist organizations?

Mr. MARTINEZ. Yes, we should.

Mrs. HARSHBARGER. Yes, we should.

Mr. JUDD. Yes, but my answer is going to be tempered. I very much worry that if we designate them as a terrorist organization, that the gloves come off. Right now, they operate behind the scenes. And if they operate behind the scenes, we can go after them behind the scenes. The moment we designate them as a terrorist organization and we start seizing their assets, they no longer have to operate behind the scenes. They are a terrorist organization, make no mistake about that. How we deal with them, I think, that we have to be very intelligent in the way we deal with them.

Mrs. HARSHBARGER. Well, we need to talk about that, Mr. Judd. Thank you, Mr. Chairman. I yield back.

Mr. GRIFFITH. Gentlelady yields back.

I know recognize Dr. Miller-Meeks for her 5 minutes.

Mrs. MILLER-MEEKS. Thank you so much, Mr. Chair. I thank the members of this committee for the hearing, and I thank all of our witnesses who are here today.

And let me just say, given some of the testimony I have heard today from my colleagues, that I am a former director of the Iowa Department of Public Health, have managed programs that take care of addiction, a former State Senator and as a Member of Congress have participated in both healthcare and bills that have been schools of society service for behavioral health, no preauthorization for Medicaid-assisted treatment, addiction programs to help addiction. And for those who cannot see or connect the dots between the border and the fentanyl crisis, I find that perhaps minds are closed to what is obvious to the rest of us.

Ms. Garza, Representative Veasey, I think, contradicted your testimony and the reasons you said people are coming across the border. And he very aptly said that people are coming across the border unauthorized without documents for economic reasons.

When I had visited the Border Patrol—and I grew up in Texas, went to San Antonio College, University of Texas for medical school, nursing school here as well, have never seen immigration, illegal immigration, at the level we have here now or to the level that you see with drugs coming across the border. People are coming here for economic reasons. We also have a legal immigration system where 1 million people are supposed to be coming across.

Is it humane that people that are here waiting in line for decades are not able to come because we are processing through 4.5 million illegal immigrants in 2 years? Is that humane to those individuals waiting? It's a yes or no answer.

Ms. GARZA. I would say that the solutions to these problems are more complex than your talking points.

Dr. MILLER-MEEKS. Yes or no. Thank you for your answer.

Ms. GARZA. It is a complex issue that we need to address.

Dr. MILLER-MEEKS. Do you know how many deaths there were crossing the border in 2020? How many deaths of illegal immigrants crossing the border in 2020? Do you know the answer to that? Three hundred forty-seven. In 2021, 546. In 2022, 853.

Is it humane for a government to have pull-factors to bring people across the border on a perilous journey as you described with a death rate of that, when March 5th, 2019, the New York Times claimed that the border was at its breaking point as more than 76,000 unauthorized migrants in more than a month in February of 2019. It was at a breaking point under a different administration. So perhaps there is politics involved.

Are you aware of how much money the cartels make in smuggling people across the border? Thirteen point five billion dollars. Does that help to ameliorate any of the poverty or economic disadvantage or lack of healthcare in any of these countries? No, it does not. Are you aware that 51.6 billion in remittances went back from illegal immigrants, migrants in the United States to Mexico? And does that have anything to do with why we cannot control our southern border?

Fentanyl and fentanyl analogs have been responsible in 2019 for 28,000 deaths, in 2020 for 38,000—28,000 deaths from flu, 38,000 deaths from auto accidents. For fentanyl, the overdose deaths in

2020 was 91,799; 2021, 106,000; and this year, which is not yet available because we are a year behind.

We consider flu at 28,000 deaths a year to be endemic. I would say that this would classify as an epidemic, our fentanyl opioid crisis. The Council on Foreign Relations called it that. The CDC has called it an epidemic, and the Washington Post in December of 2022 has called it an epidemic.

Mr. Judd, you mentioned—and I just want us to underscore this point again because there seems to be people who don't understand the connection between fentanyl coming across our border.

Again, are illegal drugs coming across the border, and are illegal immigrants being used as a decoy to allow drugs to come through places other than ports of entry?

Mr. JUDD. Every single day.

Dr. MILLER-MEEKS. Thank you. Now that we've had the CDC, the Washington Post, the Council on Foreign Relations call the opioid crisis, the opioid and fentanyl epidemic an epidemic, Mr. Archer, currently Title 42 authorizes the HHS Secretary to restrict persons and importations from foreign countries to prevent the introduction and spread of communicable diseases. The purpose of this authority is to protect the public health from serious danger.

As has been clearly discussed and as I just alluded, by nonright-wing publications who considered the fentanyl crisis as an epidemic, as established today, fentanyl analogs are a clear and present, serious danger to the public health of our communities and constituents.

Would updating Title 42 to include certain substances, such as fentanyl and fentanyl analogs, and specific opioids and narcotics, be helpful to you and agencies, companies, and communities that you serve?

