HUMANITARIAN STANDARDS FOR INDIVIDUALS IN CUSTOMS AND BORDER PROTECTION CUSTODY ACT

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend 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. Pursuant to the rule, the previous speaker reserves the remainder of his time.

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

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

The Chair recognizes the gentleman 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 of our 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 when 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 soaked from dirt and sweat for weeks and days at a time. Detainees would have access to water and a standard age-appropriate diet 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 colleagues, Representative and Dr. RAUL RUZI 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 crisis 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.

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, ob/gyn, emergency medicine, and infectious diseases), nurse practitioners, other nurses, physician assistants, licensed social workers, mental health professionals, public health professionals, dieticians, 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 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 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 child. 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 increase 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 personnel to receive training on indicators of child sexual exploitation and abuse.

Third, the myth that my bill requires medical specialists onsite all the time. 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 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 a 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 physical exam, a cursory physical exam. 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 detainees, and 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 CBP custody.

Ms. LOFGREN. Mr. Chair, 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 gentleman from Texas (Ms. GARCIA).

Ms. GARCIA. 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 co-sponsor.

The humanitarian crisis at the southern border is greatly worsened by the added stress of separation, displacement, and human rights principles.

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 reports 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 that the physical and mental health of children separated from their parents at their most vulnerable time. The American
days faster than veterans can get appointments for medical care at a VA facility.

The requirements in this bill show, depending on the scenario, CBP has 6 to 12 hours to provide care to the migrant. A detainee under the MISHANON 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 toiled 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. LOPFRENE. 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 the right medical help for 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 structure 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, 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 ensuring 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.

The Department of Homeland Security 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 Temporary Detention, 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.

Mr. Chair, the judiciary 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 positions of the Detainee Bill of Rights allow the detainees to understand what screenings will be done during their intake, and what help is afforded to them during custody.

I believe that the adoption of the Jackson Lee amendments strengthens H.R. 3239 by continuing to promote 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, print 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 the House Report 116–178. That amendment in this section is carried out in the best interests of the detainees, the Commissioner shall ensure that transportation.

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 Custody 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. Trained staff.
Sec. 8. Interfacility transfer of care.
Sec. 9. Planning and initial implementation.
Sec. 10. Compliance.
Sec. 11. Inspection.
Sec. 12. GAO report.
Sec. 13. Rule of construction.
Sec. 14. Definition.

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 Secretaries 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 medical assessment 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 belongings. 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.

(3) PSYCHOLOGICAL AND MENTAL CARE.—The medical professional shall ensure that detainees are provided with, in-person or technology-facilitated medical consultation with a licensed mental health 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 Education Standards, or if the detainee is identified as high-risk or in need of medical intervention, the detainee shall be provided, as expediently as possible, with in-person or technology-facilitated medical consultation with a licensed emergency care professional.

(4) 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 required under the rule of construction 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.

(5) PHYSIOLOGICAL AND MENTAL CARE.—The Commissioner shall ensure that 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.

The Commissioner shall ensure that

(a) all detainees during medical screenings and examinations are provided access to basic hygiene, humane, and supportive psychological assistance.

(b) 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.

(c) 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, and

(2) to the extent practicable, with an in-person or technology-facilitated medical 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 relative if a parent or legal guardian is unavailable.

(2) DOCUMENTATION.—The Commissioner shall ensure that 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 at 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 screening and medical 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.

(5) PROFESSIONAL STAFF.—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 12 hours of medical professional con- duct health screenings. Other personnel that are or may be necessary for carrying out the functions described in subsection (e), such as licensed practical nurses, mental health professionals, physicians (including physicians specializing in pediatrics, family medicine, obstetrics and gynecology, geriatric medicine, internal medicine, and the evaluation of 6 months, nurses, nurse practitioners, other nurses, physician assistants, licensed social workers, mental health professionals, public health professionals, dieticians, interpreters, and chaplains, 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 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 dis- posal and a hand washing station, with not less than one toilet available for every 12 male de- tainees, and 1 toilet for every 8 female detainees;
(3) a clean diaper changing facility, which in- cludes proper waste disposal, a hand washing station, and unrestricted access to diapers;
(4) the opportunity to bathe daily in a perma- nent or portable shower that is private and se- cure; and
(5) products for individuals of all age groups and with disabilities to maintain basic personal hygiene, including soap, a toothbrush, tooth- paste, adult diapers, and feminine hygiene products, as well as receptacles for the proper storage and disposal of such products.

