



# Is the U.S. Prepared for an Immigration-Related Outbreak of Communicable Disease?

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## **Could Uncontrolled Immigration Expose Us to a Public Health Crisis?**

Communicable diseases do not stop at international borders. They could be one of the most dangerous – yet rarely considered – consequence of inadequate immigration controls. Nevertheless, the mainstream media, and most policy makers, avoid any discussion of the public health challenges presented by illegal immigration. However, in a world where rapid global travel is both accessible and affordable to large numbers of people, the possibility of an epidemic traceable to migrants is a reality that cannot be ignored.<sup>1</sup>

When people live in areas lacking basic sanitation and medical care, diseases will take root and spread rapidly.<sup>2</sup> This is neither an expression of xenophobia, nor an excuse to exclude migrants as “carriers of disease.” The need to control infectious disease is a simple fact of human biology.

Nevertheless, microbes can be carried only so far by moving air and water. Most illnesses are spread by contact with infected people, livestock or agricultural produce. As a result, researchers have concluded that the international movement of people is a significant factor in disease outbreaks: “Mobile populations can link zones of disease emergence to low prevalence or non-endemic areas through rapid or high-volume international movements, or both.”<sup>3</sup> In plain English, that means that travelers can carry infections from one place to another.

Many of the people traveling to the United States – both legally and illegally – come from places with limited access to medical services and poor sanitation infrastructure. As a result, many migrants may have been exposed to a disease with public health ramifications. And it's entirely possible that they aren't aware they are at risk for infection.

Therefore, the United States must take steps to make public health screening an important part of our immigration processes. If we don't, there is a very high risk that a foreign visitor may unknowingly import an easily communicable disease, like Ebola, which could have disastrous consequences were it to spread in a tightly packed metropolis like Los Angeles or New York. Furthermore, the possibility of terrorists using an infectious bio-weapon, while shocking to American sensibilities, is all too real.<sup>4</sup>

### **Could an Outbreak of Deadly Disease Happen Here?**

Unfortunately, the answer is “Yes, it could happen here.” Germany provides a good case study. It is a developed nation whose healthcare system and immigration policies are comparable to those of the United States.

Germany recently accepted roughly two million refugees with minimal security vetting and virtually no health screening.<sup>5</sup> The majority of people relocated to Germany in this wave of migrants come from countries in the developing world that are currently experiencing social and political conflicts that make the delivery of medical services and the maintenance of basic sanitation services difficult, if not impossible. Their arrival without proper medical screening has had a negative effect on Germany's health and welfare.

The Robert Koch Institute (RKI), Germany's equivalent of the U.S. Centers for Disease Control and Prevention (CDC), is responsible for monitoring infectious diseases managing outbreaks. RKI recently reported a significant increase in communicable diseases across Germany.<sup>6</sup> In its annual report on “Infectious Disease Epidemiology in Germany,” the institute concluded that recent increases in dengue fever, Hantavirus, hemorrhagic fever, malaria, tuberculosis and other communicable diseases are directly attributable to the migrant stream currently pouring into Germany.<sup>7</sup>

Many of the infections mentioned in the RKI report have been rare in Europe for decades.<sup>8</sup> Their re-emergence is a significant threat to the general health and welfare of native Germans and new arrivals alike. Germany has a first class healthcare system that should be able to address a discrete outbreak of a single disease, even a serious one.<sup>9</sup> However, the sheer number of refugees and the diversity of infectious diseases they appear to be spreading has been taxing the German public health infrastructure since the beginning of the refugee crisis.<sup>10</sup>

During the Obama administration, the U.S. experienced a mass migration event similar to the German refugee crisis: the arrival of significant numbers of unaccompanied alien children. Although less numerous than the Middle Eastern, African and South Asian refugees streaming into Germany, the Latin American children who arrived on the U.S. border came from countries with similar public health issues – lack of basic sanitation, limited access to healthcare services and an absence of preventative medicine programs.

Their arrival was accompanied by significant increases in tuberculosis, dengue fever and swine flu infections.<sup>11</sup> Unaccompanied alien children also appear to have been the source of the deadly outbreak of the EV-D68 enterovirus that spread throughout the American West in 2014.<sup>12</sup> While these outbreaks were rapidly brought under control, that seems to have been a function of the relatively small numbers of alien kids. A full-blown refugee crisis of the type affecting Europe might have resulted in the type of across-the-board increase in disease that Germany is presently experiencing.

