

Dead Reckoning: Child Health Services and Pediatric Research

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EDWARD L. PRATT⁽⁹⁾

Department of Pediatrics, University of Cincinnati College of Medicine and Children's Hospital Research Foundation, Cincinnati, Ohio, USA

I consider it a splendid honor to be President of the American Pediatric Society. I cannot adequately convey to the Society my gratitude, nor portray how much I have been buoyed up by your esteem. For a whole year you have kept my Plismoll mark above the waves.

Today let us examine just two areas of pediatrics. The first is health services for children. Dead reckoning is determining your position at sea from a record of the course sailed and the distance actually made good. This means finding out where you really are, despite the apparent progress because the sails are full and the water is rushing past the boat. A reckoning may show that unseen tides and currents have set against you. Thus you may not have done in actuality so well as you thought.

Over the past 40 years I have watched health care programs for children. White House Conferences, the establishment of the Children's Bureau, the Sheppard-Towner Act, Title V of the Social Security Act, Medicaid, Maternal and Infant Care projects, C and Y projects, and the establishment of the National Institute for Child Health and Human Development; all these indicated we were on the right heading. From the flying spray of promises, we could assume that our ship was progressing well. Nonetheless, as I look at the reckoning, I have become increasingly alarmed by the discrepancy between what has been promised and the actual realization of these promises, because of the fiscal and fickle policy restraints irregularly and unpredictably imposed (6).

Children are the only group who accept being cheated with equanimity. The record shows unequivocally that politicians and agency administrators have long accepted this formula and have acted accordingly. It is easy and politically safe to manipulate a powerless, unorganized, nonvoting group such as children—particularly children of the poor.

The evidence is readily portrayed in the recent dismemberment of the Children's Bureau and other programs and funding mechanisms for child health services that had been built up over the years. Nearly every public responsibility on behalf of children has been downgraded in response to the "taxpayers' revolt." Most of the remaining programs have been so diffused among the states, counties, and cities, and so divided up among diverse agencies at each level, that virtually no one is responsible, thereby minimizing political criticism. In fiscal 1974, public expenditures, mostly under Medicare and Medicaid, were \$734 for every person 65 years of age and over, and \$49 for every person under 19 years of age (5). In some instances this may not be enough for the elderly, but what we are failing to do for our children is a wretched shame. Two-thirds of medical research funds go for diseases primarily of the elderly—heart disease, cancer, and strokes. Is there honest-to-God concern for the well being of our newest citizens when there is practically no support for the most frequent and most serious illness of newborn infants—respiratory distress? Why should burned, maimed, or sick children, and handicapped adults, be discriminat-

ed against by having Medicaid and Crippled Children's services cut for them only? From recent cutbacks in support for child nutrition, the removal of subsidized school lunches, and the reduction in funds for immunizations, we can observe that, when things get tight, dollars for children are the first to go. The poor and the children are being asked to pay the price of curing the nation's economic ills (5).

Furthermore, we are moving into an era that is most precarious for our young people (1). Childbearing and child rearing are liabilities for our urban based, nuclear families beset with scarcity of jobs and financial retrenchment. Fear of world overpopulation has caused many to view children with disfavor.

Who will be the effective advocates for the children? Yet it is these children who have all their productive years ahead of them—all their working, tax-paying years, and all their homemaking years. I am not against care for the elderly; I am familiar with the reality of inadequate funding in both the private and public sectors; what I am for, and what I am urging you to be for, is a *just share* of support for our children. Socrates (469-399 B.C.) exhorted, "What mean ye, fellow citizens, that ye turn every stone to scrape wealth together, and take so little care of your children, to whom ye must one day relinquish all?" No state can afford the enormous financial burden of caring for deformed, apathetic, stunted children who then become inadequate, unfulfilled adults, dissatisfied with society.

