

# Importing Diseases

*Mass immigration endangers our national well-being*

BY RICK OLTMAN

As the debate on illegal immigration turns into action in the New Year, one of the main concerns about the entrance to our country of anybody, from any part of the world, legally or illegally, has to be their health. At a time in history when one can travel to just about any place in the world, certainly to any population center, in 24 hours or less, communicable diseases must be placed at the top of the list of concerns, no less important than potential terrorist attacks.

The world's 36 megacities, cities with 10 million or more residents, are a huge potential incubator of diseases as millions live in squalor in very close proximity. The United Nations estimates over one-third of the inhabitants live in slums. The UN also estimates there will be 45 megacities by 2030.

Tokyo has 38 million residents. Shanghai and Jakarta also each have a population over 30 million.

Twenty-two megacities are in Asia, five in Europe, three each in Africa, South America, and North America, (New York, Los Angeles, and Mexico City).

The infectious diseases brought into our country by “unaccompanied children,” “refugees,” and illegal aliens are:

- Tuberculosis
- Whooping Cough
- Measles
- Mumps

---

*Rick Oltman, a frequent contributor to The Social Contract, has worked for immigration reform for almost twenty years. He has been featured on the PBS News Hour with Jim Lehrer, MSNBC Reports, CNN, including Talk Back Live, Lou Dobbs, and Anderson Cooper 360, and the FOX Business Channel and FOX News Channel. In 1994 Rick was Chairman of the YES ON 187-SAVE OUR STATE campaign supporting California Proposition 187. In 2004 Rick worked with Arizona activists to qualify Proposition 200, Arizona's state initiative that required proof of citizenship when voting or applying for public benefits. Prop 200 won with 57 percent of the vote.*

- Scarlet Fever
- Zika
- Bubonic Plague
- Dengue Fever
- Chikungunya
- Enterovirus D68
- Hansen's Disease (Leprosy)

Crowded living conditions, schools, restaurants, all forms of public transportation from airports to buses to subways in every country present the perfect opportunity to spread an infectious disease. Even today New Yorkers recall the “No Spitting” signs in the New York City subways as recently as the 1960s, which were placed there to prevent the spread of Tuberculosis (TB). The state of Indiana had an “Anti-Spitting” campaign in the early twentieth century.

Tuberculosis can be put at the top of the list of potential immigration health hazards. TB has been infecting mankind for thousands of centuries, evidence of TB has been found in hominids dating back 500,000 years. Tuberculosis is easy to catch, but hard to cure.

## TUBERCULOSIS — THE HISTORY OF THE ‘WHITE DEATH’

Famous men and women over the ages have died from this disease. People continued to die from it even after the cure was found. Actor Patrick O’Neal died of TB in 1994, Vivien Leigh in 1967, Eleanor Roosevelt in 1962, and George Orwell in 1950.

Other famous people succumbed, from all walks of life and all levels of society: Igor Stravinsky, Thomas Wolfe, D.H. Lawrence, Stephen Crane, Jay Gould, the infamous Doc Holliday, Henry David Thoreau, Alexis de Tocqueville, Chopin, Edgar Allan Poe, almost all the Bronte siblings—Anne, Emily and Branwell. Simon Bolivar, John Keats, Spinoza. French kings and U.S. First Ladies, just to name a few.

The German scientist Dr. Robert Koch discovered the cause of tuberculosis in 1882. It remained an incurable disease for almost seven decades. Today, every 20 seconds someone in the world dies of TB.

Approximately one in seven cases of TB is resistant to multiple drugs (MDR-TB) that were previously known to cure the disease. The bacteria that survive the drugs then multiply and spread their genes to a next generation

of bacteria, which are also resistant to drug therapy.

In the 70 years since discovering its cause, TB went from being an untreatable almost always deadly disease to treatable and curable by 1952. However, the treatment drugs must be taken for an extended period of time. And, patients become impatient if they have to take more than five days of an antibiotic. Drug treatment for Tuberculosis can require 18 to 24 months of therapy...or more. Daily treatment for up to two years is a major challenge in the third world, where many patients fail to continue their treatment once the symptoms have abated, which results in further spreading of the disease which may now be resistant to the drug therapy.

