

Binational Border Health Commission Comes Online

Medical professionals and health-care advocates along the United States-Mexico border have worked for more than a decade to create a binational commission to battle the myriad health problems suffered by borderlands residents in both countries. Last November, their efforts became reality when the binational U.S.-Mexico Border Health Commission (BHC) held its inaugural meeting. Observers say the commission must move quickly, and BHC members concur. Health problems along the border are extreme and are growing. Widespread poverty, lack of adequate access to health care, large numbers of uninsured, shortages of health professionals, low immunization rates, lack of education, poor sanitation, pollution risks—all contribute to the dismal health conditions in many communities in the region.

by **Jonathan Treat**

Anticipating the need to work binationally to address borderlands health issues, health advocates and physicians in Texas first proposed creating a binational border health commission in 1988. They were soon joined by medical professionals in other states, and in 1994 scored a major victory when the U.S. Congress approved a bill calling for the creation of a just such an entity.

Public Law (PL) 103-400, sponsored by Senator Jeff Bingaman (D-NM) and co-sponsored by Senators Kay Bailey Hutchison (R-TX) and John McCain (R-AZ), authorized and encouraged the president to conclude an agreement with Mexico to establish a binational commission to address health issues in communities along the border. The organization's primary goals, according to an early concept paper, would be to "institutionalize a domestic focus on border health which can transcend political changes and to create an effective venue for binational discussion to address public health issues and problems."

President Clinton signed the legislation in October 1994, and in a letter two years later reaffirmed his sup-

port for the commission and announced that he'd begun informal discussions with the Mexican government on the topic. In 1997, Congress approved funding—channeled through the Office of International and Refugee Health, U.S. Department of Health and Human Services—to assist in the creation of the BHC's U.S. section and for direct support to the four U.S. border states. Appropriations for the U.S. section have included \$800,000 in 1997, \$1 million in fiscal years 1998 and 1999, and \$1.5 million in fiscal year 2000. Funding for 2001 is approximately \$2 million dollars. Mexico will also provide a proportionate percentage of its annual budget to fund the commission.

In July 2000 the Border Health Commission was officially created via a binational cooperative agree-

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ment signed by former Mexican Minister of Health José Antonio González and then-U.S. Health and Human Services Secretary Donna Shalala. The BHC's inaugural meeting occurred last November, and in March BHC commissioners from both countries agreed on a strategic plan for the institution. "Now we have a binational agreement on our strategic plan. We have a framework, our operating goals and objectives are in place, and we're ready to move forward," says Sonia Contreras, outreach officer and coordinator for the BHC's California section.

The BHC does not provide medical care, nor does it set policy, pass laws, or have any enforcement authority. Its official mission is to "provide international leadership to optimize health and quality of life along the U.S.-Mexico border," according to its March 2001 Strategic Framework. In support of its mission, under the July 2001 agreement which created it, the BHC is authorized to:

- Conduct or support health promotion and disease prevention in the border area;
- Conduct or support the establishment of a coordinated system which uses advanced technologies to gather health-related data and monitor health problems in the border area;
- Conduct public health needs assessments in the border area and conduct or support investigations, research, or studies designed to identify and monitor health problems on the border; and
- Provide financial, technical, or administrative support to assist the efforts of public and private nonprofit entities to prevent and resolve health problems.

Additional goals and activities identified for the commission via binational consensus include: collaborating with nongovernmental organizations and other entities involved in public health activities; conducting public outreach to draw attention to border health needs; establishing mechanisms for the movement of funds, equipment, and laboratory supplies and samples between both countries; improving communications between health professionals across the border; policy advocacy and attracting new resources to the border; and serving as a venue for broad participation by health professionals and others interested in improving border health. Once year, the commission must submit a report to both governments regarding its activities.

The U.S.-Mexico Border Health Commission is made up of 26 members, 13 from each country, with Mexico's Secretary of Health of Mexico and the U.S. Secretary of Health and Human Services acting as commissioners. The BHC's U.S. membership also includes the chief health officers of California, New Mexico, Arizona and Texas as well as two border residents from each of those states who have demonstrated interest and expertise in regional health issues and who have ties to community-based health organizations. Those commission members are nominated by the state governor and appointed by the president. Mexican membership in the commission includes the secretaries of health of each of the six Mexican border states as well as one commissioner from each of those states appointed by the Mexican government. Commission decisions are made by majority vote.

The BHC has headquarters in El Paso, Texas, and Mexico City. The U.S. section has opened outreach offices in San Diego, California, Las Cruces, New Mexico, and Tucson, Arizona. The Mexican Section has offices in each of its six border states.