Mr. ARCHER. Yes.

Dr. MILLER-MEEKS. Thank you very much. I yield back.

Mr. GRIFFITH. Thank the gentlelady for yielding back.

I now recognize the gentlelady, Ms. Cammack, for her 5 minutes.

Mrs. CAMMACK. Thank, Mr. Chairman. Thank you to everyone for making the trip down here. Thank you to our witnesses. We'll jump right into it.

Going down the line here, do you believe that we have a crisis at the southwest border?

Mr. MARTINEZ. Yes, ma'am.

Mrs. CAMMACK. Doctor?

Mr. ARCHER. I would say, look, as a healthcare provider, I am more of an expert about what happens when——

Mrs. CAMMACK. Just yes or no, please.

Mr. ARCHER. I can speak to if——

Mrs. CAMMACK. You personally, just yes or no.

Mr. ARCHER. I am not an expert on border or policies. I think I can talk to what happens on the other side if we don't.

Mrs. CAMMACK. I'm sorry. I have to reclaim my time.

Ms. Garza, do we have a crisis at the southwest border.

Ms. GARZA. We have a humanitarian crisis. Yes.

Mrs. CAMMACK. Thank you.

Mr. JUDD. I don't just believe, I know we have a crisis.

Mrs. CAMMACK. Thank you.

Ms. Garza, how many shifts or ride-alongs have you done with Customs and Border Patrol agents or Texas DPS?

Ms. GARZA. Actually, a few. I have represented hundreds of children in—

Mrs. CAMMACK. When did you do these ride-alongs?

Ms. GARZA. 2018, 2017. It's been some time. I have spent some time at OFO also in the ports of entry and spoken with people.

Mrs. CAMMACK. I am going to reclaim my time. So you have not done a ride-along or worked a shift along Texas DPS or our Border Patrol agents since the Biden administration been in office?

Ms. GARZA. Ma'am, I've been practicing immigration law since the Obama administration—

Mrs. CAMMACK. Correct?

That is just a yes or no. Yes or no?

Ms. GARZA. Ma'am, I've been practicing immigration law.

Mrs. CAMMACK. That's not answering my question.

Ms. GARZA. I am an attorney. I'm not a police officer. I'm not an officer.

Mrs. CAMMACK. OK. So then you haven't. So you said earlier, quote, operation Lone Star has not resulted in any sort of reduction of fentanyl deaths in your respective districts, talking about our district, end quote. You referenced Operation Lone Star more than three times today in your testimony and in answering questions saying that it's essentially a waste of taxpayer funds.

Ms. GARZA. Yes.

Mrs. CAMMACK. I want to look at the results of Operation Lone Star to date since it took place in 2021. Three hundred sixty-one million lethal doses of fentanyl have been apprehended, have been confiscated. That's just Operation Lone Star. That doesn't include what CDC or Border Patrol has actually confiscated.

So going back to what you said, that Operation Lone Star is not stopping any fentanyl deaths and it's a waste of money, how do you explain the 361 million lethal doses that have been confiscated, and I guess in your opinion what is the price of a life then?

Ms. GARZA. We are talking about billions of dollars that have further militarized this region and the State of Texas. It has been—

Mrs. CAMMACK. Three hundred sixty-one million lethal doses is a waste of taxpayer dollars?

Ms. GARZA. Look—look, we both care about a solution here. We need to address the fentanyl issue.

Mrs. CAMMACK. I am going to reclaim my time. When I reclaim my time, that means you have to stop talking. Three hundred sixty-one million lethal doses is a waste of taxpayer money in your opinion, yes or no?

Ms. GARZA. I believe that Operation Lone Star is illegal, and it is a waste of taxpayer dollars.

Mrs. CAMMACK. So you think it is a waste of money. Ms. Garza, you stated, quote, "I don't understand why we are here at the border. There is no connection," end quote. Let me show you what the connection is. This is a brick of fentanyl that was found in my district in Florida, in Marion County. This is 958 grams of fentanyl. The people who had that brick of fentanyl crossed the border illegally. That is the connection. And it's not just my district. Every single one of these Members here today have illegal, illegal sub-

stances in their district as a result of the Biden open-border policies. That is the connection.

Every single one of us has constituents who have been poisoned as a result. To say that there is no connection, that is wildly inappropriate, unacceptable, and to the families that have lost loved ones as a result of the open-border policies, you should apologize. There is a direct connection. It's right here. In my—No. No. No.

Ms. GARZA. Ma'am, they are putting it on the backs of individuals seeking asylum. That is a fact.

Mrs. CAMMACK. In my county, Marion County—and I represent 12, 12 counties. In Marion County alone, over 70 percent of the 200 monthly overdoses are fentanyl. These are fentanyl poisonings. And as has been made clear here today by my colleagues, only 5 to 10 percent of the fentanyl that is being smuggled over the border into the United States is documented. That is what we know of. This is a crisis.

