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Epidemics, national security, and US immigration policy

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What are relationships between epidemics, national security, and US immigration policy? This question is important because it sheds light on transnational or nontraditional security areas, American immigration policy, and a pressing issue for US leaders who have recently faced epidemics such as the West Africa Ebola outbreak that began in 2013. This article answers it and lays ground in the area by reviewing epidemics in world history, using International Relations and Security Studies works to specify dangers of contagions for states, and identifying three general immigration measures that American leaders have utilized from the seventeenth century to the present day to protect against contagions, which are (1) policies restricting entrance of foreigners thought to carry specified diseases, (2) the isolation or quarantining of immigrants with contagious disease, and (3) delegating the President with authority to stop immigration in the event of an epidemic abroad. This study has implications for research and contemporary US immigration policy.

Keywords: US immigration policy; national security; epidemics; pandemics; international migration; Ebola; transnational security; nontraditional security area; state migration policy; American immigration; second-image reversed; security studies; globalization

Introduction

President Barack Obama and other high-ranking American leaders declared epidemics “a national security priority for the United States” on 26 September 2014 in front of officials from more than 40 countries at a Global Health Security Agenda summit.¹ Obama described contagions as formidable foes and explained that the Ebola epidemic “underscores – vividly and tragically – what was already known: that in an interconnected world, outbreaks anywhere, even in the most remote villages and the remote corners of the world, have the potential to impact everybody, every nation.” And the threat, the President warned, is pervasive: “nobody is that isolated anymore,” he clarified. “Oceans don’t protect you. Walls don’t protect you.” Within such a world, Obama admonished,

We have to change our mindsets and start thinking about biological threats as the security threats that they are – in addition to being humanitarian threats and economic threats. We have to bring the same level of commitment and focus to these challenges as we do when meeting around more traditional security issues.²

He could have framed Ebola as solely a humanitarian concern, but he also declared it an urgent national security issue.

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The President made these comments in reaction to the West Africa Ebola outbreak, an epidemic originating in Guinea in December 2013 and, by April 2015, infecting over 13,000 people and taking the lives of more than 4900 of its hosts. It generated hysteria in America on 30 September 2014 when the first of several people was diagnosed with Ebola on US soil.³ As an issue of national security, the Department of Homeland Security (DHS) through its subsidiary the US Customs and Border Protection (CBP), the Center for Disease Control (CDC), and the National Security Council have worked together to devise immigration policies to confront Ebola, such as having CBP workers screen travelers at 20 US airports and land border stations for symptoms, including closer inspection and taking the temperatures of those arriving from Ebola-affected countries at Chicago's O'Hare International Airport, Dulles International Airport in Virginia, Hartsfield Jackson International Airport in Atlanta, and Newark International Airport in New Jersey.⁴

The Ebola outbreak and the manner in which US leaders have reacted to it call to attention the need for closer examination of relationships between epidemics, national security, and immigration policy for several reasons. For one, perhaps the President was prudent to label Ebola a security priority, since epidemics have posed one of the largest threats to humankind through history, with several claiming lives at a faster pace than even the great wars of the twentieth century.⁵ Second, per Obama's warning that epidemic risk to states is compounded in the face of globalization, advances in transportation over the past two centuries enable a contagion originating across the globe to be carried by a traveler to the USA in a day.⁶ Third, there are humanitarian dangers to US leaders constituting contagions as "national security" threats because in so doing it may lead officials to form egotistic national policies centered on protecting Americans and neglecting non-citizens suffering from epidemics in the global community.⁷

Despite the importance of this topic for contemporary politics, it has been underexplored in extant literature. The relationship between disease, migration, and US immigration policy has been the subject of several impressive studies, but many of them focus largely on how officials have sensationalized and misused contagion risk to justify restrictive or xenophobic measures.⁸ These scholars have correctly and importantly brought attention to the real and persistent danger of leaders misusing epidemic threats for ulterior or racist purposes, especially considering that very few immigrants pose any type of risk.

A greater understanding of the relationship between epidemics, national security, and US immigration policy is required to protect against catastrophic events (e.g. the 1918–1920 Spanish Flu killed an estimated 50–100 million people worldwide) as well as bringing transparency to the area to hold officials accountable for responsible policy decisions. This article will address this gap in the literature and lay ground in the area by using International Relations (IR) and Security Studies literature, works by scholars in other fields such as History and Medicine, and primary source material to identify relationships between epidemics and national security as well as common immigration policies that US leaders have used to protect against contagions. The purpose is to provide a base for future studies in the area and assist policy-makers.

In addition to these objectives, this article will also contribute to IR, Security Studies, and migration literatures in several ways. For one, it will examine relationships between a little studied variable (contagions) and US immigration policy.⁹ Second, the line of analysis followed in this study on epidemics, immigration, security, and US policy responses can likely be profitably applied to other countries, since nation-states face similar geopolitical pressures. Third, the subject contributes to a growing body of literature in recent years on national security and state migration policies.¹⁰ Fourth, it explores "domestic–international" or "second-image reversed" political connections by tracing how a factor (contagions) originating in the global system affects a US domestic policy area.¹¹ Fifth, it helps unpack what has been referred to in IR literature as a "nontraditional security" or "transnational security" area, since epidemics and

immigration constitute potential non-military dangers to nation-states within the global community.¹² Finally, it will contribute to debates on the pragmatism and risks of constituting areas such as immigration and epidemics as “security” issues by exploring dangers to states from contagions and US policy responses to them.¹³

This article will unfold in four parts. First, it will survey several epidemics through world history to identify threats they pose to civilizations and nation-states. Second, it will draw from IR and Security Studies literatures to specify security risks posed by epidemics for nation-states. Third, it will present three broad types of immigration measures US leaders have used since the seventeenth century to protect against contagions, which are (1) policies restricting entrance of foreigners thought to carry specified diseases; (2) the isolation or quarantining of immigrants with contagious disease; and (3) giving the president authority to stop immigration in the event of an epidemic abroad.¹⁴ Fourth, the article will conclude with research and policy suggestions.

