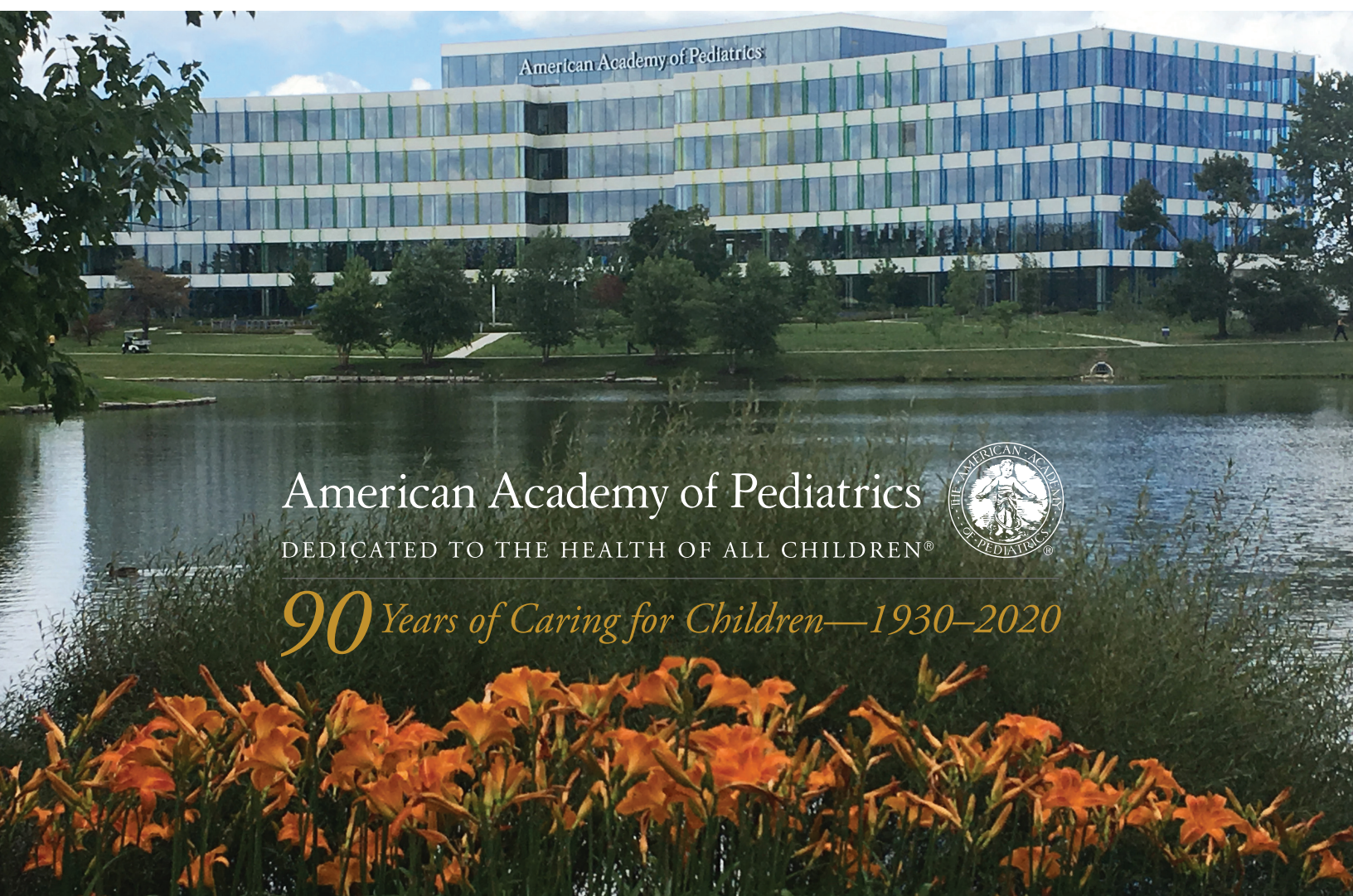


The American Academy of Pediatrics 90 Years of Caring for Children 1930–2020



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



90 Years of Caring for Children—1930–2020

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Marking History...Making History



Sara “Sally” Goza, MD, FAAP
AAP President, 2020

Our founders created the American Academy of Pediatrics, because they believed children needed a voice. As our first president, Dr. Isaac Abt, put it, we should “discover neglected problems and, so far as in our power, correct evils and introduce reform.” When you read their history in these pages, you can imagine—these founders were determined rebels in medicine. They were determined clinicians, scientists, and advocates, with a vision for a different kind of medical society and an imagination for what the profession of pediatrics should be.

Our history, summarized here, shows us that each generation has taken on that mission anew and made it their own, responding to the evolving needs and opportunities of the times, whether that was fighting infectious disease, creating poison control centers, reducing infant mortality, working with community Head Start programs, tackling childhood cancer, taking neonatal resuscitation world-wide, addressing childhood obesity, or working to ensure all children have access to health care.

When the year began, I knew we would be marking that 90-year history, but I never dreamed the extent to which we would be making history. The COVID-19 pandemic has presented challenges unlike anything today’s pediatricians have seen. Once again, the AAP and our nation’s pediatricians, pediatric medical subspecialists and pediatric surgical specialists have risen to the occasion. I have never been prouder of my chosen profession or of the Academy.

Our history tells us that while much has been accomplished over 90 years, there is more to be done. Our inspiring mission was captured by Dr David Van Gelder in his 1977 AAP presidential address: “We can accomplish our goals, and we must. Our civilization is going to be in the hands of the children we care for. In this sense, we really work not for ourselves, but for the future. We have a great deal to say about the quality of life on a still-shrinking globe. We should speak with a voice that reaffirms our commitment to a better future for children everywhere.”

In July 1930, the Depression deepening, three founding members signed papers in Chicago to create the American Academy of Pediatrics, a new kind of medical society that would “*foster and stimulate interest in pediatrics and correlate all aspects of work for the welfare of children which properly comes within the scope of pediatrics.*” Today there are 67,000 members continuing that mission—primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

The Children’s Charter from the White House Conference of 1930 provided a visionary framework for the Academy’s inspirational mission, with continuing relevance today. The vision as described by the first president, Isaac Abt, MD, FAAP remains strikingly true today, “*As an organization, we should stand ready to assist and lead in public health measures, in social reforms and in hospital and in educational administration as they affect the welfare of childhood.*”

In creating the AAP, the founders established both pediatricians’ unique medical expertise and their commitment to speak on behalf of children’s welfare. Throughout its history, described by decade here, AAP members have responded to the needs of the times through education, policy and advocacy. The collective work over 90 years has advanced pediatricians’ clinical expertise, grounded its work in science, provided quality education and policy, and embraced a mission to communicate and advocate on behalf of *all* children. From the beginning this included efforts to effectively address health care access, health disparities and social determinants of health.

The following articles celebrate the Academy’s 90th anniversary and illustrate the organization’s remarkably consistent goal of ensuring better health for the whole child and for all children. While the founders were concerned about threats that differ from those faced today, the underlying challenges are remarkably similar, as illustrated by the anniversary articles. The need for a tenacious voice that speaks for all aspects of child health remains as critical as ever. As its 100th Anniversary approaches, the Academy will continue to be that voice and support members in their work to ensure the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults is protected in the coming years and decades.

The 1920s

1

Many societal factors converged as founders organized the AAP

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the first of a series of articles on the AAP's 90th anniversary published by AAP News, (January, 2020).

Societal forces helped pave the way for the Academy's founding in 1930 and inspired a dedicated group of pediatricians.

There was momentum to address conditions in the country such as high infant and maternal mortality, rampant disease, child labor, poverty and malnutrition. The late 19th and early 20th centuries also were characterized by the great wave of immigration, women's suffrage, migration to cities and poor housing conditions.

The science of public health was emerging, and experts started to take a greater interest in the effects on children.

"The founders at that time were actually thinking about what we now know as the social determinants of health," said Lynn Olson, Ph.D., AAP vice president of Research. "These were the physicians in the 1930s. When you think about what was going on in the country ... it's not hard to see what was motivating the founders."

The need was great to promote the highest pediatric standards.

"...it became obvious that our country needed national programs to improve child health and welfare," AAP Past President James G. Hughes, M.D., FAAP, wrote in "American Academy of Pediatrics: The First 50 Years."

Special calling

While other pediatric groups existed, including the pediatric section of the American Medical Association (AMA), none seemed able to give pediatrics its due. The American Pediatric Society, for example, was geared toward scholarly endeavors. Despite their ties to the AMA, the pediatric leaders were not content to remain minor players.

Motivation to start a new society was even greater as a result of the first three White House conferences on children (in 1909, 1919 and 1930), where pediatricians played key roles. In 1909, President Theodore Roosevelt's conference resulted in the formation of the Children's Bureau in 1912. By the time President Herbert Hoover held the third conference, which



Child labor and other societal ills helped spur solutions to improve conditions for children in the Progressive Era, 1890s-1920s, part of broader reform efforts and motivation for the AAP founders.

was led by pediatricians, health care was a central focus. That meeting led to far-reaching, bold recommendations such as the Children's Charter, which as far back as 1930 sought to put forth the rights of every child.

Guidance that emanated from the conferences hastened the need for a new group like the Academy.

AAP co-founder Clifford G. Grulee, M.D., FAAP, wrote: "...With the many recommendations which will come from that body (White House conference), there seemed to be no organization fitted to take up and carry on the work. In other words, the vast accumulation of material of great scientific and practical value would simply be wasted because of failure of any group to place it properly."

Dr. Grulee, the AAP's first secretary-treasurer and later executive secretary, went on to play a significant role in the AAP's organization.

Another historical marker was the Sheppard-Towner Act of 1921, the first major federal legislation passed to provide grants to improve infant and maternal health. Many supported the legislation, but it was fought by groups such as

the AMA. In 1922, pediatricians meeting in their section at an AMA meeting in St. Louis voted to support Sheppard-Towner, angering AMA leaders and precipitating a new rule that no section could vote independently on resolutions related to policies involving the AMA.

Sheppard-Towner opened the door to federal funding for home visits by nurses, child health conferences and distribution of literature on care of infants and mothers.

Founders' advocacy

Other groups and organizations that promoted child health were the American Child Hygiene Association and American Child Health Association. Among their leaders were AAP founders Dr. Grulee; Isaac A. Abt, M.D., FAAP, the first AAP president; William P. Lucas, M.D., FAAP, a member of the first AAP executive committee; and Philip Van Ingen, M.D., FAAP, an AAP president.

Another pediatric leader active at that time was C. Anderson Aldrich, M.D., FAAP, a member of the first executive committee and one of the signatories with Drs. Abt, Lucas and Grulee on the AAP founding documents.

