

118TH CONGRESS  
1ST SESSION

# H. R. 5605

To require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2023

Mr. RUIZ introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Humanitarian Standards for Individuals in Customs and  
6 Border Protection Custody Act”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of  
8 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. Training.
- Sec. 8. Interfacility transfer of care.
- Sec. 9. Planning and initial implementation.
- Sec. 10. Contractor compliance.
- Sec. 11. Inspections.
- Sec. 12. GAO report.
- Sec. 13. Rules of construction.
- Sec. 14. Definitions.

**1 SEC. 2. INITIAL HEALTH SCREENING PROTOCOL.**

2       (a) IN GENERAL.—The Commissioner of U.S. Cus-  
 3 toms and Border Protection (referred to in this Act as  
 4 the “Commissioner”), in consultation with the Secretary  
 5 of Health and Human Services, the Administrator of the  
 6 Health Resources and Services Administration, and non-  
 7 governmental experts in the delivery of health care in hu-  
 8 manitarian crises and in the delivery of health care to chil-  
 9 dren, shall develop guidelines and protocols for the provi-  
 10 sion of health screenings and appropriate medical care for  
 11 individuals in the custody of U.S. Customs and Border  
 12 Protection (referred to in this Act as “CBP”), as required  
 13 under this section.

14       (b) INITIAL SCREENING AND MEDICAL ASSESS-  
 15 MENT.—The Commissioner shall ensure that any indi-  
 16 vidual who is detained in the custody of CBP (referred  
 17 to in this Act as a “detainee”) receives an initial in-person  
 18 screening by a licensed medical professional in accordance  
 19 with the standards described in subsection (c)—

1           (1) to assess and identify any illness, condition,  
2           or age-appropriate mental or physical symptoms that  
3           may have resulted from distressing or traumatic ex-  
4           periences;

5           (2) to identify acute conditions and high-risk  
6           vulnerabilities; and

7           (3) to ensure that appropriate healthcare is  
8           provided to individuals as needed, including pedi-  
9           atric, obstetric, and geriatric care.

10          (c) STANDARDIZATION OF INITIAL SCREENING AND  
11          MEDICAL ASSESSMENT.—

12           (1) IN GENERAL.—The initial screening and  
13           medical assessment shall include—

14                   (A) an interview and the use of a stand-  
15                   ardized medical intake questionnaire or the  
16                   equivalent;

17                   (B) screening of vital signs, including pulse  
18                   rate, body temperature, blood pressure, oxygen  
19                   saturation, and respiration rate;

20                   (C) screening for blood glucose for known  
21                   or suspected diabetics;

22                   (D) weight assessment of detainees under  
23                   12 years of age;

24                   (E) a physical examination; and

1 (F) a risk-assessment and the development  
2 of a plan for monitoring and care, when appro-  
3 priate.

4 (2) PRESCRIPTION MEDICATION.—The medical  
5 professional shall review any prescribed medication  
6 that is in the detainee’s possession or that was con-  
7 fiscated by CBP upon arrival and determine if the  
8 medication may be kept by the detainee for use dur-  
9 ing detention, properly stored by CBP with appro-  
10 priate access for use during detention, or maintained  
11 with the detained individual’s personal property. A  
12 detainee may not be denied the use of necessary and  
13 appropriate medication for the management of the  
14 detainee’s illness.

15 (3) RULE OF CONSTRUCTION.—Nothing in this  
16 subsection shall be construed as requiring detainees  
17 to disclose their medical status or history.

18 (d) TIMING.—

19 (1) IN GENERAL.—Except as provided in para-  
20 graph (2), the initial screening and medical assess-  
21 ment described in subsections (b) and (c) shall take  
22 place as soon as practicable, but not later than 12  
23 hours after a detainee’s arrival at a CBP facility.

24 (2) HIGH PRIORITY INDIVIDUALS.—The initial  
25 screening and medical assessment described in sub-

1 sections (b) and (c) shall take place as soon as prac-  
2 ticable, but not later than 6 hours after a detainee's  
3 arrival at a CBP facility if the individual reasonably  
4 self-identifies as having a medical condition that re-  
5 quires prompt medical attention or is—

6 (A) exhibiting signs of acute or potentially  
7 severe physical or mental illness, or otherwise  
8 has an acute or chronic physical or mental dis-  
9 ability or illness;

10 (B) pregnant;

11 (C) a child (with priority given, as appro-  
12 priate, to the youngest children); or

13 (D) elderly.

