

emphasized themes of purity and militancy.

Mr. Speaker, I also thank the staff of our committee who worked on this. Sandeep Prasanna, Jenna Hopkins, Charles Carithers, and Nicole Tisdale made a yeoman's effort toward getting us to where we are today.

Mr. Speaker, I urge my colleagues to support H.R. 3106 to ensure greater transparency on this pressing and growing issue, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Mississippi (Mr. THOMPSON) that the House suspend the rules and pass the bill, H.R. 3106, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to require a joint domestic and international terrorism report, authorize research within the Department of Homeland Security on current trends in domestic terrorism, and for other purposes."

A motion to reconsider was laid on the table.

U.S. BORDER PATROL MEDICAL SCREENING STANDARDS ACT

Mr. THOMPSON of Mississippi. Mr. Speaker, pursuant to House Resolution 577, I call up the bill (H.R. 3525) to amend the Homeland Security Act of 2002 to direct the Commissioner of U.S. Customs and Border Protection to establish uniform processes for medical screening of individuals interdicted between ports of entry, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 577, in lieu of the amendment in the nature of a substitute recommended by the Committee on Homeland Security printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 116-33 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3525

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "U.S. Border Patrol Medical Screening Standards Act".

SEC. 2. RESEARCH REGARDING PROVISION OF MEDICAL SCREENING OF INDIVIDUALS INTERDICTED BY U.S. CUSTOMS AND BORDER PROTECTION BETWEEN PORTS OF ENTRY.

(a) *IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Homeland Security, acting through the Under Secretary for Science and Technology of the Department of Homeland Security, in coordination with the Commissioner of U.S. Customs and Border Protection and the Chief Med-*

ical Officer of the Department, shall research innovative approaches to address capability gaps regarding the provision of comprehensive medical screening of individuals, particularly children, pregnant women, the elderly, and other vulnerable populations, interdicted by U.S. Customs and Border Protection between ports of entry and issue to the Secretary recommendations for any necessary corrective actions.

(b) *CONSULTATION.—In carrying out the research required under subsection (a), the Under Secretary for Science and Technology of the Department of Homeland Security shall consult with appropriate national professional associations with expertise and non-governmental experts in emergency, nursing, and other medical care, including pediatric care.*

(c) *REPORT.—The Secretary of Homeland Security shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a report containing the recommendations referred to in subsection (a), together with information relating to what actions, if any, the Secretary plans to take in response to such recommendations.*

SEC. 3. ELECTRONIC HEALTH RECORDS IMPLEMENTATION.

(a) *IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Chief Information Officer of the Department of Homeland Security, in coordination with the Chief Medical Officer of the Department, shall establish within the Department an electronic health record system that can be accessed by all departmental components operating along the borders of the United States for individuals in the custody of such components.*

(b) *ASSESSMENT.—Not later than 120 days after the implementation of the electronic health records system, the Chief Information Officer, in coordination with the Chief Medical Officer, shall conduct an assessment of such system to determine system capacity for improvement and interoperability.*

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Homeland Security.

The gentleman from Mississippi (Mr. THOMPSON) and the gentleman from Alabama (Mr. ROGERS) each will control 30 minutes.

The Chair recognizes the gentleman from Mississippi.

GENERAL LEAVE

Mr. THOMPSON of Mississippi. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on this measure.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Mississippi?

There was no objection.

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 3525, the U.S. Border Patrol Medical Screening Standards Act, as amended, seeks to build on legislation passed by the House in July to strengthen the medical care and attention provided to migrants who cross our borders.

In July, in response to reports of inhumane conditions at our southern border and the death of six children who had been in CBP custody, the

House approved a bill to require in-person medical screening by licensed medical professionals for apprehended individuals.

H.R. 3525 builds upon that measure by focusing on improving health screening processes and recordkeeping within DHS. The bill authored by the gentlewoman from Illinois (Ms. UNDERWOOD) takes a two-pronged approach.

First, it requires DHS to research innovative solutions for deficiencies in the medical screening it conducts at the border. This research is to be carried out in consultation with national medical professional associations that have expertise in emergency medicine, nursing, and pediatric care.

Importantly, in carrying out the research, DHS is directed to pay particular attention to the screening of children, pregnant women, the elderly, and other vulnerable populations.

