

HUMANITARIAN STANDARDS FOR INDIVIDUALS IN CUSTOMS AND BORDER PROTECTION CUSTODY ACT

GENERAL LEAVE

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act.

The SPEAKER pro tempore (Mr. HIGGINS of New York). Is there objection to the request of the gentlewoman from California?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 509 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 3239.

The Chair appoints the gentleman from California (Mr. CARBAJAL) to preside over the Committee of the Whole.

□ 1836

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 3239) to require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes, with Mr. CARBAJAL in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary.

The gentlewoman from California (Ms. LOFGREN) and the gentleman from Florida (Mr. STEUBE) each will control 30 minutes.

The Chair recognizes the gentlewoman from California.

Ms. LOFGREN. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chair, I rise in support of H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act, a bill that will address an important piece of the humanitarian crisis at the border, ensuring the delivery of basic standards of care for individuals who are detained in CBP custody.

Many of us, including myself, have traveled to our southern border over the past couple of months and witnessed firsthand the effects of the situation that continues to unfold. No one who has made that journey has not been deeply moved by the severe overcrowding and inhumane conditions at some CBP facilities.

If you have not observed these conditions in person, you have undoubtedly seen pictures or read the latest DHS inspector general report and know how serious this situation is:

Families, children, and single adults housed outside or in severely overcrowded cells;

Lack of access to showers, functioning toilets, and basic personal hygiene products;

Flu outbreaks, lice infestations, and other conditions that threaten the health and safety of everyone who is exposed to them.

Mr. Chairman, I will include in the RECORD a copy of the report submitted by the inspector general of the Department of Homeland Security on the situation at the border.

The situation is so dire that no less than three children and seven other individuals have died in CBP custody so far this fiscal year. By comparison, not a single child died in CBP custody in the previous decade.

Although the administration asserts that these conditions are the inevitable result of the increase in the number of people seeking protection at our border, it is not just the numbers that are the problem. It is the administration's mission to deter migration through heavy-handed enforcement and its steadfast refusal to address the crisis competently that has gotten us where we are today.

H.R. 3239 will literally save lives by restoring order and basic standards in the processing of immigrants at the border.

H.R. 3239 requires CBP to ensure that all individuals arriving at our border receive a basic health screening, and the bill also requires other emergency care professionals to be available at least by phone so that, if a life-threatening situation arises, it can be addressed quickly instead of hours later when it is too late.

H.R. 3239 would also prohibit overcrowding and requires migrants to have access to showers, basic hygiene products, and clean clothing so they are not forced to sit in clothing soiled from dirt and sweat for weeks and days at a time. Detainees would have access to water and standard age-appropriate diets comprised of food that follows applicable safety standards.

My colleagues across the aisle have claimed that H.R. 3239 is unworkable because CBP lacks the funding to implement it, but just a few weeks ago Congress passed a \$4.6 billion spending measure to send emergency funding to the border. The Trump administration has yet to prove that it can put this money to good use and treat arriving migrants competently. H.R. 3239 would do just that.

I would like to commend our colleague, Representative and Dr. RAUL RUIZ, for his efforts in moving this bill forward and for his commitment to ensuring the dignity and safety of those seeking protection in our country.

I urge all of my colleagues to support the Humanitarian Standards for Individuals in CBP Custody Act, and I reserve the balance of my time.

Mr. STEUBE. Mr. Chair, I yield myself such time as I may consume, and rise in opposition to the bill.

Despite months of opportunities for Congress to intervene in the border cri-

sis and actually fix our laws, the Democrat majority has done nothing except stand by, at first denying that there was a crisis, and then watching as a chaotic and dangerous situation developed.

The administration repeatedly warned us that the unprecedented migrant flow was overwhelming the government's ability to adequately respond and that the facilities were overcrowded because they were not designed as long-term holding facilities. Yet the Democrat majority brought forth no legislation to fix the problems. Instead, they passed the Dream Act, a bill which will only incentivize more illegal immigration.

So, aside from the Dream Act, what is the majority's next idea? H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act, a bill that will not solve the border crisis and, in fact, will make the crisis worse.

H.R. 3239 does nothing to address the root causes of this crisis:

It does nothing to address the push-and-pull factors that drive illegal immigration, including loopholes in our own laws;

It does nothing to fix the Flores settlement agreement's guarantee of catch and release for almost all family units;

It does nothing to fix the provision in the Trafficking Victims Protection Reauthorization Act that prevents the safe repatriation of children from non-contiguous countries;

It does not introduce reasonable reforms to our asylum laws. Instead, it imposes onerous and burdensome requirements on the hundreds of CBP facilities at a time when the government is already overwhelmed.

Of course, CBP should always strive to comply with their custodial care standards, and I know that the men and women of CBP are treating migrants with respect. But H.R. 3239 does not address the root causes of the conditions at CBP facilities: that ICE and HHS do not have enough space available to take custody of these individuals.

The bill does not increase funding for ICE detention beds to ensure single adults do not have to be in CBP custody beyond 72 hours. It does not fund additional permanent HHS shelter capacity for unaccompanied children.

Instead, in the midst of a chaotic situation, H.R. 3239 imposes extensive medical screening, medical care, and facilities requirements on to CBP that are, in many cases, simply unworkable.

This bill's onerous requirements significantly impact CBP's mission and ignore the reality that CBP is confronting an influx of migrants that has overwhelmed the system and caused a crisis.

□ 1845

H.R. 3239 requires a fully documented medical screening of each and every

person entering CBP custody, to include a full physical exam, risk assessment, interview, medical intake questionnaire, and taking of all vital signs.

In addition, the bill requires CBP to require additional follow-up medical care, including psychological and mental health care.

The bill even requires that CBP shall have onsite, to the extent practicable, in addition to the medical professionals employed to conduct the initial medical screenings, “. . . licensed emergency care professionals, specialty physicians (including physicians specializing in pediatrics, family medicine, obstetrics and gynecology, geriatric medicine, internal medicine, and infectious diseases), nurse practitioners, other nurses, physician assistants, licensed social workers, mental health professionals, public health professionals, dietitians, interpreters, and chaperones.” If it is impracticable to have them onsite, CBP must have them on call.

May I remind you that our own veterans do not have access to the same list of healthcare specialists at an initial request at their clinics.

I offered an amendment that was not made in order that stated that this bill would not go into effect until the VA confirms that medical care that meets the standards listed in this bill for detainees is made available to every veteran seeking medical care at a facility of the Department of Veterans Affairs.

CBP personnel should be interdicting narcotics, preventing illegal immigration, stopping child trafficking, and facilitating lawful trade and travel, yet H.R. 3239 would have them, instead, setting up full-service hospitals at hundreds of facilities.

The requirements of H.R. 3239 apply not only to border patrol stations, but also to ports of entry, including land, sea, and air ports of entry, checkpoints, forward operating bases, and secondary inspection areas.

As if the current crisis weren't enough of a challenge, the bill requires updates to hundreds of CBP facilities, requisition of personnel and equipment, and training for all CBP personnel at covered facilities, all at an immense cost.

May I mention again, I offered an amendment that would require the DHS Secretary to also report on the cost of implementation of this legislation.

My amendment would have also delayed the 6-month implementation requirement if Congress does not appropriate sufficient funds to carry out the requirements of this bill, yet H.R. 3239 does not authorize any appropriations.

The requirements apply to facilities no matter the size, the location, or even the amount of traffic. So it applies equally to a very busy airport, processing millions of passengers a year, just as it would to an extremely remote port of entry or to an isolated checkpoint.

Under this bill, there could be more medical personnel working at the facility than aliens on any given day.

H.R. 3239 will also weaken border security at a time when we should be enhancing CBP's ability to respond to the surge.

The bill would limit CBP's ability to house migrants that come during a surge, while simultaneously limiting the number of people that could be housed in existing CBP processing facilities, yet CBP cannot simply process those individuals out to ICE custody, because, again, H.R. 3239 does not fund any additional ICE detention beds.

The practical effects of H.R. 3239 are simply more catch-and-release.

The majority has made no secret that CBP will be forced to release even more people into the United States. This is not a design flaw; it is a feature of the bill.

H.R. 3239 also increases the incentive to exploit children to gain entry into the United States. Smugglers know migrants will be released into the U.S. interior if they bring a child, because of a legal loophole created by the Flores settlement agreement preventing those family units from being detained for a sufficient amount of time to complete their immigrant court proceedings.

DHS continues to see adults fraudulently posing as a parent. This loophole is exploited by smugglers and human traffickers on a daily basis, as children are being rented and purchased like chattel.

H.R. 3239 broadens this loophole even further, extending it beyond parents to any adult relative of a child. The incentive to bring a child will be even greater, and human traffickers would now be able to pose as a child's distant relative to evade detection and take advantage of the Flores loophole.