Some of the founders also had distinguished themselves in overseas service related to pediatrics. Dr. Lucas was chief of the children's bureau at the American Red Cross (ARC). In 1916, he traveled with the American Commission for Relief in Belgium to survey child health and nutrition, and in 1918-'19, went to France in that role. Dr. Grulee headed the ARC children's bureau in Lyon, France, and was in charge of a convalescent home-hospital for children.

These were the kind of people motivated to start the Academy.

On July 19, 1929, 35 pediatricians attending an AMA meeting met for dinner at the Portland, Ore., home of James Rosenfeld, M.D., a clinical professor of pediatrics at University



Children present a May basket to first lady Eleanor Roosevelt on Child Health Day in 1934.

of Oregon. They concluded that a new organization was needed and formed a subcommittee to address recruitment. Dr. Abt recalled the meeting in his book *Baby Doctor*: "... For some time, I had felt that the children of the United States as a whole were not receiving care commensurate with the great development of pediatrics. Infant mortality still was too high, total facilities for treating children were inadequate, teaching was not everywhere of the best, (and) many children were failing to receive the benefits of preventive measures. ..."

When looking back at the founders' activities, it is clear that child advocacy was there from the beginning, experts say.

The mission is "what's so core to the pediatricians... which has continued over 90 years," said AAP CEO/Executive Vice President Mark Del Monte, J.D. "These are the things that knit us together."

Archivist Allison Seagram, M.L.I.S., C.A., of the AAP Gartner Pediatric History Center, <http://bit.ly/pediatrichistorycenter>, contributed research.



From: *The Children's Charter: White House Conference on Child Health and Protection*, called by President Hoover, 1931.

The 1930s

3

AAP organizational efforts, growth of pediatrics flourished in 1930s

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the second of a series of articles on the AAP's 90th anniversary published by AAP News, (February, 2020).

The new AAP began to take shape throughout the 1930s, while the specialty of pediatrics made its own developmental strides.

It was the start of the Great Depression. The number of U.S. pediatricians grew, as did pediatric training programs and standards for pediatric health care. The founders of the Academy set to work soliciting new members, defining and disseminating standards for the profession, and implementing recommendations from the 1930 White House Conference on Child Health and Protection.

Aggressive recruitment

In late June 1930, a group of AAP founders gathered on the campus of what now is DMC Harper University Hospital in Detroit, part of the Wayne State University School of Medicine, to finalize plans for the new organization. A historical marker on the campus pays tribute to the AAP founding.

The men elected officers and an executive board (see sidebar), and drafted bylaws and a constitution. They also drew up a list of individuals regarded as founders and those designated as fellows who would be invited to join the organization.

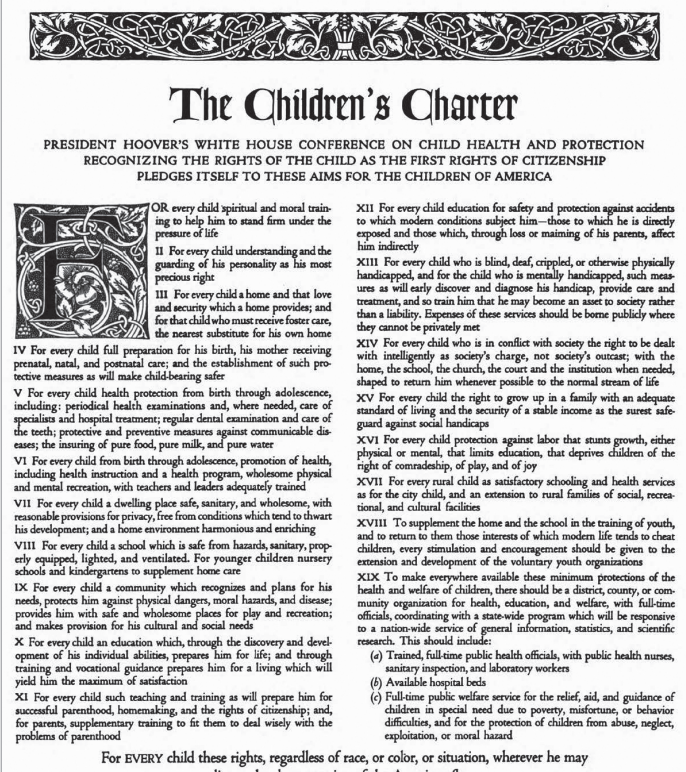
Letters were sent to 416 pediatricians, 75 selected as founders and 341 others invited for membership as fellows.

"We hope that the organization will be able to do many things in pediatrics which to many of us seems necessary," Clifford G. Grulee, M.D., FAAP, the first secretary-treasurer and later

executive secretary (<http://bit.ly/2Qu2lVj>), wrote to a colleague. "... we have large ideas as to what can be done ..."

The letters included a bill for the \$50 initiation fee and \$20 dues, the equivalent of \$1,085 in today's dollars. In October 1930, Dr. Grulee noted in a letter that the AAP had close to 230 paid memberships and 40 to 50 more who had signified their intention of joining.

Some also declined to join due to the hardship of paying dues.



The Children's Charter

PRESIDENT HOOVER'S WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION
RECOGNIZING THE RIGHTS OF THE CHILD AS THE FIRST RIGHTS OF CITIZENSHIP
PLEDGES ITSELF TO THESE AIMS FOR THE CHILDREN OF AMERICA

OR every child spiritual and moral training to help him to stand firm under the pressure of life

II For every child understanding and the guarding of his personality as his most precious right

III For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home

IV For every child full preparation for his birth, his mother receiving prenatal, natal, and postnatal care; and the establishment of such protective measures as will make child-bearing safer

V For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examination and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water

VI For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained

VII For every child a dwelling place safe, sanitary, and wholesome, with reasonable provisions for privacy, free from conditions which tend to thwart his development; and a home environment harmonious and enriching

VIII For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care

IX For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation; and makes provision for his cultural and social needs

X For every child an education which, through the discovery and development of his individual abilities, prepares him for life; and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction

XI For every child such teaching and training as will prepare him for successful parenthood, homemaking, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problems of parenthood

XII For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly

XIII For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met

XIV For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and the institution when needed, shaped to return him whenever possible to the normal stream of life

XV For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps

XVI For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy

XVII For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities

XVIII To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations

XIX To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county, or community organization for health, education, and welfare, with full-time officials, coordinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics, and scientific research. This should include:

- (a) Trained, full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers
- (b) Available hospital beds
- (c) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect, exploitation, or moral hazard

For EVERY child these rights, regardless of race, or color, or situation, wherever he may live under the protection of the American flag

The 1930 White House Conference on Child Health and Protection produced the Children's Charter, an outline of comprehensive ideals the framers stated apply to every child. The charter addresses a child's fundamental needs for education, health, welfare and protection in language many consider inspirational even today.

AAP charter officers

Isaac A. Abt, M.D., FAAP, president

John L. Morse, M.D., FAAP, vice president

Clifford G. Grulee, M.D., FAAP, secretary and treasurer

The executive board also included:

C. Anderson Aldrich, M.D., FAAP;

Samuel McC. Hamill, M.D., FAAP;

William P. Lucas, M.D., FAAP; and

Lawrence T. Royster, M.D., FAAP.

The founders would not be held back, however, and continued recruiting. In fall 1931, Dr. Grulee traveled west to solicit in person.

By 1935, the AAP had 834 members, which increased to 1,282 by the end of the decade. Districts (called regions at the time) developed, and state chairmen were selected. National and regional meetings were held. Among the first AAP committees were:

- ▶ Committee on Relation to the White House Conference,
- ▶ Committee on Medical Education,
- ▶ Committee on Hospitals and Dispensaries,
- ▶ Committee on Relation to the Section of the Diseases of Children of the American Medical Association (AMA), and
- ▶ Committee on Publications.

Influential conference

The 1930 White House Conference had set up dozens of committees on child health topics, keeping many of the founders busy as participants and leaders. The Medical Service group—chaired by Samuel McC. Hamill, M.D., FAAP, a member of the first AAP executive board—was a section incorporating several committees. One was the Committee on Medical Care for Children, chaired by Philip Van Ingen, M.D., FAAP. Both were AAP founders and served as AAP president (1932-'33 and 1937-'38, respectively).

The AAP founders viewed themselves as “guardians” of child health, assuming responsibility for the many recommendations



During the Great Depression, many struggling families—like this migrant family in California captured by photographer Dorothea Lange—were forced to cope with harsh conditions while searching for work. Children made up 40% of the population in 1930, and 23% of children were immigrants.

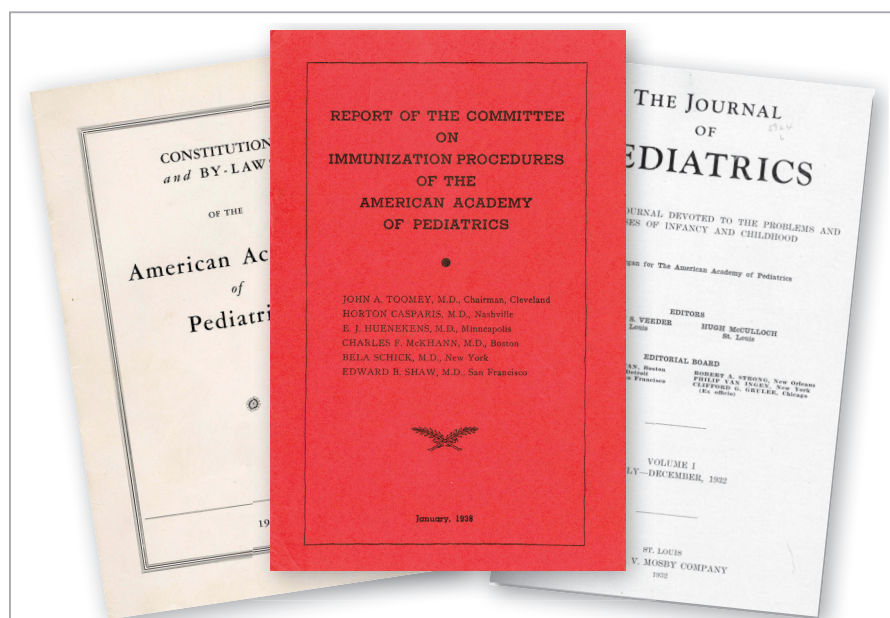
and opportunities identified by the conference committees. They were determined to share their expertise.

John L. Morse, M.D., FAAP, noted in his 1932 AAP presidential address: “The public now demands that active measures be taken for the preservation, protection and guidance of children ...is our opportunity and duty.”

