Historical Associations of Immigrants with Disease

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The Department of Homeland Security (DHS) reports more than 60,000 children have crossed illegally into the United States since October 2013. The Customs and Border Protection Agency (CBP) within the DHS reports an overall increase in the apprehension of Unaccompanied Alien Children (UAC) from Central America, specifically in the Rio Grande Valley area. The increase in unaccompanied children has generated concerns of possible exposure to communicable diseases. Several news agencies referenced a memorandum dated 30 July 2014 from Homeland Security that stated federal agents were exposed to lice, scabies, tuberculosis, and chicken pox. The memorandum from DHS's Office of Inspector General claimed, "*CBP personnel reported contracting scabies, lice, and chicken pox. Two CBP Officers reported that their children were diagnosed with chicken pox within days of the CBP Officers' contact with an unaccompanied child who had chicken pox. In addition, USBP personnel at the Clint Station and Santa Teresa Station reported that they were potentially exposed to tuberculosi*s."[1]

The memorandum did not provide details on the total number of agents working in facilities that processed unaccompanied children in order for public health officials to accurately determine the rates of communicable diseases among CBP agents. Nor did the memo mention whether or not the CBP agents and their families were immunized against chicken pox and other vaccine preventable diseases or what other precautionary measures were taken to reduce risks of exposure. These current associations of immigrants and disease have an extensive history in the United States where foreigners have consistently been associated with germs and contagion.

Background

Until 1891 immigration into the United States was regulated by a patchwork of jurisdictions among the individual states. At that time, New York was the largest port of entry, accounting for eighty percent of all immigration to America. The 1891 Immigration Act placed immigration into the United States under federal control through the United States Public Health Service. The USPHS, signed into law by President John Adams in 1798, was originally created to protect the country against the spread of disease from sailors returning from foreign ports. By 1891, the USPHS began excluding certain classes of immigrants, namely "idiots, insane persons, paupers or persons likely to become a public charge, and persons suffering from a loathsome or a dangerous, contagious disease."[2] The number of immigrants barred from American ports was always very small, but rose slowly between 1891 and 1921 as the U.S. Public Health Service began health screenings due to growing acceptance of the germ theory, which claimed invisible microscopic organisms were the cause of disease and suffering. USPHS quarantine stations were established to prevent the introduction of initially seven "quarantinable" infectious diseases: cholera, diphtheria, infectious tuberculosis (TB), plague, smallpox, yellow fever, and viral hemorrhagic fever into the U.S.[3] The USPHS continues to this day screening for these and other additional diseases and conditions.

During Ellis Island's busiest years, 1900–1914, deportations averaged around 1%. In 1914 a record 2.5% of immigrants were turned away. Over the years, deportations on medical grounds also rose steadily, and accounted for 57% of all cases in 1913. This increase in medical deportations reflected both increased stringency of medical inspection and the expansion of the medicine's domain.[4]

It is important to note that until the 1880s, no one group of medical practitioners could claim clear professional expertise over any other group. Nineteenth century Americans chose their cures with as much freedom as they chose their elected officials. Resistance to a single state-sanctioned practice of medicine was widespread. The convergence of the rise of the germ theory with various public health

movements including public health inspections at Ellis Island resulted in the gradual rise of the American medical system.[5]

Discussion

A 2002 study at the University of Michigan by Howard Markel and Alexandra Minna Stern focused on three periods of immigration in American history: 1) The late nineteenth century until the passage of the National Origins Act in 1924 when millions of immigrants arrived in the United States and increasingly stringent limitation quotas were enacted; 2) An era of retrenchment and exclusion from 1924 to 1965 when far fewer immigrants entered, yet their identification with disease and contamination remained intact; 3) The period from 1965 to the present when family reunification laws became the centerpiece of immigration policy and spawned the migration of millions of Asians and Latin Americans to the United States.6 This study claimed the social perception of the threat of the infected immigrant was typically far greater than the actual danger. The association of immigrants and disease persisted even as health care improved in the United States with the introduction of vaccines that all but eliminated age-old scourges along with broad-spectrum antibiotics that quelled previously devastating bacterial infections. They advocated for a historically informed approach to understanding links between immigration and disease.