Epidemics and security in historical perspective

Many examples exist through history of epidemics destroying societies and abruptly altering the fate of civilizations. Thucydides recorded perhaps the first account of a contagion by detailing the horror of the “plague of Athens,” which was brought to Greece by sailors from Northern Africa and reduced the Athenian population by over one-third, weakened their army, and contributed to their defeat in the Peloponnesian War.¹⁵ The bubonic plague (the Black Death) arrived in Europe during the fourteenth century via the Silk Road from Central Asia and reduced the population of the continent by an estimated 30–45% and the discord in its wake likely contributed to the collapse of the feudal system.¹⁶ European explorers introduced diseases in the New World that between Christopher Columbus’s arrival in 1492 and the eighteenth century killed as many as 95% of the American Indians and contributed to the relative ease with which their lands were taken by imperial states.¹⁷ The resolve of German soldiers was broken by the 1918 influenza (Spanish Flu) outbreak during World War I and disease killed more soldiers during World War II than combat in many battle areas.¹⁸

The USA has also struggled with epidemics over its history. Deadly outbreaks of the ague, bacillary dysentery, cholera, diphtheria, influenza, lobar pneumonia, malaria, tuberculosis, typhus, typhoid, scarlet fever, smallpox, and yellow fever repeatedly broke out across the America from the seventeenth through the early twentieth centuries.¹⁹ As just a few examples: Philadelphia lost as much as an eighth of its population to yellow fever in 1793; New Orleans had a higher death than birth rate for most of the nineteenth century in part because of cholera and yellow fever; and large parts of America were stricken with cholera outbreaks in 1832, 1849, and 1866 that are estimated to have taken over 200,000 lives.²⁰ Contagions continued to claim large numbers of Americans during the first quarter of the twentieth century, exemplified by typhoid killing an estimated one million lives from 1880 to 1920, and the Spanish Influenza, the deadliest disease in history as measured by the absolute number of lives it claimed worldwide, struck near the end of World War I to kill an estimated 500,000 Americans in a few short years.²¹

By the mid-twentieth century, US death tolls from communicable diseases plummeted with improvements in sanitation methods and the discovery of cures and vaccines for many infectious diseases. Even so, approximately 170,000 Americans die each year from contagions and epidemics remain a security threat.²² For example, a US National Intelligence Council report on infectious disease estimates that since 1973 at least 20 known diseases, such as cholera and tuberculosis, have reappeared or spread to new locations around the globe. Furthermore, scientists have discovered approximately 30 previously unknown diseases such as Ebola and hepatitis C, many of which do not have available cures. The report also emphasizes the susceptibility of modern

states to biological attacks by rogue groups and individuals, citing the 2001 mail-based anthrax attacks throughout the USA as an example of bioterrorism.²³ These risks, coupled with recent outbreaks in developed nations (e.g. the 2003 Severe Acute Respiratory Syndrome (SARS) virus, the 2009 Swine Flu, and the continuing West Africa Ebola outbreak) indicate that the USA remains susceptible to epidemics.

Security threat of epidemics to the USA

As the previous examples illustrate, epidemics pose security threats to states in a number of ways, primarily through their detrimental effect on economic and military power, foreign relations, and domestic or internal security. This section draws from IR and Security Studies works to elucidate security threats to states from epidemics to emphasize why US leaders have a strong incentive to devise migration policies to protect against contagions.²⁴

Economic and military power

Epidemics can reduce the ability of a state to project economic and military power in the international system. Infectious disease does this primarily through its affect on human health and productivity, with possible results of an epidemic including a high mortality rate; sick citizens unable to return to work; and laborers performing suboptimally – all outcomes that can tax social and healthcare systems and stagnate economic and military production of a state. Disease also has a psychological toll on citizens and can generate anxiety and fear among members of a polity, which in turn can curb social and technological innovation, disrupt trade, limit capital investment, and encourage firms and entrepreneurs to abandon long-term economic plans.²⁵

Domestic or internal security

The psychological impact of disease on people within a society is frequently severe, with the uncertainty and devastation wrought by epidemics capable of prompting erratic and violent behavior among members of a polity. “Emotions and perceptual distortions” emerging as a result of a disease outbreak, noted Andrew T. Price-Smith, “may ... generate the construction of images of the ‘other’, resulting in stigmatization, persecution of minorities and, even, diffuse inter-ethnic or inter-class violence.”²⁶ As they attempt to cope with the horrors of an epidemic, citizens may blame one another for the outbreak and violence may erupt. Disease can also limit the ability of a state to control its constituents, which can force it to impose strict measures on citizens; and disease may reduce the services a state can provide to its populace, which can limit its legitimacy. Citizens dissatisfied with the state may protest, with possible outcomes including rioting, civil-police violence, and even civil war.²⁷

Foreign relations

Epidemics affect relations among states in a number of ways. The economic and societal disorder from a contagious disease may affect trade and social interactions among states, perhaps limiting their ability to cooperate and find solutions to disagreements and collective action problems. States may similarly take punitive action against one another if they blame the outbreak of a disease on the ineptitude or irresponsibility of governments other than their own. Epidemics may also be a direct cause of conflict among states if they are perceived as originating from a biological attack carried out by a state or a rogue group within a state. They may indirectly cause conflict among states by weakening the economies and militaries of some states more so

than those economies and militaries of other states in the international system. In which event, they can alter the balance of power in the global community and may even lead to war.²⁸ Leaders thus have security incentives to create measures to protect the US from disease carried by immigrants.