14 (e) FURTHER CARE.—

15 (1) IN GENERAL.—If, as a result of the initial  
16 health screening and medical assessment, the li-  
17 censed medical professional conducting the screening  
18 or assessment determines that one or more of the  
19 detainee's vital sign measurements are significantly  
20 outside normal ranges in accordance with the Na-  
21 tional Emergency Services Education Standards, or  
22 if the detainee is identified as high-risk or in need  
23 of medical intervention, the detainee shall be pro-  
24 vided, as expeditiously as possible, with an in-person

1 or technology-facilitated medical consultation with a  
2 licensed emergency care professional.

3 (2) RE-EVALUATION.—

4 (A) IN GENERAL.—Detainees described in  
5 paragraph (1) shall be re-evaluated within 24  
6 hours and monitored thereafter as determined  
7 by an emergency care professional (and in the  
8 care of a consultation provided to a child, with  
9 a licensed emergency care professional with a  
10 background in pediatric care).

11 (B) REEVALUATION PRIOR TO TRANSPOR-  
12 TATION.—In addition to the re-evaluations  
13 under subparagraph (A), detainees shall have  
14 all vital signs re-evaluated and be cleared as  
15 safe to travel by a medical professional prior to  
16 transportation.

17 (3) PSYCHOLOGICAL AND MENTAL CARE.—The  
18 Commissioner shall ensure that detainees who have  
19 experienced physical or sexual violence or who have  
20 experienced events that may cause severe trauma or  
21 toxic stress, are provided access to basic, humane,  
22 and supportive psychological assistance.

23 (f) INTERPRETERS.—To ensure that health  
24 screenings and medical care required under this section  
25 are carried out in the best interests of the detainee, the

1 Commissioner shall ensure that language-appropriate in-  
2 terpretation services, including indigenous languages, are  
3 provided to each detainee and that each detainee is in-  
4 formed of the availability of interpretation services.

5 (g) CHAPERONES.—To ensure that health screenings  
6 and medical care required under this section are carried  
7 out in the best interests of the detainee—

8 (1) the Commissioner shall establish guidelines  
9 for and ensure the presence of chaperones for all de-  
10 tainees during medical screenings and examinations  
11 consistent with relevant guidelines in the American  
12 Medical Association Code of Medical Ethics, and  
13 recommendations of the American Academy of Pedi-  
14 atrics; and

15 (2) to the extent practicable, the physical exam-  
16 ination of a child shall always be performed in the  
17 presence of a parent or legal guardian or in the  
18 presence of the detainee’s closest present adult rel-  
19 ative if a parent or legal guardian is unavailable.

20 (h) DOCUMENTATION.—The Commissioner shall en-  
21 sure that the health screenings and medical care required  
22 under this section, along with any other medical evalua-  
23 tions and interventions for detainees, are documented in  
24 accordance with commonly accepted standards in the  
25 United States for medical record documentation. Such

1 documentation shall be provided to any individual who re-  
2 ceived a health screening and subsequent medical treat-  
3 ment upon release from CBP custody.

4 (i) INFRASTRUCTURE AND EQUIPMENT.—The Com-  
5 missioner or the Administrator of General Services shall  
6 ensure that each location to which detainees are first  
7 transported after an initial encounter with an agent or of-  
8 ficer of CBP has the following:

9 (1) A private space that provides a comfortable  
10 and considerate atmosphere for the patient and that  
11 ensures the patient’s dignity and right to privacy  
12 during the health screening and medical assessment  
13 and any necessary follow-up care.

14 (2) All necessary and appropriate medical  
15 equipment and facilities to conduct the health  
16 screenings and follow-up care required under this  
17 section, to treat trauma, to provide emergency care,  
18 including resuscitation of individuals of all ages, and  
19 to prevent the spread of communicable diseases.

20 (3) Basic over-the-counter medications appro-  
21 priate for all age groups.

22 (4) Appropriate transportation to medical facili-  
23 ties in the case of a medical emergency, or an on-  
24 call service with the ability to arrive at the CBP fa-  
25 cility within 30 minutes.