In preparation for the White House conference, a national survey was undertaken on the use of preventive medical and dental services among U.S. preschoolers. Multiple reports and pamphlets on various topics, some for parents, grew out of the conference, and many states held their own meetings on behalf of children’s health and well-being.

President Herbert Hoover was a champion of the conference’s goals. “If we want civilization to move forward ...” he once said, “... it will march only on the feet of healthy children.”

A new Children’s Charter (<http://bit.ly/35oEDxX>) outlined 19 bold, comprehensive ideals the framers stated apply to every child “regardless of race, or color, or situation, wherever he may live under the protection of the American flag.” It took many months and the input of countless individuals to finalize the language, which some consider inspirational in 2020. The charter has been called the framework for the vision of American pediatrics, with enduring relevance to today.



During the 1930s, the AAP founders helped build the organization and the profession on various fronts. They drafted a constitution and bylaws while establishing the structure of the AAP. Milestones during the decade included the first Red Book, which listed 18 diseases, and *The Journal of Pediatrics*, forerunner to *Pediatrics*.

Raising the standards

While pediatrics was coming into its own, the White House conference concluded that education and standards for the specialty were woefully poor, which also motivated future AAP leaders.

They sought to “promote and maintain the highest possible standards for pediatric education in medical schools and hospitals, pediatric practice and research,” according to the articles of incorporation.

The new Committee on Medical Education suggested the need for an independent group like the American Board of Pediatrics (ABP). Thus, the ABP was created in 1933 by the AAP, the American Pediatric Society and the AMA Section on Diseases of Children. Beginning in 1937, board certification was required for becoming a FAAP.

Education played a key role at AAP annual meetings. After the first meeting in June 1931 in Atlantic City, N.J. (<http://bit.ly/2FteEe8>), the AAP held yearly conferences throughout the decade, culminating in the first independent annual meeting in 1939 in Cincinnati.

State of the nation

In the midst of the AAP organizing activities, the country suffered. At its worst point, the Depression saw one in four workers out of a job. Homelessness and hunger were omnipresent. Families lost an average of 40% of their income. Some wandered the countryside in search of food and shelter.

Children made up as much as 40% of the U.S. population in 1930, according to census data. Other data on children reveal the following: 86% were white, non-Hispanic; 10% black; 2% Hispanic; 0.5% Asian; and 0.4% other race. Twenty-three percent of children were immigrants—they or a parent were born in another country. Only about 45% lived in metropolitan areas; 35% were in the South, 30% the Midwest, 26% the Northeast, and 9%, the West.

“For every child these rights, regardless of race, or color, or situation, wherever he may live under the protection of the American flag.”

— Children’s Charter: White House Conference 1930

Sharing knowledge, expertise

Pediatrics was beginning to be defined more in terms of primary care and prevention. There was an emphasis on immunization and a growing knowledge about nutrition, child development and infectious diseases.

The AAP embraced the role of communicators of current science, spreading the word on topics like infectious diseases via reports and publications.

The founders established the *Journal of Pediatrics*, the forerunner to *Pediatrics* (<http://bit.ly/39MJH2z>). It was co-edited by Borden Veeder, M.D., FAAP (AAP president, 1942-’43) and Hugh McCulloch, M.D., FAAP.

Another milestone was publication of the first Red Book (1938), which listed 18 diseases (<http://bit.ly/37EvQcN>). John Toomey, M.D., FAAP, edited the first eight editions and later became AAP president (1947-’48). The book now is in its 31st edition.

During the 1930s, the AAP founders—perhaps because they were better organized—spoke out on issues relating to child health. They expressed support for the National Health Act (Wagner Act). It authorized federal funds to states to broaden public health, maternal and child health services. Other key legislative actions included Title V of the Social Security Act, providing grants-in-aid for maternal and child health programs, including children with congenital disabilities.

Not all pediatricians were on board, however; some resisted what they considered federal involvement in children’s health.

Still, it was an era of focus on children as the future, and AAP advocacy had only just begun.

For more information on the history of pediatrics, visit the AAP Gartner Pediatric History Center at <http://bit.ly/pediatrichistorycenter>.



Photos courtesy of AAP staff and Library of Congress

The 1940s

6

Amid war in 1940s, AAP extended influence, undertook major child health study

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the third of a series of articles on the AAP's 90th anniversary published by AAP News, (March, 2020).

In the 1940s, World War II took a major toll on families, pediatricians and the AAP, yet the organization broadened its influence and base, doubling membership by the end of the decade. The AAP also directed a landmark national study of child health services, an unprecedented three-year undertaking with two government agencies, extensive chapter support and a \$1 million price tag.

War's impact

While families suffered, many of the nation's physicians were deployed. Eighteen percent of the AAP membership was in the service at the height of the war. Of the 2,100 board-certified pediatricians, most of the 600 who were not AAP members also were deployed.

The AAP formed war-related committees that addressed topics like care for refugee children, nutrition and refresher courses for returning pediatricians. No annual meeting was held in 1943. Dues were suspended for those in military service. *The Journal of Pediatrics* printed the names of deployed members and covered war-related topics (<http://bit.ly/2Ov10fH>).

AAP leaders advocated for home-front policies that protected child health such as looser rules on rationing items like milk

and shoes, according to the AAP oral history of Katherine Bain, M.D., FAAP (<https://bit.ly/3kIOKpG>). Dr. Bain was director of the Division of Research in Child Development at the Children's Bureau. She and Martha Eliot, M.D., FAAP, who later rose to bureau chief, had a major influence on maternal and child health at a time when women made up only 13% of pediatricians and 3.5% of general practitioners.

Dr. Bain helped evaluate women and children who joined service members in Army camps, which were overcrowded, lacked infrastructure and were ripe with disease. Many women and children lived in shacks.



Throughout the 1940s, a small number of AAP employees worked out of a four-room, 1,200-square foot "Central Office" on the eighth floor of the Carlson Building in Evanston, Ill., including Clifford G. Grulee, M.D., FAAP, the first secretary-treasurer and later executive secretary.

Medical advances in the 1940s

- first influenza vaccines
- rubella implicated in congenital defects
- first chemotherapeutic agent for pediatric cancer that induced remission of acute leukemia
- criteria established to diagnose rheumatic fever
- global campaign to vaccinate for tuberculosis
- first use of penicillin
- streptomycin discovered
- first combined diphtheria, tetanus and pertussis vaccines available in the U.S.

In 1943, the Emergency Maternity and Infant Care Act was established to assist families of men serving in the war. Dr. Bain helped develop standards for the program. Wives of service members in the lower grades were given free health and hospital care throughout pregnancy, childbirth and six weeks thereafter.

The program, which covered 1.5 million mothers and infants, was controversial; some physicians resented government “intrusion,” especially when the program extended beyond the war. The controversy temporarily strained the relationship between the AAP and the Children’s Bureau.

Study finds gaps in care, training

As the war was ending, the Academy decided to gather data on children’s access to care and quality of care, an interest dating back to the ’30s, according to historian Marshall C. Pease, M.D., FAAP. The AAP approached the Children’s Bureau and the U.S. Public Health Service to cooperate in the study (<http://bit.ly/392AXEA>).

The study was directed by pediatric cardiologist John P. Hubbard, M.D., FAAP, with a committee chaired by then-AAP President Warren R. Sisson, M.D., FAAP. It involved 160 field staff, original data collection in every state and county, and staff leaders from all three organizations.

Public and private groups helped fund the \$1 million (\$14 million in today’s dollars) study that AAP experts have described as bold and scientifically rigorous.

Surveys were sent to 3,500 pediatricians, 75,000 general practitioners, 66,000 dentists in private practice and all 5,500 U.S. hospitals. Data also were gathered from county health agencies and 70 medical schools. The study elicited responses

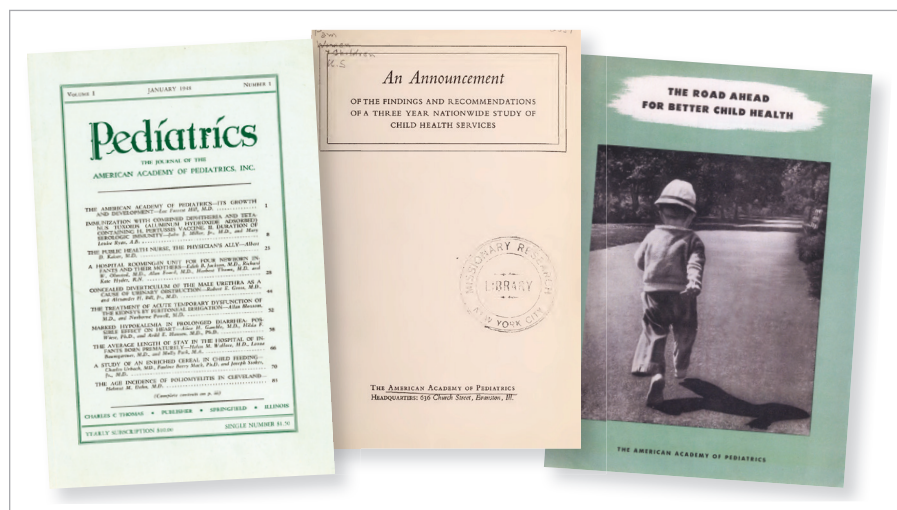
from 75% of pediatricians and two-thirds of general practitioners and dentists.

Titled “Child Health Services and Pediatric Education: Report of the American Academy of Pediatrics,” the study was published by the Commonwealth Fund in 1949. Results revealed disparities in pediatric care and education:

- ▶ One-third of children lived in isolated, usually poor, rural areas.
- ▶ Five percent of infants in metropolitan areas were born at home, but the rate exceeded 50% in isolated rural areas.
- ▶ The number of physicians per the child population in large metropolitan areas was six times greater than in isolated rural counties.
- ▶ Infant mortality varied from 29 to 78 per 1,000.
- ▶ General practitioners provided care for three-quarters of children. Almost half of general practitioners reported having no hospital training in the care of children.
- ▶ Although the number of pediatricians was growing, nearly all were in metropolitan areas.
- ▶ Medical schools were suffering financially, with pediatric departments especially underfinanced.

Plans and committees were set up to address problems locally and nationally. The research “...had enormous influence on improving health care for children and strengthening support for pediatric education,” Howard A. Pearson, M.D., FAAP, wrote in *Pediatrics* (<http://bit.ly/2RPkjbS>). Dr. Bain called her involvement “an extraordinary experience.”

The study was widely viewed as strengthening the Academy’s skill in fostering public and private collaborations to address child health.



