

AMERICAN ACADEMY OF PEDIATRICS

PRESIDENTIAL ADDRESS

THE ACADEMY 1960-61

George M. Wheatley, M.D.

THIS WILL be a brief report about some important national programs and actions since our annual business meeting a year ago. While they help demonstrate the Academy's influence and breadth of interest in child health affairs, these developments also are a challenge to our leadership. How to keep pace with this broadening public interest and also maintain a private practice is the dilemma of most pediatricians. It can be done, it must be done, and it will be done, if each of our members takes seriously the obligation of Fellowship.

As an organization we continue to grow at an impressive rate. In the past 10 years our membership in the United States has more than doubled. Altogether there are slightly more than 7,000 members in the Academy. Of these, more than 5,700 are in the United States, 231 in Canada and 940 in Latin America. With greater size comes a greater problem in communication. The annual business meeting—though it serves an important purpose in this respect—is not enough. Our News Letter is becoming increasingly useful as a means of reaching all our members. The brochure "An Introduction to the American Academy of Pediatrics," published this year, fills the need for a brief description of the purpose, organization and program of the Academy. A new publication, *Careers in Pediatrics*, soon to be issued will give young people some better understanding of pediatrics and show them that as a specialty it has many inviting possibilities. This all helps.

But for the Academy to fulfill its purpose to improve the health of *all* children, it must mobilize the ideas and efforts of *all*

its members. This must take place particularly at the state and community levels. As we grow, the responsibilities of State and District Chairmen and their alternates grow. They are the vital communications link with our total membership. Through these chairmen the Academy's programs for the improvement of child health are put into action. The reports of various states, as given by the District Chairmen at our Executive Board meetings, are indeed impressive documentation of the Academy's dedication to improving the health of children.

At the national level, your officers have studied legislation introduced by the administration to develop a program of basic research in child health. We think that the creation of a new Institute of Child Health and Human Development in the National Institute of Health will greatly enhance the development of pediatrics. For some time the Executive Board has been concerned that the trend to establish more institutes dedicated to research support for specific diseases was tending to orient medical research and teaching into similar disease-oriented functions and at the same time was diverting attention from pediatric concepts and interests. We think the proposed Institute, if adequately directed and supported, will emphasize study of children in health as well as disease, strengthen pediatric departments and introduce more pediatric knowledge and experience in the total NIH program.

We have also taken part in the new administration's effort to promote national physical fitness. A special program developed by the President's Council on Youth

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Fitness is being introduced in the nation's schools. The School Health Committee and the Executive Board have reviewed some of this material and made suggestions. Beginning with the current academic year, every school is asked to give a daily minimum of 15 minutes supervised exercises to its pupils. We think that in principle this is a worthwhile program. However we are not impressed with the evidence presented by some physical-fitness enthusiasts who have compared performances of selected exercise tests by youngsters in this country with those in certain European countries. We do not think satisfactory means of comparing the fitness of youngsters in various countries have been developed; nevertheless we think it desirable to encourage more youngsters in this country to participate in physical development programs. Academy members can aid by helping school officials to determine the exercise needs of individual children. Our local school health committees should use this program as an opportunity to review the health supervision program in the schools and to recommend appropriate physical activity for children who are handicapped.

Another government 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 for Mr. Kennedy before he became President. The Report's recommendations would virtually eliminate the Children's Bureau as an operating unit. Its grant-making functions would be given to other health or welfare organizations in the Department of Health, Education, and Welfare; and the Children's Bureau would become an advisory unit for the Secretary of the Department. The Executive Board has studied the recommendations of this report very carefully, and we think it would retard progress in child health to effect the proposed reorganization. We have reported our views to Secretary Ribicoff and have urged that more recognition be given to the Bureau's function as a health agency. One of the important contributions of the Chil-

dren's Bureau has been to introduce a high standard of medical care in the child health programs it has financed. While this has sometimes involved officials of the Bureau in controversy with organized medicine at the state and local levels, it has been good for children and good for pediatrics. The Bureau's programs have been an important factor in demonstrating good pediatric care and in increasing the acceptance of pediatrics as a specialty.

