



## Border Health amid the Pandemic

On Friday, September 25, 2020, California Assemblymember Jose Medina, chairman of the Border Legislative Conference (BLC), hosted a binational virtual legislative exchange to discuss border health amid the pandemic. Legislators and legislative staff from Arizona, Baja California, California, Chihuahua, Coahuila, New Mexico, Nuevo Leon, Sonora, and Texas participated.

The panelists included:

- Dr. Roberto Bernal Gomez, Secretary of Health from the State of Coahuila
- Robert Guerrero, Chief of the Office of Border Health within the Arizona Department of Health Services.
- David Gruber, Associate Commissioner for the Regional and Local Health Operations at the Texas Department of State Health Services.

A few key takeaways from the session include:

- **Coahuila**, the biggest state in Mexico in land size, reported over 26,000 cases of COVID-19 on the day of the session. The state was divided into five regions to operate and deliver services while using a heat map to categorize COVID-19 severity. The state responded quickly by training contact tracers, mandating masks, converting university buildings into call centers, and sport centers into patient-care facilities. Additionally, collaboration and information sharing were conducted every fifteen days with other country representatives, including South Korea, France, Spain, and Italy.
- In **Arizona**, the office of border health has centered its efforts around communication between with its neighbor state of Sonora. The state of Arizona shares information with Sonora through the [Medical Electronic Disease Surveillance Intelligence System \(MEDSIS\)](#), weekly border health Zoom meetings between state and county officials, and the exchange of daily situational awareness reports. Officials on both sides of the border treat Nogales, Arizona and San Luis Rio Colorado, Sonora as one community and have strategized to develop solutions based on this premise.
- In **Texas**, a rise in COVID-19 cases along the border region is largely due to multiple factors; the area stretching between Brownsville and El Paso include higher levels of underlying diseases such as obesity and diabetes, a significant population of uninsured people, and COVID-19 infected individuals waiting until it is too late to seek treatment. In some locations the surge in hospital visits led to ambulances waiting up to five hours before discharging patients into the hospitals



which, in turn, resulted in communities not having access to medical transport. To address these challenges, the state and federal government allocated additional resources to the border region.

- **New Mexico** has experienced challenges of COVID-19 outbreaks in U.S. Immigration and Customs Enforcement detention facilities.
- A growing concern in **Baja California** is the negative impact of medical tourism. Medical tourism refers to traveling abroad to receive medical care. Cross-border medical appointments are common but result in longer wait times at the ports of entry which poses a threat to those seeking medical treatment.
- Along the U.S. and Mexico border region, the reduction in border crossings of non-essential travelers has decreased cross-border infections. Despite this, travelers are finding ways to cross the border, which increases the risk of transborder infections. Last, the sharing of real time information along the U.S. Mexico border region is vital to support a collaborative effort; halting the spread of false information will support the safety and well-being of the all border communities.

Did you miss the binational discussion on border health amid the pandemic? An on-demand video of the session will be available on the CSG West website. Interested in additional sessions? Be sure to visit the *Legislative Exchange Series* page for upcoming virtual gatherings.

A bi-lingual copy of this recap is available on the [Legislative Exchange](#) page of the CSG West website.