In 1948, the AAP took over publishing its own journal, *Pediatrics*. The decade also marked completion of the AAP’s first comprehensive study—with the Children’s Bureau and U.S. Public Health Service—revealing sharp disparities in pediatric care and education. A special dinner was held in New York to present the findings (middle program), and a consumer publication (right) offered an illustrated guide to communicate the results.

Branching out

After extensive scrutiny, the Academy accepted the first two black members, Roland B. Scott, M.D., FAAP, and Alonzo deGrate Smith, M.D., FAAP, who had been rejected previously (<http://bit.ly/2RRHGvh>). They went on to lead prestigious careers. Dr. Smith was professor of pediatrics at Howard University College of Medicine, a researcher and child health activist. Dr. Scott was a well-known researcher of sickle cell disease and longtime chair of pediatrics at Howard.

At a 1942 executive board meeting, Lee Forrest Hill, M.D., FAAP, presented a resolution—unanimously passed at a Region III meeting—that the AAP be open to all who are eligible for membership regardless of race, color or creed.

Membership expansion activities also included the creation of affiliate memberships for physicians in allied branches of medicine and formation of a Pan-American District that brought in new members from Central and South America, Cuba and Mexico.

From 1940-'49, AAP membership doubled from 1,314 to 2,659.

Other achievements

More than a dozen AAP committees and three sections were formed in the '40s.

In 1948, the AAP took over publishing its own journal, *Pediatrics* (<http://bit.ly/39MJH2z>).

The *Red Book* was published under various titles and increased to 84 pages by the end of the decade, reflecting the growth of therapeutic agents and knowledge of infectious diseases (<http://bit.ly/37EvQcN>). John A. Toomey, M.D., FAAP, was editor throughout this period and AAP president from 1947-'48.

Other products included a Child Health Record sent to all AAP members; the first film ("When Bobby Goes to School"), a joint venture with what now is the PTA; and the first edition of *Standards and Recommendations for the Hospital Care of Newborn Infants—Full-Term and Premature* released with the Children's Bureau (<http://bit.ly/2uwkbyK>).

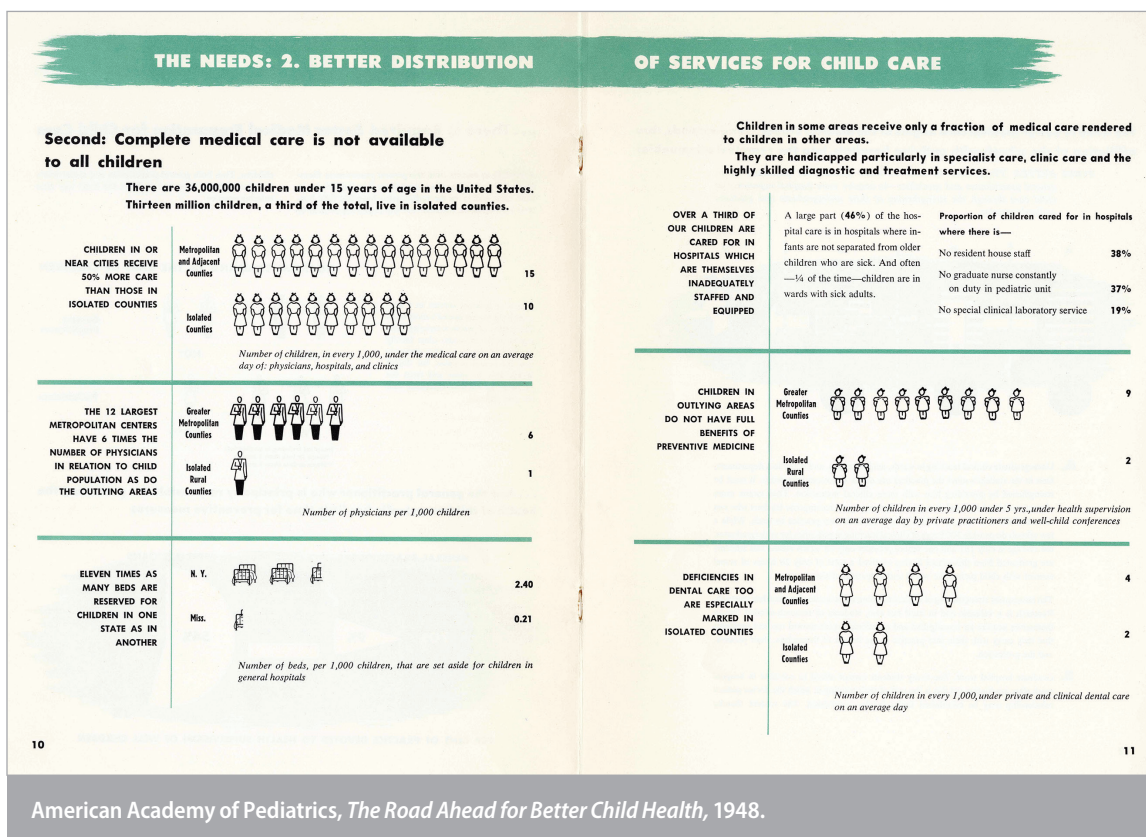
The publication on care of newborns coincided with an increase in the percentage of infants born in hospitals and a drop in infant mortality. From 1940-'49, infant mortality declined 33%. Neonatal and post-neonatal deaths dropped 26% and 46%, respectively. Development of fluid and electrolyte replacement therapy and safe blood transfusions also saved lives.

In his 1949 presidential address, Dr. Sisson declared that the AAP "... has now grown into a mature organization and must take its place as an authority in the field of public health in its broadest sense."

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.

“The answer to this problem of distribution is not simple. In all times the more equitable distribution of wealth, of the products of the hands, of the benefits of science, and of the quality care of the sick have been sought and not found. That failure presents no reasons why the answer should not be continually sought.”

— M.C. Pease. The Historical Background of the Study of Child Health Services. *Journal of Pediatrics*, May 1947.



The 1950s

9

AAP jumpstarts injury prevention efforts in 1950s, with nationwide impact

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the fourth of a series of articles on the AAP's 90th anniversary published by AAP News, (April, 2020).

In the post-World War II years, the AAP continued to thrive, as its mission of dedication to the whole child came into focus. The 1950s Baby Boom also ushered in 40 million new births. But as medical advancements dramatically reduced deaths from what once were common childhood diseases, a new problem emerged: childhood injuries.

Accidents became the leading cause of death among children ages 1 year and older. Poisonings, burns, vehicle crashes, falls and choking resulted in emergency visits and mortality. Household products, medications, lye, kerosene and flavored aspirin caused most of the poisonings, which accounted for half of injuries.

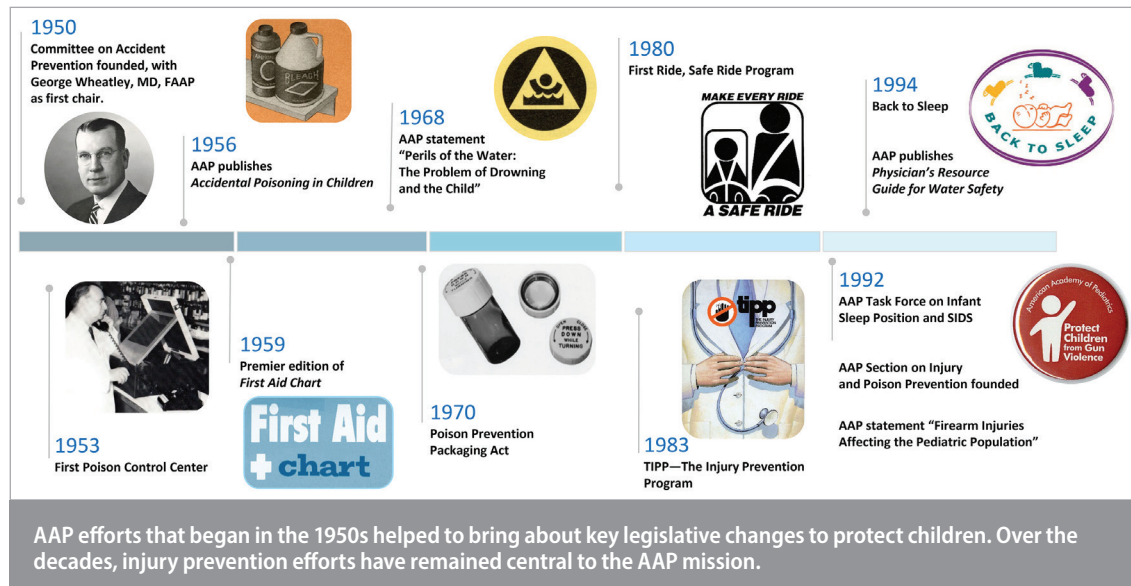
"It is time we turn our attention to this formidable enemy of child health," George W. Wheatley, M.D., FAAP, wrote in a 1948 issue of *Pediatrics*. Dr. Wheatley and others launched a bold injury prevention program, and this area has remained central to the AAP mission (<http://bit.ly/38OTHri>).

Dr. Wheatley, a vice president at the Metropolitan Life Insurance Co. (now MetLife), headed a new Committee on Accident Prevention. He went on to become AAP president (1960-'61).

The committee's work started with a survey of pediatricians on the injuries they were seeing, which led to an extensive safety campaign involving "education, engineering and enforcement" (<http://bit.ly/2w3lvK8>). The AAP developed



School children receive polio vaccine at a New York City health station from Jonas Salk, M.D., who was hailed for developing the first polio vaccine. Large-scale use of the vaccine began by 1955, and the Academy helped to promote immunization.





Courtesy of Northwestern University

The Academy built its first headquarters building at 1801 Hinman Ave., in Evanston, Ill. AAP leaders who gathered for the Oct. 2, 1955, dedication included Clifford G. Grulee, M.D., FAAP (inset left, second from left, with wife Margaret), and inset, right. See a video clip of the dedication at <https://youtu.be/tTTxCc9xIOE>.

educational interventions for practices and worked with national partners such as the National Safety Council and what now is the American National Standards Institute to address injuries from a public health and regulatory approach.

The education emphasized a theme of safety as a “vaccine.” An exhibit prepared with Metropolitan Life was titled “Help Immunize Me Against Accidents,” and a booklet “Are You Using the New Safety Vaccine?” tied safety concerns to stages of growth and development. Other publications included *Accidental Poisoning in Childhood* (1956) and the First Aid Chart (1959). AAP efforts helped to bring about legislative changes that lowered the lead content of paint and regulated the manufacture of highly flammable clothing.

Pediatricians were leaders in establishing poison control centers nationwide. In 1953, Edward Press, M.D., M.P.H., FAAP, and pharmacist Louis Gdalan started the first formal poison control center in Chicago, which was followed by a second center spearheaded by injury prevention committee member Jay Arena, M.D., FAAP, at Duke University. Dr. Arena, an early proponent of the childproof safety cap, was AAP president in 1971-’72. Soon, there were more than 200 poison control centers and, in 1958, the American Association of Poison Control Centers was established with pediatricians making up 75% of members.

