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Record Group/Collection: George H.W. Bush Presidential Records
Collection/Office of Origin: Speechwriting, White House Office of
Series: Speech File Draft Files
Subseries: Chron File, 1989-1993

OA/ID Number: 13566
Folder ID Number: 13566-006

Folder Title:
Hispanic Business Leaders 5/9/91 [OA 6032]

Stack:	Row:	Section:	Shelf:	Position:
G	26	17	1	2

NAME OF SPEECH & DATE OF SPEECH Hispanic Business Leaders / Free Trade 5/9/91

NAME OF WRITER : Grant

NAME OF RESEARCHER: Cawley

SPEECH SYNOPSIS: The President begins by discussing the basic theory of "fast track" which is that it allows us to negotiate in good faith. The President outlines the need for "fast track" in talks such as GATT & NAFTA. The President then states that he finds the ads put out by the opponents of fast track personally offensive. The President then discusses the need for increased free trade policies. The President ends by asking for support for "fast track"

NAME OF SPEECH & DATE OF SPEECH _____

_____

NAME OF WRITER : _____

NAME OF RESEARCHER: _____

SPEECH SYNOPSIS: _____

HISPANIC BUSINESS LEADERS -- FREE TRADE
INDIAN TREATY ROOM \ THURSDAY, MAY 9, 1991 \ 10:10 A.M.

WELCOME TO THE WHITE HOUSE. WE'VE ALL BEEN VERY CONCERNED LATELY WITH TWO VITAL ISSUES: AMERICA'S ABILITY TO COMPETE IN THE GLOBAL MARKETPLACE AND OUR ABILITY TO NEGOTIATE WITH OUR TRADING PARTNERS. THE TWO CONCERNS MEET IN AN ISSUE THAT WE ALL CARE ABOUT DEEPLY: THE "FAST TRACK" PROCEDURES THAT I'VE ASKED CONGRESS TO EXTEND.

FAST TRACK PROCEDURES LET US NEGOTIATE IN GOOD FAITH WITH OUR TRADING PARTNERS AND WORK IN CONCERT WITH CONGRESS. THEY SIMPLY ENSURE THAT WE WILL NOT ALTER AGREEMENTS THAT OUR NEGOTIATORS HAVE REACHED WITH THEIR COUNTERPARTS.

FAST TRACK DOESN'T TAKE AWAY CONGRESS' POWER TO ACCEPT OR REJECT TRADE AGREEMENTS. CONGRESS WILL STILL HAVE ITS SAY -- IN A YES-OR-NO VOTE -- BECAUSE FAST TRACK DOES NOT GUARANTEE APPROVAL OF ANY AGREEMENT.

AND I WILL CONSULT CONGRESS CLOSELY DURING THE COURSE OF TRADE TALKS, AS CALLED FOR BY FAST TRACK. WE HAVE PURSUED FAST-TRACK IN A BIPARTISAN MANNER -- AND WE SHALL DO THE SAME IN WORKING THROUGH TRADE AGREEMENTS.

FAST TRACK'S MAIN VIRTUE IS THIS: IT PREVENTS 11TH-HOUR CHANGES TO AGREEMENTS WE HAVE REACHED, CHANGES THAT FORCE EVERYONE INVOLVED TO START FROM SCRATCH.

CONGRESS FIRST ESTABLISHED FAST TRACK PROCEDURES IN 1974, AND WE HAVE USED IT IN NEGOTIATING THREE MAJOR TRADE AGREEMENTS SINCE. AS MANY OF YOU KNOW, FAST TRACK ALSO PLAYS AN ESSENTIAL ROLE IN HELPING US ADVANCE THREE OTHER IMPORTANT TRADE INITIATIVES: THE URUGUAY ROUND OF GATT TALKS; THE NORTH AMERICAN FREE TRADE AGREEMENT AND THE ENTERPRISE FOR THE AMERICAS INITIATIVE.

[[UNFORTUNATELY, SOME OPPONENTS OF FREE TRADE HAVE RESORTED TO SCARE TACTICS IN TRYING TO DERAIL FAST TRACK. I'VE BROUGHT ALONG A COUPLE OF EXAMPLES OF THIS STUFF. HERE'S ONE AD THAT IMPLIES FAST TRACK WILL LEAD TO RAW SEWAGE, DISEASE, AND CONTAMINATED FOOD SUPPLIES TO OUR COUNTRY -- [HOLD UP TWO ADS -- SEE ATTACHED]. THE OTHER AD DISTORTS THE TRUTH THE OLD FASHIONED WAY. IT WRENCHES QUOTES OUT OF CONTEXT AND TRIES TO GIVE THE IMPRESSION THAT FOREIGNERS -- IN THIS CASE, OUR MEXICAN NEIGHBORS -- SOMEHOW WILL POISON AMERICAN CITIZENS.

I FIND THESE ADS PERSONALLY OFFENSIVE. THEY PROMOTE NOTHING MORE THAN PREJUDICE AND ~~RACISM.~~ THEY ALSO MISS THE POINT.

FREE TRADE ENCOURAGES ECONOMIC GROWTH AND INTERNATIONAL UNDERSTANDING. IT ENABLES US TO BUILD BONDS OF COMMON INTEREST AND COMMON EXPERIENCE. IT MAY BE THE MOST EFFECTIVE ANTIDOTE TO THE KIND OF POISON THESE ADS SPREAD AMONG OUR PEOPLE.]]

OPEN MARKETS AND FREE TRADE MEAN STRONGER ALLIANCES AND BETTER RELATIONS. IT MEANS WE BECOME BETTER NEIGHBORS, BECAUSE WE'LL BRING OUT THE BEST IN PEOPLE -- NOT THE WORST.

TAKE A LOOK AT WHAT THE NORTH AMERICAN FREE TRADE AGREEMENT WILL CREATE: THE LARGEST, RICHEST MARKET IN THE WORLD. THAT'S 360 MILLION CONSUMERS AND $6 TRILLION IN ANNUAL OUTPUT.

AND TAKE A LOOK AT THE ALMOST 130 PERCENT INCREASE IN OUR EXPORTS TO MEXICO OVER THE PAST FOUR YEARS. THIS EXPORT BOOM HAS CREATED 264,000 NEW EXPORT-RELATED JOBS IN THE UNITED STATES. AND EACH ADDITIONAL BILLION DOLLARS IN EXPORTS TO MEXICO WILL CREATE APPROXIMATELY 20,000 NEW JOBS HERE IN THE UNITED STATES.

SO YOU SEE, WE HAVE MUCH TO GAIN FROM EXTENDING FAST TRACK -- A NEW ERA OF OPEN, FREE AND FAIR TRADE -- A FUTURE OF UNPRECEDENTED ECONOMIC GROWTH AND REGIONAL HARMONY.

THE VOTE ON FAST TRACK REALLY IS A VOTE ON WHAT KIND OF OUTLOOK WE SHARE -- ONE OF OPTIMISM AND INTEGRITY, OR ONE OF SELF-DOUBT AND PETTY PREJUDICE.

A "YES" VOTE MEANS A VOTE FOR "GOOD FAITH" AND THE STRENGTH OF OUR WORD. WE WILL NOT ALLOW THE FEARMONGERS TO CONTROL OUR AGENDA. WE MUST RELY ON OUR BETTER SELVES -- OUR TRUER SELVES.

FAST TRACK PLAYS A CRITICAL ROLE IN HELPING THE UNITED STATES COMPETE IN A WORLD UNITED BY BONDS OF COMMERCE.

WE WILL NEED YOUR SUPPORT IN PERSUADING CONGRESS TO EXTEND FAST TRACK PROCEDURES. WE WILL NEED YOUR HELP AS BUSINESSMEN AND WOMEN, AS ENTREPRENEURS, AS MEN AND WOMEN FROM ALL WALKS OF LIFE. BUT MOST OF ALL, WE NEED YOUR HELP AS AMERICANS COMMITTED TO THE IDEALS OF FREEDOM AND OPPORTUNITY.

HELP US BUILD GOOD FAITH WITH OUR FRIENDS AND NEIGHBORS.

HELP US DEVELOP BETTER WORKING RELATIONS WITH CONGRESS. LET US SHOW OUR BETTER SELVES TO THE WHOLE WORLD.

WITH YOUR HELP, I KNOW WE WILL SUCCEED. ONCE AGAIN, THANK YOU AND GOD BLESS EACH OF YOU.

# # #

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

Fast track procedures let us negotiate in good faith with our trading partners and work in concert with Congress. They simply ensure that we will not alter agreements that our negotiators have reached with their counterparts.

Fast-track doesn't take away Congress' power to accept or reject trade agreements. Congress will still have its say -- in a yes-or-no vote -- because fast track does not guarantee approval of any agreement. And we have promised to consult closely with Congress during the course of trade talks. Fast track's main virtue is this: It prevents 11th-hour changes to agreements we have reached, changes that force everyone involved to start from scratch.

Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track also can play

a role in helping us complete three other important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics and race-baiting. I've got a couple examples of this disgusting propaganda with me today. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

I find these ads **personally offensive.** They promote nothing more than prejudice and racism.

Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. **There is no evidence that trade agreements with Mexico -- agreements that fast-track procedures would facilitate -- will have any adverse impact on the quality of our food or water.**

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- **not the worst, as our opponents want.**

One ad reads: **"There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric."**

I couldn't agree more on this narrow point. Important considerations have been pushed aside -- by the people who sponsor these ads.

Take a look what the North American Free Trade Agreement will create: **the largest, richest market in the world.** That's 360 million consumers and $6 trillion in annual output.

And take a look at the 130 percent increase in our exports to Mexico over the past four years. This export boom has created **264,000 new jobs in the United States.** And each additional billion dollars in exports will create **20,000 new jobs** here in the United States. I didn't read about that in those ads.

So you see, we have much to gain from extending fast track -- a new era of **open, free** and **fair trade** -- a future of unprecedented economic growth and regional harmony.

A "yes" vote on fast-track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We can't allow bigots and fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

Fast track plays a critical role in helping the United States compete in a world newly united by bonds of commerce. We will need your support as Hispanic leaders in persuading Congress to extend fast-track procedures. We will need your help as businessmen and women, as entrepreneurs, as men and women from all walks of life. But most of all, we need your help as Americans committed to the ideals of freedom and opportunity.

Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. And help us stifle the voices that want to replace reason with rancor, cooperation with discrimination.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

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Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft three

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
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THURSDAY, MAY 9, 1991
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Congress first established fast track procedures in 1974, and we have used it in negotiating three major trade agreements

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Unfortunately, some opponents of free trade have resorted to scare tactics in trying to derail fast track. [[I've brought along a couple of examples of this stuff. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.]]

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They also miss the point. Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- **not the worst.**

Take a look at what the North American Free Trade Agreement will create: **the largest, richest market in the world.** That's 360 million consumers and $6 trillion in annual output.

And take a look at the almost 130 percent increase in our exports to Mexico over the past four years. This export boom has created **264,000 new export-related jobs in the United States.** And each additional billion dollars in exports to Mexico will create approximately **20,000 new jobs** here in the United States.

So you see, we have much to gain from extending fast track -- a new era of **open, free** and **fair trade** -- a future of unprecedented economic growth and regional harmony.

The vote on fast track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We will not allow the fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

Fast track plays a critical role in helping the United States compete in a world united by bonds of commerce. We will need your support in persuading Congress to extend fast track procedures. We will need your help as businessmen and women, as entrepreneurs, as men and women from all walks of life. But most of all, we need your help as Americans committed to the ideals of freedom and opportunity.

Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. Let us show our better selves to the whole world.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

THE WHITE HOUSE

WASHINGTON

May 8, 1991

MEMORANDUM FOR THE PRESIDENT

THROUGH: **TONY SNOW** TS

FROM: **MARY KATE GRANT** MKG

SUBJECT: **HISPANIC BUSINESS LEADERS MEETING ON FREE TRADE**

I. SUMMARY

Attached for your review are brief remarks for your meeting with Hispanic business leaders, to be held Thursday, May 9, at 10:10 a.m. in the Indian Treaty Room. You will be addressing a crowd of about 80 on the issue of fast track. Tentatively, Ambassador Hills will be speaking before you; Ambassador Gustavo Petricioli of Mexico will be present.

II. DISCUSSION

Your remarks take the high road, and denounce the scare tactics used by some of those opposed to fast track -- particularly a series of print ads, which are attached.

Document No 2362865S

WHITE HOUSE STAFFING MEMORANDUM

91 MAY 9 A10:04

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: ---

SUBJECT: PRESIDENTIAL REMARKS: HISPANIC BUSINESS LEADERS MEETING ON FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☐	☑
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☐	☑	PORTER	☐	☑
DARMAN	☐	☑	ROGICH	☐	☑
BRADY	☐	☑	SMITH	☐	☑
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☐	☑
DEMAREST	☐	☑	MARTINEZ	☐	☑
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☐	☑	SNOW	☐	☑
HOLIDAY	☐	☑		☐	☐

REMARKS:

The attached has been forwarded to the President.

RESPONSE:

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

THE WHITE HOUSE

WASHINGTON

May 8, 1991 91 MAY -8 PM 5:51

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Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft three

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THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
10:10 A.M.

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Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. Let us show our better selves to the whole world.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

Roll Call April 29 p.7

U.S. - MEXICO TRADE NEGOTIATIONS

BEWARE!

Fast Track Could Be Hazardous To Your Health

What would fast track trade negotiations between the U.S. and Mexico really produce?

From the standpoint of food safety and water quality, it would make an already deplorable situation worse.

What we drink.

Mexican border towns like Matamoros and Juarez have virtually no sewage facilities for their populations that swell as the maquiladora plants expand. With no treatment facilities, health problems abound on both sides of the border.

In San Elizario, Texas, for example, 90 percent of the people have Hepatitis A by the time they reach age 30. Nogales, Arizona, has a Hepatitis A rate 20 times the U.S. national average.

What we eat.

With no treatment facilities, produce destined for export may be irrigated with polluted water, including raw sewage. Irapuato, a town in Guanajuato, is an example.

There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric. In terms of safe food and drinking water, there is already a problem of crisis proportions along both sides of the border. Fast track is not a framework for solving these problems.

This issue—and its long-term political and economic ramifications—deserves a lot more than a simple up or down vote by Congress.

Congress should reject fast track ... it's a shortcut to disaster.

AFL-CIO • 815 SIXTEENTH STREET, N.W. • WASHINGTON, D.C. 20006

POISON!

Fast Track
The More You Read The Worse It Gets

Environmental specialists—especially those concerned about water—say the (border) area's natural resources cannot handle the extra economic development free-trade advocates foresee.

—*The Economist*
April 20, 1991

■ ■ ■

Indiscriminate dumping or long-term storage of industrial garbage and hazardous wastes is trashing the landscape and poisoning the water and soil.

—*U.S. News & World Report*
May 6, 1991

■ ■ ■

Uncontrolled air and water pollution is rapidly deteriorating and seriously affecting the health and future economic vitality on both sides of the border.

—*American Medical Association*
June, 1990

■ ■ ■

Their very success (the maquiladoras) is helping turn much of the border region into a sinkhole of abysmal living conditions and environmental degradation.

—*Wall Street Journal*
September 27, 1989

The case against fast track free trade negotiations between the U.S. and Mexico grows stronger every day. There's a lot more at stake here than the fast track rhetoric would lead you to believe.

This issue—and its long-term political and economic ramifications—deserves a lot more than a simple up or down vote by Congress.

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Document No. 236286SS

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	✓	MCCLURE on master	✓	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	✓	☐	PORTER	✓	☐
DARMAN	✓	☐	ROGICH N/C	✓	☐
BRADY	☐	✓	SMITH	✓	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	✓	BOSKIN N/C	✓	☐
DEMAREST	✓	☐	MARTINEZ	✓	☐
FITZWATER	☐	✓	ROGERS	☐	✓
GRAY N/C	✓	☐	SNOW	☐	✓
HOLIDAY	✓	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE:

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

91 MAY -8 AM 8:00

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Mexican border towns like Matamoros and Juarez have virtually no sewage facilities for their populations that swell as the maquiladora plants expand. With no treatment facilities, health problems abound on both sides of the border.

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With no treatment facilities, produce destined for export may be irrigated with polluted water, including raw sewage. Irapuato, a town in Guanajuato, is an example.

There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric. In terms of safe food and drinking water, there is already a problem of crisis proportions along both sides of the border. Fast track is not a framework for solving these problems.

This issue—and its long-term political and economic ramifications—deserves a lot more than a simple up or down vote by Congress.

Congress should reject fast track ... it's a shortcut to disaster.

AFL-CIO • 815 Sixteenth Street, N.W. • Washington, D.C. 20006

POISON!

Fast Track
The More You Read The Worse It Gets

Environmental specialists—especially those concerned about water—say the (border) area's natural resources cannot handle the extra economic development free-trade advocates foresee.

—*The Economist*
April 20, 1991

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September 27, 1989

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AFL-CIO • 815 SIXTEENTH STREET, N.W. • WASHINGTON, D.C. 20006

Document No. 235552SS

WHITE HOUSE STAFFING MEMORANDUM

91 MAY 9 A10:04

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: ---

SUBJECT: DEPARTURE STATEMENT FOLLOWING MEETING WITH SEC. GENERAL DE CUELLAR

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☐	☑
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☐	☑	PORTER	☐	☑
DARMAN	☐	☑	ROGICH	☐	☑
BRADY	☐	☑	SMITH	☐	☑
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	ROGERS	☐	☑
DEMAREST	☐	☑	SNOW	☐	☑
FITZWATER	☐	☑	FIRESTONE	☐	☑
GRAY	☐	☑		☐	☐
HOLIDAY	☐	☑		☐	☐

REMARKS:

The attached has been forwarded to the President.