The commission's creators were convinced that the BHC would require significant support from federal and state representatives in both countries and knew that one of their first challenges would be to make the commission's effort's truly binational. Russell Bennett, executive director of the BHC's U.S. Section, points to the July 2000 binational agreement that establishes the commission: "It really is a well-written agreement that allows us to do a lot of things together to improve health on both sides of the border," he says. "And it's clear that both countries are very committed to it."

That binational commitment, some observers say, will be critical if the commission is to successfully meet the dramatic challenges in improving health along the border. The border zone, typically defined as a strip 100 kilometers wide on either side of the U.S.-Mexico dividing line, is home to nearly 12 million people, most living in the 14 pairs of sister cities that straddle the international boundary. The health problems that those residents face are numerous and extreme. Tuberculosis (TB), an infectious and chronic disease associated with poverty and limited access to health care, is particularly worrisome. The rate of TB along the border is more than three times the U.S. national average. And there are fears that due to the inconsistent, sporadic treatment that many migrants with TB receive, a drug-resistant strain of the contagious disease could develop.

Other chronic illnesses are rampant along the border as well. Cancer rates are higher there than the national averages. Incidents of diabetes in the region are three times higher than the rest of the United States. Hepatitis A, B, and C, measles, and mumps also occur more frequently along the border than in many other regions in both countries. HIV/AIDS is on the rise in Mexico and of growing concern for border communities on both sides of the line.

Rampant poverty in the region is one major culprit in the multitude of serious health problems that border residents endure. Counties along the U.S.-Mexico border are among the poorest the United States. At least one-third of U.S. border families live at or below the poverty line—the national average is about 11%. An estimated 400,000 border residents on the U.S. side live in colonias with limited access to public drinking water or public sewage systems. Unemployment in the U.S. border area is roughly three times higher than in other parts of the United States.

Complicating the situation, say health care advocates in the region, are years of neglect by both the U.S. and Mexican governments. “The root causes of many of the health problems are poverty and years of a hands-off attitude toward the border from governments on both sides—thinking that the border was the furthest thing from their capitals,” says Bennett, who adds that as a result of the BHC’s creation and other developments, things are changing. “Now [the border] is being looked at as a gateway into the neighboring country.”

A Binational Approach

The fact that the border is a gateway rather than a barrier adds complexity to health issues there—diseases don’t recognize borders. “We had last year along the U.S.-Mexico border in excess of 400 million northbound and legal crossings. And a like number go back down south. We have to remember, it’s a two-way street. That’s very important,” explains Dr. Laurance Nickey, a BHC commission member from Texas. “It’s an enormous interplay of people. And in a situation like that, you don’t keep measles on one side and chicken pox on the other.”

Nickey points out that without direct binational action the problems are not going to get better. The current border population of nearly 12 million is expected to double in the next 22-25 years. “These health issues are absolutely exploding. We cannot wait and deal with problems in two-to-four year increments. We’ve got to be thinking 20-25 years out. Both countries certainly

understand that,” he says. “It’s a very complex issue that needs people of good faith, people who have great interest along our shared space to come to agreement on ways to help both populations.”

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Mr. Fernando Sepulveda, executive director of the BHC’s Mexican section agrees. He says the 2000 census shows the U.S.-Mexico border region as one of the fastest growing regions in both countries, generating unique and serious problems for area residents. “There are many magnets that bring newcomers to the area—migrant work, the maquiladoras. If you consider the population increase and the lack of adequate medical services in border communities, we have a very bad combination,” Sepulveda explains. “From Mexico’s point of view, we are placing [border health] as an issue of the highest importance. You cannot do something on one side only. If you don’t have the cooperation and collaboration of the other side, you are just dealing with part of the problem.”

Observers say that an emphasis on a binational approach in addressing borderlands health issues has been evident in the BHC’s first actions as a new player in the border region. One of the commission’s first steps, for example, was to investigate the health needs of border communities, coupling a formal needs-assessment process with public forums involving key players on both the north and south sides of the line.

On the U.S. side, commission members used a framework for assessing community health

WEB SOURCES:

PAHO El Paso Field Office
www.fep.paho.org

USMBHA
www.usmbha.org

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issues and setting target goals for improvement that has been in place for more than 20 years—the Healthy People Program administered by the U.S. Surgeon General’s office. Using that health needs evaluation process, the U.S. commissioners came up with 25 prioritized goals for a border health agenda, termed the “Healthy Gente” program. They then met and compared notes with their Mexican counterparts, who had recently completed a similar assessment through the Mexican National Health Indicators Program. Commission members from both countries found common ground in 11 topic areas, and in March those priorities were integrated into the BHC’s agenda for promoting health and preventing disease on both sides of the border.