Events of the ’50s

Key national and international events during this time included the Korean War, the Cold War and the beginnings of the civil rights movement. There was a strong economy, new technologies and an increase in construction of highways and schools, as well as in military spending.

The cost of health care was looming as an issue, and the topic of health insurance was being debated.

A major milestone was introduction of the polio vaccine. The Academy helped to promote polio immunization, collaborating with the National Foundation for Infantile Paralysis, which became the March of Dimes. Large-scale use of the vaccine began by 1955. Paralytic polio cases dropped from 35,000 in the late-’40s to 161 in 1961.

New directions

By the middle of the decade, the AAP—marking its first 25 years—outgrew its rented office space. In 1955, the Academy built its first headquarters building, a colonial-style structure near Lake Michigan and Northwestern University in Evanston, Ill. The

building dedication (see video at <https://youtu.be/tTTxCc9xIOE>) united AAP leaders from every state, Canada, Puerto Rico and Latin America.

A new executive secretary, Einor H. (“Chris”) Christopherson, M.D., FAAP, succeeded the retiring Clifford G. Grulee, M.D., FAAP. At a board meeting in fall 1955, Dr. Christopherson proudly declared that the new headquarters “has been built and paid for without asking the members for donations, or levying assessments, which during a period of inflation is quite remarkable.”

Membership climbed from 2,796 in 1950 to 6,290 by 1959. The AAP restructured positions, and new committees addressed nutrition, adoptions, juvenile delinquency (later adolescent health), mentally and physically handicapped children, radiation hazards and child development.

A move toward greater democratization saw state chairmen and district chairs elected instead of appointed, and vice presidential candidates nominated by a nominating committee.

By 1956, 34 state chapters had been formed, reflecting steady growth. The AAP encouraged each chapter to become an independent entity and incorporate, if possible. State chairmen met during the annual meetings.

An Advisory Committee on Child Health was set up to report to the president and executive board, and a liaison committee helped select representatives to other organizations. The major function of the liaison committee, according to AAP President Paul W. Beaven, M.D., FAAP, was to “integrate our work with the universal goal of better health for all children.”

Among the new sections was a home for military pediatricians. The Section of Military Pediatrics (now Section on Uniformed Services) began in 1959 with 25 members and expanded over the years (<http://bit.ly/2Pd3nUR>). Oral histories

of several prominent military pediatricians (Thomas E. Cone Jr., M.D., FAAP; Andrew M. Margileth, M.D., FAAP; and Val G. Hemming, M.D., FAAP) are available in the AAP Gartner Pediatric History Center (<http://bit.ly/2RLJOBE>).

Overall, the AAP of the '50s was defining and claiming its areas of responsibility. In his oral history, Dr. Wheatley tied part of the AAP's growth to the "dedicated interest so many members have had in promoting child health and doing good for children over and above the demands of their daily practice."

"I think that's what sets the Academy apart from other medical organizations," he said.

Other developments

- ▶ The Della Robbia seal became the official AAP insignia (<http://bit.ly/2V3rlFM>).
- ▶ The AAP published its 1958 manual, *Resuscitation of the Newborn Infant*.
- ▶ Significant improvements were made in the quantity and quality of pediatric education, tied to the prior decade's Child Health Study.
- ▶ J. Roswell Gallagher, M.D., FAAP, created the first U.S. clinic for adolescents, helping to define their care (<http://bit.ly/3a4TfFs>).

- ▶ The Midcentury White House Conference on Children and Youth (1950) focused on how to develop qualities in children deemed essential to happiness and good citizenship. The delegates included 400 youths for the first time and composed a supportive Pledge to Children.
- ▶ Domestic and foreign adoptions grew, but uniform state laws were lacking.

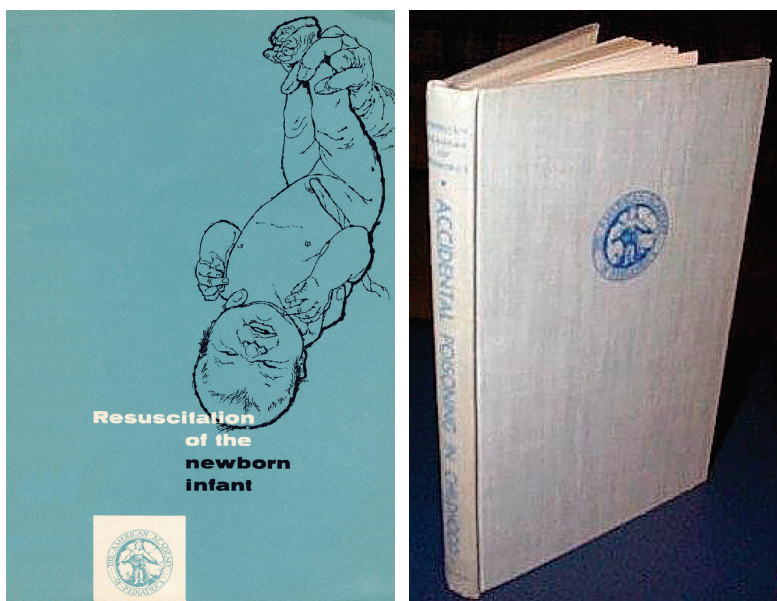
Medical advancements, discoveries in the 1950s

- ▶ Apgar score as method of evaluation of newborns
- ▶ New heart surgery techniques
- ▶ Many new drugs approved by the Food and Drug Administration, including penicillin V potassium, erythromycin and isoniazid
- ▶ Lack of surfactant identified as the cause of infants dying from hyaline membrane disease
- ▶ Phototherapy to prevent hyperbilirubinemia

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.

“...it is time we turn our attention to this formidable enemy of child health. As physicians we should adopt a more critical attitude toward the cause of accidents. We should approach accidents with the same inquiring mind that we bring to the study of disease.”

— George Wheatley. Editorial: Child Accident Prevention: A Challenge to the Pediatrician. *Pediatrics* 1948; 2:67.



Among publications in this decade, the AAP released an influential manual on infant resuscitation in 1958 (left) and a reference on childhood poisonings in 1956. Pediatricians were leaders in establishing poison control centers nationwide and raising awareness of the problem of poisonings from common household products.

The 1960s

12

Tumultuous decade of the 1960s ushers in Head Start, medical achievements

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the fifth of a series of articles on the AAP's 90th anniversary published by AAP News, (May, 2020).

The 1960s was the tumultuous decade of the Vietnam War, Civil Rights, demonstrations and the counterculture, along with a growing middle class. The assassinations of President John F. Kennedy, Dr. Martin Luther King Jr. and Sen. Robert F. Kennedy rattled the nation. News reports chronicled the first manned space flight and a moon landing.

The AAP turned 30 in 1960 and had 10,857 members by the end of the decade—a growth rate of 60%.

Medicine and health care saw many advancements, including new vaccines to fight measles, rubella and mumps. Louis Gluck, M.D., FAAP, a pioneering neonatologist (oral history, <https://bit.ly/3i0Dm6C>), designed the first American neonatal intensive care unit. There was an explosion of medical subspecialists but concerns over health care costs and a shortage of pediatricians given the Baby Boom following WWII.

AAP Executive Director E.H. Christopherson, M.D., FAAP, called for a “substantial and immediate increase” in pediatricians to care for the health needs of the growing child population.

Medicine remained a mostly white male profession. In 1961, about 12,000 physicians in the U.S. practiced as pediatricians; approximately half were board certified. At this time, 15% of the pediatricians were women, and only about 2% of all pediatricians were reported as “nonwhite.”

Social programs

Despite technological and economic progress, poverty—and its attendant problems—existed within an affluent society. The government launched programs to help the poor, including Medicaid and Medicare.

Project Head Start began in 1965. This comprehensive early education program for disadvantaged children was an outgrowth of President Lyndon B. Johnson's War on Poverty. He spoke of building a Great Society: “... where no child will go unfed and no youngster will go unschooled.”

Since its debut, countless pediatricians have been involved with Head Start, which has served more than 30 million children over the past 55 years.

Head Start was created without the AAP, however. This annoyed AAP leaders, and they formed a committee to investigate how to get involved.

Julius B. Richmond, M.D., FAAP (oral history, <https://bit.ly/3c0DQHx>), an authority on the development of children in poverty, was appointed the first Head Start director (1965-'68). A letter from Dr. Richmond requesting the AAP's assistance paved the way for collaboration. The original contract with Head Start ended in the '70s, followed by a decades-long gap. Today, the AAP operates Head Start's National Center on Early Childhood Health and Wellness (<https://bit.ly/2UOVsA2>), providing training and technical assistance.

Dr. Richmond went on to serve as U.S. surgeon general (1977-'81) and highlighted the dangers of tobacco, a legacy that endures with the AAP Julius B. Richmond Center of Excellence (<https://bit.ly/AAPrichmondcenter>).

In a 1967 speech delivered at an AAP meeting in his absence due to illness, Dr. Richmond called on pediatricians to “pay attention to the early environment of the child....”



In the 1960s, AAP leaders started more than 20 committees, including what is now the Committee on Native American Child Health. Seven new sections also were created. There were 10,857 members by 1969.

The biggest problems at that time, Dr. Richmond noted, were challenges from poverty, chronic and handicapping conditions, emotional disturbance and accidents.

Robert E. Cooke, M.D., FAAP, a pediatrician at Johns Hopkins University, also was an influential architect of Head Start (oral history, <https://bit.ly/3cq3Mnw>), who led a steering committee and recruited experts to develop the pilot program.

AAP further defines its role

The AAP responded to various practice concerns with a Council on Pediatric Practice, made up of representatives of various committees. In 1967, the council came out with *Standards of Child Health Care*—a precursor of Bright Futures and the Periodicity Schedule—and which first referenced the need for a medical home. That year, the council also issued *Health Insurance Guidelines for Infants and Children*.

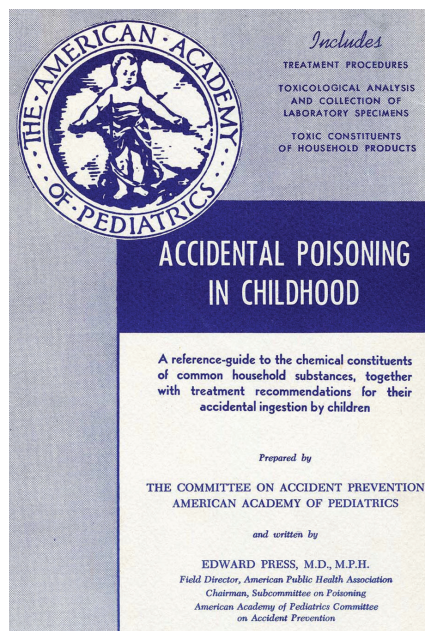
New committees at this time included the Committee on Indian Health (later, Committee on Native American Health) and a Committee on International Child Health. The AAP also held its first meeting with the National Medical Association.