1           (j) PERSONNEL.—The Commissioner or the Adminis-  
2     trator of General Services shall ensure that each location  
3     to which detainees are first transported after an initial en-  
4     counter has onsite at least one licensed medical profes-  
5     sional to conduct health screenings. Other personnel that  
6     are or may be necessary for carrying out the functions  
7     described in subsection (e), such as licensed emergency  
8     care professionals, specialty physicians (including physi-  
9     cians specializing in pediatrics, family medicine, obstetrics  
10    and gynecology, geriatric medicine, internal medicine, and  
11    infectious diseases), nurse practitioners, other nurses,  
12    physician assistants, licensed social workers, mental health  
13    professionals, public health professionals, dietitians, inter-  
14    preters, and chaperones, shall be located on site to the  
15    extent practicable, or if not practicable, shall be available  
16    on call.

17           (k) ETHICAL GUIDELINES.—The Commissioner shall  
18    ensure that all medical assessments and procedures con-  
19    ducted pursuant to this section are conducted in accord-  
20    ance with ethical guidelines in the applicable medical field,  
21    and respect human dignity.

22    **SEC. 3. WATER, SANITATION, AND HYGIENE.**

23           The Commissioner shall ensure that detainees have  
24    access to—

1           (1) not less than 1 gallon of drinking water per  
2 person per day, and age-appropriate fluids as need-  
3 ed;

4           (2) a private, safe, clean, and reliable perma-  
5 nent or portable toilet with proper waste disposal  
6 and a hand washing station, with not less than 1  
7 toilet available for every 12 male detainees, and 1  
8 toilet for every 8 female detainees;

9           (3) a clean diaper changing facility, which in-  
10 cludes proper waste disposal, a hand washing sta-  
11 tion, and unrestricted access to diapers;

12           (4) the opportunity to bathe daily in a perma-  
13 nent or portable shower that is private and secure;  
14 and

15           (5) products for individuals of all age groups  
16 and with disabilities to maintain basic personal hy-  
17 giene, including soap, a toothbrush, toothpaste,  
18 adult diapers, and feminine hygiene products, as well  
19 as receptacles for the proper storage and disposal of  
20 such products.

21 **SEC. 4. FOOD AND NUTRITION.**

22           The Commissioner shall ensure that detainees have  
23 access to—

24           (1) three meals per day including—

1 (A) in the case of an individual age 12 or  
2 older, a diet that contains not less than 2,000  
3 calories per day; and

4 (B) in the case of a child who is under the  
5 age of 12, a diet that contains an appropriate  
6 number of calories per day based on the child's  
7 age and weight;

8 (2) accommodations for any dietary needs or  
9 restrictions; and

10 (3) access to food in a manner that follows ap-  
11 plicable food safety standards.

12 **SEC. 5. SHELTER.**

13 The Commissioner shall ensure that each facility at  
14 which a detainee is detained meets the following require-  
15 ments:

16 (1) Except as provided in paragraph (2), males  
17 and females shall be detained separately.

18 (2) In the case of a minor child arriving in the  
19 United States with an adult relative or legal guard-  
20 ian, such child shall be detained with such relative  
21 or legal guardian unless such an arrangement poses  
22 safety or security concerns. In no case shall a minor  
23 who is detained apart from an adult relative or legal  
24 guardian as a result of such safety or security con-  
25 cerns be detained with other adults.

1           (3) In the case of an unaccompanied minor ar-  
2 riving in the United States without an adult relative  
3 or legal guardian, such child shall be detained in an  
4 age-appropriate facility and shall not be detained  
5 with adults.

6           (4) A detainee with a temporary or permanent  
7 disability shall be held in an accessible location and  
8 in a manner that provides for his or her safety, com-  
9 fort, and security, with accommodations provided as  
10 needed.

11          (5) No detainee shall be placed in a room for  
12 any period of time if the detainee's placement would  
13 exceed the maximum occupancy level as determined  
14 by the appropriate building code, fire marshal, or  
15 other authority.

16          (6) Each detainee shall be provided with tem-  
17 perature appropriate clothing and bedding.

18          (7) The facility shall be well lit and well venti-  
19 lated, with the humidity and temperature kept at  
20 comfortable levels (between 68 and 74 degrees Fahr-  
21 enheit).

22          (8) Detainees who are in custody for more than  
23 48 hours shall have access to the outdoors for not  
24 less than 1 hour during the daylight hours during  
25 each 24-hour period.

1           (9) Detainees shall have the ability to practice  
2 their religion or not to practice a religion, as appli-  
3 cable.

