

HONORING THE LIFE OF PRIVATE FIRST CLASS WILLIAM HOOVER JONES

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. BUTTERFIELD) for 5 minutes.

Mr. BUTTERFIELD. Mr. Speaker, yesterday, at World Tabernacle Church in Rocky Mount, North Carolina, I had one of the highest honors in my life, to speak at the funeral service for Private First Class William Hoover Jones who served in the Korean war.

He went missing on 26 November 1950. His remains were recently returned to U.S. soil by the North Koreans. The funeral service was handled by H.D. Pope Funeral Home, and he will be interred at Arlington National Cemetery on August 22 of this year with full military rites.

Mr. Speaker, with your permission, I will read into the RECORD my remarks from the funeral:

“As Representative for North Carolina’s First Congressional District, please allow me to extend official condolences to this family on behalf of the President and Congress of the United States of America.

“PFC William Hoover Jones gave his young life on the battlefield on foreign soil in defense of our country as part of the historic 24th Infantry Regiment, a Black Army regiment first organized in 1869 following the Civil War.

“Private First Class Jones fought on the front line for the Republic of South Korea during the Korean war.

“For his service, Private First Class Jones was promoted to private first class and posthumously awarded the Purple Heart, the Combat Infantryman Badge, the Korean Service Medal, the National Defense Service Medal, the Republic of Korean Presidential Unit Citation, and the Republic of Korea War Service Medal.

“This Nation is indebted to PFC Jones for his service to our country and for offering the highest sacrifice for freedom. His life.

“PFC Jones was born in Nash County in 1931 at the beginning of the Great Depression. Life in Nash County during that period was Third World. Not only did African Americans suffer from second-class citizenship, but they suffered from extreme poverty. Undoubtedly, William Hoover Jones wanted a better life.

“On 31 May 1950, at the tender age of 18, Hoover enlisted to serve for 3 years in the Army, recognizing that he would be deployed to Korea to engage in a deadly war. I am confident that he volunteered not only to defend our Nation and our Nation’s interests, but to seek a better future for himself.

“The record reflects that Private Jones was poorly trained as an infantryman. History reveals that most Black soldiers of that era were poorly trained. Though his training was incomplete, Private Jones was deployed to Korea, placed in an all-Black unit, Company E, 2nd Battalion, 24th Infan-

try Regiment of the 25th Infantry Division. President Truman had ordered that unit integrated in 1948, but as of 1950, integration in the unit had not occurred.

“The Black soldiers of the 24th Infantry fought valiantly, but the North Koreans and the Chinese were too fierce and greatly outnumbered our soldiers.

“The only African American officer serving the 24th Infantry was Lieutenant Leon Gilbert of York, Pennsylvania. Lieutenant Gilbert led his soldiers into fierce battles with the enemy near the 38th parallel. On 1 September 1950, recognizing that the 24th Infantry was literally on a suicide mission, Lieutenant Gilbert ordered his soldiers off of a deadly hill. The division’s commanding officer directed Lieutenant Gilbert to return his soldiers to the fight, but he refused.

“Gilbert was court-martialed for his refusal. He was given a death sentence. After widespread outrage from Black Americans, President Harry Truman commuted the sentence to 20 years of imprisonment. He served 5 of those 20 years.

“Because of these events, the 24th Infantry Regiment was disbanded, but the division was desperately in need of infantry soldiers. Therefore, the 24th Infantry was reactivated and forced back to the front line. It was there that PFC Jones went missing on 26 November 1950 at the age of 19 years old.

“He was recovered by the North Koreans, and his remains have been secreted for the past 68 years. They were returned to American soil just a few weeks ago. That is the record of PFC Jones and the story of the 24th Infantry Regiment in the Korean war.

“PFC Jones represents a generation of young African American men who stood for this country when this country didn’t stand for them.

“I thank the Department of Defense for its efforts in recovering and transporting these remains and enabling this ceremony as we salute an American hero.

“Finally, I pray solace will be found in knowing that a loved-one’s remains are home. His soul is in Heaven, and he died on the battlefield with integrity. God bless each of the members of his family.”

Mr. Speaker, I am grateful for the opportunity to honor and recognize the life and work of Private First Class William Hoover Jones.

CONCERNS OVER WAIVER PROCESS

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. BERA) for 5 minutes.