If a strain of TB bacteria is resistant to at least two or more effective antibiotic drugs, it's called multi-drug-resistant TB, MDR-TB. If the strain is resistant to three or more drugs, this is classified as extremely-drug-resistant TB, XDR-TB. Any resistance factor by the bacterium presents a serious challenge for treatment.

Tuberculosis spreads in the most simple of ways and humans are the only host transmitting TB. A sneeze, a cough, talking or just spitting spreads it. It moves with migratory populations. It can enter our country easily if there is no health check done, which is not being done to the thousands of illegal aliens entering and being allowed to stay.

With unsecured borders the optimism of the 1980s, that tuberculosis would be eradicated by 2010, is no closer to reality today than the erroneous announcement in 1890 that Koch had found the cure.

Today, one-third (over 2 billion people) of the world's population is infected with TB.

Two-thirds of America's Tuberculosis cases are foreign-born.

The Center for Disease Control reported, "In 2014, a total of 66% of reported TB cases in the United States occurred among foreign-born persons. The rate among foreign-born persons (15.4 cases per 100,000 persons) in 2014 was approximately 13 times higher than among U.S.-born persons (1.2 cases per 100,000 persons)."

Tuberculosis infects a body in one of two forms. Active TB or Latent TB. Latent TB (LTBI), is when the TB bacteria are in the body but are not active. A person with LTBI usually has a positive TB skin test but does not have any symptoms of the TB disease; is not sick and cannot spread TB to others, but they can develop active Tuberculosis at any time in a process called; "TB Reactivation"

Reactivation can be caused by: HIV infection, recent contact with an infectious patient, initiation of an anti-tumor necrosis factor (TNF) treatment, kidney dialysis, an organ transplant, and silicosis (lung disease).

The following states have "Refugees" who tested positive for Latent Tuberculosis:

- Arizona (18 percent)
- California (12 percent)
- Florida (20 percent for TST test, 6 percent for blood test)
- Indiana (26 percent),
- Minnesota (22 percent),
- Tennessee (27 percent)
- Texas (15 percent)
- Utah (18 percent)
- Vermont (35 percent)
- States with Active (infectious) TB:
- Wisconsin
- Nebraska
- Louisiana
- Michigan
- Vermont
- Colorado
- Ohio
- Idaho
- Kentucky
- North Dakota
- Indiana
- California
- Tennessee (Multi-drug resistant--MDR) TB.

Active TB that is not drug resistant has been successfully treated using a standard four-drug regimen for the past fifty years. It currently takes six to nine months and approximately \$17,000 per patient to successfully treat it. MDR TB can take up to two years and \$150,000 per patient to treat, and then may have a survival rate as low as 60 percent. XDR TB is almost always fatal.

Tuberculosis infection is 13 times higher for foreign-born persons than Americans.

Needless to say, securing our borders and doing a thorough medical check of all who enter America, for whatever reason, is the best preventive measure we can take as a country. Leaving the borders unsecured and allowing entrance of hundreds of thousands of people, about whom we know absolutely nothing, including their medical condition, is irresponsible and, one could argue, criminal.

## MEASLES — ONCE ERADICATED, NOW RETURNED

Measles is one of the most contagious infectious diseases. Ninety percent of unvaccinated people exposed to measles will contract the disease. The measles virus is transmitted by direct contact with infectious droplets or when an infected person breathes, coughs, or sneezes. And, the virus can remain infectious in the air for up to two hours after an infected person leaves an area. It is an acute viral respiratory illness that can produce fevers as high as 105°F.

In the 1950s, before the measles vaccine was licensed

in 1963, an average of 549,000 cases and 495 deaths were reported annually in the U.S., but it is likely that 3 to 4 million were infected each year.

In 2000, measles was declared “eliminated” from the U.S., defined as the absence of the measles virus for 12 months or longer. Measles still occurs in the United States because measles is still commonly transmitted in many parts of the world. An estimated 20 million people become infected with measles worldwide each year, of whom 146,000 die.

