How Ebola Can Make Us Healthier — Yes, Healthier!

BY EDWIN S. RUBENSTEIN

The decision by the governors of New York and New Jersey to quarantine some travelers returning from the Ebola zone in West Africa elicited sharp criticism from public health officials and civil liberties lawyers. A typical response is that of Lawrence O. Gostin, a professor of global health law at Georgetown University:

> This is, I think, pushing the envelope quite a bit and is highly counterproductive. I can't think of a situation where any jurisdiction in modern times has simply quarantined a whole class of people.[1]

The professor is right. Not since the influenza pandemic of 1918 have suspected carriers of infectious diseases been forced into isolation. Back then a liberal Democratic president, Woodrow Wilson, put public health concerns before politics. By contrast, Barack Obama's unrelenting focus on open borders has politicized the public health and homeland security agencies that are charged with protecting the health of Americans.

While other African nations canceled airline service from the Ebola region, the U.S. Centers for Disease Control (CDC) initially opposed all such restrictions. When the emergency finally arrived, it quickly became evident that there was no plan to cope with it. The CDC and National Institutes of Health (NIH) continued to demand that America's borders remain open to foreign nationals from the affected countries. This, of course, allows anyone who can get on a plane to enter the country before symptoms start to show, which can take up to 21 days.

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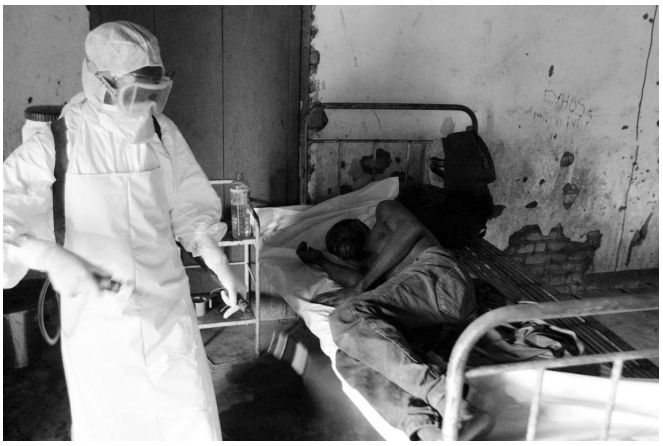
It took a bi-partisan effort by the governors of New York, New Jersey, and Illinois to shame the federal government into imposing national standards on when and where suspected Ebola carriers can be quarantined.



But why stop with Ebola? This deadly virus is but one of several often fatal diseases that U.S. immigration authorities routinely ignore when screening new entrants.

Tuberculosis

The number of TB cases has declined over the past two decades, from 25,102 in 1993 to 9,582 in 2013. Over this period, however, the proportion of foreign-born individuals carrying the disease has risen significantly.

CDC reports that foreign-born persons account for the majority of all cases reported in the United States[2]:

- In 2013, the percentage of cases occurring in foreign-born persons was 65 percent of the national case total, compared to 29 percent in 1993.
- Foreign-born Asians and Hispanics together represented 80 percent of TB cases among foreign-born persons, and accounted for 51 percent of the overall national case total.
- From 2009 through 2013, the top five countries of origin of foreign-born persons diag-

nosed with TB in the U.S. were Mexico, the Philippines, India, Vietnam, and China.

When evaluating the relative risks of TB and Ebola, two facts spring out. First, the top countries of origin for TB carriers send far more legal immigrants to the U.S. than the top countries for Ebola:

Persons Obtaining Legal Resident Status by Selected Country of Birth, 2013	
TOTAL (all countries)	990,553
Top TB Countries	356,831
Mexico	135,028
Chinese People's Republic	71,798
India	68,458
Philippines	54,446
Vietnam	27,101
Top Ebola Countries	6,503
Liberia	3,334
Sierra Leone	1,651
Guinea	1,518

Data source: Department of Homeland Security, 2013 Yearbook of Immigration Statistics, Table 3.

Legal immigration from the top five countries for persons diagnosed with TB totaled 356,831 in 2013; the comparable figure for the three Ebola countries that year was 6,503. In other words, for every immigrant admitted from the Ebola region of west Africa, there are 55 immigrants admitted from the countries that send the most TB cases to the U.S.