Epidemics and US immigration policies

US leaders since the colonial era have devised at least three broad immigration measures to protect against epidemics, which are: policies restricting entrance of foreigners suspected of carrying contagions; the isolation or quarantining of arriving immigrants thought to host dangerous disease; and delegating to the President the authority to stop all immigration in the event of an epidemic abroad.²⁹ This part focuses disproportionately on the two former methods, since they have constituted primary ways that leaders have sought to protect against contagions, whereas the third measure is presented because it may be reconsidered if the USA faces an epidemic. This part also consults government documents, legal statutes, and public and private statements as well as secondary sources by historians and scholars in other fields to ascertain how American officials have identified epidemics and migration as being security issues.

Conditioning/restricting entrance to foreigners carrying disease

US officials from the colonial era through to the present day have devised laws that condition or disallow foreigners carrying diseases perceived as being dangerous entrance to the country.

Colonial legislation

These types of laws were first enacted during the colonial period when at times ships “arrived in port with half of their passengers sick,” prompting cities such as Philadelphia to set up a “pest-house provided at public expense” to shield residents from an infectious disease.³⁰ Colonial governments sought to protect against the infirm by passing laws that: required the screening and reporting of arriving immigrants for disease; disallowed foreigners with diseases considered dangerous from entering territory; required boat masters or citizens to post bonds for the arriving sick for security against public relief expenses; and obligated ship captains to return sick passengers to their ports of departure.³¹

The titles of several of these laws provide a sense of their purpose: a 1756 Massachusetts Colony Act was titled, “An Act to Prevent Charges Arising by Sick, Lame or Otherwise Infirm Persons, Not Belonging to This Province, Being Landed and Left Within the Same;” and a 1740 Delaware Colony Act was entitled, “An Act Imposing a Duty on Persons Convicted of Heinous Crimes and to Prevent Poor and Impotent Persons being Imported.”³² As these titles suggest, the Colonies enacted measures to protect citizens from disease, exemplified by a 1751 Massachusetts Law that was created because during travel immigrants

often contract mortal and contagious distempers, and thereby occasion not only the death of great numbers of them in their passage, but also by such means on their arrival in this province, those who may survive, may be so infected as to spread the contagion, and be the cause of the death of many others.³³

Local and state legislation

US local and state legislatures throughout the late eighteenth and nineteenth centuries devised the same types of measures as the colonial governments to safeguard Americans from contagions.³⁴ For

example, a Massachusetts Law permitted officials to order anyone who arrived from a place infected with “smallpox or other malignant temper” to depart within two hours or “be removed;” a New York Law allowed leaders to remove travelers suspected of carrying disease from the state; and Connecticut, Delaware, and Pennsylvania Laws permitted officials to disallow trade with those carrying disease.³⁵ Leaders passed these laws in part to secure America, exemplified by a New York Immigration Commissioner declaring that his state’s measures allow for the “protection of the whole country from pestilential scourges” and defend “the interest of the whole Union, by efficiently ... preventing the spread of the diseases imported by [immigrants] over the country at large.”³⁶

Federal legislation

Issues involving disease and immigration were primarily the domains of local and state governments during the first hundred years of the country, but after a series of epidemics in the late nineteenth century the federal government began to increasingly institute measures in the area. For example, federal leaders, after decades of jurisdictional debate with state officials over immigration regulation, included a stipulation in the Act of 3 March 1891 that for the first time disallowed entrance to foreigners “suffering from a loathsome or a dangerous contagious disease.”³⁷ Events preceding its creation indicate that it was devised to protect against the security risk of contagions, with, for example, several notable epidemics after the Civil War contributing to agitation for federal action in the area such as the 1878 yellow fever outbreak, which killed more than 5000 people, disrupted commerce in the South, prompted armed men to stop passengers from getting off of trains to prevent disease spread, and led to residents dying of exposure and starvation as they hastily attempted to flee the contagion. By 1888, the yellow fever caused a half-million dollars of damage in just Jacksonville, Florida, alone, forced officials to ration food and set up refugee camps, and halted commerce.³⁸ The ability to protect against epidemics was likely on the minds of Justices when, in a 1893 Supreme Court decision, *Nishimura Eiku v United States*, they decided the federal government possessed the right to turn away immigrants for national security: “It is an accepted maxim of international law,” as explained in the majority opinion,

that every sovereign nation has the power, as inherent in sovereignty, and essential to self-preservation, to forbid the entrance of foreigners within its dominions, or to admit them only in such cases and upon such conditions as it may see fit to prescribe.³⁹

Leaders have subsequently factored similar provisions within major immigration laws, including the Immigration Act of 1917, the Immigration and Nationality Act of 1952, the Immigration and Nationality Act of 1965, and the Immigration and Nationality Act of 1990.⁴⁰ Under provisions within contemporary law, most immigrants are inspected abroad and at the port of entry. Foreigners found with specified diseases such as smallpox and tuberculosis are not permitted entrance into the USA.⁴¹ It also prohibits the entrance of foreigners lacking vaccinations, such as those for diphtheria, hepatitis B, influenza type B, measles, the mumps, pertussis, polio, rubella, and tetanus.⁴² The federal government, at first responding to the mayhem of nineteenth-century epidemics, has restricted entry ever since to those carrying contagious diseases for national “self-preservation.”