Currently, U.S. immigration law mandates health screening only for individuals seeking to obtain Lawful Permanent Resident status and those hoping enter the country as refugees.<sup>13</sup> The roughly 300 million foreigners who make temporary visits to the U.S. each year don't even have to show they've had a flu shot. Pets, livestock, cargo, and agricultural products crossing the border undergo regular inspection for disease vectors; people don't.

If this seems like a large gap in our defenses – it is. The complete lack of health screening for short-term visitors to the United States makes America particularly susceptible to the terrorist use of infectious diseases as weapons. National security scholars have even suggested that terror groups may already be exploring the use of Ebola and other diseases as a low-tech bioweapon.<sup>14</sup> “Such groups could simply use human carriers to intentionally infect themselves...” and spread the diseases via the world's air transportation system.<sup>15</sup>

## **How Can the U.S. Protect Itself From an Epidemic Caused by Unchecked Migration?**

Wouldn't health screening just cause backups at the border and cripple the tourism industry? After all, isn't it impossible to prevent viruses and bacteria that can only be seen with a microscope from crossing the border?

There is an old saying among medical practitioners: “An ounce of prevention is worth a pound of cure.” Immigration is a perfect illustration of that old adage. It isn't possible to screen every traveler for every infectious disease. It is, however, possible to screen many visitors for the most of the infections that pose a significant threat.

The first and most obvious way for the United States to protect itself from a public health crisis is to take the threat seriously and secure its borders. President Trump's proposed border wall would decrease the possibility of immigration violators importing infectious diseases by simply prohibiting unauthorized border crossings. Illegal aliens who cross the border anywhere other than an authorized port of entry avoid undergoing even the most basic health screenings

The U.S. also needs to make public health screening a standard part of immigration processing, before it's too late. For example:

- Provide ports of entry with the latest technology for the rapid discovery of infectious disease. Researchers have recently developed a breath analyzer that can detect 17 different diseases using a single breath sample.<sup>16</sup> Other, similar technology is being rapidly developed and should be available for purchase soon.
- Expand the use of "sniffer" dogs at ports of entry. For years, specially-trained canines have been used to sniff out bombs, illegal drugs and agricultural contraband at ports of entry. Medical researchers have recently trained disease-sniffing dogs.<sup>17</sup> These working dogs could be used to rapidly and effectively screen for infected travelers.
- The U.S. Department of State (DOS) could require proof of certain vaccinations prior to issuing a visa to international travelers.
- DOS could also require travelers from regions with known public health issues to undergo preventative medical treatment (e.g. prophylactic treatment with antibiotics or anti-retroviral drugs) prior to traveling to the United States.
- Many diseases of public health concern, like anthrax, are transmitted from animals to humans. Agriculture Specialists working for U.S. Customs and Border Protection (CBP) Animal and Plant Health Inspection Service could be trained to administer brief infectious disease questionnaires to travelers arriving at U.S. ports of entry.
- U.S. Customs and Border Protection Officers could be authorized to order secondary health screening for visibly ill travelers.
- The U.S. Public Health Service and Centers for Disease Control's Division of Global Migration and Quarantine should have personnel trained in the detection and containment of infectious disease stationed at every official port of entry.

## Conclusion

Most of the recent debate on immigration and border security has focused on protecting the American public from terrorism and transnational crime. However, lax immigration enforcement also exposes the American public to the threat of infectious disease outbreaks. Moreover, the emergence of public health crisis tied to unchecked mass migration is a possibility that cannot be ignored.

While the threat is grave, the good news is that the United States has the knowledge, the resources, and the technology to protect itself from a tragic outbreak. However, we must take appropriate measures to protect ourselves before it is too late. Too often, when it comes to immigration, our public health officials have been searching for an elusive pound of cure when the proverbial ounce of prevention is easily within reach.