The agenda, titled “Healthy Border/Frontera Saludable 2010,” is a harmonizing of both country’s goals and areas of focus for improving individual and community health along the border, including reducing rates of diabetes, TB, cancer, HIV/AIDS, respiratory disease, and infant mortality. Other goals include enhancing border residents’ access to health and dental care, increasing immunization levels, preventing injuries, strengthening mental health initiatives, improving environmental health by broadening access to sewage disposal, and providing treatment for acute pesticide poisoning. After establishing the agenda, BHC members from both sides of the border then agreed on four areas of immediate focus during the next 10 years: TB, immunizations, HIV/AIDS, and substance abuse.

Community-Based Solutions

According to its stated health objectives, the commission’s work will take into account differences between the two countries’ health care systems as well as the unique characteristics of individual border communities. Specific strategies for meeting those goals will be both country- and community-specific. This focus on facilitating community-based solutions to health problems, say observers, will be crucial to the BHC’s success.

As a first step towards at promoting trickle-up solutions, the commission facilitated a series of public forums in California and New Mexico on the issue. Participants included BHC members, government officials, and community organizations working to address health issues along the border. Those attending the forums discussed border community health problems and the strategies being used to address by groups working on the front lines.

“There is a real advantage in working with the very active binational community groups. Many have existed for years, and it’s incredible the work they do. Many are volunteers, many are activists, and they really want to address health issues that people are suffering from on the border,” says California BHC outreach officer Sonia Contreras. “So I think we’re definitely putting resources and attention toward their needs, so we can strengthen their efforts. They are the pioneers of a lot of the binational work, and we have a lot to learn from them.”

To that end, the BHC is designing its Best Practices Program, which will identify criteria the commission can use to determine what community-created models have been most successful in preventing illness and promoting health along the border. Once those criteria have been established, community health organizations will be able to submit proposals to the commission and, if they meet established requirements, receive help in teaching other communities how to replicate their efforts. The BHC will also publicize such successful programs through educational materials and media outreach efforts to encourage their implementation in other appropriate border settings.

“We want to identify model projects and programs, then disseminate them along the border. There are some wonderful things already being done in the border states. In Yuma there’s Nuestros Niños, which goes house-to house to identify whether children have been vaccinated and whether they have or qualify for health coverage. There’s a program in the state of Nuevo León where they’ve reduced neural tube birth defects by providing folic acid to women of child-bearing age. In three years they’ve cut the incidence of those birth defects in half. These are model programs,” explains Bennett. “But you ask the state next door in Mexico, or the state across the border, and they’re not aware of the programs. And you ask the people in Mexico City, and they’re not aware of the program, and in Washington, even less so. So we want to say, ‘Look, here’s a successful project that’s happening in Monterrey, or in Yuma. These are people we can learn from.’”

That approach is not lost on Dr. Fernando Gonzales of the binational TB program Project Juntos, who says that he’s been impressed by the level of interest and solidarity shown by BHC members. According to Gonzales, the new, high-level entity is welcome on the border. “I’ve already gotten a lot of support from the commissioners. They’ve visited us and talked with us about our projects and our strategies. I think it’s a way for us

WEB SOURCES:

"Community Health in the Borderlands"

borderlines vol. 6 no. 4
www.us-mex.org/borderlines/bkissues.html

SSA

www.ssa.gob.mx

to have the ears of not only the local and regional [commission members], but the federal authorities in the U.S. and Mexico as well,” Gonzales says. “I feel their presence along the border creating opportunities. I really feel they’re paying attention.”

Other binational and international health organizations, such as the Pan American Health Organization (PAHO) and the U.S.-Mexico Border Health Association (USMBHA), have also been working closely with border communities to address the multitude of serious health issues on the border. Some observers have wondered if the BHC will be that much different than existing organizations—and if its efforts will be any more successful.

Dan Reyna, is in a good position to address those questions, since he stands on both sides of that fence. He is a member of the nonprofit USMBHA and, as director of New Mexico’s Border Health Office, was a member of the U.S. BHC design team that prepared the commission’s comprehensive assessment on border health needs.

“The commission’s goal of creating a venue for binational discussion is key, because we have not had an effective venue to date. The [USMBHA] has the limitations of being private, and nonprofit. PAHO is an international health organization with a field office in El Paso, but it’s not accountable to any one community, or state, or any one government,” Reyna says. “Those organizations have been helpful and supportive of many efforts throughout the years, but there’s nothing that reaches the level of the BHC, which has federal legislation behind it and presidential appointments. I think that lends a level of accountability and involvement that a private nonprofit operating on the border can’t come close to.”