The Politics of Immigration Restriction

The powerful politics of immigration restriction that emerged in the U.S. in the early twentieth century was driven in part by the dogmatic beliefs of eugenicists, people who favored selective breeding or hereditary improvement by genetic control. Job security fears of native-born workers, the concerns of philanthropists, and the fears of industrialists about labor strikes organized by immigrant radicals all fed into the drive to restrict immigration. In their 2008 study Pascal Imperto and Gavin Imperto noted, "*Immigrants became the menace of all menaces: physically, intellectually, and morally impaired, according to eugenics subscribers.*"[7]

"*Groups dedicated to immigration restriction, such as the Immigration Restriction League, eugenicists, and nativist groups viewed immigrants from Eastern and Southern Europe as especially incapable of assimilation because they were allegedly possessed of immutable and inferior social, cultural, and intellectual characteristics."*[8]

These anti-immigrant groups felt the increasing numbers of immigrants posed a serious threat to the health and well-being of the United States.[8] For a long time, the belief that immigrants brought transmissible diseases and epidemics had been based in part on evidence from nineteenth century cholera epidemics, which invariably arrived with travelers from Europe. The fact that imported diseases and epidemics could enter the U.S. not only with immigrants, but also with returning U.S. nationals was often ignored. The Impertos highlighted the fact that infectious diseases make no distinction between the education levels, the cultural/racial differences, or income levels of potential hosts. Diseases such as yellow fever, for example, were associated with immigrants, but as knowledge sufficiently advanced, it was scientifically proven that the breeding of mosquitoes in stagnant water, and not immigrants, was the source for outbreaks of yellow fever.[9]

In the context of immigration, historians have often viewed science as a tool to justify the exclusion of undesirables. Public health and medicine were intimately intertwined with national political visions and priorities. Enormous regional differences in medical inspection and exclusion existed within the United States. Historically, immigration medical exams along the West Coast and Mexican border involved routine microscopic examinations for parasitic infections and involved more intensive physicals that enabled officials to turn back more immigrants on the basis of disease. On the East Coast, immigration policy addressed primarily economic demands. Between 1891 and 1930, nearly 80,000 immigrants were barred at the nation's doors for diseases or defects under federal immigration law. Most immigrants were denied entry due to chronic diseases that limited their capacity to perform unskilled manual labor. Industrial demands of the nation provided a rationale for drawing and absorbing millions of European immigrant laborers. Some immigrants were deported for medical reasons, but of the twenty-five million arriving immigrants, most of them were bound for the unskilled labor force.[10]

Since 1903, the U.S. Public Health Service has maintained two major categories of infectious and chronic disease. Exclusions for Class A conditions including tuberculosis, venereal disease, trachoma (a viral disease of the eye), and favus (a scalp disease) were mandatory, as were mental conditions such as insanity, idiocy, or feeblemindedness. Exclusion for Class B diseases "affecting ability to earn a living" was discretionary. Old age, varicose veins, hernias, poor vision, and deformities of the limbs or spine were amongst the primary causes for exclusion. The causes for exclusion reflected the industrial expectation that immigrants would engage in physical labor, therefore meeting the needs of business.[11]

Conclusion

The general assumption that infectious diseases originate beyond America borders, trafficked in by foreigners, historically has not necessarily changed. With the hysteria associated with last year's Ebola scare in Dallas, Texas, we see immigrants will continue to be an ongoing source of fear and distrust. At many points over the last century, some groups have wanted to exclude people perceived as foreign and dangerous and the associations between immigrants and disease remains powerful and prevalent.[12] As of 2006, there were 17.7 million immigrants in the United States.[13] Although some lawmakers such as Florida's Mel Martinez explained, "The little known secret is that America needs the workforce that these people provide."

