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BORDER HEALTH SUMMIT: A SYNOPSIS

Scowcroft Institute *of* International Affairs
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Public Health Preparedness

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BORDER HEALTH SUMMIT: A SYNOPSIS

Scowcroft Institute of International Affairs • 2024

Executive Summary 4

Introduction 6

Background 8

Current Health Initiatives in the RGV 11

The Need for Research and Community Engagement 13

Communication Barriers 16

Conclusion 18

Recommendations 19

- Short-Term (Actionable) Recommendations 19
- Longer-Term (Strategic) Recommendations 20

References 21

About the Authors 25

The Scowcroft Vision 29

In Memoriam 30

Scan the QR code for the complete list of Border Health Conference Recordings, or visit ***tx.ag/BorderHealth2023***!

EXECUTIVE **SUMMARY**

In November 2023, the Scowcroft Summit on Border Health, held at Texas A&M University, brought together 40 experts from academia, government, and community organizations to discuss key health issues facing the Rio Grande Valley (RGV) on the U.S.-Mexico border and outline potential solutions.

This document summarizes the conclusions of participants at the Summit, provides additional research on the topics discussed, and presents recommendations for researchers, policymakers, and other local leaders to address the pressing issues. This section provides an overview of those findings and recommendations.

FINDING 1: Research efforts in the RGV have historically focused on short-term initiatives and unrealistic outcomes related to the prevalence of infectious diseases, leading to a breakdown in trust between researchers and RGV communities.

Recommendation:

- **Partner academic institutions with health departments, healthcare facilities, and non-governmental organizations to facilitate ongoing collaboration and support sustainable research on early detection of infectious diseases.** Universities should reward faculty engaged in sustainable border health research, crediting their efforts toward academic advancement.

Demonstrating a long-term commitment that improves public health will foster trust between universities and RGV communities.

FINDING 2: Local community health educators and advocates are underutilized in promoting public health in the RGV.

Recommendations:

- **Community Health Workers (CHWs) should contribute to efforts that address disease prevention, surveillance, detection, and response.** Promoting CHW participation in research can contribute to increased data collection on disease prevalence and access to medical care.

- **Urge RGV communities to participate in initiatives that focus on improving border health.** Various exercises, workshops, and agencies are dedicated to improving border health. Input from RGV stakeholders at these meetings is essential when formulating effective local health solutions. RGV community members should be encouraged to participate in these activities as well, as they provide training and education on health topics, empowering them to shape their health journeys and positively influence those around them.

FINDING 3: Effective communication and health data sharing are critical challenges in the RGV, compounded by the escalating threat of infectious diseases that could potentially jeopardize national security.

Recommendations:

- **Develop an integrated health data system that establishes standardized protocols for reporting health data statewide.** Open lines of communication should be established between governmental agencies, local health providers, and community organizations. Policies focused on the reporting of disease should be developed, and existing disease laws should be enforced.

- **Improve infectious disease surveillance at the U.S.-Mexico Border.** Strengthening outbreak detection efforts through expanded human and veterinary diagnostic laboratories will increase disease surveillance and national security. Existing resources should also be optimized to conduct diagnostic testing during outbreaks.

FINDING 4: Residents of the RGV, who are predominately Hispanic, are underrepresented in clinical trials.

Recommendation:

- **Improve demographic representation in clinical trials.** Clinical trials must be representative of the demographic population in the RGV in order to effectively serve residents. Appropriate Hispanic participation should be required in clinical trials for pharmaceutical and medical device companies.

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INTRODUCTION

This paper is a synopsis of the Scowcroft Summit on Border Health, where key recommendations are derived from information provided and discussed at the event. The Scowcroft Summit on Border Health was jointly hosted by the Scowcroft Institute for International Affairs at the Texas A&M Bush School of Government & Public Service and the USA Center for Rural Public Health Preparedness at the Texas A&M School of Public Health. The conference brought together approximately 40 experts from all levels of government, academia, and healthcare to discuss how to strengthen the border region's resilience against current and future health threats.

In this synopsis, we define "sustainable research" as research that has a positive, continuing impact on the community and keeps community members appraised of research findings over time. We discuss how governments and universities can conduct sustainable, impactful research that yields clear benefits to Rio Grande Valley (RGV) communities. We also outline the inadequacies of current border health practices as they relate to the border region. In addition, weaknesses and gaps in international collaboration between the U.S. and Mexico regarding infectious and communicable diseases are examined. Implementing our proposed recommendations would help lay the groundwork for healthier border communities and improve the region's ability to combat future public health crises, while simultaneously improving health security in the United States.

The Rio Grande River has marked the boundary between Mexico and the U.S. since 1848.[1] Woven into these two countries' shared history of interdependence are themes of inconsistent communication and vulnerability that have led to a lack of access to healthcare, fragmented infrastructure, and a reactive approach to infectious disease threats. Ongoing surges

of vector-borne illnesses (e.g., Zika) or outbreaks of diseases with pandemic potential (e.g., COVID-19) are a major challenge for the Texas border region and are exacerbated by the continuous human, animal, and commercial traffic across the border. High rates of acute and chronic diseases persist across the region, aggravated by limited access to healthcare, endemic poverty, and poor infrastructure, such as a lack of municipal water systems. These factors create the perfect storm of public health challenges, leaving the region vulnerable to infectious disease threats. Working in collaboration, land-grant universities, local and national governments, and the public health workforce have established partnerships to access resources and expand services to rural and underserved communities along the U.S.-Mexico border.

While four U.S. states share a border with Mexico, the border between Texas and Mexico is the longest and is home to a unique and longstanding Hispanic community. Texas has 14 counties bordering Mexico, with the counties of Starr, Hidalgo, Willacy, and Cameron making up the region known as the RGV. This region is vital to include in the conversation on border health, as it faces particularly significant public health challenges and has historically been under-resourced. In 2020, the U.S. Census Bureau estimated the population of the RGV to be approximately 1.37 million.[2] The Census also reported that 93% of the RGV's population is Hispanic compared to 19% in the broader United States.[3] Additionally, an average of 28% of the people under 65 in this area do not have health insurance, which is more than triple the national average of 9%.[3] In the RGV, there is a shortage of primary care providers and dentists, high rates of poor physical health and obesity, and inadequate access to potable water or housing that fulfills essential health requirements. Alternative forms of medicine are more frequently practiced in border communities where education about, and access to, modern medicine is less accessible. Moreover, the COVID-19 pandemic disproportionately impacted border regions like the RGV and exacerbated these pre-existing health disparities. During this healthcare crisis, the RGV experienced some of the highest COVID-19 infection and death rates in Texas.[4] Hospitals faced severe overcrowding, which further constrained medical resource availability during the pandemic response.