A substantial number of children who are eligible for medical care under Aid to Dependent Children and child welfare programs in the states might receive better care if standards such as the Children's Bureau uses in its programs were applied. We have no complete picture of the medical care received by the nearly 2,500,000 children who are currently aided by this program; but sample studies show that their immunization status is considerably lower than that of other children from about the same economic level. The findings are sufficient to suggest the need for further investigation. Another group of children whose health care needs should be studied are those whose parents are migrant workers. This is an appropriate field for our state organizations, and I am glad to report that committees have been formed in several Academy Districts to inquire into the pediatric care being received by these children.

We are also concerned with the national picture of infant mortality, which has levelled off in recent years after a rapid decline in the rate during the 1940's. A recent able analysis¹ shows that the situation is largely due to our inability to effect any reduction in neonatal deaths. The percentage of deaths under 1 month of age has also shown a tendency to increase in some states and in certain groups of the population. The situation calls for investigation on a state by state basis. Our Committee on Fetus and Newborn, which has had so much to do with the progress made to date, has a difficult task ahead of it. This is another situation where our state committees can make

an important contribution. The American Medical Association has also recognized the need to attack this resistant problem, and we are co-operating with them in a state-by-state study of infant mortality.

In 1946 the Academy undertook a monumental study of child health, which has had a profound influence on our own program as well as on many other organizations concerned with pediatrics, including teaching institutions. It was recognized at the time that the study could serve as a bench mark for future investigations. The time may soon be here when this previous study can be applied in this way. The Academy is co-operating with the American Pediatric Society, the Society for Pediatric Research, the American Board of Pediatrics and the Section of Pediatrics of the American Medical Association in a project that may well lead to a somewhat similar study. The organizations named have formed a Joint Committee to survey the present status of pediatric practice, research and education. The Academy has offered funds as well as office space. Additional support is being sought from governmental as well as private sources.

Our growth in membership, the increasing governmental concern with child health, the hard core of neonatal mortality, expanding knowledge of the needs of children and our plans to study pediatric education and practice all indicate a busy future for our specialty. In coping with the problems presented by these developments, let us keep in mind that pediatrics has been the trail-blazer in modern medical care. We selected for special study and care an entire age period—childhood. We are as much, if not more, concerned with prevention of disease and injury and the maintenance of good health as with the diagnosis and treatment of illness. We recognized early the importance of social and environmental factors in the well-being of the patient. Yet we have hardly begun to apply comprehensive pediatric care to problems of children beyond the age of 2 years. We must learn more about the needs of and ways to help children beyond this age, including those in the

adolescent years. Now genetics, biophysics, and the psychologic, social and behavioral sciences are adding new dimensions to pediatrics.

It is my hope that the combined operation in pediatric education, research and practice by the national pediatric organizations to which I have referred will provide the insight and guide lines for realization of these broader and deeper dimensions of pediatrics in the future.

At the same time we want to make sure that those responsible for health insurance plans understand the value of present services rendered by the pediatrician and the kind of benefits that should be provided for families and children covered by health insurance. The Executive Board has given considerable thought to this problem and has decided that the Academy should take responsibility for outlining the basic medical services for children that should be included in health insurance plans. The Board believes that payments to be made for such services should be determined by pediatric leadership within the component parts of the American Medical Association. The setting of fees or standards for fees is not a proper function of the Academy. We believe also that in negotiations with health insurance groups, pediatrics can be more influential as part of organized medicine than as a specialty group functioning alone. In a number of states, pediatricians are active in this work.

