Free term paper on medical ethics: vaccinations for children of undocumented immi...

Sociology, Population



The primary function of a vaccine program is not merely to protect the individual from the dangers of certain diseases, but to protect society as a whole through a concept known as herd immunity. Herd immunity is the byproduct of widespread vaccination programs; these programs protect everyone in society, even those who have not been vaccinated, by slowing or even halting the spread of diseases within the population (Dalgleish, 1996). The goals of the vaccination program are to reduce the spread of communicable diseases in high-risk populations, and to reduce the long-term need for care in these same populations. In addition, the program will seek to reduce morbidity and mortality, improve socioeconomic status by improving overall health within the community, decrease violence within the community, and strengthen community ties.

A perfect example of this herd immunity is measles. Prior to the widespread vaccination programs that have been implemented in the United States, measles was a common disease, and was spread from person to person in the air (Dalgleish, 1996). However, once the vaccination program was instituted, the spread of the measles virus slowed immensely; people were no longer likely to carry the virus, and those who were infected were much more likely to encounter people who had been vaccinated for the disease than those who were still susceptible to it (Dalgleish, 1996). As a result, the spread of measles slowed and eventually stopped in the United States altogether; today, measles is an eradicated disease on United States soil. However, if the vaccination program were to cease, there is no guarantee that the measles virus would not resurface; this is the strength and the weakness of the vaccination programs in the United States (Dalgleish, 1996).

Participation in the program by everyone is fundamentally important to the success of the program from a public health point of view (Dalgleish, 1996). Understanding these facts about public health and the impacts of widespread vaccination programs, it is easy to understand why vaccination programs must include all individuals within a society, documented or not. Herd immunity and protections from diseases like measles and so on are only as strong as the vaccination programs that exist to eradicate these diseases; by denying undocumented immigrants or their children vaccinations, the United States is causing more harm than good to the community and society at large (Blue, 2007).

Vaccination programs are, by and large, incapable of failing; there are burdens that are hoisted to the community insofar as vaccination programs are concerned, especially with cost. The burden, then, for the community at large is the cost; however, the cost of the program is mostly outweighed by any potential long-term health benefits that come from introducing vaccination programs into at-risk populations.

A vaccination program that includes the children of undocumented immigrants has a number of goals: first, preventative medicine is much more effective at maintaining health within a community than reactive medicine is (Blue, 2007). By engaging in programs that provide vaccinations to at-risk populations-- such as indigent populations that live in close quarters with many elderly members and children-- the public health establishment establishes a baseline of health that can help reduce costs later on (Hoffman et al., 2013). This baseline of health will help reduce emergency room visits and other types of expensive, emergency health care that does end up

costing the taxpayer significant amounts of money (Hoffman et al., 2013). The goal of public health programs that involve vaccinations for the children of undocumented immigrants should be to establish a baseline of health and protect the most vulnerable members of already vulnerable populations. Hoffman et al (2013) suggest that vaccination programs are extremely useful insofar as preventative medicine is concerned. Individuals who have the flu vaccine, for instance, are significantly less likely to seek emergency care as a result of the virus; although the flu vaccine does not protect against all strains of the flu, it does protect those who are most vulnerable to the flu against the worst strains of the virus (Hoffman et al., 2013). Children of undocumented immigrants are often extremely at-risk for sickness due to the lack of health care that these individuals receive and their parents' unwillingness to seek help with authorities for fear of deportation or other reprisals.

There are burdens that are placed on the community at large when health programs are instituted. There are real risks to liberty and self-determination, given the power afforded to public health officials in their attempts to curtail and contain disease; vaccination programs are part of a larger task that is designed to surveil and observe disease patterns.

Regulations and legislation may also curtail an individual's personal freedom; for instance, if someone is placed in quarantine because of a disease, their freedoms have been curtailed.

Obviously, all public health programs come at a cost, and the cost of widespread vaccination programs are not insignificant. Often, public officials balk at the cost of these programs, because the price tag on them can be

relatively steep. However, factoring into the equation the fact that vaccinations are preventative for many conditions that can be fatal or significantly damaging is quite important; over time, the cost of a vaccination program for individuals who are highly at risk for disease or sickness will pay for itself. Potential risks to liberty include the paternalistic nature of vaccination programs; these programs assume that the state knows better than the parent does regarding a child's health. Some cultures may even have cultural beliefs against vaccination, and there is certainly a risk to the individual's liberty as a result of this type of program.

References

Blue, L. (2007). Making the case for vaccination. [online] November 3.

Retrieved from: http://content. time. com/time/health/article/0, 8599,

1683542, 00. html [Accessed: 22 Feb 2014].

Dalgleish, A. (1996). The case for therapeutic vaccines. Melanoma Research, 6 (1), pp. 5--10.

Hoffman, W. W. & Others (2013). The case for vaccines. SD Med, 66 p. 47.

Kass NE.(2001) "An Ethics Framework for Public Health" American Journal of Public Health 91(11): 1776-82.