

U.S. Moves to Develop U.S.-Mexico Border Health Commission

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In October 1994, the U.S. Congress passed Public Law 103-400, which authorizes the President to conclude an agreement with Mexico to establish a United States-Mexico Border Health Commission (BHC). In Fiscal Year 1998, Congress appropriated \$800,000 to HHS to fund U.S. participation in the Commission, which will target the U.S.-Mexico region that spans California, Arizona, New Mexico and Texas.

The primary goals of the Commission are to institutionalize a domestic focus on border health which can transcend political changes, and create an effective venue for binational discussion to address public health issues and problems that affect the U.S.-Mexico border populations.

Salient Features of the Law

Under U.S. law, the BHC is mandated to:

- Conduct a comprehensive needs assessment in the border area for the purpose of identifying, evaluating, preventing and resolving health problems that affect the general population of the area.
- Implement actions recommended by the needs assessment through assisting in the coordination of public and private efforts to prevent and resolve health problems, and educate the population concerning such health problems in a culturally competent manner.
- Conduct or sponsor investigations, research, or studies designed to identify and monitor health problems that affect the general population in the border area.
- Conduct or support a binational, public-private effort to establish a comprehensive and coordinated system, which uses advanced technologies to the maximum extent possible, for gathering health-related data and monitoring health problems in the border area.
- Provide financial, technical or administrative assistance to public or private persons who act to prevent, resolve, or educate such population concerning such health problems.

Major Challenges

The framers of the legislation believed that the BHC would require significant participation and support from Federal and State representatives of both countries. The Commission has the challenge of bringing together effective Federal, State and local public and private capabilities and resources in dynamic partnerships to improve the health and well being of border populations through creative multi-sectoral approaches.

Equally important in establishing the BHC is ensuring appropriate and effective Mexican participation, while respecting the various legal jurisdictions and legislative authorities between the Federal and State levels of the U.S. and Mexico. HHS maintains an informal dialogue with Secretariat of Health of Mexico on the creation of the BHC and Mexico's important role. In January 1998, HHS requested the Department of State to explore—with appropriate Mexican government officials—the po-

tential for participation in the BHC. If and when Mexico decides to participate, it may vary widely from the U.S. effort.

The challenge is to develop a commission that is sustainable and meaningful for U.S. and Mexican stakeholders. The BHC must create awareness and political will across a wide constituency about the U.S.-Mexico border, its populations, and environment. It must have sufficient breadth and depth to assure that attention to the border will transcend political change. Through outreach efforts, data collection and analysis, and joint collaborative action based on an agenda developed through a consensus process, the BHC can educate others about the unique challenges at the border. And, the BHC can create a shared commitment among the public and private sector to find solutions that involve collective and coordinated actions by government, non-governmental organizations, and the communities involved.

The BHC should become a forum for tackling critical issues, and developing the necessary resources, e.g., political will, community commitment, technical expertise, and financial resources, to address border needs. To achieve its goals, the BHC must incorporate several key elements into its development/management process. It must have the formal commitment of both political parties in the U.S. Border States, the State governors currently in office, the State commissioners/directors of Health and mayors of border cities. Essential elements for BHC success include effective communication channels, capacity for advocacy, commitment to binational solutions, and sustainable infrastructure.

The BHC must respect and acknowledge the differences in systems, policies, politics, and cultures between the two countries and across the border States. It is these very differences, as well as the similarities of problems and concerns, that make the U.S.-Mexico border and the Border Health Commission unique.

Composition Offices

The Secretary of HHS or her designee will serve as chair for the U.S. side of the Commission. The commissioners of health or chief health officers for Texas, New Mexico, Arizona, and California will also serve as Commission members. Two individuals who have demonstrated ties to community-based organizations from each of the states of Texas, New Mexico, Arizona, and California, nominated by the chief executive officer of the respective states and appointed by the President, will complete the U.S. membership.

Staff responsibility for establishment of and support for the BHC has been placed in the Office of International and Refugee Health, Office of Public Health and Science, Office of the Secretary.

The appointment process for the U.S. Commissioners who represent border constituents is underway. A design team of federal and state partners has been selected to help prepare Commissioners, once they are selected and appointed by the President, for the first Border Health Commission meeting.

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