BACKGROUND

The U.S.-Mexico border area includes four U.S. states (Arizona, California, New Mexico, and Texas), 29 federally recognized Tribal Nations, and 6 Mexican states (Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, and Tamaulipas). Since 2007, the region has been the conduit for a surge in migration to the United States from all around the globe. However, the majority of migrants come from Mexico and Central America. United States Customs and Border Protection (CBP) data shows that more than 2.4 million migrants arrived at the U.S.-Mexico border in 2023, with over 700,000 from Mexico.[5] Nearly 500,000 migrants arrived in 2022 from the Central American countries of El Salvador, Guatemala, and Honduras, which are collectively referred to as the Northern Triangle.[6] Migrants from Venezuela, Colombia, Ecuador, and Nicaragua account for approximately 650,000 additional individuals from Central American countries.[5] The U.S.-Mexico border is also a major hub for the import and export of agricultural goods and livestock. Per the Office of the United States Trade Representative, the United States imported $455 billion United States Dollars (USD) of goods in 2022 and exported $324 billion USD in return, making Mexico the nation's second largest trading partner.[7] The volume of trade crossing the border underscores the region's importance and highlights the increasing convergence and interdependence of global trade, which can be further enhanced by multilateral collaboration on important topics like border health. The RGV and broader border region present an important public health and health security challenge due to

Figure 1: US-Mexico Border Region (Highlighted in Gray)[8]

emerging diseases, perpetuated by the warm, subtropical climate and the movement of goods and people from other areas.

The 14 Texas counties (see Figure 1) that border Mexico make up 9% of the state's total population and are geographically isolated, which has given rise to learned resourcefulness and unique culture, as noted by panelists from the Scowcroft Summit on Border Health.[9] Border health encompasses the counties that directly border Mexico, as well as the extended populations affected by the proximity to their border. It is important to note that the U.S.-Mexico border also encompasses 29 federally recognized Tribal Nations that have a crucial stake in the subject of border health. These tribes must be fully engaged in border health initiatives, as the Environmental Protection Agency states their daily lives are impacted by their proximity to the border.[10] The tribes include the Ysleta del Sur Pueblo tribe in El Paso County and the

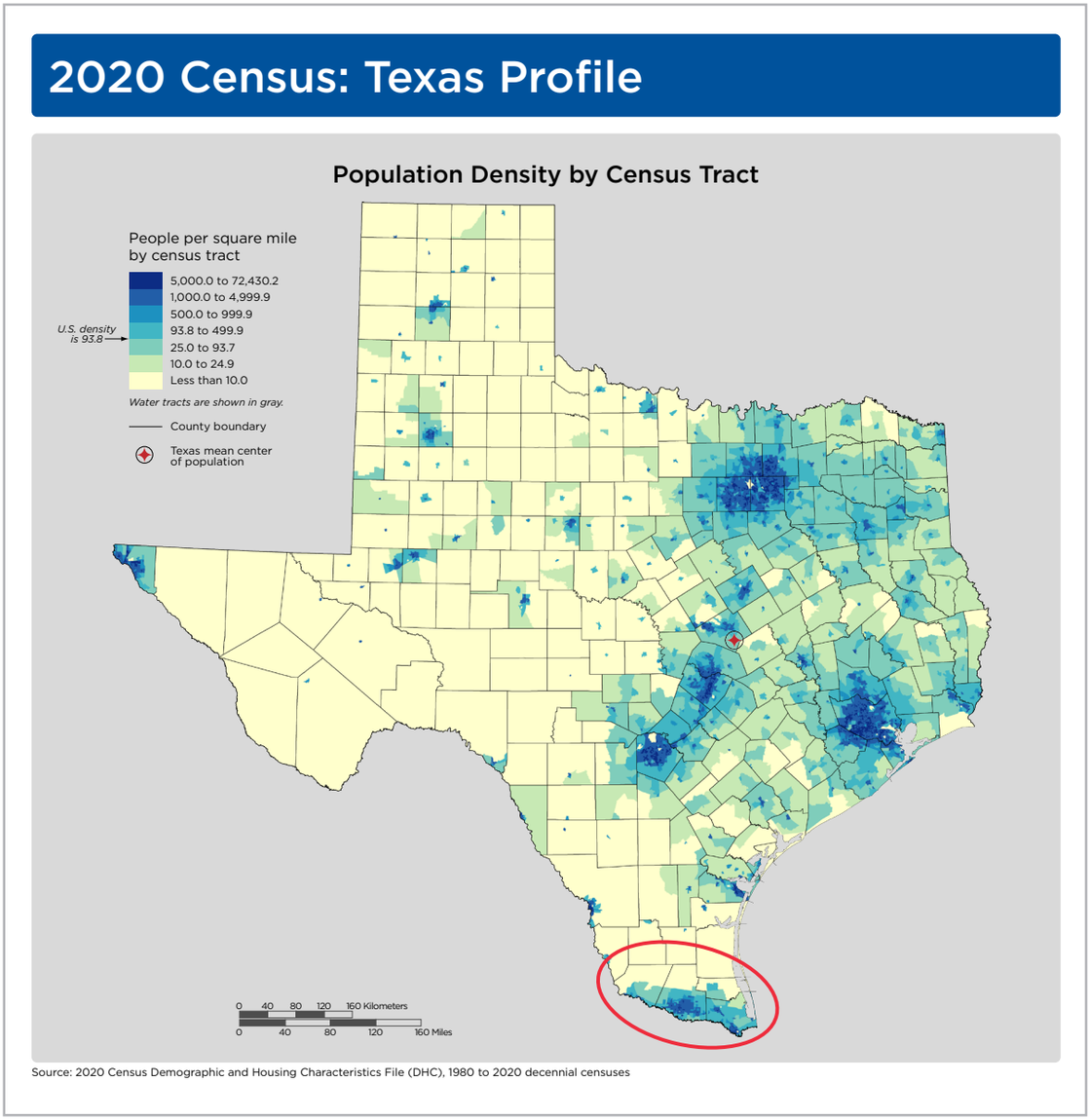

Figure 2: Population Density in Texas[11]

Kickapoo Traditional Tribe of Texas in Maverick County.

One in three residents in the RGV live in poverty per 2022 Census data[3], with many lacking adequate infrastructures, such as potable water or electricity per a Border Health Summit speaker.[9] Poor housing conditions such as dirt floors in homes are also common, which may trigger a spectrum of health issues such as asthma and other respiratory diseases. Many residents live in "colonias," or unincorporated entities that do not provide basic services such as waste management. Due to endemic poverty in these areas, very limited local tax dollars exist to support necessary infrastructure.[12]

The RGV is geographically isolated (see circled portion of Figure 2) and boasts larger family sizes and a youthful demographic per 2022 Census data[3], as well as below-average high school completion rates.[11] Many people in the RGV do not have health insurance, partly because a significant number of local jobs do not offer medical benefits. The most populous county in the RGV, Hidalgo County, has a 30% uninsured rate for those under 65 years old, compared to the national average of 9%.[3]

Access to healthcare services is further constrained in the area by a shortage of healthcare professionals (see Figure 3). The number of primary care physicians per capita in Hidalgo County is 1 doctor per 2,000 residents, which is below the state average of 1 primary care physician per 1,313 residents according to the Texas Department of State Health Services (DSHS). In less populous RGV counties like Starr County, this number is approximately 1 doctor per 4,000 residents.[13] Due to healthcare barriers and the high rate of comorbidities, the RGV was especially vulnerable to the COVID-19 pandemic, which led to high infection and death rates.[4] Hospitals experienced severe overcrowding and previously limited resources were further constrained. Disparities in physician access persist across various sectors examined by the DSHS, including family medicine, primary care, internal medicine, pediatrics, psychology, obstetrics and gynecology.[13] These disparities are projected to worsen in the future as the healthcare workforce in the RGV is not keeping pace with the RGV's increasing population.