According to Irwin Redlener, a pediatrician at Columbia University and co-founder of the Children's Health Fund, the primary care system in developing countries is more effective than in the U.S.—better than people think."[14] Immigration into the United States has always been greatly influenced by the needs of business and the insatiable demand for an abundance of free or the cheapest labor possible. Never in American history has the desire for cheap labor ever been more evident and the fear of disease more ignored, than in the eighteenth and nineteenth centuries with the importation of millions of enslaved Africans in the unsanitary and disease infested slave ships for voyages that lasted months. It has never been documented that the forced importation of millions of Africans ever resulted in infectious plagues that ravaged the nation. Fears of today as well as the previous centuries' concerns over the connection between immigrants and disease are in conflict with the historical evidence of the constant need for free and cheap labor that has always dominated American immigration policy. It is safe to assume the nation's "immigration problem" will be fully resolved when there is no longer the industrial need for cheap labor. Most, if not all, Americans alive today, if they can trace back far enough, will find an immigrant ancestor in their family tree who may have shared the same experiences as today's "unaccompanied alien children."

The views expressed in this article are the author's own and do not represent the views of the Centers for Disease Control or the views of the United States Public Health Service.

The Records of the U.S. Public Health Service are cataloged in the National Archives website at: http://www.archives.gov/research/guide-fed-records/groups/090.html

See also: Original data: *Registers of Vessels Arriving at the Port of New York from Foreign Ports*, 1789–1919. Microfilm Publication M237, rolls 1-95. National Archives at Washington, D.C.

ENDNOTES

[1] Published memorandum for Hon. Jeh C. Johnson, Secretary, Department of Homeland Security from John Roth, Inspector General, DHS, 30 July 2014; *Department of Homeland Security*, (www.oig.dhs.gov/assets/Mgmt/2014/Over_Un_Ali_Chil.pdf : accessed 23 January 2015).

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[3] Stephen H. Waterman, Miguel Escobedo, Todd Wilson, Paul J. Edelson, Jeffrey W. Bethel, Daniel B. Fishbein, "A New Paradigm for Quarantine and Public Health Activities at Land Borders: Opportunities and

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[4] Yew, "Medical Inspection of Immigrants at Ellis Island, 1891–1924,*"* 492.

[5] Yew, "Medical Inspection of Immigrants at Ellis Island, 1891–1924,*"* 491–492.

[6] Howard Markel and Alexandra Minna Stern, "The Foreignness of Germs: The Persistent Association of Immigrants and Disease in American Society," *Milbank Quarterly* 80 (December 2002): 757, digital image, *National Institutes of Health* (www.ncbi.nlm.nih.gov/pubmed/12532646 : accessed 22 January 2015).

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[8] Imperato, "Medical Exclusion," 227, citing J. Higham, *Strangers in the Land: Patterns of American Nativism*, (New Brunswick, N.J.: Rutgers University Press, 1955).

[9] Imperato, "Medical Exclusion," 228.

[10] Amy L. Fairchild, "The Rise and Fall of the Medical Gaze: The Political Economy of Immigrant Medical Inspection in Modern America," *Science in Context* 19:3 (September 2006): 338; digital image, *National Institute of Health* (www.ncbi.nlm.nih.gov/pubmed/17214434 : accessed 23 January 2015).

[11] Fairchild, "The Rise and Fall of the Medical Gaze," 339.

[12] Markel and Stern, "The Foreignness of Germs," 757.

[13] Fairchild, "The Rise and Fall of the Medical Gaze," 352.

[14] "Immigrant Kids Have Health Issues-But Not the Ones You Think," *NPR*: (www.npr.org/blogs/goatsandsoda/2014/07/22/332598798/the-immigrant-kids-have-health-issues-but-not-the-ones-youd-think : accessed 23 January 2015).

Biography:

Nikki Williams Sebastian, a St. Louis native, has documented her ancestry back to colonial America prior to the American Revolution. Her research led her to discover a famous ancestor, an antebellum thoroughbred race horse trainer, Hark West.

Nikki is a member of the St. Louis Genealogical Society; the Old Darlington, South Carolina District Genealogical Society; and the National Society Daughters of the American Revolution. She is a graduate of Rosati-Kain High School in St. Louis, Tulane University of New Orleans, and a future graduate of Emory University's Rollins School of Public Health in Atlanta where she currently resides. She is an analyst with the Centers for Disease Control and Prevention.