4           (10) Detainees shall have access to lighting and  
5 noise levels that are safe and conducive for sleeping  
6 throughout the night between the hours of 10 p.m.  
7 and 6 a.m.

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

10           (A) follow medical standards for the isola-  
11 tion and prevention of communicable diseases;  
12 and

13           (B) ensure the physical and mental safety  
14 of detainees who identify as lesbian, gay, bisex-  
15 ual, transgender, and intersex.

16           (12) The facility shall have video-monitoring to  
17 provide for the safety of the detained population and  
18 to prevent sexual abuse and physical harm of vulner-  
19 able detainees.

20           (13) The Commissioner shall ensure that lan-  
21 guage-appropriate “Detainee Bill of Rights”, includ-  
22 ing indigenous languages, are posted or otherwise  
23 made available in all areas where detainees are lo-  
24 cated. The “Detainee Bill of Rights” shall include  
25 all rights afforded to the detainee under this Act.

1           (14) Video from video-monitoring must be pre-  
2           served for 90 days and the detention facility must  
3           maintain certified records that the video-monitoring  
4           is properly working at all times.

5 **SEC. 6. COORDINATION AND SURGE CAPACITY.**

6           The Secretary of Homeland Security shall enter into  
7           memoranda of understanding with appropriate Federal  
8           agencies, such as the Department of Health and Human  
9           Services, and applicable emergency government relief serv-  
10          ices, as well as contracts with health care, public health,  
11          social work, and transportation professionals, for purposes  
12          of addressing surge capacity and ensuring compliance with  
13          this Act.

14 **SEC. 7. TRAINING.**

15          The Commissioner shall ensure that CBP personnel  
16          assigned to each short-term custodial facility are profes-  
17          sionally trained, including continuing education as the  
18          Commissioner deems appropriate, in all subjects necessary  
19          to ensure compliance with this Act, including—

20                (1) humanitarian response protocols and stand-  
21                ards;

22                (2) indicators of physical and mental illness,  
23                and medical distress in children and adults;

24                (3) indicators of child sexual exploitation and  
25                effective responses to missing migrant children; and

1           (4) procedures to report incidents of suspected  
2           child sexual abuse and exploitation directly to the  
3           National Center for Missing and Exploited Children.

4 **SEC. 8. INTERFACILITY TRANSFER OF CARE.**

5           (a) TRANSFER.—When a detainee is discharged from  
6           a medical facility or emergency department, the Commis-  
7           sioner shall ensure that responsibility of care is trans-  
8           ferred from the medical facility or emergency department  
9           to an accepting licensed health care provider of CBP.

10          (b) RESPONSIBILITIES OF ACCEPTING PROVIDERS.—

11         Such accepting licensed health care provider shall review  
12         the medical facility or emergency department’s evaluation,  
13         diagnosis, treatment, management, and discharge care in-  
14         structions to assess the safety of the discharge and trans-  
15         fer and to provide necessary follow-up care.

16 **SEC. 9. PLANNING AND INITIAL IMPLEMENTATION.**

17           (a) PLANNING.—Not later than 60 days after the  
18           date of enactment of this Act, the Secretary of Homeland  
19           Security shall submit to Congress a detailed plan delin-  
20           eating the timeline, process, and challenges of carrying out  
21           the requirements of this Act.

22           (b) IMPLEMENTATION.—The Secretary of Homeland  
23           Security shall ensure that the requirements of this Act are  
24           implemented not later than 6 months after the date of  
25           enactment.

1 **SEC. 10. CONTRACTOR COMPLIANCE.**

2 The Secretary of Homeland Security shall ensure  
3 that all personnel contracted to carry out this Act do so  
4 in accordance with the requirements of this Act.

5 **SEC. 11. INSPECTIONS.**

6 (a) **IN GENERAL.**—The Inspector General of the De-  
7 partment of Homeland Security shall—

8 (1) conduct unannounced inspections of ports of  
9 entry, border patrol stations, and detention facilities  
10 administered by CBP or contractors of CBP; and

11 (2) submit to Congress, reports on the results  
12 of such inspections as well as other reports of the  
13 Inspector General related to custody operations.