Today the majority of cases are among those not vaccinated against measles and occur in the United States occur as the result of visitors, legal and illegal, who were infected while in their home country and who subsequently infect others. An outbreak is more likely to spread in U.S. communities where groups of people are unvaccinated, like illegal aliens. In July of 2016 a major measles outbreak occurred in Pinal County, Arizona, as a direct result of Immigration and Customs Enforcement (ICE) detaining infected children who then passed the disease to unvaccinated ICE employees.

This childhood disease, once a scourge to the Baby Boomers in the 1950s, eliminated through vaccination, is returning with illegal aliens to threaten the youngest in our country. Additionally CDC advises, “People who are born during or after 1957 who do not have evidence of immunity against measles should get at least one dose of MMR [Measles, mumps, and rubella] vaccine.”

### WHOOPING COUGH — PERTUSSIS

Whooping cough is highly contagious and known for violent fits of coughing, and is serious for all age groups and deadly for babies under one year old. A person could suffer with pertussis for up to 100 days, before recovering. Fits of coughing have been known to break ribs.

In 2014 California battled the worst whooping cough epidemic since 1944, over 10,000 cases. Sixty percent of the 10,000 cases of infected children were Hispanic children. Some public health officials are quick to decry any link between Whooping Cough and illegal aliens, but it is a fact that 2014 saw the surge of illegal alien children across our southern border who were not vetted for diseases.

### MUMPS

The Centers for Disease Control and Prevention reports that as of December 3, 2016, 46 states and the District of Columbia in the U.S. reported mumps infections.

Mumps is very contagious and quickly spreads among people living in crowded conditions. Only humans get and then spread the disease by direct contact with other people or droplets in the air as a result of coughing, sneezing, etc. While mumps is not deadly, there is no cure and suffering can include swollen glands, meningitis, and brain swelling.

### SCARLET FEVER

There is no vaccine for scarlet fever. Long-term complications can include: kidney disease, rheumatic heart disease, and ultimately arthritis. Scarlet fever was a leading cause of death in American children in the early twentieth century. America isn’t the only country to experience a return of this disease. The Centers for Disease Control and Prevention (CDC) has reported on Great Britain’s experiencing of similar outbreaks. And, coincidentally, Britain is experiencing its own wave of newcomers from the Third World.

### BUBONIC PLAGUE

The Black Death was first introduced into the United States in 1900, by rat-infested ships arriving from infected areas of the world, mostly from Asia. Epidemics occurred in the port cities. Reported cases of Bubonic Plague are typically in Western states, with one exception, the Sanctuary City of Chicago.

Plague’s destructive history goes back to Byzantium in the sixth century, and over the centuries killed tens of millions of people in the Mediterranean world.

### DENGUE FEVER

Over 400 million people a year are infected with dengue fever. The disease is spread by *Aedes albopictus*.

**Whooping  
cough  
outbreaks  
continue to  
occur and can  
be dangerous  
for you and  
your family.**

**For more information, ask your  
healthcare professional or visit  
[bigbadcough.com](http://bigbadcough.com)**



The Safeway pharmacy in Fairfax, Virginia, displays a sign warning the public of Whooping Cough “outbreaks” and the dangers the disease poses to American families.

*tus* and *Aedes aegypti*, the same mosquito vectors for Zika and Chikungunya, and are found mostly in the southern part of the United States, including all the states bordering Mexico.

In the Western Hemisphere, dengue fever is endemic in Mexico, all of Central America, the Caribbean, including Puerto Rico, and most of South America, excluding Chile and Argentina.

There is no vaccine to prevent the spread of dengue. The only defense we have, after mosquito abatement, is securing our borders and doing extensive medical examinations of all who are legally entering America.

### CHIKUNGUNYA

Pronounced: *chicken-gun-yeah*, Chikungunya virus is relatively new to the New World. Only as recently as 2013 was it found in the Americas. There is no preventative vaccine. This viral disease is transmitted by the same mosquitoes that spread Zika and dengue fever. Sufferers experience fever, joint swelling and joint pain, severe headache, muscle pain, and rash.

