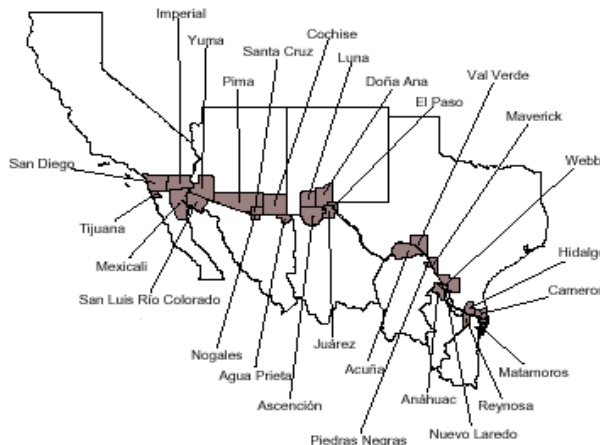


Fact Sheet **on** Border Health

The Border

The border between Mexico and the United States extends 1,952 miles from Pacific Ocean to the Gulf of Mexico. The border is not a physical line but a region consisting of a largely desert landscape extending 62.5 miles north and south of the US-Mexico boundary. The U.S. states from west to east bordering Mexico are California, Arizona, New Mexico, and Texas. The states on the Mexican side of the border are Baja California, Sonora, Chihuahua, Coahuila, Nuevo Leon, and Tamaulipas.^{1, 2, 3}



Demography

The population of the border region is largely Hispanic and numbers more than 11 million. The population is expected to double by the year 2020.⁴ Ninety-five percent of the population lives in sister communities. It is a poor region, with majority of those on the American side living well below the poverty line. The rapid expansion of population in the border region has led to development of substandard housing developments of extreme poverty and lacking adequate infrastructure (paved roads, water, electricity, garbage, sewage, and health care) called *colonias*.^{1, 3, 5}

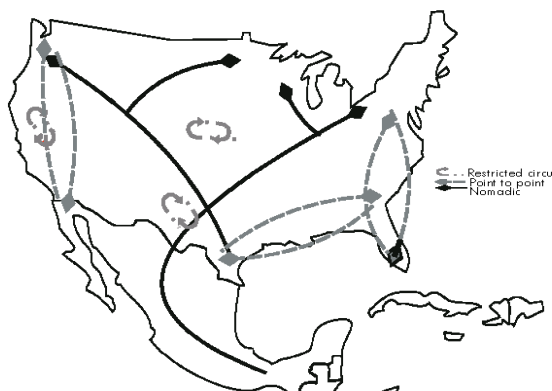
Environmental Condition

The region suffers from high rate of pollution by the *maquiladoras* (twin plants employing low and unskilled labor) owned by U.S. companies located on Mexican side of the border.^{1, 3} Environmental health problems effecting the population in the border region include water, soil, and air pollution, and hazardous waste.⁶

Number of <i>maquiladoras</i> in the border region ^{3,4}		
1960s	1997	2000
About 100	More than 1,700	More than 2500

Border Health

Millions of border crossings each year (both legal and illegal) and movement of migrant workers in late fall and early spring to states in the U.S. presents a unique health care challenge. Such a massive movement among a population that largely lacks adequate health care spreads health care concerns to the entire U.S. Many residents of the region suffer from waterborne diseases, toxic substances (such as lead), inadequate health care, STD's, diabetes, hepatitis, and TB. For infectious diseases, some who receive treatment while in the United States may be re-infected when they return to Mexico.^{4, 7}



Environmental hazards in the border region³

Contamination of air, water, and soil by heavy metals, volatile organic compounds (VOCs) hazardous materials and waste, pesticides, nitrates, raw sewage, untreated wastewater, parasites, and/or bacteria.

Health problems due to exposure to environmental hazards³

Respiratory diseases, particularly asthma and tuberculosis; elevated blood lead levels in children; multiple myeloma, a form of bone-marrow cancer; systemic lupus erythematosus (SLE), an autoimmune disorder; hepatitis A; infectious gastrointestinal diseases such as shigellosis and amebiosis; and pesticide poisonings.