I'm going to—I only have 25 seconds. So I am going to end with this. Do you agree—because I went through your Twitter feed. I went through several of the things that you posted. You talk a lot about social justice. Do you believe that social justice is Biden taking \$130 million from homeless veterans' programs under FEMA and redirecting it to the border crisis here?

Ms. GARZA. I believe that you are using the border as a political talking point, and we do not appreciate that.

Mrs. CAMMACK. Answer the question.

Let the record reflect that the witness has declined to answer the question under oath.

Mr. GRIFFITH. I will.

Mrs. CAMMACK. I yield.

Mr. GRIFFITH. Gentlelady yields back.

I recognize the gentleman, Mr. Walberg, for his 5 minutes of questions.

Mr. WALBERG. I thank the Chairman, and I thank the witnesses for being here. And I thank my fellow committee members for taking the trip down here. Mr. Chairman, I think this is a good pattern to have on a regular basis of going out to the places we are finding information from and talking to the people.

I represent a district that goes from Lake Michigan to Lake Erie and borders with Canada. We have illegal drugs being smuggled across Canada and from Canada in interesting ways, scuba divers come and cross Detroit River, Lake Erie, to our district, but nothing at the level we are seeing here. I must admit that.

Last week, I held a teletown hall in my district and heard from Michiganans across the Fifth District. One community in Wajack, Michigan, over on the west side of the State, in fact, told me that a person said that they had had eight fentanyl overdoses happen in their town in one week this year already. Eight people in 1 week in a town of 5,000 people, and that is unacceptable.

In my district, as well, we have as far as I know the only facility of its kind that provides low-income housing for individuals who come through treatment centers and are trying to make it and rather going back to communities from which they came, they come to Andy's Place and they have a full of services there, legal services, social services, psychiatric services, job training services all in

the building and the peer pressure in the positive way that goes with that. We began to see 2 years ago that facility begin to be able to keep up with people coming in, and that's all changed now. Waiting lists have increased.

Clearly, this administration is failing to protect Americans from the scourge of illicit fentanyl coming in from the southern border, and we've seen that take place.

Mr. Archer, with eight overdoses in just one small town, I'm concerned about the ability of our hospitals to keep up and provide good quality care. Our healthcare workers are already being stretched thin as a result of COVID, and the shutdowns and all that went with that. How is the fentanyl crisis contributing to this issue with hospitals specifically?

Mr. ARCHER. Thank you for the question. You know, I think our hospitals in this Nation have never been in a more perilous position. I think post-COVID, we've got a very brittle healthcare system with stressed-out workers across the continuum. In a hospital community's first goal and biggest focus has to be on its own community. It has to be those that they call neighbors and loved ones. And so I think any massive flow of patients of this type would severely strain and have risk of breaking any of the health systems.

Mr. WALBERG. That is a concern, and then the impact that it has on families trying to deal with that as well.

Mr. ARCHER. That is right.

Mr. WALBERG. The care. The cost. The upheaval in life also.

Mr. Judd, thank you for your longtime service for our country. You've had an opportunity to talk about some things you need. Specifically, you said we need more Border Patrol agents. We accept that. In what we saw today even in the processing center and how many staff were needed from all—all aspects of the border protection, and then not on the border.

In a list of priorities, what works best in tools for securing the border? Could you list it prioritywise, starting with Border Patrol agents, yes.

Mr. JUDD. Look, I never want to put the cart before the horse. I will always say that we have to have policy. Policy is the number-one thing that we need. Once we have policy, then we evaluate what else is necessary. After policy, I would then say personnel, both at the ports of entry, between the ports of entry. Once you have the personnel, then I would say technologies such as infrastructure. Once you have the infrastructure, you can work down. But you have to see what works and then work down. Otherwise, all you're doing is wasting taxpayer dollars, and I don't want to do that.

Mr. WALBERG. When we saw infrastructure upgraded just a few years ago, even on the most eastern edge of this area, the Rio Grande Valley area, when we saw infrastructure, whether it was walls or whether it was electronics, did we see significant downgrading of the influx at the border?

Mr. JUDD. So where we really it was in policy. Once President Trump implemented the migrant protection protocols, that's when we saw it, but then couple that with everything else, yes, that's what happened. But even President Trump struggled with illegal immigration until he implemented the migrant protection protocols.

He created the wheel. We always say don't recreate the wheel. He did create the wheel because no wheel existed, and he had to do it.

Mr. WALBERG. Thank you. My time has expired, and I yield back.

Mr. GRIFFITH. The gentleman yields back.

And I recognize Mr. Weber for his 5 minutes.

Mr. WEBER. Thank you.

I'm not going to have a whole lot of questions. I'm going to give you some background. I served in the Texas legislation with Rick Perry, with now-Governor Abbott. Operation Lone Star is a huge success. When we were back then the border—2011, the legislature, Steve McCraw, director of DPS, told me personally that 5,000 Texans had been injured, violently raped, pistol whipped, pistol beaten, home was burglarized, cars stolen, businesses broken into, by people, illegals who aren't even supposed to be here. That's 5,000 Texans back in 2011. I shudder to think what it is now, Brandon.

