problems. Immunizations exist for diphtheria, tetanus, pertussis, measles, or rubella where a few shots will last a lifetime. We do not know how to inoculate against the effects of poverty. Diabetes is a better analogy; as long as children get their insulin daily, they will continue to do well. Children need nutrition, health care, safe environments, family support, and early childhood education daily. When you stop effective treatment or only provide partial treatment and the problem does not go away, it is incorrect to conclude that the treatment is not effective. Children who receive either educational benefits from Head Start or nutritional supplements from The Special Supplemental Food Program for Women, Infants, and Children (WIC) may be better off than children who receive neither, but certainly will not be as well off as children who receive both. Similarly, children who have medical care to treat lead poisoning or nutritional supplementation to treat malnutrition will not do as well as children who receive developmental enrichment in conjunction with these medical and nutritional benefits. If there are three problems, all of them need to be treated. If we only spend money to treat two problems, it should not be surprising that children are still ill or impaired. At the present time, even basic effective nutritional and early educational services such as WIC and Head Start are rationed to children and the majority of children who are eligible cannot receive them because of inadequate funding. In addition, eleven million American children do not have health insurance which exposes them to many preventable diseases. If we want to achieve the President's goal that all children enter school ready to learn by the year 2000, we have to provide the basic cost-effective services that support children's health and development and prevent impairment of the child's brain and soul. All children, whether drug-exposed or not, deserve no less.

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ERRATUM

In the November issue of *Pediatrics*, a typographical error was overlooked in the Letter to the Editor, "Response to Pneumococcal Vaccine," by Gerald Schiffman (*Pediatrics* 1991;88:1074–1075). The last paragraph of the Letter should begin with: "I ***do*** agree with the authors that a level of 200 ng of antibody N/mL after immunization is hyporesponsive if, by that term, they mean not producing sufficient antibody for protection."

ERRATUM
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