

**Testimony of Raul Ruiz, M.D., M.P.P., M.P.H.  
Member of Congress**

**Hearing on “A Global Crisis: Refugees, Migrants and Asylum Seekers”  
U.S. House of Representatives  
Committee on Foreign Affairs  
Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations**

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Good morning Chair Bass and Ranking Member Smith. Thank you for the opportunity to testify before the subcommittee to discuss a critical and urgent matter: the treatment of migrants, refugees, and asylum seekers.

It's a topic I'm moved to discuss because frankly, our federal government needs a lesson on the humanitarian standards that should govern our treatment of the individuals in our custody. I saw that firsthand in December, when I visited the U.S. Customs and Border Protection facilities where 7-year-old Jakelin Caal was held before she died. These facilities failed to meet the most basic humanitarian and public health needs of women, children, and other individuals in CBP custody. It's why I am spearheading legislation to fix the very real, humanitarian crisis on our southern border.

So, some background on me. 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. I completed my residency in emergency medicine at the University of Pittsburgh and a Fellowship in International Emergency Medicine with the Harvard Humanitarian Initiative at Brigham and Women's Hospital.

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 our treatment of individuals affected by natural disasters or living in extreme poverty.

As this committee knows well, the international community has come together many times to establish conventions, covenants, treaties, and declarations to outline a set of basic humanitarian standards. These standards aim to uphold the protection of human rights and specify the living conditions and treatment consistent with human dignity. They are rooted in the Universal Declaration of Human Rights, which emerged after the atrocities of the Holocaust and established a legitimate basis for more comprehensive standards identifying access to food and water, adequate shelter, basic medical care, and other needs essential to the humane treatment of all human beings.

The United States is one of the original signatories of the Universal Declaration of Human Rights, proclaimed in 1948, which states that “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.” The United States is also a State Party of the International Covenant on Civil and Political Rights, ratified in 1992, which states that governments should provide adequate medical care during detention. We are also a State Party to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified in

1994, which prohibits cruel, inhuman, or degrading treatment. These agreements provide a general framework for the humane treatment of all individuals.

There are also pragmatic, specific guidelines for the humane treatment of migrants, refugees, and asylum seekers. The Sphere Handbook sets forth guidelines for health, shelter, nutrition, hygiene, water supply, and sanitation. The Sphere Handbook is the oldest resource in the field of humanitarian standards that is internationally recognized for its use in the guidance, evaluation, planning, and delivering of humanitarian operations.

In addition, international organizations such as the United Nations High Commissioner for Refugees and the International Committee of the Red Cross have also established standards of care for asylum seekers in detention. The United States is currently not meeting those standards.

All individuals have a right to be treated in accordance with basic humanitarian standards. Both U.S. law and international law give individuals the right to seek asylum. Basic humanitarian standards guarantee that an individual should have unrestricted access to food, water, and health care. In the event that the federal government restricts the free movement of an individual – including their detainment by U.S. Customs and Border Patrol (CBP) – 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. Unfortunately, we have not always met those standards.

When I joined several of my colleagues to visit the facility where Jakelin Caal—the Guatemalan girl who died in CBP custody—was held, 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. They did not have formula or baby food, or diapers for infants or toddlers. We are the wealthiest nation on earth, but the conditions I saw were worse than those I saw in Haiti, the most impoverished country in the Western Hemisphere, after their most challenging and devastating disaster.

The U.S. Border Patrol facility in Lordsburg was under-staffed, underequipped, and unprepared to provide meaningful health screenings to individuals in their custody, let alone emergency medical services. The lack of privacy and equipment, as well as the conditions of the detention facilities, was dehumanizing. I saw a hard, tiny utility table in a storage space serving as a resuscitation bed. The facility lacked life-saving equipment and basic medications for infants and toddlers. And agents relied on spotty cell phones to directly contact emergency response teams.

It is clear to me that these deficiencies put children and our agents at risk. Both are endangered by a lack of access to emergency medical services. As a public health expert, I know that if border personnel had access to the necessary resources, training, and medical back-up, they would be able to triage and prevent more tragedies.

Our American values, moral conscience, and our constitution require us to treat all individuals humanely. This is why I am working to implement a basic set of uniform, humanitarian standards to guide the way we care for children and families who cross our borders, reflective of humanitarian norms.

First, we need meaningful medical care of individuals entering our borders—especially for vulnerable populations like children, the elderly, and the disabled. That requires an initial medical screening including vital

signs, and a basic physical exam to identify risks, signs, and symptoms of life-threatening vulnerabilities. It is also critical that the exam and health assessment are conducted with interpretation services available to eliminate misunderstandings that could cost lives.

Second, we need emergency medical equipment and trained medical personnel available to respond to emergencies. When medical care is far away, as is often the case at the border, agents need immediate access to the resources, equipment, and expertise to administer emergency care not only to migrants, but to their fellow agents.

Third, we need to provide individuals in temporary custody with living conditions that are safe, hygienic, humane, and worthy of human dignity. This means adequate amounts of food and water. This means access to sanitation facilities and personal hygiene products—the ability to wash your hands with soap and water, to bathe, and to have clean diapers and access to feminine products. This means not packing them into small, windowless, cold, concrete, prison-like rooms where people are held like animals.

These are straight-forward reforms based on the international standards outlined previously and my experience working in the emergency department and alongside Disaster Medical Assistance Teams and the U.S. Army in Haiti. They will bring humanity back to our treatment of women and children seeking asylum and prevent needless loss of life.

Migrants, refugees, and asylum seekers around the world have the courage to leave the devastating and often dangerous conditions in their home countries and travel to find safety and a better future for themselves and their families. That was the case with the men and women who founded our nation, seeking freedom, refuge, and prosperity. It is my hope that we can move forward, recognizing the inherent human dignity of all individuals. I look forward to working with you and CBP to bring the conditions that children and families are held under here in the United States in line with the basic humanitarian standards observed in even the most dire and severe circumstances. Our values as a nation demand we take action to prevent the needless loss of another child in our custody.