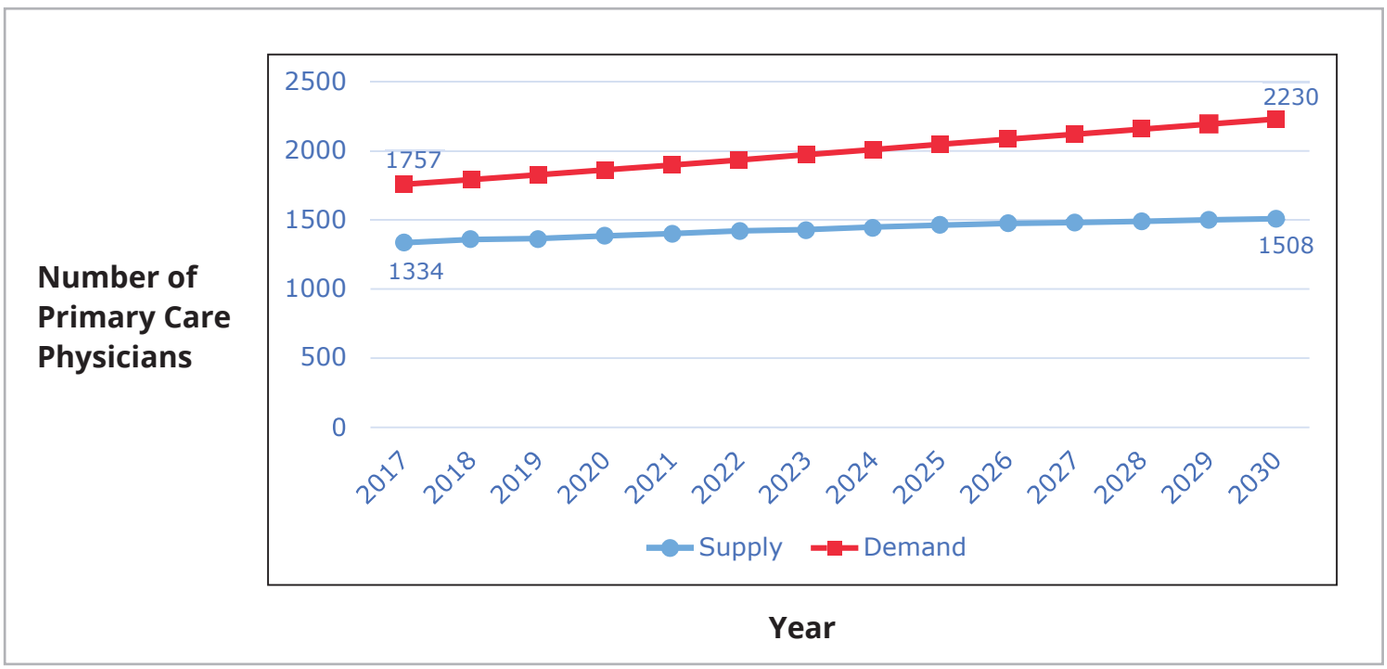

Figure 3: Supply and Demand for Primary Care in the RGV (2017 – 2030)[13]

CURRENT HEALTH INITIATIVES IN THE RGV

To meet the growing need for health initiatives in the RGV, the Texas A&M University Higher Education Center at McAllen[14] opened in 2018 to support the local population. Texas A&M University (TAMU) has also established the Colonias Program,[15] which has been in operation since 1992. One aspect of this program includes *Promotores de Salud*, which formally educates Community Health Workers (CHWs), known as *promotores*, to provide community-based health services to underserved areas in the RGV. Colonia residents recognize and trust *promotores*, as these trusted leaders are familiar faces within the community. State-certified CHWs are the official title for *promotores*, which TAMU has invested in through its National Community Health Worker Training Center.[16] Additionally, the McAllen Health Science Center now offers health majors for students, including RN to BSN programs. Furthermore, Texas A&M University's Health Science Center (TAMU Health) and AgriLife launched the Healthy South Texas Initiative in 2017, which has provided an established presence in the RGV and continuously works to improve health outcomes in the area.[17] To provide hands-on care to community members, TAMU Health has actively participated in Operation Border Health and Preparedness (OBHP), which is a four-day event. Since 2003, this full-scale exercise has been held annually by DSHS and brings together faculty members and students from the TAMU Schools of Nursing, Medicine, Pharmacy, Dentistry, Public Health, and Veterinary Medicine & Biomedical Sciences. Health department staff and military personnel are included to provide medical services to human and animal patients in the RGV. Among the services offered to underserved and uninsured individuals are immunizations, blood pressure checks, diabetes screening, hearing and vision exams, medical evaluations, sports physicals, dental services, veterinarian care, mental health services, nutrition education, and smoking cessation resources. In the Summer of 2023, this event was held at five locations determined by DSHS, and the activity provided short-term care to almost 7,000 patients. This care would have cost over one million dollars in the private sector but was provided free to the patients.[18]

Along with efforts from the Texas A&M University System (TAMUS), additional initiatives have been undertaken by other academic institutions, non-profit organizations, and community-based organizations

to address gaps in healthcare access across the RGV. Mobile health clinics are one example, which provide primary care to residents of the colonias. Initiatives such as the Colonia Care Project and Unimóvil improve access to healthcare in the RGV through the integration of preventive care, primary care, and healthcare education.[19] Another strategy that has been employed to connect RGV residents with healthcare is telemedicine. The University of Texas Rio Grande Valley School of Medicine (UTRGV-SOM) launched the Texas Child Health Access Through Telemedicine (TCHATT), a statewide program that provides school districts access to mental health providers via telemedicine. TCHATT engages 45 school districts across the RGV and offers mental health education for students, families, and school personnel.[20] For individuals requiring on-site medical care, organizations such as Catholic Charities of the Rio Grande Valley assist with medical transportation, temporary housing, and utility expenses.[21] Efforts have also focused on training and educating the healthcare workforce with skills and knowledge tailored to serve rural and historically underserved areas in the RGV. Through funding awarded by the U.S. Department of Health and Human Services, the UTRGV-SOM established three Area Health Education Centers (AHECs) in Starr, Hidalgo, and Cameron Counties. The goals of the AHECs are to increase access to primary healthcare, develop and strengthen education, as well as expand training networks across communities. Operated by staff, faculty, and students from UTRGV-SOM, the AHECs offer free health care to residents.[22] Furthermore, the Diabetes Education Program, implemented as part of the Healthy South Texas Initiative, consists of in-person educational workshops instructed by a health professional.[23] An additional chronic care management program in the RGV is "Salud y Vida." This course, offered by the University of Texas at Houston School of Public Health, partners with local organizations, hospitals, and clinics.[24] Overall, there have been many successful collaborations that strengthen the public health system within the RGV. However, additional resources and support are imperative to adequately equip the region to address emerging challenges such as climate-related disasters, novel infectious diseases, and rise of both communicable and non-communicable diseases.