Federal involvement in the BHC is critical, Reyna says. “No other group to date has had that leverage. Commissioners will be reporting to their [respective] presidents. They will have the ability to bring people to the table. With the strength of the BHC, they can call the Centers for Disease Control, or the secretary of health, and they’ll be listened to,” he notes. “There’s no other organization that can manage that type of leverage.”

Although the federal component of the BHC is critical for impacting policies and implementing strategies, the participation of border residents on the commission is potentially another big advantage for the organization. In addition to being familiar with the specific health issues unique to their own border communities, governor-appointed,

commission members from border areas will be in a position to act as representatives of and advocates for their communities, a dynamic that could bring a sense of responsibility and accountability to the commission’s work.

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“I grew up in Tijuana. I’m from the border. People there are very hardworking, and they deserve a lot of attention, something they haven’t gotten in the past,” says the BHC’s Contreras. “We are a new element...that hasn’t been available in the past. Before, locals had to work hard to get to the federal level. Now this commission will be able to link them directly. Now, finally, there is a lot of opportunity to address their needs. For me, that is a big responsibility.”

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Guidelines For International Calls

To call Mexico from the U.S., dial: 011-52 (city code) + the number

To call the U.S. from Mexico, dial: 001 (area code) + the number

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Supports community-based organizations and public health agencies along the California–Baja California border, in order to respond to public health challenges and improve access to quality health services for border communities. Focus is to increase the capacity of community-based organizations to respond to the public health challenge of the border and to promote public awareness regarding border health, especially regarding TB, HIV/AIDS, substance abuse, and diabetes.

California/Baja California Binational Health Council

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Web: <http://www.borderhealth.com/>

With over 1,000 members, the council consists of people actively engaged in or interested in binational health activities. Works with other organizations to cultivate public/private partnerships to support initiatives that improve public health on the border.

Federación Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario, A.C.

Plutarco E. Calles 74 Nte.
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Ciudad Juárez, Chih., Mexico
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Nonprofit dedicated to improving the quality of life for Mexico's underprivileged population via diverse community programs targeted at AIDS and drug abuse prevention; education; microenterprise development; primary health care, family planning, and sex education; research; water sanitation; and more.

NMSU Border Epidemiology and Environmental Health Center

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Pan American Health Organization (PAHO)

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The overall goal of the El Paso field office is to improve health in the border area. It pursues this goal through better communications, coordination of binational activities, guidance on technical issues, networking with border institutions and agencies, and mobilizing resources to address specific public health issues and problems, and building capacity and institutional development for border health. Also serves as the secretariat of the U.S.-Mexico Border Health Association. Website provides access to a number of valuable publications as well as a searchable directory of border health organizations and professionals.

Project Hope-U.S./Mexico Border

1002 Chihuahua Street
Laredo, TX 78040, USA
Contact: Alberto Colorado
Tel: (540) 837-2100
Fax: (956) 729-1030
Email: colofer40@hotmail.com
Web: <http://www.projhope.org/namerica/northamerica.htm>

Addresses urgent health issues through educational programs and partnerships with local organizations. The office in Laredo offers precautionary TB programs and HIV/AIDS testing and prevention programs, addresses alcohol and substance abuse issues, and plans to deal with social problems, including domestic violence and family planning.

Salud Ambiental, Latinas Tomando Acción (SALTA)

1717 Kettner Blvd., Suite 100
San Diego, CA 92101, USA
Contact: María Moya
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Provides a structured training program for *promotoras de salud*.

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State of Texas Office of Border Health

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Web: <http://www.tdh.state.tx.us/border/bhus.htm>

U.S.-Mexico Border Health Association

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Web: <http://www.usmbha.org/>

Promotes public and individual health along the border through reciprocal technical cooperation, information dissemination, and the creation of networks.

Websites**Border Center for the Application of Drug Treatment Technologies**

<http://www.bordercapt.org/>

Border Health Commission

<http://www.borderhealth.gov/>

Out-of-date website will soon be updated. Does offer some useful information regarding the early development of the commission.

Border Health Resources

<http://www.ahsl.arizona.edu/guides/topics/borderhealth.cfm>
Links to online sources of information related to border health.

Border Health Education Network (BIEN)

<http://www.nmsu.edu/bien/>

Health education network that works to provide health information free of charge to residents of southern New Mexico.

Border Vision Fronteriza

<http://www.rho.arizona.edu/border.html>

Develops community-based health outreach models that can be replicated elsewhere on the border. Has established model demonstration projects in all four U.S. border states.

Border XXI Environmental Health Workgroup

<http://www.epa.gov/orsearth/>

Environmental health program of the binational U.S.-Mexico Border XXI Program (currently in remission).

