Raul Ruiz, M.D., M.P.P., M.P.H.

Member of Congress

California's 36<sup>th</sup> District

Statement for the Record

Member Day Hearing
U.S. House of Representatives
Committee on Appropriations
Subcommittee on Homeland Security

## February 27, 2020

Thank you for the opportunity to submit a statement for the record to the subcommittee to discuss a critical and urgent matter: the treatment of migrants, refugees, and asylum seekers.

The federal government needs a lesson on the humanitarian standards that should govern the treatment of the individuals in our custody.

As you may know, I am an emergency medicine physician and a graduate of Harvard Medical School. I am also a graduate of the Harvard School of Public Health, where I specialized in humanitarian aid and disaster response, and completed a Fellowship in International Emergency Medicine with the Harvard Humanitarian Initiative.

In 2010, I travelled to Haiti immediately following the devastating earthquake, where I worked alongside the 82nd Airborne Division as the medical director of the largest camp of approximately 70,000 internally displaced people in Pétion-Ville, Part-au-Prince.

Caring for individuals in life or death situations is not new to me. I am very familiar with the international humanitarian norms that guide the treatment of individuals affected by humanitarian crises.

Following the death of Jakelin Caal, the seven-year-old Guatemalan girl who died in Customs and Border Protection custody in December 2018, I visited the CBP facilities where she was held before her death. The conditions I witnessed were heartbreaking.

Women, infants, toddlers, and the elderly packed and piled on top of each other in a cold, windowless, concrete room—so many bodies you couldn't see the floor. Open toilets in crowded cells without any privacy. Visibly sick children coughing on one another. The facility lacked life-saving equipment and basic medications for infants and toddlers. No diapers, baby food, or feminine products.

In short, they were understaffed, underequipped, and unprepared to provide meaningful health screenings to individuals in their custody, let alone respond to medical emergencies. We are the wealthiest nation on Earth, but the conditions I saw were worse than those I saw in Haiti, after their most challenging and devastating disaster.

It is clear to me that these deficiencies put children and our agents at risk. As a public health expert, I know that if border personnel had access to the necessary resources, training, and medical backup, they could triage and prevent more tragedies.

This isn't just about treating individuals in our custody in a humane manner – it is also a matter of law.

Both U.S. law and international law give individuals the right to seek asylum. In the event that the federal government restricts the free movement of an individual – including their detainment by U.S. Customs and Border Patrol – then it is the federal government's responsibility to provide for these basic rights and to ensure the protection of their humanity throughout the asylum process.

In July 2019, the House passed my bill H.R. 3239, the Humanitarian Standards for Individuals in CBP Custody Act, which would implement a basic set of uniform, humanitarian standards to guide the way CBP cares for detained asylum-seeking children, families, and high-risk individuals that reflects our humanitarian values.

First, to prevent deaths in CBP custody, we need to meaningfully address the health needs of individuals entering our borders—especially for vulnerable populations like infants, pregnant women, children, elderly, and the disabled. My bill requires an initial medical screening including vital signs, and a basic physical exam to identify risks, signs, and symptoms of life-threatening vulnerabilities.

Second, my bill will help CBP better respond to emergencies by having emergency medical equipment available for patients of all ages and trained medical personnel to administer emergency care.

Third, my bill provides individuals in temporary custody with safe, hygienic, and humane shelter to address public health and uphold human dignity.

The passage of my bill in the House was the first step to protect families and children from inhumane and cruel treatment, but we have a long way to go. In December 2019, CBP issued a directive outlining their "Enhanced Medical Support Efforts." However, after reading the directives, I realized they are not adequate standards for addressing the medical and humanitarian needs of children and families in our care.

Given that the 2020 appropriations package included \$63.8 billion in discretionary funding for the Department of Homeland Security—which was \$2.2 billion above the enacted level for fiscal year 2019— and \$13.8 billion for CBP, I am disappointed that CBP decided not to adopt comprehensive standards of care as delineated in my bill, the Humanitarian Standards for Individuals in CBP Custody Act.

This is why I urge the Homeland Security Appropriations Subcommittee to provide funding to ensure families and children at the border are treated humanely. In addition, I recommend including language that directs every individual in CBP custody to receive an initial health screening by a medical professional; ensures each CBP location maintains equipment necessary to conduct such health assessments and provide emergency care; and provides detainees with access to drinking water, food, and humane shelter.

I look forward to working with you to make sure the homeland security appropriations bill reflects the needs of families and children in CBP custody and to bring the conditions under which they are held in line with the basic humanitarian standards observed in even the most dire and severe circumstances across the globe.