The latest provision on CDC—you all know this—have come out in January—12 months ending in '22, 80,590 deaths. Seventy-five percent—66.5 percent were involved in synthetic opioids, primarily listed manufactured fentanyl. Look at the CDC's website.

They're on the rise: 2020, it was 50,000 deaths; now it's 71,000 deaths. If you divide 71,450 deaths by 365 days, it's 195 deaths a day from fentanyl. If only 20 percent of deaths from open border came through the open border instead of those ports of entry that have been touted here, all right, then 20 percent of 71,450 deaths. Oh gosh. That's only 14,000 deaths a day. Wow. That's almost one passenger airliner a week crashing in our country. How long do you think that would go on before Americans would rise up and say enough is enough?

I was also on the Pub Ed Committee in the Texas legislature. This is from mypublicschoolTexas.org. I looked up the stats: 1,026 districts, 5.5 millions students. Divide that out, the average school district is about 5,360 students, K through 12. When you brought in 70,000 unaccompanied minors two summers ago, you just brought in 13 complete school districts somebody has to pay to educate.

Folks, we cannot be the charity for the world. And if you want to be gracious about the school district figures—dare I call it liberal—let's use 10,000 students as the average school district in Texas, oh gosh, then it's only seven complete school districts every summer that we're bringing in that somebody has to continue. We absolutely can't do this.

Your heart goes out to people who are in countries less fortunate than we are. We cannot be the charity for the world. There is a system set up for them to seek asylum. Seek sanctuary if you want to choose that word. Stay in their system, make the claim that they're persecuted by their government, they're persecuted for their religion, or they're part of a group that is persecuted due to their sex or religion or whatever. Those are the three reasons to claim they need asylum. Do it in their own country before they come here.

I speak Spanish. [Speaks in foreign language.] Y'all need to learn Spanish. I have been on the border nine times. Every single person

that I have spoken to in the border in Spanish since I have been here, they're coming for the jobs. They're coming for the jobs. Not that they're scared of their government, not that they're scared of the drug cartel, not that they're persecuted for their religion or anything else. They're coming here for the jobs. We absolutely can't continue to do this.

I am going to go to you, Mr. Brandon—Mr. Judd. If, in fact, in 2011—and you are taking my words for it. I know what I learned with DPS when I was in the legislature—that there was 5,000 Texans who were violently robbed—I mean, violated, raped, some of them violently raped, in 2011. And you were on the Border Patrol in 2011, right?

Mr. JUDD. Yes.

Mr. WEBER. How much would you guesstimate that's increased in today under Biden's open border?

Mr. JUDD. In 2011, I believe that we apprehended somewhere around 400,000—between 400,000, 500,000. Today, we're apprehending between 2 million and 2.3 million. So therefore it stands to reason that it would increase by the exact same number, so 5 times more.

Mr. WEBER. That's unbelievable. And I know that there was a comment made that we need to separate this into two things. You know, we want to try to make this a dual—it's about border security. It's about saving American lives. That's simple, and I yield back.

Mr. GRIFFITH. The gentleman yields back.

And I now recognize Mr. Allen for his 5 minutes.

Mr. ALLEN. Thank you, Mr. Chairman. And we all got up early and traveled here today. And if what I have learned so far and what I've learned since serving on the committees starting my service here in the 118th Congress has made me very aware of a serious problem that we have in this country. You know, our Nation is being invaded. Laws are being ignored, and young people are dying.

We are at war, and we don't even know it. And this is not a stunt. I mean—and I think the name is appropriate. I mean, the commander in chief of the United States of America is supposed to protect the American people. I mean, national security should be number one. This administration, including Secretary Mayorkas and Attorney General Garland, are ignoring the current immigration laws of this land and handcuffing the very people from enforcing it.

In 1971, then-President Nixon declared war on drugs in America. Under the Reagan administration, President Reagan reinforced and expanded many of Nixon's war on drugs. In 1984, his wife, Nancy Reagan, launched the "Just say no." In 1986, under President Reagan, Congress passed the Antidrug Abuse Act, which established mandatory minimum prison sentences for certain drug offenses, which is the very thing we are talking about and begging for here today, it is to deal with this enemy.

You know—and then again, talking about the people in South America, you know there are a lot of churches in my district that have missionaries in South America. I've been there. I've been there with my children. These are good people. Now, we poured

floors in huts that had floors of mud. We built latrines where they didn't have bathrooms. We planted churches—we built churches. We built schools, and let me tell you, these people of faith have the strongest faith I have ever seen in my life. They love their country, but unfortunately their country is run by corrupt leaders and cartels who absolutely—it's an abomination what they do to their people. And they, you know, they want to stay there in their country.