CBP is already confronting a crisis that is worsening by Congressional inaction to fix the loopholes in our laws that fuel illegal immigration. Congress shouldn't make the crisis worse by passing H.R. 3239.

Mr. Chair, I oppose the bill and urge my colleagues to do the same. I reserve the balance of my time.

Ms. LOFGREN. Mr. Chairman, I yield 5 minutes to the gentleman from California (Mr. RUIZ), my colleague and the author of the bill.

Mr. RUIZ. Mr. Chair, I thank Chair LOFGREN for her leadership on addressing the humanitarian crisis at our border.

I rise in support of H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act.

My legislation is meant to prevent children from dying at the border, and promote a professional, humane way to treat children and families under the custody, and therefore, the responsibility of CBP. But before I explain my bill's American-values-based, humanitarian, public health approach, I want to refute a few myths.

First, the myth that this bill costs too much.

My bill will not raise the deficit one penny and does not require any in-

crease in mandatory spending. Instead, it provides the blueprint for how CBP should use its current budget and the \$4.6 billion in emergency funding we recently passed to address the humanitarian crisis.

Second, the myth that my bill will make it more difficult for CBP to prevent human trafficking.

My bill specifically allows for CBP to separate a child from an adult if “. . . such an arrangement poses safety or security concerns . . .”, such as in instances of suspected human trafficking.

Furthermore, my bill requires CBP personnel to receive training on indicators of child sexual exploitation and abuse.

Third, the myth that my bill requires medical specialists onsite at all times.

That is simply not true. It is simply false.

My bill only requires a licensed health provider like a nurse, a physician assistant, an EMT, or paramedic to conduct health screenings, and it empowers CBP to call an emergency care provider to help with emergency triage decisions. That is it. And those emergency care providers can include those specialists, but it doesn't require them, all of them, to be on call at all times or to be onsite.

Finally, the myth that my bill is too cumbersome for CBP and will distract agents from safety and security concerns.

One, CBP agents want the assistance in my bill because it provides them with humanitarian and health assistance to free up their time to focus on safety and security issues; therefore, my bill will make our country safer.

And, two—look, I was an early responder after the Haiti earthquake and medical director for the largest internally-displaced camp in Haiti.

If nonprofits can meet the humanitarian standards in this bill in the worst circumstances in the poorest country in the Western Hemisphere, then we can meet them in the greatest country known to man.

So here is what my bill actually does. It creates a simple health triage system and basic humanitarian public health standards.

It ensures that every individual in CBP custody receives a health screening to triage for acute conditions and high-risk vulnerability, something that is easy to do. And, no, you don't need a full physical exam. You are just triaging. You need vital signs and a cursory physical exam. In fact, for most people, it would take less than 5 minutes to perform.

It ensures that every individual in CBP custody receives a health screening to triage for acute conditions and high-risk vulnerabilities so people don't die under the responsibility of CBP.

It ensures that an emergency care provider is on call to pick up the phone and help make triage decisions for life-threatening medical emergencies. That is it. That is all we are asking for.

My bill also prioritizes high-risk populations, the most vulnerable to severe illnesses and dying, to receive a health screening within 6 hours, including children, pregnant women, and the elderly.

My bill requires very basic and necessary things like toothbrushes and diapers.

It includes nutrition standards to make sure that infants have formula and babies have baby food. How hard is that?

In terms of shelter, my bill will ensure that people are no longer packed and piled on top of each other; that the temperature is not too cold, weakening a child's immune system; and that toddlers don't have to sleep on a cold concrete floor.

Finally, my bill addresses the challenges of surge capacity, adds training, and requires reporting.

The straightforward reforms in my bill are essential to protecting the health and safety of agents and the children and families in their custody.

Let me repeat myself. Let me reiterate. This is not just for asylum-seeking children and families. This bill will help CBP agents.

The CHAIR. The time of the gentleman has expired.

Ms. LOFGREN. Mr. Chair, I yield an additional 30 seconds to the gentleman.

Mr. RUIZ. Mr. Chair, it will empower CBP to meet the basic provisions for human dignity.

Mr. Chair, I sincerely urge my fellow representatives to listen to their better angels, do the right thing, and vote for H.R. 3239, the Humanitarian Standards for Individuals in CBP Custody Act, to prevent another child from dying in the custody of CBP and to promote a professional, humane approach to addressing the humanitarian challenges at our border and create the basic conditions for human dignity.

Mr. STEUBE. Mr. Chair, I yield myself as much time as I may consume.

I want to bring attention to page 8 of the bill, line 16. I am going to read it verbatim: "The Commissioner or the Administrator of General Services shall ensure that each location to which detainees are first transported after an initial encounter has onsite at least one licensed medical professional to conduct health screenings. Other personnel that are or may be necessary for carrying out the functions described in subsection (e), such as licensed emergency care professionals, specialty physicians (including physicians specializing in pediatrics, family medicine, obstetrics and gynecology, geriatric medicine, internal medicine, and infectious diseases), nurse practitioners, other nurses, physician assistants, licensed social workers, mental health professionals, public health professionals, dietitians, interpreters, and chaperones, shall be located onsite, to the extent practicable, or if not practicable, shall be available on call."

In the medical field, "on call" means 30 minutes or closer.

So this bill absolutely requires that all of these specialty physicians are available either onsite or within 30 minutes or closer to being able to be at the location, any of these CBP locations, and they have to be provided this healthcare within 12 hours of manifesting themselves at these facilities.

Right now our veterans don't have access to this healthcare that is ensured in this bill for illegal immigrants coming into our country. If you go to a clinic at a VA facility, they don't have specialty physicians. You have to wait 30 to 60, maybe 90 days to get an appointment with a specialty physician in order to get the care that that veteran wants or needs, not 12 hours.

So we are providing through this bill better healthcare opportunities for illegal immigrants showing up at the border than we are for our veterans who have served our country, who have raised their right hand to swear an oath to our Constitution, who have service-connected disability, and have the ability to use Veterans Affairs facilities. They only get 30 to 60 days to get those medical needs taken care of; illegal immigrants get it in 12 hours, according to this bill.

Mr. Chair, I reserve the balance of my time.

Ms. LOFGREN. Mr. Chairman, I just would note that we went through this in committee during the markup. All of the specialty positions listed need not be available at the site, as is mentioned on line 23.

As we mentioned, if you took a picture of a rash on a child, you could text that picture to a pediatrician, say, "Is this a communicable disease or is this a small rash?" and that would meet the requirements of this.

Mr. Chair, I yield 1 minute to the gentlewoman from Texas (Ms. GARCIA).

Ms. GARCIA of Texas. Mr. Chair, I rise in support of H.R. 3239, a bill introduced by my friend and colleague from California, Congressman RAUL RUIZ, and which I proudly cosponsor.

The humanitarian crisis at the southern border is greatly worsened by understaffed, unprepared, and under-equipped CBP facilities.

I know this. I have seen them firsthand in visits that I have made to some of these facilities not only in Texas, but also in New Mexico.

This bill will alleviate these problems by requiring CBP facilities to maintain the personnel and equipment necessary to screen all individuals in custody and provide emergency care as needed.

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Our American values, moral conscience, and the Constitution require that we treat all individuals on American soil humanely and respectfully. For this purpose, border agents must have the equipment, resources, and training necessary to carry out this mission and save lives.

Congress must continue working to solve the immigration issue and finally

end the humanitarian crisis at the southern border.

Mr. Chairman, I urge all of my colleagues to join me in supporting H.R. 3239.

Mr. STEUBE. Mr. Chairman, I reserve the balance of my time.

Ms. LOFGREN. Mr. Chairman, I yield 1 minute to the gentlewoman from California (Ms. LEE), my colleague.

Ms. LEE of California. Mr. Chairman, I thank the chairwoman for yielding and for her tremendous leadership.

Mr. Chairman, I rise today in strong support of H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act.

I thank Dr. RAUL RUIZ for bringing his medical expertise to this body and introducing this bill to bring some humane treatment to families and children seeking refuge in the United States.

This critical bill creates basic standards for humanitarian care of all detainees within CBP facilities. By establishing health screenings, emergency medical care, appropriate access to water, nutrition, and shelter, these critical standards are a step in the right direction.

Last year, when I traveled to Brownsville and McAllen, Texas, I saw the horrors of the Trump administration's family detention jails. I saw children sleeping on concrete floors. It is cruel and inhumane. And I, quite frankly, wrote a letter to the United Nations asking the secretary general to send observers to report on the conditions and treatment of these children and adults.

Mr. Chairman, I include in the RECORD my letter.

HOUSE OF REPRESENTATIVES,

Washington, DC, June 19, 2018.

