

BILL ANALYSIS

Senate Research Center
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C.S.S.C.R. 21
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Committee Report (Substituted)

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 44 U.S. counties and 80 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 U.S. Department of Health and Human Services fund a benchmark study coordinated by the United States-Mexico Border Health Commission and conducted by universities from the border area of each adjoining border state, in the United States and the United Mexican States, to engage each state's health policy with respect to the border health issues and goals outlined in Healthy Border 2010/Frontera Saludable 2010, a border-wide program of health promotion and disease prevention that defines an agenda for improving health in the United States-Mexico border region.

That the study also address 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.

That the Texas secretary of state forward official copies of this resolution to the president of the United States, to the speaker of the house of representatives and the president of the senate of the United States Congress, to the secretary of the United States Department of Health and Human Services, and to all the members of the Texas delegation to the

congress with the request that this resolution be officially entered in the Congressional Record as a memorial to the Congress of the United States of America.