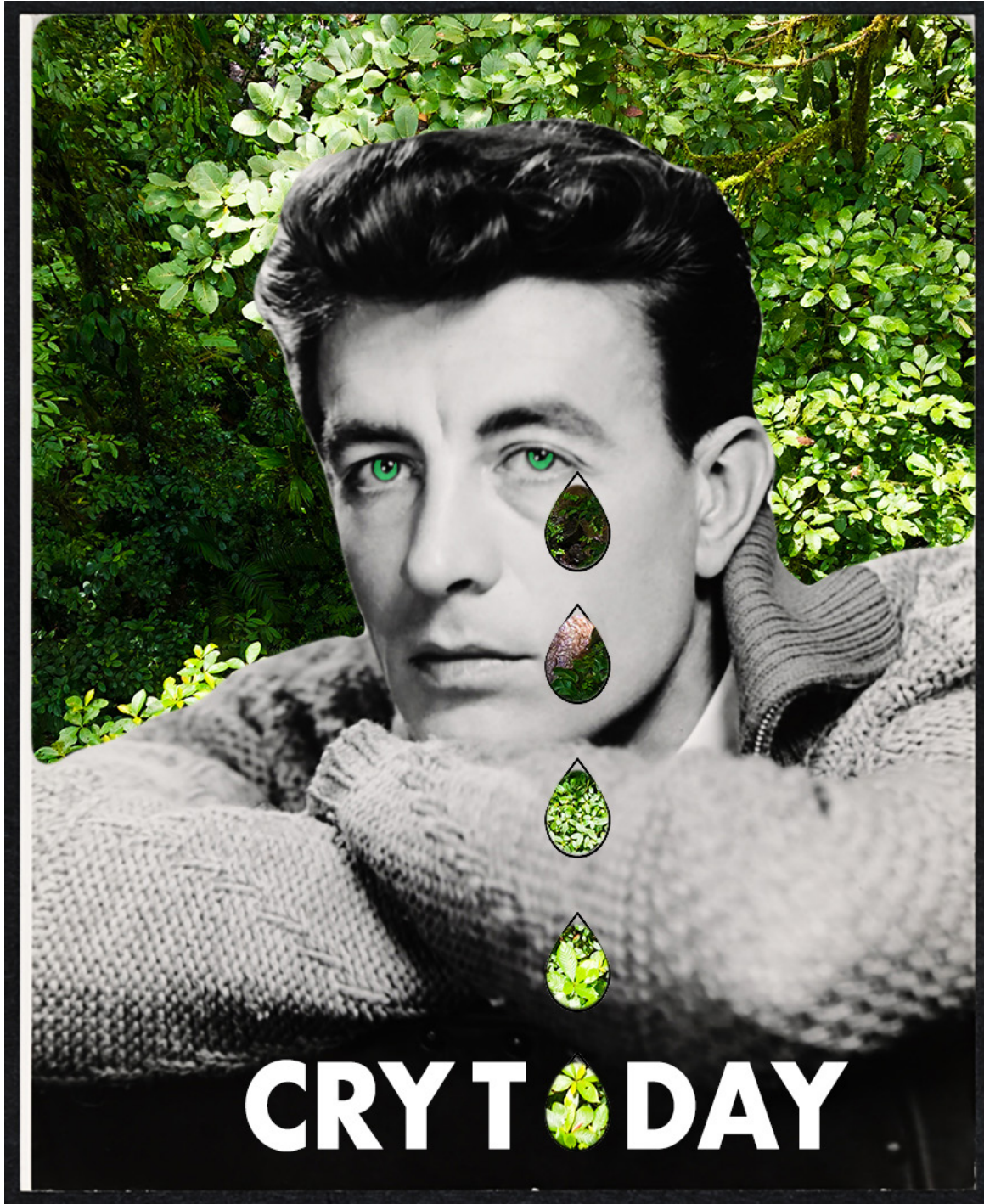


**C**RY TODAY  
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**A**UTISM CAUSING VACCINES ARE FAKE NEWS:  
A NEED FOR FEDERAL VACCINATION LAWS KATHLEEN PATERSON

