

Letter to the Secretary: June 9-11, 2002, Bisbee, Arizona

July 27, 2002

The Honorable Tommy G. Thompson
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Hubert H. Humphrey Building
Washington, DC 20201

Dear Secretary Thompson,

The National Advisory Committee on Rural Health met in Arizona June 9-11, 2002 and I wanted to share with you some of the findings from that meeting. The Committee continued work on its annual report, which will focus on rural health quality, as well as a short white paper on health workforce issues as they relate to allied health care professionals in rural communities. In addition to those activities, however, the Committee spent its time learning about rural health issues on the U.S.- Mexico border, which included a site visit to the community of Bisbee, AZ.

Your Department has had a longstanding investment in helping to improve the health care conditions along the border and that investment is very much in evidence. DHHS' participation in the US-Mexico Border Health Commission has been critical in early efforts to address border health issues. As you know from your visit to the border in October of 2001, however, many challenges remain.

In the course of its meeting, the Committee heard testimony from several border health experts. We also visited the Copper Queen Hospital in Bisbee, AZ and met with several other health care providers in this border town. The Committee found that the local health care delivery systems in the small towns that line the border are facing critical pressure due to the migration of illegal immigrants through their communities. The rate of injury for illegal immigrants continues to grow with heat-related illnesses, car accidents and newly enacted physical barriers along the border.

During the two days we were in Arizona, 17 illegal immigrants died from heat-related deaths in the desert. Health care providers, particularly emergency medical service providers and small rural hospitals, are the only source of care for injured illegal immigrants. Providing care to this

undocumented population drains resources from an already strained rural health care delivery system. This is reaching a crisis point for the Tohono O'odham Nation, which responds to many of the EMS calls. Another ongoing concern is the public health threat from illnesses brought into the country such as infectious and communicable diseases such as tuberculosis.

The health care problems along the border are made more difficult by the reluctance of the Immigration and Naturalization Service (INS) to assume care for injured illegal immigrants. While the Committee recognizes the complex nature of issues along the border and the need to balance national security and public safety, the Committee urges the Secretary to work with INS and other agencies to improve their coordination as it relates to providing emergency medical services.

Another issue that was raised during the visit is the rising cost of malpractice insurance, particularly for obstetrics care and general surgery. The Committee is aware that this is a pervasive national issue. However, because of the nature of providing care in these communities, the malpractice rates are proving particularly difficult for local health care providers. The Committee knows that you are already working to address this issue and we urge you to continue to examine ways to ensure that rising malpractice rates do not result in reduced access to care in America's most vulnerable communities.

The Committee will continue work on its ongoing projects for the year at its next meeting in Pray, Montana Sept. 8-10th. Thank you again for your support of rural health. We look forward to perhaps meeting with you during our March 2-4th , 2003 meeting in Washington, D.C.

Sincerely,

The Honorable David M. Beasley