

# A 'Perfect Storm' of Health-Care Collapse

by Patricia Salisbury

At a conference on the health-care situation along the U.S.-Mexican border, held in Washington, D.C. on June 22, speaker after speaker, many of them doctors and community and public health workers, presented data from studies and their daily medical practice that showed staggering rates of disease, particularly tuberculosis, diabetes, and obesity, among the 12 million people living on both sides of the U.S.-Mexican border.

The conference was convened by the Texas Medical Association, the Border Health Caucus, and U.S Rep. Silvestre Reyes (D-Tex.) to deal with medical and health problems so extreme that they approximate those of Third World countries. Members of Congress from the four border states participated, including Reyes, Rep. Solomon Ortiz (D-Tex.), Rep. Lloyd Doggett (D-Tex.), Sen. Kay Bailey Hutchison (R-Tex.) Rep. Bob Filner (D-Calif.), Rep. Raul Grijalva (D-Ariz.), and Sen. Jeff Bingaman (D-N.M.). Doggett noted that he expected the conference to be the first in an annual series that will draw participation from doctors, lawmakers, and other health policy experts from across the southwestern United States.

The situation on the border was summed up by speaker Manuel de la Rosa, Regional Dean of Texas Tech Health Science Center, who reported that, with regard to health infrastructure and personnel, there is less of everything on the border except disease and poverty. "If you live on the border, he said, "you will be less healthy than if you live somewhere else in the United States, period."

Data amassed by the U.S.-Mexico Border Health Commission and presented at the conference showed that if the 24 U.S. counties along the border were made the 51st state, that border state would be: second in the incidence of tuberculosis, third in deaths due to hepatitis, fifth in diabetes-related deaths, 50th in insurance coverage for adults and children, and 51st in the number of health-care professionals. The incidence of tu-

berculosis on the border is double that of the U.S. national rate. Three of the ten poorest counties in the United States are located in the border area, and approximately 432,000 people live in 1,200 *colonias* (slums) in Texas and New Mexico, which are unincorporated communities with substandard housing and unsafe public drinking water or wastewater systems, obvious breeding grounds for infectious and other diseases. This situation has been characterized by medical professionals and others as constituting a "perfect storm" of health problems.

## Unprepared for Emergencies

According to Dr. Manny Alvarez, president of the Border Health Caucus, one of the three key policy issues the BHC wanted to inform members of Congress about, was the lack of ability to cope with either a major natural disaster or terrorist threat. From a public health perspective, he said, there are not enough doctors and nurses to help out; in fact, there are not enough medical schools graduating doctors to keep up with the growth in population. Several of the speakers pointed out that the medical professionals in the area are uniquely dependent on reimbursement from Medicare, Medicaid, and other government programs which grossly underestimate the cost of care, making the recruitment of doctors to the area almost impossible.

While many desperate, band-aid type solutions were put forward at the conference, the only mention of Rep. John Conyers' (D-Mich.) proposed legislation for universal single-payer health care (HR 676), which would begin to address many of the border region problems, came in a question posed by *EIR's* reporter. A lack of boldness and optimism among the attendees was also exhibited when a speech by Mark McClellan, Bush's Administrator of the Centers for Medicare and Medicaid, touting the supposed accomplishments of the Administration in the health field, went largely unchallenged.

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## The U.S.-Mexican Border Region