RESPONSE:

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

THE WHITE HOUSE

WASHINGTON 91 MAY -7 PM 4:51

May 7, 1991

MEMORANDUM FOR THE PRESIDENT

THROUGH: TONY SNOW TS

FROM: DAN McGROARTY DMcG

SUBJECT: DEPARTURE STATEMENT FOLLOWING MEETING WITH SECRETARY GENERAL PEREZ DE CUELLAR

I. SUMMARY

On Thursday, May 9, at 1:15 p.m., you and Secretary General Perez de Cuellar will give departure statements at the Diplomatic Entrance.

II. DISCUSSION

Your remarks (6 minutes, cards) focus on the UN's recent string of successes and on the common challenges we face in the Persian Gulf and beyond.

# # #

McGroarty/Dooley
May 7, 1991
4:00 pm
[CUELLAR]

PRESIDENTIAL REMARKS: STATEMENT FOLLOWING MEETING WITH SECRETARY GENERAL PEREZ DE CUELLAR
THE DIPLOMATIC ENTRANCE
MAY 9, 1991
1:15 p.m.

Mr. Secretary General: it has been my pleasure to welcome you to the White House today -- to discuss with you the many issues now on the world's agenda.

In a moment, I'll speak about a few of the common challenges we face. But before I do, permit me a personal observation. I often think back to the times we worked together as Perm Reps 20 years ago -- and I still wonder how it is I ended up with the easier job. The problems that arrive at your doorstep often are the product of years of violence and strife. It falls to you to find -- through so much hatred and bitterness -- **the path to peace.**

For 10 years now you've led the UN. Your years as Secretary General could merely have been difficult -- a study in stubborn hope. Instead, they have proved momentous -- historic. During your years of service, the UN has come of age. After decades of ideological stalemate, conflict and Cold War -- the UN has at long last taken a major step forward as a **true force for peace.**

Today, the UN can lay claim to a string of successes stretching across the globe. In Africa, the UN played a leading in the birth of an independent Namibia. Elsewhere on the African continent, the UN now works to end the war in Angola, and resolve the future of the Western Sahara. / Across Asia, the UN

continues to play a critical role in peacemaking efforts in Afghanistan and Cambodia. / Right here in our own hemisphere, the UN has helped the people of Nicaragua and Haiti exercise their right to choose their own government -- and is working to bring peace to El Salvador.

And of course, there is the United Nation's role in the liberation of Kuwait. The United Nations sent its strong, steady signal every step of the way. **Defending the defenseless against aggression. Keeping faith with its founding principles. Standing fast for what is good and right.**

Mr. Secretary General, a great measure of this success belongs to you, my friend: the product of your **patience and perseverance**, your immeasurable diplomatic skill -- your unwavering desire for peace. //

But for each success -- **new challenges remain.** Mr. Secretary General, consider the unprecedented responsibilities placed upon your good offices and the UN Secretariat by Security Council Resolution 687: the Administration of UNIKOM, / the Special Commission for eliminating Iraq's weapons of mass destruction, / the Compensation Commission, / the UN's role in demarcating the Iraq-Kuwait border, developing guidelines for the arms embargo against Iraq, and encouraging arms control in the region -- **all of these are daunting tasks which will challenge the UN as never before.**

Mr. Secretary General, we are responding to another challenge, too -- the need to protect and care for tens of

thousands of refugees who fled home and hearth to escape the brutality of one man, Saddam Hussein. / For our part, the U.S. has responded to this human wave of tragedy with massive emergency relief for the refugees in Northern Iraq and Turkey. Working with other nations -- in close consultation with you, sir -- and in accord with Resolution 688, we are building temporary camps to encourage these people to come down from the mountains into the camps -- and ultimately to their own villages and towns.

We have always looked at this relief effort as limited in duration. We are now in the process of turning these efforts over to the UN. We look forward to working with the United Nations to hasten the day when all these refugees can <u>return home -- free from fear, free to live in peace</u>. //

In the South, American soldiers provided refuge and care to thousands of Iraqis. Those who sought refuge are now safe in Iran or Saudi Arabia. The Blue Helmets are on the scene, and UN relief agencies are providing assistance to those Iraqis who have chosen to remain in the area where the UN is now working.

The UN's work in Iraq is just one of many challenges. Beyond the Gulf, we must work to **strengthen the UN system** itself through appropriate reforms -- to deliver **development assistance** where needed -- and to chart a **common course of action on global issues** ranging from the environment to international drug trafficking to terrorism. / And we must build on the UN's ability to **respond to humanitarian crises** which -- as we've seen

most recently in the heart-wrenching ordeal of **Bangladesh -- speak a universal language of simple human compassion.** //

Mr. Secretary General, meeting these challenges is the work of the United States -- and the United Nations. I thank you for travelling to Washington, so that we could continue our practice of close consultations -- and I congratulate you, on behalf of the American people, **for doing the world's work -- the work of peace.**

# # #

Document No. 236286SS

91 MAY 8 A11:42

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/8/91

ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE:

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

91 MAY -8 AM 8:00

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

Fast track procedures let us negotiate in good faith with our trading partners and work in concert with Congress. They simply ensure that we will not alter agreements that our negotiators have reached with their counterparts.

Fast-track doesn't take away Congress' power to accept or reject trade agreements. Congress will still have its say -- in a yes-or-no vote -- because fast track does not guarantee approval of any agreement. And we have promised to consult closely with Congress during the course of trade talks. Fast track's main virtue is this: It prevents 11th-hour changes to agreements we have reached, changes that force everyone involved to start from scratch.

Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track also can play

WE HAVE UNDERTAKEN THIS IN A BIPARTISAN MANNER - MUCH THE SAME WAY WE WILL NEGOTIATE OUR TREATIES —

a role in helping us complete three other important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics and race-baiting. I've got a couple examples of this disgusting propaganda with me today. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

I find these ads **personally offensive.** They promote nothing more than prejudice and racism.

Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. **There is no evidence that trade agreements with Mexico -- agreements that fast-track procedures would facilitate -- will have any adverse impact on the quality of our food or water.**

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- **not the worst, as our opponents want.**

One ad reads: **"There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric."**

I couldn't agree more on this narrow point. Important considerations have been pushed aside -- by the people who sponsor these ads.

Take a look what the North American Free Trade Agreement will create: **the largest, richest market in the world.** That's 360 million consumers and $6 trillion in annual output.

And take a look at the 130 percent increase in our exports to Mexico over the past four years. This export boom has created **264,000 new jobs in the United States.** And each additional billion dollars in exports will create **20,000 new jobs** here in the United States. I didn't read about that in those ads.

So you see, we have much to gain from extending fast track -- a new era of **open, free** and **fair trade** -- a future of unprecedented economic growth and regional harmony.

A "yes" vote on fast-track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We can't allow bigots and fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

Fast track plays a critical role in helping the United States compete in a world newly united by bonds of commerce. We will need your support as Hispanic leaders in persuading Congress to extend fast-track procedures. We will need your help as businessmen and women, as entrepreneurs, as men and women from all walks of life. But most of all, we need your help as Americans committed to the ideals of freedom and opportunity.

Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. And help us stifle the voices that want to replace reason with rancor, cooperation with discrimination.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

Roll Call April 29 p.7

U.S. - MEXICO TRADE NEGOTIATIONS

BEWARE!

Fast Track Could Be Hazardous To Your Health

What would fast track trade negotiations between the U.S. and Mexico really produce?

From the standpoint of food safety and water quality, it would make an already deplorable situation worse.

What we drink.

Mexican border towns like Matamoros and Juarez have virtually no sewage facilities for their populations that swell as the maquiladora plants expand. With no treatment facilities, health problems abound on both sides of the border.

In San Elizario, Texas, for example, 90 percent of the people have Hepatitis A by the time they reach age 30. Nogales, Arizona, has a Hepatitis A rate 20 times the U.S. national average.

What we eat.

With no treatment facilities, produce destined for export may be irrigated with polluted water, including raw sewage. Irapuato, a town in Guanajuato, is an example.

There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric. In terms of safe food and drinking water, there is already a problem of crisis proportions along both sides of the border. Fast track is not a framework for solving these problems.

This issue—and its long-term political and economic ramifications—deserves a lot more than a simple up or down vote by Congress.

Congress should reject fast track ... it's a shortcut to disaster.

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Document No. 236286SS

WHITE HOUSE STAFFING MEMORANDUM

91 MAY 8 P1:21

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE: See comments

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

91 MAY -8 AM 8:00

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

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Martin 41864

a role in helping us complete three other important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics and race-baiting. I've got a couple examples of this disgusting propaganda with me today. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

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X4864

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3433

Document No. 236286SS

WHITE HOUSE STAFFING MEMORANDUM

91 MAY 9 A6:48

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE:

May 8, 1991

TO: TONY SNOW

NSC concurs with the attached, as revised.

Brent Scowcroft

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

cc: Phillip Brady

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

91 MAY -8 AM 8:00

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
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this is just as distorted as AFL-CIO propaganda)

I find these ads **personally offensive.** They promote nothing more than prejudice and racism.

Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. **There is no evidence that trade agreements with Mexico -- agreements that fast-track ~~procedures~~ authority would ~~facilitate~~ make possible -- will have any adverse impact on the quality of our food or water.**

?

Economic growth for all is the best way to attack pollution -- it permits acquisition of state of the art environmentally sound plant and equipment.

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- **not the worst, as our opponents want.**

One ad reads: **"There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric."**

I couldn't agree more on this narrow point. Important considerations have been pushed aside -- by the people who sponsor these ads.

Take a look what the North American Free Trade Agreement will create: **the largest, richest market in the world.** That's 360 million consumers and $6 trillion in annual output.

And take a look at the 130 percent increase in our exports to Mexico over the past four years. This export boom has created **264,000 new jobs in the United States.** And each additional billion dollars in exports will create **20,000 new jobs** here in the United States. I didn't read about that in those ads.

So you see, we have much to gain from extending fast track -- a new era of **open, free** and **fair trade** -- a future of unprecedented economic growth and regional harmony.

A "yes" vote on fast-track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We can't allow bigots and fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

Fast track plays a critical role in helping the United States compete in a world newly united by bonds of commerce. We will need your support as Hispanic leaders in persuading Congress to extend fast-track procedures. We will need your help as businessmen and women, as entrepreneurs, as men and women from all walks of life. But most of all, we need your help as Americans committed to the ideals of freedom and opportunity.

Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. And help us stifle the voices that want to replace reason with rancor, cooperation with discrimination.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

Roll Call April 29 p.7

U.S. - MEXICO TRADE NEGOTIATIONS

BEWARE!

Fast Track Could Be Hazardous To Your Health

What would fast track trade negotiations between the U.S. and Mexico really produce?

From the standpoint of food safety and water quality, it would make an already deplorable situation worse.

What we drink.

Mexican border towns like Matamoros and Juarez have virtually no sewage facilities for their populations that swell as the maquiladora plants expand. With no treatment facilities, health problems abound on both sides of the border.

In San Elizario, Texas, for example, 90 percent of the people have Hepatitis A by the time they reach age 30. Nogales, Arizona, has a Hepatitis A rate 20 times the U.S. national average.

What we eat.

With no treatment facilities, produce destined for export may be irrigated with polluted water, including raw sewage. Irapuato, a town in Guanajuato, is an example.

There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric. In terms of safe food and drinking water, there is already a problem of crisis proportions along both sides of the border. Fast track is not a framework for solving these problems.

This issue—and its long-term political and economic ramifications—deserves a lot more than a simple up or down vote by Congress.

Congress should reject fast track ... it's a shortcut to disaster.

AFL-CIO • 815 Sixteenth Street, N.W. • Washington, D.C. 20006

POISON!

Fast Track
The More You Read The Worse It Gets

Environmental specialists—especially those concerned about water—say the (border) area's natural resources cannot handle the extra economic development free-trade advocates foresee.

—*The Economist*
April 20, 1991

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Indiscriminate dumping or long-term storage of industrial garbage and hazardous wastes is trashing the landscape and poisoning the water and soil.

—*U.S. News & World Report*
May 6, 1991

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September 27, 1989

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Document No. 236286SS

WHITE HOUSE STAFFING MEMORANDUM

91 MAY 8 P2:50

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE:

See comments. Thanks.
Holly Williamson
5-8-91

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

THE WHITE HOUSE

WASHINGTON

May 8, 1991

MEMORANDUM FOR TONY SNOW

FROM: HOLLY WILLIAMSON HW

SUBJECT: Hispanic Business Leaders Speech

Please see the attached text with specific line-by-line suggestions as well as the general comments noted below.

1. USTR felt very strongly about all of their comments as marked up on the attached text.

2. USTR felt that all racial/bigotry references had to come out. It appears there was a discussion among the senior fast track group that even though Deputy Secretary DeArment was using that tough language that it was not appropriate for the President's use. The Department of Interior concurred stating that you should not mix race into the 2 important criticisms we are hearing: job losses and environment. OCA staff also felt the racial/bigotry references should be toned down. The Department of Labor had one person flag that same language because it seemed inappropriate for the President to use.

(The above includes the paragraph on Mexicans and Mexican-Americans at the bottom of page 2 -- it poses too many complicated questions and problems. For example, why compare that information on Mexican-Americans to non-Hispanic whites instead of American blacks?)

Attachment

91 MAY -8 AM 8:00

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

Fast track procedures let us negotiate in good faith with our trading partners and work in concert with Congress. They simply ensure that we will not alter agreements that our negotiators have reached with their counterparts.

Fast-track doesn't take away Congress' power to accept or reject trade agreements. Congress will still have its say -- in a yes-or-no vote -- because fast track does not guarantee approval of any agreement. And ~~we have promised to consult~~ I will consult closely with Congress during the course of trade talks as called for by the fast track. Fast track's main virtue is this: It prevents 11th-hour changes to agreements we have reached, changes that force everyone involved to start from scratch. USTR

Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track is also ~~can play~~ essential USTR

(it is essential not just playing [illegible])

~~a role~~ in helping us advance ~~complete~~ three ~~other~~ important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative. USTR + OCA

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics, ~~and race-baiting.~~ I've got a couple examples ~~of this disgusting propaganda~~ with me today. These ads try to scare Americans in to thinking that fast track threatens our health. ~~Here's one ad that questions the health and sanitary habits of Hispanic people --~~ [HOLD UP TWO ADS -- SEE ATTACHED]. These ads ~~The other ad~~ distort~~s~~ the truth the old fashioned way. They use scare words and ~~It~~ wrenche~~s~~ quotes out of context ~~and tries~~ to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens. USTR + DOI / USTR + DOI / USTR / DOI / USTR / DOI / USTR / DOI / USTR / DOI

I find these ads personally offensive. They promote nothing more than prejudice, ~~and racism~~. USTR / DOI

Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. USTR / DOI + OCA

There is no evidence that A trade agreements with Mexico -- an agreement~~s~~ that fast-track procedures would facilitate -- will not have any adverse impact on the quality of our food or water. USTR

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- not the worst, as our opponents want.

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USTR

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With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

Roll Call April 29 p.7

U.S.-MEXICO TRADE NEGOTIATIONS

BEWARE!

Fast Track Could Be Hazardous To Your Health

What would fast track trade negotiations between the U.S. and Mexico really produce?

From the standpoint of food safety and water quality, it would make an already deplorable situation worse.

What we drink.

Mexican border towns like Matamoros and Juarez have virtually no sewage facilities for their populations that swell as the maquiladora plants expand. With no treatment facilities, health problems abound on both sides of the border.

In San Elizario, Texas, for example, 90 percent of the people have Hepatitis A by the time they reach age 30. Nogales, Arizona, has a Hepatitis A rate 20 times the U.S. national average.

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With no treatment facilities, produce destined for export may be irrigated with polluted water, including raw sewage. Irapuato, a town in Guanajuato, is an example.

There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric. In terms of safe food and drinking water, there is already a problem of crisis proportions along both sides of the border. Fast track is not a framework for solving these problems.

This issue—and its long-term political and economic ramifications—deserves a lot more than a simple up or down vote by Congress.

Congress should reject fast track ... it's a shortcut to disaster.

AFL-CIO • 815 Sixteenth Street, N.W. • Washington, D.C. 20006

POISON!

Fast Track
The More You Read The Worse It Gets

Environmental specialists—especially those concerned about water—say the (border) area's natural resources cannot handle the extra economic development free-trade advocates foresee.

—*The Economist*
April 20, 1991

■ • ■ ■

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May 6, 1991

■ • ■ ■

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AFL-CIO • 815 SIXTEENTH STREET, N.W. • WASHINGTON, D.C. 20006

Document No. 236286SS

91 MAY 8 P2:46

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/8/91

ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

substantive comments: delineate ~~make~~ the ad section so he can easily drop it if he chooses.

AB

RESPONSE:

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

91 MAY -8 AM 8:00

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

Fast track procedures let us negotiate in good faith with our trading partners and work in concert with Congress. They simply ensure that we will not alter agreements that our negotiators have reached with their counterparts.

Fast-track doesn't take away Congress' power to accept or reject trade agreements. Congress will still have its say -- in a yes-or-no vote -- because fast track does not guarantee approval of any agreement. And we have promised to consult closely with Congress during the course of trade talks. Fast track's main virtue is this: It prevents 11th-hour changes to agreements we have reached, changes that force everyone involved to start from scratch.

Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track also can play

a role in helping us complete three other important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents ~~of free trade have decided~~ to ~~mount a smear campaign in hopes of derailing~~ of fast-track, ~~ignoring the facts, they~~ have tried to frighten people with scare tactics. ~~and race-baiting~~. I ~~'ve got~~ brought along a couple examples. ~~of this disgusting propaganda with me today.~~ Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

I find these ads **personally offensive.** They promote nothing more than prejudice and racism.

Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. **There is no evidence that trade agreements with Mexico -- agreements that fast-track procedures would facilitate -- will have any adverse impact on the quality of our food or water.**

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So you see, we have much to gain from extending fast track -- a new era of **open, free** and **fair trade** -- a future of unprecedented economic growth and regional harmony.

A "yes" vote on fast-track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We ~~can't~~ will not allow ~~bigots and~~ the fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

Fast track plays a critical role in helping the United States compete in a world ~~newly~~ united by bonds of commerce. We will need your support ~~as Hispanic leaders~~ in persuading Congress to extend fast-track procedures. We will need your help as businessmen and women, as entrepreneurs, as men and women from all walks of life. But most of all, we need your help as Americans committed to the ideals of freedom and opportunity.

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Roll Call April 29 p.7

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Carolyn's Comments

THE WHITE HOUSE
WASHINGTON

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

FYI: Coming from Shiree.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

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Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track also can play

I'd like you to look at the studies done, though -- I am uncomfortable interpreting this stuff.

My instinct is that this # is problematic. I'm concerned about ① the "Mexican + Mex-American" qualifier; and ② the statement on diets.

a role in helping us complete three other important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics and race-baiting. I've got a couple examples of this disgusting propaganda with me today. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

I find these ads **personally offensive.** They promote nothing more than prejudice and racism.

It was an article published in the JPH; doesn't necessarily reflect their views.

Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. **There is no evidence that trade agreements with Mexico -- agreements that fast-track procedures would facilitate -- will have any adverse impact on the quality of our food or water.**

it's a weekly, not a monthly pub.

See attached # from the Hispanic Health Organization. They wrote the press release from which M.K. got this language — when I called to verify the info, they wanted to send a revised # that more closely follows the Journal pieces.

* Note: Porter's office contacted the Surgeon General's Office, among others, and it seems that everyone is uncomfortable w/ this #.

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

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pandering? How about "as community leaders", etc.

Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. And help us stifle the voices that want to replace reason with rancor, cooperation with discrimination.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

May 8, 1991

Quite the contrary to the AFL-CIO claims of poor health among Mexicans, the December 1990 supplement of the American Journal of Public Health, published under the auspices of the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), shows that first generation Mexican Americans have better birth outcomes, lower drug use, and healthier diets than second generation Mexican Americans. Furthermore, federal data (Secretary's Task Force on Black and Minority Health, the National Center for Health Statistics, and the National Institute on Drug Abuse) indicates that Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites.

From: Adolph Falcón
Nt'l Coalition of Hispanic HHS Organizations
(COSSMHO)

202/ 371-2100

Facsimile Transmission

See highlights

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IX. Acculturation and Marijuana and Cocaine Use: Findings from HHANES 1982–84

HORTENSIA AMARO, PhD, RUPERT WHITAKER, GERALD COPPMAN, MS, AND TIMOTHY HEEREN, PhD

Abstract: We examined the relation between acculturation and illicit drug use among Hispanics in the United States employing data from the 1982–84 Hispanic Health and Nutrition Evaluation Survey (HHANES). Across all Hispanic groups, acculturation into US society, as reflected in English language use, was associated with higher rates of illicit drug use even after sociodemographic variables such as gender, age, income, and education were considered. Significant interactions between language and education indicated that the predominant use of English was more strongly associated with marijuana and cocaine use among Mexican Americans and Puerto Ricans of lower educational attainment than among those of higher educational attainment. Significant interactions between language use and other factors such as sex, marital status, and place of birth were also associated with marijuana and cocaine use. These results suggest that the experience of acculturation, especially as it relates to drug use, is closely tied to the social and economic context in which an individual lives. [*Am J Public Health* 1990; 80(Suppl): 54–60.]

Introduction

Drug use has long been recognized as a major public health problem in the United States,[1] and increasing indicators of serious use in the last two decades have prompted a surge in research to identify patterns and risk factors for drug use in general populations.[2,3] However, these studies have generally not provided reliable epidemiological data on drug use among minorities, especially Hispanics. When data on Hispanics have been reported, most studies have failed to distinguish between Mexican Americans, Puerto Ricans, and Cuban Americans. Failure to specify results by Hispanic subgroup greatly limits the usefulness of such reports for public health efforts since, by the year 2000, Hispanics will be the largest minority group in the United States.[4] While anecdotal, clinical, and some community-based studies suggest that drug use may be a significant problem in Hispanic communities,[5–11] information on general drug use prevalence and the associated risk factors in specific Hispanic groups is essential for prevention and intervention efforts in this population.

One critical experience shared by all Hispanic subgroups is the process of acculturation or culture change resulting from continuous, first hand contact with the United States culture. Since acculturation may involve changes in attitudes, norms, and practices regarding use of illicit drugs, it is important to understand the relation of acculturation to drug use. Psychoactive drug use among Hispanics may be generally associated with increased levels of acculturation into US norms and lifestyle.[12–15] Some research has suggested[16,17] that acculturation may be more strongly associated with the use of some psychoactive substances, such as alcohol, among women than men. Whether acculturation is also more strongly associated with illicit drug use among women than men has not yet been investigated. While these findings on acculturation are suggestive, their generalizability has been limited due to the select and small samples in the reported studies. Most such studies have been limited to one specific Hispanic group or have not identified the group under study. It is also unclear from previous research whether acculturation is associated with increased drug use in all Hispanic groups. Furthermore, because acculturation is associated with improved socioeconomic status,[18] it is unclear to what extent increased drug use is prompted by economic rather than acculturative factors. Moreover, the possible interactions between acculturation and sociodemographic factors, such as sex and other demographic variables, have not yet been systematically investigated.

This paper investigates the extent to which illicit drug use among Mexican American, Puerto Rican, and Cuban American adults is associated with place of birth and language use as indicators of acculturation, and whether this relation differs across gender, age, and socioeconomic status.

Methods

The methods and sampling design used in the Hispanic Health and Nutrition Evaluation Survey (HHANES) are described in detail elsewhere.[19] Briefly, the HHANES is a complex, multistage, stratified, clustered sample of households drawn from three geographic regions (i.e., Southwestern US, Northeastern US, and Dade County, Florida) with the largest national concentrations of Hispanics. Households were screened for eligible respondents, who were asked general information about individuals in the household. The second part of the study involved physical examination and interview at a nearby mobile examination unit. Questions on drug use were included in the Adult Sample Questionnaire Supplement and administered in the interview portion of the study to individuals 12 to 74 years of age.[19]

The present analyses include respondents 20 years of age and older who self-identified as Mexican American in the Southwestern US sample, Puerto Rican in the Northeastern US sample, or Cuban American in the Dade County, Florida sample and who completed the physical examination and interview portions of the study. All respondents were asked questions on marijuana use, but only those younger than 45 years were asked questions about cocaine use. While the HHANES also included questions on use of inhalants and sedatives, data on these substances are not included in this paper due to an insufficient number of users. The participation rates for those approached, aged 20–74, were 58.4 percent among Cuban Americans, 69.2 percent among Puerto Ricans, and 70.2 percent among Mexican Americans. The non-response rate for drug questions did not exceed 1.3 percent. The Mexican American sample includes 3,303 respondents (ages 20–74) who were asked about marijuana use and 2,054 (ages 20–45) who were asked about cocaine use; the Puerto Rican sample, 1,209 and 673 respondents respectively, and the Cuban American sample, 858 and 348 respondents respectively.

NOTE: Author affiliations are listed elsewhere under CONTRIBUTORS.

Questions on drug use were limited to whether the respondent had ever used the drug in question (lifetime use) and the most recent periods of use. Due to the small number of respondents who reported use in the last month and use in the last six months, analyses were conducted only on lifetime and previous year's use (no/yes) of marijuana and cocaine. Information was also obtained on sociodemographic characteristics such as sex, age, marital status, years of education, current employment status, and yearly household income. The HHANES acculturation measure, originally developed for the Mexican American sample, is based on eight items measuring language use, ethnic identification, and birthplace of respondent and respondent's parents. An analysis of the distribution of these items for Puerto Ricans and Cuban Americans revealed that responses to some of these items are highly skewed, rendering the measure inappropriate for general use across all Hispanic groups. To develop an acculturation measure that was equally applicable to all groups, the highly skewed items were deleted and acculturation was measured by: 1) place of birth (coded as within or outside the continental US); and 2) a language index derived from the simple mean of self-ratings on language spoken, language preferred, language written, and language read (each scored English only = 1, mostly English = 2, both English and Spanish = 3, mostly Spanish = 4, Spanish only = 5), and language of interview (coded as English = 1, Spanish = 5).

Statistical Analyses

Age adjusted rates for marijuana and cocaine use: Marijuana and cocaine use rates were calculated for each Hispanic subgroup by gender. Marijuana and cocaine use rates were calculated adjusting for age by a direct standardization method. That is, each of the three Hispanic samples was weighted to reflect the age distribution of the combined weighted sample which reflects the Hispanic population in the United States. Standard errors were calculated accounting for design effects using the RTIFREQS procedure in SAS.[20] These standard errors were used to calculate 95 percent confidence intervals for drug use rates from each of the three Hispanic populations.

Marijuana and cocaine use by place of birth and language use: Marijuana and cocaine use rates by place of birth and language use were calculated. The RTIFREQS procedure in SAS[20] was employed to calculate use rate estimates and their standard errors while accounting for design effects.

Multivariate analysis to assess relationship of acculturation to drug use controlling for socioeconomic factors: To investigate whether indicators of acculturation were independently associated with drug use after the effects of socioeconomic factors were removed, a series of logistic regression analyses were conducted using LOGIST procedure in SAS.[21] The analyses were conducted separately for Mexican Americans and Puerto Ricans; the number of users in the Cuban American sample was too small for multivariate analysis to be meaningful. Use in the year prior to interview (no/yes) was chosen as the dependent variable for the analyses because it was the most recent measure of drug use with a sufficiently large sample to allow multivariate analyses. The sociodemographic variables in the model were: sex (male/female), respondent's age (continuous), yearly family income (<$20,000/≥$20,000), currently employed (no/yes), years of education (0–17), and marital status (measured by two dummy variables: separated/divorced/widowed [no/yes] and never married [no/yes], with married as the comparison group). The indicators of acculturation included in the model were: birthplace (continental US/not continental US), and the language index score described previously (range from 1 = Only English to 5 = Only Spanish). Proc LOGIST[1] accounts for sample weights but not design effects;[22] therefore standard errors were corrected for a design effect of 1.5 when calculating p-values and confidence limits.

Multivariate analysis to test interactions between acculturation measures and sociodemographic variables: For each Hispanic group and drug, the model described above served as the basic model to which interaction terms were added and tested one at a time. The interaction terms tested were: language use by birthplace, language use by gender, language use by age, language use by income, language use by education, and language use by marital status. Interactions between language use and birthplace and language use and each of the sociodemographic variables in the model were tested individually.

Test of the final model with all interaction terms: A final model for each drug and Hispanic group—which included all sociodemographic variables, language use, place of birth and all significant interactions as determined in the previous step—was then tested. Language use as a measure of acculturation rather than birthplace was chosen for the interactions because preliminary analyses showed this variable to be most closely associated with drug use.

Results

Sample Characteristics

Table 1 presents selected weighted sample characteristics for each Hispanic group. With the exception of the Puerto Rican sample, which was predominantly female, gender representation was approximately equal. Since drug use patterns have been shown to vary substantially by gender, the overrepresentation of females in the Puerto Rican sample of the HHANES needs to be considered in the interpretation of the findings. The Mexican American and Puerto Rican samples were younger, had a lower yearly family income, and have less formal education than the Cuban American sample. The Puerto Rican sample had a greater proportion of individuals who were unemployed and not currently married compared to the other Hispanic samples. Nearly 60 percent of Mexican Americans were born in the United States mainland, while this was true for only 21 percent of Puerto Ricans and 2 percent of Cuban Americans. Scores on the language use index indicate that Cuban Americans used Spanish more than English, Puerto Ricans were equally divided in language use, and Mexican Americans used English more than Spanish.

Drug Use

Age-adjusted rates for marijuana use: The age-adjusted rates shown in Table 2 indicate that nearly half of Mexican American and Puerto Rican men reported having used marijuana at some point in their lives, while 30.7 percent of Cuban American men reported ever using marijuana. Use of marijuana in the previous year among Hispanic men was reported by 26.6 percent of Puerto Ricans, 22 percent of Mexican Americans, and 12.5 percent of Cuban Americans.

Lifetime use of marijuana was reported by 30.8 percent of Puerto Rican women, but only 19.5 percent of Mexican American women and 11.5 percent of Cuban American women. Compared to lifetime use, use of marijuana in the previous year was reported by fewer women than men in all Hispanic groups. Compared to Mexican American (6.6 per-

TABLE 1—Selected Weighted Sample Characteristics of Hispanic Subgroup

Characteristics	Mexican American (N = 3,303)	Puerto Rican (N = 1,209)	Cuban American (N = 858)
	%	%	%
Sex			
Female	50.3	62.7	44.5
Male	49.7	37.3	55.5
Age (years)			
20–29	36.9	32.2	18.8
30–39	27.6	27.4	21.6
40–44[a]	7.5	11.4	10.7
45–49	6.9	8.6	10.9
50+	20.9	20.3	37.8
Yearly family income			
<$20,000	64.6	70.0	57.7
≥$20,000	35.4	30.0	42.3
Employed	62.2	47.6	67.6
Education (years)			
≤8	33.7	21.3	27.2
9–11	24.4	31.5	19.0
12	23.8	29.5	23.7
>12	18.1	17.8	30.2
Marital status			
Never married	14.5	23.4	12.6
Married	72.0	51.6	69.3
Sep/Div/Wid	13.5	25.0	18.1
US-born[b]	59.3	21.5	2.3
Language use			
English only	26.2	18.2	4.0
Mostly English	30.3	24.0	7.9
Both equally	12.0	17.4	19.9
Mostly Spanish	19.7	31.2	42.7
Spanish only	12.9	9.2	25.6

a) The age category of 40–49 years is split into two groups because the questions on cocaine use were asked only of respondents ages 20–44
b) Refers only to individuals born in the continental US.

TABLE 2—Age-adjusted Rates of Drug Use among Hispanic Men and Women (95 percent confidence intervals)

	Mexican American	Puerto Rican	Cuban American
Marijuana	%	%	%
Males	(N = 1,450)	(N = 440)	(N = 373)
Previous year	22.0	26.6	12.5
	(19.2, 24.8)	(21.9, 31.3)	(5.6, 19.1)
Lifetime	48.8	49.5	30.7
	(45.6, 52.0)	(41.3, 57.7)	(24.5, 37.0)
Females	(N = 1,853)	(N = 769)	(N = 485)
Previous year	6.6	12.5	3.6
	(4.7, 8.5)	(9.8, 15.2)	(1.2, 6.4)
Lifetime	19.4	30.8	11.5
	(15.8, 23.0)	(26.9, 34.7)	(5.5, 17.5)
Cocaine			
Males	(N = 903)	(N = 231)	(N = 141)
Previous year	10.8	26.9	17.1
	(7.6, 14.0)	(18.7, 35.1)	(7.5, 26.7)
Lifetime	19.6	40.6	20.3
	(14.6, 24.6)	(32.0, 49.2)	(8.6, 31.8)
Females	(N = 1,151)	(N = 442)	(N = 207)
Previous year	2.1	13.6	2.7
	(0.8, 3.5)	(9.8, 17.4)	(0.0, 5.4)
Lifetime	6.4	21.2	7.2
	(4.9, 7.9)	(16.5, 25.9)	(4.3, 11.0)

cent) and Cuban American women (3.8 percent). Puerto Rican women reported the highest rate of marijuana use (12.5 percent) in the previous year.

Age-adjusted rates for cocaine use: The age-adjusted rates for lifetime cocaine use indicate that 40.6 percent of all Puerto Rican men reported ever using cocaine and 26.9 percent reported using cocaine in the previous year. Among Mexican American men, 19.6 percent reported ever using cocaine and 10.8 percent reported using cocaine in the previous year. One-fifth (20.3 percent) of Cuban American men reported ever using cocaine and 17.1 percent said they used cocaine in the previous year.

Among women, 21.2 percent of all Puerto Rican women reported lifetime use of cocaine, while 6.4 percent of Mexican American and 7.2 percent of Cuban American women reported ever using cocaine. Use of cocaine in the previous year was reported by 13.6 percent of Puerto Rican women but only 2.1 percent of Mexican American and 2.7 percent of Cuban American women.

Marijuana and cocaine use by place of birth and language use: Figures 1 through 4 present the estimates of use and 95 percent confidence intervals (CI) for marijuana and cocaine use in the previous year by birthplace and language index. Use of marijuana and cocaine was reported more often by US-born Hispanic men and women of all groups than by those who were born outside the continental US (see Figures 1 and 2). Overall, the use of marijuana and cocaine use was highest among English-speaking Hispanic men and women than among those who were bilingual, who in turn were generally more likely to report drug use than those who were primarily Spanish-speakers (see Figures 3 and 4). As found in earlier analyses, in comparison to the other Hispanic groups, Puerto Rican men and women reported the highest use of marijuana and cocaine across language categories and birthplace. It should be noted, however, that sample sizes become very small, especially where drug use among Cuban Americans was reported by birthplace and language use, making these estimates highly unstable.