Isolation and quarantine

Isolation and quarantine are methods that have been used by world leaders to protect against contagions since ancient times.⁴³ American officials frequently employed them during the seventeenth through early twentieth centuries, but they have not been used in the country on a large

scale in recent decades because modern medicine and sanitation methods have curbed the number of epidemics in developed countries, though their use has been increasingly reviewed in recent years with the rise in modern bioterrorism. Quarantine refers to the “compulsory physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas,” whereas isolation signifies “the separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with contagious disease to prevent them from transmitting disease to others.”⁴⁴

Colonial legislation

Isolation and quarantine were the primary methods used by colonial and early American officials to protect against contagions carried by immigrants.⁴⁵ The Massachusetts Bay Colony, for example, instituted a quarantine measure in 1647 to stop passengers arriving from Barbados from infecting its populace with the plague.⁴⁶ The purpose of measures such as these was to safeguard residents from disease, as exemplified by the Pennsylvania Governor and Assembly members lamenting their state’s quarantine procedures failed to “prevent the spreading of infectious Distempers among us, the Effects of which the City of Philadelphia has lately felt, altho’ we think a due Execution of Laws [the isolation of sick passengers] might in part have prevented them.” They called for additional measures to assist with “Guarding against the Dangers” of sick immigrants and “to prevent the future importation of Diseases into this City, which has more than once felt the fatal Effects of them.”⁴⁷

Local and state legislation

Similar to the colonial legislatures, local and state governments from the country’s founding through the early twentieth century also used isolation and quarantine to safeguard residents. For example, an 1808 Boston law, as summarized by one scholar, called for vessels from “tropical ports in the months of May through October (when threats of yellow fever were greatest) to be quarantined on arrival for three days or until twenty-five days had passed since departure.”⁴⁸ Similarly, a New York Law gave the State’s Governor and New York City Mayor authority in 1784 to quarantine immigrants based upon port doctor reports; and many US city and state laws during the nineteenth century mandated the erection of quarantine centers and inspectors at ports.⁴⁹ Leaders devised these measures to protect America from the “invasion” of disease, evidenced by a Justice asserting in a Supreme Court case in 1886 that American states required quarantines to protect against “the invasion of contagious and infectious diseases from abroad” because “for many years the cities of the Atlantic Coast, from Boston and New York to Charleston, were devastated by the yellow fever” and that Americans needed protection “from the ravages of these dreadful diseases.”⁵⁰

Federal measures

Local and state bodies primarily regulated isolation and quarantine measures for the first hundred years of the country, but after a series of devastating epidemics during the late nineteenth century the federal government began to pass laws that gave it a larger role in the area. A system of shared power among local, state, and federal bodies regarding isolation and quarantine oversight arose during this period that remains in place today, with federal officials primarily having jurisdiction over epidemics across state lines and local and state governments possessing authority over epidemics within state lines.

Comments by leaders during the late nineteenth century indicate that the federal government assumed greater responsibility in this area for national security and public health reasons. For example, President Benjamin Harrison, with a worldwide cholera pandemic believed to be threatening the USA, signed an Executive Order in 1891 mandating a 20-day quarantine period over the New York port to protect against the disease because it posed a “direct menace to public health.”⁵¹ Similarly, Senator Charles Sumner, an influential Civil War and Reconstruction leader, called for more vigorous federal action against contagions “to secure the public health” and referring to cholera he asked his fellow Senators,

Can we confess that a great Government of the world must fold its arms and see a foreign enemy, for such it is, crossing the sea and invading our shores and we [are] unable to go forth to meet it? I do not believe that this transcendent Republic is thus imbecile.⁵²

The USA has not used isolation or quarantine on a large scale for decades, but government agencies have carefully reviewed their use since the 9/11 terrorist attacks, the 2001 anthrax-mailings, the 2003 bioterrorist subway attacks in Japan, and the recent occurrence of contagious diseases such as SARS and Ebola in developed nations.⁵³ US leaders have done so because they fear the dangers posed by bioterrorism and epidemics, exemplified by a United States Commission on National Security warning that “attacks against American citizens on American soil, possibly causing heavy casualties, are likely over the next quarter century,” cautioning that “we must plan ahead” for a “major attack involving contagious biological agents,” and urging that steps need to be taken to protect the USA against bioterrorism and epidemics.⁵⁴

Special measures – presidential power to stop immigration to protect against a contagion

The federal government passed a law in the late nineteenth century that remained in place for nearly 50 years that gave the President the power to suspend immigration if an epidemic abroad threatened US security.⁵⁵ It was created in response to the 1892 cholera pandemic, which devastated parts of Asia, Europe, Persia, and Russia, resulted in seven ships arriving in New York Harbor with passengers infected with cholera, and Americans in port states panicking.⁵⁶ During this period, Secretary of State John W. Foster declared that federal measures were needed “as a precautionary measure against the introduction of contagious disease which is epidemic, or threatening to become epidemic, in other parts of the world” and that regulation of immigration for this purpose constitutes “the exercise of the police power of the nation, or, as it is called by the publicists, the right of self-preservation....”⁵⁷ Although legislation allowing for this provision was repealed in 1944, it is mentioned here because the USA may reinstate it if the country is faced with a destructive contagion.

Conclusions

“As I’ve said from the start of this outbreak,” President Obama reminded reporters on 6 October 2014 soon after the first person on US soil was diagnosed with Ebola, “I consider this a top national security priority. This is not just a matter of charity – although obviously the humanitarian toll in countries that are affected in West Africa is extraordinarily significant. This is an issue about our safety.” The President continued,

and so it is very important for us to make sure that we are treating this the same way that we would treat any other significant national security threat. And that’s why we’ve got an all-hands-on-deck approach – from DOD to public health to our development assistance, our science teams – everybody is putting in time and effort to make sure that we are addressing this as aggressively as possible.⁵⁸

Obama intently framed Ebola as a national security priority and called for immigration policies to confront the menace.

