GOVERNMENT AND CHILD HEALTH

Although at the moment the health of older people holds the politico-medical spotlight, there are indications that the health of children may soon be in this limelight. In fact, President Kennedy and the new administration have already taken several important actions to center more attention on the health and welfare of children. In the months ahead the Academy may, I expect, face its greatest opportunity yet to fulfill its purpose as an organization dedicated to the welfare of children.

At the Executive Board meeting on April 7, 1961, the Board, in a prepared statement, approved the proposed National Institute of Child Health and Human Development and offered the co-operation of the Academy in developing a program of basic research in child health. On July 18, Senators Hill and Kerr introduced into the Senate bill S.2269, which provides for the development of this new research Institute. Copies of the Board’s resolution were sent to the Senators, together with the offer to appear before the appropriate Congressional Committee, in support of the bill. We believe this proposed Institute should emphasize the concepts of “the whole child” and “prevention” in research programs. We have also urged that research conducted through the presently constituted National Institutes of Health have the benefit of planning and participation by staff trained or oriented in pediatrics. These are matters that for some time have had the attention of your Executive Board.

Your officers have also been co-operating with the White House in connection with the President’s Physical Fitness Program. In February, I attended a conference on this subject sponsored by the Secretary of the Department of Health, Education, and Welfare. Since then, the Executive Board and our School Health Committee have reviewed, at the request of Mr. C. B. Wilkinson, Mr. Kennedy’s consultant on physical fitness, the statement on this program, which is now being sent to all school officials. Beginning with the current academic year, every school is asked to give a minimum of 15 minutes daily to supervised exercises for its children. Academy members can aid by helping school officials determine the exercise needs of individual children. Our local committees also can contribute to revitalizing health supervision in the schools and to developing special physical development programs for the handicapped. Find out what your own school plans to do about this fitness program.

Another governmental unit with which the Academy has had a long association is the Children’s Bureau. Its scope and activities were the subject of a Task Force Report prepared before Mr. Kennedy assumed the Presidency. The Executive Board reviewed this report and, after much consultation, recommended that the Secretary of H.E.W. favorably consider:

1. The creation of a special office, such as Assistant Secretary of Health, Education, and Welfare, for the Chief of the Children’s Bureau.

2. Inclusion of Maternal and Child Health Services, Crippled Children’s Services and other health services for children under a medical care program, with a medically oriented rather than a social service oriented organization.

3. Addition of a division for adolescent and youth groups, including prevention of delinquency.

4. A welfare division which would include aid to dependent children, assistance to children of unemployed parents, and child welfare services now provided under the Social Security Act.
5. Continuation of child health and welfare operational studies and program research, as they relate to children.
6. Grants to medical schools, departments of pediatrics, and similar grants to be screened by an advisory committee as is done in the National Institutes of Health.

Points 5 and 6 are incorporated into bill S.2273, which was introduced in Congress on July 18 and has been referred to the Senate Committee on Finance.

One of the important contributions of the Children's Bureau has been to introduce a high standard of medical care in the programs with which it has been associated. Some other governmental programs involving medical care for children might provide greater benefit to children by adopting this policy. I have in mind, for example, the medical care children receive under Aid to Dependent Children and Child Welfare programs. In March, 1961, there were 2,479,000 children who were aided under this program. A Committee of the American Public Health Association is beginning to study the health care received by these children. A tangible result of this is an annotated bibliography compiled by S. J. Axelrod, M.D., of the school of Public Health at the University of Michigan, which is to appear in the October issue of the American Journal of Public Health. This should be only the beginning of an organized effort to learn what is going on in each state, as well as at the national level, regarding the health care of these children. Another group of children whose health care needs should be studied are those whose parents are migrant workers. The Public Health Service has given special attention to this problem in recent months and has considerable information on the situation in the various states. Academy members should make inquiries of their state health and welfare departments to learn more about these child health programs and see that these children have the benefits of modern pediatric care. I am glad to note that attention has already been given to some aspects of this problem in several Academy Districts.

These are events in recent months that indicate greater governmental participation in efforts to improve child health. The Academy clearly has a responsibility to provide guidance at the national, state and local level. Follow-up of the findings and recommendations of the White House Conference appears to be the most constructive way we can contribute at the state and local level. Our National Committees have competence in many areas to assist national, governmental and private agencies.

Your Executive Board, Executive Director and Staff are in close touch with the developments I have mentioned. As we move further into the 1960's the Academy is and should be prepared to provide the leadership so clearly demanded by this manifest concern of others to make further advances in child health.

One Madison Ave.
New York, N.Y.

P.S.: In my page that was published in the August issue of PEDIATRICS, which referred to Children's Hospitals, I made a geographic blooper. Winnipeg should have been placed where it is, in the province of Manitoba, and not in Saskatchewan as the article stated. My apologies.

—G.M.W.
PRESIDENT'S MESSAGE: GOVERNMENT AND CHILD HEALTH
G. M. W.
*Pediatrics* 1961;28;672

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