However, I must not leave you with the impression that the present problems in the health care system are purely ones of economics and logistics. What is required is the elimination of the diseases we currently cannot control and for which we have only partial clinical solutions that entail empirical, long continued, expensive treatments. This leads into my second topic—*prevention*. Our major goal is to prevent diseases so that they will not need to be treated (8). You cannot treat a disease away, but prevention eradicates it for multitudes. In medicine no disease problem is solved until it has disappeared and become history.

What is needed is new information, and the only imaginable source of new information is through research. Medical research creates all the knowledge to be taught. Medical research has created all the benefits carried by today's physician to his patient.

Pediatric research provides the greatest cost effectiveness of any health measure (4). It would be impossible to provide sufficient health manpower and dollars for a health care system covering all of our people if physicians and health professionals had to deal not only with today's illnesses, but also had to manage all those infectious, nutritional, and biochemical disorders that have been eliminated through research over the past century. There is a real danger that appropriations for treatment, the value of which is obvious, immediate, and possessing strong emotional appeal to legislators and the public, will deplete funds for research. This is the worst way to attempt to lower costs. The only practical way to

save dollars in the health care delivery system is to give high priority to basic research (7). From today's research on prevention, tomorrow's health care system will achieve its greatest savings in dollars, physicians' time, and patients' visits.

In Cincinnati, Colonel William Cooper Procter's modest investment 46 years ago in the Children's Hospital Research Foundation made it possible for many, many more children to be healthy in the United States and in the whole world, than if, instead, he had devoted the same number of dollars to the care of children in community clinics and as patients in hospitals.

What kind of pediatric research should be supported? Comroe and Dripps (3) have scientifically analyzed the research essential for clinical advances. The data compelled them to conclude: first, that a generous portion of medical research dollars should be used to identify and continuously support creative scientists who are attempting to learn how living organisms function, without relation to a specific human disease; and second, that research aimed at determining the mechanisms underlying biologic observations pays off twice as handsomely as other research.

One of the most effective tools for accomplishing the types of research commended by Comroe and Dripps is a research foundation that is financially separate from hospital and university budgets and is independently directed by a scientist who believes in such research.

What can be done? The daily efforts of most of us encompass not three but four objectives: the traditional teaching, research, and patient care, plus leadership concerning child care. Leadership, like creative research, results from the ideas and efforts of individuals. Actions by societies and lobbies are far less effective than the endeavors of many individual leaders. You cannot let someone else do it.

Most of you teach medical students, house officers, and other health professionals. Here is the opportunity by words and deeds to convince them, regardless of their ultimate roles in medicine, to become lifelong advocates of services for children. In your clinical contacts with them, you can make them aware of the critical conditions about which we have inadequate information and, therefore, need solutions derived from innovative research.

Nearly all of you work with local and regional people who can be persuaded by your leadership to work for children and child health services. The challenge to you is to educate the citizens

around you so that they understand the value of research, desire it to much, for the sake of their children and grandchildren, that they will use their influence with the decision-makers and legislators. Some can be inspired to contribute their own dollars for research to discover the mechanisms disrupted by disease.

The courts, through injunctions and court orders, can help the government do its duty. Remember that the Women, Infants, and Children Food Program was initiated only after a court order (6).

I urge each of you to have the determination of Grace Abbott of the Children's Bureau 40 years ago. She often felt she had been in a huge traffic jam of all kinds of conveyances—tanks of the Army, hayracks of Agriculture, limousines of Commerce, Cadillacs of the State Department. All were pushing and shoving towards Capitol Hill where Congress sits in judgment on all the administrative agencies of the government. She said, "Because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic" (2).

I entrust you with two concepts. (1) Children are the only group who can be cheated with equanimity. (2) Pediatric research is the best method for combating pediatric disorders.

Finally, I leave you to persevere with two challenges: (1) Seize the handles of the baby carriage and push it out into the traffic. (2) As captain of the ship, correct your course and carry the women and children on board your vessel safely to port.

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9. Requests for reprints should be addressed to: E. L. Pratt, M.D., Children's Hospital Research Foundation, Elland and Bethesda Aves., Cincinnati, Ohio (45229).