ACCEPTANCE OF THE PRESIDENCY

June 12–13, 1931, in Atlantic City at the first regular meeting of the American Academy of Pediatrics, Dr. Isaac A. Abt, the first president, defined the purpose of this new society. There was no need, he claimed, for another scientific society, but “it has been our desire to build an association so that every qualified pediatrician could seek membership... We must perfect our department of medicine where imperfections exist.” He went on to say that the Academy should be an organization for action in behalf of the health and welfare of all children.

Forty years later, the Academy has become just that—an “organization of action.” This is clearly demonstrated by its 35 national committees, many of which are truly outstanding and have made innumerable contributions over the years to child health and the delivery of health care (Committee on Infectious Disease, Accident Prevention, Fetus and Newborn, Nutrition, and the Council on Pediatric Practice, to mention a few).

There are many challenges that confront us today, but the most serious in my opinion is the grave manpower shortage and maldistribution in the delivery of primary health care to all of our children. We have the “chiefs but not the Indians.” In most instances we have ample numbers, talented and productive in most subspecialties. In a few, we may even have too many. But as for the hard-working, dedicated “local pediatrician,” with the constant challenge of a private practice and its physical and emotional demands, there is a woeful scarcity and a great need. We must produce more pediatricians interested in the primary and general care of children—and then a more equitable distribution of them to go to the areas of need—and not to where they abound. Medical knowledge, disease-oriented, is moving ahead famously; but medical services, community-oriented, are still faltering. The American people are impatient; they are saying, “Serve us and our children as humans, see us when we need to be seen, understand us in our illness, and treat us with some grace and dignity.” To my knowledge, of all individuals performing in the health field, pediatricians answer this plea best of all. Your Executive Board, of whom over half are practitioners, are aware of and concerned over this deficiency and are considering every plausible method of relieving the situation. We are proud of the fact that the Academy has pioneered in recognition of the necessity of using allied and auxiliary health workers to stretch the availability of medical care for children. In addition, many efforts are being made in interesting the new breed of medical students in the challenging and rewarding career of pediatrics.

Besides the 50 states, there are 3,043 counties; 17,144 towns; 17,997 municipalities; 34,678 school districts; and 18,323 special districts in the United States. It is inconceivable to me that all of these areas have the same medical, health, and manpower needs, and the same priorities. We can hardly expect medicine to solve every social, political, and economic ill of the ghetto, suburbia, and the rural areas of our country. Racism, poverty, environmental pollution, welfare, housing, the disrupted family, can and do affect the health and disease of our citizenry. Though we are primarily disease-oriented physicians, we must not forget the problems that are deterrents to good health. The public has come to regard (and rightly so) availability of the best in medical care as a fundamental human right, not just a commodity to be bartered at a given rate of exchange. Therefore, we must, in addition, make every effort to ensure that high quality medical care be made available to those who need it, not by evangelism, but by finding systems and ways to be more efficient and to extend our capacities; at the same time initiating cost controls to prevent spiraling inflationary and prohibitive care. If necessary, we must leave our offices, ivory towers, research laboratories, and enter the public arena to
help formulate the critical decisions that are going to be made.

In the short span of 40 years, the prestige of the American Academy of Pediatrics among all medical societies is supreme. This has come about largely because of three forces: (1) Splendid Central Office staff and the leadership of Dr. Frazier, the Executive Director. Rarely do they receive the recognition they deserve. Preceding Dr. Frazier were Dr. Grulee and Dr. Christopherson—both having left their own imprints on this organization that will never be erased. (2) The many dedicated Executive Board members and past-presidents who unselfishly have given of their time and talents over the years. (3) Last but not least, our membership, those in academics and those 75% outside of academics ("gown and town pediatricians") who have earned this reputation and prestige for us.

Finally, it is a great honor and privilege to be your elected representative and spokesman as president. I shall not be unmindful of my responsibilities in this regard. I thank you for your confidence, and I look forward to your help.

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Jay M. Alvera

[Signature]
# ACCEPTANCE OF THE PRESIDENCY

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