New Cases of Selected Infectious Disease in the U.S., 2011	
Hepatitis A and B	4,301
Pertussis (whooping cough)	18,719
Shigellosis	13,352
Tuberculosis	10,528
Measles	220
Mumps	404
Syphillis	46,042
Gonorrhea	321,849
Ebola (2014 to 11/21)	5
Deaths from Selected Infectious Diseases, 2011	
Tuberculosis	539
Viral hepatatis	7,850
Syphillis	45
Whooping cough	7
Shigellosis	8
Ebola (2014 to 11/21)	2

Data source: CDC, Health, United States 2013, Table 39 (new cases); CDC, Final Mortality Data Release 2011, Table 10) (deaths); www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf

Second, the number of people diagnosed with TB, and the number who die of TB in the U.S., is far larger than the number affected by Ebola.

In 2011 (latest full year of published CDC data) 10,528 new cases of TB were reported in the U.S. Compare this to the 5 (five!) cases of Ebola reported by the CDC at the height of the Ebola panic in 2014.

More than five hundred U.S. residents died of TB in 2011. As of this writing, in November 2014, only two persons have succumbed to Ebola.

To be sure, the death rate from Ebola—about 50 percent—is far greater than the death rate from tuberculosis. But the sheer number of people infected with TB is so much larger than the number of people who actually succumb to the disease.

TB on the Southern Border

Thousands of young, unaccompanied children poured across the southern border during the first half of 2014. While the human tsunami was apprehended, detained, and housed in border facilities, no effort was made to screen them for communicable diseases. A whistleblower from Immigration and Customs Enforcement (ICE) reports that the agency relies on "self-reporting immigrants" in deciding who among the illegal border crossers should be quarantined.[3] Immigrants are not detained for further health screening, "unless they tell us they're sick," according to the ICE agent. The Latin American slums from which most of the illegal border crossers come have been described as a "breeding ground for tuberculosis" by the USAID. And not just ordinary TB, but the multi-drug resistant variety of the disease with a higher death rate than cancer.[4]

The CDC reports that 91 percent of all multi-drug resistant TB cases in the U.S. occur among people born in other countries.[5]

MDR-TB has been called "Ebola with wings." Unlike Ebola, this strain of TB flies through the air when an afflicted person coughs. It is estimated that each carrier will infect 10 or more people, in whom the disease will likely remain latent — creating the potential for a time bomb effect.

Even in the (unlikely) event that the illegals are screened and treated, the risk to the native-born population will not dissipate quickly. A person with MDR-TB requires up to two years of treatment with a complex regimen of drugs to which the person's TB bacteria may be susceptible.[6]

This problem is not confined to the border states. In northern Virginia, for example, foreign-born residents accounted for 92 percent of the new TB cases in 2000.[7] Prince William County, Virginia, reported a staggering 188 percent rise in TB cases in 2002, linked by health officials to illegal immigrants from Mexico. The pre-

ceding year, the Indiana University School of Medicine investigated an outbreak of multi-drug resistant TB in Marion County and found its cause to be the county's influx of Mexican nationals.

Queens, New York, Portland, Maine, Del Ray Beach, Florida, Minnesota, and Michigan have also reported TB outbreaks linked to recently arrived immigrants.[8]

Leprosy

The ancient skin disease is characterized by disfiguring skin sores, nerve damage, and progressive debilitation. Caused by a bacteria-like agent, leprosy (now called Hansen's Disease) is poorly understood even among dermatologists. In its early stages the disease is often misdiagnosed as eczema or diabetes.

While the U.S. medical profession has very little experience in treating the disease, specialists have sounded warnings. Ben Whitford, in *Leprosy in America: New Causes of Concern*, estimates that an average of 130 cases are identified each year among immigrants. And now a connection to HIV patients is baffling doctors and scientists. Those treated with antiretroviral drugs for AIDS are developing the leprosy, and the cause is unknown.[9]

The disease has been diagnosed in New York City's immigrant community:

