For any national organization striving to keep pace with increasingly diverse responsibilities and objectives, there are appropriate times when that organization must pause, reflect, and project before moving forward to meet the goals to which it has dedicated its programs and priorities.

This year marks the 40th anniversary of the American Academy of Pediatrics. It was June 23, 1930 that 35 pediatricians met in Harper Hospital in Detroit to establish the Academy as the organization to speak for the interests and health of children, as well as the interests of its pediatric members. This year also marks the beginning of a new decade, a decade which holds great promise for the future of pediatrics but a decade which also presents significant challenges which we must meet if we are to deliver quality health care to all children.

The American Academy of Pediatrics is indeed fortunate to be able to draw from the accomplishments of a progressive history of achievement, distinguished by the vision of its early founders.

In the 1920's the medical community widely predicted that pediatrics was disappearing as a specialty, that in a few years it would merge into the field of general medicine. Concern was also expressed that pediatrics was not sufficiently represented in the echelons of organized medicine and, consequently, the cause of child health was not being served adequately.

To pediatricians like Isaac A. Abt, the first president of the Academy, to John L. Morse, its first vice-president, and to Clifford G. Grulee, the Academy's pioneering executive director, these were very real challenges, but they were not causes for pessimism or defeatism.

Throughout the history of the Academy these men, and other outstanding leaders, have recognized the full potential of the pediatric specialty and the necessity for a strong but democratic organization which could give full voice and direction to the talents and capabilities of its members. With no budget and no money in sight, Dr. Grulee and his cohorts assumed the burdens of organizing the Academy and making it come to life.

The list of accomplishments the Academy has achieved during the past 40 years has measurably influenced the improvement of child health care in this country.

With the organization of our first committee, the Committee on School Health, the Academy put into practice the principle that the strength of our organization rests largely in our ability to apply our diverse skills to developing programs in all areas of pediatrics.

From this Committee, Academy committees have grown to a total of 33. All have made substantial contributions in the many areas of pediatrics.

The Committee on Medical Education, for example, has greatly improved the quality of pediatric education by advancing pediatric teaching in medical schools and residency training programs.

The Committee on Infectious Diseases in 1938 published the first issue of the Redbook. Physicians throughout the world today acknowledge this publication as the most professional and authoritative reference available regarding currently accepted procedures for diagnosis, treatment, and prevention of infectious diseases in children.

In 1948 the Committee on Fetus and Newborn first published the manual, Standards and Recommendations for Hospital Care of Newborn Infants. Publication of these standards resulted in the complete upgrading and reorganization of hospital nurseries throughout the country.
In 1949 the Academy published its study on child health services and pediatric education which resulted in the upgrading of pediatric education, and increased the financial support for pediatric departments in medical schools.

As a result of a survey in 1953 conducted by the Committee on Accident Prevention to determine the incidence and types of poisonings in children, the Executive Board approved the establishment of poison control centers. The first center was set up that same year in Chicago under the direction of the Illinois chapter of the Academy and with the cooperation of state and local health departments and pediatric departments. This was quickly followed by the development of centers in Boston, New York, and Cincinnati, until today there are more than 500 poison control centers located throughout the country.

In 1956, as a result of investigations by the Subcommittee on Accidental Poisoning, a national clearinghouse of poison control centers was established in the Accident Prevention Program of the Public Health Service.

The Academy’s Committee on Nutrition has assisted national research programs to evaluate the nutritional status of children in the United States, and other Academy committees have recorded a list of accomplishments too comprehensive to enumerate here.

The Academy has grown in other areas as well. There are now nine sections and two councils within the organizational structure. Our membership today totals almost 12,000 Fellows.

At the state level, the efforts of the Academy are being translated into action programs through the activities being conducted by the Academy’s 56 chapters in the United States including Puerto Rico. Many Canadian chapters are conducting similar programs in conjunction with the Canadian Pediatric Society.