Multivariate Analysis

Table 3 presents odds ratios of socioeconomic and acculturation variables for use of marijuana and cocaine in the previous year among Mexican Americans and Puerto Ricans. The Cuban American sample of users was too small to conduct multivariate analysis. The odds ratios were

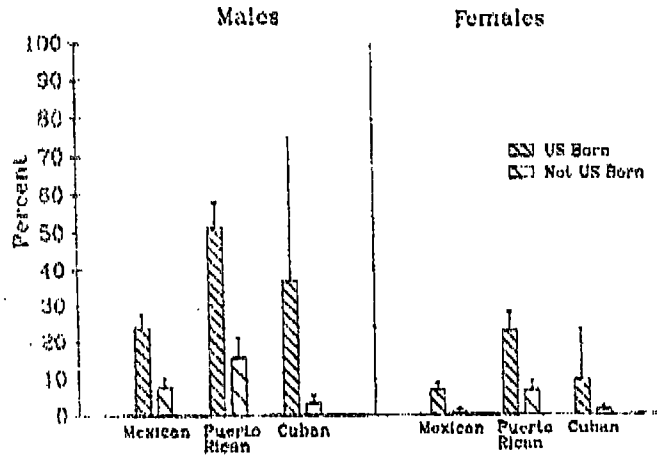

FIGURE 1—Percent of Mexican American, Puerto Rican, and Cuban American males and females who reported using marijuana in the previous year by birthplace
NOTE: Only upper 95 percent confidence limits are presented. The upper and lower limits are equidistant.

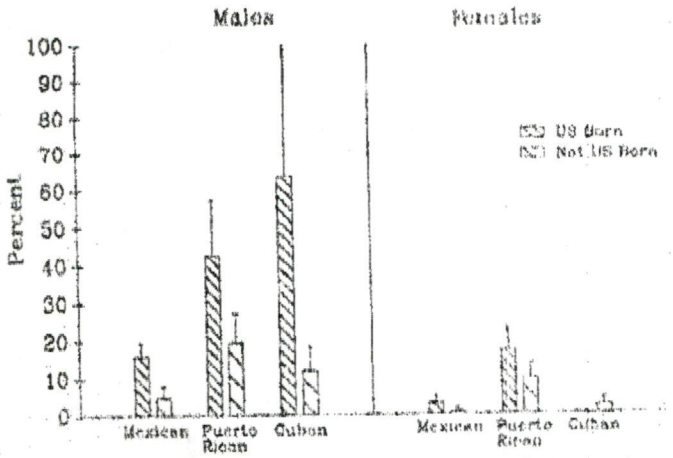

FIGURE 2.—Percent of Mexican American, Puerto Rican, and Cuban American males and females who reported using cocaine in the previous year by birthplace.
NOTE: Only upper 95 percent confidence limits are presented. The upper and lower limits are equidistant.

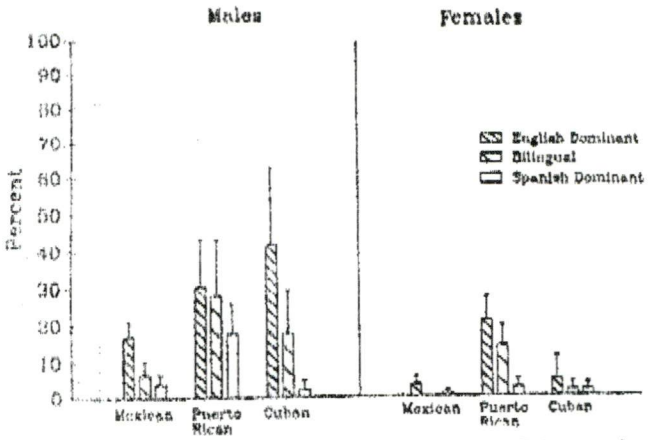

FIGURE 4.—Percent of Mexican American, Puerto Rican, and Cuban American males and females who reported using cocaine in the previous year by language use.
NOTE: Only upper 95 percent confidence limits are presented. The upper and lower limits are equidistant.

developed with separate multivariate logistic regressions for each ethnic group/drug combination.

Marijuana Use

Marijuana use and acculturation effects: In both Mexican Americans and Puerto Ricans, language use was significantly associated with marijuana use in the previous year, even after sociodemographic factors were considered. The odds of using marijuana were eight times greater for Mexican Americans and five times greater among Puerto Ricans who were English-speaking than among Spanish-speakers.

Marijuana use and interaction effects: A final model, which included the significant interactions (see Methods) in addition to the basic model presented in Table 3, was tested separately for Mexican Americans ($\chi^2 = 611.84$, df = 12, $p < .0001$) and Puerto Ricans ($\chi^2 = 236.78$, df = 10, $p < .0001$).

Among Mexican Americans, marijuana use in the previous year was often reported by those who were younger ($p < .0001$), not employed ($p < .05$), separated/divorced/widowed ($p < .0002$), and never married ($p < .03$). In addition, significant interactions between language and sex ($p < .02$), language and education ($p < .05$), and language and never-married status ($p < .03$) were found. These interactions suggest that among Mexican Americans, speaking English was *more* strongly associated with a higher rate of marijuana use in the previous year among: women in comparison to men; those who have less formal education in comparison to those with more formal education; and those who were married compared to those who were not married.

Among Puerto Ricans, marijuana use in the previous year was most often reported by males ($p < .0001$), young adults ($p < .0001$), individuals with less education ($p < .05$), and those who were predominantly English-speaking ($p < .02$). One marginally significant interaction (language by education, $p < .08$) suggests that use of English among Puerto Ricans was *more* strongly associated with a higher rate of marijuana use in the previous year among those with less education than among those with more education.

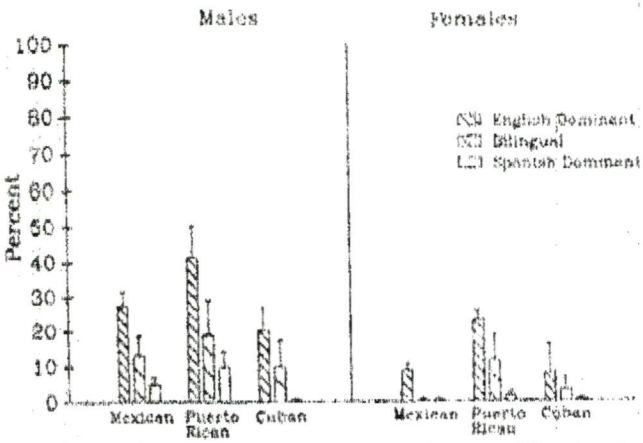

FIGURE 3.—Percent of Mexican American, Puerto Rican, and Cuban American males and females who reported using marijuana in the previous year by language use.
NOTE: Only upper 95 percent confidence limits are presented. The upper and lower limits are equidistant.

Cocaine Use

Cocaine use and acculturation effects: Once sociodemographic variables were taken into account, language use was significantly associated with use of cocaine in the previous year among both Mexican Americans and Puerto Ricans (Table 3). The odds of using cocaine were 25 times greater among Mexican Americans who scored toward the English-dominant end of the language use index than among those who were Spanish-dominant. Among Puerto Ricans, English-speakers were two times more likely than were Spanish-speakers to report cocaine use in the previous year, but the association was weak.

Cocaine use and interaction effects: A final model, which included the basic model presented in Table 3 in addition to all significant interactions, was tested separately for Mexican Americans ($\chi^2 = 257.22$, df = 11, $p < .0001$) and Puerto Ricans ($\chi^2 = 158.29$, df = 12, $p < .0001$).

Among Mexican Americans, cocaine use in the previous year was most likely to be reported by those who were: male ($p < .0001$), young adults ($p < .0001$), less educated ($p < .002$), separated, divorced or widowed ($p < .006$), English-speakers ($p < .0001$), and born in the US ($p < .005$). Two significant interactions between language and birthplace ($p < .001$) and language and education ($p < .001$) suggest that use of English was *more* strongly associated with a higher rate of cocaine use among Mexican Americans who were US-born

TABLE 3--Odds Ratios (95 percent confidence intervals) of Sociodemographic and Acculturation Variables for Use of Marijuana and Cocaine in the Previous Year among Mexican Americans and Puerto Ricans, Multivariate Logistic Regressions

	Mexican Americans		Puerto Ricans	
	Marijuana	Cocaine	Marijuana	Cocaine
Variables	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Sex				
Male vs. female	7.17 (0.78, 10.75)	7.52 (4.11, 13.77)	3.14 (1.93, 5.11)	2.66 (1.58, 4.49)
Age				
20 vs 40 years	8.33 (5.21, 13.32)	6.44 (2.74, 15.15)	6.03 (3.26, 11.15)	9.17 (3.63, 23.16)
Yearly Family Income				
<$20K vs >=$20K	1.15 (0.81, 1.63)	0.75 (0.47, 1.20)	0.67 (0.40, 1.13)	0.65 (0.36, 1.17)
Employment				
Employed vs not	0.66 (0.45, 0.96)	0.94 (0.53, 1.67)	1.21 (0.72, 2.02)	1.98 (1.12, 3.50)
Education				
8 vs 16 years	0.79 (0.48, 1.29)	1.24 (0.60, 2.54)	0.91 (0.43, 1.91)	0.95 (0.42, 2.16)
Marital Status				
Sep/div/wid vs married	2.53 (1.54, 4.15)	2.76 (1.37, 5.51)	1.68 (0.89, 3.18)	3.70 (2.03, 6.74)
Single vs married	0.84 (0.56, 1.26)	1.14 (0.67, 1.95)	1.10 (0.62, 1.94)	2.55 (1.37, 4.75)
Birthplace				
US vs not US	1.54 (0.75, 3.17)	1.03 (0.50, 2.14)	1.44 (0.88, 2.49)	0.92 (0.37, 2.31)
Language Use				
English vs Spanish	8.62 (3.40, 21.86)	25.44 (6.56, 98.68)	5.32 (1.83, 15.46)	2.19 (0.69, 6.95)
ChiSquare	472.02	199.98	306.71	123.57
p	.0001	.0001	.0001	.0001

than among those who were Mexican-born and among those who had low educational attainment than among those with high educational attainment.

Among Puerto Ricans, cocaine use in the previous year was reported most often by those who were young adults ($p < .0001$), employed ($p < .04$), separated, widowed or divorced ($p < .0001$), never married ($p < .005$), and born in the US mainland ($p < .05$). Significant interactions between language and birthplace ($p < .04$) and language and sex ($p < .005$) suggest that greater use of English was *more* strongly associated with a higher rate of cocaine use among men than among women and among Puerto Ricans born on the island than those born on the US mainland. In addition, a marginally significant interaction between language and education ($p < .07$) suggests that the use of English was *more* strongly associated with cocaine use among Puerto Ricans of low educational attainment than those with higher educational attainment.

Discussion

The results indicate that the rate of marijuana and cocaine use among Hispanics, especially among Puerto Ricans, is higher than that for non-Hispanic Whites.[3] Because previous large-scale studies have not distinguished between the three largest Hispanic groups, the higher rates of drug use among Puerto Ricans may have been diluted by combining them with other Hispanics, who have drug use rates similar to those reported for non-Hispanic Whites.

It is possible that the higher rates of drug use among Puerto Ricans compared to other Hispanic groups reflect regional patterns of drug use. Some support for this interpretation is found in the data from the National Household Survey,[3] in which prevalence of lifetime and previous year marijuana and cocaine use was highest among those living in the Northeast region of the US. However, the lifetime and previous year rates for cocaine use among Puerto Ricans in the HHANES were higher than those reported in the general population of the US Northeast corridor. For example, data from the National Household Survey indicate that 8 percent of women, and 18 percent of men in the general Northeast population have used cocaine at some point in their lives. These rates were much lower than those estimated for Puerto Ricans from the HHANES (21.2 percent and 40.6 percent, respectively). Comparisons of estimates for use of cocaine in the previous year follow a similar pattern, suggesting that use of cocaine cannot be attributed solely to the geographic location.

The results also indicate that acculturation into US society, as reflected by language use, was accompanied by a higher prevalence of illicit drug use. This relationship holds true even when sociodemographic variables are taken into account. Yet, the relative strength of the association between acculturation measures and drug use varied across Hispanic subgroup and by drug. While the cross-sectional design of this study does not allow for an analysis of the process of acculturation, the results lead us to believe that it is important to develop research to further investigate the nature of the acculturation process among Hispanic subgroups and its relationships to drug use.

One possible factor which influences the impact of acculturation on drug use is the social context of drug use in the native country. For example, it is possible that drug

factors which impact drug use among Hispanics living in the US mainland, research is needed on social norms and drug use practices in the countries from which Hispanics originate.

The results also suggest that the relation of acculturation to drug use differs across education levels. Acculturation, as measured by language use, had the strongest relation to drug use among those who were least educated. Mexican Americans and Puerto Ricans who were highly acculturated, but had not enjoyed access to educational resources of American society, were most likely to report marijuana and cocaine use. Similar findings indicating that high acculturation is associated with alcohol use among poor Hispanic men have been reported in the literature.[17,21,26] Acculturation, when accompanied by poverty and/or lack of access to education, may resemble what Berry termed "marginalization."[27] In this type of acculturation, an individual loses essential features of his/her culture and at the same time has not entered the larger society. This type of acculturation results in feelings of alienation and loss of identity, is highly stressful, and places an individual at high risk for poor mental health outcomes.[27]

Our findings also suggest that, in some cases, the relationship of acculturation to drug use varies by sex. Once socioeconomic factors were considered, the gender gap in marijuana use was relatively small among Mexican Americans who speak primarily Spanish. This contrasts with the rates of drug use among those who were predominantly English-speaking, for whom the rates were much higher among men than among women. Yet, the relative difference in drug use between Spanish- and English-speakers was larger among women than men. This finding is consistent with reports in the alcohol literature, which suggest that acculturation is more strongly associated with alcohol use among Mexican American women than among Mexican American men.[16,17] However, among Puerto Ricans, acculturation was more strongly associated with cocaine use among men than among women. The findings indicating that acculturation is differentially associated with drug use across educational levels and gender leads us to suspect that acculturation, as it relates to drug use, is integrally affected by the social and economic context in which an individual becomes socialized and lives. The impact of gender roles and educational attainment on drug use and their relation to acculturation among Hispanics deserves empirical investigation.

HHANES, although the first large scale survey to provide information on drug use among various Hispanic groups in the US, is limited in several ways. First, the measures of acculturation used in the HHANES were developed for Mexican Americans and not for Puerto Ricans and Cuban Americans. Second, measures of drug use employed in the HHANES do not allow assessment of the degree or context of drug use or the impact of drug use on functioning. Third, the HHANES employed self-reported measures of drug use, which are vulnerable to multiple threats to validity.[28] Respondents tend to underreport socially undesirable behaviors. What is deemed undesirable behavior may differ among women and men and among those who are not acculturated compared to those who are highly acculturated. If gender roles and culture determine norms regarding drug use, then the validity of self-reported drug use may also vary by these factors. Even with these limitations, the of the process of acculturation among Hispanics and other immigrant groups.

The present findings also indicate the need for further studies of drug use among Hispanics, especially Puerto Ricans on the mainland and on the island. Because of the close political, economic, and legal ties between Puerto Rico and the United States mainland, and because of the continuous migration to and from Puerto Rico, drug availability and norms of drug use in the continental US may have a direct effect on drug use among Puerto Ricans living on the island. Yet, Puerto Rico is not usually included in national studies of drug use, leaving a critical gap in knowledge about a substantial Hispanic population in the US. Further, public education campaigns and prevention efforts to reduce initiation into drug use have not typically included Puerto Ricans on the island. Policy initiatives are needed to develop and implement prevention programs aimed at the Puerto Rican population on both the island and in the mainland. Such initiatives should include ongoing mechanisms for gathering information on drug use among Puerto Ricans.

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grams) at birth?" and "What is the total number of live births you have had?"

- For *primipara*, "Did this (the only) child weigh less than 5½ pounds (2,500 grams) at birth?"
- Other questions asked of *all women* were "What is the total number of miscarriages you have had?" and "How many times have you been pregnant?"

Generation, which is determined by the birthplace of the subjects, was selected as the primary independent variable. To allow for sufficient sample size, the original three-generation coding given in the data tape (first generation born in Mexico; second generation not born in Mexico, one or both parents born in Mexico; third or higher generation, neither parent born in Mexico) was collapsed into two groups: 1) subjects born in Mexico whose parents were born outside the US, and 2) subjects born in the US who had at least one parent born in Mexico or of Mexican descent.

Other social, behavioral, and medical variables were initially screened if they have been reported in the literature as significantly related to birthweight or miscarriages in non-Hispanic populations.[13,14] Only those variables that were at least moderately associated ($p \leq .20$) with LBW in pairwise analyses and/or with miscarriages in separate pairwise analyses (adjusting for number of live births and number of pregnancies, respectively) were included for further study.

The *social variables* considered in the predictive models for LBW and miscarriages are: 1) Medicaid coverage in the last 12 months prior to the interview; 2) highest grade of regular school completed; 3) family income which is the combined income obtained in the last 12 months from jobs, public assistance, rents, interests or other sources; 4) marital status which refers to whether a spouse is living in the home; and 5) age in years at the time of the interview.