> Since the immigration act of 1964 there has been a major influx of Hispanic and Asian immigrants into the United States, including regions where leprosy is most prevalent. A 1982 epidemiologic report of leprosy in New York City showed 99 of 100 of the most recent leprosy cases at the former USPHS (United States Public Health System) Hospital on Staten Island, NY were foreign born. There were cases of leprosy in foreign born patients who had been in the U.S. for as long as 38 years, raising the question of acquiring the infection in some of NYC's immigrant communities. The first case of leprosy that proved leprosy can be acquired in the Northeastern U.S was a Caucasian chemist from Queens who was never out of the U.S. In that same report, a nurse from N.J. who had gone to China and stayed in first class hotels for a week was reported with leprosy. Leprosy can also masquerade as lupus…[10]

"*It's creeping into the U.S.,*" said Dr. William Levis, head of the New York Hansen's Disease Clinic. "*This is a real phenomenon. It's a public health threat. New York is endemic now, and nobody's noticed.*"[11]

Dr. Levis believes America could be on the brink of an epidemic similar to those that swept Brazil and led to the country becoming a global leprosy hotspot. "We just don't know when these epidemics are going to occur," Dr. Levis says, "But we're on the cusp of it here, because we're starting to see endemic cases that we didn't see 25 years ago."

Hepatitis A and B

Hepatitis, a viral infection that mainly attacks the liver, is one of mankind's major diseases. It is estimated that 2 billion people are infected worldwide, and about 1 million persons die each year.[12]

As seen in the table above, more than ten times as many Americans die of hepatitis than die from TB.

More than 1.3 million foreign-born residents in the U.S. are living with hepatitis B, according to a recent epidemiological survey. The infection rate among the foreign-born, about 3.45 percent, is ten times the rate found among native-born residents.[13]

About 58 percent of U.S. immigrants infected with hepatitis B come from Asia, most of them from three countries — China, Vietnam, and the Philippines. About 11 percent of infected immigrants are from Africa — where the disease is described as "*hyper-endemic*." Seven percent are from Central America, where rates are lower but many more people move to the U.S.

Hepatitis carriers are at greater risk for liver cancer. A recent Mayo Clinic study found that the primary cause of liver cancer is now hepatitis C, where two decades ago it was most often the result of cirrohosis of the liver caused by caused by alcoholism.[14]

"The liver scarring from hepatitis C can take 20 to 30 years to develop into cancer," says one of the Mayo researchers. *"We are now seeing cancer patients in their 50s and 60s"* — baby boomers born between 1945 and 1965 — *"who contracted hepatitis C 30 years ago and didn't even know they were infected."*

By ignoring the liver cancer angle, the official hepatitis mortality rate figures understate the destructiveness of the disease.

Malaria, dengue, and other tropical diseases

Diseases once thought to be rare or exotic in the U.S. are gaining a presence, thanks mainly to the influx of unscreened illegal aliens. The most widely known of these, malaria, was thought to have been eradicated in the U.S. during the 1940s. Recently there have been outbreaks in southern California, New Jersey, New York City, and Houston. Malaria-tainted blood has been discovered in the blood supply.

Three deaths were attributed to malaria in 2011, the latest available year of CDC mortality data.[15]

That same year CDC attributed 5,753 deaths to "Other and unspecified infectious and parasitic diseases and their sequelae." This latter category includes:

Dengue fever — Dengue is caused by viruses spread by mosquitoes. It emerged in south Florida in 2009, the first such outbreak since 1934, according to the Centers for Disease Control. The infection rate in certain areas reached 5 percent — indicating a serious risk of transmission according to the CDC. The outbreak has been linked to travel — much of it thought to be by illegal entrants from Latin America and the Caribbean, where the disease's incidence has risen fourfold over the past 10 years. Symptoms include joint and muscle pain, severe headaches, and internal bleeding. It is a leading cause of death among children in affected areas outside the U.S.[16]

Chagas disease — Chagas is an infection caused by single-celled parasites often called "kissing bugs" for their tendency to bite on the lips and suck blood. If left untreated the resulting infection can cause digestive, heart, and nervous system failure. Although the parasites are endemic to both Latin America and the U.S., they are more likely to infect individuals living in the substandard housing common south of the border. *"Changes in Chagas prevalence are therefore related to infected people migrating to the United States. The concentration of [Chagas] positive blood donors is in areas with larger concentrations of immigrant populations."*[17]