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<sup>1</sup> Rick Oltman, "Importing Diseases – Mass Immigration Endangers Our National Well-Being," *The Social Contract*, Winter 2017, [http://www.thesocialcontract.com/artman2/publish/tsc\\_27\\_2/tsc-27-2-oltman.shtml](http://www.thesocialcontract.com/artman2/publish/tsc_27_2/tsc-27-2-oltman.shtml)

<sup>2</sup> Duncan Mara, Jon Lane, Beth Scott, and David Trouba, "Sanitation and Health," *PLoS Med*, November 2010, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981586/>

<sup>3</sup> B.D. Gushulak, J. Weekers and D.W. MacPherson, "Migrants and Emerging Public Health Issues in a Globalized World: Threats, Risks and Challenges, an Evidence-Based Framework," *Emerging Health Threats*, March 31, 2010, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3167650/>

<sup>4</sup> G.F. Webb, "A Silent Bomb: The Risk of Anthrax as a Weapon of Mass Destruction," *Proceedings of the National Academy of Sciences of the United States of America*, 2003, <http://www.pnas.org/content/100/8/4355.full>

<sup>5</sup> Chris Tomlinson, "Germany Sees Record Breaking 2 Million Migrants in 2015," *Breitbart London*,

<sup>6</sup> Robert Koch Institute, *Infektionsepidemiologisches Jahrbuch meldepflichtiger Krankheiten für 2016*, March 1, 2017, [http://www.rki.de/DE/Content/Infekt/Jahrbuch/Jahrbuch\\_2016.pdf?blob=publicationFile](http://www.rki.de/DE/Content/Infekt/Jahrbuch/Jahrbuch_2016.pdf?blob=publicationFile)

<sup>7</sup> Soeren Kern, "Germany: Infectious Diseases Spreading as Migrants Settle In," *Gatestone Institute*, July 14, 2017, <https://www.gatestoneinstitute.org/10676/germany-migrants-infectious>

<sup>8</sup> Von Claudia Kade, "Kliniken klagen über belastung durch Flüchtlinge," *die Welt*, October 4, 2015, <https://www.welt.de/politik/deutschland/article147170095/Kliniken-klagen-ueber-Belastung-durch-Fluechtlinge.html>

<sup>9</sup> Miriam Blümel and Reinhard Busse, "The German Health Care System," *The Commonwealth Fund*, <http://international.commonwealthfund.org/countries/germany/>

<sup>10</sup> Soeren Kern, "Germany: Migration Crisis Becomes Public Health Crisis," *Gatestone Institute*, November 8, 2015, <https://www.gatestoneinstitute.org/6838/germany-migration-health-crisis>

<sup>11</sup> Judicial Watch, "Illegal Alien Minors Spreading TB, Dengue, Swine Flu," July 8, 2014, <http://www.judicialwatch.org/blog/2014/07/illegal-alien-minors-spreading-tb-ebola-dengue-swine-flu/>

<sup>12</sup> Neil Munro, "Obama's Border Policy Fueled Epidemic, Evidence Shows," *The Daily Caller*, October 31, 2014, <http://dailycaller.com/2014/10/31/obamas-border-policy-fueled-epidemic-evidence-shows/>

<sup>13</sup> Centers for Disease Control and Prevention, "Immigrant and Refugee Health – Medical Examination: Frequently Asked Questions,"

<sup>14</sup> Amanda M. Teckman, "The Bioterrorist Threat of Ebola in East Africa and Implications for Global Health and Security," *Global Policy*, May 24, 2013, <http://www.globalpolicyjournal.com/articles/health-and-social-policy/bioterrorist-threat-ebola-east-africa-and-implications-global-heal>

<sup>15</sup> Bruce Dorminey, "Ebola as ISIS Bio-Weapon," *Forbes*, October 5, 2014, <https://www.forbes.com/sites/brucedorminey/2014/10/05/ebola-as-isis-bio-weapon/#47f9b3b67319>

<sup>16</sup> Henry Bodkin, "Scientists Develop Device to Detect 17 Different Diseases – Just From Patient's Breath," *The Telegraph*, December 21, 2016, <http://www.telegraph.co.uk/science/2016/12/21/breathalyser-can-detect-17-diseases/>

<sup>17</sup> Ike Swetlitz, "4 Ways Dogs Might Be Able to Sniff Out Disease," *STAT*, April 29, 2016, <https://www.statnews.com/2016/04/29/dogs-sniff-disease/>