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KEYNOTE ADDRESS

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Nothing could be more appropriate than to focus on immunization on Child Health Day. After all, immunization is the single, most important medical procedure which we have available to us today to protect the health of our children. At the same time, it is the least expensive and the simplest procedure we perform.

It has a significant drawback, however. It has proven to be too effective. Smallpox has been eradicated; the last known case of polio in the whole of the Western Hemisphere occurred more than a year ago; measles, mumps, tetanus, whooping cough and rubella occur so infrequently that many physicians in this country have never seen a case. We would hope that soon the same could be said of hepatitis and hemophilus influenza and, indeed, a number of other diseases.

How soon we forget how serious, how devastating these diseases can be. I recall only too well my own days as a medical student in Rochester, New York -- a time when we had so many patients in Drinker respirators (the so-called iron lungs) that there were insufficient nurses to take care of them all. Medical students were required to take daily eight hour shifts to provide the intensive care needed for each of the victims. With luck and constant care, most would survive but few would ever walk again. Most were young children but some, indeed, were our own age or older. In candor, we ourselves were apprehensive that we might contract the disease from the patients we served. There was, after all, no means for protection and no treatment. And, bear in mind, that at that time, swimming pools and theaters, sometimes schools, were closed during late afternoon as each parent apprehensively awaited cold weather and the end of the polio season.

And then came a vaccine -- so much in demand it had to be rationed. A nation of parents at last began to enjoy those late months of summer; the Drinker respirators began to disappear from the hospital floors. But how many now remember those summers of the 1940s and 1950s. And yet today that same virus persists in Asia and Africa, able to be silently introduced into our cities by an infected child and, if our children are not protected, we could once again fall victim to that disease.

It was almost three years ago that the National Vaccine Advisory Committee, which I then chaired, took note of the growing epidemics of measles in our inner cities and, with the Public Health Service, became alarmed as we discovered that immunization rates among inner city children were no more than 50 percent in many cities. As we perceived the problem, the rapidly spreading measles virus was but a first sign of trouble. It would almost certainly be followed by growing numbers of cases and then epidemics of whooping cough, diphtheria, mumps and rubella. If the wild poliovirus were to be introduced, epidemics of poliomyelitis could certainly be anticipated.

We sought to discover the cause of the problem. We began with the assumption that it was primarily a lack of money. However, as investigations proceeded, we were surprised to discover that this was not the heart of the problem. Far more important was the fact that our system for providing immunizations had become less and less "user friendly." Having achieved substantial control of the vaccine-preventable disease, health providers no longer gave priority to immunization as they once had. Parents were no longer concerned. Complacency had begun to replace concern. In fact, we discovered that health care providers actually imposed barriers to vaccination, forgetting that each of the vaccine-preventable diseases were continuing to circulate, fully prepared to erupt in full-blown epidemics once our guard was down.

- Many clinics and most emergency rooms did not routinely check vaccination records.

- Children with mild infection were not vaccinated even though the advisory groups stated that this was not a contraindication.

- Many clinics were open only at times when working parents could not bring their children.

- Insurance companies did not pay for immunization even though they pretended to sell "health insurance."

- Outreach to minority and ethnic communities was seriously deficient.

I could go on. The point is that immunization had ceased to be a priority. We -- professionals and public alike -- had forgotten the past.

But providing vaccine in clinics and physicians offices is not enough. Parents, relatives, friends must understand the need for immunization and bring children to receive vaccine. To utilize well this, the most powerful and effective tool in medicine, requires a unique partnership embracing both the community and the health care providers.

It was this recognition which led the President in June 1991 to call for a new effort -- a rededication to the principle of immunization. He said, "To solve the problem of late immunization, we've got to assault it from all angles and levels with public health efforts, with creative partnerships between the nonprofit and private sectors and with conscientious action on the part of parents, teachers, providers and citizens." He announced a new initiative which would assure that by the end of the decade 90 percent would receive their full schedule of immunizations before the age of 2 years. He requested of the Congress a budget of $349 million for fiscal year 1993 -- a figure which is three and one half times that provided in 1988.

The Public Health Service has responded with a highly creative program about which you will hear more today; civic groups, state and local governments, schools and many other groups have likewise responded; vaccine manufacturers have played an important role with special efforts being made by Merck, Sharp and Dohme.

The number of measles cases have already dropped dramatically -- as have the numbers of cases of other vaccine-preventable disease. They are not yet at zero but they should be. No child should needlessly suffer the severe acute illness and often chronic incapacity caused by any of these vaccine preventable diseases. It is our responsibility to assure they do not. The goal of more than 90 percent protection for children should not be a difficult one for a nation so lavishly endowed with health professionals and health facilities -- in a nation which expends so much as we do on medical care. It is a goal which we ought to achieve and surpass within the next two years. If we as a nation are unable to plan, mobilize and organize for delivery of a product so cost-effective and so simple to administer as a vaccine, we cannot expect to address the far more complex problems of developing a fully accessible health care system. Yet, if we do satisfactorily solve this critical but simpler problem, we will proceed with greater confidence in solving more complex issues.