Once completed, DHS is required to transmit to Congress information on what actions the Department plans to take in response to the research findings.

□ 1515

The second prong of H.R. 3525 is focused on driving DHS to improve interoperability among components responsible for the care of apprehended individuals. It does so by requiring DHS to set up an electronic health records system to track health screening and care of individuals in DHS custody. This system would create records that could be accessed by all the relevant DHS components.

The benefits of such a system are unmistakable:

A migrant's medical information cannot get lost.

There will be a clear system to track when any followup medication or medical attention is needed, ensuring cases will not fall through the cracks.

It will also avoid duplication of medical services and time delays due to lost or incomplete medical records.

As important, all the information gained from the initial medical screening will follow the children and adults as they are transferred to other DHS components.

Even though apprehension numbers have recently declined, we must take the lessons learned from the poor handling of the recent migrant crisis to heart and drive performance improvement within DHS.

H.R. 3525 represents a step in the right direction, and, as such, I urge my colleagues to support the legislation.

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

Mr. ROGERS of Alabama. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, here we go again. Yesterday, the majority passed a partisan messaging bill to provide illegal immigrants with an additional complaint line at the Department of Homeland Security. It has no chance of becoming law. Today, they are back at it with

another partisan messaging bill that will never become law. This time, it is a bill to provide illegal immigrants with electronic health records.

This bill before us today requires the Department of Homeland Security to set up an interoperable electronic health records system to track the medical history of millions of illegal immigrants. The bill requires the system to be up and running in 90 days.

Implementing an electronic health records system is a complicated, labor-intensive undertaking. They begin with a configuration process to tailor the commercial software to a client's needs and then proceed to a site-by-site installation process, followed by workforce training.

It typically takes a year or more to get new electronic health records up and running at a hospital with just one location. Making these systems interoperable across government agencies only creates more complexity, extending implementation by years.

If you need a real-world example of just how unachievable this is, look no further than the Coast Guard. The Coast Guard spent 7 years trying to get an interoperable health records system in place for its 50,000 employees. But, after all that time, the system didn't work. Coast Guard servicemembers are still forced to rely on paper medical records.

The Coast Guard is not alone. The Department of Defense and the Veterans Administration won't have fully interoperable health records systems in place for another 5 to 9 years, respectively.

H.R. 3525 also requires DHS to research innovative ways to conduct medical screenings on illegal immigrants. DHS already conducts thousands of medical screenings on migrants on a daily basis. Finding new ways to deliver health screenings more effectively could save time and money, but researching innovations in healthcare delivery is not the mission of DHS.

The research mandated by this bill is the responsibility of the Department of Health and Human Services. DHS research is properly focused on preventing drugs, criminals, and terrorists from entering our borders. We should not force DHS to lose its focus on these critical Homeland Security priorities.

Finally, the bill before us today fails to provide DHS with any funding to achieve the illegal immigrant medical screening research and interoperable health records mandates. We have no idea how much this bill will cost because the majority failed to file a cost estimate from CBO.

However, we do know from the experience of the VA, DOD, and Coast Guard that interoperable electronic health records systems are extremely expensive undertakings. The DOD and VA are on track to spend over \$25 billion on their systems. The Coast Guard's failed system to track just 50,000 people cost \$67 million.

Using the Coast Guard as a baseline, it would cost over \$2.5 billion to track the medical history of just the illegal immigrants that have come into our country over the last 2 years. In other words, without any funding provided for the mandates in this bill, billions in critical DHS funding used to counter terrorist plots, equip first responders, and respond to natural disasters would be diverted to pay for a benefit for millions of illegal migrants.

Mr. Speaker, what is truly disappointing about this bill that we have considered over the last 2 days is that they did nothing to prevent another humanitarian crisis at our border. We should be working together on legislation that reforms our broken immigration system, protects vulnerable families and children from human smugglers, reduces the asylum backlog, and expands migrant processing and long-term housing.

When this partisan messaging bill fails to move in the Senate, I hope Democrats will finally choose policy over politics and agree to work with Republicans on solutions to our border security problems.

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

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield 6 minutes to the gentlewoman from Illinois (Ms. UNDERWOOD), sponsor of this legislation.

Ms. UNDERWOOD. Mr. Speaker, I introduced the U.S. Border Patrol Medical Screening Standards Act in response to the conditions I witnessed firsthand on our border this year: first in April, then in July, and then again in August.