His Excellency Mr. ANTONIO GUTERRES, Secretary General United Nations Headquarters, New York, NY.

DEAR SECRETARY-GENERAL GUTERRES: I write today to request your urgent assistance in the ongoing crisis our country is facing at our Southern Border with Mexico.

As the Democratic Congressional Representative to the United Nations (UN), I am formally requesting UN observers travel to the United States to report on the conditions of detention facilities and treatment of children, based on relevant international law and human rights principles.

I am appalled by the reports and images from detention facilities in Texas and other states along the border, where more than 2,300 children have been separated from their parents by border patrol agents.

This weekend, I will be traveling to the border myself, to witness first-hand the conditions adults and children are facing while in detention.

I urge you to send experts from relevant UN agencies to observe conditions in both Department of Homeland Security (DHS) and Office of Refugee Resettlement (ORR) facilities both at the border and throughout the more than 17 states around the country that are now housing children who have been separated from their families.

As a mother, a grandmother, and as a psychiatric social worker, I am most concerned for the physical and mental well being of children separated from their parents at their most vulnerable time. The American

Academy of Pediatrics has warned that this practice of family separation can cause irreparable harm to lifelong development by disrupting a child's brain architecture."

You recently said in a statement, "As a matter of principle, the Secretary-General believes that refugees and migrants should always be treated with respect and dignity, and in accordance with existing international law." And you added, "children must not be traumatized by being separated from their parents. Family unity must be preserved."

I sincerely hope that you will consider this urgent humanitarian request in a timely manner.

Sincerely,

BARBARA LEE,
Member of Congress.

The CHAIR. The time of the gentleman has expired.

Ms. LOFGREN. Mr. Chairman, I yield an additional 30 seconds to the gentleman from California.

Ms. LEE of California. Mr. Chairman, it is really our responsibility to protect the health and safety of individuals in CBP custody and, yes, we have failed.

By passing this bill today, we are putting critical protocol and protections in place for individuals and making sure that their well-being and health are a priority. We can no longer allow individuals to suffer, be abused, or die under CBP. Our values demand that we take this action. It is past time for us to protect adults and children fleeing violence, seeking a safe haven in America.

Mr. Chairman, I urge my colleagues to vote yes on this vital bill. And I thank Dr. RUIZ for giving us a chance to do the right thing.

Mr. STEUBE. Mr. Chairman, I continue to reserve the balance of my time.

Ms. LOFGREN. Mr. Chairman, I yield 1 minute to the gentleman from Texas (Mr. CASTRO).

Mr. CASTRO of Texas. Mr. Chairman, I stand in support and the Hispanic Caucus stands in support of H.R. 3239.

We had an opportunity, not too long ago, to visit rural New Mexico and Antelope Wells, a forward operating base, and another Border Patrol station. It became very clear to Dr. RUIZ, and to all of us, that the Border Patrol is not prepared for medical emergencies that migrants may encounter or that their own agents may encounter.

Something must be done. These folks are not livestock. They are not animals. They shouldn't be treated in a subhuman way.

Mr. Chairman, this bill establishes minimum standards for humane care, and I, wholeheartedly, support it.

Mr. STEUBE. Mr. Chairman, I yield myself the balance of my time to close.

Mr. Chairman, I will make this very quick and to the point. If this bill were to become law, illegal immigrants illegally crossing our border will have better access to healthcare at government expense than our veterans with service-connected disabilities. And not just better healthcare access to specialty doctors and psychiatric care, not just that, but within a timeframe 30 to 60

days faster than veterans can get appointments for medical care at a VA facility.

The requirements in this bill show that, depending on the scenario, CBP has 6 to 12 hours to provide care to the immigrant. A veteran under the MISION Act that was passed by Congress last session, has 30 to 60 days to get an appointment. So we are treating an illegal immigrant within a day, a requirement by law, where veterans have to wait 30 to 60 days just to get an appointment.

And let's discuss the cost. Oh, that is right, we don't know the cost because the majority didn't consult CBP or Homeland Security, and we have absolutely no idea how much this is going to cost. We are going to put this unfunded mandate on CBP when they are already taxed and already tolled with the crisis that we have on the border and not know how much it is going to cost them to implement all of these medical requirements that are in this bill.

Mr. Chairman, I yield back the balance of my time.

Ms. LOFGREN. Mr. Chairman, I yield myself such time as I may consume to close.

Mr. Chairman, this bill is an important step forward to make sure that we have minimal standards at CBP facilities. It is simply incorrect to assert that the minimum standards provided for in this bill are extravagant extensions of healthcare to people seeking assistance.

If you have a medical emergency, you should call for an ambulance. If you are having a heart attack, you should go to a hospital and be treated. If you have a medical emergency, you have to be dealt with under the section on page 4. If there is an indication of a problem, you have to have the ability to reach out to an expert by phone, if necessary, or to get some guidance on what to do. This is just common sense.

We have relied on Dr. RUIZ, who saw this very system work in one of the hemisphere's poorest nations—Haiti—after an earthquake where they had no infrastructure. The nonprofits working there could do this. I have no doubt that the richest nation on Earth and the Department of Homeland Security could do as well as nonprofits in Haiti after the earthquake. And to suggest that they couldn't, I think is really a problem.

I would like to note that if we said that veterans are going to get the care outlined in this bill, it would be a dramatic reduction in the care provided to veterans because this is a minimal standard. We want to do better for our veterans always, but to suggest that they should get this, would be a huge reduction in what we owe the veterans of this country.

I thank Dr. RUIZ for the work that he put into this bill. As an emergency physician and a public health expert, checking with the American Pediatric Association, he came up with a struc-

ture that is doable and will save the lives of children.

Mr. Chairman, I hope that we can adopt this bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Chair, as a senior member of the Judiciary Committee, I rise in support of the H.R. 3239, a the "Humanitarian Standards for Individuals in Customs and Border Protection Custody Act."

I support H.R. 3239, because it would require CBP to perform an initial health screening on all individuals in CBP custody and ensure that everyone in custody has access to water, sanitation and hygiene, food and nutrition, and safe shelter, among other provisions.

I have also offered two amendments that I truly believe keeps the CBP staff and detainees safe under the current conditions.

My first amendment to H.R. 3239 requires retention of video monitoring and certification that the video is on at all times.

CBP is considered "at capacity" when detainee levels reach 4,000.

However, between May 14 and June 13, 2019, CBP detained more than 14,000 people per day—and sometimes as many as 18,000.

A cell with a maximum capacity of 12 held 76 detainees; a cell with a maximum capacity of 8 held 41 detainees, and a cell with a maximum capacity of 35 held 155 detainees.

Individuals were standing on toilets in the cells to make room and gain breathing space, thus limiting access to the toilets.

There is limited access to showers and clean clothing, and individuals have been wearing soiled clothing for days or weeks.

While DHS concurred with the recommendation made to alleviate overcrowding at the Del Norte Processing Center, it identified November 30, 2020 as the date on which the situation would be corrected.

There have been reports of agitation and frustration from the CBP staff and the detainees.

This legislation provides some of the transparency, accountability and oversight that protects the detainees and the CBP employees and contractors.

My second amendment to H.R. 3239 requires that the Commissioner shall ensure that language-appropriate "Detainee Bill of Rights," including indigenous languages, are posted in all areas where detainees are located.

The "Detainee Bill of Rights" shall include all rights afforded to the detainee under this bill.

In July, Border Patrol was holding about 8,000 detainees in custody at the time of the DHS OIG visit, with 3,400 held longer than the 72 hours generally permitted under the Transport, Escort, Detention, and Search (TEDS) standards.

Of those 3,400 detainees, Border Patrol held 1,500 for more than 10 days.

Border Patrol data indicated that 826 (31 percent) of the 2,669 children at these facilities had been held longer than the 72 hours generally permitted under the TEDS standards and the Flores Agreement.

The estimated completion date is November 30, 2020 which is too far in the future for the pressing issue we are having today.

Border Patrol agents has said that some single adults had been held in standing-room-only conditions for days or weeks. Border Patrol management on site said there is an ongoing concern that rising.

Currently, there are no regulations to guide CBP on medical evaluation or sanitation within the short-term detention facilities.

It is very concerning that CBP has reported the deaths of four children and six adults in CBP custody.

The posting of the Detainee Bill of Rights allows the detainees to understand what screenings will be done during their intake, and what help is afforded to them during custody.

The posting will also help the detainees communicate with the CBP employees about what needs may not be met under the provisions of this legislation.

I truly believe this will ease some of the tensions and frustrations at the detention facilities.

I applaud Rep. RAUL RUIZ for introducing the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act and my colleagues for working together to ease tensions in a difficult situation.

I believe that the adoption of the Jackson Lee amendments strengthen H.R. 3239 by continuing to provide transparency, accountability and oversight.