Academic systems and institutions, such as TAMU and

TAMUS, have a network of researchers and staff spanning all 254 Texas counties. When addressing a new challenge, local governments and communities can access the network of extension agents already established in the area to deliver science-based education and information. As a land-grant institution, TAMU has a responsibility to assist the RGV community and beyond through research and collaborative service efforts. For example, the Texas A&M Emergency Management Advisory Group (TEMAG) arose during the COVID-19 pandemic to address the need to quickly assemble resources to tackle a shared issue – a global pandemic.[25] The TEMAG framework, a coalition of the willing and the able, can be utilized as a reference for effective collaboration, as it convenes stakeholders from research, the workforce, and local communities. Members include emergency managers and investigators with valuable connections who can quickly mobilize response teams. A critical principle of TEMAG is maintaining relationships with diverse partners and having an open line of communication that improves readiness for the next emergency. Additionally, the TAMU Veterinary Emergency Team (VET) plays a critical role in ensuring that animals impacted by disasters are rescued and survive.[26] Fully equipped to provide veterinary care from triage and treatment of injured animals to working with community animal shelter partners, the VET provides animals, and their owners, a path to safety. The VET has also been deployed regularly to respond to disasters in and outside the State of Texas, including wildfires, floods, and other natural disasters.

THE NEED FOR **RESEARCH AND COMMUNITY ENGAGEMENT**

The most valuable research and impactful community engagement fosters long lasting positive change in communities. This necessitates Community-Based Participatory Research, which incorporates community member input in data collection and program implementation.[27] Historically, short-term research projects have been disconnected from local needs and priorities, with researchers simply obtaining the information they need and leaving, a practice commonly referred to as "parachute science." This situation is perpetuated as researchers are incentivized to publish their findings in academic journals, rather than charged to make sustainable change in communities.[28] In fact, these short-term projects often do not result in positive outcomes within communities, according to Border Health Summit panelists.[29] This is likely due to insufficient integration with public health agencies, healthcare systems, and surrounding populations. Due to these short-term parachute science research practices, foundational public health priorities such as early outbreak detection and understanding chronic illness prevalence may be systematically understudied. For example, mosquito-borne disease has gone under-reported in the RGV, illustrating a need for improved disease surveillance, diagnostics, and tracking.[30] If disease goes under-reported or unreported, the prevalence and distribution becomes difficult to utilize in decision-making, leading to the inability to intervene and control the spread of disease.

Infectious diseases are a growing concern at the U.S.-Mexico border, with an evolving need to extend surveillance beyond individuals typically encountered

at the border. Examples include vector-borne diseases more commonly seen in Central or South America, such as Chagas or Zika, that disproportionately affect RGV residents, due to their proximity to the U.S. Southern border. Due to the high volume of migrants and traffic from various countries, there is a significant public health concern that individuals may carry pathogens that are not native to Mexico. About 30% of the migrants crossing the border are of Mexican ethnicity.[5] Recent data shows that there is a shift towards migration from South American countries like Venezuela and Columbia instead of the more historically common encounters from Mexico and the Northern Triangle countries. An increase in individuals from African, Asian, and European countries are also being recorded (see Figure 4).[5] A CBP expert recently stated that "individuals from more than 150 out of the 195 recognized countries have passed through the U.S.-Mexico border during 2024".[31] It is worth noting that publicly available data via the CBP website lacks complete specificity in defining citizenship of each border encounter, as only 21 of the 150 countries reported are listed and the other 129 are represented by a rather large "other" category.[5] This data has the potential to skew findings and misrepresent the true populations crossing the U.S.-Mexico border. Regardless, this increased globalization of population sheds light on the subsequent travel of dangerous pathogens associated with human and zoonotic diseases. Devastating diseases, such as Zika and antibiotic resistant tuberculosis, are diseases of concern all around the world and in particular can afflict migrants crossing the southern border.[32,33] The diverse population crossing the border brings to light the wider public health concern of disease globalization. Consequently, border surveillance efforts should be designed to encompass a broad spectrum of infectious diseases, considering the unique medical profiles of migrants and visitors from diverse origins. For example, as stated by a Border Health Summit panelist, "quick health screening for infectious diseases and vaccine programs provide an opportunity to decrease vaccine preventable diseases."[34] At the summit, there was a consensus that zoonotic diseases (such as H5N1) are becoming more prevalent, necessitating additional surveillance.[35] A comprehensive approach is necessary to mitigate the risk of outbreaks from pathogens originating in other countries.