The humanitarian crisis at our border is a problem that we should be working together to solve with an evidence-based approach. This legislation is evidence-based, and I am incredibly proud that it was able to be forwarded by the Committee on Homeland Security with a voice vote.

I also appreciated Ranking Member ROGERS' willingness to engage with us on this bill, and I am committed to continuing to look for ways to work together on these issues going forward.

As introduced, my bill had three sections, two of which are included in the legislation we are debating today.

First, my bill ensures implementation of an integrated electronic health records system, or EHR, to be used by those caring for migrants at the border. This is a direct ask from medical officers at the Department of Homeland Security who have identified it as a high-priority barrier to providing care.

We know that migrants may be transferred between different sites and components multiple times while in custody, and an interoperable EHR is essential to their health records remaining accessible.

Immigration and Customs Enforcement has an EHR. The Office of Refugee Resettlement has an EHR. But Customs and Border Protection, which

includes the U.S. Border Patrol, doesn't.

When I was at the border, I saw busy, overworked Border Patrol officials having to keep health records on paper. I also saw how these records don't always follow migrants between facilities and transfers of custody.

As DHS works to improve its medical screening of children and migrants at the border to ensure there is a minimum standard of care, the need for proper recordkeeping on those screenings will only increase.

Furthermore, children can spend days or weeks in CBP custody before being transferred to another component. There must be a transferrable record of the medical care those kids receive and the medical conditions that they report. That is why DHS has already begun independently taking steps toward an electronic health records system, hiring staff, and soliciting individual component requirements.

This legislation formalizes and directs that process, setting an aggressive but achievable timeline that reflects the urgency of the humanitarian situation at our southern border.

Second, this bill directs DHS to research innovative approaches to address any capability gaps in providing medical screening, particularly for children, pregnant women, the elderly, and other vulnerable populations.

As a nurse, I believe in data-driven, evidence-based policymaking. Data shows that, in recent years, the migrant population arriving at our southern border has shifted from primarily adult, economic migrants to a large number of families and unaccompanied children seeking asylum.

DHS must be better prepared to respond to these shifts, and barriers to providing basic medical care to migrants in U.S. custody will persist as our country continues its national conversation around immigration policy. The research required by this legislation will ensure that we have robust data on DHS' capabilities in order to inform our response.

My bill also ensures that, in conducting this research, DHS collaborates with medical professionals who have expertise in pediatric care so that DHS is addressing both the physical and the mental health needs of migrant children at the border. By proactively focusing on children, this research is intended to prevent the care gaps we have seen in other Federal facilities caring for migrant children.

Lastly, I am proud that the third section of this bill, as introduced, was incorporated into my colleague Dr. RUIZ' legislation that was passed by the House in July. This section set consistent minimum standards for medical screening of migrants at the border.

Proactive, consistent, and timely medical screening is essential to a public health response to the humanitarian crisis on our border, but effective medical protocols are not in practice right now.

By training border personnel in medical screening, the legislation provides law enforcement and staff at the border the support that they need so that they aren't being forced to deal with medical situations that we haven't equipped them for. That is why I am pleased that this screening language passed the House in July.

In addition to these medical screening standards, we need to ensure DHS has an electronic health record and close those research gaps. That is what this legislation on the floor right now would do: build on the legislation we passed in July and implement the remaining two components of the U.S. Border Patrol Medical Screening Standards Act.

Anyone who has been to the border, including many of my colleagues on the Committee on Homeland Security, has seen how overwhelming the humanitarian situation there is. This committee and this Congress have consistently been willing to provide the Department of Homeland Security with the resources it needs, but with those resources comes accountability and oversight. This legislation is an important and a sensible step forward to make sure that both migrants and border officials are not placed in situations that are unsafe.

Mr. Speaker, in closing, I want to recognize and thank Chairman THOMPSON and his staff on the Committee on Homeland Security—including Rosaline Cohen, Alexandra Carnes, Wendy Clerinx, Ethan McClelland, and Brittany Lynch—for their months of hard work on this legislation, and I urge my colleagues on both sides of the aisle to support it.

Mr. ROGERS of Alabama. Mr. Speaker, I am curious about the announcement that the administration is in support of this and is working toward this, because they have already issued an announcement that they oppose this piece of legislation. So, if it did pass, it would be vetoed by the President.

Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. JOYCE), an outstanding member of the Committee on Homeland Security.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I rise today in opposition to H.R. 3525.

Yet again, I fear that this partisan legislation is a missed opportunity to seriously address the humanitarian and security crisis that exists today on our southern border.

All of us here today can agree that every human being is worthy of dignity and respect.

As a physician, I understand the importance of efficient and compassionate healthcare. At the same time, I understand firsthand how difficult it would be to achieve the requirements that are outlined in this bill.

Establishing an electronic health records system in any medical system takes at least a year, in the best case scenario. In the bureaucratic web of the Federal Government, this tedious task becomes nearly impossible.

For years, Members of this House have been working to help the Department of Veterans Affairs implement its electronic health records system, yet the VA won't have this completed for another 9 years.

Quite frankly, requiring the Department of Homeland Security to implement an interoperable electronic health records system for illegal immigrants in 90 days—it is simply unrealistic.

Adding to the problem, this costly project would distract from other pressing needs on the border. Our Customs and Border Protection law enforcement agents are hardworking Americans who have been tasked with an incredibly difficult job.

□ 1530

While protecting our country on the southern border, they are also providing humanitarian aid to an unprecedented number of immigrants. They need our help. They do not need Congress to add unnecessary and unachievable burdens to their duties.

It is disappointing, but it is not surprising that House Democrats have chosen this approach. Time and time again, we return to the floor to debate partisan bills that will do nothing to address the underlying cause of this crisis.

Rather than continuing to grandstand on the House floor, I encourage my colleagues to, once again, return to the Committee on Homeland Security to work on solutions that will secure the border, end asylum loopholes, and protect our country.

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. ROYBAL-ALLARD), the chairwoman of the House Appropriations Subcommittee on Homeland Security.

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in strong support of H.R. 3525, and I commend my colleague, LAUREN UNDERWOOD, for introducing this important legislation.

When migrants are in U.S. Federal custody, it is our moral responsibility to ensure they are treated humanely and receive appropriate medical screening and care.

Earlier this year, the House Appropriations Subcommittee on Homeland Security, which I chair, appropriated significant additional resources to CBP to improve medical care and screening.

H.R. 3525 will help ensure this care is standardized across the Border Patrol by requiring it to formalize the medical screening process and to come up with innovative approaches to fill medical screening gaps.

The bill also requires the Border Patrol to have a singular electronic health record system, accessible to other DHS components, to ensure continuity of care for migrants.

These are smart, simple steps that can save the lives of migrants who left tragic situations in their home country to seek refuge in the United States. I

strongly urge my colleagues to vote in favor of this bill.

Mr. ROGERS of Alabama. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. BANKS), an outstanding leader in the Republican Conference.

Mr. BANKS. Mr. Speaker, I thank the ranking member for yielding.

I oppose H.R. 3525 because it is poorly conceived, erroneously drafted, and extremely risky.

This bill would require the Border Patrol to divert resources from its core mission of protecting our Nation's borders and create a new medical screening system for those who illegally cross and enter the country between ports of entry. I believe every part of that is wrongheaded.

However, even if you agree with the policy, this is not the way to do it. Handing DHS and CBP a 30-day mandate to put an electronic health records system in place has no basis in reality.

VA is currently in the second year of a 10-year, \$16 billion EHR overhaul. I spend much of my time in Congress overseeing it on the Veterans' Affairs Committee.

The EHR implementation is a tall order for the VA, which has tens of thousands of doctors and nurses, a huge health IT budget, and healthcare as its core mission.

The DHS Chief Information Officer and CBP have none of those things. All available evidence indicates giving them that mandate is deeply unwise.

There is no score or cost estimate whatsoever. The score that was filed is from the Enhanced Border Security and Visa Entry Reform Act of 2002, which is completely unrelated.

We are being asked to vote on this legislation blindly. Based on the experience of institutions similar in size to CBP that have implemented EHRs, the price tag could easily run into the billions. Five to 10 years is a realistic timeline, not 30 days.

Altogether, I think this is a mistake, even if well-intentioned.

We should be devoting our resources to reducing border crossings between ports of entry. We should prioritize getting detainees out of Border Patrol custody and into ICE and HHS custody, which already have mandates and capabilities to provide medical care.