With our rapid growth it may be appropriate to emphasize for our younger members that the Academy exemplifies a new kind of medical society—an organization whose members are concerned not only with clinical and the related social problems of their patients but with the health and welfare of all children. Fellowship in the Academy carries with it responsibility to use knowledge of disease prevention, nutrition and child care not only in the rearing of children in private practice but in participation in well-conceived efforts to extend these benefits to all children in the community. In the past, such contributions by

individual pediatricians have not only aided greatly in identifying pediatrics as a unique medical specialty but have helped enormously to give it a privileged place in public opinion. The Academy, I believe, was the first national medical organization to recognize the value of establishing working relationships with non-medical groups concerned with child health. Today we have liaison representation with 27 national organizations, such as the National Congress of Parents and Teachers, the National Safety Council, the National Education Association, and the Scouts. These relationships have helped the Academy to a broad understanding of the needs of children. The organizations to which we relate have also benefited by pediatric guidance. For the future we should become more active at the state and local levels with the organizations with which we have a national liaison. Here is an opportunity for service and experience by new members of the Academy.

Our committees perhaps have done the most to establish the Academy's leadership in child health. The reports of our national committees are impressive evidence of the breadth and depth of our interest in the health and welfare of children. Implementation of these recommendations is a continuing job for our State Committees and our individual members. Here again new members of the Academy should be given an opportunity to contribute. This takes precious time, but if we are to continue our leadership in child health we must make this sacrifice. Today when so many organizations strive desperately to create "favorable images" to impress the public, we have in the work of our committees at the national, state and local levels eloquent testimony of the pediatrician's genuine concern for the physical, psychological and social needs of children and his readiness to work co-operatively toward meeting those needs.

Our official journal, *PEDIATRICS*, has also been a major factor in establishing the leadership of the Academy. Under the editorship of Charles May and the advice of the members of the Editorial Board, the scien-

tific quality of material published in *PEDIATRICS* is unsurpassed.

PEDIATRICS has the potential to be the great cohesive influence in our specialty. In the years ahead under the new editorial direction of Clement Smith I am confident this can be realized.

As I close my term of office, I want, first of all, to pay tribute to the accomplishments of our headquarters staff; this work, guided by Drs. Christopherson and Frazier, makes a tremendous contribution to our progress. The Academy is indeed fortunate to have such dedicated and loyal people. I realize, too, how many problems are still unsolved and how great are the opportunities for Academy leadership. We have spoken about pediatric education and the need to determine its content and duration. We will also be expected to define our position on federal aid to medical education. Some other questions that press for answers are: How can we strengthen relationships and improve mutual respect between educator and practitioner? How can we best improve health insurance coverage of children? What is the Academy's role in the health care of the adolescent? What should our policy be with respect to industry financing of programs and entertainment at Academy meetings—national and local? What action program is indicated by the health recommendations of the 1960 White House Conference? How can the Academy, through its chapters in Latin America and in the United States, assist in implementing the new aid program of our government for Latin America? These questions suggest some of the unfinished business for consideration of the Academy and the Executive Board in the future. The most important question, I think, is on how to insure continued development of leadership in the Academy. Greater efforts should be made at the state and district levels to involve more Fellows in Academy projects. Our leadership, in accordance with Academy by-laws, should develop from our state and district organizations. Many in the Academy have made and continue to make important

contributions to national, state and local child health programs. Among these are, of course, the members of the Executive Board. I want to express my great appreciation to all the members of the Board, not only for their guidance but for the many hours devoted to special committee work during the year. And finally, in view of the rapid increase in membership of the Academy in recent years, it seems timely to remind ourselves that the hallmark of our specialty since its inception has been in-

volvement in community service. This is the distinguishing characteristic of the good pediatrician and Fellow of the Academy. Every Fellow can exercise this kind of leadership. If we do, the future growth of the Academy is secure. It has been a great honor to serve as your President this year, and I thank you.

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1. Hunt, E. P., and Chenoweth, A. D.: Recent trends in infant mortality in the United States. *Amer. J. Public Health*, 51:190, 1961.

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