Mr. BERA. Mr. Speaker, this Wednesday, June 26, marks the 1-year anniversary of the Supreme Court upholding President Trump’s travel ban which suspended the issuance of immigrant and nonimmigrant visas to applicants from five Muslim-majority countries: Iran, Libya, Somalia, Syria, and

Yemen; plus Venezuela and North Korea.

In upholding the travel ban, the court indicated that by including North Korea and Venezuela, the administration was not targeting only Muslim countries. In addition, the administration was creating a mechanism by which foreign nationals from those banned countries could be issued a waiver to enter the United States if: one, the applicant did not represent a security threat with their entry; or, two, if denying entry would cause undue hardship.

One year later, we can evaluate whether the Trump administration has honored the court ruling.

Mr. Speaker, from my experience with my constituents in Sacramento County, the resounding answer is “no.” In my district, a young girl named Omnia, who was born in Libya to an American mother and a Libyan father, was separated from her family for 2 years because of the travel ban.

Her mother, an American citizen, took Omnia, who was then 2 years old, to the immigrant visa interview at the Embassy in Tunis, where the interview was only minutes long with no questions. Instead, the consular officer said the Embassy had all of the documents and everything was in order, but they could not issue the visa for the 2-year-old. The consular officer told the mother, who was 7 months pregnant at the time, to go back to the U.S. and have her baby, and then come back when the travel ban was over.

The consular office did not reference the undue hardship exception which was stipulated in the visa waiver process. I don’t believe this 2-year-old was a security risk and separating a 2-year-old from their mother clearly causes undue hardship, so I am not sure what that process was.

There is also the disturbing case last year of a Yemeni mother who fought to obtain a visa waiver to travel to California to see her terminally ill son. It was only after widespread media coverage that she was finally granted a visa waiver to visit the United States to see her son just days before he passed away.

This story takes place over and over again in districts all across this country. Thus, I have serious concerns about the waiver process, how it is being implemented unevenly and with little guidance, and that waivers granted are not leading to the issuance of visas for cleared individuals.

□ 1215

My concern is further heightened due to the cases of constituents in my district and across the country who are being negatively impacted by confusing and uneven processes.

Now, in my role as chairman of the Subcommittee on Oversight and Investigations for the House Foreign Affairs Committee, I am aiming to shed light on how the visa waiver process is being implemented. We have asked—and the

State Department has not provided information to us that we have requested—about how to gain a waiver, what is the process, and what is the yes/no here.

I think I know why. It is because there isn't one, as countless examples and stories have shown.

We have got to continue to shine a spotlight on the millions of Americans whose lives have been thrown into chaos due to the President's reckless and ill thought-through process. I, as an American, am going to continue to fight on their behalf.

VIOLENCE AGAINST HEALTHCARE WORKERS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. COURTNEY) for 5 minutes.

Mr. COURTNEY. Mr. Speaker, on June 11 of this month, the House Education and Labor Committee reported out legislation, H.R. 1309, the Workplace Violence Prevention for Healthcare and Social Service Workers Act. Mr. Speaker, this is a culmination and a milestone of a 7-year process that began in 2013.

Like many Members of Congress, I have been hearing about stories of rising violence in emergency rooms, ambulances, and treatment facilities to nurses, doctors, and nurses aides that showed a disturbing trend.

One such case was Helene Andrews, a registered nurse from Danbury, Connecticut, who was assaulted multiple times during her career. Shortly before she retired, while she was dispensing medication to a patient, she was thrown to the floor and her pelvis was shattered.

In 2013, former Congressman George Miller of California and I requested a report from the Government Accountability Office to dig deeper to determine how pervasive this violence is and what strategies are at our disposal to reverse this trend. The report, which was completed in 2016, found that workers in healthcare facilities experienced substantially higher rates of nonfatal injuries due to violence in the workplace compared to workers overall.

Between 2006 and 2016, there was a 70 percent increase in violent incidents that occurred in healthcare and social service workplaces that resulted in employees being away from work. According to the Bureau of Labor Statistics, healthcare and social service workers are nearly five times more likely to suffer a serious injury from workplace violence than workers in other settings.

Up to 30 percent of hospital workers report being assaulted at work. For employees in psych hospitals, that number is drastically higher. Nearly 50 percent of emergency room physicians have been physically assaulted at work, and 80 percent report that this violence affects patient care.