I strongly oppose H.R. 3525 for these reasons, and I strongly urge my colleagues to vote "no."

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield 3 minutes to the gentlewoman from New York (Miss RICE), the chair of the Homeland Security, Border Security, Facilitation, and Operations Subcommittee.

Miss RICE of New York. Mr. Speaker, six children have died in DHS custody over the past year.

On Christmas Day in 2018, 8-year old Felipe Alonzo Gomez died in the custody of U.S. Customs and Border Protection. He was the second child that month to die in CBP custody. And after

his death, CBP implemented a new medical screening process for young children in their care.

However, as we soon learned, this process was not adequate, because four more children died in CBP custody from preventable illnesses and sub-standard living conditions.

Even after these new screening processes were put in place, both CBP personnel and their facilities along the southern border remained completely ill-equipped for months. That is why this past July, the House passed H.R. 3239, the Humanitarian Standards for Individuals in Customs and Border Protection Custody Act.

This bill would require DHS to improve screening processes and utilize professional medical staff. And it allocated other necessary resources to conduct effective initial medical screenings for all people in CBP custody.

Today, I am proud to support Congresswoman UNDERWOOD's effort to build on that legislation.

I was honored that, in her first few months in office, Congresswoman UNDERWOOD joined me on two separate trips to the southern border. She drafted this bill as a direct result of what she witnessed on those trips.

H.R. 3525 directs DHS to consult with medical experts to improve its medical screening process and to finally establish an electronic health record system for people in CBP custody.

DHS has always been on the cutting edge of innovation, leveraging the latest in technological advances to fulfill its critical mission of protecting our homeland. And I believe it is now vital that DHS use that same approach when caring for the individuals and families in its custody.

The Department has a long, successful history of working with the private sector to achieve its counterterrorism, emergency response, and cybersecurity goals.

This bill would require DHS to consult with national and medical professional associations who have the expertise in emergency medicine, nursing, pediatric care, and other relevant medical skills to make sure that DHS is providing appropriate medical care to migrants in its custody.

It specifically instructs DHS to research innovative approaches for screening vulnerable populations, including pregnant women, the elderly, and people with disabilities.

CBP is long overdue for an electronic health records system. In 2019, there is no good reason why an agency under as much strain as CBP is still using paper records. An electronic health record system would improve CBP's internal operations and expedite coordination when children and adults are transferred to other agencies.

I would hope that my colleagues on the other side of the aisle agree that not one more child should die in the custody of the Federal Government.

This bill should not be controversial. It is bipartisan; it offers commonsense solutions; and it will help save lives.

I strongly urge my colleagues to join me in supporting H.R. 3525 today.

Mr. ROGERS of Alabama. Mr. Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. DAVID P. ROE), the ranking member of the Veterans' Affairs Committee, and a physician.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I rise today in opposition to H.R. 3525, the U.S. Border Patrol Medical Screening Standards Act.

Before coming to Congress, I was a practicing physician for over 31 years. I also served in the 2nd Infantry Division in Korea in the 2nd Medical Battalion where, at that time, we trained, we spent a lot of time in the field training for mass casualties and big events.

I went to the border; I spent four days down there on two separate occasions. The last time was in June of this year, with the Medical Director of the Department of Homeland Security, as chief medical adviser, and five other members of the Doctors Caucus at the McAllen, Texas, Rio Grande Valley sector to see for myself what was going on.

At that time, Mr. Speaker, there were 1,000 to 1,500 or more people a day who came across. As we stood there by the Rio Grande River, 15 people walked up and turned themselves in while we weren't there more than 15 or 20 minutes.

And we looked at the facilities they had; about how they tried to screen those folks; and then how they tried to sort them afterwards. And, Congress, it was a shame on us for not providing ICE more beds so you could move those folks off of the border more quickly.

With these folks, they have made—many of them have made long and terrible journeys to get to where they are.

There is some good news, and I want to share this with you now. We just had a meeting today that the ranking member on the committee was there with the Acting Director of Homeland Security; and daily arrivals are now down 64 percent. Attainee numbers are way down, from 20,000 in custody at the border, to an average of 3,500 to 4,500 per day. And the best news, I think, are unaccompanied children have been reduced from over 2,700 to fewer than 150.

So there have been great improvements, which will actually improve the health outcomes when you have time enough to go through and screen those folks.