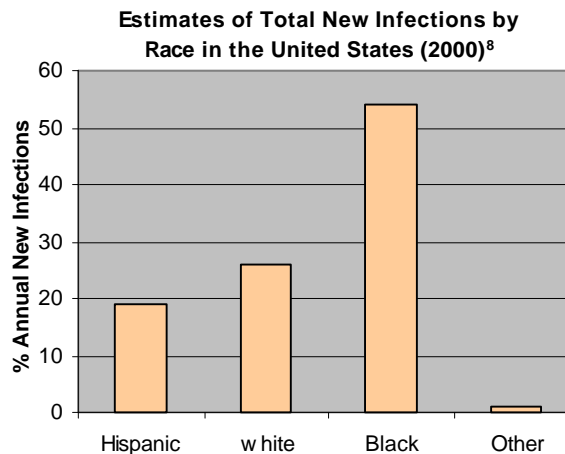
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HIV/AIDS

In 1999, Hispanics throughout the United States accounted for 19% of the total number of new AIDS cases—even though Hispanics were only 13% of the U.S. population.⁹ AIDS in the Hispanic population is spread mainly through sexual contact.⁹ In the U.S., about 80% of AIDS cases among the Hispanic population occurred among men.¹⁰ Similarly, 86% of AIDS cases in Mexico occurred in men.¹¹ Most of these sexually transmitted AIDS cases (31% in United States and 50% in Mexico) consist of men who have sex with men.⁹ AIDS death rate among Hispanics in the United States declined by 21% from 1997 to 1998.¹²

Although the number of AIDS cases in both countries declined in recent years, the proportion of AIDS cases among minority groups in the United States such as Hispanics have increased. The numbers of Hispanics estimated to be living with AIDS increased from 17% in 1992 to 19% in 1998. *This is in contrast to non-Hispanic whites, estimated to be living with AIDS, whose numbers declined from 49% in 1992 to 39% in 1998.*⁹ The leading risk factor for HIV infection for Hispanic women in the United States is from exposure to heterosexual contact.¹⁰



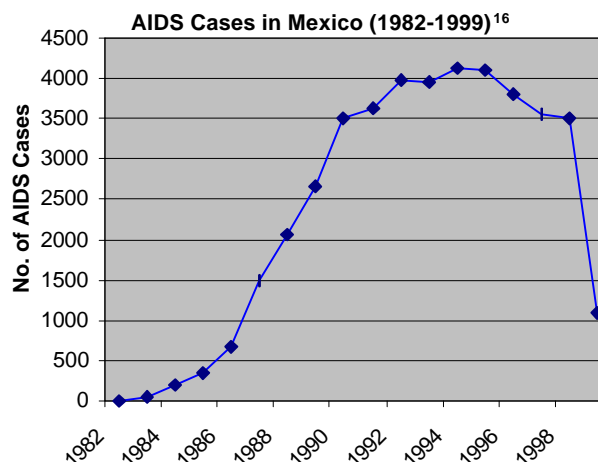
Hispanic Adult/Adolescent AIDS Cases by Exposure Category Reported from July 1999 through June 2000 in the United States¹⁰

Exposure Category	Male	Female
Men who have sex with men	2,261	--
Injecting drug use	1,753	506
Men who have sex with men and inject drugs	266	--
Hemophilia/coagulation disorder	6	2
Heterosexual Contact	567	810
Receipt of blood transfusion, blood components, or tissue	19	16
Risk not reported or identified	1455	480
Total	6372	1814

HIV/AIDS is not a leading cause of death in the border region. The five leading causes of death on the Mexican side of the border region from 1995-1997 are diseases of the heart, malignant neoplasm, accidents and adverse effects, diabetes mellitus and cerebrovascular disease. On the U.S. side of the border region, the five leading causes of death are diseases of the heart, malignant neoplasm, and adverse effects.¹³

cerebrovascular disease, chronic obstructive pulmonary diseases, accident and adverse effects.¹³

AIDS remains a problem that cannot be ignored in the region because of its escalating impact on human lives. Factors such as lack of adequate education, availability and affordability of adequate healthcare, and large movement of people across the borders may lead to devastatingly high infection rates. Currently, heterosexual contact is said to be the leading risk factor for Hispanic women for HIV infection in the border region.¹⁴ The greatest risk among Hispanic adult males in the border region, as in both countries, is through sexual contact.¹⁵ HIV/AIDS can become a greater health threat in the region if it is neglected.¹⁵



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