Disease Attacks On Americans

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The anthrax scare has made Americans suddenly and acutely very disease conscious. Until a few weeks ago, most Americans had never heard of anthrax, and worries about smallpox had been abandoned years ago.
While we have yet to learn the source of the malicious delivery of anthrax infections, it's time to open a national discussion about the variety of diseases coming into our country with immigrants and illegal aliens. U.S. law bars entry to aliens, either as immigrants or visitors, who have "a communicable disease of public health significance," as well as drug abusers and addicts.

But with our current unprecedented high level of immigrants, visa holders, refugees and illegal aliens entering every year, it's virtually impossible to screen them adequately for disease.

The West Nile virus was never reported in the United States prior to 1999, when 8,200 people were infected with West Nile encephalitis in the New York area, including 62 severe cases and seven deaths. This year, the virus has been detected in 21 states (including 51 Florida counties) and Washington, D.C.

The first known appearance of the West Nile virus was in Uganda in 1937, and it is now prevalent in Africa, India, Australia, and the Middle East. This African import is transmitted to humans by mosquitoes and can be deadly, especially to the elderly.

Tuberculosis is on the rise, and the World Health Organization (WHO) declared it a worldwide emergency in 1995. Part of this problem is what WHO calls the "deadly synergy between TB and HIV."

Due to our large-scale immigration, tuberculosis is making a comeback in the United States where we thought it had been virtually eradicated. Immigrants and aliens accounted for 41 percent of TB cases diagnosed in the United States in 1998, and in some clinics this year two-thirds of TB patients are foreign born.

States with large immigrant populations (California, New York, Texas, Florida, New Jersey and Illinois) have been most heavily affected. Of course, screening is done only on law-abiding applicants; obviously, there is no screening of illegal aliens.

Although tuberculosis constitutes grounds for denying admission to the United States, the screening process can't cope with the numbers. TB can remain dormant for years before becoming contagious, the standards for detection in foreign countries are often inferior to ours, and foreign results are unreliable.

The New England Journal of Medicine (3-11-99) reported that "more than 600,000 immigrants enter the United States each year from countries where intestinal parasites are endemic. At entry, persons with parasitic infections may be asymptomatic."

Those most at risk are immigrants from the Middle East, Africa, Eastern Europe and Latin America. U.S. public health officials can't agree whether to screen all immigrants for parasites, treat all immigrants presumptively, or do nothing unless they show symptoms.

According to the Asian Liver Center at Stanford University, more than half of the 1.3 million hepatitis B cases in the United States are in Asians, although Asians constitute only 4 percent of our population. The

hepatitis B rate is about 70 times greater for Asians than the percentages for whites and Hispanics, and 14 times greater than for blacks.

This raises a question for concerned parents. Why is there such pressure to administer hepatitis B shots to all newborn babies even though only a tiny percentage are in any risk category?

Malaria was eradicated in the United States in the early part of the 20th century, but now is reemerging as a serious health problem. Dr. Jane Zucker of the Centers for Disease Control cites immigration as a contributing factor in the recent outbreaks of mosquito-borne transmission in the densely populated areas of New Jersey, New York and Texas.

Food-borne illnesses are another danger exacerbated by immigration. Last year, an outbreak of listeriosis among Mexican aliens in Winston-Salem, North Carolina, left 12 people ill and resulted in five stillbirths and three premature births.

This infectious disease was contracted from soft cheeses made by aliens from unpasteurized milk. Despite North Carolina laws prohibiting the sale and consumption of raw milk and raw milk products, such practices persist in some communities because of the aliens' taste preferences and cultural attitudes.

The Centers for Disease Control has declared that the United States has been free from indigenous measles since 1998, and the only cases come in with immigrants.

Americans cannot continue to ignore the serious health effects and the high costs to our health care system of diseases brought into this country by aliens since we permitted tremendously high levels of admissions from Third World countries over the last two decades. Rep. Tom Tancredo (R-CO) has the best solution to deal with this problem: place a moratorium on immigration until we get a handle on the legal/illegal alien admission process.