Can you imagine in a facility that is set for 1,000 people, and you have 1,500 or 1,800 people, you have nowhere to send them, and a flu epidemic breaks out? It is a very difficult thing to deal with.

So the folks at Customs and Border Patrol I think were doing a yeoman's job based on the situation they were put in.

The problem we face isn't the lack of adequate care or screening. It is due to the previously lax enforcement of our immigration laws, and our Border Patrol agents just really being overrun

with people illegally crossing the border.

Really, without adding new and impossible-to-meet guidelines for our Border Patrol agents, we should look for other ways to intervene with illegal crossings, and I have mentioned that.

These people are often, as I said, escaping unimaginable problems in their home country. But once they reach our border, the CBP is doing the absolute best they can to help them.

Now, the bill would accomplish very little but overburdening our already-taxed DHS staff with their limited resources. This bill would require the DHS to purchase and implement an electronic health record within 30 days in order to coordinate care for illegal border crossers.

Mr. Speaker, I think I may be one of the only people in the U.S. Congress that has actually implemented an electronic health record in my own practice. It took us a year to do it in our medical practice, to put 80,000 charts in.

Can you imagine putting over a million? And the U.S. military, the Department of Defense, right now is spending about \$5-plus-billion for a million and a half soldiers.

The Veterans' Affairs Committee, which I am very aware of, and I will be going to Seattle, Washington, Madigan Army Medical Center on Sunday night and Monday of next week to evaluate their system. We are spending \$16 billion to implement this.

Let me say this: The DOD and VA spent a billion dollars trying to implement a system where the electronic health record at DOD and VA could talk to each other, and they failed. So it is a very difficult, complex situation to put an electronic health record in.

I think it is a noble goal, and it should be looked at. But it is just something not doable in 30 days. I absolutely guarantee you it will fail. These are labor-intensive, and many of them fail.

I know, as I was saying a little bit ago, that the Department of Defense and VA are currently implementing this program which will—the total cost of that will be \$25 billion.

And this legislation gives DHS a colossal, unfunded mandate and it has no expertise or capacity to handle this, and would consume all of the supplemental that we have sent them.

Further, implementing a new health record at a hospital takes a year or more, not 30 days. So it is absolute folly to think that DHS could do this, contract it, figure it out, train the people at all these ports of entry, and do that in 30 days. It can't be done.

The Coast Guard, a DHS component, had a disastrous experience trying to implement an EHR in about 40 clinics between 2010 and 2015, and they spent \$67 million and gave up.

So if we can't deliver a modern healthcare record system to our men and women who put their lives on the line without spending billions of dollars and the better part of a decade,

why would we rush to develop one that is doomed to failure for people who are knowingly breaking our laws?

Until the VA and DOD have secured a fully interoperable record for our servicemembers, we should not divert scarce resources and time creating one for illegal immigrants.

I do want to say that I am willing to work with the other side in any way, in all ways, to improve the health care of the people who come here. We are Americans. That is what we do, and we are the best in the world at it.

So if you want to sit down and work out an issue and a problem with me, I am more than happy to do that.

□ 1545

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

(Ms. JACKSON LEE asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, thank you very much for the leadership of the chairman, and I appreciate the ranking member on the floor.

I have had the privilege of traveling with Congresswoman UNDERWOOD to the border in some very challenging circumstances, and I appreciated, as a nurse, as a trained nurse, as she is a trained nurse, I appreciated the astuteness with which she viewed this matter.

Let me say to my good friend, the doctor, we are always looking forward to trying to work with our colleagues on the basic humanity of every person, recognizing that this is not about healthcare for undocumented immigrants. It is about individuals who are in the custody of the United States.

Just picture for a moment, having gone to the border now for almost two decades as a resident of Texas, just imagine that there are moments when there is an influx of individuals fleeing for their lives. It happened under President Obama's administration in 2014, and we managed it. There was no hysteria. There were facilities that were built. There was medical care that we were able to access.

In this instance, it did not happen. And the glaring reality of children who died and those who were working hard, the law enforcement personnel, I saw them trying to do as much as they could, but without a structure, we lost lives. So the importance of this legislation is particularly one that I think is important.

Picture for a moment, when we were in the midst of the crisis, Coast Guard medical personnel, doctors with a table, some medicine on the corner, their medical paraphernalia out in the open where files were, no place to deal with the medical needs of anyone. That is not American.