It is abundantly clear that organized pediatrics in the past 40 years has established a firm base from which it can move into the 70’s with confidence and conviction.

But what of the 70’s? What will the next decade hold for child health, and what will be the major accomplishments in pediatrics?

The next decade will see significant changes in the management of pediatric office practice with the introduction of large numbers of pediatric aides, associates, and assistants, giving the practitioner greater freedom to provide more comprehensive health care to larger numbers of children. These changes may well include such innovations as cassette patient education tapes, inter-office closed circuit television, drive-in pediatric office facilities, and in-office patient education films.

More effective genetic counseling will come with the increased knowledge concerning the genetic transmission of disease and better understanding of chromosomes. More effective screening methods will be developed for various metabolic defects and disorders.

Intra-uterine diagnosis will improve and become more widely available. More metabolic disorders and chromosomal defects will be diagnosed in the unborn child.

The next decade will also see major breakthroughs in our understanding and treatment of malignancies in children.

Smallpox will more than likely be eradicated from all countries in the 70’s. Measles and poliomyelitis will be eradicated within the United States, and the incidence of many other communicable diseases will be substantially reduced.

As all these diseases continue to be eliminated or suppressed, the pediatrician will become increasingly concerned with behavioral problems, and the psychosocial aspects of pediatrics will take on greater significance.

Family planning programs will be expanded, providing women likely to have high-risk pregnancies with information and effective methods which may significantly reduce infant mortality, prematurity, mental retardation, and certain congenital anomalies.

New methods of communication will be developed to enable the pediatrician to
keep abreast of the increasingly overwhelming store of medical knowledge.

At the organizational level, the Academy will become more active in Washington as it endeavors to apply pediatric experience and knowledge to bring about development of child health legislation to improve the quality and availability of health care for all children. More programs will be developed to bring continuing information about child health to the public. The Academy will continue to refine and expand its educational programs, and the Academy's role in community health services will broaden significantly.

I would be remiss if I were to leave you with this glowing prognostication of the future of our specialty. For the coming decade holds major challenges for pediatrics as well as opportunities for growth and expansion.

Certainly the delivery of health care to all the children of our nation, both in quantity and quality, will be the major challenge we will face during the coming years.

Here I would emphasize the need to meet the health needs of children from low income families, Indians and migrants, and children in the rural areas. There is a corresponding need for pediatricians to coordinate with all physicians in the inner city to establish improved health services. We must also develop programs to correct the mal-distribution of pediatric manpower that presently plagues our efforts to meet the health needs of this nation's large child population. More training should be offered to the pediatrician in the area of community pediatrics to equip him to deal effectively with the changing child health problems confronting our communities today.

To bring about these results, we will need to introduce change and innovation within our present health care delivery system. We therefore must be willing to experiment with promising innovation, and apply new techniques and approaches as they prove effective to improving the delivery of child health care.

An equally pressing problem facing pediatrics, as well as all of organized medicine, state and federal governments, and the nation as a whole, is the challenge to eliminate malnutrition in the indigent populations of our nation. Most experts agree that malnutrition is one of the key problems underlying the ill health, low educational achievement, and poor work performance of the poor. And it is a well established fact that children suffer the most from poverty and malnutrition for they, especially, are helpless to escape from the ravages of these social ills.

An effective program to guarantee adequate food for all our children will require dedicated efforts on the part of every community in our nation.

The challenge to reverse the decline in the number of primary care pediatricians must also be met. We must improve the efficiency of pediatric practice to attract more potential practicing pediatricians to the specialty. There will be a correlative need to provide information to our nation's high schools and colleges to interest students at an early age in the specialty of child health care.

In the coming years the Academy must work with other organizations, including commercial insurance carriers and prepayment plans, to develop mechanisms which will enable every parent to afford the type of health care his child should receive.