Chikungunyu — A mosquito-borne disease, similar to dengue, it causes fever and muscle pain that, while rarely fatal, is debilitating and can last for years. The name of the disease means "That which bends up" in the Makonde language of East Africa, where it was first identified in 1952. It has spread to 36 countries, most recently into the Caribbean, where nearly all the island countries have been affected. The disease has no cure or vaccine. Nearly 1,500 travelers, often people visiting their families in the Caribbean, brought the disease into the U.S. in 2014 (through October), according to the CDC.[18]

Global warming will inevitably expand the incidence of tropical diseases in this country. C. Ben Beard, associate director of climate change at the CDC, notes that the first frost tends to kill off disease-carrying mosquitoes, ticks, and flies, but warmer temperatures are delaying the frosts and pushing the frost line further north. *"It's likely we'll see northward expansion of some of the diseases already here,"* Beard says, in parts of the United States currently immune to tropical diseases.[19]

The open borders disease

Americans watched in horror as the first person on U.S. soil died of Ebola and the first citizen contracted it here in the country. We watched our soldiers being sent into harm's way, with a mere four hours of Ebola-related training, to build hospitals. We continue to watch as 100-150 people from Ebola-infected countries arrive daily in this country.

But Ebola is the tip of the iceberg. TB, hepatitis, and other immigrant-borne diseases take far more lives than Ebola, and — in the case of TB — are far more easily transmitted. The vast majority of drug-resistant TB carriers in this country are immigrants — legal and illegal. Immigrants are ten times more likely than native-born U.S. residents to have hepatitis.

Do we screen incoming legal immigrants for TB or hepatitis.? No. Standard legal immigration into the U.S. requires only a general medical exam, a chest X-ray, and a blood test for syphilis.

Isn't it time we expanded the health screening requirements for legal entry?

Illegal aliens from Third World countries are routinely exposed to diseases that had been eradicated in the U.S. Additionally, they have likely not been inoculated against diseases, thereby creating conditions that will foster the resurgence of these diseases and permit diseases not generally associated with the U.S. to take hold and flourish.

The administration's approach to these concerns is to gloss over the nexus between its open borders policy and public health.

Ebola is a wake-up call. We cannot wait for the next health crisis to take action. ■

Endnotes

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Illegal Aliens and American Medicine

The seen and the unseen

By Madeleine Pelner Cosman, Ph.D., J.D.

The influx of illegal aliens has serious hidden medical consequences. We judge reality primarily by what we see. But what we do not see can be more dangerous, more expensive, and more deadly than what is seen.

Illegal aliens' stealthy assaults on medicine now must rouse Americans to alert and alarm. Even [the President] describes illegal aliens only as they are seen: strong physical laborers who work hard in undesirable jobs with low wages, who care for their families, and who pursue the American dream.

What is unseen is their free medical care that has degraded and closed some of America's finest emergency medical facilities, and caused hospital bankruptcies: 84 California hospitals are closing their doors. "Anchor babies" born to illegal aliens instantly qualify as citizens for welfare benefits and have caused enormous rises in Medicaid costs and stipends under Supplemental Security Income and Disability Income.

Dr. Madeleine Cosman

What is seen is the illegal alien who with strong back may cough, sweat, and bleed, but is assumed healthy even though he and his illegal alien wife and children were never examined for contagious diseases.

By default, we grant health passes to illegal aliens. Yet many illegal aliens harbor fatal diseases that American medicine fought and vanquished long ago, such as drug-resistant tuberculosis, malaria, leprosy, bubonic plague, polio, dengue fever, and Chagas disease.

What is seen is the political statistic that 43 million lives are at risk in America because of lack of medical insurance. What is unseen is that medical insurance does not equal medical care. Uninsured people receive medical care in hospital emergency departments (EDs) under the coercive Emergency Medical Treatment and Active Labor Act of 1985 (EMTALA), which obligates hospitals to treat the uninsured but does not pay for that care. Also unseen is the percentage of the uninsured who are illegal aliens. No one knows how many illegal aliens reside in America. ■

[Excerpted from, "Illegal Aliens and American Medicine," *Journal of American Physicians and Surgeons*, Vol. 10, No. 1, Spring 2005, pp. 6-10. Dr. Cosman (December 4, 1937-March 2, 2006) was a medical lawyer who taught medical students at the City College of New York, testified before Congress, and wrote 15 books.]