

## Human Migration with Disease Dissemination in Our Current Global Movement and National Health Security; My Opinion

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### Abstract

Human migration is a current issue globally exacerbated by the massive increase of refugees into European countries starting with Germany all through current massive movement in the south Americans, many due to consequences of wars in Syria, Somalia, Congo, Yemen etc., or due to economical downsize or failed economic policies like in Venezuela, causing people moving into Columbia and other countries. It might just be due to ungovernable societies due to failed government management with rise in organized deadly crimes like in Guatemala etc. This writer being once a migrant himself, can related with this issue, and try to express this health concerns for both migrants and their host/receiving countries, thereby raising the need for a more honest, none political but public health and national security emergencies discussion.

**Keywords:** Migration; Border and Disease Dissemination; Health and National Security

### Introduction

#### Pre BC-era

The issue of human migration is as old as any human ancient documentations. Take for example, the Bible [1], one of the world's oldest documentation of human or genealogical historical migrations. We read from this book, how Terah the father of Abram (later renamed Abraham) whose generation gave rise to the people and nation of Israel, reside in Ur of Chaldean, migrated from Ur to into the land of Canaan (the *Bible*, book of Genesis chapter 11). Cain ran away from his home to the land of Nod after he was reported to have killed his brother, Abel for fear of being killed (Genesis chapter 4:14-16). Jacob, who was renamed Israel, ran away to Egypt, after deceiving his father to usurp the blessings of his elder brother Esau (Genesis 26). We read from the book of Genesis chapter 46 about the mass movement of the children of Israel to the land of Egypt due to the famine in the land of Canaan at that time, and several years later, the entire Jewish nation (popularly known as the Israelites) was led out of Egypt under the leadership of Moses (Exodus 12 and 13).

#### Post BC Era/AD (*anno domini*)

We have read in our civil primary or elementary schools and to a much larger extent in colleges or universities, how human migration following expeditionary, explorative voyages or desires for empire expansionism, has led to the formations (via migrations) of "newer" nations or countries with complete change in the indigenous culture.

This writer was born in the Old Yoruba empire south west region of Nigeria, known as Lagos State of Nigeria. Historical studies indicated that the people of the Yoruba or better known as the "Oduduwa" people, migrated from Ile-Ife and spread to their present location

that covered at least two countries in the present West Coast of Africa: (The Republic of Benin, and Nigeria). However, by parents' tribes, my native tribe is Urhobo, now occupying part of the Niger-Delta which is the south-south region of Nigeria. From grandparents' word of mouth, it is believed that, the "Urhobos" migrated from Egypt in North Africa to their present location.

The present United States of America (USA), can be traced to the mass migration of certain group of people from Europe consisting of the Spanish, British, German, and other parts of the world to mix with the "said" original settlers-native Indians. So, what this writer trying to say is that, it is human innate nature to migrate from one place to another, motivated by one reason or the other. Know that, it is almost impossible to dispute the facts that, it is inherent for humans to migrate just like any other animal species in the Animal Kingdom, the questions are: are disease(s) dissemination via migration possible? Has it occurred in the past and is it currently occurring?

### Migration and disease dissemination

It has been documented in many peer reviewed journals that, when humans migrate, they assist in the dissemination of newer diseases into their new community. It was reported that the Europeans that came into the now "USA", brought with them their unique forms of health issues or diseases into the "New World" that now infected the native indigenes. Pringle, (2015) [2] also reported that, the Europeans brought not only diseases to the indigenous people, but also brought wars and slavery. Pringle therefore concluded that the Spanish imported diseases such as smallpox, influenza and many other pathogens/viruses, that infected the "Hispaniola" indigenous natives that lacked the immunity in the Americas. This article by Pringles, stated that these diseases might be responsible for the decrease in the population of the "Taino" natives that numbered at least 60,000 to about 500 by 1548, after Columbus built his first town on a nearby island of Hispaniola. Recent cases reported by Price (2016) [3] in his article also supported those by Pringle (2015); Nunn and Qian, (2010) [4], who also included syphilis as one of the diseases brought by the Europeans to the natives.

