

1-1 By: Shapleigh S.C.R. No. 21  
1-2 (In the Senate - Filed March 11, 2003; March 19, 2003, read  
1-3 first time and referred to Committee on International Relations and  
1-4 Trade; April 22, 2003, reported adversely, with favorable  
1-5 Committee Substitute by the following vote: Yeas 4, Nays 0, 1  
1-6 present not voting; April 22, 2003, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.C.R. No. 21 By: Shapleigh

1-8 SENATE CONCURRENT RESOLUTION

1-9 WHEREAS, The United States and the United Mexican States  
1-10 share a border of 2,000 miles from Brownsville, Texas, to San Diego,  
1-11 California; the four states of the United States and the six states  
1-12 of the United Mexican States along the border are home to more than  
1-13 75 million residents, an increase of about 11 million since 1990;  
1-14 and

1-15 WHEREAS, A significant percentage of these 10 states'  
1-16 population resides in the 44 United States counties and 80 Mexican  
1-17 municipalities adjacent to the border, where rapid population  
1-18 growth is putting great pressure on an already inadequate  
1-19 infrastructure and straining the border region past its economic  
1-20 limits and resources, the tragic effects of which have broad  
1-21 repercussions on the health of residents in both countries; and

1-22 WHEREAS, Setting the stage for many of the health problems of  
1-23 the border is the standard of living of many in the region; more  
1-24 than a third of United States border families live at or below the  
1-25 federal poverty guideline, and an estimated 350,000 people live in  
1-26 colonias, unzoned, semirural communities with no access to public  
1-27 drinking water or wastewater facilities; and

1-28 WHEREAS, Such deficiencies in public works have increased the  
1-29 risk of exposure to pollution and water-borne contaminants since  
1-30 many of the primary sources of water along the border are  
1-31 contaminated by sewage and pollution from agricultural and  
1-32 industrial sources; according to the United States Health Resources  
1-33 and Services Administration, 122 million liters of raw sewage are  
1-34 dumped into the Tijuana, New, and Rio Grande rivers daily, and a  
1-35 series of studies conducted by several United States and Mexican  
1-36 agencies, including the Texas Department of Health, monitored sites  
1-37 along the Rio Grande and found chemicals such as PCBs, cyanide,  
1-38 mercury, and lead at significant levels; and

1-39 WHEREAS, Beyond the effects of population, poverty, and  
1-40 pollution, many of the health concerns endemic to the border region  
1-41 are exacerbated by a lack of access to primary care and preventive  
1-42 medicine; uneven distribution of hospitals and physicians,  
1-43 inadequate transportation, limited immunizations, and a shortage  
1-44 of bilingual health care providers contribute to otherwise  
1-45 preventable health problems; and

1-46 WHEREAS, Several standard health indicators reflect the  
1-47 shortcomings of the health care system along the border; the  
1-48 incidence of hepatitis A and tuberculosis is two to three times the  
1-49 national average, and measles, HIV/AIDS, and various infectious  
1-50 diseases disproportionately threaten the population of the border  
1-51 region as compared to the United States as a whole; and

1-52 WHEREAS, Due to these and many other concerns and in an effort  
1-53 to provide international leadership to optimize health and quality  
1-54 of life along the United States-Mexico border, an agreement between  
1-55 the United States secretary of health and human services and the  
1-56 secretary of health of the United Mexican States created the United  
1-57 States-Mexico Border Health Commission in 2000; and

1-58 WHEREAS, The crises of health along the border are myriad and  
1-59 profound, with complications arising from cultural, economic, and  
1-60 geographic conditions unique to the region; although the United  
1-61 States-Mexico Border Health Commission has made great progress in  
1-62 promoting health and reducing health disparities, strategic  
1-63 planning and comprehensive study are critical for the commission to

2-1 fulfill its mission to provide the tools necessary for the future  
2-2 well-being of the border population; now, therefore, be it  
2-3       RESOLVED, That the 78th Legislature of the State of Texas  
2-4 hereby memorialize the Congress of the United States to request  
2-5 that the United States Department of Health and Human Services fund  
2-6 a benchmark study coordinated by the United States-Mexico Border  
2-7 Health Commission and conducted by universities from the border  
2-8 area of each of the adjoining border states in both the United  
2-9 States and the United Mexican States to engage each state's health  
2-10 policy with respect to the border health issues and goals outlined  
2-11 in Healthy Border 2010/Frontera Saludable 2010, a border-wide  
2-12 program of health promotion and disease prevention that defines an  
2-13 agenda for improving health in the United States-Mexico border  
2-14 region; and, be it further  
2-15       RESOLVED, That the study also address early intervention and  
2-16 preventive strategies; water and wastewater issues; immunization;  
2-17 behavioral health issues, including nutrition and exercise;  
2-18 elimination of health disparities among the border population; and  
2-19 response to disaster and disease outbreak; and, be it further  
2-20       RESOLVED, That the Texas secretary of state forward official  
2-21 copies of this resolution to the president of the United States, to  
2-22 the speaker of the house of representatives and the president of the  
2-23 senate of the United States Congress, to the secretary of the United  
2-24 States Department of Health and Human Services, and to all the  
2-25 members of the Texas delegation to the congress with the request  
2-26 that this resolution be officially entered in the Congressional  
2-27 Record as a memorial to the Congress of the United States of  
2-28 America.

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