

Statement of Ranking Member Ken Buck
Subcommittee on Immigration and Citizenship
Request for Report: Arpita, Vandana, and Girish Kurdekar (H.R. 631)
Tuesday, October 29, 2019

Thank you, Madam Chair.

According to the materials provided to the Committee, Arpita Kurdekar entered the United States on an F1 student visa in 2014 to complete a master's degree in engineering, and today remains an F1 student in the engineering doctoral program at the University of Connecticut.

In September 2016, while walking down her driveway, a limb from a neighbor's tree fell on Ms. Kurdekar causing spinal injuries rendering her a quadriplegic. Ms. Kudekar requires round-the-clock care to assist with nearly all daily essential activities. However, she has continued pursuing her doctoral program, including by participating in a graduate fellowship and as a graduate assistant, and remains in lawful F1 status.

Immediately after her accident, Ms. Kurdekar's parents, Girish and Vandana, traveled to the United States from India on B2 tourist visas to care for their daughter and have remained in the United States since under visa extensions that have repeatedly been approved by DHS.

The materials submitted by Rep. Kuster, the bill's sponsor, alleges that without ongoing physical therapy, Ms. Kurdekar's physical health and strength would deteriorate and that access to advanced physical therapy services in India would be prohibitively expensive. The materials also detail the likelihood that air pollution in India from unregulated burning, traffic exhaust, and construction dust would cause lung infections in Ms. Kurdekar's compromised respiratory system.

It is important to note that while this subcommittee has an established precedent authorizing immigration relief for medical cases presenting medical hardship, early bills considered by this subcommittee were expressly limited to situations involving the medical condition of a U.S. citizen.

In the 106th Congress, two private relief bills involving the medical condition of an alien were enacted into law, which seems to have been precedent setting. It is important to note that those were both Senate bills and this subcommittee had a lesser role in both instances. It is also important to note that Congress has not passed any similar bills since the year 2000.

Those bills are distinguishable for another reason - in both cases Congress had reviewed information and had assurances that the beneficiaries would not become a burden on U.S. taxpayers. In one case, Shriner's Hospital had been covering all of the medical expenses of an alien child and his future care was expected to diminish in a year or two, once he reached adulthood. In the other, St. Jude Hospital had similarly provided for the alien's medical needs and pledged to meet all of her future needs and those of her children.

In terms of the current bill, the bill's sponsor noted that the cost of future care would be "prohibitively expensive" and this subcommittee has received no similar assurances addressing Ms.

Kurdekar's ability to support herself to meet costs beyond health care, such as those commonly associated with her specific disability. While the sponsor of this bill notes Ms. Kurdekar has private health insurance, the sad reality, as well all know, is that health insurance will not cover many of the costs of care that Ms. Kurdekar might reasonably require.

I want to say that I am personally very sympathetic to Ms. Kurdekar's plight. At the same, this subcommittee has an obligation to understand the impact of this bill. I want to thank the Chair. Her staff has been willing to engage in conversations with staff on our side and has agreed to help the subcommittee collect additional information from the bill's sponsor about Ms. Kurdekar's ability to support herself.

In light of that agreement, I recommend that we vote to request the DHS report as the first step in deciding whether further consideration of this bill is appropriate.

I yield back the balance of my time.