I also believe that the Jackson Lee amendment that provided transparency for duties that are outsourced to private contractors to be subject to FOIA through CBP would have strengthened the bill more and is also needed to keep all parties safe.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary, printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the 5-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 116-26 modified by the amendment printed in part B of House Report 116-178. That amendment in the nature of a substitute shall be considered as read.

The text of the amendment in the nature of a substitute is as follows:

H.R. 3239

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Humanitarian Standards for Individuals in Customs and Border Protection Custody Act”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Initial health screening protocol.
- Sec. 3. Water, sanitation and hygiene.
- Sec. 4. Food and nutrition.
- Sec. 5. Shelter.
- Sec. 6. Coordination and Surge capacity.
- Sec. 7. Training.
- Sec. 8. Interfacility transfer of care.
- Sec. 9. Planning and initial implementation.
- Sec. 10. Contractor compliance.
- Sec. 11. Inspections.
- Sec. 12. GAO report.
- Sec. 13. Rule of construction.
- Sec. 14. Definitions.

SEC. 2. INITIAL HEALTH SCREENING PROTOCOL.

(a) **IN GENERAL.**—The Commissioner of U.S. Customs and Border Protection (referred to in

this Act as the “Commissioner”), in consultation with the Secretary of Health and Human Services, the Administrator of the Health Resources and Services Administration, and non-governmental experts in the delivery of health care in humanitarian crises and in the delivery of health care to children, shall develop guidelines and protocols for the provision of health screenings and appropriate medical care for individuals in the custody of U.S. Customs and Border Protection (referred to in this Act as “CBP”), as required under this section.

(b) **INITIAL SCREENING AND MEDICAL ASSESSMENT.**—The Commissioner shall ensure that any individual who is detained in the custody of CBP (referred to in this Act as a “detainee”) receives an initial in-person screening by a licensed medical professional in accordance with the standards described in subsection (c)—

(1) to assess and identify any illness, condition, or age-appropriate mental or physical symptoms that may have resulted from distressing or traumatic experiences;

(2) to identify acute conditions and high-risk vulnerabilities; and

(3) to ensure that appropriate healthcare is provided to individuals as needed, including pediatric, obstetric, and geriatric care.

(c) **STANDARDIZATION OF INITIAL SCREENING AND MEDICAL ASSESSMENT.**—

(1) **IN GENERAL.**—The initial screening and medical assessment shall include—

(A) an interview and the use of a standardized medical intake questionnaire or the equivalent;

(B) screening of vital signs, including pulse rate, body temperature, blood pressure, oxygen saturation, and respiration rate;

(C) screening for blood glucose for known or suspected diabetics;

(D) weight assessment of detainees under 12 years of age;

(E) a physical examination; and

(F) a risk-assessment and the development of a plan for monitoring and care, when appropriate.

(2) **PRESCRIPTION MEDICATION.**—The medical professional shall review any prescribed medication that is in the detainee’s possession or that was confiscated by CBP upon arrival and determine if the medication may be kept by the detainee for use during detention, properly stored by CBP with appropriate access for use during detention, or maintained with the detained individual’s personal property. A detainee may not be denied the use of necessary and appropriate medication for the management of the detainee’s illness.

(3) **RULE OF CONSTRUCTION.**—Nothing in this subsection shall be construed as requiring detainees to disclose their medical status or history.

(d) **TIMING.**—

(1) **IN GENERAL.**—Except as provided in paragraph (2), the initial screening and medical assessment described in subsections (b) and (c) shall take place as soon as practicable, but not later than 12 hours after a detainee’s arrival at a CBP facility.

(2) **HIGH PRIORITY INDIVIDUALS.**—The initial screening and medical assessment described in subsections (b) and (c) shall take place as soon as practicable, but not later than 6 hours after a detainee’s arrival at a CBP facility if the individual reasonably self-identifies as having a medical condition that requires prompt medical attention or is—

(A) exhibiting signs of acute or potentially severe physical or mental illness, or otherwise has an acute or chronic physical or mental disability or illness;

(B) pregnant;

(C) a child (with priority given, as appropriate, to the youngest children); or

(D) elderly.

(e) **FURTHER CARE.**—

(1) **IN GENERAL.**—If, as a result of the initial health screening and medical assessment, the li-

censed medical professional conducting the screening or assessment determines that one or more of the detainee’s vital sign measurements are significantly outside normal ranges in accordance with the National Emergency Services Education Standards, or if the detainee is identified as high-risk or in need of medical intervention, the detainee shall be provided, as expeditiously as possible, with an in-person or technology-facilitated medical consultation with a licensed emergency care professional.

(2) **RE-EVALUATION.**—

(A) **IN GENERAL.**—Detainees described in paragraph (1) shall be re-evaluated within 24 hours and monitored thereafter as determined by an emergency care professional (and in the care of a consultation provided to a child, with a licensed emergency care professional with a background in pediatric care).

(B) **RE-EVALUATION PRIOR TO TRANSPORTATION.**—In addition to the re-evaluations under subparagraph (A), detainees shall have all vital signs re-evaluated and be cleared as safe to travel by a medical professional prior to transportation.

(3) **PSYCHOLOGICAL AND MENTAL CARE.**—The Commissioner shall ensure that detainees who have experienced physical or sexual violence or who have experienced events that may cause severe trauma or toxic stress, are provided access to basic, humane, and supportive psychological assistance.

(f) **INTERPRETERS.**—To ensure that health screenings and medical care required under this section are carried out in the best interests of the detainee, the Commissioner shall ensure that language-appropriate interpretation services, including indigenous languages, are provided to each detainee and that each detainee is informed of the availability of interpretation services.

(g) **CHAPERONES.**—To ensure that health screenings and medical care required under this section are carried out in the best interests of the detainee—

(1) the Commissioner shall establish guidelines for and ensure the presence of chaperones for all detainees during medical screenings and examinations consistent with relevant guidelines in the American Medical Association Code of Medical Ethics, and recommendations of the American Academy of Pediatrics; and

(2) to the extent practicable, the physical examination of a child shall always be performed in the presence of a parent or legal guardian or in the presence of the detainee’s closest present adult relative if a parent or legal guardian is unavailable.

(h) **DOCUMENTATION.**—The Commissioner shall ensure that the health screenings and medical care required under this section, along with any other medical evaluations and interventions for detainees, are documented in accordance with commonly accepted standards in the United States for medical record documentation. Such documentation shall be provided to any individual who received a health screening and subsequent medical treatment upon release from CBP custody.

(i) **INFRASTRUCTURE AND EQUIPMENT.**—The Commissioner or the Administrator of General Services shall ensure that each location to which detainees are first transported after an initial encounter with an agent or officer of CBP has the following:

(1) A private space that provides a comfortable and considerate atmosphere for the patient and that ensures the patient’s dignity and right to privacy during the health screening and medical assessment and any necessary follow-up care.

(2) All necessary and appropriate medical equipment and facilities to conduct the health screenings and follow-up care required under this section, to treat trauma, to provide emergency care, including resuscitation of individuals of all ages, and to prevent the spread of communicable diseases.

(3) Basic over-the-counter medications appropriate for all age groups.

(4) Appropriate transportation to medical facilities in the case of a medical emergency, or an on-call service with the ability to arrive at the CBP facility within 30 minutes.

(j) **PERSONNEL.**—The Commissioner or the Administrator of General Services shall ensure that each location to which detainees are first transported after an initial encounter has onsite at least one licensed medical professional to conduct health screenings. Other personnel that are or may be necessary for carrying out the functions described in subsection (e), such as licensed emergency care professionals, specialty physicians (including physicians specializing in pediatrics, family medicine, obstetrics and gynecology, geriatric medicine, internal medicine, and infectious diseases), nurse practitioners, other nurses, physician assistants, licensed social workers, mental health professionals, public health professionals, dietitians, interpreters, and chaperones, shall be located on site to the extent practicable, or if not practicable, shall be available on call.

(k) **ETHICAL GUIDELINES.**—The Commissioner shall ensure that all medical assessments and procedures conducted pursuant to this section are conducted in accordance with ethical guidelines in the applicable medical field, and respect human dignity.

SEC. 3. WATER, SANITATION AND HYGIENE.

The Commissioner shall ensure that detainees have access to—

(1) not less than one gallon of drinking water per person per day, and age-appropriate fluids as needed;

(2) a private, safe, clean, and reliable permanent or portable toilet with proper waste disposal and a hand washing station, with not less than one toilet available for every 12 male detainees, and 1 toilet for every 8 female detainees;

(3) a clean diaper changing facility, which includes proper waste disposal, a hand washing station, and unrestricted access to diapers;

(4) the opportunity to bathe daily in a permanent or portable shower that is private and secure; and

(5) products for individuals of all age groups and with disabilities to maintain basic personal hygiene, including soap, a toothbrush, toothpaste, adult diapers, and feminine hygiene products, as well as receptacles for the proper storage and disposal of such products.