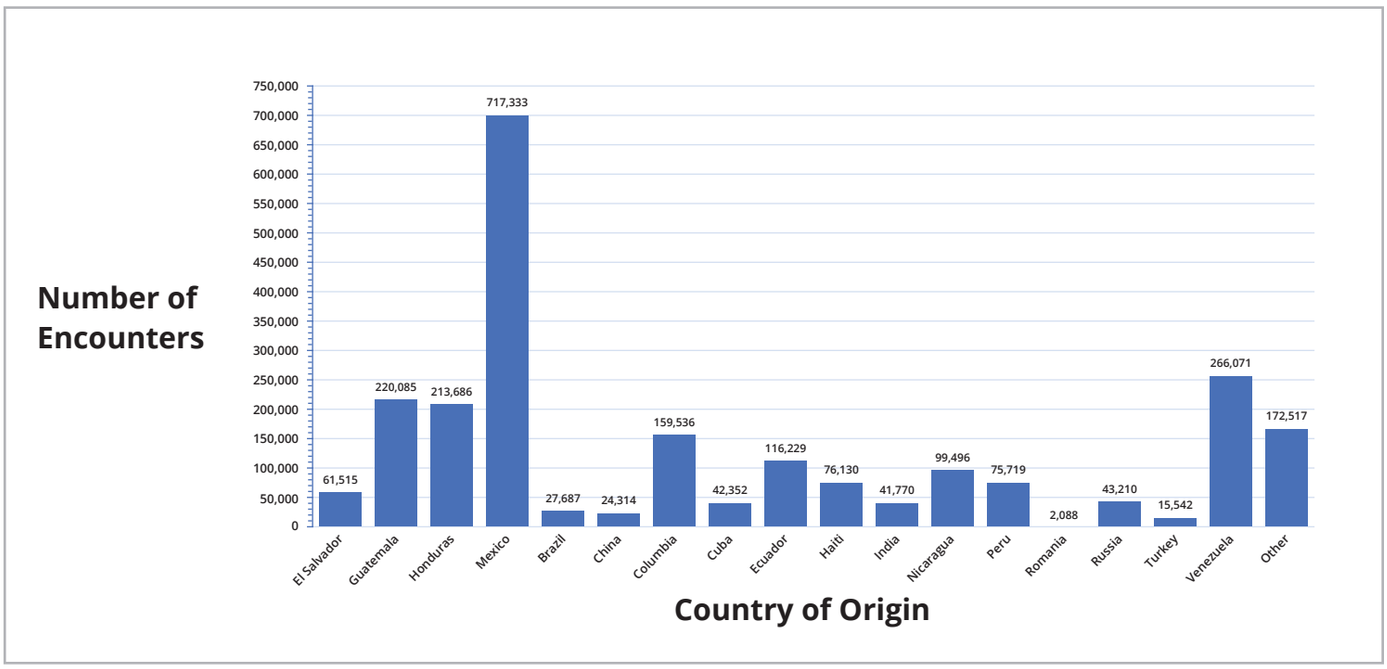

Figure 4: U.S.-Mexico Border Encounters by Country of Origin (FY 2023)[5]

Perpetuating sustainable research in the RGV requires a multifactor approach. Interdisciplinary collaboration between academic institutions, public health agencies, healthcare systems, Non-Governmental Organizations (NGOs), and communities is vital. Universities such as TAMU have the necessary infrastructure to support long-term research. Research projects should focus on early detection, monitoring, and intervention for infectious diseases. To secure funding for research projects, high-quality investigations suitable for peer reviewed publication must be completed and reported to funding agencies.

To best serve the residents of the RGV, clinical trial participants must reflect the demographics of the communities in need of care. Only 7.1% of the National Cancer Institute's clinical trial participants are Hispanic/Latino, yet this demographic makes up the largest minority in the United States.[36] In fact, in the RGV region, Hispanics/Latinos make up more than 90% of the population (see Figure 5).[37,38] Because Hispanics/Latinos experience higher rates of chronic conditions like diabetes and obesity when compared to non-Hispanic whites, it is critical to expand research into risk factors specific to this demographic and bolster their participation in genomic studies.[39] If specific populations are understudied during research, this may prevent certain groups from reaping the benefits of new medical technology. Underrepresenting trial participants may lessen the usefulness of clinical trial results. Efforts should be made to increase the number of study participants from minority communities.

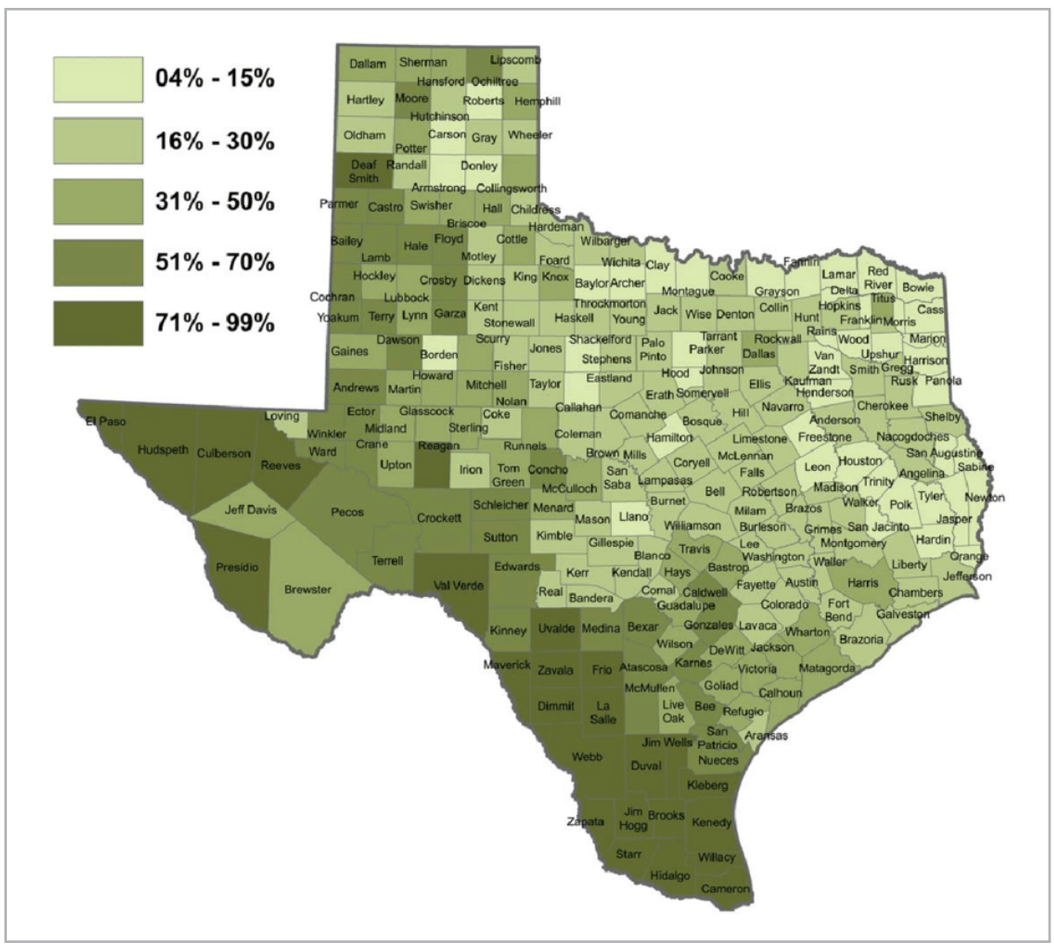

Figure 5: Percentage of Hispanic Population by Texas Counties[38]

COMMUNICATION **BARRIERS**

The United States and Mexico lack consistent data sharing and reporting protocols. Barriers to open communication across counties, states, and countries significantly hinders effective disease surveillance and outbreak response. To be able to successfully respond to public health crises, all actors must be kept in the loop and have reliable access to current health information. In the past, a push for standardized patient records has been made but has been unsuccessful. To provide reliable data, the number of individual patients participating in a project must be large enough for informed decision making. For example, MD Anderson has historical data on all patients' surgeries, so decision making is based on data and statistics. As a result, they have better measures of cancer and health outcomes in their patient population.[40] This has not been achieved in the RGV because 1) patients do not trust that their data will remain confidential or within a single location, 2) implementation will come at an extremely high annual cost and 3) implementation will be difficult because every medical professional is not operating on the same digital platform.