Since its introduction to the Caribbean in 2013, Chikungunya is now found in 46 countries in the Western Hemisphere. The CDC advises that travelers to infected areas to “use insect repellent, wear long sleeves and pants and...use window and door screens.” To that advice we can add, secure the border and prevent illegal aliens from entering our country.

### ENTEROVIRUS D68

This virus, a severe respiratory illness, was first identified in California in 1962.

Enterovirus-D68 (EV-D68) infections have been reported regularly to the CDC since 1987. However, during 2014 the number of people reported with confirmed EV-D68 was much greater than in previous years. During the summer and autumn of 2014, the U.S. experienced its largest outbreak of EV-D68. From mid-August 2014 to January 15, 2015, at the time of the illegal influx of “unaccompanied children” across our southern border, the CDC, and respective state public health authorities confirmed a total of 1,153 people in 49 states and Washington, D.C. with respiratory illnesses caused by EV-D68. Almost all of the cases were among children. It is also believed by CDC that there were many thousands more EV-D68 infections for which people did not receive medical treatment or get tested.

The EV-D68 virus can be found in an infected person’s respiratory emissions, saliva, nasal mucus, or phlegm. EV-D68 spreads from person to person by coughing, sneezing, or touching a contaminated surface.

### HANSEN’S DISEASE—LEPROSY

Leprosy was so rare in the U.S. that the CDC hasn’t updated their web page about the disease since April 2013.

Over the past 20 years more than 16 million people in the world have been treated for leprosy.

Southeast Asia has the highest rate of new infections, 8.12 per 100,000 population. Ninety-four percent of leprosy patients reported in 2014 are located in 13 countries: Bangladesh, Brazil, Democratic Republic of Congo, Ethiopia, India, Indonesia, Madagascar, Myanmar, Nepal, Nigeria, the Philippines, Sri Lanka, and the United Republic of Tanzania. Leprosy is treatable.

The area with the second highest rate of infections is “the Americas”: North and South America at 3.75 per 100 thousand. Leprosy can be cured with medicines within 6–12 months.

The World Health Organization (WHO) has published their *Global Leprosy Strategy 2016-2020 Accelerating towards a leprosy-free world*. WHO’s executive summary recommends the following strategies to eliminate leprosy:

First, focus on early case detection before visible disabilities occur. A special focus will be on children as a way to reduce disabilities and reduce transmission. The target is zero disabilities among new pediatric patients by 2020.

Second, target detection among higher risk groups through conducting campaigns in highly endemic areas or communities; and improving coverage and access for marginalized populations. This will result in earlier detection and reduction of patients with grade-2 disabilities (G2D) at the time of diagnosis. The target of G2D rate is less than one per million population.

Third, develop national plans to ensure screening of all close contacts, especially household contacts. The target is to have all household contacts screened.

Fourth, promote steps to move towards the use of a shorter, uniform treatment regimen for all types of leprosy based on a thorough review of available evidence on uniform MDT and designing a global plan of action for its roll-out.

Fifth, incorporate specific interventions *against stigma* and *discrimination* due to leprosy by establishing effective collaboration and networks to address relevant technical, operational, and social issues, which will benefit persons affected by leprosy. A significant (measurable) reduction of stigma and discrimination against persons affected by leprosy by 2020 is aimed for through actions to reduce stigma and discrimination and *promote social inclusion*.

The idea of quarantining leprosy victims in leper colonies is now considered “discriminatory” and *passé*.

WHO emphasizes “inclusion” of leprosy patients and deemphasizes the contagious aspects of the disease. Most colonies have closed, but some colonies remain in India and Africa. The social “stigma” associated with leprosy, according to WHO, has been an impediment to early reporting and treatment.

**FROM ONE OF THE OLDEST DISEASES KNOWN TO MAN TO ONE OF THE NEWEST, ZIKA**

In 1947 in the Zika Forest near Entebbe, Uganda, the virus was first isolated.

The Zika virus is transmitted to people primarily through the bite of the infected *Aedes Aegyptus* and *Aedes albopictus* mosquitoes, the same mosquitoes that spread the dengue fever and chikungunya viruses.