SEC. 4. FOOD AND NUTRITION.

The Commissioner shall ensure that detainees have access to—

(1) three meals per day including—

(A) in the case of an individual age 12 or older, a diet that contains not less than 2,000 calories per day; and

(B) in the case of a child who is under the age of 12, a diet that contains an appropriate number of calories per day based on the child's age and weight;

(2) accommodations for any dietary needs or restrictions; and

(3) access to food in a manner that follows applicable food safety standards.

SEC. 5. SHELTER.

The Commissioner shall ensure that each facility at which a detainee is detained meets the following requirements:

(1) Except as provided in paragraph (2), males and females shall be detained separately.

(2) In the case of a minor child arriving in the United States with an adult relative or legal guardian, such child shall be detained with such relative or legal guardian unless such an arrangement poses safety or security concerns. In no case shall a minor who is detained apart from an adult relative or legal guardian as a result of such safety or security concerns be detained with other adults.

(3) In the case of an unaccompanied minor arriving in the United States without an adult relative or legal guardian, such child shall be detained in an age-appropriate facility and shall not be detained with adults.

(4) A detainee with a temporary or permanent disability shall be held in an accessible location and in a manner that provides for his or her safety, comfort, and security, with accommodations provided as needed.

(5) No detainee shall be placed in a room for any period of time if the detainee's placement would exceed the maximum occupancy level as determined by the appropriate building code, fire marshal, or other authority.

(6) Each detainee shall be provided with temperature appropriate clothing and bedding.

(7) The facility shall be well lit and well ventilated, with the humidity and temperature kept at comfortable levels (between 68 and 74 degrees Fahrenheit).

(8) Detainees who are in custody for more than 48 hours shall have access to the outdoors for not less than 1 hour during the daylight hours during each 24-hour period.

(9) Detainees shall have the ability to practice their religion or not to practice a religion, as applicable.

(10) Detainees shall have access to lighting and noise levels that are safe and conducive for sleeping throughout the night between the hours of 10 p.m. and 6 a.m.

(11) Officers, employees, and contracted personnel of CBP shall—

(A) follow medical standards for the isolation and prevention of communicable diseases; and

(B) ensure the physical and mental safety of detainees who identify as lesbian, gay, bisexual, transgender, and intersex.

(12) The facility shall have video-monitoring to provide for the safety of the detained population and to prevent sexual abuse and physical harm of vulnerable detainees.

(13) The Commissioner shall ensure that language-appropriate "Detainee Bill of Rights", including indigenous languages, are posted or otherwise made available in all areas where detainees are located. The "Detainee Bill of Rights" shall include all rights afforded to the detainee under this Act.

(14) Video from video-monitoring must be preserved for 90 days and the detention facility must maintain certified records that the video-monitoring is properly working at all times.

SEC. 6. COORDINATION AND SURGE CAPACITY.

The Secretary of Homeland Security shall enter into memoranda of understanding with appropriate Federal agencies, such as the Department of Health and Human Services, and applicable emergency government relief services, as well as contracts with health care, public health, social work, and transportation professionals, for purposes of addressing surge capacity and ensuring compliance with this Act.

SEC. 7. TRAINING.

The Commissioner shall ensure that CBP personnel assigned to each short-term custodial facility are professionally trained, including continuing education as the Commissioner deems appropriate, in all subjects necessary to ensure compliance with this Act, including—

(1) humanitarian response protocols and standards;

(2) indicators of physical and mental illness, and medical distress in children and adults;

(3) indicators of child sexual exploitation and effective responses to missing migrant children; and

(4) procedures to report incidents of suspected child sexual abuse and exploitation directly to the National Center for Missing and Exploited Children.

SEC. 8. INTERFACILITY TRANSFER OF CARE.

(a) **TRANSFER.**—When a detainee is discharged from a medical facility or emergency department, the Commissioner shall ensure that responsibility of care is transferred from the medical facility or emergency department to an accepting licensed health care provider of CBP.

(b) **RESPONSIBILITIES OF ACCEPTING PROVIDERS.**—Such accepting licensed health care provider shall review the medical facility or

emergency department's evaluation, diagnosis, treatment, management, and discharge care instructions to assess the safety of the discharge and transfer and to provide necessary follow-up care.

SEC. 9. PLANNING AND INITIAL IMPLEMENTATION.

(a) **PLANNING.**—Not later than 60 days after the date of enactment of this Act, the Secretary of Homeland Security shall submit to Congress a detailed plan delineating the timeline, process, and challenges of carrying out the requirements of this Act.

(b) **IMPLEMENTATION.**—The Secretary of Homeland Security shall ensure that the requirements of this Act are implemented not later than 6 months after the date of enactment.

SEC. 10. CONTRACTOR COMPLIANCE.

The Secretary of Homeland Security shall ensure that all personnel contracted to carry out this Act do so in accordance with the requirements of this Act.

SEC. 11. INSPECTIONS.

(a) **IN GENERAL.**—The Inspector General of the Department of Homeland Security shall—

(1) conduct unannounced inspections of ports of entry, border patrol stations, and detention facilities administered by CBP or contractors of CBP; and

(2) submit to Congress, reports on the results of such inspections as well as other reports of the Inspector General related to custody operations.

(b) **PARTICULAR ATTENTION.**—In carrying out subsection (a), the Inspector General of the Department of Homeland Security shall pay particular attention to—

(1) the degree of compliance by CBP with the requirements of this Act;

(2) remedial actions taken by CBP; and

(3) the health needs of detainees.

(c) **ACCESS TO FACILITIES.**—The Commissioner may not deny a Member of Congress entrance to any facility or building used, owned, or operated by CBP.

SEC. 12. GAO REPORT.

(a) **IN GENERAL.**—The Comptroller General of the United States shall—

(1) not later than 6 months after the date of enactment of this Act, commence a study on implementation of, and compliance with, this Act; and

(2) not later than 1 year after the date of enactment of this Act, submit a report to Congress on the results of such study.

(b) **ISSUES TO BE STUDIED.**—The study required by subsection (a) shall examine the management and oversight by CBP of ports of entry, border patrol stations, and other detention facilities, including the extent to which CBP and the Department of Homeland Security have effective processes in place to comply with this Act. The study shall also examine the extent to which CBP personnel, in carrying out this Act, make abusive, derisive, profane, or harassing statements or gestures, or engage in any other conduct evidencing hatred or invidious prejudice to or about one person or group on account of race, color, religion, national origin, sex, sexual orientation, age, or disability, including on social media.

SEC. 13. RULES OF CONSTRUCTION.

Nothing in this Act may be construed—

(1) as authorizing CBP to detain individuals for longer than 72 hours;

(2) as contradicting the March 7, 2014, Department of Homeland Security rule adopting Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities, which includes a zero tolerance policy prohibiting all forms of sexual abuse and assault of individuals in U.S. Customs and Border Protection custody, including in holding facilities, during transport, and during processing;

(3) as contradicting current protocols related to Department background checks in the hiring process;

(4) as restricting the Department from denying employment to or terminating the employment of any individual who would be or is involved with the handling or processing at holding facilities, during transport, or during processing, or care of detainees, including the care of children, and has been convicted of a sex crime or other offense involving a child victim; or

(5) as affecting the obligation to fully comply with all applicable immigration laws, including being subject to any penalties, fines, or other sanctions

SEC. 14. DEFINITIONS.

In this Act:

(1) **INTERPRETATION SERVICES.**—The term “interpretation services” includes translation services that are performed either in-person or through a telephone or video service.

(2) **CHILD.**—The term “child” has the meaning given the term in section 101(b)(1) of the Immigration and Nationality Act (8 U.S.C. 1101(b)(1)).

(3) **U.S. CUSTOMS AND BORDER PROTECTION FACILITY.**—The term “U.S. Customs and Border Protection Facility” includes—

(A) U.S. Border Patrol stations;

(B) ports of entry;

(C) checkpoints;

(D) forward operating bases;

(E) secondary inspection areas; and

(F) short-term custody facilities.

(4) **FORWARD OPERATING BASE.**—The term “forward operating base” means a permanent facility established by CBP in forward or remote locations, and designated as such by CBP.

The CHAIR. No amendment to that amendment in the nature of a substitute shall be in order except those printed in part C of House Report 116–178. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MS. KUSTER OF NEW HAMPSHIRE

The CHAIR. It is now in order to consider amendment No. 1 printed in part C of House Report 116–178.

Ms. KUSTER of New Hampshire. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 16, line 9, strike “and”.