This article has shown that the President, though perhaps more resolutely than some of his predecessors, is acting in a similar way to many American leaders since the seventeenth century in labeling contagions as security threats necessitating immigration policies to contain them. After reviewing the devastation wrought by epidemics in world history, this article used IR, Security Studies, and secondary works in other fields as well as primary sources to identify dangers of epidemics for nation-states and three broad policies designed by American officials over the past several centuries to prevent immigrants from carrying contagions into the country, which are: (1) measures restricting the entrance of foreigners suspected of hosting dangerous germs; (2) the isolation or quarantining of arriving immigrants believed infected with contagious disease; and (3) delegating the President with authority to stop immigration in the event of an epidemic abroad. This article has laid ground on relationships between contagions, epidemics, and US immigration policy to serve as a base for future studies on this topic and to shed light on IR/Security Studies and migration studies topics, such as those on national security and US immigration policy, nontraditional/transnational security threats, and domestic–international political connections.⁵⁹

It has also provided policy-makers with a background to assist in the formation of measures to protect against contagions. Whereas other scholars have found that US leaders have at times over-reacted and sensationalized the danger from epidemics to justify policies for ulterior or xenophobic motives, it is also important to underscore that contagions do pose potentially devastating dangers to countries that require migration policies to protect citizens and immigrants. With these two points in mind, US officials are challenged to form migration policies protecting humans from contagions; but at the same time they must remain wary of misusing epidemic fear to justify harmful migration policy. This article has shed insight into epidemics and immigration through a national security lens to bring transparency to the area and to help leaders with this task.

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Disclosure statement

No potential conflict of interest was reported by the author.

Notes

1. As described on its website,

The Global Health Security agenda is an effort between the US government, other nations, international organizations and public and private stakeholders, to accelerate progress toward a world safe and secure from infectious disease threats and to promote global health security as an international security priority.

See <http://www.globalhealth.gov/global-health-topics/global-health-security/> (accessed November 11, 2014). For the President's remarks, see Obama, *Global Health Security Agenda Summit* (Washington, DC, September 26, 2014), <http://www.whitehouse.gov/the-press-office/2014/09/26/remarks-president-global-health-security-agenda-summit> (accessed November 11, 2014).

2. Ibid. Secretary of State John Kerry also warned that contagions

can travel as fast as the fastest jetliner, and in an interconnected world, we invest in global health not simply as a matter of charity or as a matter of more responsibility, but we do it as a matter of national security.

- He also stated that, “Just like ISIL, this disease respects no borders and requires a global coalition in order to stamp it out.” National Security Advisor Susan Rice directly stated, “Today the danger is Ebola. Tomorrow it could be another flu outbreak or a terrorist armed with a biological weapon.” John Kerry, *Global Security Agenda Summit* (Washington, DC, September 26, 2014), <http://www.state.gov/secretary/remarks/2014/09/232186.htm> (accessed November 11, 2014); and Susan Rice, *Global Health Security Summit* (Washington, DC, September 26, 2014), <http://www.whitehouse.gov/the-press-office/2014/09/26/opening-remarks-national-security-advisor-susan-e-rice-global-health-sec> (accessed November 11, 2014).
3. Although Thomas Eric Duncan, a Liberian citizen visiting family in Dallas, TX, was the first person diagnosed with Ebola on US ground, several Americans who had tested positive for it in Africa had previously returned to the USA for treatment. On Ebola see the section in the *New York Times online edition*, “Ebola Facts: Where Are the Most New Cases Being Reported?,” <http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html?module=Search&mabReward=relbias%3Ar%2C%7B%22%22%3A%22RI%3A9%22%7D#calendar-new> (accessed November 11, 2014).
 4. See Centers for Disease Control and Prevention, *Questions and Answers on Ebola*, <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa.html> (accessed November 16, 2014) and Department of Homeland Security, *DHS’s Coordinated Response to Ebola*, <http://www.dhs.gov/ebola-response> (accessed November 16, 2014).
 5. For example, tuberculosis, as just one example of a pandemic, ranked along with war as one of the largest killers of the nineteenth century, and claimed the lives of as many as an estimated one half of a percent of the population in the Western world. Michael C. Lemay, *Guarding the Gates: Immigration and National Security* (Westport, CT: Praeger Security International, 2006), 41. On epidemics in American history see *ibid.*, esp. 21, 41, 71; June E. Osborn, ed., *History, Science, and Politics: Influenza in America, 1918–1976* (New York, NY: Produst, 1977); Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: The University of Chicago Press, 1962); and Terra Ziporyn, *Disease in the Popular Press: The Case of Diphtheria, Typhoid Fever, and Syphilis, 1870–1920* (New York, NY: Greenwood Press, 1988). For accounts of epidemics through world history see John M. Barry, *The Great Influenza* (New York, NY: Penguin Group, 2004); Alfred W. Crosby, Jr., *Epidemic and Peace, 1918* (Westport, CT: Greenwood Press, 1976); Jared Diamond, *Guns, Germs, and Steel: The Fates of Human Societies* (New York, NY: W.W. Norton & Company, 1999); Geoffrey Marks and William K. Beatty, *Epidemics* (New York, NY: Charles Scribner’s Sons, 1976); and William H. McNeill, *Plagues and Peoples* (Garden City, NY: Anchor Press, 1976).
 6. A National Intelligence Estimate concludes that most infectious diseases “originate outside US borders and are introduced by international travelers, immigrants, returning US military personnel, or imported animals and foodstuff” and “pose a rising global threat and will complicate US and global security over the next twenty years.” National Intelligence Council (NIC), “National Intelligence Estimate: The Global Infectious Disease Threat and Its Implications for the United States,” NIE 99-17D, January 2000, published in *Environmental Change & Security Project Report 6* (Summer 2000): 33–65, <http://www.wilsoncenter.org/topics/pubs/Report6-3.pdf> (accessed July 22, 2009), quotes at 34.
 7. On dangers of framing Ebola as a national security issue, James Jay Carafano, “Obama’s Great Big Ebola Error,” *The National Interest*, October 12, 2014.
 8. See, for example, Alan M. Kraut, *Silent Travelers: Germs, Genes, and the “Immigrant Menace”* (New York, NY: Basic Books, 1994); Donna E. Manfredi and Judith M. Riccardi, “AIDS and United States Immigration Policy: Historical Stigmatization Continues with the Latest ‘Loathsome’ Disease,” *Journal of Civil Rights and Economic Development* 7, no. 2 (Spring 1993): 707–36; Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1882* (Baltimore, MD: Johns Hopkins University Press, 1997); Howard Markel and Alexandra Minna Stern, “The Foreignness of Germs: The Persistent Association of Immigrants and Disease in American Society,” *Millbank Quarterly* 80 (2002): 757–88; and Howard Markel and Alexandra Minna Stern, “Which Face? Whose Nation? Immigration, Public Health, and the Construction of Disease at America’s Ports and Borders, 1891–1928,” *American Behavioral Scientist* 42 (June/July 1999): 1313–30.
 9. For a notable exception, Ruth Ellen Wasem, *Immigration Policies and Issues on Health-Related Grounds for Exclusion*, CRS Report for Congress (Washington, DC: Congressional Research Service, 2011). See also David T. Graham and Nana Poku, “Population Movements, Health, and