You know, the thing that—you know, that really gets me is why can't we solve this problem? I mean, we got good people that want, I believe, the same thing, but I—you know, it's like how do we get there?

You know, Mr. Judd, what will it take for you to secure that border? I mean, if we give you full authority—if I were President of the United States and I said "Secure that border," what would you do?

Mr. JUDD. I have lived through it already. I know what's necessary. We need policy.

Mr. ALLEN. You know exactly what needs to be done?

Mr. JUDD. We need policy. Absolutely.

Mr. ALLEN. Is anybody in the White House listening to you?

Mr. JUDD. No. Absolutely not.

Mr. ALLEN. All right. The cartels, we've already learned what they're about and whether they should be declared terrorist organizations. I have cosigned that AUMF to declare war on those cartels, and I think we need to take your advice, because they are very, very—I mean, they are bad people.

Mr. JUDD. They are.

Mr. ALLEN. My question is: How many of the cartels have infiltrated the United States?

Mr. JUDD. There is plenty of testimony, there is plenty of evidence to show that they operate here in the United States. They don't just operate in Mexico. They don't just operate in China. They operate here in the United States. Once it crosses the border illegally, then it's facilitated by those organizations throughout the entire United States, whether that's Ohio, whether that's Minnesota, whether that's Michigan. It doesn't matter. It's everywhere, including Maine.

Mr. ALLEN. Obviously, there are crime syndicates all over the country. The FBI has been very successful in dealing with that through history. And obviously, I think we need to bring the FBI in and see really what they're doing to help you and the Sheriff to deal with this. Because we take an oath to the Constitution to protect the American people against enemies both foreign and domestic, and we need as a Congress to get it done.

Thank you for being here and your testimony. And with that, I yield back.

Mr. GRIFFITH. Thank the gentleman for yielding back.

I now recognize last, but not least, Mr. Pfluger.

Mr. PFLUGER. I thank the chair.

You know, this is not my first time to McAllen, it's not my second time to McAllen, it's not my third time to McAllen. That's just in 2 years. You know, the Office of Refugee Resettlement is incredibly busy. In fact, they put 700 unaccompanied minors into my district in Midland, Texas, in the spring/winter of 2021. You know, the

tragedies that these kids go through. Ms. Garza, I am looking at you because they're tragic, and I want to find something we can agree on.

Not only the tragedies that we see with the kids being trafficked, but also the cost to Texans. You mentioned the cost. I would say last year the reasonable, very conservative, low estimates to the cost of Texans is around \$5 billion. That's in hospital care. That's in school. That's in the criminal proceedings. That's what the sheriff has dealt with.

In response to my colleague, Mr. Cárdenas, wouldn't we do anything possible if we had our children who were being poisoned by these illicit drugs and by fentanyl? You know, when I was here last time, to Mr. Judd's point, at one of the processing centers I just happened to be walking through—and I would encourage you to go on that ride-along, 5 years ago is way too long—but I just happened to be walking through and I saw this man with a tattoo on his hand. And it was a skull being crushed. And I asked the Border Patrol agents, I said what does that stand for. They said, "Oh, he's the enforcer." I said, "Where's he from?" He lives in McAllen. He's an illegal immigrant that lives in McAllen, and he's responsible for enforcing the laws of the cartel, the so-called laws, the rules of the cartel.

You know, even Democrat mayors, including McAllen's own mayor, pushing back against the nonsense that's being spewed out of Washington, that there's no connection or link between illegal immigration and the surge we have in this fentanyl crisis.

You know, the—Ms. Garza, I think you are right. Most migrants are not carrying fentanyl, but would you agree that many of them, if not all of them, are being trafficked themselves?

Ms. GARZA. I think these are desperate people in desperate situations.

Mr. PFLUGER. Agree.

Ms. GARZA. And they're seeking the safety of this country.

Mr. PFLUGER. Would you agree they're being trafficked?

Ms. GARZA. Trafficked is a legal term. I would say that these folks are being smuggled in.

Mr. PFLUGER. I've got lots of questions. I am going to keep moving. Let's establish some baselines here.

Ms. Garza, would a decrease in the amount of supply of fentanyl or other illicit drugs help the opioid or the drug problem that we have in this country? Would it decrease in the supply?

Ms. GARZA. My position is and what I am saying here is that there is an opioid addiction issue that we have in this country. And there is demand.

Mr. PFLUGER. OK. I understand there is demand. But would supply—

Ms. GARZA. If we decrease the demand, we'll decrease the demand.

Mr. PFLUGER. But not the supply?

Ms. GARZA. The supply is meeting the demand that we have.

Mr. PFLUGER. I think we are talking on two different fact sheets here.

The consequences—Mr. Judd, we've talked about this. Are there any consequences for the trafficking of humans, the trafficking of drugs, and the trafficking of other materials into this country?

Mr. JUDD. I wish I could say yes, but absolutely not. All you have to do is look at the number of people that we take into custody and how many prosecutions are coming out of that. And there are next to no prosecutions that are coming out of it.