Page 16, line 10, strike the period at the end and insert “; and”.

Page 16, insert after line 10 the following:

(4) the degree of compliance with part 115 of title 6, Code of Federal Regulations (commonly known as the “Standards To Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities”).

The CHAIR. Pursuant to House Resolution 509, the gentlewoman from New Hampshire (Ms. KUSTER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from New Hampshire.

Ms. KUSTER of New Hampshire. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, migrants in Customs and Border Protection holding facilities deserve to be treated with compas-

sion and respect. Unfortunately, due to the misguided policies of the Trump administration, many migrants have found themselves stuck living in inhumane conditions.

Earlier this month, I visited one of those facilities in McAllen, Texas, and I was disturbed by what I saw.

I am proud of my colleague, Congressman RAUL RUIZ, and the Judiciary Committee and the leadership of Congresswoman ZOE LOFGREN for putting together a comprehensive piece of legislation that will alleviate the suffering of some of these migrants.

My amendment is very simple. It directs the Department of Homeland Security’s Office of Inspector General to pay particular attention to whether CBP facilities comply with the Department of Homeland Security’s sexual abuse prevention policies while inspecting detention facilities.

Many provisions in DHS’ standards to prevent, detect, and respond to sexual abuse and assault are very well intentioned. These include requiring sexual abuse prevention training for staff, limiting cross-gender searches, ensuring there are plans in place to respond to sexual violence, and providing survivors of sexual abuse with access to sexual assault nurse examiners.

These policies should help reduce the prevalence of sexual violence, enable victims to report abuse, and provide support for survivors after experiencing trauma. But I am concerned that Customs and Border Protection is not meeting DHS’ own standards.

An Office of Inspector General report from 2016 recommended that DHS identify which facilities qualify for routine auditing and ensure that these facilities are audited by July 2018, as required by DHS’ own policies.

Today, nearly 1 year after CBP was supposed to complete these audits, they have not finished the job. If Customs and Border Protection is not taking this basic step of auditing facilities, we cannot be sure they have properly implemented more onerous, yet crucial, policies. The best plans to prevent sexual violence are worthless if they are not followed.

This amendment, which I thank my colleagues, Representative MOORE and Representative CISNEROS for cosponsoring, will help provide clarity about whether CBP is taking steps to prevent and respond to sexual violence.

Mr. Chairman, I urge my colleagues to support it, and I reserve the balance of my time.

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Mr. STEUBE. Mr. Chair, I rise in opposition to the amendment; however, I do not oppose it.

The CHAIR. Without objection, the gentleman from Florida is recognized for 5 minutes.

There was no objection.

Mr. STEUBE. Mr. Chair, this amendment would direct the DHS Office of Inspector General to investigate CBP’s compliance with Federal regulations

promulgated to prevent, detect, and respond to sexual abuse in CBP facilities.

I have no objection to the amendment insofar as the inspector general is already directed by statute to conduct audits to ensure compliance with Federal regulations, and I have no doubt that the men and women of CBP are effectively carrying out the mandates of regulations, implementing a zero tolerance for sexual abuse policy.

CBP is currently bound by duly published regulation at 6 CFR 115 that the agency mandate “zero tolerance toward all forms of sexual abuse.” The regulation contains extensive and detailed requirements implemented to prevent sexual assault. Those requirements detail the steps CBP must take relating to prevention planning; responsive planning in the case of an allegation; training and education; risk assessments; reporting mechanisms; the official response following a detainee report; investigations; disciplinary sanctions for staff, contractors, and volunteers; medical and mental care; data collection and review; and audits for compliance. These regulations are designed to ensure the safety of not only those in custody, but also of CBP personnel and staff in CBP facilities.

The Inspector General Act already requires the DHS Office of Inspector General “to conduct, supervise, and coordinate audits and investigations relating to the programs and operations” of the DHS. And the inspector general routinely conducts audits of DHS programs and facilities to ensure compliance with Federal regulations.

I have no objection to the amendment, which directs the OIG to do what it already does under the Inspector General Act, which is to conduct audits to ensure compliance with regulations promulgated by the DHS to ensure the safety of CBP personnel and those in custody.

Mr. Chair, I yield back the balance of my time.

Ms. KUSTER of New Hampshire. Mr. Chair, could I inquire as to how much time I have remaining.

The CHAIR. The gentlewoman from New Hampshire has 2 minutes remaining.

Ms. KUSTER of New Hampshire. Mr. Chair, I want to thank the gentleman for agreeing to the amendment.

I yield the balance of my time to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the distinguished gentlewoman, and I want to personally thank her for her constant and needed fight for women’s rights and, particularly, protecting these women against sexual assault and sexual abuse.

I cannot tell you how many stories that we have heard at the border of young women who have come either by coyotes, or even when they get here to this country, the fear that they have of sexual assault and sexual abuse. It is a long walk and a long journey from the

Northern Triangle, and I want to thank the gentlewoman again for recognizing that.

So, I rise to support the Kuster amendment, and I rise to support the underlying bill, H.R. 3239.

I thank the gentlewoman from California for her leadership, and I thank my good friend Dr. RAUL RUIZ. We have talked about this. The gentleman has talked about this. I have heard the gentleman on many occasions speaking to us as Members of Congress, not Democrats, but Democrats and Republicans and Independents who would listen.

In his conversation, we did not hear anything that would suggest that we would undermine, in any way, our friends or veterans who are in need of great medical care. We stand ready, as we have done over the past, to continue to try to push dollars to help them.

This bill in particular deals with CBP to perform an initial health screening on all individuals in CBP custody, and ensures that everyone in custody has access to water, sanitation, hygiene, food, nutrition, and safe shelter.

But having been to the border, I will say that they are still in cages. They are still in small areas where they only have standing room.

This is to protect both contractors, employees, and those human beings who came because they are desperate and fleeing violence. The stories tell you of their fathers being murdered, their husband's being murdered, and their sons being taken away.

This underlying bill, its purpose is to ensure that the American people are protected so that epidemics don't start, so that little babies don't die—like the seven who have died on the watch of the Trump administration.

I am delighted that my amendment was included, which requires retention of video monitoring and certification that the video is on at all times. It will enhance the amendment of Ms. KUSTER.

The other amendment I want to appreciate is the Detainee Bill of Rights. I support the amendment and the underlying bill.

Ms. KUSTER of New Hampshire. Mr. Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from New Hampshire (Ms. KUSTER).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MS. KUSTER OF NEW HAMPSHIRE

The CHAIR. It is now in order to consider amendment No. 2 printed in part C of House Report 116-178.

Ms. KUSTER of New Hampshire. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 18, insert after line 10 the following:
(5) PUBLICATION OF DATA ON COMPLAINTS OF SEXUAL ABUSE AT CBP FACILITIES.—Not later

than 90 days after the date of enactment of this Act, the Secretary of Homeland Security, acting in coordination with the Office of Inspector General and Office for Civil Rights and Civil Liberties, shall publicly release aggregate data on complaints of sexual abuse at CBP facilities on its website on a quarterly basis, excluding any personally identifiable information that may compromise the confidentiality of individuals who reported abuse.

The CHAIR. Pursuant to House Resolution 509, the gentlewoman from New Hampshire (Ms. KUSTER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from New Hampshire.

Ms. KUSTER of New Hampshire. Mr. Chair, I yield myself such time as I may consume.

Brave survivors have begun to come forward detailing chilling assaults by Border Protection agents. Some of the survivors are only in their teens.

Despite these heartbreaking stories, there is a stunning lack of transparency about sexual abuse at Customs and Border Protection facilities.

According to the agency's most recent report on assessing sexual abuse at holding facilities, in fiscal year 2017, CBP processed more than 534,000 individuals in its holding facilities, and yet the agency itself only received seven claims of sexual abuse.

Ten months after FY18, CBP has yet to release its report on abuse last year. From my own experience working on sexual violence prevention on college campuses and in the military, I have learned that the absence of formal complaints of sexual abuse does not reflect the absence of sexual violence but, rather, signals a culture that prevents people from reporting violence.

According to a Freedom of Information Act request, between January of 2010 and July of 2016, the Department of Homeland Security Office of Inspector General received 624 complaints about sexual abuse at Customs and Border Protection facilities.

Considering this information, CBP's failure to promptly publish its own sexual abuse data, and the stories of survivors who have come forward, there is a clear need to improve transparency about sexual abuse at CBP.

My amendment, which I was proud to introduce with Representatives MOORE and CISNEROS, directs the Secretary of Homeland Security, working with the DHS office that typically receives complaints of sexual abuse, to release all complaints of sexual abuse at CBP once per quarter, removing any information that would compromise the anonymity of survivors.