The *behavioral factors* are: 1) current drinker status determined by asking of non-abstainers whether they have had a drink in the last 28 days; 2) current smoker status determined by the question "Do you currently smoke cigarettes?"; and 3) interval, in years, since the last Pap smear test, recoded into four ordinal categories ranging from last two weeks to never.

Medical factors include: 1) self-reported physician-diagnosed blood pressure or hypertension; 2) Quetelet index, i.e., a body mass index based on self-reported weight at age 25 and height (weight/height^2). On the basis of the pairwise analyses described above, three additional variables were included in the model for miscarriages, namely: self-reported physician diagnosed diabetes, heart problems, and self-perceived health status ranging from very good to poor.

Differences between the two generational groups for each independent and outcome variable were examined by performing Student's two sample t-tests for the continuous variables and chi-square tests for the categorical variables. Since the HHANES is a multistage, stratified probability sample of clusters of persons in area-based segments,[18] estimates were weighted using the "examined weights" and complex design effects were taken into account using the Super Carp program.[20] To facilitate presentation, only the weighted values and statistics are presented in the generational profile in Table 1.

Logistic regression was used (SAS Logist procedure)[21] to examine the effects of generation on each outcome variable controlling for the social, medical, and behavioral factors studied. Only cases which had complete information on all these variables were included in the analyses (n = 1,078). We ran simultaneous logistic regressions for all women and then separate models for primipara and multipara. From these results we estimated odds ratios and their 95 percent confidence intervals. For continuous or ordinal predictors, standardized odds ratios are estimated. These are presented in Tables 2–5. To check whether the statistical significance of some variables might be affected by collinearity with other variables, the simultaneous logistic procedure was followed

TABLE 1—Maternal Characteristics by Generation for Hispanic Women, HHANES 1982–84

	First Generation			Second Generation and Beyond			
Characteristics	N = 543	Weighted Mean or %*	S.E.	N = 847	Weighted Mean or %*	S.E.	p**
Social							
Education, M in years	543	M = 7.1	0.2	847	M = 10.6	0.3	.000
Income, M in $1,000 increments	543	M = 14.1	0.3	847	M = 15.8	0.4	.009
Medicaid last 12 months	541	6.9%	1.4	842	8.6%	1.1	.168
Married	541	75.8%	2.3	847	70.0%	2.0	.094
Age, M in years	543	M = 34.1	0.5	847	M = 34.3	0.4	.763
Live births, M number	543	M = 3.3	0.8	847	M = 3.1	0.4	.827
Behavioral							
Current smoker	528	21.1%	1.3	798	28.1%	1.6	.009
Current drinker	542	6.0%	1.0	847	12.4%	1.3	.005
Never had a Pap smear	538	11.1%	1.3	832	3.3%	1.1	.002
Biological							
History of high blood pressure	543	21.4%	2.2	847	22.4%	1.9	.740
Quetelet Index at age 25	446			801			
Low Quetelet Index		30.8%	1.6		28.6%	1.4	.517
Medium Quetelet Index		56.8%	2.3		55.7%	1.7	
High Quetelet Index		12.5%	2.3		15.7%	2.7	
History of diabetes	543	5.1%	0.5	847	8.0%	0.4	.002
History of heart problems	543	2.4%	0.6	846	4.8%	0.8	.043
Perceived health status, M	542	M = 3.28	0.03	847	M = 2.83	0.04	.000
Pregnancies, M number	543	M = 3.9	0.7	847	M = 3.7	0.6	.834

SOURCE: Hispanic Health and Nutrition Examination Survey, 1982–1984.
*Complex design effects also taken into account.
**p values represent the significance level for the first and second generation comparison in the weighted analysis.

up with a backwards stepwise regression.[21] Data in the models were weighted according to the scaled weighting procedure proposed by the National Center for Health Statistics, where the sum of the weights is equal to the observed sample size.[22] The results on Tables 2–5 were also examined adjusting for complex design effects using the estimated average design effect of 1.5 as described by Delgado, et al.[23]

Results

Generational Profiles of Maternal Characteristics

The two generational groups were similar with respect to age at interview (34.1 years for the first and 34.3 years for the second) and the proportion of primiparous women (19.7 percent in the first and 20.8 percent in the second). The findings in Table 1 indicate that a variety of significant changes take place between the first and second generation or beyond. Second generation women have a significantly higher educational attainment than first generation women. On the average they have 3½ more years of formal schooling. Family income is also significantly higher in the second generation despite the fact that, compared with the first generation, there are more women living without a spouse at home. From a behavioral standpoint, far more second generation women are smokers and drinkers than first generation women. However, significantly fewer second generation women have never had a Pap smear compared with those in the first. No significant differences in high blood pressure or Quetelet index were found between the two generations, but second generation women had significantly higher proportions of physician-diagnosed diabetes and heart problems. Despite reporting more medical problems, second generation women perceived their health status significantly better than first generation women.

Generational Effects on Low Birthweight

The percentage of low birthweight out of the total live births for Mexican origin mothers is 5.3 (S.E. = 0.04). This estimate is similar to the rates based on birth certificate data reported by Williams[1] (5.3 percent) and Ventura[4] (5.6 percent) and higher than those reported by Scribner and Dwyer[10] (4.8 percent) using an HHANES sample of older women up to age 74. Similar to Scribner and Dwyer, we found that LBW rates differ significantly for the two generational groups. Out of the total live births for the first generation 3.9 percent (S.E. = 0.7) are of LBW, whereas out of the total live births for the second generation, 6.1 percent (S.E. = 0.7) are of LBW. The generational effects on LBW are significant, even after adjusting, in a logistic regression model, for the social, behavioral and medical characteristics. The risk of LBW is 1.73 times higher (95% CI = 1.11, 2.71) in the second generation compared with the first (Table 2). This result remains significant even after adjusting for complex design effects.

We examined the generational differences in birthweight outcomes in the two parity groups and found that, in the first generation, the LBW rate was 6.3 percent (S.E. = 1.8) in primipara and 3.8 percent (S.E. = 0.05) in multipara. In the second generation, primipara also had higher rates: 9.7 percent (S.E. = 2.4) compared with 5.9 percent (S.E. = 0.06) in multipara. These estimates indicate that although the percentage of LBW increases in the second generation, in both generations primipara have LBW rates that are almost 1.5 times higher than multipara.

As shown in Table 3, we found that after adjusting for the potential confounders included in the logistic regression model, the risk of LBW is approximately four times higher for second than first generation primiparous women (OR 4.08; 95% CI = 0.81, 20.45). The risk factor, however, was not statistically significant at the p = .05 level, possibly due to small sample size. The risk for LBW is five times higher for primiparous women with a physician-diagnosed history of high blood pressure (OR 5.07; 95% CI = 1.59, 16.20) and it almost doubles when the interval since last Pap smear is greater than one standard deviation from the mean (OR 1.87; 95% CI = 1.09, 3.20). After adjusting for complex design

TABLE 2—Adjusted Odds Ratios* for Low Birthweight (n = 1078)

Variables	Adjusted Odds Ratios*	95% CI
Generation (0 = first, 1 = second or beyond)	1.73	1.11, 2.71
Number of live births	1.37	1.13, 1.67
Age at interview	1.13	0.91, 1.41
Marital status (0 = no spouse home; 1 = spouse at home)	0.92	0.58, 1.47
Years of education	0.93	0.75, 1.15
Income	0.93	0.75, 1.14
Medicaid coverage (0 = no; 1 = yes)	0.83	0.39, 1.78
Current drinker status (0 = abstainer; 1 = drinker)	0.76	0.41, 1.40
Current smoker status (0 = no; 1 = yes)	1.58	1.05, 2.38
Interval since last Pap smear	1.01	0.84, 1.21
Low Quetelet index at age 25 (0 = no; 1 = yes)	1.46	**
High Quetelet index at age 25 (0 = no; 1 = yes)	1.26	
History of high blood pressure (0 = no; 1 = yes)	1.25	0.82, 1.91

SOURCE: Hispanic Health and Nutrition Examination Survey: 1982–84
*Logistic regression analysis techniques were used to obtain the adjusted odds ratios.
*For the continuous and ordinal variables, live births, age at interview, education, income and interval since last pap smear, standardized odds ratios are presented. (The odds ratio of LBW for the increase of one standard deviation of the predictor.)
**To evaluate the Quetelet index (a nominal variable with 3 categories), a X^2 test statistic with 2 D.F. was obtained from the difference of two log likelihood functions and was found to be not statistically significant.

TABLE 3—Adjusted Odds Ratios* for Low Birthweight among Primiparous Women (n = 167)

Variables	Adjusted Odds Ratios*	95% CI
Generation (0 = first, 1 = second or beyond)	4.08	0.81, 20.45
Age at interview	0.97	0.53, 1.77
Marital status (0 = no spouse home, 1 = spouse at home)	1.23	0.31, 1.51
Years of education	0.98	0.51, 1.91
Income	1.32	0.68, 2.59
Medicaid coverage (0 = no; 1 = yes)	0.30	0.02, 4.18
Current drinker status (0 = abstainer; 1 = drinker)	0.93	0.78, 1.11
Current smoker status (0 = no; 1 = yes)	0.62	0.16, 2.43
Interval since last Pap smear	1.87	1.09, 3.20
Low Quetelet index at age 25 (0 = no; 1 = yes)	1.28	**
High Quetelet index at age 25 (0 = no; 1 = yes)	1.06	
History of high blood pressure (0 = no; 1 = yes)	5.07	1.59, 16.20

SOURCE: Hispanic Health and Nutrition Examination Survey: 1982–84
*Logistic regression analysis techniques were used to obtain the adjusted odds ratios.
*For the continuous and ordinal variables, standardized odds ratios are presented.
**To evaluate the Quetelet index (a nominal variable with 3 categories), a x^2 test statistic with 2 D.F. was obtained from the difference of two log likelihood functions and was found to be not statistically significant.

effects, the only significant predictor that remained was blood pressure.

The effect of generation on LBW was significant for multiparous women. The findings in Table 4 show that the risk of LBW is almost double for second generation women (OR 1.69; 95% CI = 1.05, 2.84) and for current smokers (OR 1.79; 95% CI = 1.16, 2.76). Smoking remained a significant predictor even after adjusting for complex design effects. Results similar to those obtained with the logistic regression techniques were obtained when doing backwards stepwise regressions for primipara and multipara.

Generational Effects on Miscarriages

The percentage of miscarriages out of the total number of pregnancies for Mexican origin mothers is 12.7 percent (S.E. = 0.59). This rate falls within the expected range for spontaneous abortions in the mainstream population.[14] Furthermore, the rates for the two generational groups are not significantly different. Out of the total number of pregnancies for the first generation, 13.1 percent (S.E. = 0.99) have had miscarriages. For the second generation the percentage of miscarriages is 12. 5 percent (S.E. = 0.60).

Using logistic regression, we examined whether generation becomes a significant predictor of miscarriages after adjusting for the social, behavioral and medical factors listed in Table 5. Generation was not a significant predictor of miscarriages (OR 0.81; 95% CI = 0.57, 1.15). The adjusted odds ratios reported in Table 5 indicate that miscarriages increase 1.25 times with every increase in one standard deviation in education (95% CI = 1.04, 1.51); it increases 1.47 times (95% CI = 1.79, 1.22) with every decrease in one standard deviation in age and 1.43 times among women without a spouse living at home (95% CI = 2.13, 0.97). Education and age remained significant after adjusting for complex design effects.

Since Scribner and Dwyer[10] reported that generation was not as strong a predictor of pregnancy outcome as acculturation, we examined the role of acculturation in predicting miscarriages. Like Scribner and Dwyer, we looked at the effect of the acculturation index with and without including generation and found that it was not a significant predictor of miscarriages.

Nor was generation a significant predictor of miscarriages when logistic models were constructed separately for primipara and multipara (primipara: OR 0.76; 95% CI = 0.31, 1.87; multipara: OR 0.91; 95% CI = 0.62, 1.34). However, for primipara, an older age at interview (OR 1.74; 95% CI = 1.17, 2.57) and Medicaid coverage (OR 3.30 95% CI = .93; 11.69) was positively associated with miscarriages, whereas in multipara age and socioeconomic factors were inversely associated with miscarriages (age OR 0.64; 95% CI = 0.52, 0.78; income OR 1.17; 95% CI = 0.97, 1.42; education OR 1.22; 95% CI = 1.00, 1.49).

TABLE 4—Adjusted Odds Ratios† for Low Birthweight among Multiparous Women (n = 892)

Variables	Adjusted Odds Ratios*	95% CI
Generation (0 = first, 1 = second or beyond)	1.69	1.05, 2.84
Number of live births	1.37	1.11, 1.68
Age at interview	1.18	1.05, 1.33
Marital status (0 = no spouse home, 1 = spouse at home)	0.86	0.52, 1.44
Years of education	0.92	0.73, 1.16
Income	0.89	0.79, 1.11
Medicaid coverage (0 = no; 1 = yes)	0.97	0.43, 2.20
Current drinker status (0 = abstainer; 1 = drinker)	0.79	0.41, 1.52
Current smoker status (0 = no; 1 = yes)	1.79	1.16, 2.76
Interval since last Pap smear	0.89	0.72, 1.09
Low Quetelet index at age 25 (0 = no; 1 = yes)	1.46	**
High Quetelet index at age 25 (0 = no; 1 = yes)	1.38	
History of high blood pressure (0 = no; 1 = yes)	0.95	0.60, 1.51

SOURCE: Hispanic Health and Nutrition Examination Survey: 1982–84
†Logistic regression analysis techniques were used to obtain the adjusted odds ratios.
*For the continuous and ordinal variables, standardized odds ratios are presented.
**To evaluate the Quetelet index (a nominal variable with 3 categories), a χ^2 test statistic with 2 D.F. was obtained from the difference of two log likelihood functions and was found to be not statistically significant.

TABLE 5—Adjusted Odds Ratios† for Miscarriages (n = 1076)

Variables	Adjusted Odds Ratios*	95% CI
Generation (0 = first, 1 = second or beyond)	0.81	0.57, 1.15
Pregnancy number	3.92	3.09, 4.96
Age at interview	0.68	0.56, 0.82
Marital status (0 = no spouse home, 1 = spouse at home)	0.69	0.47, 1.03
Years of education	1.25	1.04, 1.51
Income	1.15	0.97, 1.37
Medicaid coverage (0 = no; 1 = yes)	0.96	0.52, 1.75
Current drinker status (0 = abstainer; 1 = drinker)	0.99	0.60, 1.61
Current smoker status (0 = no; 1 = yes)	1.11	0.78, 1.58
Interval since last Pap smear	0.91	0.78, 1.06
Low Quetelet index at age 25 (0 = no; 1 = yes)	1.13	**
High Quetelet index at age 25 (0 = no; 1 = yes)	0.96	
History of high blood pressure (0 = no; 1 = yes)	1.23	0.86, 1.76
History of diabetes (0 = no; 1 = yes)	1.25	0.70, 2.24
History of heart problems (0 = no; 1 = yes)	1.07	0.52, 2.20
Perceived health status	1.09	0.93, 1.29

SOURCE: Hispanic Health and Nutrition Examination Survey: 1982–84
†Logistic regression analysis techniques were used to obtain the adjusted odds ratios.
*For the continuous and ordinal variables, standardized odds ratios are presented.
**To evaluate the Quetelet index (a nominal variable with 3 categories), a χ^2 test statistic with 2 D.F. was obtained from the difference of two log likelihood functions and was found to be not statistically significant.

Discussion

The findings from this study show that for the Mexican origin population in the United States the percentage of LBW was 5.3 and the percentage of miscarriages was 12.7. Whereas the incidence of LBW in this population is lower than that for the general population, the rate of miscarriages seems similar to what is expected for the mainstream population.[3,8,14]

Mexican Americans are a heterogeneous group and our analysis demonstrates that wide variations are found according to generation and parity. US-born Mexican Americans are at 60 percent higher risk for LBW than Mexico-born women. Furthermore, the rate of LBW among US-born primipara at 9.7 percent begins to approximate that of the Black population.[19]

The findings, based on a rich array of variables, further demonstrate that across generations, significant changes take place in certain bio-social-behavioral characteristics of mothers which are associated with pregnancy outcomes (Table 1). While second generation Mexican American women show a higher educational and income status and more use of health care relative to their first generation counterparts, certain behavioral characteristics such as smoking and drinking behaviors actually deteriorate in the second generation. The

second generation also has higher rates of physician-diagnosed diabetes and heart problems. However, this could be a result of improved access to care rather than to poor health status.

Our multivariate models indicate that generation is a significant predictor of LBW but not of miscarriages. This evidence points to two important findings: first, even after controlling for other factors, US-born Mexican origin women of the second generation or beyond have a higher likelihood of giving birth to LBW infants; and second, these patterns are not consistent for all pregnancy outcomes.

According to the acculturation model, the behaviors or lifestyles that protect women against adverse pregnancy outcomes are associated with a Mexican cultural orientation which predates pregnancy. If this were the case, we would have expected that generation (as a proxy for acculturation) would have been a significant predictor, not only of LBW but also of miscarriages. Evidence from this study does not support this conclusion. The findings show no significant effects of generation or the acculturation index on miscarriages. Rather than cultural factors, the results suggest that socioeconomic, genetic, and unaccounted medical factors are better predictors of miscarriages in Latinas.

Furthermore, the findings do not support the hypothesis that increased fetal losses explain the more favorable LBW outcomes in first generation Mexican-Americans.[12,13] The 13.1 percent miscarriage rate in the first generation was very similar to the 12.5 percent found in the second generation.