Mr. PFLUGER. Sheriff, in your line of work does deterrence work to curb criminal activity?

Mr. MARTINEZ. Yes. It sure does.

Mr. PFLUGER. What types of deterrence have you seen over your 40-plus-year a career that works?

Mr. MARTINEZ. Well, actually, whatever is on the prosecution side of in terms of sentencing, it works. But we really definitely need to prosecute, though.

Mr. PFLUGER. OK. Would you say lack of prosecution of the activities that are involved and associated with illegal immigration, whether it's trafficking of people or drugs, is leading to the crisis we see right now?

Mr. MARTINEZ. Yes, sir.

Mr. PFLUGER. Mr. Judd, you kind of just answered this with my colleague, Mr. Allen, but what's the root cause of this surge, and what's the connection of the surge of illegal immigration to fentanyl?

Mr. JUDD. There is plenty of evidence that clearly shows that any time that we release people into the United States after crossing the border illegally, more people will come. That has always been proven to be correct. And what we have seen under this administration, we have seen more people be released into the United States after crossing the border illegally. And if you do that—if you reward people for violating our laws, our laws will be violated.

Mr. PFLUGER. Sheriff, if we don't change a single law and the President stood up today and he said we're shutting down our border, would that have effect—I mean, we're not talking about anything other than rhetoric, would that have an effect on the cartels?

Mr. MARTINEZ. Absolutely. Rhetoric has to do everything with it.

Mr. PFLUGER. So the lack of rhetoric or the rhetoric to say that we're open—because I was there under the bridge in Del Rio when 15,000 Haitians were there, and they told me to my face that the reason they were there was because the border was open, because there are no consequences, because the punisher who has a skull tattoo on his hand and who is living in our communities is the problem, the punisher who is enforcing both the regulations, the laws of the cartel and us, the United States of America, who are not able to do that—and I have lots of questions, but apparently my time is up.

And I yield back.

Mr. GRIFFITH. Appreciate the gentleman yielding back.

Ms. Craig offered a document previously to be entered into the record. Without objection, so ordered.

Seeing there are no further Members wishing to ask questions or who haven't already run out of time, I would like to thank all of our witnesses, again, for being here tonight, taking your time to be with us to talk to the American people and us.

Pursuant to committee rules, I remind Members that they have 10 business days to submit additional questions for the record, and I ask that the witnesses submit their response within 10 business days upon receipt of those questions.

Without objection, the subcommittees are hereby adjourned.

[Whereupon, at 8:40 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]




Drug Seizure Statistics FY2023

As of 15 December 2021 the Drug Seizures dashboard now includes seizures of all drug types.

To access the data used to build this dashboard, please visit the [CBP Data Portal](#).

Note: Internet Explorer has problems displaying the following charts. Please use another browser (Chrome, Safari, Firefox, Edge) to view. When using a mobile device, the charts are best displayed in landscape mode.



U.S. Customs and Border Protection

U.S. Customs and Border Protection (CBP) Drug Seizures

US Border Patrol (USBP) and Office of Field Operations (OFO)

Weight (lbs) and Count of Drug Seizure Events by Fiscal Year (FY)

View Seizures by:

☐ Drug Seizure Weight (lbs)

☒ Drug Seizure Events

Component

(All)

Fiscal Year

(All)

Drug Type

Fentanyl

Region Filter

(All)

Land Filter

(All)

Area of Responsibility

(All)

Reset Filters

FY

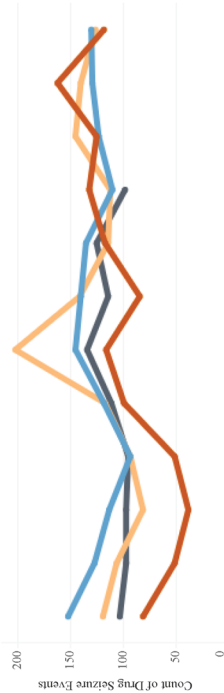
2020

2021

2022

2023 (FYTD)