Salud Publica de México

<http://www.insp.mx/nj/index.html>

Leading Mexican journal on health issues; published by Mexico's Instituto Nacional de Salud Publica. Search for "frontera" to find relevant articles.

Secretaria de Salud de México

<http://www.ssa.gob.mx/>

Mexico's Health Ministry. Visually pleasing site but difficult to locate useful information.

Texas Border Health Website

<http://www.tachc.org/borderhealth.htm>

border briefs

Border Governors' Confab

Immigration, migrant safety, and energy policy were topics that dominated a meeting last June of U.S. and Mexican border state governors. Though the meeting was short on concrete solutions and strategies, governors did compare notes on controversial topics, such as the creation of a new, temporary guest worker program to reduce migration and opening Mexico's utility industry to greater foreign investment.

Arizona Gov. Jane Dee Hull advocated a guest worker program as a means of eliminating tragedies like the deaths of 14 border-crossers in the harsh deserts near Yuma this May. Governor Tomas Yarrington, Tamaulipas, also voiced his concern over the safety of Mexican migrants in the U.S. and said that easing immigration restrictions along the border would be a critical first step toward reducing illegal crossings that all too often result in tragedy.

On the energy issue, Gov. Canales of Nuevo Leon said he supports amending the Mexican constitution to allow increased foreign investment in that country's strained utility industry. Most of the Mexican governors at the conference, in fact, voiced support for greater foreign involvement in the generation and distribution of energy in their country. Gov. Canales said that the 400 new natural gas wells being drilled in northern Mexico this year won't begin to meet the country's growing energy needs and that foreign capital is key. Gov. Alejandro Gonzales Alcocer, Baja California, also voiced support for foreign energy investment in his state, and pointed to a current proposal to build two huge liquid natural gas terminals costing hundreds of millions of dollars each in Baja.

Foot in Mouth Strikes in Mexico

The U.S. economic slump is having a ripple effect on Mexico, the U.S.'s second-largest trade partner. Mexican Treasury Secretary Francisco Gil Diaz recently cut the country's projected annual growth figures from 4.5% to 2.5 to 3%—significantly lower than the sustained 7% growth President Fox promised last year on the campaign trail.

Gil Diaz also announced \$365 million in immediate cuts in the national budget, most of which will scale back highway construction, agricultural spending, and development of Mexico's fishing industry.

The treasury secretary pointed out the downturn is not serious, and reflects an overall slowdown of the global economy. Fox recently referred to the Mexican economy as being in a recession for the first time, but is stressing that the situation is temporary. However, the government recently announced that unemployment is at the highest level in two years and also reported that 96,000 jobs had been lost in the first four months of 2001 due to a drop in U.S. demand for Mexican goods. Earlier this year Fox promised the economy would generate 1.3 million new jobs in 2001.

Survey of Borderlands Residents

A recent survey of residents on both sides of border found that borderlands citizens in the U.S. and Mexico support freer movement of workers, open economies, expanded investment in the border region, and better environmental protections.

The survey, which was conducted by the California-based Tomás Rivera Center (www.trpi.org) and the University of Tamaulipas, found that a majority of U.S. and Mexican residents agree that immigration restrictions should be eased to allow a more relaxed flow of workers between the two countries. Sixty-two percent of Mexicans and 66% of U.S. border residents supported the right of migrants to cross freely to work on either side of the line and a majority of respondents in both countries indicated that NAFTA should be amended to permit freer labor flows. Seventy-five percent of Mexican residents surveyed were in favor of improving access to social services for crossborder workers in their country of employment, while 47% of U.S. residents supported the idea.

Forty-four percent of those polled in Mexican border cities thought their community had improved since the passage of the NAFTA free trade agreement, while 43% saw little if any improvement. On the U.S. side, 34% of respondents said their quality of life had improved under NAFTA, while 45% said it had stayed the same.

Both U.S. and Mexican border residents indicated deep concern with environmental degradation in the region: however, while 69% of those surveyed in Mexico said that businesses operating in the region need to pay to put environmental protections into place, just 4% on the U.S. side indicated the same.

Mexican Trucks Hit Speedbump—Again

Bush administration plans to smooth the road for Mexican trucks' access to U.S. highways hit a major pot-hole on June 26 when the U.S. house OK'd a measure that would block federal transportation officials from processing Mexican freight haulers' applications for permits to drive north of the line. The move also cut the amount of money proposed for hiring new truck inspectors and inspection facilities on the border with Mexico from \$88.2 million to \$31.8 million.