However, the possibility of reporting bias cannot be discounted in this study. Underreporting miscarriages among first generation women could occur as a result of less education which leads to less body awareness or less likelihood of recognition of miscarriages. Furthermore, compared with US-born, Mexico-born women are more likely to seek prenatal care late or none at all,[5] and thus are less likely to receive a medical diagnosis if miscarriages occur. Conversely, because induced abortion in Mexico is illegal, Mexico-born women could be misreporting induced abortion as miscarriages to make it more acceptable.[24] The possibility of measurement error also arises given the potential ambiguity concerning what events actually constitute a miscarriage. We suspect that miscarriages may be more prone to reporting bias than LBW, particularly among less educated women. Hence, further studies are needed to confirm the validity of the fetal loss hypothesis.

Because the HHANES is a cross-sectional, retrospective survey, variables do not necessarily measure the conditions or behaviors at the time of birth, hence possibly washing away some of the effects. In this study, the recall bias was as long as 40 years and no attempts at verifying the accuracy of the miscarriage or LBW information given to the mother at the time of delivery were made in the HHANES. Nevertheless, some of the traditional risk factors e.g. smoking for LBW and e.g. age for miscarriages are corroborated using the HHANES data. Furthermore, the results of LBW are consistent with those found by Williams, *et al.*[1] in California. The latter found that the lower rates of LBW among Mexico-born compared with US-born women of Mexican origin could not be the result of systematic underreporting by Mexican women.

In conclusion, the findings from the HHANES suggest that cultural explanations of differential pregnancy outcomes in women of Mexican origin must be restricted to LBW. The evidence strongly argues for the need to include generation as a risk factor when doing studies of LBW in Mexican-Americans. Further studies are also needed to assess the extent to which prematurity or intrauterine growth retardation determine pregnancy outcomes in each generation. This is a question that cannot be addressed in the HHANES.

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III. Health Risk Behaviors of Hispanics in the United States: Findings from HHANES, 1982–84

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Abstract: With data from the Hispanic Health and Nutrition Examination Survey (HHANES), we examined several health risk behaviors (cigarette smoking, alcohol use, dietary practices, and recency of health screening) of Mexican American, Cuban American, and Puerto Rican adults (ages 20–74). For each sample, a greater percentage of men than women smoked cigarettes and used alcohol. Heavy smoking (20+ cigarettes per day) was most prevalent for Cuban American males, and heavy drinking (1.00+ oz ethanol per day) was most prevalent for Mexican American and Puerto Rican men. Acculturation correlated positively with alcohol use (particularly for females) and negatively with dietary balance (for Mexican American men and women). The Puerto Ricans' diet was less balanced than that of the other two groups. For each sample, more men than women had not had a routine physical or dental examination within the past five years; the recency of screening was lowest for Mexican American men. Screening (including Pap smear for the women) was lower for those who smoked cigarettes and for those with poor dietary practices, indicating that many Hispanics at special risk of disease underutilize preventive health services, increasing the likelihood of diagnosis at a later stage of illness. [*Am J Public Health* 1990; 80(Suppl):20–26.]

Introduction

Compared to non-Hispanic Whites in the United States, Mexican Americans underutilize preventive health services such as routine physical check-ups, dental and eye examinations, and prenatal care.[1–5] When they present with an illness, the illness frequently is at a later stage.[6,7] Consequently, Mexican Americans are at greater risk of morbidity and mortality than the general United States population.[8]

The screening behavior of persons of Mexican heritage has been shown to be affected by: *access to care*, such as having a regular family physician and health insurance coverage;[2,3,5,9] *cultural variables* such as adaptation to the practices of American society;[5,10–12] and *sociodemographic factors* such as income, education, age, and gender.[13,14] The extent to which utilization of preventive health services is influenced by attitudinal and behavioral factors, however, has received much less attention.

Attitudes about health are reflected in many behaviors. For example, those who smoke cigarettes heavily,[15–17] drink alcohol excessively,[18,19] or maintain an unbalanced and unvaried diet (e.g., high in fried meats and low in fruits, vegetables, and fiber[17,20,21]) place themselves at increased risk of specific diseases, such as cancer of the lungs, pancreas, colorectal area, and prostate,[17,20–25] and hypertension and coronary heart disease.[26,27] Ideally, individuals who engage in these "health risk behaviors" should use screening services regularly in order to monitor their health status. We suspect, however, that (after controlling for income, education, age, and acculturation) they use those services *less* frequently than individuals who do not engage in such behaviors, based on the assumption that such behaviors are components of a constellation that emanates from a general attitude toward health promotion and disease prevention.[28] This cluster of behaviors is likely to contribute to the presence of illness and to diagnosis at a later stage.

We provide data on the prevalence of these health risk behaviors among Mexican American, Cuban American, and Puerto Rican adults, and examine the extent to which recency of screening (physical and dental examination, Pap smear) is correlated with them.

NOTE: Author affiliations are listed elsewhere under CONTRIBUTORS.

Methods

Sample

The study used data from the Hispanic Health and Nutrition Examination Survey (HHANES), conducted by the National Center for Health Statistics (NCHS) from 1982–1984. This survey sampled Mexican Americans from five southwestern states, Cuban Americans from Dade County (Miami) Florida, and Puerto Ricans from the New York City area. For detailed information about the complex sampling design see the methodological paper by Delgado, *et al.*,[29] at the beginning of this supplement and the NCHS plan and operation of HHANES.[30]

Our analyses focused on adults (20–74 years of age) from each of these three samples. Table 1 presents the total sample sizes in this age range, the analytic sample sizes, and selected sample characteristics. Analyses were restricted to eligible Hispanic sample persons who provided data on each variable used in this study. Of the total number of Mexican Americans, Cuban Americans, and Puerto Ricans (20–74) sampled, 85 percent, 86 percent, and 87 percent, respectively, were included in the analytic samples.

Measures

Health Service Utilization—Recency of physical examination was measured by asking "How long has it been since you had a *routine* physical examination, that is, not for a particular illness, but for a general check up?" Responses were coded on a 5-point scale ranging from "never" [1] to "less than one year ago" [5]. Recency of dental examination was assessed by asking how long it was since they saw a dentist or dental hygienist for dental care (coded from "never" [1] to "six months ago or less" [6]). Recency of Pap smear was examined for the women ("never" [1] to "less than one year ago" [7]).

Cigarette Smoking—This behavior was measured two ways: (a) a dichotomous measure reflected whether or not the respondent was a current cigarette smoker (current smoker = 1; does not currently smoke cigarettes, cigars, or pipes = 0; the few persons who smoked cigars or pipes only were not included in the analyses); or (b) among current cigarette smokers, each was assigned a score indicating the number of cigarettes smoked per day. These two measures allowed us to examine whether the effects of smoking are due to mere

TABLE 1—Sample Characteristics

	Mexican Americans		Cuban Americans		Puerto Ricans	
Age range (years)	20–74		20–74		20–74	
Total sample (20–74)	3326		865		1220	
Analytic sample size	2824		745		1066	
Men	1249		330		389	
Women	1575		415		677	
	M	F	M	F	M	F
Marital Status						
% Married—spouse in home	76.5	65.3	74.6	65.6	60.5	39.0
% Married—spouse not home	2.0	1.9	1.3	1.6	2.8	5.1
% Widowed	1.1	6.3	0.5	7.8	0.3	5.8
% Divorced	3.7	7.5	7.8	12.0	7.5	13.4
% Separated	1.6	6.4	1.6	3.1	4.4	14.3
% Never married	14.9	12.1	14.2	10.0	24.5	22.4
Age (years)						
% 20–30	41.4	39.5	23.6	20.1	35.0	34.6
% 31–40	28.0	25.9	17.6	22.9	27.6	27.9
% 41–50	13.3	14.1	23.5	22.5	16.3	19.6
% 51–74	17.3	20.5	35.3	34.1	21.1	17.9
Annual Family Income						
% Less than $10,000	23.1	35.6	20.6	29.0	29.2	44.6
% $10,000–$19,999	37.9	33.7	33.4	30.3	34.8	29.0
% $20,000–$29,999	21.1	18.1	22.6	17.7	17.4	10.9
% $30,000 and above	17.9	14.6	25.4	23.0	18.6	15.5
Education						
% Less than 7 years	27.9	30.9	22.2	22.6	16.3	16.4
% 7–11 years	26.6	26.5	34.9	21.9	36.1	35.9
% 12 years	24.1	24.2	21.3	27.2	26.4	30.1
% 13 or more	21.4	16.5	31.6	28.3	19.2	17.6

The percentages for marital status, age, income, and education were calculated with normalized sample weights (examination weights).

smoking status (smoker vs nonsmoker) or to magnitude of smoking among current smokers.

Alcohol Use—Alcohol consumption was grouped into four volume levels: (a) little or no current use (fewer than 12 drinks of beer, wine, or liquor in one's entire life or in any one year, or no current use); (b) light regular/occasional drinkers (light regular drinkers consumed an average of 0.01 to 0.21 oz of ethanol per day, occasional drinkers drank in the light ethanol range or above but did so irregularly); (c) moderate regular drinkers (an average of 0.22 to 0.99 oz of ethanol per day); and (d) heavy regular drinkers (an average of 1.00 or more oz of ethanol per day). The ethanol scale was constructed by NCHS using a conversion factor in which one oz of beer contains 0.04 oz of ethanol, one oz of wine contains 0.15 oz of ethanol, and one oz of hard liquor contains 0.45 oz of ethanol.

Diet Index—Diet was assessed with a food item and consumption frequency checklist similar to that used by others.[17,20,22,23] Respondents reported on all food items consumed in the past three months. They indicated whether they had eaten the food item daily (coded as a score of 3), weekly (2), less than once a week (1), or never (0). We constructed an overall diet index that consisted of two components. One component was the extent to which an individual's diet was balanced. Specific food items were grouped into dairy products, meats (including poultry and fish), fruits, vegetables, and grains/cereals. For each person, scores were averaged separately for each food group, and then the five subscale scores were averaged. Higher overall scores indicated a more balanced diet (i.e., frequent consumption of foods in each group). The second component consisted of a "junk food" factor, i.e., the extent to which an individual consumed items such as candy, sodas (excluding diet soda), cake, cookies, chips, sugar, etc. The overall diet index was formed by splitting the distribution of scores for dietary balance and the distribution of scores for "junk food" at their respective medians. Those high on dietary balance and low on "junk food" intake were assigned a score of 3; those high on each dimension received a score of 2; those low on each dimension received a score of 1; and those low on balance and high on "junk food" were assigned a score of 0. This index was used in the correlations and regression analyses. For descriptive purposes, we calculated the number of the five food groups from which respondents had eaten one or more food items daily, and the percentage who had eaten one or more "junk food" items daily.

Acculturation—This variable was measured with eight items pertaining to spoken and written language and to ethnic identification. The items represent a subset of the 20-item "Acculturation Rating Scale for Mexican Americans" developed by Cuellar, *et al.*[31]

1. What language do you speak?
2. What language do you prefer?
3. What language do you read better?
4. What language do you write better?

These four measures (as well as the four below) were coded so that higher scores reflected a stronger English language/American orientation. Items 1–4 ranged from "Spanish only" (1), to the midpoint "Spanish and English equally" (3), to "English only" (5). The four remaining items measured ethnic identification:

5. What ethnic identification do you use?
6. What ethnic identification does/did your mother use?
7. What ethnic identification does/did your father use?
8. Where was the birthplace of yourself, your mother, your father?

For the Mexican American sample, the response codes for items 5–7 ranged from "Mexican" (1), to "Mexican American" (3), to "Anglo or other" (5). For the Cuban Americans and Puerto Ricans, responses to items 5–7 had highly restricted variance; almost all of the Cuban Americans (and their parents) identified themselves as "Cuban"; the same situation occurred for the Puerto Ricans. Thus, these items could not be used meaningfully for these two groups. Item 8 was coded to establish generation. The scale ranged from "first generation (respondent born in country of origin)" (1) to "third or higher generation (respondent and both parents born in US)" (4). This item could not be used for the Cuban Americans and Puerto Ricans again because of restricted variance; 97.5 percent of the Cuban Americans (age 20–74) and 80.5 percent of the Puerto Ricans (age 20–74) were first generation. Thus, for these two samples, only the four language items were used to assess acculturation. These four items were standardized to a mean of zero and variance of one (to give each item equal weight) and then averaged to create a composite score for the Cuban Americans and Puerto Ricans. For the Mexican Americans, all eight items were standardized and then averaged to create the acculturation score. Demographic information on annual income, education, and age was also included in the analyses.

Data Analysis

Analyses were performed separately for each of the three samples, and separately for men and women applying normalized sample weights (examination weights).[29] We analyzed the weighted prevalence of each health risk behavior as well as the weighted Pearson correlation of these behaviors with acculturation, education, income, and age. Our primary hypothesis was examined with multiple regression analysis. The regression model for each dependent measure (i.e., utilization variable) included as predictors the three health risk behaviors, acculturation, and the three sociodemographic variables. The predictors were entered into the equation simultaneously. Prior to conducting these tests, a statistical program (SESUDAAN)[30] was run to calculate the average design effect for each predictor variable. This average design effect was used to conservatively adjust the standard error of a regression coefficient generated by a weighted ordinary least-squares analysis. We should emphasize that although certain variables were examined as "predictors," the HHANES is a cross-sectional design; thus, it does not provide evidence regarding cause and effect.

Results

Prevalence of Health Risk Behaviors

For each sample, behaviors that increase one's risk of illness and disease were more prevalent for men than women. A greater percentage of the men smoked cigarettes and drank alcohol heavily (Table 2). Heavy cigarette smoking was most prevalent for Cuban American men, and heavy drinking most prevalent for Mexican American and Puerto Rican males. Dietary balance was somewhat lower for men than women, and lower for the Puerto Ricans compared to the other two groups. Further, for each sample, more men than women had not had a physical or dental examination within the last five years. These gender differences occurred for those above, as well as for those below, the median on the acculturation index. The utilization of the health services was especially low for the Mexican American men. Table 2 also indicates that use of the preventive services was lower for the Mexican Americans than the Cuban Americans and Puerto Ricans. One explanation for this difference is that fewer Mexican Americans had some form of health insurance coverage.[5]

Correlation of Health Risk Behaviors with Acculturation and Sociodemographics

With only a few exceptions, the pattern of the correlations was similar for men and women, and for each sample (Table 3). Because of the relatively large sample sizes, many of the coefficients were statistically significant even though their absolute magnitudes were low. There were, however, several meaningful effects. The strongest associations involved acculturation, which correlated with increased alcohol consumption (particularly for the women of each sample), and with lower diet scores for the Mexican American men and women. As age increased, alcohol consumption decreased; the correlations between age and cigarette smoking and between age and diet were small. Those with more

TABLE 2—Weighted Prevalence of Health Risk Behaviors

	Mexican Americans		Cuban Americans		Puerto Ricans	
	Males	Females	Males	Females	Males	Females
Percent current cigarette smoker	43.9	24.2	45.1	23.9	41.9	33.5
Percent smoking 20+ cigarettes per day	13.7	4.5	27.3	11.9	22.0	12.2
Percent current alcohol user	77.4	34.7	68.9	22.8	70.8	32.6
Percent drinking 1.00+ oz ethanol per day	17.1	1.2*	9.2	0.4*	17.1	2.5*
Dietary balance[a]						
0–1	22.4	16.9	14.8	13.0	29.0	30.3
2–3	50.9	51.0	57.3	52.1	50.1	49.5
4–6	26.7	32.1	27.9	34.9	20.9	20.2
"Junk food" intake[b]	67.4	61.0	75.3	75.7	79.1	73.9
Percent having last physical examination over 5 years ago or never	46.1	37.5	33.0	22.7	31.8	19.4
Percent having last dental examination over 5 years ago or never	29.9	21.7	16.5	9.6	19.1	9.5
Percent having last Pap smear over 5 years ago or never		15.4		17.8		13.3

[a] Entries are not age-adjusted.
*An asterisk next to an entry indicates that the statistic should be viewed cautiously because it does not meet the minimum reliability standard due to small cell size.
[a] The scale for dietary balance indicates the number of healthy food groups from which the person had eaten one or more food items daily.
[b] The entries for "junk food" indicate the percentage who had eaten one or more "junk food" items daily.

TABLE 3—Correlation of Health Risk Behaviors with Acculturation and Sociodemographics

	Age		Education		Income		Acculturation	
	M	F	M	F	M	F	M	F
Mexican Americans								
Smoking	.01	.01	−.12	−.01	−.17	−.07	−.06	.09
Alcohol use	−.11	−.13	.12	.29	.10	.10	.11	.30
Diet index	.04	.08	.06	.03	.06	.05	−.12	−.12
Cuban Americans								
Smoking	−.10	−.11	−.04	.03	.04	−.05	−.15	−.01
Alcohol use	−.18	−.29	.10	.30	.13	.21	.13	.36
Diet index	−.01	.10	.09	.12	.05	.06	.04	.03
Puerto Ricans								
Smoking	−.06	−.13	−.13	.01	−.18	−.06	−.07	.17
Alcohol use	−.13	−.17	.05	.25	−.01	.12	.04	.26
Diet index	.03	.16	.07	.15	.11	.13	.06	−.03

Entries are weighted Pearson correlations. Cigarette smoking was a dichotomous variable with current smoker = 1 and nonsmoker = 0.

education and higher income (especially the women) consumed a greater volume of alcohol.