We are not asking to provide healthcare. This is not Medicare or Medicaid. It is a basic dignity of protecting the American people by ensur-

ing that these people are treated for whatever might be necessary.

So the e-record process is powerful because it allows the accessing of medical care by having a record system and also by having that system being accessed by all DHS components operating on the border. It is just a simple case of protecting those of us in the United States, protecting those who are in our custody.

Why not? Why not be proactive and positive for dealing with fellow human beings?

Let's get away from this undocumented and realize this is a land of laws and immigrants. We all, collectively, together, want to abide by that.

But we also realize that, when 9-month-old Roger is in my hands, and he crossed the border in the arms of his sister, that 9-month-old Roger, even though I saw him in one of the HHS centers, probably needed care.

Or the woman who had given birth 45 days earlier and holding in her hands a 45-day-old baby who had not seen a doctor, she had not been to the hospital. This might help give aid to those individuals.

So let me be very clear: This is an important initiative. It is an initiative that I think most Americans will support.

I rise to support the gentlewoman's legislation and thank her for her courage and astuteness in bringing this to our attention.

Mr. THOMPSON of Mississippi. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman has 13 minutes remaining.

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield 4 minutes to the gentlewoman from California (Ms. BARRAGÁN).

Ms. BARRAGÁN. Mr. Speaker, I rise today in support of H.R. 3525, the U.S. Border Patrol Medical Screening Standards Act.

Mr. Speaker, I have been to the southern border a number of times. I have seen the cold concrete holding cell where Felipe Gomez Alonzo, an 8-year-old boy, spent his last days. He was apprehended on December 18, 2018, and did not receive proper medical testing, screenings, and care.

Six days later, on Christmas Eve, while Americans were celebrating family and a holiday, Felipe would go on to suffer from a 103-degree fever. Felipe would also start vomiting and become weak, then die while in custody of the U.S. Government.

I wish I could say that he was the last child that died in U.S. custody, but he wasn't. In the 17 months since the Trump administration implemented their zero-tolerance policy at the southern border, inhumanely jailing migrant children and cruelly separating children from their parents, six—let me repeat that, six—migrant children have tragically fallen ill and died in Federal custody.

Darlyn Cristabel Cordova-Valle was 10 years old;

Jakelin Caal Maquin was 7; Felipe Gomez Alonzo was 8; Juan de Leon Gutierrez was 16; Carlos Hernandez Vasquez was 16; and Wilmer Josue Ramirez Vasquez was a 2½-year-old baby.

The death of these children demonstrates the dangers faced by migrants at the hands of the very government they hoped would save them. The inadequate medical recordkeeping is dangerous and is a huge gap that we must fix.

How many more kids will have to die before DHS makes effective changes in the way they improve medical screenings and track medical records? How many?

Ms. UNDERWOOD, a nurse and the author of the bill, has been to the southern border with me to see the problem firsthand. It is her medical training and background that led to this bill so that we could research ways to improve medical screenings and improve the tracking of medical records, something that is not happening right now.

Mr. Speaker, this body and this Nation has a moral obligation to make sure that no more children needlessly die in detention at our southern border and, in doing so, to perhaps bring some measure of meaning to the tragic deaths of those six children.

I urge my colleagues to support H.R. 3525.

Mr. ROGERS of Alabama. Mr. Speaker, I note several Members across the aisle have talked about the need to improve our health screenings. This bill does nothing to deal with that. It is about requiring the installation of electronic medical records.

I reserve the balance of my time.

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield 2 minutes to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Mr. Speaker, I want to thank the chairman for yielding, and I want to thank my colleague, Ms. UNDERWOOD, for her work on this very important issue.

For nearly a year now, we have watched with growing horror and outrage as the cruel and inhumane combination of xenophobia, malicious policy from the White House, and indifference to people in need has built into a crisis at our southern border.

We have let this come to a point where children have died, children fleeing violence and persecution and horrors in their home countries seeking to come here, the land of opportunity and promise, children we separated from their parents and loved ones, children that we failed entirely here on our soil and in our custody.

We cannot allow that to continue, and this measure that we are taking up today will take important steps to address gaps in medical screening at the border so that we don't fail any more children. It pushes us to find new ways to handle the unique needs of health screening at the border, with special emphasis on children and vulnerable groups.