The measure, which passed 218-143 (82 Republicans voted in its favor) now goes to the Senate. Any differences between the House and Senate versions of the bill would be ironed out in joint committee, where Bush officials have indicated they will work to reverse the ban.

Before the recent congressional setback, the Bush administration had planned to allow Mexican trucks access to U.S. highways beginning in January 2002—providing they certify that their vehicles were in compliance with U.S. safety standards. Mexican trucking companies were to be given 18-month provisional permits allowing them onto U.S. highways. During that time, the companies were to undergo safety audits and spot inspections of their trucks.

A month before the House vote, the U.S. Department of Transportation published a series of proposed rules governing how Mexican trucks would need to register to be able to pass through the border region into the U.S. interior. As of July 4 the DOT had received 469 proposals from various companies and organizations regarding the draft rules and standards. Only one of the proposals was from Mexico.

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Workers at Duro Maquila To File Claim Under NAFTA Labor Agreement

by **Greg Bloom**

Workers at the Duro Bag Manufacturing Co. in Río Bravo, Tamaulipas, have decided to file a complaint under the NAFTA-created North American Agreement on Labor Cooperation (NAALC) charging Mexico with failure to enforce its domestic labor laws. The Duro claim will be based on the fact that secret balloting was denied in a union election at the plant this past March, according to Martha Ojeda, executive director of the San Antonio, Texas-based Coalition for Justice in the Maquiladoras, which has supported the efforts of workers at the Río Bravo plant to create a new union there.

The decision implies risks for the workers, says Ojeda. In other such complaints to the NAALC's U.S. National Administrative Office (NAO) over Mexico's failure to guarantee labor rights, police, company, and PRI-affiliated union agents have responded by harassing plaintiffs in efforts to intimidate them from testifying at hearings. "Taking the risk of filing a complaint with the NAO is like going to the firing squad," Ojeda explains.

What's more, NAO rulings include no requirement for remedies. They are mainly useful as political tools. "The workers decided that although they will not benefit concretely [from the complaint], it is worth making the sacrifice [of filing it] for their companions in future struggles," Ojeda says.

Out of 13 complaints filed with the U.S. NAO regarding Mexico, five have resulted in consultations between the labor secretaries of Mexico and the United States. Consultations can result in agreements on actions to be taken in order to address the problems raised by the submission—the maximum outcome of NAO submissions. According to NAALC guidelines, problems in domestic labor law enforcement are to be resolved via "exchanges of information, technical assistance, and consultations," and many labor rights activists argue that as a result NAALC ministerial agreements fall short of the mark.

The decision to file the Duro complaint comes as a result of frustrated efforts by workers to contest last March's plant election. At a labor board hearing in April, Duro workers demanded new balloting on grounds of election fraud, presenting

newspaper clippings, videos, and testimony to support their claim. But four months after the disputed election, the federal labor board has yet to rule on their request. Meanwhile, organizers and management remain at odds about the need for an independent collective bargaining unit and about the circumstances of the March election.

Workplace Conditions at Issue

Responding to charges of low pay and poor working conditions at Duro, Bill Forstrom, the company's vice president of manufacturing for some 13 years, says the wages and safety provisions at the plant, which produces paper products, speak for themselves. Duro wages are higher than the area's average, about \$6.85 a day, even though the Río Bravo plant does not require a high school diploma or highly skilled workers, Forstrom says. He adds that employees also receive a 60-cent food coupon and an attendance bonus, raising the daily pay total to \$8.14. In addition, almost all workers at the plant (except the newest arrivals) receive daily production bonuses of about \$3.25, increasing their weekly take-home pay by nearly 50%.

In terms of safety, Forstrom says that Duro provides all workers with appropriate safety gear, such as steel-toed boots, that the Duro plant registers less accidents than the company's U.S. facilities, and that it has a better-than-average safety record when compared to other U.S. paper-products plants. "Río Bravo is not a sweatshop," Forstrom asserts.

But Victoria Pacheco, who worked on the Duro assembly line for 10 years, sees things differently. She says low wages and poor working conditions convinced her to join others in the plant who thought they should form an independent union.

Pacheco began making paper bags at the Duro maquiladora at the age of 17 and, with the exception of a few months, stayed on until a year ago. To earn extra money, she worked overtime and on weekends. Yet her take-home pay was never more than \$80 per week, she says.

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WEB SOURCES:

Mexican Labor News and Analysis

www.igc.apc.org/unitedelect/alert.html

NAALC

www.naalc.org

"The Struggle at Duro"

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www.us-mex.org/borderlines/2001/bl175

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"They walked all over us. I didn't know my rights," Pacheco states. She recalls that once she had to work with a 104-degree fever, and that her supervisor would not allow her to leave because two other workers had already gone home sick that day.