- Security,” in *Redefining Security: Population Movements and National Security*, eds. Poku and Graham (Westport, CT: Praeger, 1998), 203–34.
10. See, for example, Fiona Adamson, “Crossing Borders: International Migration and National Security,” *International Security* 31, no. 1 (Summer 2006): 165–99; Christopher Rudolph, *National Security and Immigration: Policy Development in the United States and Western Europe Since 1945* (Stanford, CA: Stanford University Press, 2006); Robbie J. Totten, “International Relations, Material and Military Power, and United States Immigration Policy: American Strategies to Utilize Foreigners for Geopolitical Strength, 1607 to 2012,” *Georgetown Immigration Law Journal*, forthcoming; Robbie Totten, “National Security and US Immigration Policy, 1776–1790,” *Journal of Interdisciplinary History* 39, no. 1 (Summer 2008): 37–64; Robbie J. Totten, “Security and Immigration Policy: An Analytical Framework for Reform,” in *Undecided Nation: Political Gridlock and the Immigration Crisis*, eds., Tony Payan and Erika de la Garza (New York: Springer, 2014), 253–70; and Myron Weiner, *Global Migration Crisis: Challenge to States and to Human Rights* (New York, NY: Harper-Collins College Publishers, 1995).
 11. See, for example, Gabriel Almond, “Review Article: The International–National Connection,” *British Journal of Political Science* 19, no. 2 (April 1989): 237–59; Peter Gourevitch, “The Second Image Reversed: The International Sources of Domestic Politics,” *International Organization* 32 (Autumn 1978): 881–911; and Ira Katznelson and Martin Shefter, eds., *Shaped by War and Trade: International Influences on American Political Development* (Princeton, NJ: Princeton University Press, 2002).
 12. For basic overviews of nontraditional/transnational security issues, Mark Beeson and Nick Bisley, *Issues in Twenty-First Century World Politics*, 2nd ed. (New York, NY: Palgrave Macmillan, 2013) and Richard J. Payne, *Global Issues*, 4th ed. (New York, NY: Pearson, 2013). See also Michael E. Brown, Owen R. Coté, Jr., Sean M. Lynn-Jones, and Steve E. Miller, eds., *New Global Dangers: Changing Dimensions of International Security* (Cambridge, MA: MIT Press, 2004).
 13. Many scholars, particularly since 9/11, have brought to light issues with using security as a basis for immigration policies. See, for example, Mikhail A. Alexseev, *Immigration Phobia and the Security Dilemma: Russia, Europe, and the United States* (Cambridge: Cambridge University Press, 2006); Didier Bigo, “Security and Immigration: Toward a Critique of the Governmentality of Unease,” *Alternatives* 27, no. 1 (2002): 63–92; Jennifer M. Chacón, “Unsecured Borders: Immigration Restrictions, Crime Control, and National Security,” *Connecticut Law Review* 39, no. 5 (July 2007): 1827–91; and Aysel Ceyhan and Anastasia Tsoukala, “The Securitization of Migration in Western Societies: Ambivalent Discourses and Policies,” *Alternatives* 27, no. 1 (2002): 21–39.
 14. Primary source material such as government documents, legal statutes, and public and private correspondence as well as works by historians will also be preliminarily consulted to ascertain how leaders have constituted epidemics and immigration as security risks.
 15. Regarding the plague, Thucydides wrote:

The bodies of the dying were heaped one on top of the other and half-dead creatures could be seen staggering about in the streets or flocking around the fountains in their desire for water. For the catastrophe was so overwhelming that men, not knowing what would next happen to them, became indifferent to every rule of religion or law. Athens owed to the plague the beginnings of a state of unprecedented lawlessness. Seeing how quick and abrupt were the changes of fortune . . . people now began openly to venture on acts of self-indulgence which before then they used to keep in the dark. As for what is called honor, no one showed himself willing to abide by its laws, so doubtful was it whether one would survive to enjoy the name for it. No fear of god nor law of man had a restraining influence. As for the gods, it seemed to be the same thing whether one worshipped them or not, when one saw the good and the bad dying indiscriminately. As for offences against human law, no one expected to live long enough to be brought to trial and punished.

Thucydides, *History of the Peloponnesian War* (London: Penguin, 1980), 155, cited in Andrew T. Price-Smith, *Contagion and Chaos: Disease, Ecology, and National Security in the Era of Globalization* (Cambridge, MA: The MIT Press, 2009), 37. See also the discussion in *ibid.*, 5, 36–8.

16. *Ibid.*, 5, 40–5.
17. Francisco Pizarro, for example, defeated an Incan army of 80,000 soldiers with only 168 Spaniard soldiers because a smallpox epidemic killed large numbers of the Native American population (including the emperor and his heir) and caused civil war. Susan Peterson, “Epidemic Disease and National Security,” *Security Studies* 12 (Winter 2002/2003): 55, 76; and Price-Smith, *Contagion and Chaos*, 5, 47–8.
18. Peterson, “Epidemic Disease and National Security,” 76.