14 (b) **PARTICULAR ATTENTION.**—In carrying out sub-  
15 section (a), the Inspector General of the Department of  
16 Homeland Security shall pay particular attention to—

17 (1) the degree of compliance by CBP with the  
18 requirements of this Act;

19 (2) remedial actions taken by CBP;

20 (3) the health needs of detainees; and

21 (4) the degree of compliance with part 115 of  
22 title 6, Code of Federal Regulations (commonly  
23 known as the “Standards To Prevent, Detect, and  
24 Respond to Sexual Abuse and Assault in Confine-  
25 ment Facilities”).



1 (c) ACCESS TO FACILITIES.—The Commissioner may  
2 not deny a Member of Congress entrance to any facility  
3 or building used, owned, or operated by CBP.

4 **SEC. 12. GAO REPORT.**

5 (a) IN GENERAL.—The Comptroller General of the  
6 United States shall—

7 (1) not later than 6 months after the date of  
8 enactment of this Act, commence a study on imple-  
9 mentation of, and compliance with, this Act; and

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

13 (b) ISSUES TO BE STUDIED.—The study required by  
14 subsection (a) shall examine the management and over-  
15 sight by CBP of ports of entry, border patrol stations, and  
16 other detention facilities, including the extent to which  
17 CBP and the Department of Homeland Security have ef-  
18 fective processes in place to comply with this Act. The  
19 study shall also examine the extent to which CBP per-  
20 sonnel, in carrying out this Act, make abusive, derisive,  
21 profane, or harassing statements or gestures, or engage  
22 in any other conduct evidencing hatred or invidious preju-  
23 dice to or about one person or group on account of race,  
24 color, religion, national origin, sex, sexual orientation, age,  
25 or disability, including on social media.

1 **SEC. 13. RULES OF CONSTRUCTION.**

2 Nothing in this Act may be construed—

3 (1) as authorizing CBP to detain individuals for  
4 longer than 72 hours;

5 (2) as contradicting the March 7, 2014, De-  
6 partment of Homeland Security rule adopting  
7 Standards to Prevent, Detect, and Respond to Sex-  
8 ual Abuse and Assault in Confinement Facilities,  
9 which includes a zero tolerance policy prohibiting all  
10 forms of sexual abuse and assault of individuals in  
11 U.S. Customs and Border Protection custody, in-  
12 cluding in holding facilities, during transport, and  
13 during processing;

14 (3) as contradicting current protocols related to  
15 Department background checks in the hiring pro-  
16 cess;

17 (4) as restricting the Department from denying  
18 employment to or terminating the employment of  
19 any individual who would be or is involved with the  
20 handling or processing at holding facilities, during  
21 transport, or during processing, or care of detainees,  
22 including the care of children, and has been con-  
23 victed of a sex crime or other offense involving a  
24 child victim; or

1           (5) as affecting the obligation to fully comply  
2           with all applicable immigration laws, including being  
3           subject to any penalties, fines, or other sanctions.

4 **SEC. 14. DEFINITIONS.**

5           In this Act:

6           (1) **INTERPRETATION SERVICES.**—The term  
7           “interpretation services” includes translation serv-  
8           ices that are performed either in-person or through  
9           a telephone or video service.

10          (2) **CHILD.**—The term “child” has the meaning  
11          given the term in section 101(b)(1) of the Immigra-  
12          tion and Nationality Act (8 U.S.C. 1101(b)(1)).

13          (3) **U.S. CUSTOMS AND BORDER PROTECTION**  
14          **FACILITY.**—The term “U.S. Customs and Border  
15          Protection Facility” includes—

- 16                   (A) U.S. Border Patrol stations;  
17                   (B) ports of entry;  
18                   (C) checkpoints;  
19                   (D) forward operating bases;  
20                   (E) secondary inspection areas; and  
21                   (F) short-term custody facilities.

22          (4) **FORWARD OPERATING BASE.**—The term  
23          “forward operating base” means a permanent facil-  
24          ity established by CBP in forward or remote loca-  
25          tions, and designated as such by CBP.

1           (5) PUBLICATION OF DATA ON COMPLAINTS OF  
2           SEXUAL ABUSE AT CBP FACILITIES.—Not later than  
3           90 days after the date of enactment of this Act, the  
4           Secretary of Homeland Security, acting in coordina-  
5           tion with the Office of Inspector General and Office  
6           for Civil Rights and Civil Liberties, shall publicly re-  
7           lease aggregate data on complaints of sexual abuse  
8           at CBP facilities on its website on a quarterly basis,  
9           excluding any personally identifiable information  
10          that may compromise the confidentiality of individ-  
11          uals who reported abuse.

○