### Current migration; 21<sup>st</sup> Century

The global community since the mid-2000s, has seen an uptake in the number of people-moving from their original countries, either with the assistance of governments, United Nations or the pure old fashioned personal individual movement, especially towards European countries or the United States. We have seen uptakes of citizens of countries where there is war like Syria and Somalia to mention a few or those with economic unsettledness in their countries moving to Germany, Italy, United Kingdom, Canada, and so on. As stated earlier, this writer was an immigrant that migrated legally to the United States of America after prior visits to the United Kingdom (U.K.) and USA as a PhD student on visiting visas (non-immigrant visa), and then finally on a U.S.A migrant visa, utilized in 2001. Therefore, there are various classes of immigrants and every class has different take as regards possible dissemination of pathogens or "contagions".

This writer's DSc dissertation published in full in (Alakpa, 2016) [5], focused on possible voluntary dissemination of disease as a deliberate action to disseminate pathogens, as some groups have vowed to use such means to commit terror. Ordinarily, this happens daily as a public health accepted means of the dissemination of diseases globally, hence there are interventions like, quarantine, vaccination, limitations and separation processes to manage global pandemic or epidemic. Remember the SARS (Severe Acute Respiratory Syndrome) period of the early 21<sup>st</sup> century (2003) and later SARS-CoV (SARS-associated coronavirus)? Both were first reported in Asia, where it was believed to have been disseminated via global travels, following the usual massive movements of humans globally, with strong link to air travel between the continents (Center for Disease Control and prevention CDC) [6]. Arita, Kojima and Nakane (2003) [7], in their article, raised important question as to "why does Japan have still no cases of SARS, despite its geographic proximity to the most affected areas" (p. 1183)? They postulated that this might be "because Japan remains a society mostly closed to non-Japanese persons and has a history of casual contact between its citizens and travelers and noncitizens who reside there" (pp. 1183-4). In other word, they basically linked air travel within the globalization era as a factor for global transmission of this disease.

### So, what's with the various forms of migrant and diseases?

As stated earlier, migrants come into newer communities or countries as with current times for various reason(s) and via different means or routes. This writer did the same via two forms: visiting visa and later he migrated to USA with an immigrant visa, so the writer will use self for elucidation in some cases.

#### Migrants via visiting (nonimmigrant status) status

Migrants using this route are usually not examined by accepting countries for medical state or conditions prior to allowing them into their countries. When this writer first left his country of birth, Nigeria to the UK and later to USA, his state of health was never investigated as to determine whether he has any contagious diseases or pathogens in any latent phase. So, migrants of these group remain a vital vehicle for the dissemination of pathogens because like this writer had stated, they are usually not required to demonstrate excellent health status via medical clearance with the U.S. (or any other country) health officers. This seems understandable, as visitors were expected to stay for a short period of time and after their short stay return to their country of origin. However, the question is, how does the receiving countries then determine if a visitor is incubating highly contagious pathogen, especially when such visitors are not able to financially bear the cost of hospital intervention or are among those with terrorist intention, or just planning not to return?

A well-known example is the case of the Liberian man by name Mr. Duncan, who flew into Texas in 2014 with the Ebola virus infection and was later reported by health officials to have been responsible for the dissemination of the infection that claimed the lives of some citizens [8-10].

#### Migrants via Immigrant visa status

Individuals that legally migrate into any of the Western countries or the USA via this route, are compulsorily made to comply or submit to designated medical practitioner or center before being permitted to permanently migrate. In 1998, this writer was subjected to such medical, criminal and educational status investigations, and tests or assessments prior to been awarded the Immigrant Visa to migrate to the USA. Thus, this route of migration seems to be the one with the least possibility for immigrants to disseminate any contagious pathogens into their new country, and thus less problematic in terms of public health or national security.