19. Ibid. and Lemay, *Guarding the Gates*.
20. Wilson G. Smillie, "The Period of Great Epidemics in the United States (1800–1875)," in *The History of American Epidemiology*, ed. Franklin H. Top (St. Louis, MO: The C.V. Mosby Company, 1952), 58–60; Jim Murphy, *An American Plague: The True and Terrifying Story of the Yellow Fever Epidemic of 1793* (New York, NY: Clarion Books, 2003); and Rosenberg, *The Cholera Years*. Regarding the yellow fever epidemic of 1878, one scholar writes:

The pre-epidemic population of [Memphis, Tennessee] was about 50,000. Of these, about 30,000 fled. In a space of three months, 17,500 of the remainder were attacked and 5150 died. Of a police force of 48 officers, 27 were attacked and 10 died. Of 39 members of the Howard Association who volunteered to stay and assist the sick, 32 were attacked and 12 died. Such was yellow fever when it struck a large and susceptible population.

- James A. Doull, "The Bacteriological Era (1876–1920)," in *The History of American Epidemiology*, 84.
21. The Spanish Influenza is estimated to have killed 50–100 million people throughout the world. Doull, "The Bacteriological Era," in *History of American Epidemiology*, ed. Top, 8; and Barry, *The Great Influenza*, 4. They symptoms of the virus were horrific, including profuse nose and ear bleeding, strange dermatological changes, including a deep blackening of the skin, agonizing muscular pain, headaches and delirium, vomiting, and coughing so intense "that autopsies would later show [that the diseased] had torn apart abdominal muscles and rib cartilage.": Barry, *Great Influenza*, 2. Many Americans lived in daily fear of catching the disease, prompting San Franciscans to wear masks to protect themselves from the airborne virus. See discussion in Alfred W. Crosby, "The Pandemic of 1913," in Osborn, ed., *History, Science, and Politics*, 9–13.
22. National Intelligence Council, "Global Infectious Disease Threat," 34. The World Health Organization (WHO) estimates that from 1945 through the turn of the century that just three infectious diseases – AIDS, tuberculosis, and malaria – have killed over 150 million people worldwide, which is considerably more than the 23 million deaths from wars during a comparable time period. In fact, according to a recent estimate, WHO reports that approximately 25% of all deaths throughout the globe each year are from infectious diseases. Peterson, "Epidemic Disease and National Security," 47–8, citing the World Health Organization, *Removing Obstacles to Healthy Development, Report on Infectious Diseases* (Geneva: WHO, 1999), www.who.int/infectious-disease-report/ (accessed July 21, 2009).
23. National Intelligence Council, "Global Infectious Disease Threat," 34, 37.
24. This section is based upon Peterson, "Epidemic Disease and National Security"; and Price-Smith, *Contagion and Disease*, which detail the connection between epidemics and the security of nation-states.
25. Price-Smith, *Contagion and Disease*, 20–1, 204–5.
26. Ibid., 20.
27. Ibid., 20–1, 204–5.
28. Peterson, "Epidemic Disease and National Security," 55–64; and Price-Smith, *Contagion and Disease*, 21–2, 204–6.
29. The American colonial era refers to the founding of Jamestown in 1607 through the Declaration of Independence in 1776.
30. Emberson Edward Proper, *Colonial Immigration Laws: A Study of the Regulation of Immigration by the English Colonies in America* (New York, NY: Columbia University Press, 1900), quotes at 52.
31. E.P. Hutchinson, *Legislative History of American Immigration Policy, 1798–1965* (Philadelphia: University of Pennsylvania Press, 1981), 390–3; and Proper, *Colonial Immigration Laws*, 29–30.
32. Quoted in Hutchinson, *Legislative History of American Immigration Policy*, 390–2. The former act declared that:

no master or commander of any ship or vessel whatsoever, coming into, abiding in or going forth of any port, harbour or place within this province, shall cause or suffer to be landed or put on shore within the same, any sick or otherwise impotent and infirm person, not being an inhabitant of this province ... unless the consent of the selectmen of the town where such sick or infirm person shall be landed be first had and obtained therefore, the same to be signified in writing, under their hands; nor unless security be first given, if demanded, to the satisfaction of such selectmen, for indemnifying and keeping such town free from any charge that may arise for the support or relief of the persons so landed.

Quoted in *ibid.*, 391.

33. "An Act to Regulate the Importation of Germans and Other Passengers Coming to Settle in This Province, February 6, 1751," in *Immigration: Select Documents and Case Records*, ed. Edith Abbott (Chicago, IL: The University of Chicago Press, 1924), 6.
34. These laws similarly mandated the reporting and health inspection of immigrants upon entry, the exclusion of those with dangerous disease, and the posting of bonds for sick people likely to become a public charge. Hutchinson, *Legislative History of American Immigration Policy*, 397.
35. Gerald L. Neuman, "The Lost Century of American Immigration Law (1776–1875)," *Columbia Law Review* 93 (1993): 1861, 1861n. See also Hutchinson, *Legislative History of American Immigration Policy*, 397–400.
36. Friedrich Kapp, *Immigration and the Commissioners of Emigration of the State of New York* (New York, NY: The Nation Press, 1870), excerpted in *Immigration: Selected Documents and Case Records*, ed. Abbott, 166–7.
37. Immigration Act of March 3, 1891, 26 Stat. 1084.
38. Felice Batlan, "Law in the Time of Cholera: Disease, State Power, and Quarantines Past and Future," *Temple Law Review* 80 (2007): 65; Margaret C. Fairlie, "The Yellow Fever Epidemic of 1888 in Jacksonville," *The Florida Historical Quarterly* 19, no. 2 (October 1940): 95–108; Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992); and Hutchinson, *Legislative History of American Immigration Policy*, 82–3.
39. *Nishimura Eiku v United States*, 142 US 651 (1892).
40. See Hutchinson, *Legislative History of American Immigration Policy*, 417–9.
41. Foreigners are not permitted entrance into the USA if they have the following diseases: chancroid, cholera, diphtheria, gonorrhoea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, plague, smallpox, active and infectious tuberculosis, infectious syphilis, viral hemorrhagic fevers, yellow fever, and "[i]nfluenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic," Wasem, *Immigration Policies and Issues on Health-Related Grounds*, 3–4.
42. *Ibid.*, 2–3.
43. Batlan, "Life in the Time of Cholera," 62.
44. Joseph Barbera, Anthony Macintyre, Larry Gostin, Tom Inglesby, Tara O'Toole, Craig DeAtley, Kevin Tonat, and Marci Layton, "Large-scale Quarantine Following Biological Terrorism in the United States: Scientific Examination, Logistic and Legal Limits, and Possible Consequences," *Journal of the American Medical Association* 286, no. 21 (2001): 2712.
45. Neuman, "Lost Century of American Immigration Law," 1860.
46. Batlan, "Law in the Time of Cholera," 63; and Elizabeth C. Tandy, "Local Quarantine and Inoculation for Smallpox in the American Colonies (1620–1775)," *American Journal of Public Health* 13, no. 3 (1923): 203.
47. "Minutes of the Provincial Council of Pennsylvania," January 5–8, 1741, in *Historical Aspects of the Immigration Problem: Select Documents*, ed. Edith Abbott (Chicago, IL: The University of Chicago Press, 1926), 550–1.
48. Batlan, "Law in the Time of Cholera," 64, quote at 64.
49. *Ibid.*, 64.
50. He also noted that, "In later times the cholera has made similar invasions, and the yellow fever has been unchecked in its fearful course in the Southern Cities, New Orleans especially, for several generations." *Morgan's Steamship Co. v Louisiana Bd. of Health*, 118 US 455, 466 (1886), quoted in Sidney Edelman, "International Travel and Our National Quarantine System," *Temple Law Quarterly* 37 (1963–1964): 32.
51. President Harrison's joint statement on the quarantine stated that:

