Date	Sep 29 1994
Author	DA Henderson
Title	A miracle and fiscal responsibility
Event	Soper lecture on eradication
Event Sponsor	JHU School of Hygiene & Public Health
Event location	Baltimore MD
Notes	This lecture followed PAHO's certification of the eradication of polio in the America earlier the same day.
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FILE AS IS

ERADICATION SYMOSIUM
SOPER LECTURE
HOPKINS
9-29-94

As a practicing eradicationist – let me ~~offer~~ contribute a cautionary note

Autumn of 1982 – Conference held in Bethesda – convened by Fogarty Ctr.

Subject: eradication – what next

Had the overtones of an evangelistic revival as various speakers arose to propose formally & w some solemnity that we should now embark on the eradication of polio, measles, rabies, hunger, auto accidents.

Only 2 yrs. before, the WHA had declared that spx had been eradicated and that vaccination should now be stopped around the world.

For 13 years, beginning in 1967, we had struggled toward what once had seemed an impossible goal – '0' cases of smallpox.

Smallpox – far and away – the easiest of all diseases to eradicate –
Readily detected, readily diagnosed – no asymptomatic cases
Vaccine – highly stable (6 mos. @ 37°C); highly protective 90%+ > 20 yrs w one dose.

When the program began – already eliminated Eur/N.A./all of L.A. & Brazil/China/Trop Africa/Mal/P.I./Thailand

And yet, I ~~know~~ am aware only too well, how many times & in how many places, the program teetered on the brink of failure – rescued as often by truly heroic performances by national program staff as by luck – a change of government, the unexpected end of a Civil War.

And always desperately underfunded – as late as the climactic last 18 months!

Yes – we (had) succeeded in eradicating a disease which, by any standards, was far and away the most susceptible to eradication – but we barely succeeded.

But I confess I believe what I heard in that 1982 Conference – advocates for eradicating all manner of diseases and hunger and rabies and road accidents!

Eradication — the attraction (circus song) — definitive public health accomplishment

Project 1982 Cty. on Eradication — what do we eradicate next?

measles, TB, rabies, hunger, auto accidents.

Why the fascination? Let me offer a personal hypothesis.

~~Hypothesis: frustration of a field without measurable outcomes~~

How have we and how do we now measure successes in the health field?

Primarily — sick patient by sick patient — input by input

So many treated and so many cured or rehabilitated

So many outpatient visits this year compared to last year

So many patients treated in our intensive care units.

Now if these measurements say anything about the health of the community and there are those (and a growing number) who do consider this crisis.

Measurements of health in the community are, at best, prospective, and in general, archival.

CVD deaths are diminishing — wonderful — why? — do we in Baltimore or anyone anywhere else follow these data closely and ask the questions — what more might we do, and how?

A very few programs dealing with injurious diseases and some of those in occup. medicine & injury prevention do collect current data of a sort, do analyze these data and do take action based on these data. How do this with a passionate outrage that every one of these cases or injuries is wholly preventable and that programs should look at every one of these failures to say — how do we strengthen or redesign programs to prevent them.

An eradication program provides such a focus. — and, likewise, it combo a vehicle to mobilize public and political interest.

Eradication is, likewise, a statement of public health policy.
As such, it must have ~~credible~~ scientific credibility. The price of failure can be high.

Let me cite a personal bitter experience to illustrate the price to be paid ē less than sound policy.

1955 Malaria erad. — Known not to be feasible in Africa and not shown to be feasible in tropical vs. temperate climates
Investment by AID / UNICEF / countries — > $2 bil next 10 yrs.

Theory of $ investment over 'x' yrs. to interrupt transmission — eventually, a net savings. The 'x' $ invest was large!

Late 60's — clearly not succeeding
Decision in 1966 for smallpox eradication
UNICEF — no support — 1° source of support ē AID
AID — support only because ordered to do so by President (reference Watts)

Public health credibility was seriously suspect.
Smallpox erad. succeeded in restoring some of the prof. credibility.

Another erad. effort must be a carefully considered policy — plea for research
Polio — yes
Confident can be achieved in almost all areas. — need better vaccine for S. Asia
Whatever we may decide vis-a-vis eradication, ~~Better approach~~ offer the plea that we begin to — ~~let us begin~~ & seriously measure p.h. probs in the community on a concurrent basis — SURVEILLANCE — use the data to change strategy & tactics / involve a broader comm. group.

Needs to be more stable & needs to be more antigenic -
regret to say it has been extremely difficult to persuade our colleagues to recognize that evangelism is important but it requires a healthy dose of skeptical science

Karthik
Bindra
&
Bhatt