#### Migrants via Refugee status

Naturally, Refugees are supposed to be under the United Nations Refugee Program that are supposed to be subjected to medical inspection to ascertain their health status and thus preparation for adequate medical intervention on arrival by health personnel. And if everything works in accordance to international guidelines, dissemination by this group or via this route, can at least be effectively managed or prevented if not eliminated. The question is, how many of those within this class, get through the UN or any health inspection prior to entering their new host countries, especially in less economically vibrant nations on the African continent? From Ahmed., *et al.* (2018) and Marchese., *et al.* (2018) articles, one can conclude that many immigrants still do arrive their new countries with numerous health issues [11,12].

#### Citizens' foreign Trips outside

This is a worrisome route being employed by a lot of people and it is a major public health concern, mostly for citizens or permanent residents of the new countries where they abode (apart from illegal aliens, that evade all-natural laws or procedures to get into a country) via disseminating pathogen after visiting and returning from foreign countries. They are less frequently subjected to prior medical tests or questioning before re-entering the country, except if they willingly notify necessary authority(ies) of their health status prior or on arrival. This writer hopes that these group of individuals could be more likely to seek medical intervention on arrival should there be any concern, due to better access to health care, especially in the USA. Numerous articles abound regarding traveler's implicated route or vehicles for the dissemination of pathogens as reported by Brien., *et al.* (2006) [13]; Beaute. Zucs and deJong, (2012) [14]; Belderok., *et al.* [15] and numerous citations via "travelers" in the web sites for the Center for Disease Control and Prevention or the World Health Organization, especially with regards to global epidemics, pandemic or tropical infections. For example, see the CDC, 2019 [16].

In summary, many articles have documented the numerous diseases, and contagious or non-contagious diseases among immigrants of all viable routes globally [12,13,17-20].

Lately in the USA

Quarantine of illegal immigrants in the USA

As at March 2019 in USA, over 2000 migrants were reported to have been quarantined amid an outbreak of mumps and other diseases like chicken pox [21-23]. No one can, with all confidence accurately state the number of illegal immigrants in this Constitutional Republic of the USA. *The Federal Observer* (2019) [24] reported that over 500,000 legal immigrants and 80,000 refugees are admitted into the USA annually, while additional 700,000 illegal immigrants enter the USA annually with ¾ of these illegal immigrants coming from Mexico, El Salvador, Guatemala and Honduras. As at 05:43 EST March 25<sup>th</sup>, 2019, the *One American News Network* (OANN) recorded on their immigration board a total number of 184,154 illegal aliens that crossed into the USA in 2019 and a total of 25,942,375 illegal aliens in the U.S.A see figure 1 [25]. This is an enormous number on a country’s resources, border officers, and thus national security, if not public health, especially with dissemination of diseases into a community with no record of the incoming illnesses as the President, Mr Donald Trump put it.



Figure 1: One American News board on The Cost of illegal Immigration as at 05.43 am <https://www.klowdvtv.com/account/tv.ktv> on 03/25/2019.

How then do we mitigate or address this dissemination of diseases by immigrants?

It is a fact that humans will migrate no matter what and the likelihood of disseminating diseases, is also very feasible like from old. How or what can policy makers do to mitigate the impact of migrated disseminated diseases? This is going to be a difficult task to accomplish, especially among immigrants who are coming in via routes that does not enforce pre-entrance or re-admittance medical checks, like those coming as visitors (Visiting visa), or coming in through illegal routes, and possibly returning citizens/permanent residents into the USA from foreign trips.

Ellis Island style?

History are inundated with documentations of migrants coming into their new communities with certain health issues that is unique to their new environment, like the Europeans, into the Americas without a regulated port of entry. Later in the U.S. history, we learnt that there were many “quarantine” posts or islands, like the Immigration Ellis Island in New York. It was reported that over 12 million immigrants entered the U.S. through this port of entry between 1892 and 1954, a site designated by President Benjamin Harrison in 1890 as first federal immigration station [25].