FY Drug Seizure Events by Month

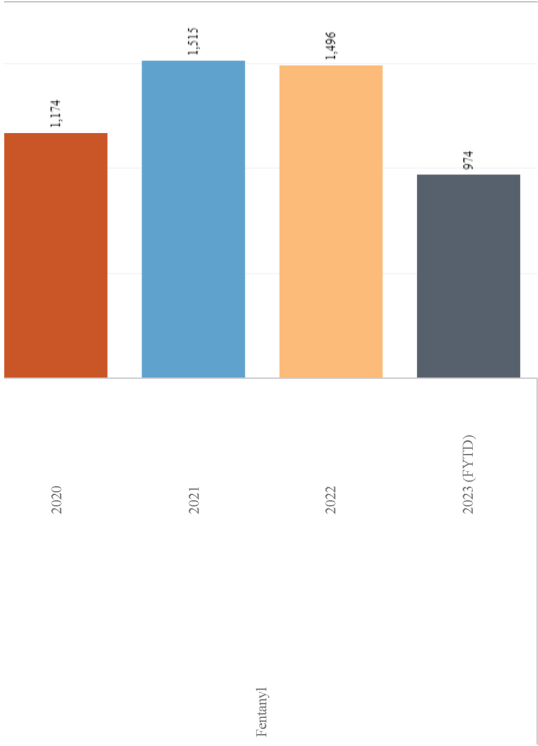


	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Total
2023 (FYTD)	152	106	97	95	111	134	114	125	98				974
2022	127	106	81	95	117	202	141	114	112	145	140	126	1,486
2021	119	127	113	93	118	145	140	135	110	123	129	130	1,616
2020	103	81	51	38	99	116	84	117	132	125	162	118	1,174

FY Comparison by Drug Type and Drug Seizure Events

Select drug type below or FY to filter:

(Multiple values)



Source: USBP and OFO Official year and reporting for FY20-FY22. USBP and OFO month end reporting for FY23 to date. Data is current as of 7/6/2023.

Note: Drug type(s) not listed in the chart indicate the drug was not seized in the selected area(s) of responsibility during the indicated time frame. Drug type(s) with a "<0.5" value indicate quantities of less than one pound seized in selected area(s) of responsibility during the indicated time frame. The Methamphetamine drug type includes both Methamphetamine, Liquid Methamphetamine, and Crystal Methamphetamine. *Other Drugs category for OFO includes but is not limited to: Amphetamine, Ephedrine, Hashish, Marijuana Plants, Opium, Oxycodone (Oxycontin), Precursor Chemicals, Prescription, Chemical, & Other Uncategorized Drugs. For a full list please contact CBP Media Relations. *Other Drugs category for USBP includes: All drugs seized by USBP except Cocaine, Fentanyl, Heroin, Marijuana, Methamphetamine, and Ecstasy

Sheriff Urbino Martinez QFR Responses

The Honorable Rick Allen

- 1) Can you tell us what percentage of your force, and those in the surrounding areas, have to be sent to the border that would otherwise be policing our communities?
- Thank you for the additional question. Brooks County is 70 miles and one county north of the Texas/Mexico border. It also has a U.S. Border Patrol Checkpoint on I69 W. Corridor. Brooks County Sheriff's Office cannot afford to send officers to the border. We do however spend approximately 80% of our time policing our county's public roads and private ranch lands for transnational criminal organizations who smuggle humans and drugs through the county to cities beyond. The surrounding counties face the same challenges that we do.

Stuart Archer, President and Chief Executive Officer, Oceans Healthcare

Questions for the Record

“President Biden’s Border Crisis is a Public Health Crisis”

The Honorable Dan Crenshaw

Between the COVID pandemic and the fentanyl surge, the Chinese Communist Party is culpable for the spread of two public health emergencies in a row. But unlike how we stemmed the tide of COVID, the fentanyl epidemic is not receiving the attention it needs. This is particularly true for communities in my district, like Harris County, where fentanyl and fentanyl derivatives kill at least one person every day. Altogether, fentanyl kills more young Americans than COVID, and is now the leading cause of death for the 18-45 age group. This is no accident, and it's a direct reflection of the related mental health crisis that is afflicting our next generation.

- 1. As a behavioral health provider, how has the surge in illicit fentanyl challenged your efforts to serve the younger population?**

The rate at which our young adult population are experiencing mental health issues has increased at an alarming rate since the start of the COVID-19 pandemic, and many times untreated mental illness leads to illicit drug use. The rise of fentanyl and fentanyl analog use among youth and young adults is especially alarming because often individuals believe they are taking one substance, such as non-prescribed Adderall or cocaine, when in fact, the drug contains fentanyl. This increase in fentanyl-related addiction is placing a tremendous strain on our community’s resources. Not only is this strain impacting our behavioral health and addiction specialists, who describe fentanyl treatment as being far more difficult due to its highly addictive nature and potency, but it is having an impact on our law enforcement as well, as they are required to act as health care professionals. Our communities need more behavioral healthcare workers to address this crisis.

- 2. This public health crisis also disproportionately impacts our servicemembers. Nearly 1 in 7 soldiers have self-reported opioid usage (including previously prescribed), predisposing them to opioid misuse, including with dangerous fentanyl derivatives.[1] How has your care network addressed this disturbing trend, and what message do you have for the Department of Defense and VA when it comes to confronting this issue on the front end?**

Our nation has a duty to care for those who served. This duty requires a multifaceted approach, with care from our government agencies like the VA, but also community members like Oceans Healthcare. Oceans Healthcare takes pride in serving our servicemembers by offering our specialized support services such as the STAR program, which provides specialized care and treatment for active-duty military,

veterans, and their families. Active-duty military members and our veterans may have a unique set of mental health challenges. Factors like combat-related post-traumatic stress, and long separation from friends and family can contribute to anxiety and depression. Our physician-led treatment teams provide evidence-based psychotherapies, including clinical practice guidelines recommended by the U.S. Department of Defense and Veteran's Affairs. We must continue to find ways to collaborate with our government agencies, as the demand for behavioral healthcare for our servicemembers is too high for the VA and DoD to handle on their own. Furthermore, the DoD and the VA must find ways to reduce the bureaucratic hurdles of paperwork to be more efficient with their resources and increase access to care. Our government must prioritize patients over paperwork.