The CDC has warned that the Zika virus now threatens most of the Western Hemisphere. In 2016 the CDC issued travel advisories for Panama, Nicaragua, Honduras, Belize, Guatemala, El Salvador, Costa Rica, and Mexico. That’s all of Central America through which most of the illegal alien traffic into our country travels before freely walking across our southern border.

CDC also issued a warning for south Florida and areas near Miami, including parts of Miami Beach.

CDC provides a map of countries and territories where Zika transmission is active. Every country in the Western Hemisphere is listed except Canada, Chile, and Uruguay. Every island in the Caribbean is listed as active, including Puerto Rico and the U.S. Virgin Islands.

New York and Florida have about 1 million Puerto Rican residents each, many of whom travel frequently back and forth to Puerto Rico. It is estimated that at the end of 2016 fully one-quarter of the population of Puerto Rico, over 900,000 people, was infected with Zika.

According to the CDC website: “There is no specific medicine or vaccine for Zika virus...”

WHO declared the Zika virus an international public health emergency in February of 2016. By mid-November it no longer considered Zika a global health emergency, but wanted to assure everyone that this didn’t represent a downgrading of Zika’s importance. No cure, no preventative medicine, and a major region infected with the virus now beginning its summer season. There’s bureaucracy for you.

U.S. medical experts were warning in early May 2016 that Zika was coming and the U.S. wasn’t ready for it. Congress, after months of squabbling, passed a \$1.1 billion Zika funding bill, but nothing was done to secure the border.

During one of the squabbling sessions in July a U.S. Senator commented, “Few issues pose as immediate threat to the health of Americans as the Zika virus.”

Sen. Marco Rubio, from Zika-infected Florida, commented: “It’s only growing by the day.... And the links between our nations make this a hemispheric public health crisis.... The problem is only going to accelerate.”

But, with all this concern, the Senate hearing didn’t discuss immigration, illegal immigration, border security,

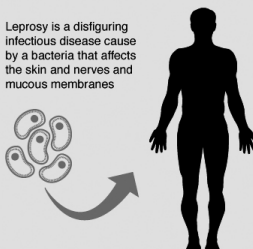
LIFE CYCLES

## ⊕ LEPROSY


(bacteria)

Leprosy is a chronic disease that has afflicted people for millennia. Caused by bacteria which affects the skin and nerves, throughout history it resulted in disfiguring deformities of the limbs, hands and feet and face, and blindness, leaving a legacy of human suffering involving rejection and exclusion from society. Leprosy is not highly contagious but many are still infected and affected worldwide. Despite the infection being treatable with a long course of antibiotics, the lack of education and stigma surrounding the disease means that many people are still diagnosed too late to prevent disabilities. Global efforts over the past 20 years, have cured more than 14 million leprosy patients reducing the prevalence of the disease by 90%.

Leprosy is a disfiguring infectious disease caused by a bacteria that affects the skin and nerves and mucous membranes



Leprosy is known to occur at all ages ranging from early infancy to very old age. The way it is thought to be transmitted is through close, extended contact with someone with leprosy.




It usually takes between


**2 - 10 years**

for symptoms of leprosy infection to appear after a person is infected with leprosy-causing bacteria.


**The main signs and symptoms are:**




Faded or discoloured patches of skin, disfiguring skin sores, lumps or bumps that do not go away



Nerve damage that leads to a loss of feeling in the arms and legs, with secondary trauma and infection going unnoticed and leading to deformities of hands and feet.



Muscle weakness and paralysis -especially of the hands and feet



Eye problems that may lead to blindness



Antibiotic treatment will stop leprosy’s progress which makes early detection important.

ALJAZEERA



scrupulous health checks of people entering from countries on the CDC’s list, or anything that might actually address trying to stop the disease from entering our country. Nothing pro-active was suggested, it was all reactive. And that is no way to win the battle against Zika, or any dangerous disease.

