

## ***This is the third article in a series on the history of the AAP***

### **AAP Beginnings: Child Health and Government**

Norman Lewak, MD

As noted in the previous two parts of this series, both Pediatrics as a specialty and the AAP as an organization owe their existences to the pioneers who understood that physicians caring for children needed a vision wider than diagnosis and treatment of individual patients. Those physicians also recognized that an effective child welfare movement required participation by physician experts (pediatricians) acting together in an organization dedicated to “serving as an advocate for children and their families within the community at large” (from the Preamble to the AAP constitution).

However, the Academy was started as more than a child welfare organization. The founders realized that neither the AMA pediatric section nor the academic researchers who made up the American Pediatric Society could address the wide ranging needs of Pediatrics as a specialty as well as that of their patients—so they started the AAP to do both.

At the beginning, they had to create an effective organization that could manage the growth that followed. Then they had to make sure that the specialty of Pediatrics became the “gold standard” for child medical care by instituting quality control methodologies for both the education of pediatricians and the Pediatric institutions. Very quickly, the organization was formed. Growth followed. The AAP participated in improving the quality of medical schools and hospitals programs, as well as the residency programs. A Board of Pediatrics for accreditation of pediatricians was also instituted. Continuing medical education by the AAP was also started quite early in its history.

Over the years, organizational issues were revisited multiple times. As the AAP grew many times over, the original four regions (East, West, Midwest, South), whose appointed Chairmen made up the AAP Board, were changed and expanded many times. Although created as a national

organization, the Academy recognized early on that it needed local affiliates with local leadership. Thus, the state chapters were added and the four regions became nine districts with chapter and district leaders elected by their constituencies.

With the growth of the organization, the office staff expanded, committees and councils were added as were many sections representing the various sub-specialties and special interest groups.

Despite this scientific and professional organizational activity, the controversy over child welfare advocacy continued with many in the AAP now taking the view that the Academy should not support governmental involvement in what physicians considered to be their own turf (clinical medicine). Thus, private versus governmental medicine became a major concern in the early years of the AAP.

Isaac Abt was the first president of the AAP, 1930-31. In his presidential address at the end of his term, in a section titled “Socialization of Medicine,” he warned about the “clouds gathering which seem to obscure the vision of the physician and to threaten the dignity and security of his professional status.” Despite this ominous description, Dr. Abt went on to note that “the actual diagnosis and treatment of the patient are frequently only a small portion of the social relief that is needed. The patient may require better housing, ... clothing, ... food, ... and many other things that are important, not only for the cure, but for the subsequent prevention of the patient’s distress.” (Beaven, PW, editor: “For the Welfare of Children: Addresses of the First Twenty-Five Presidents of the American Academy of Pediatrics.” Charles C. Thomas Publisher, 1955)

Dr. Abt aptly summarized the argument that continues to this day: can private medicine alone provide sufficient care for our child population? In the years following his speech (years of a worsen-

ing national economic Depression), the argument that had split pediatricians from the AMA reoccurred—only this time it was within the Academy itself.

The protagonist for a very modest, but increasing, government involvement in maternal and child health efforts (federal support for local and state agencies) was the federal Children’s Bureau, which was run and supported by pediatricians who were also AAP members. Unlike the AMA and other medical organizations, there were leaders within the AAP who supported the increasing actions of the Children’s Bureau, viewed by the opponents as interference in clinical medical care. However, the Board of the Academy felt it could not take a stance on this issue, at least in the early years (early 1930s).

With time, as the AAP became more involved in studies looking at the country’s inadequacy of medical care for children, this inaction ceased. In 1939, the annual meeting of the Academy passed a resolution that supported governmental maternal and child medical services to those who could not afford to pay for them. By 1943, Congress was able to fund a program through the Children’s Bureau so that maternal and child health benefits could be provided for the wives and children of service men, most of whom could not afford them.

In the succeeding years, the AAP has continued to support more and more services for children—thus fulfilling the vision of the nineteenth century pioneers that foresaw the need for the new specialty, and their early twentieth century successors who realized that pediatricians needed a new organization if the children of the country were to receive the appropriate, quality care that was necessary for their well being.

The American Academy of Pediatrics is no longer a new organization, yet the support of children continues as its primary mission.