3. **The border crisis is also placing great stress on our healthcare providers. According to recent reports, the surge of migrants coming across the southern border is severely straining hospitals and healthcare workers in some areas. Yuma Regional Medical Center in Arizona has been forced to delay care for certain patients and El Paso, TX declared a state of emergency and had to rely on hospitals to house these migrants since their shelters were over capacity. How is the surge of migrants impacting local healthcare infrastructure? Do these communities have the necessary amount of healthcare workers to keep up with the demand?**

No, these communities do not have the necessary amount of healthcare workers to keep up with demand. While this issue of staffing is certainly greater in border communities, I can also say this is consistent across the state, and frankly country. I think something to consider is the compensation and motivation for health providers to move to a border town, which is often in a rural setting, away from major urban cities. It is very difficult to find staff willing to provide care in these communities. Additionally, many border facilities compete with local hospitals and health providers, instead of looking for ways to partner. This makes it even more difficult for local hospitals and care centers to remain staffed.

The Honorable Rick Allen

1. **Can you speak to how staff from behavioral health facilities in Texas are being directed to care for the influx of individuals in migrant camps has impacted health systems across the state and their ability to provide care in communities?**

While our staff cannot be specifically directed to relocate, if someone presents at our facility, we must provide care under EMTALA. The larger issue, however, is the shortage of healthcare workers across the state of Texas. This shortage is especially acute for behavioral health providers, which is exacerbated when comparing rural and underserved areas (including many border communities) to urban areas. Lack of parity remains one of the largest barriers for behavioral health facilities in recruiting new healthcare workers

when compared to other medical specialties. If a healthcare professional could work in an urban community in another specialty with greater compensation, why wouldn't they? Furthermore, it is often challenging when additional layers of competition are added due to an increased need for healthcare staff in migrant camps. In these instances, it's critical for hospitals to look for ways to partner with migrant camps and border facilities in order to ensure the most efficient use of staffing resources, instead of competing against one another.

CATHY McMORRIS RODGERS,
WASHINGTON
CHAIR

FRANK PALLONE, JR., NEW JERSEY,
RANKING MEMBER

ONE HUNDRED EIGHTEENTH CONGRESS

Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-3641
Minority (202) 225-2927

March 13, 2023

Mr. Brandon Judd
President
National Border Patrol Council
2185 West Magee Road, Suite 125
Tucson, AZ 85742

Dear Mr. Judd:

Thank you for appearing before the Subcommittee on Health and Subcommittee on Oversight and Investigations on Wednesday, February 15, 2023, to testify at the hearing entitled "President Biden's Border Crisis is a Public Health Crisis."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions by the close of business on Wednesday, March 27, 2023. Your responses should be mailed to Jolie Brochin, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Jolie.Brochin@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Morgan Griffith
Chair
Subcommittee on Oversight and Investigations



Brett Guthrie
Chair
Subcommittee on Health

cc: Anna Eshoo, Ranking Member, Subcommittee on Health and Kathy Castor, Ranking Member, Subcommittee on Oversight and Investigations

[Mr. Judd did not reply to submitted questions for the record by the time of publication. Replies received after publication will be retained in committee files and made available at <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=115348>.]

Attachment 1—Additional Questions for the Record**The Honorable Gus Bilirakis**

Mr. Judd, we continue to hear that illicit drugs are coming through the southern border through ports of entry and that fentanyl driven into the country by U.S. citizens using various deceptive tactics to hide these drugs in their cars and commercial vehicles. But you have indicated this is not the case, and that illicit fentanyl is also flooding across the border outside of the ports of entry.

1. Why do you believe there is confusion as to the realities you face on the ground at the border?
2. Could you please elaborate on your experience and the experience of your fellow border agents that monitor the open areas of our border?
3. How does CBP divide up the task of monitoring the border? What teams or entities monitor the ports of entry, compared to those that monitor other areas of the border?
4. What is the relationship between CBP and local law enforcement, who are tasked with protecting their communities from the surge of violence that surrounds the influx of these deadly illicit drugs?
5. What do you believe the role the Federal government plays, including Congress and the President specifically, in addressing this crisis?

The Honorable Rick Allen

1. Can you speak to the addictive nature of fentanyl? If fentanyl is so fatal, at such a small dosage, why are the cartels trying to kill off their customer base? Wouldn't they want a living addicted customer base they can generate money off of?