This is an amendment that all Members should be able to support. Releasing more data in a timely manner will help lawmakers grasp the scope of this problem. Knowing that they are not alone may also encourage other survivors to step forward.

I urge my colleagues to support this amendment, and I reserve the balance of my time.

Mr. STEUBE. Mr. Chairman, I rise in opposition to the amendment.

The CHAIR. The gentleman from Florida is recognized for 5 minutes.

Mr. STEUBE. Mr. Chair, this amendment is in keeping with the clear hostility with which the majority views the men and women of U.S. Customs and Border Protection, including the Border Patrol agents who have put their lives on the line to effectuate over 3,800 migrant rescues so far this fiscal year and the officers of field operations who are in peril each day when they search vehicles and pedestrians for dangerous and deadly narcotics like fentanyl.

The amendment requires quarterly publication of complaints of sexual abuse in CBP facilities. Of course, preventing sexual abuse in any government facility is an extremely important endeavor, but this amendment does not do that. Instead, it requires premature publication of mere allegations without any context. The effect is the maligning of the men and women who serve on our border and at our ports of entry without doing anything to actually prevent such abuse.

This amendment requires all complaints to be aggregated and published quarterly, regardless of whether an investigation is complete, regardless of whether the complaint was substantiated, and regardless of whether the victim was a CBP employee, contractor, or detainee.

We will not know whether those complaints were ever substantiated or unsubstantiated pursuant to an investigation.

We will not know whether those complaints were against CBP personnel, contracted staff, or against other aliens in the facility.

We will not know whether the victims were CBP personnel, contracted staff, or an alien in the facility.

I am also concerned that the amendment requires CBP to exclude personally identifiable information of the individual who reported the abuse, but it is silent as to the personally identifiable information of the accused. It would be inappropriate to publish a complaint against an individual without any context, especially if an investigation later determines that the complaint is unsubstantiated.

The Judiciary Committee already went through a similar situation with Health and Human Services, where one member of the majority claimed that hundreds of sexual abuse allegations were made against HHS employees when, in fact, the allegations by unaccompanied alien children were against contractors and other UACs.

The requirements of this amendment will simply give the appearance, regardless of the facts or ultimate outcome of the investigation into the complaints, that CBP facilities are rife with sexual abuse. And the further implication is that CBP personnel condone sexual violence. Such a characterization is offensive to the hardworking men and women of CBP who follow existing regulations and policies to prevent sexual abuse in their facilities.

In fact, CBP is bound by a duly published regulation at 6 CFR 115, that the agency mandate “zero tolerance toward all forms of sexual abuse.” And “zero tolerance” isn’t a mere buzzword. The regulation contains extensive and detailed requirements implemented to prevent sexual assault. Those requirements detail the steps CBP must take relating to prevention planning; responsive planning in the case of an allegation; training and education; risk assessments; reporting mechanisms; the official response following a detainee report; investigations; disciplinary sanctions for staff, contractors, and volunteers; medical and mental care; data collection and review; and audits for compliance.

The manager’s amendment to the bill already makes clear that the bill does not abrogate existing policies designed to prevent, detect, and respond to sexual abuse. In fact, it acknowledges that CBP has a zero-tolerance policy for sexual abuse.

Furthermore, the DHS OIG is already directed to conduct unannounced inspections of CBP facilities in the bill, and CBP’s own existing regulations require periodic audits based on the risk assessment of the facility.

CBP is already confronting a crisis that is worsened by congressional inaction to fix the loopholes in our laws that fuel illegal immigration. The men and women who protect our border have been given an enormous task made more difficult by offensive rhetoric. Congress shouldn’t make their job more difficult by requiring premature publication of complaints without context, which will have the effect of wrongfully painting the civil servants as sexual predators.

I oppose the amendment and urge my colleagues to do the same.

Mr. Chair, I yield back the balance of my time.

Ms. KUSTER of New Hampshire. Mr. Chair, contrary to the allegations by my colleague disparaging our view of Customs and Border Protection agencies, I was actually very impressed by the professionalism of many of the Border Patrol agents that we met and had the opportunity to tour the facilities in McAllen and Brownsville with.

I share the gentleman’s commitment to a zero-tolerance policy. Frankly, one incident of sexual assault is far too much. This data will provide more transparency for Congress and for survivors and, frankly, more transparency for those members of the Border Patrol who are doing their job with respect to migrants.

Mr. Chair, how much time do I have remaining?

The CHAIR. The gentlewoman from New Hampshire has 1 minute remaining.

Mr. Chair, I am happy to work with my colleagues to ensure that Customs and Border Protection has the resources to comply with this provision, but we need more transparency for survivors.

Mr. Chair, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), the Speaker of the House.

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Ms. PELOSI. Mr. Chairman, let us salute Congressman RUIZ, Chairman NADLER, Chairwoman LOFGREN, Chairwoman UNDERWOOD, Chairwoman SLOTKIN, and Members. I thank my colleague, Congresswoman KUSTER, for yielding me time.

These Members have followed the facts, gone to the border, and raised a drumbeat on behalf of the children.

I want to add to that Congresswoman ESCOBAR, who has been so great on all of this.

The humanitarian situation at the border challenges the conscience of our country, yet the Trump administration has chosen to approach the situation with cruelty instead of compassion. Children sleeping on concrete floors, children eating frozen and inedible food, and children denied basic sanitation.

As the Gospel of Matthew said, “When the Son of Man comes in all His glory,” He will speak to the nations gathered before Him.

You all know the Gospel of Matthew, “When I was hungry.”

The American Medical Association writes, “It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often create negative health impacts that can last an individual’s entire lifespan.”

The American Academy of Pediatrics led a joint letter, writing, “The tragic deaths of children in CBP custody are evidence for why timely, appropriate medical and mental health screening and care is so crucial.”

With Congressman RUIZ’s Humanitarian Standards for Individuals in Customs and Border Protection Custody Act, we are taking a strong step to safeguard children and respect their families.

Mr. Chairman, I am going to submit most of my statement for the RECORD, in the interest of time. I know you have heard it over and over again, Mr. Chairman. There is no use to just keep talking. We have to act.

We have sent the money. We have paid attention. Now, we have to set the standards that must be met for humanitarian, hygiene, food, clothing, healthcare, and the rest.

I thank Mr. RUIZ for bringing his experience as a public health doctor, as someone who has dealt with these crises in other parts of the world. We are blessed to have his service in the Congress, especially at this time, for the good of the children.

Mr. Chair, let us salute Congressman RUIZ, Chairman NADLER, Chairwoman LOFGREN, Congresswoman UNDERWOOD, Chairwoman SLOTKIN and Members who have followed the facts, gone to the border and raised a drumbeat on behalf of the children.

The humanitarian situation at the border challenges the conscience of our country. Yet,

the Trump Administration has chosen to approach this situation with cruelty, instead of compassion.

The appalling conditions facing children and families are an affront to our values and our humanity:

Children sleeping on concrete floors, in freezing temperatures with constant light exposure;

Children eating frozen or inedible food, and having insufficient or unclear water to drink;

Children denied basic sanitation, forced to use open toilets and deprived of showers and handwashing stations.

The Gospel of Matthew says, “When the Son of Man comes in all his glory,” he will speak to the nations gathered before him and say:

“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.”

The Administration’s treatment of little children abandons that teaching, ignores the “least of these” and endangers lives.

As the American Medical Association writes: “Conditions in CBP facilities, including open toilets, constant light exposure, insufficient food and water, extreme temperatures, and forcing pregnant women and children to sleep on cement floors, are traumatizing.

“It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often create negative health impacts that can last an individual’s entire lifespan.”

This week, the American Academy of Pediatrics led a joint letter with other medical experts to urge action, writing: “The tragic deaths of children in CBP custody are evidence for why timely, appropriate medical and mental health screening and care is so crucial.”

The deaths of children at the border are unconscionable; a profound violation of the moral responsibility we all have to ensure all children of God are treated with compassion and decency.

Today, with Congressman RUIZ’s “Humanitarian Standards for Individuals in Customs and Border Protection Custody Act”, we are taking a strong step to safeguard children and respect their spark of divinity.

This bill protects children and families’ health: requiring the CBP to provide timely, appropriate and standards-based health screenings by licensed medical professionals.

It creates water, sanitation, and hygiene standards: requiring the CBP to provide sufficient drinking water; private, safe and clean toilets; a handwashing station; and basic personal hygiene products.

It sets out nutrition standards: requiring that detainees receive three meals per day, with age-appropriate caloric intake, and special diets for babies, pregnant & breastfeeding women, the elderly & ill.

And it establishes standards for shelters: specifying space requirements, temperature ranges and bedding standards, and also protecting religious freedom, family unity and the safety of unaccompanied minors and LGBTQ persons.