At Ellis Island, like others similar, it was reported that immigrants upon arrival in New York City in ships that would dock at the Hudson or East River piers where first and second-class passengers would disembark, pass through Custom officials at the piers and were free to

enter the United States. The steerage and third-class passengers were transported from the pier by ferry or barge to Ellis Island where everyone would undergo a medical and legal inspection. It was reported that, those in the first- and second-class status, were given medical on-board ship screening and were only subjected to port medical, if found to be ill. Hence, they were omitted from the medical screening conducted at Ellis Island, before been allowed into the main land New York.

However, lately, one could hear from proponents of the “open border” policies, falsely stating that this never occurred. It will be wise to re-enact this procedure or process not only to mitigate the dissemination of illness/pathogens, but most importantly, to create another level for checking possible bioterrorists from invading the home land with more serious and genetically manufactured pathogens, as elucidated in Alakpa, 2016 [5]. It is reported that prior to 1890, immigration control was done by individual state in USA and the “Castle of Garden” (initially known as Castle of Clinton) was the State of New York immigration station from 1855 to 1890 and over 8 million immigrants from Europe were said to have passed through its doors [25].

### Challenges

Considering the role of privacy and human Rights, it will be challenging for public health officers or security to obtain objective medical evaluation to ascertain the true medical status of migrants. However, it will be the suggestion of this writer that a bioagents screening instruments or stations be installed at every port of entry (POE) just like the Customs and Border Protection (CBP) officer’s process for monitoring and checking the importation of infested foods, plants, etc. into the U.S. Health immigration officers at the POEs, should also be considered.

If possible, the pre-boarding screening for the temperature status of passengers heading for the U.S. to ensure early identification of possible cases of ill patients would only be effective for immigrants or visitors arriving via legitimate POEs as it will not be feasible against those that arrived via illegal routes, as they are mostly unaccounted for, thus, they would never see a CBP health officer. There are other limitations with the above suggestions, but it will at least provide an additional level of health/national security.

Increasing border security, is essential. A perimeter wall with regulated POE, is an essential additional tool, not only to control entrance, but to ensure that individuals seeking entrance into the USA, are effectively identified and health status ascertained at the port of entry. It is very disturbing to read in national media, how politicians of certain party in the U.S. who once supported a perimeter, are now completely on party line, opposing it when reports of numerous individuals avoiding the main POEs to smuggle themselves and children into the country are seen daily on the media and heard from the border patrol officers. If an individual can arrive via a legal route, like in the case of Mr. Duncan (the Liberian man), that brought the Ebola virus into Texas [8-10], how then is it not plausible, that many entering illegally or returning from foreign travels are incubating more pathogens?

### Conclusions

This writer being a volunteer with some groups linked with the *Office of Emergency management*, is aware of the numerous steps being taken by government agencies to address possible epidemic or pandemic style situations in USA, especially in terms of serious infectious diseases and agents. He is also a certified pre-hospital trauma response specialist; a retired U.S. Army trained and combat deployed medic. However, like combating national security bioterrorism threats, majority of these measures are usually reactive in nature. Electronical Newsletters from the public health emergency, CDC and institution of health, reiterating the direct influence of diseases disseminating via air travel and global movement. While there are difficulties expected or anticipated in order to mitigate these public health concerns and national security issues, it is immensely expedient for all to have an honest discussion about human migrations, human rights and national health security. Education and strict adherence with the enforcement of national immigration laws are necessary steps to achieving reduction in global dissemination of diseases. Others including but not limited to border protection, are: positive identification of latent carriers or incubators of infectious diseases/agents at POEs and prompt medical intervention prior to the issuance of a national

health emergency; investment in the development and installation of newer, less invasive identification procedures and devices at POEs and finally, the institution of prior medical examinations before commencement of journey to the United states. There is no single “silver bullet” solution, hence a need for holistic poly-professional approach.

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