Another highlight was a landmark publication (1962) by C. Henry Kempe, M.D., FAAP, who is credited with coining the term “battered child.” The following year, the AAP released a statement on the maltreatment of children. The Children’s Bureau suggested language for state laws to require physicians and hospitals to report child abuse; all states passed these laws by the end of 1967.

At the end of the ’60s, the AAP took over publishing *Pediatrics* and purchased the building next door to the central office.

Accident prevention work continues

The Committee on Accident Prevention set up a clearinghouse for reports of unusual accidents and monitored problems.



Policy statements in the ’60s warned about the hazards of tobacco; the importance of milk sterilization; the need for safety in school buses; the importance of seatbelts and driver education; and diagnosis of lead poisoning. An accidents column in the *AAP News Letter* (forerunner to *AAP News*) revealed cases of suffocation of infants wedged between mattresses and bumper guards, strangulation



Children take part in a Head Start class in 1965; the anti-poverty program aims to address needs of the whole child in the community.

due to dangling cords from blinds and telephones, and injuries from toy boxes.

In 1960, the Federal Hazardous Substances Labeling Act was passed. In addition, the prescription warning label: “Keep all medication out of the reach of children” was a recommendation of the poison subcommittee of the Committee on Accident Prevention. AAP members were reminded to ensure that this label appeared on all medications they prescribed.

It was another example of pediatricians making progress on the founding goals of the AAP to address, in the words of former President Paul W. Beaven, M.D., FAAP: “...all aspects of the work for the welfare of children.”

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.



The 1970s

14

In the 1970s, AAP reaffirms mission, doubles membership, opens D.C. office

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the sixth of a series of articles on the AAP's 90th anniversary published by AAP News, (June, 2020).

The 1970s continued the previous decade's trend of tumultuous events, along with a rise in technological and medical advancements.

There were environmental, gay and women's rights movements; Watergate; the Vietnam War; an oil crisis; high unemployment and urban poverty. Key medical firsts included the introduction of computerized axial tomography scans, magnetic resonance imaging, noninvasive fetal heart monitoring and antiviral drugs. The first baby was born from in-vitro fertilization.

The AAP opened an office in Washington, D.C., in 1970, paving the way to increase the Academy's influence on policy issues from child care to nutrition to health financing. When the Lead-Based Paint Poisoning Prevention Act passed in 1971, it marked a singular success by pediatricians.

A coordinated Speak Up for Children! campaign drew attention to accident prevention, nutrition, immunization and health education. The Academy substantially expanded public education, collaborating with organizations like Action for Children's Television to produce guidance on television screen time.

In a campaign sponsored by the Centers for Disease Control and Prevention, the AAP and others launched Immunization Action Month in 1973 to highlight inadequate immunization levels among preschool children (<https://bit.ly/2LfPm6x>).

Psychosocial issues

In a 1974 address, AAP President James Gillespie, M.D., FAAP, reminded pediatricians of their "broadened responsibilities."

"Many of today's patient problems stem from social misfortune—poverty, malnutrition, poor environment and lack of education—each of which affects the quality of life," Dr. Gillespie said. "A brighter day for children is a national responsibility. Consequently, every aspect of society which

bears on child health, be it medical, social or emotional, falls within the scope of Academy concern."

A few years later, AAP President David Van Gelder, M.D., FAAP, stated: "I believe we must be proactive rather than reactive ... I am proud that the Academy is perhaps the one organization in medicine that has most consistently adopted this attitude." He told pediatricians that they work not for themselves but for the future: "Our civilization is going to be in the hands of the children we care for."

Pediatrics must expand to treat psychosocial conditions, said Robert J. Haggerty, M.D., FAAP, referencing "the new morbidities" (<https://bit.ly/3c6TwsV>; <https://bit.ly/3fwcZ8M>). He was the founding editor and longtime editor-in-chief of *Pediatrics In Review*, which began in 1979 (<https://bit.ly/2L4NNrS>).

The 1970s also marked the first time the Academy published a stand-alone Periodicity Schedule for well-child visits.



Colorful promotional items in the archives of the AAP Gartner Pediatric History Center include Speak Up for Children! pins from a multifaceted child health advocacy campaign in 1978.

Continuing education, improvement

The debut of the Pediatrics Review and Education Program (PREP) coordinated continuing education and self-evaluation, along with *Pediatrics in Review* (<https://pedsinreview.aappublications.org/pir40>).

In 1976, a Task Force on Pediatric Education with representatives from 10 organizations studied whether residents and others were properly trained. It produced “The Future of Pediatric Education,” the first of two reports on educational strategies to prepare pediatricians to meet patients’ needs. Reimbursement formulas, the task force noted, needed to provide adequate payment for ambulatory care.

Another report, “Lengthening Shadows: A Report of the Council on Pediatric Practice of the American Academy of Pediatrics on the Delivery of Health Care to Children,” called for increased appropriations for maternal and child health, disease control, migrant and Indian health services and environmental hazards. The physician shortage also was a concern.

More subspecialists came on the scene, as well. New AAP sections reflected growth in neonatal-perinatal medicine, nephrology, hematology-oncology, orthopedics, neurology, radiology and otolaryngology-head and neck surgery.

Other achievements

As accident prevention efforts continued, Robert S. Sanders, M.D., FAAP, and the AAP Tennessee Chapter got the first state child automotive restraint law passed in 1977 (<https://bit.ly/3dr8N89>), and by 1985, all states had a mandatory child restraint law.

Other accomplishments included statements on breastfeeding, adoption, learning disabilities and mental retardation. To improve perinatal and maternal outcomes, the AAP—in collaboration with others—recommended the regionalization of perinatal health services. L. Joseph Butterfield, M.D., FAAP, was one of the neonatologists involved (<https://bit.ly/2A2OijX>).

The journal *Pediatrics* appointed a new editor-in-chief: Jerold F. Lucey, M.D., FAAP, who held the title from 1974 until 2008 (<https://bit.ly/LuceyHistory>).

Women in pediatrics

Medical schools saw a 60% increase in enrollment from 1970-’80, and for the first time, women made inroads. The percent of females entering medical school went from 11% in 1970 to 29% by 1980.

Entering medical school in 1973, Modena H. Wilson, M.D., M.P.H., FAAP, was part of the 10% of women in her class. When Dr. Wilson was applying for medical school, an interviewer asked her why he should let a woman into the program. “You’ll just take the place of a man who would actually practice,” he told her.

“I was not surprised by that, but I was surprised he would say it,” recalled Dr. Wilson. She told the interviewer she had always wanted to become a physician and had every intention of doing so.

Dr. Wilson went on to chair the Women and Medicine Advisory Group of the federal Council on Graduate Medical Education in the 1990s and was presented the Jacobi Award by the AAP and the American Medical Association (AMA) in 2019. The former AAP director of Committees and Sections now is health and science officer emerita for the AMA.

In other AAP developments:

- ▶ Membership grew from 11,960 in 1970 to 21,484 in 1979.
- ▶ The AAP held its first election for vice president in 1978.
- ▶ The definition of pediatrics was revised to include up to age 21 years.
- ▶ The Chapter Chairmen’s Forum (now Annual Leadership Forum) held its first separate meeting in 1979.
- ▶ The AAP began its 50th anniversary planning.

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.

“We can accomplish our goals, and we must. Our civilization is going to be in the hands of the children we care for. In this sense, we really work not for ourselves, but for the future. We have a great deal to say about the quality of life on a still-shrinking globe. We should speak with a voice that reaffirms our commitment to a better future for children everywhere.”

—David W. Van Gelder, Presidential Address, 1977: Pediatrics: Changes and Opportunities.
Pediatrics 1978; 61:732

The 1980s

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1980s: AAP built new headquarters, helped ensure future vaccine supply

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the seventh of a series of articles on the AAP's 90th anniversary published by AAP News, (July, 2020).

In the 1980s, the Academy built a new headquarters, continued progress on childhood injury prevention, addressed vaccine issues, took on pediatric AIDS, introduced Neonatal Resuscitation Program (NRP) training and launched *AAP News*. Access to health care for all children became an advocacy priority. Membership climbed from 21,575 in 1980 to 37,307 in 1989.

Federal, state advocacy

Soon after President Ronald Reagan was in office, the Omnibus Reconciliation Act (OBRA) of 1981 was passed with major cuts to domestic discretionary programs. The General Accounting Office estimated OBRA decreased the national monthly caseload of those receiving Aid to Families with Dependent Children (AFDC) by 442,000. As a result, children lost Medicaid coverage that had been provided automatically when their families received AFDC.

These changes drew attention to the large numbers of uninsured children as well as notable disparities across states in Medicaid eligibility, benefits and ease of enrollment for eligible children. Across the decade, AAP leaders, through the Washington office and chapters, worked to address enrollment barriers and reimbursement levels for pediatric care. They took a renewed interest in promoting and financing preventive care for all children, releasing policies on principles of health insurance for children and a minimum benefits package for Medicaid.

The first AAP Legislative Conference was held in 1988, bringing members to the nation's capital to hear prominent speakers, sharpen advocacy skills and meet their congressional representatives.

Saving vaccines

In the aftermath of a sensationalized TV report in 1982, "DPT: Vaccine Roulette," rising concern about adequacy of the future vaccine supply prompted the AAP to press for what became the National Childhood Vaccine Injury Act of 1986. Lawsuits threatened to cause the system to collapse. The legislation provided for a no-fault alternative to the traditional tort system, with compensation to individuals found to be injured by certain vaccines. The Vaccine Injury Compensation Program began in 1988.

James E. Strain, M.D., FAAP, had just started as AAP executive director when AAP President Martin H. Smith, M.D., FAAP, was at work on the vaccine program, recalled Dr. Strain in his oral history (<http://bit.ly/37eph03>). Dr. Strain, who died earlier this year, was AAP president in 1982-'83.