Pacheco says that employees were not given work boots, that she saw fellow employees lose fingers in machines, and that there was often a strong odor in the plant from glues and solvents. She claims that even basic safety devices, such as masks, were not provided.

She also complains about the lack of air conditioning in the plant, because temperatures there can reach more than 100 degrees on some days. She remembers how 12 women on an assembly line had one inadequate fan that did not provide ventilation to those at the back of the line. She says the women rotated positions, so they could take turns cooling off as they worked. Even the little things were inadequate at the plant, according to Pacheco. "Our bathrooms were often flooded and dirty. The cafeteria was extremely bad."

spent much of last year and the first months of 2001 seeking an election that would allow Duro workers to vote for the union of their choice. Eventually, they obtained government permission for a vote.

But in the weeks prior to the balloting, the situation became rife with the threat of violence, according to Pacheco. About 10 days before the vote, she and other volunteers went out in a van with a loud speaker, calling on people to back the independent union. They soon noticed that they were being followed by unknown men in a car. The men wanted them to turn off the speaker, but they refused to do so. A chase ensued, during which the car crashed into their van, Pacheco relates.

Afraid to go back to their homes, because they did not want the men to know where their families lived, the union supporters drove around the city for four hours until the pursuit stopped, she says. Their fear for their families was justified, since the home of one of the former workers involved in organizing the independent union had burned down under mysterious circumstances a few months earlier, Pacheco says.

Later in the week, a woman from the group was chased to her house, and after that, no member of the group wanted to take a bus back to his or her neighborhood, according to Pacheco. So for 10 days, the union supporters lived in a hotel and had no contact with their families.

She says that perhaps one of the hardest things she had to witness was when a group of men drove up to the plant and began unloading weapons from the trunk of a red car. This action occurred in clear view of workers and activists. According to Pacheco, it was just another way of intimidating the supporters of the independent union.

Forstrom disputes that weapons were brought into the plant. He also says that Duro hired eight extra security guards at the time of the election; they were unarmed, and they were located outside the plant. Duro was prepared to work with whatever union was victorious in the election and viewed the tearing down of election posters and other problems as the work of competing unions, according to Forstrom.

Election Day Bedlam

Voting was scheduled to begin at the plant at 9:30 a.m. on Friday, March 2. Forstrom says he brought in food and blankets, so the second-shift employees, who arrived to work at 3 p.m. on Thursday, could spend the night and vote without

"Taking the risk of filing a complaint with the NAO is like going to the firing squad."

Strike and Strife

To Pacheco and her coworkers, it was obvious that the local, PRI-affiliated union would never get them the conditions and wages that they so badly wanted. So in early June 2000, they went on strike in support of a new, independent union. Several days later, on June 12, Pacheco and other workers were fired.

Forstrom remembers the strike and notes that it was illegal, because three days' advance notice was not given to plant managers. He estimates that about 80 people took part in the strike and knows that some of them later went back to work. But about 60 or 70 workers did not return after three days and, as per Mexican law, the company sent out letters to inform them that their absence was understood as "a quit."

After losing their jobs, Pacheco and others formed an independent union support group that

having to go through a crowd of journalists, independent union supporters, international observers, and others gathered outside. But “they did not want to stay all night,” he says. Instead, they went home after their shift and began returning in the morning.

However, Pacheco and six other members of the independent union support group, along with three of their lawyers, entered the Duro plant at 5 a.m. to begin observation of the voting. They found workers who had been in the plant 14 hours, many of them without eating and most of them without sleeping. According to Pacheco, some were on the verge of fainting. Workers’ relatives, worried over their family members’ whereabouts, arrived at the plant looking for them.

When workers finally lined up to vote, there was an organizer from the competing, PRI-affiliated Peasants and Laborers Revolutionary Confederation (CROC) standing alongside every third voter, Pacheco estimates. She believes this intimidated the voters.

Instead of secret balloting, the procedure was one in which each voter publicly signed his or her name for the union of choice. Under Mexican law, secret balloting takes place only if all unions agree to it. The independent union asked the labor board for a secret ballot, but CROC wanted votes to be cast publicly. After the votes were counted, the CROC union had 497 votes and the independent union had just four.

Pacheco says some workers told her they did not even know for whom they were voting. They simply voted with slips of paper that had been given to them by the CROC organizers. According to her, the papers did not mention CROC but read something like “Paper and Cardboard Union.” Other workers told her that they just wanted to vote and go home, because at that point, they were so tired and hungry that they didn’t care who won the election.