SEC. 3. WATER, SANITATION AND HYGIENE. 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 num- ber 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 ap- plicable 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 re- sult of an arrangement made in the best interests of the child be detained with others adults.
(3) In the case of an unaccompanied minor ar- riving 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.

(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 tem- perature appropriate clothing and bedding.

(7) The facility shall be 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 ap- plicable.

(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 5 a.m.

(11) Officers, employees, and contracted per- sonnel of CBP shall—

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

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

(12) The facility shall have video-monitoring to provide for the ongoing protection of detained people during incarceration and to prevent sexual abuse and physical harm of vulnerable detainees.

(13) The Commissioner shall ensure that lan- guage-appropriate “Detainee Bill of Rights” including indigenous languages, are posted or otherwise made available in all areas where de- tainees 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 pre- served for 30 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 De- partment of Health and Human Services, and applicable emergency government relief services, as well as with health care, public health, social work, and transportation profes- sionals, for purposes of addressing surge capac- ity and ensuring compliance with this Act.

SEC. 7. TRAINING. The Commissioner shall ensure that CBP per- sonnel assigned to each short-term custodial fa- cility are professionally trained, including con- tinuing 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. INFRASTRUCTURE TRANSFER OF CARE. (a) TRANSFER.—When a detainee is discharged from a medical facility or emergency depart- ment, the Secretary shall ensure that all responsibility of care is transferred from the med- ical facility or emergency department to an ac- cepting licensed health care provider of CBP.

(b) ACCEPTING PROVIDERS.—Such accepting licensed health care provider shall review the medical facility or emergency department’s evaluation, diagnosis, treatment, and management, and discharge care in- structions to assess the safety of the discharge and transfer and to provide necessary follow-up care.

SEC. 9. PLANNING AND INITIAL IMPLEMENTA- TION. (a) PLANNING.—Not later than 60 days after the 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 require- ments of this Act are implemented not later than 15 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 require- ments 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 oper- ation.

(b) PARTICULAR ATTENTION.—In carrying out subsection (a), the Inspector General of the De- partment of Homeland Security shall pay par- ticular 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 oper- ated 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 im- plementation of, and compliance with, this Act; and

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

(b) ISSUES TO BE STUDIED.—The study re- quired by subsection (a) shall examine the man- agement and oversight by CBP of ports of entry, border patrol stations, and other detention fa- cilities, including the extent to which CBP and the Department of Homeland Security have effec- tive 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, derive, profane, or harassing state- ments or gestures, or engage in any other conduct evidencing hatred or invidious preju- dice 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, De- cision of the U.S. Supreme Court in the case of S.G. v. Trump, which holds that the U.S. Immigration and Customs Enforcement Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facili- ties, which includes a zero tolerance policy prohibiting all forms of sexual assault of individuals in U.S. Customs and Border Protection custody, including in holding facili- ties, during transport, and during processing;
(3) as authorizing CBP to detain individuals related to Department background checks in the hiring process;
This amendment would require the DHS to conduct routine inspections and audits of detention facilities to ensure compliance with Federal regulations. These inspections and audits should help reduce the prevalence of sexual violence and abuse, and provide support for survivors. These inspections and audits should also ensure that Customs and Border Protection is not meeting DHS’ own standards.

Amendment No. 1 offered by Ms. Kuster of New Hampshire

The CHAIR. The amendment is now in order.

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

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.

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 CBP is effectively carrying out the mandates of regulations, implementing a zero tolerance for sexual abuse policy.

CBP is currently bound by dully published regulations at 6 CFR 101(b)(1), which the agency mandate “zero tolerance toward all forms of sexual abuse.” This regulation contains extensive and detailed requirements implemented to prevent sexual assault. These 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 actions 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 the 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 CBP. 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 gentleman 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 gentleman from Texas (Ms. Jackson Lee).

Ms. JACKSON LEE. Mr. Chair, I thank the distinguished gentleman, 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 covert or even come 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. 3329.