Addressing pediatric AIDS

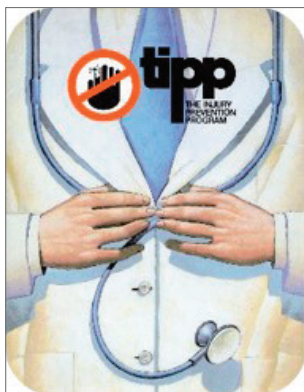
In the early 1980s, a new life-threatening epidemic, acquired immunodeficiency syndrome (AIDS), emerged among infants and children. The Academy took a leading role beginning with a task force on pediatric AIDS in 1987. A year later, the AAP came out with policy statements on perinatal HIV infection and guidelines for infection control of HIV in hospitals, medical offices, schools and other settings. The task force became the Committee on Pediatric AIDS.

Mexico border health

AAP concern about migrant children prompted a 1983 conference. Children living in the states bordering Mexico had increased health issues, and mothers' prenatal care was lacking. To help families frequently moving for agricultural work, the Academy published a migrant health directory to refer them to physicians and clinics in the next community the families would visit.

Injury prevention

Highlights of successes included First Ride, Safe Ride, a program promoting that newborns ride home from the hospital in an appropriate safety seat. The Academy also launched The Injury Prevention Program (TIPP): “One TIPP from your pediatrician can help save your child’s life.” Safety sheets were furnished for anticipatory guidance in practice.



Other injury prevention advocacy addressed gun violence prevention, bike helmets, ATVs and youth suicide.

New headquarters

Continued AAP growth led to a new headquarters in Elk Grove Village, Ill. The fundraising campaign met its \$8.8 million goal, with \$5.3 million contributed by members. At the 1983 groundbreaking, Richard M. Narkewicz, M.D., FAAP—who later became AAP president—was “dunked” in the pond behind the building, and some employees began calling it Lake Narkewicz. Staff moved into the building in 1984.

Demographics in medicine

More women entered medical school and represented 39% of first-year students by 1990, up from 29% in 1980. By 1990, 54% of pediatric residents were women.

The proportion of all residents who were underrepresented minorities remained unchanged over the decade, as only 5% of residents were black and 6% Hispanic.

Other highlights

The AAP also accomplished the following:

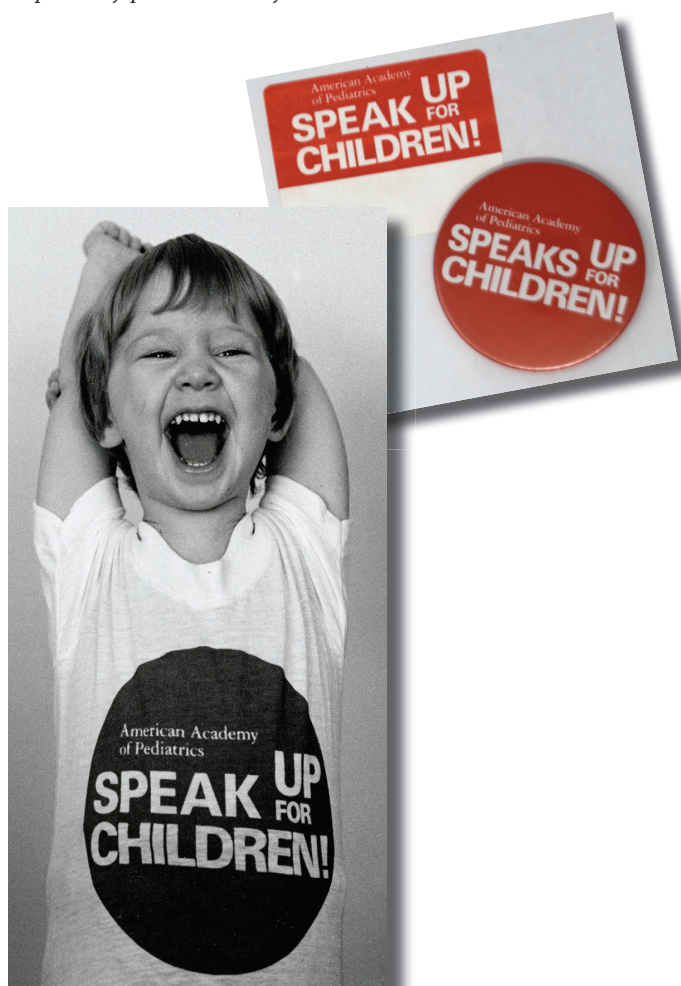
- ▶ Established East and West chapters of the Section on Uniformed Services.

- ▶ Released An Agenda for America’s Children for the AAP’s 50th anniversary in 1980.
- ▶ Started the Friends of Children charitable fund.
- ▶ Established the Pediatric Research in Office Settings program.



- ▶ Conducted the first Periodic Survey of pediatricians.
- ▶ Became involved in the Baby Doe case, related to the care of newborns with disabilities.
- ▶ Held the first NRP national faculty training seminar.

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.



“Whatever others may say, we know that the case for adequate financing of good child health care is compelling. After all, our country’s children are our country’s future. We pediatricians believe we are serving them well, but also that we will be able to serve them even better in a New Age for Pediatrics.”

—(Austin, Glenn. A New Age for Pediatrics: Change, Challenge, and Cost (President’s Message). *Pediatrics* 1982;70(4):643-5)

The 1990s

In the 1990s, the AAP pushed access to care, helped slash SIDS rates

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the eighth of a series of articles on the AAP's 90th anniversary published by AAP News, (August, 2020).

Events of the 1990s illustrate how the Academy, its chapters and others played a role in responding to a changing profession as they tackled issues such as access to care and new concerns in child health and health care financing.

Experts say the right people came together in a fast-changing environment.

"A lot of changes occurred at the right time. It all kind of got tied together, and the AAP was right at the front end," recalled Errol R. Alden, M.D., FAAP, former AAP CEO/executive director.

Access to care, medical home

In 1990, about 15% of children had no health insurance. The AAP launched a multipronged effort to address the problem, releasing *Children First*, a plan for comprehensive insurance coverage of children and pregnant women as well as fair payment for pediatricians; this marked what may have been the Academy's first legislative proposal. A year later, Rep. Robert Matsui (D-Calif.) introduced a bill based on the AAP proposal. The AAP followed with the *Children: Our Future* public education campaign on the need for comprehensive care.

Although the health coverage measure failed, it raised awareness of the Academy's No. 1 priority. The Matsui bill "started a conversation" on the concept of insuring all children, said Judy Dolins, former AAP chief implementation officer and senior vice president, Community and Chapter Affairs and Quality Improvement. "... the nation wasn't ready for it yet," she said, "but the Academy was already pushing that forward."

Medicaid expansions also were increasing at this time. In the mid-'90s, the Academy helped chapters advocate for Medicaid through the Help Us Grow campaign.

A major achievement was what now is the Children's Health Insurance Program (CHIP). Federal matching funds were given to states to provide health coverage to children in families with incomes too high for Medicaid but who couldn't afford private coverage. The Academy advised chapters and worked with the American Medical Association to educate state medical societies about CHIP.

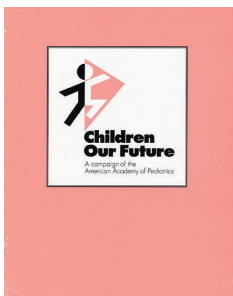
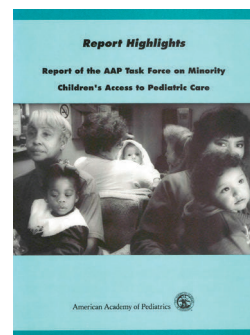
The AAP also created the Task Force on Minority Children's Access to Pediatric Care chaired by Robert L. Johnson, M.D.,

FAAP. It issued 66 recommendations to address access and quality of care for minority children and minority representation within pediatricians' ranks (<https://bit.ly/2Z3IFfu>).

In his 1996 presidential address, Maurice E. Keenan, M.D., FAAP, commented on minority access and other issues, noting, "As president, my eyes have been opened to how much the Academy has done and all that still needs to be done."

The Vaccines for Children (VFC) program paved the way for low-income children's no-cost access to vaccines—and in a pediatrician's office (<https://bit.ly/3gAuIv9>). An AAP Periodic Survey had found that about half of pediatricians were referring some patient families out of their office to obtain vaccines mostly because of inability to pay.

Immunizations were a key part of well visits and preventive care—integral to the medical home and pediatricians' role as primary care providers.



SIDS declines

In 1992, the Academy and its partners—including the National Institute of Child Health and Human Development—recommended that infants be placed to sleep on their backs.



By 2000, deaths from sudden infant death syndrome (SIDS) dropped by more than half. John Kattwinkel, M.D., FAAP, who chaired the Task Force on Infant Sleep Position, was instrumental in leading the Back to Sleep campaign that saved thousands of lives.

“It’s the most rewarding thing that’s happened to me in my career,” said Dr. Kattwinkel, the Charles Fuller Professor of Neonatology and professor of research at University of Virginia.

Rising health, safety concerns

During the ’90s, more patient visits were due to behavioral and mental health issues, including attention-deficit/hyperactivity disorder. This made it harder for pediatricians to get paid—and helped inform the Future of Pediatric Education II report. The report recommended 34 “innovations” to prepare residents to adapt to the evolving health needs of children (<https://bit.ly/2VPmyr9>).

The AAP issued two policy statements in the ’90s on firearm safety, as youth firearm deaths peaked to historic highs. One policy defined adults’ responsibility for protecting children from guns; the other urged pediatricians to institute office-based counseling. The Steps to Prevent Firearm Injury joint campaign with the Center to Prevent Handgun Violence provided resources, and the AAP launched a Task Force on Violence.

Global growth, development

The decade saw growth in global outreach in policy, publications and education. As the AAP affirmed it stood for all children, the Neonatal Resuscitation Program expanded overseas. More international pediatricians and groups traveled to AAP annual meetings. Some journals, books and periodicals had new foreign translations and revealed the Academy as the leading source of information on child health.

Other highlights

The AAP also achieved the following:

- ▶ Debuted aap.org
- ▶ Released the first *Caring for Your Baby and Young Child: Birth through Age 5* (now in its seventh edition) and companion books
- ▶ Initiated the Community Access to Child Health (CATCH) program
- ▶ Addressed regulatory burdens from the Clinical Laboratory Improvement Amendments program and others
- ▶ Elected its first female president, Antoinette P. Eaton, M.D., FAAP (oral history, <https://bit.ly/38DUSuw>)
- ▶ Started the Pediatric History Center
- ▶ Advocated against TV violence
- ▶ Opposed free formula samples for mothers of newborns
- ▶ Supported chapter executive directors
- ▶ Issued statements on otitis media, brain development and tobacco prevention
- ▶ Released a commemorative *Pediatrics* supplement for its 50th anniversary (<http://bit.ly/2RPkJbs>)
- ▶ Introduced an office-based quality improvement program
- ▶ Watched former AAP members Antonia C. Novello, M.D., and M. Joycelyn Elders, M.D., (oral history, <https://bit.ly/3gwYPni>) rise to the position of U.S. surgeon general
- ▶ Saw membership grow from 39,777 in 1990 to 55,952 by 1999

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.