Forstrom, however, says that a corporate campaign waged by the independent union supporters almost caused Duro’s largest buyer to cancel its contract. Had this happened, he claims, Duro would have had to close its plant and move elsewhere. He says that Duro workers may have turned against the independent union because they wanted to keep their jobs.

Forstrom says that a worker told him she was glad the voting was done publicly and that individual votes were recorded with people’s names, because otherwise, she feared that the ballot box could have been switched for another one with false ballots. Both secret and open balloting can be

criticized by the loser in an election, he notes. Although some workers argue that open balloting makes intimidation easy, “[other] workers wouldn’t trust a secret ballot,” he says.

What Lies Ahead

Last year was the maquiladora’s worst ever in terms of productivity and profitability, according to Forstrom. Now production is high again, Duro’s owners are satisfied with the situation, and relations are back to normal with Duro’s customers, he added. He also claims that workers have stopped worrying about the union situation. “They’re back into their soccer teams and sports now,” he says.

But Pacheco says she believes that new elections must be granted, both because her union was deprived of legal representation when its lawyers were taken out of sight, and because of the presence of weapons at the factory, among other things.

As for her own future in the aftermath of the Duro conflict, Pacheco believes that she has been blacklisted in the Río Bravo maquiladoras. When she recently went job hunting with her brother-in-law, he was ushered into a plant to be processed for hiring, but she was not allowed to enter, she says.

In a locale where most employment is in the maquiladoras, Pacheco’s efforts to secure a better quality of life for her children and herself may have backfired. She spoke with the author on condition of anonymity, using a pseudonym, because she fears reprisals by union and company representatives.

Greg Bloom is the editor of Frontera NorteSur, an online border news service (available at <http://www.nmsu.edu/~frontera/>) that is the primary outreach program of the Center for Latin American and Border Studies at New Mexico State University.

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Miscellany & FYI

Periodistas de Investigacion will be holding its third "Encuentro on the Border" November 15-18, 2001, in Cd. Juárez. For more information, visit investigacion.org.mx, email pdi@dsi.com.mx, or call (52) 55-54-02-50.

The annual meeting of the Coalition for Justice in the Maquiladoras (CJM) will be held August 23-26, 2001 in Monterrey, N.L., Mexico at the Howard Johnson-Macroplaza (address: Morelos 574 Zona Centro). For more information, email cjm@igc.org, call (210) 732-8957, or fax (210) 240-1084.

The Border Energy Forum will be held in Tucson, AZ on October 25-26, 2001. See www.glo.state.tx.us/border for more information.

The Building Native Nations II Conference: "Environment, Natural Resources, and Governance" will be held December 11-13, 2001 in Tucson, AZ. See www.udallcenter.arizona.edu for more information.

The CEC's Joint Public Advisory Committee (JPAC) has issued a report on lessons learned via the Articles 14 and 15 submissions process of the NAFTA environmental side agreement. To request a copy, visit www.cec.org, email jmorin@ccemtl.org, or call (514) 350-4366.

The Dallas branch of the Federal Reserve Bank has just published a new report on the border economy. Visit www.dallasfed.org and scroll down to the "What's New" heading.

The Good Neighbor Environmental Board will meet in San Diego, CA on July 25-26, 2001 and in Laredo, TX on October 10-11, 2001. See www.epa.gov/ocem/gneb-page.htm for more information.

The Migration Policy Institute (MPI), a new Washington-based think-tank, is seeking employment candidates for 4 positions. The MPI expects those hired to join them in the Fall of 2001. For more information, contact the institute by phone at (202) 939-2278, or fax (202) 332-0945.

The SCERP 2001 Annual Technical Conference, entitled "Sustainable Development in the U.S.-Mexico Border Region," will be held in Mexicali, B.C., Mexico on October 16-19, 2001. See www.scerp.org for more information.

The U.S. Environmental Protection Agency's (EPA's) U.S. Mexico Border Information Center on Air Pollution recently made available several publications resulting from two major emission studies. For more information call (800) 304-1115.

The University of Arizona's Mexican American Studies & Research Center and Hispanic Center of Excellence will be holding the Fourth Annual Border Academy on July 19-22, 2001. The academy's topic is "border health." For more information visit www.hispanichealth.arizona.edu/BordAcad.html.

The Verizon Foundation is providing grants for nonprofits that currently do not have Internet access. The program targets those with annual budgets under \$500,000, but any 501 (c) (3) is eligible. Call 1-800-360-7955 or visit foundation.verizon.com/06003c.html.

The World Resources Institute (WRI) has just made a new online environmental information portal, EarthTrends, available. It provides data, maps, articles, and country profiles. Visit earthtrends.wri.org.

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