

## **BILL ANALYSIS**

Senate Research Center  
78R7965 CME-D

S.C.R. 21  
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As Filed

### **DIGEST**

The United States and the United Mexican States share a border of 2,000 miles, from Brownsville, Texas, to San Diego, California. The four U.S. states and six Mexican states along the border are home to more than 75 million residents, which is an increase of about 11 million since 1990. A significant percentage of these 10 states' population resides in the 23 U.S. counties and 39 Mexican municipalities adjacent to the border, where rapid population growth is putting great pressure on an already inadequate infrastructure and straining the border region past its economic limits and resources, the tragic effects of which have broad repercussions on the health of residents in both countries. Setting the stage for many of the health problems of the border is the standard of living of many in the region; more than a third of U.S. border families live at or below the federal poverty guideline, and an estimated 350,000 people live in *colonias*, unzoned, semirural communities with no access to public drinking water or wastewater facilities. Such deficiencies in public works have increased the risk of exposure to pollution and water-borne contaminants. Beyond the effects of population, poverty, and pollution, many of the health concerns endemic to the border region are exacerbated by a lack of access to primary care and preventive medicine. Several standard health indicators reflect the shortcomings of the health care system along the border, including the incidence of hepatitis A and tuberculosis which is two to three times the national average. Due to these and many other concerns and in an effort to provide international leadership in optimizing health and quality of life along the U.S.-Mexico border, an agreement between the U.S. secretary of health and human services and the secretary of health of the United Mexican States created the United States-Mexico Border Health Commission (USMBHC) in 2000. The crises of health along the border are myriad and profound, with complications arising from cultural, economic, and geographic conditions unique to the region. Although the USMBHC has made great progress in promoting health and reducing health disparities, strategic planning and comprehensive study are critical for USMBHC to fulfill its mission to provide the tools necessary for the future well-being of the border population.

### **PURPOSE**

As proposed, SCR 21 submits the following resolutions:

That the 78th Legislature of the State of Texas memorialize the Congress of the United States to request that the secretary of the U.S. Department of Health and Human Services direct the United States-Mexico Border Health Commission to coordinate a benchmark study conducted by universities of each adjoining border state, in the United States and the United Mexican States, to engage each state's health policy with respect to early intervention and preventive strategies; water and wastewater issues; immunization; behavioral health issues, including nutrition and exercise; elimination of health disparities among the border population; and response to disaster and disease outbreak.