Diagnostic laboratories are a rare entity on both sides of the U.S.-Mexico border. Action should be taken to increase the diagnostic laboratories' capacities to support the RGV. These laboratories represent the first line of defense in detecting infectious diseases crossing the U.S.-Mexico border. The most notable tool currently being used is the Mexico Border Health Observatory which is a federally controlled program located in 44 U.S. counties that monitor select health indicators for the United States.[41] Without appropriate diagnostic laboratories, clinical data cannot be gathered or exchanged within the United States or internationally. With appropriate clinical

laboratories and formal mechanisms of information sharing in place, both the U.S. and Mexico can work together to reduce the spread of disease in the region.

Another barrier to open communication is the lack of trust communities have dealing with researchers and research institutions. Communities must be kept engaged and included in the decision-making process for them to have a vested interest in maintaining the continuity of research projects.[42] When communities are not involved they may be hesitant to share personal data, a point emphasized by several Border Health Summit panelists.[43]

Cultural competency, or the ability to provide unbiased care that takes an individual's cultural and moral values into consideration, must be integrated into all decisions.[44] To overcome mistrust, stakeholder groups such as academic institutions, NGOs, and government agencies must prioritize community partnerships and relationship building. The reasons behind the mistrust and insufficient cultural context (e.g., language barriers, low literacy levels, religious beliefs, and interaction with religious leaders) must first be understood. If researchers employ cultural competency, the level of emotional engagement from community members will likely increase.

Incorporating CHW networks into local health initiatives is one method to enhance cultural competency. Because CHWs share similarities with community members in terms of culture, language, and socio-economic status, they can provide culturally appropriate education and social support.[45] This allows CHWs to serve as valuable bridges between the community and external entities (e.g., researchers, healthcare professionals, policymakers, and stakeholders). The CHW model has been implemented in different programs throughout the RGV to successfully promote health and wellbeing. Spearheaded by the CHW organization MHP Salud, the Colonia Outreach Program spanned 2011 to 2018. This program implemented a door-to-door outreach strategy to provide residents of the colonias with enrollment assistance for healthcare and social services.[46] CHWs have also been included in the care continuum for patients with chronic diseases. As part of a multi-disciplinary program, CHWs provide diabetes self-management education and conduct home visits to support patients in maintaining a healthy diet, engaging in physical activity, and monitoring glucose and medication adherence.[24,45] In the RGV, CHWs have been enlisted by academic

institutions to help define research questions, develop culturally relevant survey instruments, recruit study participants, collect data, and connect participants and their families to community resources.[47]

Several panelists at the Border Health Summit spoke about the practices they used to prevent their research from falling into the 'parachute science' category.[48] These practices include developing trusted relationships with community leaders, analyzing what the exact needs of the community were before beginning research, and returning to apply lessons learned back into the community once the research concludes.[43] Another issue that can arise is "parachute aid," where resources and services are provided without sufficient analysis of the community's cultural context and local needs. This creates challenges when the organization departs, abruptly discontinuing support to the affected communities and leaving them without sustainable solutions. While offering immediate assistance after a crisis is critical to response efforts, having and implementing a long-term solution fosters greater community resilience.[48]

In the RGV, Community Advisory Boards (CABs) can discuss effective strategies to assess community needs and develop actionable solutions.[49] In Nueces County, a CAB was formed to address diabetes, a prevalent health concern in the region. The CAB included people diagnosed with diabetes, healthcare workers, clergy, health departments, media, and non-profit organizations. Meetings were held biannually to discuss patient progress regarding disease management, identify areas where additional assistance was needed, and inform partners about updates in the health field.

The Texas A&M University Higher Education Center at McAllen

CONCLUSION

The distinctive health challenges and opportunities arising from cross-border relations between Mexico and the United States, along with local communities like the Rio Grande Valley, underscore the need for a collaborative approach to enhancing health resilience. Understanding the region's specific needs and developing meaningful research that offers long-term solutions is crucial. Strong community partnerships are the foundation for building trust, engaging residents, and tailoring solutions to local contexts. This involves empowering community leaders, fostering cross-border collaboration, and addressing social determinants of health. By implementing these recommendations, stakeholders can create a framework for collaboration that fosters healthy border communities, enhances regional preparedness for future public health crises, and contributes to the overall resilience of the nation.

RECOMMENDATIONS

SHORT-TERM (ACTIONABLE) RECOMMENDATIONS – The following recommendations can be carried out using existing resources, and public sector leaders should act now to implement them.

Establish ongoing collaboration between academic institutions and local/state health departments, healthcare systems, and NGOs to promote sustainable research, including research focused on early detection of infectious diseases. Sustainable research aims to create partnerships between researchers, research institutions, and target populations. Universities should provide incentives for faculty researchers so that their participation in border health research activities will count for credit towards academic advancement, including promotion and tenure. As part of this process, universities must earn trust with RGV communities through demonstrating a long-term commitment to work in the region and clearly communicating how research outcomes contribute to local improvements in public health (e.g. healthcare access and services, infectious disease surveillance, and economic development).

Integrate CHWs into community efforts that address infectious and chronic disease prevention, surveillance, detection, and response. Utilizing CHWs, such as *promotores*, can empower residents to be part of their individual health journeys. At the county level, engaging community participation in research, which may include *promotores* collecting data on both

communicable and non-communicable diseases, can significantly enhance data collection efforts. To meet the growing healthcare needs of the state, CHWs should be recruited as part of Texas House Bill 113, which was recently passed into law. This law allows CHWs to bill for their medical services as quality improvement costs, as authorized by federal law.[50]

Promote exercises and programs that empower communities to actively participate in efforts to improve border health outcomes. Through TAMU, agencies such as the Texas A&M Engineering Extension Service, and annual meetings such as the Border Health Summit and Disaster PRIMR (a conference focused on Preparedness, Response, Innovation, Mitigation, and Recovery during disasters) should continue to be organized and include an increased focus on RGV stakeholders. Statewide exercises, such as OBHP and Disaster Day (an event organized by TAMU Health) can also be helpful in educating and training RGV residents. Education through tabletop exercises could also be used to bring RGV stakeholders together while utilizing available university resources, such as TEMAG. The VET should participate in drills on the border and has the expertise necessary to help with animal health, potential human and animal evacuations, as well as surveillance for zoonotic diseases. CABs should be utilized to maintain open lines of communication. The Healthy South Texas Initiative can help assist ongoing programs in the RGV, and the State Department of Disaster Preparedness (located at TAMU) should be involved in emergency preparedness exercises and activities. These ongoing events may also facilitate the establishment and maintenance of relationships between RGV stakeholders and various state universities and agencies.

LONGER-TERM (STRATEGIC) RECOMMENDATIONS – The following recommendations require longer-term investments and sustained effort by national and local leaders in government, academia, and civil society.