Despite these alarming statistics, we know that violence against this workforce is, in fact, grossly underreported. Many medical professionals are discouraged from reporting incidents, fear further stigmatizing patients, or are just told: "Move on. Shake it off. It is part of the job."

Mr. Speaker, during the course of work on this legislation, we actually heard from the Cleveland Clinic in northeast Ohio, which is one of the largest healthcare networks in America. The CEO of Cleveland Clinic, Tom Mihaljevic, gave his 2019 state of the clinic address, where he described that there is a national epidemic of violence against healthcare workers, especially in emergency room departments. Last year alone, nearly 30,000 weapons were confiscated from patients and visitors in that healthcare network. At the time we did the markup, one of the members of our committee actually expressed disbelief that, in fact, that statistic was accurate.

Mr. Speaker, I include in the RECORD a letter I supplied to Congresswoman FOXX at the end of last week citing Mr. Mihaljevic's report, which was a YouTube that is easily found, as well as an article from Modern Healthcare, which quoted this amazing and astonishing statistic.

CONGRESS OF THE UNITED STATES,
2nd District, CT, June 21, 2019.

Rep. VIRGINIA FOXX,
Ranking Member, Committee on Education
and Labor, Washington, DC.

DEAR RANKING MEMBER FOXX: During our June 11th mark up of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act you questioned the veracity of a statement I made regarding the high number of weapons confiscated from patients and visitors at the Cleveland Clinic in 2018. The number I cited, 30,000, is indeed alarming. It is also accurate, and further evidence that health care and social service workers require enforceable protections to limit potential violence against them at their place of work.

During the mark up, you asked publicly that I verify this statistic, so I would like to share with you two resources which confirm that 30,000 weapons were confiscated from the Cleveland Clinic's Northeast Ohio facilities in 2018.

In Cleveland Clinic CEO Dr. Tom Mihaljevic's 2019 "State of The Clinic" address from February 27, 2019, he states: "there is a national epidemic of violence against health care workers, especially in emergency departments . . . last year alone, nearly 30,000 weapons were confiscated from patients and visitors." You can view the address here: <https://www.youtube.com/watch?v=pOr2UqlNzuY>

Additionally, a March 11, 2019 Modern Healthcare article entitled "Healthcare workers face violence 'epidemic'" cites Dr. Mihaljevic's address and reports that "In 2018, the clinic confiscated a staggering 30,000 weapons from patients and visitors in its system in the Northeast Ohio region." The article can be read here: <https://tinyurl.com/y5thhm4r>

Given your understandable alarm upon hearing that the tens of thousands of employees working at these facilities face daily exposure to violence, I would welcome your support of H.R. 1309. As you know, violence against this workforce is on the rise. Both

Democratic and Republican OSHA Secretaries believe an enforceable standard is the best way to reverse this trend, and this legislation will ensure that happens in a timely manner.

Thank you,

JOE COURTNEY.

Mr. COURTNEY. Mr. Speaker, it is obviously not limited just to the State of Ohio. We know these incidents are preventable.

Since 1996, OSHA has published voluntary guidelines that recommend commonsense preventative measures that employers can take to reduce the risk and severity of violent incidents, and that is what our bill does. It basically requires, through OSHA, that there be a violence prevention plan in healthcare settings.

It is not one size fits all. It recognizes that some facilities are different from others. But, in fact, there has to be a way to train staff to understand patient risk, to understand ways to de-escalate violence, and a way to design workforces to reduce the incidence of violence.

In addition, it requires that there be a reporting mechanism to OSHA when these incidents occur. Today, in a hospital, if there is a slip and fall, it must be reported; if there is a chemical leak, it must be reported; but if a nurse is punched, kicked, or spit at, that is not required to be reported, and that is what our bill will do.

The legislation was reported out with a favorable report. We have 187 cosponsors of the legislation. It is bipartisan, and it will be brought up this summer for final action.

We have waited far too long to protect the caregivers, the people in the caring professions which every American relies on and depends on to be healed, consoled, and cared for. Yet it is clear from the GAO report that they are being subjected to incidents of violence which, again, are totally unacceptable and which hinder their ability to do their mission. It is time to pass H.R. 1309.

Again, I applaud the support from the emergency room physicians, the emergency room nurses, and the American Nurses Association, as well as a host of other groups that are affiliated with our healthcare delivery system.

Let's protect the caregivers. Let's pass H.R. 1309.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 20 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PRICE of North Carolina) at 2 p.m.