We will need to revise pediatric training programs to keep pace with the changing scope and dimension of the specialty. And, in this respect, the Academy must continue to expand and refine its educational and postgraduate educational programs to enable the pediatrician, once he has graduated from medical school, to keep up with the advances which we know will continue to result from the growth and diversification of pediatrics.

We also know that many primary physicians have not received sufficient training in the psychosocial aspects of medical care and the behavioral sciences and, therefore, frequently find it difficult to provide the direction that is necessary to guide our teenagers.

We are constantly reminded in this era of instant communications about the problems of drug abuse, sexual promiscuity, violence,
and radicalism which characterize the activity and conduct of some youngsters today. In my opinion, one of the greatest challenges facing us in the 70's will be the need for the Academy to come to the forefront as the organization most qualified by its very composition and purpose to interpret and meet the growing needs of today's youth.

I believe the Academy, through its Council on Child Health and appropriate committees, must take the leadership in the coming years to develop programs which will assist the individual pediatrician, other physicians, and appropriate organizations to work constructively and effectively with our youth to help them grow both physically and mentally, and to effectively accept their responsibilities as young adults. We must work with young people to attain mutually satisfactory and beneficial solutions in dealing with such inequities and imbalances as poverty, unequal job opportunities, poor housing, and lack of educational and training opportunities which handicap certain segments of American society today.

To meet the challenges of the 70's, the Academy has already put into effect major programs, and has created new departments and offices within the central office. The office of Allied Health Manpower, the Department of Government Relations and its Washington office, and the Office of Evaluation with the Department of Educational Affairs have been developed and staffed, and are in full operation.

To enable the pediatrician to assess his own medical knowledge and to help him keep abreast of advancing developments in pediatrics, the Academy has developed a self-evaluation and education program. So far, the self-scored examination has been mailed to approximately 2,200 academy fellows.

The new Committee on Public Information has been created to work with the Department of Information and Public Relations to expand and diversify the Academy's public information programs.

Academy committees and chapters are working actively to extend the efforts of the Academy in all areas of child health. The Report of the Study on Child Health Care, a summary of which was presented earlier in this meeting, will soon be released providing succinct and meaningful guidelines and recommendations for the improvement of child health care during the coming years.

As an initial step toward developing this study, nine regional conferences were held throughout the United States to examine the present health status of the children of this country, and to seek solutions and recommend programs to improve and expand our child health care delivery capabilities. Many of the recommendations stemming from these conferences are included in the study.

The Report of the Study on Child Health Care is one of the most significant accomplishments that the Academy has recorded in the past 20 years. It sets forth positive guidelines for improving child health which should be utilized not only by pediatricians and other members of the medical profession, but also by social planners, educators, government agencies, and other organizations and individuals seeking to improve the health and welfare of children.

It is important to recognize that neither the problems nor the solutions contained in the study are the total responsibility of pediatrics or the medical profession as a whole. However, we must also recognize that the Academy and its entire membership have leadership responsibilities that are inescapable in working to solve these problems with all concerned.

So we can move into the 70's with the knowledge that our achievements of the past have been significant. It is gratifying for me to have witnessed the total devotion of so many Academy Fellows to implementing and carrying on the programs which have enabled organized pediatrics to expand and strengthen its efforts to meet the challenges in child health which the future holds.
Of utmost importance, however, is that every member of the Academy continue to dedicate himself to the purposes and objectives which the AAP, through its growth and expansion, has charted. Pediatricians should continue to be active in the programs of their local chapters, for it is here that the efforts of the Academy nationally can and must be translated into local action programs.

Above all, we ask every Academy Fellow to support the programs and activities of our national organization through an active exchange of ideas and suggestions. We need your assistance. For it is only through such involvement that we can bring the total impact of pediatric guidance and direction to bear in meeting the health needs of all our children in this decade and decades thereafter.

Russell W. Mapes
OUR CHALLENGES FOR THE 70'S President's Address, 1970
Russell W. Mapes
Pediatrics 1971;47;465

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