Correlates of Screening

Smoking—In separate regression analyses the two cigarette smoking measures were examined as predictors of recency of screening. Only the dichotomous measure was significant, which suggests that the key factor associated with screening activity was whether or not one smokes, not necessarily the amount one smokes. As seen in Table 4, among the Mexican Americans and Cuban Americans, smokers were less recent users of the health services than were the nonsmokers. These effects are seen more concretely in Table 5, which presents the weighted prevalence of recent utilization by smoking status (not controlling for other factors). The findings were strongest for the Mexican American and Cuban American men; for these two groups, the results were consistent across levels of acculturation. The relation between smoking and screening for the Puerto Rican men and women was generally in the predicted direction, although very weak.

Diet—Dietary practices were associated with screening, especially for the Mexican American women. Among this subgroup, those with poorer diets (i.e., low in balance and high in "junk food" intake) were less recent users of the health services (Tables 4 and 5). This association was not qualified by the degree of acculturation of the Mexican American women.

An interesting pattern emerged for the diet and smoking variables for the Mexican American sample. Whereas the

TABLE 4—Regression Analyses of Health Risk Behaviors, Acculturation, and Sociodemographics Predicting Recency of Screening

	Males				Females					
	Physical Examination		Dental Examination		Physical Examination		Dental Examination		Pap Smear	
	b	SE	b	SE	b	SE	b	SE	b	SE
Mexican Americans										
Smoking	−.139	.085	−.354	.103	−.085	.089	−.086	.092	.013	.107
Diet index	.101	.046	.043	.055	.130	.039	.169	.040	.110	.047
Alcohol	−.079	.039	.086	.047	−.050	.090	.119	.091	.109	.106
Acculturation	.244	.084	.117	.103	.119	.093	.011	.101	.166	.118
Education	.050	.020	.061	.025	.041	.023	.085	.023	.038	.027
Income	.015	.003	.091	.007	.013	.006	.029	.007	.025	.007
Age	.014	.004	.014	.004	.012	.004	.008	.004	−.011	.004
Cuban Americans										
Smoking	−.275	.158	−.412	.167	−.207	.152	−.107	.155	−.342	.203
Diet index	.067	.072	.078	.078	−.011	.059	.053	.060	.125	.076
Alcohol	.019	.082	.010	.087	−.308	.148	−.134	.148	−.198	.191
Acculturation	.095	.120	.209	.127	.111	.117	.261	.119	.183	.154
Education	.053	.023	.018	.025	.093	.022	.026	.022	.010	.029
Income	.005	.011	.031	.012	−.014	.011	.012	.011	.031	.015
Age	.020	.007	.002	.007	.007	.006	.000	.005	−.014	.008
Puerto Ricans										
Smoking	−.037	.146	−.084	.166	−.056	.132	.043	.148	.218	.178
Diet index	.053	.071	.067	.052	.067	.064	−.012	.072	.138	.087
Alcohol	−.020	.076	−.145	.079	−.073	.096	−.008	.108	−.122	.131
Acculturation	.162	.130	.074	.149	−.086	.149	−.167	.164	−.171	.199
Education	.053	.025	.048	.029	.034	.025	.063	.029	.031	.035
Income	−.006	.013	.016	.015	.001	.016	.010	.018	.015	.022
Age	.022	.009	.006	.010	.007	.004	−.004	.005	.008	.006

Entries are weighted regression coefficients and adjusted standard errors. The health service measures were coded with higher numbers indicating more recent use of the service. Cigarette smoking was a dichotomous variable with current smoker = 1 and nonsmoker = 0.

TABLE 5—Weighted Prevalence of Recent Screening by Health Risk Behaviors

	Males		Females		
Recency:	Physical 0–2 yrs	Dental 0–2 yrs	Physical 0–2 yrs	Dental 0–2 yrs	Pap 0–2 yrs
Mexican Americans					
Cigarette smoking					
Smoker	29.7	42.1	42.3	57.3	75.6
Nonsmoker	37.4	56.9	47.3	62.2	76.0
Diet*					
Low	31.0	46.3	42.7	55.0	72.8
High	37.0	53.6	49.3	67.0	79.2
Alcohol use					
Moderate/high	30.6	52.2	45.2*	70.0*	83.0*
None/low	36.7	47.9	46.2	60.3	75.3
Cuban Americans					
Cigarette smoking					
Smoker	34.6	51.8	54.1	70.6	59.4
Nonsmoker	40.6	71.4	60.2	73.6	71.5
Diet					
Low	38.9	59.3	57.3	71.7	66.9
High	46.9	66.8	60.2	74.0	70.4
Alcohol use					
Moderate/high	41.1	60.2	61.4*	70.0*	89.4*
None/low	44.1	64.0	58.7	73.0	67.7
Puerto Ricans					
Cigarette smoking					
Smoker	45.7	59.8	50.0	74.9	80.5
Nonsmoker	49.3	63.5	63.5	74.9	76.8
Diet					
Low	46.6	56.9	55.9	72.9	76.0
High	48.6	66.0	67.6	76.7	82.6
Alcohol use					
Moderate/high	44.9	58.4	54.3*	81.1*	76.5*
None/low	49.9	64.5	62.8	74.3	79.6

Entries are not age-adjusted.
*An asterisk next to an entry indicates that the statistic should be viewed cautiously because it does not meet the minimum reliability standard due to small cell size.
†The "low" diet score includes individuals who received a score of 0 or 1 on the overall diet index; the "high" diet score includes persons who received a score of 2 or 3 on the overall diet index.

association between dietary behavior and screening was stronger for the women than the men, the relation between smoking and screening was stronger for the men than the women. These gender-specific associations were not as clear for the Cuban Americans or Puerto Ricans.

Alcohol—The results for alcohol consumption were mixed. Some of the regression coefficients suggested that heavier drinking tended to associate with less recent use of the health services (e.g., Mexican American men/physical examination), while other coefficients suggested the opposite. We attempted to clarify the picture by examining a subset of heavy drinkers who did not suffer from chronic illnesses (diabetes, heart disease, hypertension) that may necessitate regular visits to a physician. Analyses of this subset, however, yielded essentially the same null and mixed results. Second, among those with no chronic illnesses we compared screening rates for two extreme groups: nondrinkers versus heavy drinkers (those drinking an average of 1.00 or more oz of ethanol per day). Again, most of the results were nonsignificant. Thus, the hypothesis regarding the association between heavy drinking and infrequent use of preventive health services was not confirmed.

Acculturation and Sociodemographics—These factors did not produce strong effects. Increased acculturation tended to be associated with greater recency of screening for the Mexican Americans and Cuban Americans. Higher levels of education and higher income (primarily for the Mexican American men and women) were related to more recent use of the services, although the regression weights were small. The effects of age were minimal.

Discussion

Cigarette smoking, poor dietary practices, and excessive alcohol consumption place individuals at risk of specific disease.[20-27] Ideally, those who engage in these health risk behaviors should use preventive health services regularly in order to monitor their health status. The present study demonstrated several instances in which those at risk were screened *less* recently than those not at risk. Such underutilization increases the likelihood of diagnosis of illness at a later stage.

For each sample, risk of disease was greater for men than women. Men were more likely to be smokers, heavier smokers, and heavier alcohol users; also, their screening rates were much lower than the women's. These gender differences held across level of acculturation, which suggests that similar results would be found in non-Hispanic populations.

The gender effects may stem from sex-role norms. The strong emphasis in our society on self-reliance and independence for men may contribute to their less-than-optimal health attitudes and practices.[33] Further, these norms may influence personal beliefs about one's invulnerability to

illness,[34] which may be held more strongly by Hispanic men than Hispanic women. Such beliefs are likely to impact negatively on preventive action.[35]

We found significant positive correlations between acculturation and alcohol consumption, especially for the women of each sample. These findings are consistent with the acculturation model of alcohol use,[36–38] which emphasizes normative influence on behavior. The dominant norms guiding alcohol consumption among non-Hispanic women are more liberal than the cultural norms for Hispanic women—non-Hispanic women drink more frequently and drink greater quantities of alcohol than Hispanic women in general.[36] As Hispanic women acculturate, their drinking increases because their behavior becomes more strongly influenced by the norms and practices of the dominant group. The smaller correlation between acculturation and alcohol use for Hispanic men may reflect the fact that, although the specific pattern of frequency versus quantity of alcohol consumed differs somewhat between Hispanic and non-Hispanic males,[36] the drinking norms for these two groups are fairly similar.

Health risk behaviors such as cigarette smoking and poor dietary practices were associated with less recent screening activity. In particular, for the Mexican American and Cuban American men, cigarette smoking correlated strongly with less recent utilization of routine dental and physical examinations; for the women especially the Mexican American women), poor dietary practices correlated strongly with less recent screening, including Pap smear. Because the HHANES was a cross-sectional design, we cannot conclude that cigarette smoking or poor dietary practices causes one to use screening services infrequently. Rather, the data suggest that these behaviors tend to co-occur. At the outset, we suggested that the relationships may stem from a common factor, namely one's underlying attitude toward health promotion and disease prevention. It is also quite possible, however, that some smokers may actively avoid check-ups from doctors because of their anxiety about receiving negative feedback about their health or being told by the physician to quit smoking. Alternatively, some smokers may still be unaware of the link between smoking and disease, or may discount or deny that link, and thus use screening services infrequently.[39] These possibilities are not limited to any one subpopulation. The fact that we found the same inverse association between smoking and utilization for high and low acculturated Mexican American and Cuban American men suggests that our findings would generalize to non-Hispanic White populations. We should note, however, that although the associations may hold for each of these groups, the absolute level of medical screening is lower among Hispanics.[1,3]

Finally, alcohol consumption was not strongly or consistently related to screening in any of the three samples. Unfortunately, the present data do not permit a conclusion regarding the role of this health risk behavior in screening activity. One potentially important factor, however, is a person's perception of the health effects of alcohol use, which is likely to vary considerably among individuals. For example, some people with a relatively positive attitude toward health promotion may drink moderately/heavily due to the fact that they perceive the risk of drinking to be slight. Others may perceive the risk of drinking differently. This variability may occur because, compared to the clear media message about the negative effects of smoking cigarettes, the health consequences of alcohol have not been communicated as clearly or consistently. The variable beliefs about the effects of alcohol use may have contributed to the inconsistent findings for alcohol consumption and medical screening.

ACKNOWLEDGMENTS

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Report of the Secretary's Task Force on

Black & Minority Health

Volume 1

Executive Summary

Table 9:
Characteristic Mexican-American Foods and Food Choices

PROTEIN FOODS	Meat:	beef, pork, lamb, tripe, sausage (chorizo), bologna, bacon
	Poultry:	chicken
	Eggs	
	Legumes:	pinto beans, pink beans, garbonzo beans, lentils
	Nuts:	peanuts, peanut butter
MILK AND MILK PRODUCTS		Milk: fluid, flavored, evaporated, condensed Cheese: American, Monterey jack, Hoop Ice cream
GRAIN PRODUCTS		Rice, tortillas: corn, flour, oatmeal, dry cereals: cornflakes, sugar coated; noodles spaghetti, white bread, sweet bread (pan dulce)
VEGETABLES		Avocado, cabbage, carrots, chilies, corn, green beans, lettuce, onion, peas, potato, prickly pear cactus leaf (nopales), spinach, sweet potato, tomato, zucchini
FRUITS		Apple, apricots, banana, guava, lemon, mango, melons, orange, peach, prickly pear cactus fruit (tuna), zapote (or sapote)
OTHER		Salsa (tomato-pepper onion relish), chili sauce, guacamole, lard (manteca), pork cracklings, fruit drinks, Kool-aid, carbonated beverages, beer, coffee

SOURCE: California Department of Health, 1975, Table 9

Mexican American and Puerto Rican diets are generally favorable from a chronic disease risk perspective. Fiber content is high. Animal fat content is an important component of Hispanic diets but its proportional contribution to calories is less than in typical U.S. diets. The high carbohydrate content does pose a potential risk of excess caloric intake if the meal pattern shifts from the tradition of taking a heavy meal at midday to the U.S. practice of having the heaviest meal in the evening--particularly if the heavy evening meal is added to, rather than substituted for, the midday meal.

CDC-PNSS data for 1977-81 and 1982 (Centers for Disease Control, 1983; Trowbridge, 1983) for children less than 2 years of age do not show an excess prevalence of low weight for height or low height for age among Hispanic children, compared with reference standards or with white children in the data base. However, an excess prevalence of low height for age (linear growth stunting) is implied in the data for children over 2 years old; for example, the prevalence among Hispanic children was 16% (vs. 5% expected and 6% among white children) in 1982. Findings of an excess prevalence of growth stunting among Hispanic American children have also been reported in several other studies (Yanochik-Owen and White, 1977; Lowenstein, 1981; Dewey, 1983; Alvarez et al., 1984). The Alvarez et al. (1984) data for Hispanic children in an inner-city neighborhood health center population during 1978 also indicated a 13% prevalence of acute undernutrition (primarily moderate rather than severe levels of underweight, according to the ratio of observed weight to the age-appropriate NCHS median). The prevalence of short stature was greater among immigrant than among U.S. born Hispanic children.

A few additional sources have reported low iron intakes, low blood iron status, or low intakes of other nutrients among Hispanic children or adolescents (Yanochik-Owen and White, 1977; Haider and Wheeler, 1980; Lowenstein, 1981). The 1977-1981 CDC-PNSS hemoglobin data did not indicate an excess prevalence of low values among Hispanic children (Centers for Disease Control, 1983). Data from the National School Lunch Program evaluation did not find major differences between the 24 hour dietary intakes of Hispanic vs. white children, although it was noted that Hispanic children were more likely than white children to have energy and calcium intakes below the RDA (Vermeersch et al., 1984). Overall, these data do not give an impression of any clear pattern of dietary deficiency. The data on stunting are much more consistent.

An excess prevalence of overweight has also been a common finding among Hispanic American children (Yanochik-Owen, 1977; Lowenstein, 1981; Centers for Disease Control, 1983; Trowbridge, 1983). According to CDC-PNSS reports for 1977-1982, the prevalence of high weight for height among Hispanic infants was somewhat greater than expected but was similar to that among white children in the data base. Among older Hispanic children the prevalence of high weight for height was higher than expected and higher than for the white children (Centers for Disease Control, 1983; Trowbridge, 1983).

5.2.2 Adults

Cardenas et al. (1976) reported that intakes of meats, milk, fruits and vegetables were lower for primigravid Mexican American women than "average" Anglo women. Thirty-nine percent of the Mexican American women were overweight or obese at the first visit. Hunt et al. (1979) reported that 85% of low income Mexican American pregnant women had reported intakes below 2/3 of the 20 mg/day RDA for zinc;

Table 25. Birth and fertility rates, by Hispanic origin of mother: Total of 11 reporting States, 1988

Measure	Origin of mother						
		Hispanic					
	All origins	Total	Mexican	Puerto Rican	Cuban	Other Hispanic[1]	Non-Hispanic[2]
Birth rate[3]	16.9	24.1	28.2	19.6	9.8	34.2	15.7
Fertility rate[4]	70.5	96.4	98.0	67.9	47.7	118.6	65.7

[1]Includes Central and South American and Other and unknown Hispanic origin.
[2]Includes origin not stated.
[3]Rate per 1,000 total population.
[4]Rate per 1,000 women aged 15-44 years.

NOTE: The 11 States are Arizona, California, Colorado, Florida, Illinois, Indiana, New Jersey, New Mexico, New York, Ohio, and Texas.

Table 26. Live births by age and Hispanic origin of mother and by race of child for mothers of non-Hispanic origin: Total of 30 reporting States and the District of Columbia, 1988

Age of mother	Origin of mother									
		Hispanic						Non-Hispanic		
	All origins[1]	Total	Mexican	Puerto Rican	Cuban	Central and South American	Other and unknown Hispanic	Total[2]	White	Black
All ages	2,656,492	449,604	271,170	40,802	10,189	57,610	64,403	2,247,312	1,652,762	455,883
Under 15 years	7,951	1,621	1,021	243	14	86	257	6,094	1,585	4,300
15-19 years	354,357	72,237	45,820	9,643	605	4,576	11,593	268,652	158,776	99,500
15 years	19,326	4,257	2,732	696	26	222	681	14,465	5,062	8,271
16 years	41,226	9,123	5,801	1,289	80	446	1,507	30,691	15,206	14,326
17 years	71,233	14,877	9,360	2,125	108	823	2,463	53,734	30,646	21,171
18 years	96,333	19,605	12,403	2,593	170	1,226	3,180	74,095	45,591	26,262
19 years	124,239	24,315	15,434	3,040	220	1,859	3,762	95,067	61,561	29,870
20-24 years	779,714	143,226	89,155	15,924	2,428	15,820	19,899	601,033	423,225	149,398
25-29 years	894,985	126,830	74,109	11,652	4,056	18,799	18,214	715,280	557,121	113,244
30-34 years	586,732	72,306	41,503	6,109	2,166	12,269	10,258	473,698	373,047	63,245
35-39 years	201,567	28,027	16,327	2,210	803	5,114	3,573	158,857	121,648	22,218
40-44 years	30,104	5,104	3,059	434	109	903	599	22,944	16,915	3,439
45-49 years	1,082	254	176	17	8	43	10	754	465	139

[1]Includes origin not stated.
[2]Includes races other than white and black.

The "Birth Outcomes" Statement checks out.

