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Testimony Submitted for the Record to the House Committee on Homeland Security, Border Security, Facilitation, & Operations Subcommittee Hearing on: "Examining Title 42 and the Need to Restore Asylum at the Border"

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Thank you for the opportunity to speak here today and to bring a public health and medical perspective regarding the impact of Title 42 expulsions. My name is Adam Richards, and I am an Associate Professor of Global Health and Medicine at The George Washington University and a member of Physicians for Human Rights' (PHR) Board of Directors.

As a physician and public health professor, researcher, and practitioner, I have an intimate knowledge of the devastating effects of COVID-19. Last year, I worked in a COVID-19 isolation and quarantine center in Los Angeles when the city was at the epicenter of transmission and death from the novel coronavirus. I personally lost both patients and colleagues to COVID-19. Even for those who survive, COVID-19 takes a toll on our bodies and on our communities. Here in Washington, DC, I work in a COVID-19 recovery clinic, caring for patients with long COVID who continue to suffer physical and emotional consequences of the virus. They are exhausted but they can't sleep, they have chronic headaches, shortness of breath, and difficulty concentrating; they struggle to work and to take care of their families. I take COVID-19 seriously and I want us as a country to do what we can to reduce our risk of infection, death, and disability.

However, expelling asylum seekers under Title 42 has not done anything to protect us from COVID.

While PHR welcomes the Centers for Disease Control and Prevention's (CDC) recently announced plan to rescind the Title 42 order effective May 23, the fact remains that public health should never have been invoked to further a political decision to block people from seeking asylum.

There is widespread scientific consensus that there is no public health justification for Title 42 expulsions. As Dr. Anthony Fauci stated, COVID-19 transmission "is not driven by immigrants," and "expelling [migrants] is not the solution to an outbreak." A Perspective article published last week in the leading American medical journal the New England Journal of Medicine also applies a scientific lens to Title 42 expulsions as completely lacking in epidemiological evidence and not reflecting public health best practice.

The U.S. government can implement border processing safely. I am part of a national group of physicians and public health experts which has sent a series of letters to the Trump and Biden administrations to repeatedly explain that Title 42 expulsions do not protect public health, and to offer instead common-sense, evidence-based, rights-respecting recommendations for the safe processing of people who arrive at the U.S.-Mexico border.

As with the processing of people admitted from the "Remain in Mexico" policy, the U.S. government should coordinate and share resources and information with Mexican public health authorities, the Federal Emergency Management Agency (FEMA), as well as with international organizations like the International Organization for Migration and the UN Refugee Agency and with U.S. and Mexican civil society organizations. It is critical to use masks, social distancing, and hand hygiene at border posts and during processing, while minimizing delays that keep people stuck in congregate settings and maximizing ventilation. The government can repurpose larger locations appropriate for non-congregate processing to scale up reception capacities, should arrivals increase or shift. Testing capacity can be enhanced with mobile testing units. The government can expand quarantine capacity and isolation capacity through the use of motels, mobile units, or other individualized accommodations for those who need to quarantine, under the jurisdiction of CDC or local health authorities. During transportation, masks should be used as well as well-ventilated, larger capacity vehicles to allow sufficient distancing, and frequently-touched surfaces should be cleaned and disinfected. People should be given health screenings and provided with health information and education in their primary language. PHR advocates for vaccines to be free, fair, and accessible and for equitable vaccine allocation and distribution that prioritizes marginalized communities, including all migrants, whether refugees, asylum seekers, or unauthorized immigrants.

We have strategies to drive the risk of COVID-19 to near zero, with evidence-based public health tools – masks, social distancing, vaccines, and testing – to safely process asylum seekers at the border and ensure the risk to public health in the United States is close to nonexistent. However, threats to the health of asylum seekers who are prevented by Title 42 from crossing the border are very real. I heard these accounts firsthand in Tijuana, Mexico from asylum seekers who courageously described how they were extorted for money and exposed to physical and sexual violence; they shared how conditions on the border took a tremendous toll on their physical and mental health.

A team of PHR researchers visited Tijuana and Ciudad Juárez last year to document the health and human rights consequences of the Title 42 order. The July 2021 research report documented family separations, abusive actions by U.S. and Mexico government officials, and acute medical and psychological impacts on asylum-seeking children and adults. Families described being held for days in crowded border facilities and denied emergency medical care in U.S. detention, including for sick children. During a pandemic, the U.S. government is detaining migrants in crowded, inhumane, and unsafe conditions for days before expelling them, and is denying children necessary emergency medical care. The psychological effects of expulsions and family separation are profound. Of the 26 participants who were administered validated screening tools by PHR, 25 (96 percent) screened positive for at least one mental health diagnosis; 25 (96 percent) screened positive for at least two disorders; and 23 (88 percent) screened positive for post-traumatic stress disorder (PTSD), anxiety, and depression. Of the 26 who were administered psychological screening tools by the research team, 23 people (88 percent) screened positive for PTSD related to events leading to the separation of their family, 25 (96 percent) screened positive for depression, and 24 (92 percent) screened positive for anxiety. The crowding created by Title 42 expulsions has stretched the Mexican health system to the breaking point. As a clinic coordinator in Tijuana told PHR researchers: "There are more and more people needing help.... The health care system has collapsed."