Develop an integrated health data system that necessitates collaboration between local health departments and community/stakeholder organizations, establishing standardized protocols for reporting health data statewide. Community input should be incorporated to enhance the consistency and reliability of information shared among Texas counties and agencies. Governmental decision makers (i.e. county agents, state legislatures, and health departments) should establish open lines of communication between health providers, public health officials, and community organizations. New policies should be developed to increase reporting of chronic and zoonotic diseases, and existing laws enforced (e.g., reportable disease law).

Improve infectious disease surveillance at the U.S.-Mexico Border. To better prepare for and respond to diseases, we must strengthen outbreak detection. This includes enhancing surveillance of existing, emerging, or re-emerging infectious diseases, including zoonotic diseases. Action should be taken to expand the capacity of diagnostic laboratories on the U.S.-Mexico border, which can lead to increased data on disease patterns. Efforts should also maximize the use of existing resources, such as facilitating the use of veterinary diagnostic laboratories for conducting human disease diagnostics during outbreaks. Additionally, CBP should prioritize improving the transparency and granularity of border encounter data.

Work to improve demographic representation in clinical trials. Various demographics may be impacted differently by both diseases and therapeutics. To ensure all populations receive meaningful care, pharmaceuticals and other medical interventions should be evaluated with a representative group of patients. In the RGV and broader border region, this should entail including more Hispanic participants in pharmaceutical and medical device clinical trials.

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ABOUT THE **AUTHORS**

The Scowcroft Institute of International Affairs is a research institute housed in the Bush School of Government & Public Service at Texas A&M University. The Institute is named in honor of Lt. Gen. Brent Scowcroft, USAF (Ret.), whose long and distinguished career in public service included serving as National Security Advisor for Presidents Gerald Ford and George H.W. Bush. The Institute's core mission is to foster and disseminate policy-oriented research on international affairs by supporting faculty and student research, hosting international speakers and major scholarly conferences, and providing grants to outside researchers to use the holdings of the Bush Library. The 2023 Scowcroft Summit on Border Health was hosted and sponsored by the Institute.

The USA Center for Rural Public Health Preparedness is one of the six research centers at the Texas A&M University School of Public Health. The USA Center has a mission to work with internal and external partners to promote the development of knowledge, skills and capacity supporting emergency preparedness planning, response, mitigation and recovery in communities throughout the country, with emphasis on rural and underserved areas. The USA Center co-hosted the 2023 Scowcroft Summit on Border Health and jointly organized, coordinated, managed, and promoted the event.

Abby Heye

Abby Heye is a graduate of Texas A&M University, where she earned her Bachelor of Science in Public Health. Currently, she is pursuing a Master of Public Health with a focus in Environmental Health at the Texas A&M University School of Public Health. Abby serves as an elected member of the Michael E. DeBakey Institute at Texas A&M University, where she works as a graduate research assistant in the Biosecurity Division. Her commitment to leadership in public health is evident through her completion of the institute's Executive Research Leadership Program. Abby has actively engaged in international workshops focused on enhancing surveillance and control measures for infectious diseases like Brucellosis, as well as those with pandemic potential such as COVID-19. Currently, she is organizing a biosecurity and biocontainment policy paper based on meetings in Washington D.C. with congressional staff and members of the Texas A&M Emergency Management Advisory Group. Abby's academic and professional interests include disaster preparedness, particularly in response to accidental or deliberate releases of infectious agents, as well as advancing research in women's reproductive health education. As part of her graduate training, she collaborates with the Texas A&M University Scowcroft Institute for International Affairs and the USA Center for Rural Public Health Preparedness to organize upcoming summits. Abby aims to leverage her education and experiences to address future diseases with pandemic potential, as well as to shape policy for regulating risky research.

Mayra Rico

Mayra Rico, MPH, is a Program Coordinator at the USA Center for Rural Public Health Preparedness at the Texas A&M School of Public Health. Over the last seven years, she delivered evidence-based programs aimed at advancing health equity among rural, underserved, and Tribal communities. With a solid commitment to bridging health access barriers, Mayra has successfully supported a comprehensive COVID-19 vaccine outreach and education project across rural Texas counties, ensuring equitable access to vital healthcare information and resources. During her tenure with the USDA-funded "Be the Hero" project as part of the Texas A&M School of Public

Health, Mayra trained and mentored over 100 community health workers/promotores and farmworkers across the country, empowering them with knowledge and self-efficacy to address health challenges. In this role, she spearheaded the process evaluation to assess program delivery and ensure accurate dissemination of information and knowledge. Mayra has also evaluated programs aimed at promoting outdoor experiences among military personnel, assessing their effectiveness and impact on participants' physical and mental well-being. She has previously worked with the United States Department of Agriculture, Texas A&M AgriLife Extension, and the Centers for Disease Control and Prevention. Through her employment within these agencies, she has gained valuable experience in program planning, implementation, and evaluation to enhance community resilience among under-resourced communities.

Caroline Campbell

Caroline Campbell is a second-year Master of International Affairs student attending the Bush School of Government and Public Service. Her areas of focus are disaster response, homeland security, and pandemic preparedness. Before attending graduate school, she received her Bachelor of Science in Public Health at Texas A&M University in 2023. Caroline currently works as an Emergency Management intern at Tenet Health, a leading national healthcare system, as well as a graduate research assistant for the Scowcroft Institute's Biosecurity and Pandemic Preparedness Policy Program. After graduation, Caroline plans to continue pursuing a career that interconnects her background in public health with her passion for disaster response.

Ben C. Snyder

Ben C. Snyder is a Fellow at the Biosecurity and Pandemic Policy Program of Texas A&M University's Scowcroft Institute of International Affairs. At the Scowcroft Institute, he conducts policy research, engages with stakeholders, and organizes events to promote non-partisan, effective solutions to safeguard the world against biological threats. Ben previously studied responsible publication norms in the life sciences as a Summer Research Fellow at the Stanford Center for International Security and Cooperation and helped investigate the relationship between COVID-19 and political activity as a Research Assistant at the Yale Human Nature Lab. Ben holds a BA in Economics from Yale University.

Josh Wentzel

Josh Wentzel is the Assistant Director of the Biosecurity and Pandemic Policy Program at the Scowcroft Institute, a think tank housed at Texas A&M University's Bush School of Government and Public Service. Based in Washington, DC, Josh has six years of experience working in Congress, where he spent time in both chambers, working in a House personal office and as minority staff on the Senate Health, Education, Labor and Pensions (HELP) committee. During the COVID-19 pandemic response, Josh worked for the U.S. Department of Health and Human Services, working closely with the Assistant Secretary for Preparedness and Response (ASPR) on distribution of COVID-19 medical countermeasures, daily situational awareness reports, and ASPR testimony to Congress and communication with State and Local governments.

