



More Deceptive “Research” From the Cato Institute

Spencer Raley

May 4, 2020

No matter how you look at it, the past several months have been devastating to the concept of globalism. Mass-migration and enmeshed economies have acted as intercontinental highways for COVID-19. As a result, the vast majority of modernized countries have instituted broad travel restrictions in order to limit the virus’s spread. In fact, according to the New York Times, “93 percent of the global population now lives in countries with coronavirus-related travel restrictions.”

Despite this scathing indictment, self-proclaimed “elitist” and globalist Alex Nowrasteh of the Cato Institute made a half-hearted and fully embarrassing effort to defend keeping our borders open in the middle of a pandemic. He did this with two “studies.” The first attempted to examine whether there was a connection between migrants and the spread of COVID-19, and the second examined the connection between migrants and the spread of measles. His assessments contained a number of significant errors, but let’s just take a look at two.

In the first study, Nowrasteh concludes that COVID-19 spreads as a result of population density, not immigration. However, he conveniently omits any mention of immigration as a driver of population density. As pointed out by Jason Richwine from the Center for Immigration Studies (CIS), immigration has become the primary driver of increased population density in the United States, and thus should be considered as an important correlation. Additionally, the Federation for American Immigration Reform (FAIR) has noted multiple times that unchecked immigration has led to the overcrowding in cities, in addition to massive urban sprawl.

Furthermore, COVID-19 originated in Wuhan, China. It didn’t come to the U.S. as a waterborne or airborne pathogen, it arrived inside a person. Therefore, claiming that immigration isn’t a factor in the spread of pandemic disease is simply ludicrous.

The second issue, one that is inherent in both studies, the parameters of his data are problematic. Nowrasteh regularly makes apples to oranges comparisons in order to “prove” his assertions. The research question raised by Cato should be whether new migrants coming into the United States pose a risk of bringing communicable diseases with them. The best way to answer this question would be to compare the prevalence of disease among U.S. citizens and long-term migrants against the prevalence of disease in migrants who have only recently entered the country.

However, the Cato Institute deceptively compares the prevalence of measles and COVID-19 among the entirety of the foreign-born population with the entirety of the native-born population. This approach includes a vast amount of irrelevant data, which yields an inaccurate result. By including immigrants who have been in the U.S. for a lengthy period of time – benefiting from American health care and vaccination requirements, Cato artificially reduces the rate of disease stemming from new migration into the country.

Americans’ primary concern, when it comes to public health, is whether some new migrants risk inadvertently bringing communicable diseases into the country, not whether those immigrants who have been here for years are more likely to contract a disease than native-born citizens.

So let’s take an accurate look at this question by examining official CDC data regarding measles. During Fiscal Year 2019, there were 1,487 cases of measles reported. Some important data points include:

One of the largest outbreaks, which infected a minimum of 412 people, can be traced to a single foreign national who brought the disease to the United States from another country.

28 isolated cases were traced to other foreign nationals who brought the disease into the United States

The largest outbreak, which infected at least 702 people, was traced to one American traveler who brought home the disease from abroad.

52 isolated cases were traced to other American travelers who imported measles after traveling abroad.

So, according to this CDC data, recent migrants, despite only making up 0.5 percent of the total U.S. population, are responsible for 30 percent of the total measles cases in Fiscal Year 2019. Additionally, traveling U.S. citizens are responsible for approximately 50 percent of cases, meaning only 20 percent of all measles occurrences organically originated inside of the country.

This conclusively debunks the point that Nowrasteh was trying to convey – that immigration and public health are not intimately connected – in fact, they are and the United States has known this for over a century. However, political correctness and false allegations of “xenophobia” have caused us to back away from procedures that we know are effective in protecting the American public.

Whether we’re addressing measles or COVID-19, unchecked immigration indisputably increases the risk of importing disease. Almost every country in the world understands this, which is why more than 90 percent of the world’s population is currently living under some kind of international travel ban.

President Trump made the right move by implementing coronavirus-related travel restrictions before they were popular. But this data shows that it would be wise to also implement mandatory public health inspections for every migrant who seeks to enter the United States. Doing so would have almost certainly stopped a measles outbreak that impacted hundreds in the United States last year, and it likely could have helped slow the spread of COVID-19 during the early stages of the pandemic by alerting health officials that ill migrants were attempting to enter the country.

Some mass-migration proponents appear to believe that ensuring foreign nationals continue to migrate to the United States in an uninterrupted stream is more important than the health of American citizens and migrants who already live here. American policy makers need to stop being swayed by junk science and bad math, especially when the stakes are so high. Because as we continue to learn with each new outbreak, lives literally depend on it.