In late October 2016, Thomas Frieden, Director of the CDC, offered a grim assessment of the U.S. government’s ability to contain Zika, saying that it was too late to stop the virus from spreading throughout the United States: “Zika and other diseases spread by [the *Aedes aegyptus* mosquito] are really not controllable with current technologies... We will see this become endemic in the hemisphere.”

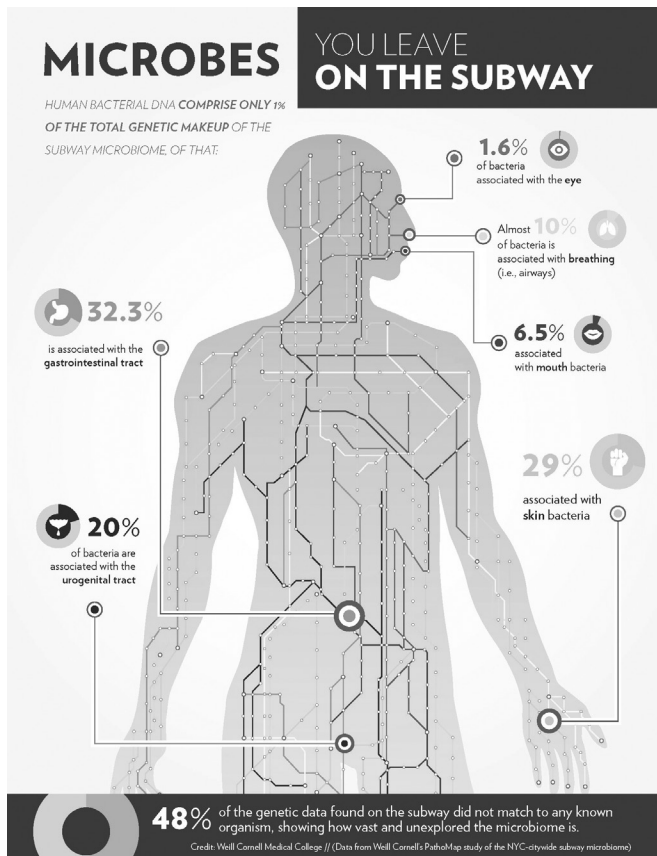
However, the one sure way to reduce the spread and preventing it from entering our country—securing the border—has been completely ignored.

**CONCLUSION**

In a world where huge population centers are growing and world-wide travel is possible and affordable to billions of people, there should be no admittance to our country of anyone who is not monitored and examined for infectious disease.

Certainly the diseases of concern can be treated, cured, and/or prevented. The most important question is; “Why should we expose our population to suffering from communicable diseases from foreign countries when we can take sensible action to prevent it?”

Securing our borders and enforcing our immigration laws will help protect us from terrorism and criminals and also will help to prevent infectious diseases, which come with great expense and community disruption, and prevent some of the human suffering that mankind has experienced for millennia. ■



## Jeepers, creepers

**Researchers found 15,152 types of microorganisms and 562 species of bacteria in the New York City subway system, including:**

- Anthrax (although not live)
- Bubonic plague
- Streptococcus suis, which causes meningitis
- Staphylococcus aureus, which causes staph infections
- E. coli

Source: Weill Cornell Medical College

According to the Centers for Disease Control and Prevention (CDC), “Acute respiratory infections such as pneumonia and influenza are the leading infectious cause of death in the United States and globally, responsible for an estimated 3.5 million deaths worldwide each year. As experience with the 2003 global outbreak of severe acute respiratory syndrome (SARS) and the 2009 H1N1 influenza pandemic demonstrated, these infections can spread rapidly. Tuberculosis also remains a significant global health threat, with unrecognized infections and drug-resistant strains complicating control efforts. The emergence of highly transmissible novel influenza viruses also remains a global concern and a primary focus of prevention efforts for CDC and public health partners throughout the world.” <https://www.cdc.gov/oid/docs/ID-Framework.pdf> The *New York Post* reported that Weill Cornell Medical College researchers “swabbed poles, turnstiles, and seats at every open subway station in [New York] city and found them crawling with 15,152 types of microorganisms.” <http://nypost.com/2015/02/07/bacteria-filled-subways-leave-riders-feeling-queasy/>