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Germless Borders: A Review of *"The Health of Newcomers: Immigration, Health Policy, and the Case for Global Solidarity"*

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People began to migrate approximately 70,000 years ago, and today, the migration of people across towns, providences, or countries has been propelled by improved transportation systems, civil wars, famine, and climate disasters [1]. A migrant is a noncitizen living in a foreign country [2]. Migrants have been coming to the United States since the early establishment of the first colonial settlement of Plymouth in the early seventeenth century for economic mobility, education, and religious freedom. Aside from people, commodities, and dreams, germs also migrate, fomenting fear of migrants as disease ridden strangers, capable of disrupting the peace and infecting the germless natives of developed nations [2]. Ironically, the health of migrants is compromised at the expense of the health of natives, who form invisible and restrictive health borders with the purpose of maintaining diseased migrants out, without considering the comprehensive care of migrants. With the increase in transnational relationships and movement, Patricia Illingworth and Wendy E. Parmet, law professors at Northeastern University, have merged their mutual interests and expertise in the fields of bioethics and health law to dispel the health and economic myths about migrants resettling in developed nations in their book, *The Health of Newcomers: Immigration, Health Policy, and the Case for Global Solidarity* (2017) [2–4].

Aimed toward an educated audience of health providers, advocates, and leaders, the overarching goal of their book is advocating that the institution of health is a global public good. The first three chapters highlight the fear felt by natives of migrants introducing diseases that have been eradicated in developed nations or further spreading other diseases such as tuberculosis, measles, or HIV. In Chapters Four through Five the authors

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explain the limitations and boundaries set by universal healthcare systems in the United States and other developed nations, such as Canada, Germany, and the United Kingdom. For Chapters Six through Ten the practices and health implications of building a solidarity environment toward migrants are emphasized and encouraged.

Thus, Illingworth and Parmet argue that building solidarity and providing global access to health goods and services best serves the interests of all humans, as we are morally obligated to address the damaging effects of blaming migrants for ill health through utilitarian ideals of universal access to public health. Health has global implications that surpasses individual choices and affects those among communities and nations, without being within physical contact of each other. Governments create laws that often isolate and discriminate against migrants with intentions of protecting natives, but repercussions are felt and observed in the health of both migrants and natives. The utilitarian ideals focus on achieving maximum benefits to as many people as possible, and as Illingworth and Parmet argue, maximizing the health of migrants will also maximize the health of all, as improved health reduces the costs of healthcare systems, increases longevity and productivity, and provides herd immunity [2].

Illingworth and Parmet make the case for health as a global public good and is sustained through extensive and diverse case studies and introduction to laws, agreements, and rights, but I argue that it will take time to change current sentiments of fear of diseases and xenophobia and that migration is not all one-way. Many social norms are embedded with xenophobic practices that are often performed unconsciously, isolating the health concern of migrants as 'their problem' [2]. Humans have the innate desire to act in their best interests, resulting in nations seeking compensation and aid to fit their social norms and economic agendas [5]. I believe it will take patience, empathy, bonding, education, and mutual agreement from the majority of global citizens to inculcate the benefits of global public health and its consequences, not just for migrants in one city, state, or country but in every generation from here forward.

While much of the migration observed is one-way, in which people relocate to more affluent nations such as Germany, Canada, United Kingdom, Australia, and the United States, seeking a more stable economic income and opportunities, the book neglects the many migrants who temporarily reside in developed nations with intensions of returning to their native country after completing higher education degrees. Those in developing countries that receive funding from their native country to study abroad, agree to return in exchange for their time, labor, and intellectual capacities to serve their native country and communities. Scholastic collaborations between developing and developed nations encourages return migration rather than one-way migration and contributes to new ideas, incentivizes more scholarship, and increases economic development that can be used to improve healthcare systems and infrastructure within developing nations [6].

Migrants all around the world are being blamed for the spread of illnesses that could have been prevented, cured or sustained if public health policy was not intrinsically twisted with migration policy. By establishing a utilitarian global public health, in which all financial costs of healthcare are shared, Illingworth and Parmet argue that developing and third world nations will also be able to sow their economic growth, remodel fallen healthcare infrastructure, and increase the labor prospects of those with preventable and/or maintainable health conditions [2]. The research and contributions of Illingworth and Parmet encourages healthcare workers and policy makers from diverse nations to unite in solidarity for the health of all, but who will take initiative is a potential area for research as global public health continues to evolve.

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