Table 27. Percent of births with selected characteristics, by Hispanic origin of mother and by race of child for mothers of non-Hispanic origin: Total of 30 reporting States and the District of Columbia, 1988

Characteristic	Origin of mother									
		Hispanic						Non-Hispanic		
	All origins[1]	Total	Mexican	Puerto Rican	Cuban	Central and South American	Other and unknown Hispanic	Total[2]	White	Black
Fourth and higher order births	10.2	15.6	18.1	12.3	5.6	11.7	12.1	9.2	7.6	14.1
Births to unmarried mothers	26.2	34.0	30.6	53.3	16.3	36.4	35.5	24.9	14.9	63.7
Mothers completing 12 years or more of school[3]	78.4	57.5	43.1	54.8	61.9	68.2	65.9	79.8	83.4	68.5
Mothers born in the United States	83.4	43.0	40.9	53.4	16.9	3.9	83.7	91.1	95.4	92.1
Mothers who began prenatal care in the first trimester	75.0	61.3	55.3	63.2	83.4	62.8	67.3	77.3	82.0	60.8
Mothers who had late or no prenatal care	6.5	12.1	13.9	10.2	3.6	9.9	8.8	5.6	4.1	10.9
Births of low birth weight[4]	7.0	6.2	5.6	9.4	5.9	5.6	6.8	7.2	5.6	13.1
Preterm births[5]	10.4	10.8	10.6	13.3	9.0	10.1	10.8	10.4	8.2	18.5
1-minute Apgar score less than 7[6]	8.5	7.3	7.8	6.8	4.9	6.0	9.3	8.7	6.0	11.2
5-minute Apgar score less than 7[6]	1.6	1.4	1.3	1.6	1.0	1.2	1.6	1.6	1.3	2.9

[1]Includes origin not stated.
[2]Includes races other than white and black.
[3]Excludes data for California, New York State (exclusive of New York City), Texas, and Washington, which did not require reporting of educational attainment of mother.
[4]Birth weight of less than 2,500 grams (5 lb. 8 oz.).
[5]Born prior to 37 completed weeks of gestation.
[6]Excludes data for California and Texas, which did not require reporting of either 1- or 5-minute Apgar score.

TABLE 2-B

ANY ILLICIT DRUG USE
WHITES

ANY ILLICIT DRUG USE: EVER, PAST YEAR, AND PAST MONTH (1990)
BY SEX AND AGE GROUPS FOR WHITES

	EVER USED		USED PAST YEAR		USED PAST MONTH	
			RATE ESTIMATES			
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
AGE						
12-17	24.0 %	(20.9-27.4) %	16.9 %	(14.4-19.8) %	8.9 %	(6.9-11.5) %
18-25	59.3	(56.3-63.2)	30.2	(26.6-34.0)	16.0	(13.5-19.0)
26-34	67.6	(64.0-71.1)	22.4	(19.3-25.7)	9.5	(7.1-12.6)
35+	28.0	(23.8-28.3)	5.7	(4.4- 7.4)	2.5	(1.8- 3.5)
SEX						
MALE	42.2	(39.4-45.0)	14.8	(12.8-17.2)	7.5	(6.2- 9.2)
FEMALE	34.3	(31.4-37.3)	11.5	(10.1-13.2)	5.0	(4.1- 6.1)
TOTAL	38.1	(36.2-40.1)	13.1	(11.7-14.7)	6.2	(5.3- 7.3)
			POPULATION ESTIMATES (IN THOUSANDS)			
AGE						
12-17	3,393	(2,968- 3,869)	2,395	(2,041- 2,798)	1,263	(977- 1,622)
18-25	12,807	(11,761-13,428)	6,414	(5,661- 7,221)	3,411	(2,861- 4,044)
26-34	19,031	(16,764-20,839)	6,358	(5,672- 7,535)	2,787	(2,091- 3,684)
35+	24,132	(22,106-26,276)	5,302	(4,104- 6,823)	2,330	(1,656- 3,268)
SEX						
MALE	31,982	(29,873-34,129)	11,245	(9,688-13,029)	5,713	(4,872- 6,981)
FEMALE	27,981	(25,625-30,437)	9,421	(8,210-10,784)	4,079	(3,348- 4,960)
TOTAL	59,963	(56,931-63,057)	20,667	(18,456-23,088)	9,791	(8,363-11,446)

TABLE 2-C

ANY ILLICIT DRUG USE
HISPANICS

ANY ILLICIT DRUG USE: EVER, PAST YEAR, AND PAST MONTH (1990)
BY SEX AND AGE GROUPS FOR HISPANICS

Lower drug use checks out ok.

	EVER USED		USED PAST YEAR		USED PAST MONTH	
			RATE ESTIMATES			
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
AGE						
12-17	21.1 %	(17.2-25.7) %	17.0 %	(13.4-21.3) %	6.5 %	(4.2- 9.8) %
18-25	47.3	(41.6-53.2)	27.3	(22.0-33.3)	11.4	(8.8-14.7)
26-34	45.0	(38.9-51.2)	20.1	(16.3-24.6)	9.4	(6.7-13.0)
35+	22.8	(19.3-26.9)	6.5	(3.8- 7.9)	3.0	(1.8- 5.0)
SEX						
MALE	40.5	(36.6-44.4)	19.0	(16.2-22.2)	8.8	(6.8-11.2)
FEMALE	24.8	(21.4-28.4)	10.6	(8.3-13.3)	4.5	(3.3- 6.1)
TOTAL	32.6	(30.2-35.1)	14.8	(12.9-16.8)	6.6	(5.5- 7.9)
			POPULATION ESTIMATES (IN THOUSANDS)			
AGE						
12-17	468	(381- 569)	376	(298- 471)	143	(93- 217)
18-25	1,419	(1,246- 1,594)	818	(659- 999)	342	(263- 441)
26-34	1,692	(1,485- 1,926)	757	(613- 925)	353	(253- 488)
35+	1,544	(1,302- 1,816)	371	(255- 535)	202	(121- 335)
SEX						
MALE	3,163	(2,864- 3,472)	1,486	(1,264- 1,737)	688	(535- 879)
FEMALE	1,960	(1,695- 2,261)	836	(661- 1,061)	353	(258- 480)
TOTAL	5,123	(4,746- 5,516)	2,322	(2,037- 2,639)	1,041	(865- 1,250)

*Low precision; no estimates reported

Source: National Institute on Drug Abuse, 1990 National Household Survey on Drug Abuse

Document No. 236286SS

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE: Hereunto from ONDCP – John Walters, Chief of Staff – via Jenn Balestrieri – OEOB #176 ext 2992

as marked

see p2

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

91 MAY -8 AM 8:00

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

Fast track procedures let us negotiate in good faith with our trading partners and work in concert with Congress. They simply ensure that we will not alter agreements that our negotiators have reached with their counterparts.

Fast-track doesn't take away Congress' power to accept or reject trade agreements. Congress will still have its say -- in a yes-or-no vote -- because fast track does not guarantee approval of any agreement. And we have promised to consult closely with Congress during the course of trade talks. Fast track's main virtue is this: It prevents 11th-hour changes to agreements we have reached, changes that force everyone involved to start from scratch.

Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track also can play

a role in helping us complete three other important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics and race-baiting. I've got a couple examples of this disgusting propaganda with me today. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

I find these ads **personally offensive**. They promote nothing more than prejudice and racism.

~~Although it really shouldn't be necessary, let me set the record straight. According to the American Journal of Public Health, Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association.~~ **There is no evidence that trade agreements with Mexico -- agreements that fast-track procedures would facilitate -- will have any adverse impact on the quality of our food or water.**

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- **not the worst, as our opponents want.**

One ad reads: **"There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric."**

I couldn't agree more on this narrow point. Important considerations have been pushed aside -- by the people who sponsor these ads.

Take a look what the North American Free Trade Agreement will create: **the largest, richest market in the world.** That's 360 million consumers and $6 trillion in annual output.

And take a look at the 130 percent increase in our exports to Mexico over the past four years. This export boom has created **264,000 new jobs in the United States.** And each additional billion dollars in exports will create **20,000 new jobs** here in the United States. I didn't read about that in those ads.

So you see, we have much to gain from extending fast track -- a new era of **open, free** and **fair trade** -- a future of unprecedented economic growth and regional harmony.

A "yes" vote on fast-track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We can't allow bigots and fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

Fast track plays a critical role in helping the United States compete in a world newly united by bonds of commerce. We will need your support as Hispanic leaders in persuading Congress to extend fast-track procedures. We will need your help as businessmen and women, as entrepreneurs, as men and women from all walks of life. But most of all, we need your help as Americans committed to the ideals of freedom and opportunity.

Help us build good faith with our friends and neighbors. Help us develop better working relations with Congress. And help us stifle the voices that want to replace reason with rancor, cooperation with discrimination.

With your help, I know we will succeed. Once again, thank you and God bless each of you.

# # #

Roll Call April 29 p.7

U.S. - MEXICO TRADE NEGOTIATIONS

BEWARE!

Fast Track Could Be Hazardous To Your Health

What would fast track trade negotiations between the U.S. and Mexico really produce?

From the standpoint of food safety and water quality, it would make an already deplorable situation worse.

What we drink.

Mexican border towns like Matamoros and Juarez have virtually no sewage facilities for their populations that swell as the maquiladora plants expand. With no treatment facilities, health problems abound on both sides of the border.

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Congress should reject fast track ... it's a shortcut to disaster.

AFL-CIO • 815 Sixteenth Street, N.W. • Washington, D.C. 20006

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April 20, 1991

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THE WHITE HOUSE

WASHINGTON

May 8, 1991

MEMORANDUM FOR TONY SNOW

FROM: ROGER B. PORTER RBP

SUBJECT: Presidential Remarks: Hispanic Business Leaders/Free Trade

We have reviewed the attached draft remarks from a policy standpoint and have noted several suggestions on the draft.

We recommend deleting the last paragraph on page two concerning health comparisons between Mexicans and non-Hispanic whites. We are not confident that this data can be substantiated with sufficient certainty.

Additionally, at the top of page four we recommend changing the sentence to delete the word "yes." Because the fast track legislation is being considered as a motion to deny extension, a "yes" vote will actually end the fast track authorization.

cc: Phillip D. Brady

Document No. 236286SS

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/8/91 ACTION/CONCURRENCE/COMMENT DUE BY: TODAY 5/8/91 1:00PM

SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	MCCLURE	☑	☐
SUNUNU	☐	☐	PETERSMEYER	☐	☐
SCOWCROFT	☑	☐	PORTER	☑	☐
DARMAN	☑	☐	ROGICH	☑	☐
BRADY	☐	☑	SMITH	☑	☐
BROMLEY	☐	☐	UNTERMEYER	☐	☐
CARD	☐	☑	BOSKIN	☑	☐
DEMAREST	☑	☐	MARTINEZ	☑	☐
FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

REMARKS:

Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE:

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

91 MAY -8 AM 8:00

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

((Acknowledgements))

First of all, welcome to the White House. We've all been very concerned lately with two vital issues: America's ability to compete in the global marketplace and our ability to negotiate with our trading partners. The two concerns meet in an issue that we all care about deeply: the "fast track" procedures that I've asked Congress to extend.

Fast track procedures let us negotiate in good faith with our trading partners and work in concert with Congress. They simply ensure that we will not alter agreements that our negotiators have reached with their counterparts.

Fast-track doesn't take away Congress' power to accept or reject trade agreements. Congress will still have its say -- in a yes-or-no vote -- because fast track does not guarantee approval of any agreement. And we have promised to consult closely with Congress during the course of trade talks. Fast track's main virtue is this: It prevents 11th-hour changes to agreements we have reached, changes that force everyone involved to start from scratch.

Congress first gave the president fast track authority in 1974, and we have used it in negotiating three major trade agreements since. As many of you know, fast track also can play

a role in helping us to advance ~~complete~~ three ~~other~~ important trade initiatives: The Uruguay Round of GATT talks; the North American Free Trade Agreement and the Enterprise for the Americas Initiative.

Unfortunately, some opponents of free trade have decided to mount a smear campaign in hopes of derailing fast-track. Ignoring the facts, they have tried to frighten people with scare tactics and race-baiting. I've got a couple examples of this disgusting propaganda with me today. Here's one ad that questions the health and sanitary habits of Hispanic people -- [HOLD UP TWO ADS -- SEE ATTACHED]. The other ad distorts the truth the old fashioned way. It wrenches quotes out of context and tries to give the impression that foreigners -- in this case, our Mexican neighbors -- somehow will poison American citizens.

I find these ads **personally offensive.** They promote nothing more than prejudice and racism.

Although it really shouldn't be necessary, let me set the record straight. ~~According to~~ A STUDY PUBLISHED IN the American Journal of Public Health, CONCLUDED THAT Mexicans and Mexican Americans have better birth outcomes, lower drug use, and healthier diets than non-Hispanic whites. This information was further supported by the January 1991 issue of the Journal of the American Medical Association. **There is no evidence that trade agreements with Mexico -- agreements that fast-track procedures would facilitate -- will have any adverse impact on the quality of our food or water.**

But there's another point: Free trade encourages economic growth and international understanding. It enables us to build bonds of common interest and common experience. It may be the most effective antidote to the kind of poison these ads spread among our people.

Open markets and free trade mean stronger alliances and better relations. It means we become better neighbors, because we'll bring out the best in people -- **not the worst, as our opponents want.**

One ad reads: **"There's a lot at stake here. But a lot of important considerations are getting pushed aside in the fast track rhetoric."**

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A ~~"yes"~~ vote ~~on~~ for fast-track really is a vote on what kind of outlook we share -- one of optimism and integrity, or one of self-doubt and petty prejudice. A "yes" vote means a vote for "good faith" and the strength of our word. We can't allow bigots and fearmongers to control our agenda. We must rely on our better selves -- our truer selves.

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Roll Call April 29 p.7

U.S. - MEXICO TRADE NEGOTIATIONS

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From the standpoint of food safety and water quality, it would make an already deplorable situation worse.

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Document No. 236286SS

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SUBJECT: BRIEF REMARKS: HISPANIC BUSINESS LEADERS/ FREE TRADE

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FITZWATER	☐	☑	ROGERS	☐	☑
GRAY	☑	☐	SNOW	☐	☑
HOLIDAY	☑	☐		☐	☐

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Please forward your comments directly to Tony Snow, Rm. 122, x2930, no later than 1:00 p.m., TODAY, WEDNESDAY, MAY 8, with a copy to this office.

RESPONSE:

OK S.L.

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

91 MAY -8 AM 8:00

Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
THE INDIAN TREATY ROOM
THURSDAY, MAY 9, 1991
9:30 A.M.

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Roll Call April 29 p.7

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Grant/Cawley
May 7, 1991 / 1 p.m.
A:ADS / Draft two

STAFFED
91 MAY 8 A7:24

BRIEF REMARKS: HISPANIC BUSINESS LEADERS / FREE TRADE
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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 9, 1991

REMARKS BY THE PRESIDENT
TO HISPANIC ALLIANCE

Indian Treaty Room
Old Executive Office Building

10:19 A.M. EDT

THE PRESIDENT: Thank you very much. And some of that has to do, I think, with my fibrillating heart -- (laughter) -- but it's all right. I just came back from Bethesda and really got a wonderful report. I won't go into the clinical assessment, but it's great. I just take something to do with the thyroid, and the heart is perfect. So I'm very lucky -- very, very lucky. (Applause.)

I came over to talk to you today about an issue that is really of vital concern to me, and I think of our country. And I have some talking points here, but let me just put them away and speak from the heart. I see my friend, the Ambassador, here, and I have great respect for him. And I might say I have enormous respect for President Salinas of Mexico.

And he is taking that country that we all love and moving it in a direction that we can all admire. And it would be a terrible tragedy if we took this Fast-Track authority from Mexico and pulled it away and turned it down. I think it would send an outrageously bad symbol, not only to Mexico, but to the countries to the south. We've got a real opportunity while I'm President to build stronger relations with South America.

I've been down there, I've talked endlessly to the Presidents of the various countries. Just the other day, Gus, Carlos Andres Perez of Venezuela was in. He doesn't benefit from a free trade agreement with Mexico, but he said, you cannot let this fail. The signal that this would send through our part of the world would just be unconscionable.

And so I am committed to this. And I'm committed to it not just because it's good for Mexico. I'm the President of the United States, and all of us are citizens of the United States. Gus, that leaves you out -- (laughter.) But we've got to do what's in the best interest of the United States. And this is in the best interest of the United States.

And I can understand the concerns about the environment, but as Ambassador Hills tells you, we have good answers for that. Mexico is moving on their own. Carlos closed down PEMEX refinery, an enormously difficult political move for him. And yet, he did it. And many other businesses that were polluting have closed down. And the way to help with pollution on the border is to raise the standard of living down there so people can have more money to put into these things that we hold near and dear to our hearts.

And so I approach this on a foreign policy basis as thinking that it's essential. And I approach it in terms of our own economy as thinking it's essential. We think it will create jobs. I am offended, frankly, by some of the advertising I've seen that I honestly find discriminatory. And I don't like it and I'm troubled by it. I can understand a labor union person wondering whether it's going to cause drops, but I think we have good answers for it. And I think the answer is it will add to American jobs. And I'm going to keep working with Carla Hills to get that message out to the United

MORE

States Congress.

But I really wanted to come over to exhort you all to sally forth to the Hill up there. You've got many friends up there -- and use your best influence in the best tradition of persuasion of the Congress to make them understand that the Fast-Track authority will create jobs, it will open up more trade between countries, it will raise the standards of living along the border on both sides, in my view, and it's going to be a wonderful thing. And I want our administration, indeed, to be firmly committed in terms of free trade, because history shows it results in prosperity.

And so this is where we stand. And I thank you all very, very much for your interest in it. And do exactly what Carla Hills tells you to do. Thank you all very much. (Applause.)

END 10:24 A.M. EDT