Although the stated justification of the Title 42-based expulsion is to prevent migrants from being held in congregate settings with the attendant risk of COVID-19 transmission, the government is still placing migrants in congregate settings during the expulsion process. PHR interviews found that every aspect of the expulsion process, including holding people in crowded Customs and Border Protection holding cells for days without testing and then transporting them in crowded buses and planes, increases the risk of spreading and being exposed to COVID-19.

As Kennji Kizuka from Human Rights First (HRF), before me, has stated – but which bears repeating – HRF has tracked more than 9,866 reports of kidnappings and other violent attacks against migrants and asylum seekers blocked in Mexico or expelled to Mexico since President Biden took office. That is nearly 10 thousand violent attacks that could have been prevented by ending Title 42 expulsions. People are caught in an impossible situation, as they are unsafe in their own country, unsafe in Mexico, and yet cannot seek safety in the United States.

During one of my visits to Tijuana, I volunteered in a wound clinic for people living on the streets, where I met people with treatable infections who were prevented from accessing inexpensive and lifesaving care. One man's story in particular illustrates the health conditions and health risks in overburdened Mexican border states. He had a

nasty skin infection, for which he'd been unable to receive definitive treatment. His infection progressed to the point that he was at risk for amputation or even losing his life. We explained that he needed to go to the hospital for aggressive wound care and IV antibiotics. He reluctantly agreed, but predicted that they would not admit him: "I have no money and I live on the street; they do not care about people like me." On the next trip we learned that he had gone to the emergency room but had not been admitted; he was given some oral antibiotic pills and discharged to the street, where he died of his treatable wounds.

Now that I'm in Washington, I conduct medical examinations remotely for people who are unable to enter the United States due to the Title 42 order, including a man in substantial pain, with symptoms indicative of severe gastrointestinal conditions, for which any delay in treatment can result in life-altering complications or even death, and an elderly grandmother who is hard of hearing and almost blind, with severe rheumatoid arthritis and high blood pressure. She is terrified even to step outside her shelter after being kidnapped by cartel members and held for over two weeks with limited food and water. Other PHR clinicians have conducted remote evaluations for asylum seekers in Mexico with metastatic breast cancer, pregnancy at high risk for eclampsia with signs of premature labor, peptic and gastric ulcers at risk of perforation, repeated transient ischemic attacks and congestive heart failure, hypoxic brain injury, late-term pregnancy with severe anemia, and seizure disorders.

You may be familiar with the historical legacy of using the pretext of protecting health to justify racist and xenophobic U.S. immigration policies. In the past, it was tuberculosis and then HIV, and today it is COVID. These exclusionary practices are not now, and were not ever, based on public health principles. We in medicine and public health often pretend we are immune from the pernicious plagues of racism, xenophobia, and hate. Tragically, these pathologies continue to propagate within our ranks. Not anymore. There is no public health justification for Title 42 expulsions.

Congress should:

- Direct the Department of Homeland Security (DHS) to prepare facilities and personnel to process asylum seekers along the border, while implementing all necessary public health measures, including:
    - Testing, handwashing, mask wearing, social distancing, and vaccinations;
    - Processing of asylum seekers in well-ventilated, non-congregate settings; and
    - Non-custodial quarantine procedures under the authority of the CDC or local public health authorities;
- Encourage the DHS to partner with civil society and humanitarian aid organizations to further bolster capacity for humane processing;

- Follow and implement the "Public Health Recommendations for Processing Families, Children, and Adults Seeking Asylum or Other Protection at the Border," published by public health experts, while restoring regular operations and processing along the border;
- Redirect funding away from any policies that may negatively impact the right to seek asylum;
- Propose and pass new legislation to affirm the full range of rights guaranteed to asylum seekers to counteract any executive or departmental policies or directives that effectively restrict individuals' access to asylum protection; and
- Pursue policies that seek to create a safe environment for asylum seekers to fulfill their long-established legal right to pursue their asylum claims within the protection of the United States, policies that meaningfully guard against re-traumatizing asylum seekers and exposing them to preventable health risks.