Once we pass this bill—and our other legislation for the children—we will call on Senator MCCONNELL to immediately take them up.

Sadly, some in the Republican Leadership have not demonstrated a concern for the children. The obstruction of the House-passed border bill dishonored our values, denigrated our immigrant heritage, and endangered little children.

Every day that Senator MCCONNELL delays this bill—and every vote against it—is a stain on the collective conscience of the Congress. I urge a strong, bipartisan vote of conscience for this legislation.

Ms. KUSTER of New Hampshire. Mr. Chairman, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from New Hampshire (Ms. KUSTER).

The amendment was agreed to.

The CHAIR. The question is on the amendment in the nature of a substitute, as amended.

The amendment was agreed to.

The CHAIR. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Ms. HAALAND) having assumed the chair, Mr. CARBAJAL, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 3239) to require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes, and, pursuant to House Resolution 509, he reported the bill back to the House with an amendment adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the amendment reported from the Committee of the Whole?

If not, the question is on the amendment in the nature of a substitute, as amended.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 3239 is postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Adopting the amendment to H.R. 397 offered by Mr. DAVID P. ROE of Tennessee;

A motion to recommit on H.R. 397, if offered; and

Passage of H.R. 397, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

REHABILITATION FOR MULTIEMPLOYER PENSIONS ACT OF 2019

AMENDMENT NO. 1 OFFERED BY MR. DAVID P. ROE OF TENNESSEE

The SPEAKER pro tempore. The unfinished business is the question on adoption of amendment No. 1 to H.R. 397, printed in part A of House Report 116–178, offered by the gentleman from Tennessee (Mr. DAVID P. ROE) on which a recorded vote was ordered.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The SPEAKER pro tempore. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 186, noes 245, not voting 1, as follows:

[Roll No. 503]

AYES—186

Abraham	Gonzalez (OH)	Olson
Aderholt	Gooden	Palazzo
Allen	Gosar	Palmer
Amodei	Granger	Pence
Armstrong	Graves (GA)	Perry
Arrington	Graves (LA)	Posey
Babin	Graves (MO)	Ratcliffe
Bacon	Green (TN)	Reed
Baird	Griffith	Reschenthaler
Balderson	Guest	Rice (SC)
Banks	Guthrie	Riggleman
Barr	Hagedorn	Roby
Bergman	Harris	Rodgers (WA)
Biggs	Hern, Kevin	Roe, David P.
Bilirakis	Hice (GA)	Rogers (AL)
Bishop (UT)	Higgins (LA)	Rogers (KY)
Bost	Hill (AR)	Rooney (FL)
Brady	Holding	Rose, John W.
Brooks (AL)	Hollingsworth	Rouzer
Brooks (IN)	Hudson	Roy
Buchanan	Huizenga	Rutherford
Buck	Hunter	Scalise
Bucshon	Hurd (TX)	Schweikert
Budd	Johnson (LA)	Scott, Austin
Burchett	Johnson (OH)	Sensenbrenner
Burgess	Johnson (SD)	Shimkus
Byrne	Jordan	Simpson
Calvert	Joyce (OH)	Smith (MO)
Carter (GA)	Joyce (PA)	Smith (NE)
Carter (TX)	Keller	Smucker
Chabot	Kelly (MS)	Spano
Cheney	Kelly (PA)	Steil
Cline	King (IA)	Steube
Cloud	Kinzinger	Stewart
Cole	Kustoff (TN)	Stivers
Collins (GA)	LaHood	Taylor
Collins (NY)	LaMalfa	Thompson (PA)
Comer	Lamborn	Thornberry
Conaway	Latta	Timmons
Cook	Lesko	Tipton
Crawford	Long	Turner
Crenshaw	Loudermilk	Upton
Curtis	Lucas	Wagner
Davidson (OH)	Luetkemeyer	Walberg
Davis, Rodney	Marchant	Walden
DesJarlais	Marshall	Walker
Diaz-Balart	Massie	Walorski
Duffy	Mast	Waltz
Duncan	McCarthy	Watkins
Dunn	McCaul	Weber (TX)
Emmer	McClintock	Webster (FL)
Estes	McHenry	Wenstrup
Ferguson	Meadows	Westerman
Fleischmann	Meuser	Williams
Flores	Miller	Wilson (SC)
Foxx (NC)	Mitchell	Wittman
Fulcher	Moolenaar	Womack
Gaetz	Mooney (WV)	Woodall
Gallagher	Mullin	Wright
Gianforte	Newhouse	Yoho
Gibbs	Norman	Young
Gohmert	Nunes	Zeldin

NOES—245

Adams	Amash	Bass
Aguilar	Axne	Beatty
Allred	Barragán	Bera

Beyer	Haaland	Panetta
Bishop (GA)	Harder (CA)	Pappas
Blumenauer	Hartzler	Pascarell
Blunt Rochester	Hastings	Payne
Bonamici	Hayes	Perlmutter
Boyle, Brendan F.	Heck	Peters
Brindisi	Herrera Beutler	Peterson
Brown (MD)	Higgins (NY)	Phillips
Brownley (CA)	Hill (CA)	Pingree
Bustos	Himes	Pocan
Butterfield	Horn, Kendra S.	Porter
Carbajal	Horsford	Pressley
Cárdenas	Houlihan	Price (NC)
Carson (IN)	Hoyer	Quigley
Cartwright	Huffman	Raskin
Case	Jackson Lee	Rice (NY)
Casten (IL)	Jayapal	Richmond
Castor (FL)	Jeffries	Rose (NY)
Castro (TX)	Johnson (GA)	Rouda
Chu, Judy	Johnson (TX)	Roybal-Allard
Cicilline	Kaptur	Ruiz
Cisneros	Katko	Ruppersberger
Clark (MA)	Keating	Rush
Clarke (NY)	Kelly (IL)	Ryan
Clay	Kennedy	Sánchez
Cleaver	Khanna	Sarbanes
Clyburn	Kildee	Scanlon
Cohen	Kilmer	Schakowsky
Connolly	Kim	Schiff
Cooper	Kind	Schneider
Correa	King (NY)	Schrader
Costa	Kirkpatrick	Schrier
Courtney	Krishnamoorthi	Scott (VA)
Cox (CA)	Kuster (NH)	Scott, David
Craig	Lamb	Serrano
Crist	Langevin	Sewell (AL)
Crow	Larsen (WA)	Shalala
Cuellar	Larson (CT)	Shalala
Cummings	Lawrence	Sherman
Cunningham	Lawson (FL)	Sherrill
Davids (KS)	Lee (CA)	Sires
Davis (CA)	Lee (NV)	Slotkin
Davis, Danny K.	Levin (CA)	Smith (NJ)
Dean	Levin (MI)	Smith (WA)
DeFazio	Lewis	Soto
DeGette	Lieu, Ted	Spanberger
DeLauro	Lipinski	Speier
DelBene	Loebach	Stanton
Delgado	Lofgren	Stauber
Demings	Lowenthal	Stefanik
DeSaulnier	Lowe	Stevens
Deutch	Lujan	Suozy
Dingell	Luria	Swalwell (CA)
Doggett	Lynch	Takano
Doyle, Michael F.	Malinowski	Thompson (CA)
Engel	Maloney	Thompson (MS)
Escobar	Carolyn B.	Titus
Eshoo	Maloney, Sean	Tlaib
Españillat	Matsui	Tonko
Evans	McAdams	Torres (CA)
Finkenauer	McBath	Torres Small
Fitzpatrick	McCollum	(NM)
Fletcher	McEachin	Trahan
Fortenberry	McGovern	Trone
Foster	McKinley	Underwood
Frankel	McNerney	Van Drew
Fudge	Meeks	Vargas
Gabbard	Meng	Veasey
Gallo	Moore	Vela
Garamendi	Morelle	Velázquez
Garcia (IL)	Mucarsel-Powell	Visclosky
Garcia (TX)	Murphy	Wasserman
Golden	Nadler	Schultz
Gomez	Napolitano	Waters
Gonzalez (TX)	Neal	Watson Coleman
Gottheimer	Neguse	Welch
Green, Al (TX)	Norcross	Wexton
Grijalva	O'Halleran	Wild
Grothman	Ocasio-Cortez	Wilson (FL)
	Omar	Yarmuth
	Pallone	

NOT VOTING—1

Moulton

□ 2003

Ms. SHALALA, Messrs. MCEACHIN, BRINDISI, STAUBER, Mses. HERRERA BEUTLER, CLARKE of New York, and WILSON of Florida changed their vote from “aye” to “no.”

Messrs. GREEN of Tennessee, MEADOWS, NORMAN, and HARRIS changed their vote from “no” to “aye.”

So the amendment was rejected.

The result of the vote was announced as above recorded.