Every state mandates that children get immunized for measles, rubella, diphtheria, pertussis, tetanus and polio before enrolling in kindergarten. However, all 50 states allow medical exemptions, 47 states allow religious exemptions, and 17 states allow philosophical exemptions. These exemptions, permitted on the basis of our nation's First Amendment, give parents the choice to not vaccinate their children, which leads to serious and dangerous consequences. For instance, the 2015 Disneyland measles outbreak was linked to an unvaccinated child visiting the crowded park.

Vaccine rates in the United States have been in steady decline since a publication in the 1998 *Lancet*, which suggested that the measles, mumps, and rubella (MMR) vaccine caused autism in previously healthy children. Although the conclusions from the "study" were almost immediately refuted and then retracted by the journal in 2004, 17 states now have fewer than 90% of children vaccinated for measles. In the age of "fake news media," parents are now emboldened to ignore serious information published by credible news sources and thus choose to opt out of preventive medicine. For instance, in 2012 then citizen Donald Trump tweeted, "Autism rates through the roof--why doesn't the Obama administration do something about doctor-inflicted autism" and then again in 2014 tweeted "Autism WAY UP - I believe in vaccinations but not massive, all at once, shots. Too much for small child to handle. Govt. should stop NOW!"

The most serious risks of vaccines, namely severe allergic reactions, are far more rare than the diseases they protect against. It is in society's best interest that this individual choice be subverted for public good and Federal Laws be imposed to curtail personal and religious belief exemptions. Vaccines work by protecting individuals, but their strength really lies in the ability to protect others, specifically those who are most at risk due to age or a compromised

immune system. In upholding the duty to protect its citizens and commitment to public health, the government should intervene when parents, who are often uneducated on the topic, choose not to vaccinate their children and thus confer a serious risk to many innocent people.

Federal mandated vaccination laws would not be unprecedented in terms of the government intervening on behalf of a child's medical well being. For example, in 1989, the Massachusetts State Supreme Court ruled that Jehovah's Witnesses are allowed to reject lifesaving blood transfusions for themselves (on the basis of religious beliefs), but they may not refuse necessary transfusions for minors. The Supreme Judicial Court upheld the lower court's ruling to authorize a transfusion, stating, "We conclude that the child's best interests, and the interests of the state, outweigh the parental and religious rights."

Vaccines are perhaps the most important health intervention in history, but have sadly become a victim of their own success. They have been so effective in eliminating the spread of deadly diseases that people have become complacent with the idea of child contracting measles and instead see the unproven risk of a child developing autism as a side effect of a vaccine as a greater possibility. Vaccines are widely supported by doctors, specifically the American Academy of Pediatrics (AAP). In early 2017, in response to a suggestion of a Federal commission on immunizations, the AAP issued a statement reiterating that vaccines are safe, effective and save lives.

One point that anti-vaccine proponents argue is that autism has become a more prevalent diagnosis in recent years. However, correlation does not prove causation, and although it is true that autism has become more prevalent, the reason is due to a broader definition of autism spectrum disorder, rather than vaccines. Additionally, critics, like President Trump, assert that vaccines should be given over a

longer duration time, as not to tax a child's immune system. Conversely, today's vaccines have fewer antigens than those in the past, conferring immunity without much strain to the immune system. Furthermore, there is no benefit to spacing out vaccines, and doing so leaves a child susceptible to disease for a longer period of time.

There is no scientific evidence supporting claims that vaccines cause autism or any other harm to children. Fortunately, between 80 and 90 percent of kids receive most vaccines. But in some regions in the U.S., growing numbers of parents are opting out. As Jimmy Kimmel noted, "Parents in L.A. are more scared of gluten than they are of small poxes." When people chose not to vaccinate their children due to religious or personal beliefs it puts the whole community at risk. There must be an end to the exemptions of vaccinations to ensure that we continue to live in a disease free country and capitalize on the medical advances being made by hard working and intelligent doctors.