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 gentle- man on many occasions speaking to us as Members of Congress, not Demo- crats and Independents 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 to ensure 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 mothers 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 underly- ing 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 gentle- woman 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 con- sider 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 fol- lows:

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 Secu- rity, acting in coordination with the Office of Inspector General and Office for Civil Rights and Civil Rights, shall release aggregate data on complaints of sexual abuse at CBP facilities on its website on a quarterly basis, excluding any personally identifiable information of the survivor, to actually prevent such abuse.

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

Mr. STEUBE. Mr. Chair, this amendment is in keeping with the clear host-ility with which the majority views the men and women of U.S. Customs and Border Protection and 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 op-erations who are in peril each day when they search vehicles and pedes-trians for dangerous and deadly narcot-ics like fentanyl.

The amendment requires quarterly publication of complaints of sexual abuse in CBP facilities. Of course, pre-vening sexual abuse in any govern-ment facility is an extremely impor-tant endeavor, but this amendment does not do that. Instead, it requires premature publication of mere allega-tions without any context. The effect is the disclosing of the information women who serve on our border and at our ports of entry without doing anything to actually prevent such abuse.

This amendment requires all com-plants to be aggregated and published quarterly, regardless of whether an inves-tigation is complete, regardless of whether the complaint was substan-tiated, and regardless of whether the victim was a CBP employee, con-tractor, or detainee.

We will not know whether those com plaints were ever substantiated or unsubstantiated pursuant to an investiga-tion.

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

We will not know whether the vic-tims were CBP personnel, contracted staff, or against other aliens in the facility.

I am also concerned that the amend-ment requires CBP to exclude personally identifiable information of the indi-vidual who reported the abuse, but it is possible as to the publication that the identifiable information of the accused. It would be inappropriate to publish a complaint against an individual without any context, especially if an inves-tigation later determines that the com-plaint 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 unac-companied alien children were against contractors and other UACs.

The requirements of this amendment will simply give the appearance, re-gardless of the facts or ultimate out-come of the investigation into the complaints, that CBP facilities are rife with sexual abuse. And the further im-plication is that CBP personnel con-done sexual violence. Such a character-ization is offensive to the hardworking men and women of CBP who follow exist-ing regulations and policies to pre-vent sexual abuse in their facilities.
Mr. Chair, I yield 1 minute to the gentlewoman from California (Ms. Pelosi), the Speaker of the House.

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, 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 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.”

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 standards, a clean, safe, and healthy environment.

I thank Mr. Ruiz for bringing this 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 unclean 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.”

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.
CONGRESSIONAL RECORD — HOUSE

Sadly, some in the Republican Leadership have not demonstrated a concern for the children. The obstruction of the House-passed border bill discredited 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 confidence 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 raises.

Accordingly, the Committee rose; and the Speaker pro tempore (Ms. HAALAND) having assumed the chair, Mr. CARBAJAL, Chair of the Committee of the Whole, rose; and the Speaker, 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. Pursuant to 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 engrossment and third reading of the bill.

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

The SPEAKER pro tempore. Pursuant to the provision (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 5-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

REHABILITATION FOR MULTIEL- PLOYER 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.

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

AYES—186

ML. SCHLOWER, NORMAN, and HARRIS changed their vote from ‘‘no’’ to ‘‘aye.’’

OWS, NORMAN, and WILSON of Florida changed their vote from ‘‘aye’’ to ‘‘no.’’

Ms. SHAH, Mr. McBEE, Mr. POSS, Mr. CONE, Mr. RAHALL, Ms. AUTHENTIC, Mr. ROBARTS, Ms. DOOLITTLE, Mr. STEFANIK, Mr. TITUS, Mr. TAYLOR, Ms. MALONEY, Ms. MALONEY, Ms. MALONEY, and Mr. MALONEY changed their vote from ‘‘aye’’ to ‘‘no.’’

TINSLEY, Mrs. SHALALA, Messrs. MCEACHIN, Mr. MCCARTHY, Mr. MCCARTHY, Mr. GIBSON, Mr. GIRLARDI, and Mr. GORDON changed their vote from ‘‘aye’’ to ‘‘no.’’

TINSLEY, Mrs. SHALALA, Messrs. MCEACHIN, Mr. MCCARTHY, Mr. MCCARTHY, Mr. GIBSON, Mr. GIRLARDI, and Mr. GORDON changed their vote from ‘‘aye’’ to ‘‘no.’’

The result of the vote was announced by the Official Ballot Clerks.