Dr. Glen A. Laine

Dr. Glen A. Laine is a Regent's Professor and Vice President for Research Emeritus. Dr. Laine also serves as the Director of the Michael E. DeBakey Institute for Comparative Cardiovascular Science and Biomedical Devices at Texas A&M University. He is holder of the Wiseman-Lewie-Worth Endowed Chair in Cardiology. Dr. Laine is also a Senior Fellow of the Scowcroft Institute of International Affairs, Pandemic and Biosecurity Program at the Bush School of Government and the USA Center for Rural Public Health Preparedness in the School of Public Health. He served in the United States Army from 1967 through 1969. He began his academic career as a microbiologist working with various infectious agents and their impact on mammalian Physiology.

Dr. Laine expanded his graduate education into biophysics and biomedical engineering by applying basic principles of physical science to complex medical problems. He spent a decade in a clinical department of anesthesiology and critical care medicine in the Texas Medical Center before returning to Texas A&M as Department Head of Physiology, Pharmacology and Toxicology for 20 years. Dr. Laine served as the Vice President for Research at Texas A&M leading unprecedented growth in research expenditures to just under one billion dollars per year. As Vice President, he initiated the design and construction of the Biosafety Level-3 AG biocontainment facility. This facility accommodates the chronic study of high consequence infectious diseases along with the vectors responsible for transmission of disease in animals and humans.

SUMMIT ORGANIZERS:

Dr. Gerald W. Parker

Dr. Parker is the Associate Dean for Global One Health in Veterinary Medicine & Biomedical Sciences, and in this role, he also serves as Campus Director for Global One Health at Texas A&M University. He holds an appointment at the Bush School of Government Service as Director of the Pandemic and Biosecurity Policy Program at the Scowcroft Institute for International Affairs within the Bush School of Government & Public Service.

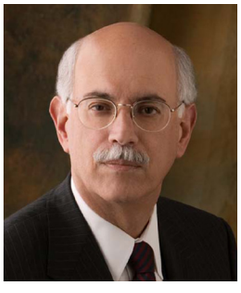
Dr. Parker is a member of several advisory boards, including the Texas Task Force on Infectious Disease Preparedness and Response, Texas Experts COVID Vaccine Advisory Panel, *ex officio* member for the Bi-partisan Commission for Biodefense, and chairperson for the National Science Advisory Board for Biosecurity at the National Institutes of Health. Dr. Parker also served as a senior for advisor for the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services from August 2020 to February 2021.

Prior to his appointment to Texas A&M University, Dr. Parker held technical to executive leadership positions throughout 36 years of public service as a recognized defense and civilian interagency leader in biodefense, high consequence emerging infectious diseases, global health security and all-hazards public health/medical preparedness. This included coordinating federal medical/public health responses to Hurricanes Katrina thru Alex, to the 2009 Pandemic and 2010 Haiti earthquake. Dr. Parker's service includes more than 26 years on active duty leading military medical research and development programs and organizations. He is a former Commander and Deputy Commander, U.S. Army Medical Research Institute of Infectious Diseases. After his military career, Dr. Parker held senior executive level positions at the Department of Homeland Security, the Department of Health and Human Services (HHS) and the Department of Defense (DOD), including serving as the Principal Deputy Assistant Secretary for Preparedness and Response at HHS, and Deputy Assistant Secretary of Defense for Chemical and Biological Defense at DOD.

Dr. Parker is a 2009 recipient of the Distinguished Executive Presidential Rank Award, the Secretary of Defense Medal for Meritorious Civilian Service in 2013, and the Senator Melcher Leadership in Public Policy Award from the Association of American Veterinary Medical Colleges in 2019. Dr. Parker earned degrees from Texas A&M's School of Veterinary Medicine, Baylor College of Medicine Graduate School of Biomedical Sciences, and the Industrial College of the Armed Forces.

Dr. Jason Moats

Dr. Jason Moats is Director of the USA Center for Rural Public Health Preparedness at Texas A&M University School of Public Health and a Professor of Practice in the Health Policy and Management program. He earned his graduate degrees from Texas A&M University and his undergraduate degree from Southern Illinois University - Carbondale. He is a research fellow at the Texas A&M University Bush School Institute for Science, Technology, and Public Policy, and a faculty fellow with the Mary Kay O'Connor Process Safety Center. In 2016, Dr. Moats was recognized with the Texas A&M Regents Fellow Award, the highest award in the Texas A&M University System. Prior to coming to Texas A&M University, he had a 21-year career in various positions with the Texas A&M Engineering Extension Service (TEEX), including as the director of TEEX's Testing & Innovation Center where he worked on research and development projects including an immersive learning platform for emergency responders; the use of robots during the global COVID-19 pandemic, and the development of an augmented reality platform for search and rescue operations. Dr. Moats is the author/co-author of articles including topics such as human resource development and disaster management and response. He authored the book, *Agroterrorism: A Guide for First Responders*. Dr. Moats has decades of experience in emergency services, including as a United States Navy hospital corpsman aboard various ships, receiving decorations for valor on two occasions while serving as a firefighter/EMT.



Professor Andrew Natsios

Andrew S. Natsios is an executive professor at the Bush School and director of the Scowcroft Institute of International Affairs. Natsios was most recently a Distinguished Professor in the Practice of Diplomacy at the Walsh School of Foreign Service at Georgetown University and former administrator of the US Agency for International Development (USAID). As USAID administrator from 2001-2006, Natsios managed reconstruction programs in Afghanistan, Iraq, and Sudan. He also served as US special envoy to Sudan in 2006-2007. Retired from the US Army Reserves at the rank of lieutenant colonel after twenty-three years, Natsios is a veteran of the Gulf War. From 1993 to 1998, he was vice president of World Vision US, the largest faith-based nongovernmental organization in the world, with programs in 103 countries. Earlier in his career, Natsios served in the Massachusetts House of Representatives for twelve years and as the chief financial and administrative officer of the Commonwealth of Massachusetts. He also served as the CEO of Boston's Big Dig, the largest construction project in American history, after a cost overrun scandal. He is the author of three books: *U.S. Foreign Policy and the Four Horsemen of the Apocalypse* (1997); *The Great North Korean Famine* (2001); and his latest book, *Sudan, South Sudan and Darfur: What Everyone Needs to Know*, published in 2012 by Oxford University Press. He has contributed to thirteen other books. He has published numerous articles in *Foreign Affairs, the New York Times, Washington Post, Washington Quarterly, Foreign Service Journal*, and *Wall Street Journal*.

President George H.W. Bush & Lt. Gen. Brent Scowcroft

"We live in an era of tremendous global change. Policy makers will confront unfamiliar challenges, new opportunities, and difficult choices in the years ahead. I look forward to the Scowcroft Institute supporting policy-relevant research that will contribute to our understanding of these changes, illuminating their implications for our national interest, and fostering lively exchanges about how the United States can help shape a world that best serves our interests and reflects our values."

— Lt. Gen. Brent Scowcroft, USAF (Ret.)

In Memoriam

Lieutenant General
Brent Scowcroft
(March 19, 1925 - August 6, 2020)

The George H.W. Bush Presidential Library & Museum and The Bush School of Government & Public Service at Texas A&M University, College Station, Texas, USA

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