# “A FRIEND WHO VALUES YOUR DREAMS:”

## INTERNATIONAL NURSE MIGRATION FROM INDIA TO THE UNITED STATES FROM 2003 TO 2007

NOELLA D'SOUZA

A brief perusal of the 2007 issues of the Nursing Journal of India (NJI) reveals mostly academic articles about nursing practice and case studies in addition to pictures documenting social events for the Trained Nurses' Association of India (TNAI). The back cover for almost every issue from the year 2007, however, features a smiling, confident nurse staring directly at the reader next to a boldface "Nurses to U.S.A. Choose RN India" (Fig. 1). The advertisement then goes on to highlight a checklist of company advantages such as an "international nurse recruitment specialist" and an "in-house immigration team", closing their part of the story with the tagline "When you go with RN India, you don't just choose any agency. You choose an Expert in immigration & a friend who values your dreams...", leaving the reader to complete the story initiated by the company. This advertisement for RN India, an international nurse recruitment agency, is one among fifty-seven related ads published in the 2007 issues of the NJI, publicizing companies that specifically facilitated nurse migration from India to the United States. Looking back through NJI records dating back tot 2003- four years prior, there are no advertisements regarding nurse migration to the U.S. Understanding the significant increase in U.S. recruitment of Indian nurses requires examination of the nursing job market in both countries, as well as the historical associations of nursing in India.



Figure 1: RN India, June 2007. "Nurses To USA".

### A Brief Outline of Nursing in India

The Nursing Journal of India is a scholarly publication of the Trained Nurses Association of India (TNAI), India's national nursing association. It has represented Indian nursing since its introduction in the late 19th Century. The TNAI began as an annual meeting of Western nursing superintendents working in colonial British India. Since the first Indian medical institutions were established in the late 1800s by Christian medical missionaries, early Indian nurses were trained in the Western practice

of nursing. Medical missionaries frequently used the premise of medical care to enter into communities and try to convert members of the Brahmin caste, the well-respected priestly group in the Hindu caste system. In reality, most eventual converts, and thus, nurses, came from the "untouchable" Dalits, the lowest caste. Additionally, the typical duties performed by nurses were traditionally assigned to the Dalits, as they required close contact with the bodily fluids of others- a ritually unclean task in Hinduism. In this way, the culturally undesirable tasks of nursing work and the social connotations of the Dalit combined to stigmatize the Indian nurse and the Christian work she carried it out. Furthermore, since the initial repositories of nursing knowledge in India were Western medical institutions, this created an implicit understanding that associating oneself with U.S. or U.K.-based medical institutions correlated with a higher level of nursing professionalization. This status-conferring endeavor particularly appealed "to an occupation that, in India, ha[d] been historically status-starved". In contrast, the generally well-received nursing profession in the United States needed India's nurses in the 2000s to supplement the insufficient supply of nurse labor.

### An Overview of the U.S Nursing Shortage

The U.S. government's desire for a quick fix to the nursing shortage of the early 2000s and the enthusiasm of recruitment agencies generated the perfect conditions to stimulate international nurse migration. During this decade, the need for nurses was increasing due to the growing U.S. population, particularly of elderly people, and its increasing demands on the healthcare system. The size of the nursing workforce was not increasing to match demand due to fewer nursing school graduates, older RNs in the workforce, a decrease in average earnings per nurse, and the availability of other job opportunities. This shortage only increased leading up to 2003; integrating foreign-educated nurses (FENs) into the U.S. workforce presented itself as a cost-effective, short-term solution. As a result, a 29% increase in the employment of FENs was seen in the years 2003-2007, the period of greatest U.S. international nurse recruitment, with FENs constituting 8% of newly licensed RNs in the U.S.

On the other hand, Indian nurses were drawn to work in the U.S. because of higher salaries relative to their earnings