It having been officially declared that cholera is prevailing in various portions of Russia, Germany, and France, and at certain ports in Great Britain, as well as in Asia, and it having been made to appear that immigrants in large numbers are coming into the United States from the infected districts aforesaid, and that they and their personal effects are liable to introduce cholera into the United States, and that vessels conveying them are thereby a direct menace to the public health, and it having been further shown that under the laws of the several States quarantine detentions may be imposed upon these vessels a sufficient length of time to insure against the introduction of contagious diseases, it is hereby ordered that no vessel from any foreign port carrying immigrants shall be admitted to enter at any port of the United States until said vessel shall have undergone a quarantine detention of twenty days (unless such

detention is forbidden by the laws of the State or the regulations made thereunder) and of such greater number of days as may be fixed in each special case by the State authorities.

Surgeon General Walter Wyman, approved by President Benjamin Harrison and Secretary of the Treasury Charles Foster, “Quarantine Restrictions upon immigration to aid in the prevention of the introduction of cholera into the United States,” 1 September 1892, in *Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States, 1892* (Washington, DC: Government Printing Office, 1893), 46–7.

52. Senator Charles Sumner, May 11, 1866, 39th Congress, 1st Session, *Congressional Globe* (Washington, DC: Government Printing Office, 1866), 2549. See also Michael Les Benedict, “Contagion and the Constitution: Quarantine Agitation from 1859 to 1866,” *Journal of the History of Medicine and Allied Sciences* 25, no. 2 (April 1970): 192.
53. See, for example, Mark A. Rothstein, M. Gabriela Alcalde, Nanette R. Elster, Mary Anderlik Majumder, Larry I. Palmer, T. Howard Stone, and Richard E. Hoffman, *Quarantine and Isolation: Lessons Learned from SARS: A Report to the Centers for Disease Control and Prevention* (Louisville, KY: Institute for Bioethics, Health Policy and Law, University of Louisville School of Medicine, 2003).
54. United States Commission on National Security/Twenty-First Century, *Road Map for National Security: Imperative for Change: The Phase III Report of the United States Commission on National Security/21st Century* (Washington, DC, 2001), 1011, <http://govinfo.library.unt.edu/nssg/PhaseIIIFR.pdf> (accessed May 12, 2011).
55. Hutchinson, *Legislative History of American Immigration Policy*, 417. Many leaders proposed a one-year suspension of all immigration, but Congress instead adopted the Act of February 15, 1893 (27 Stat. 449) that gave the President power to prohibit “the introduction of persons and property” if an epidemic abroad threatened America. The law was repealed in July 1944, *ibid.*, 417. The act stipulated:

That whenever it shall be shown to the satisfaction of the President that by reason of the existence of cholera or other infectious or contagious diseases in a foreign country there is serious danger of the introduction of the same into the United States ... the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate and for such period of time as he may deem necessary.

Quoted in Hutchinson, *Legislative History of American Immigration Policy*, 107.

56. On the cholera pandemic, Batlan, “Law in the Time of Cholera”; and Markel, *Quarantine!*
57. Foster also considered the consequences of federal action in this area on the country’s foreign policy interests, noting that, “Other nations, however, could scarcely question its existence [federal measures regarding epidemics] in the imminent danger of the introduction of cholera into the United States with immigrants during the coming year.”

I am in the opinion, therefore, that [legislation in this area] which this Government deems it wise to enact in a reasonable way for its own protection is not in conflict with any treaty stipulations into which the United States has entered.

John W. Foster, Senate Executive Document No. 25, 52nd Congress, 2nd Session, in *The Executive Documents of the Senate of the United States for the Second Session of the Fifty-Second Congress and the Special Session of the Senate Convened March 4, 1893*, 9 vols (Washington, DC: Government Printing Office, 1893), 2: 1–11.

58. President Obama, *Remarks by the President After Meeting on Ebola*, October 6, 2014, <http://www.whitehouse.gov/the-press-office/2014/10/06/remarks-president-after-meeting-ebola> (accessed November 16, 2014).
59. See the article’s introduction for a list and sources related to IR/Security Studies topics and debates contributed to by this article.