“Truly, the time has come for a ‘new American order. One which places children at the forefront of the U.S. domestic agenda.’”

—Antoinette Parisi Eaton, first woman president of AAP,
Presidential Address, *AAP News*, December 1991

The 2000s

20

AAP focused on health coverage, disaster readiness, obesity in early 2000s

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the ninth of a series of articles on the AAP's 90th anniversary published by AAP News, (September, 2020).

The 2010 signing of the Affordable Care Act (ACA) was momentous for the Academy after decades advocating for universal health insurance coverage. In the years leading to this, the Academy pushed for better access to care and coverage, while focusing on disaster preparedness, childhood obesity prevention, pediatric drug and device availability, and promotion of the medical home.

The backdrop was a series of catastrophic national events, including the 9-11 attacks, Iraq War, Hurricane Katrina and the housing bubble/stock market crash and recession.

As the decade began, the AAP marked its 70th anniversary with a tagline to its logo: *Dedicated to the Health of All Children*.

Access to health care, medical home

In 2000, 12% of children—9 million—were uninsured. While the AAP's health insurance proposal, MediKids, did not come to pass, advocacy on insurance was a priority throughout the decade. In mental health care, for example, the rate of children's psychosocial problems identified in primary care more than doubled from the previous 20 years, while many insurance plans reduced coverage for mental health services.

In 2004, the Academy launched a major effort: "I care for kids and I vote" to push health insurance for every child to the top of the national agenda.

In 2007, the AAP worked on reauthorization of the State Children's Health Insurance Program that had been vetoed the previous year. In 2009, the program was reauthorized and the name changed to the Children's Health Insurance Program.

When the ACA became law, AAP leaders championed certain elements with major benefits for many children (<https://bit.ly/39X0zUZ>).



In 2004, the AAP dedicated the sculpture "Together" to outgoing AAP Executive Director/CEO (1993-'04) Joe M. Sanders Jr., M.D., FAAP (left), who was succeeded by Errol R. Alden, M.D., FAAP (right), 2004-'15.

The AAP continued to emphasize children's need for a medical home for family-centered care coordination. The AAP was designated the National Center of Medical Home Initiatives for Children With Special Needs.

Needs of children in disasters

Hurricane Katrina in 2005, the H1N1 pandemic in 2009 and the aftermath of 9-11 highlighted the need for disaster readiness for children and pediatricians. Over time, the AAP formed task forces and teams, reaching out to national and governmental organizations to share guidance and tools to address the needs of children in disasters. After Katrina, for example, it became clear the unique needs of children were not understood or addressed, with children and parents separated in rescues, and shelters lacking formula and diapers.

Fan Tait, M.D., FAAP, AAP chief medical officer and senior vice president, recalls helping to lead the response to Katrina, among other disasters. A group from the AAP

met with chapter leaders in the affected states and viewed the damage.

“It was so humbling. We toured around, and I had never seen anything like that in my life—and never want to see it again,” Dr. Tait said. She credits the persistence of individuals like Gary Q. Peck, M.D., FAAP, an AAP board member at the time, who advocated for a formal response. Dr. Peck, with a practice in New Orleans, also was a state public health official.

“It was a unique opportunity,” recalled Dr. Peck, the first chair of the AAP Disaster Preparedness Advisory Committee (DPAC). Now the Council on Children and Disasters, DPAC worked with the AAP Washington office, members, chapters and agencies to get systems in place to prioritize children’s needs. The efforts, he said, “ended up in saving many children’s lives because of lessons learned from Katrina and the policies that have followed locally and nationally.

“I look back and observe what the Academy’s doing (now) and I think, hmm, I had a little bit to do with that—one of my prouder moments.” Steven E. Krug, M.D., FAAP, has been involved since DPAC was created and heads the council. Due to the AAP’s efforts, federal agencies now approach the Academy—instead of the other way around—when questions arise regarding children and disasters.

“Just think how that’s made a difference in the lives of children and families, every day,” Dr. Tait said.

Childhood obesity concerns rise

In 2001, one in six children had obesity, a rate triple that in 1980. Chapter Forum participants ranked addressing obesity as one of the Top 10 priorities for several years, and it was No. 1 in 2003. The AAP created a task force, a leadership workgroup and the Section on Obesity as well as resources for pediatricians and families (<https://bit.ly/30DULN3>).

Past President and obesity expert Sandra G. Hassink, M.D., M.S., FAAP, drove the effort and continues to do so as medical director of the AAP Institute for Healthy Childhood Weight.

Range of advocacy successes

The AAP was involved in bills addressing newborn screening, child nutrition, stockpile needs for children, disparities faced by Native American children, the dangers of ATVs, testing of drugs for children and pediatric devices.

The Pediatric Rule (1998), which required pharmaceutical companies to test new drugs and biologics in children—not just in adults—had been dismissed in 2002 but was re-established in 2003 as part of the Pediatric Research Equity Act. The AAP pursued both legal and legislative action to save the Pediatric Rule.

The AAP also helped in the 2007 passage of the Pediatric Medical Device Safety and Improvement Act to incentivize more manufacturers to develop pediatric devices under the Humanitarian Device Exemption (<https://bit.ly/2DtD5La>).

Other accomplishments

In 2004, the first Annual Leadership Forum was held, bringing together chapter officers from 50 states; committee and section chairs; and national and chapter staff.

The AAP introduced resources such as PediaLink, Education in Quality Improvement for Pediatric Practice, PedJobs, Child Health Informatics Center and an electronic medical record review tool. The AAP also secured changes in health insurance carrier practices to help pediatricians, as reimbursement was a major theme.

Key policy or other statements addressed attention-deficit/hyperactivity disorder, bronchiolitis, firearm injuries, autism, adoption by gay parents, vitamin D, hyperbilirubinemia, developmental screening and HIV testing of pregnant women.

An Institute of Medicine report found no link between thimerosal-containing vaccines and autism.

The AAP also achieved the following:

- ▶ Marked the 75th anniversary in 2005 with the book *Dedicated to the Health of All Children*.
- ▶ Launched the [HealthyChildren.org](https://www.healthychildren.org) website.
- ▶ Published the *Red Book* in five formats.
- ▶ Recommended vaccination against HPV infection.
- ▶ Elected the first Black president, Renée R. Jenkins, M.D., FAAP (2007-'08).
- ▶ Debuted the Julius B. Richmond Center of Excellence.
- ▶ Established the Tomorrow’s Children endowment.
- ▶ Participated in the first joint meeting with the Pediatric Academic Societies.
- ▶ Published a tribute to the Section on Uniformed Services, <https://bit.ly/2XxNTyN>.
- ▶ Dedicated a sculpture to outgoing AAP Executive Director Joe M. Sanders Jr., M.D., FAAP.
- ▶ Saw major progress with use of rotavirus vaccine and surfactant in newborns.
- ▶ Saw membership grow from 55,806 in 2000 to 61,731 in 2009.

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.

The 2010s

22

Laying the groundwork for the future, AAP tackles challenges of 2010-'20

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: This is the tenth of a series of articles on the AAP's 90th anniversary published by AAP News, (October, 2020).

In the last decade leading up to its 100th anniversary, the AAP faced new and old challenges as it marked milestones.

The Affordable Care Act (ACA), a central priority, significantly boosted health coverage for children, although its future remained in peril. Bright Futures guidelines were the benchmark for preventive care in the ACA. The Children's Health Insurance Program was reauthorized in 2015, after lapsing for months; funding expired again in 2017 but was extended in 2018 through 2023. Medicaid expansion in some states also helped bring more health services to underserved children.

A new Headquarters of the Future in Itasca, Ill., took shape, and AAP staff moved into the facility (<https://bit.ly/3hQL9or>), which was designed to enable growth, foster innovation and better serve the Academy for years to come. Helping to shepherd development of the new home for pediatrics was then-CEO/Executive Vice President Karen Remley, M.D., M.B.A., M.P.H., FAAP.

Crises spur AAP efforts

A host of events tested the country: terrorist attacks, school shootings, the COVID-19 pandemic and measles outbreaks, separation and detention of immigrant children, racial strife and a divided nation. Hurricanes, floods and wildfires flared in certain regions.

As it has since its 1930 founding, the AAP responded with advocacy and resources.

Policy statements and reports addressed toxic stress, gun violence, e-cigarettes/vaping, opioids, media use, abusive head trauma, drowning and inequities. Guidance was issued regularly on aspects of COVID-19.

The AAP launched or improved the following: a child health data registry, revamped Neonatal Resuscitation Program, a Family Partnerships Network, member access to the latest news and research via Gateway, digital transformation, interactive Periodicity Schedule, AAP Mentorship program, *HealthyChildren.org en Español*, virtual meetings, pediatrician



wellness efforts, the Institute for Healthy Childhood Weight and new AAP books, educational programs and other products and services.

The Academy received a grant to operate the Head Start National Center on Health, which provides training and technical assistance to help some of the nation's neediest children.

Advocacy and legislative efforts

When the National Institutes of Health finally took steps to require inclusion of children in research via the 21st Century Cures Act, it marked the culmination of decades of AAP advocacy. Among other successes, the AAP led efforts to improve payment to pediatricians, counsel about firearms, promote gun violence prevention research, implement policies to cut e-cigarette use, improve funding to strengthen the pediatric workforce, and gain emergency funding to support practices during the pandemic. It successfully pushed for a recall of deadly infant inclined sleepers.

The AAP spoke out against family separation and detention of immigrant children at the border.

In 2018-'19, AAP leaders, including President Colleen A. Kraft, M.D., M.B.A., FAAP, spoke out extensively and made several visits to see detained children and families at the border. A 2017 policy statement drew attention to the care needed for children in immigrant families.

Dr. Kraft also testified before Congress, as did current President Sara “Sally” H. Goza, M.D., FAAP. “We just have to keep focusing on what we know is right for children,” noted Dr. Goza at the time. “(The AAP) is for the health and well-being of all children. We can’t turn our back on this.”

The AAP continues to draw attention to the needs of vulnerable children and families.

“In the 90-year history of the AAP, advancing child health has often meant fighting for social justice,” said AAP CEO/ Executive Vice President Mark Del Monte, J.D., who in 2019 became the first nonphysician to hold the position.

In addition to national efforts, AAP chapters took stands against harmful policies impacting their states, such as vaccine exemptions, lack of children’s access to Medicaid services and discrimination against transgender children and adolescents.

Policy themes

Many policy statements and reports carried overlapping guidance on how to better identify and help children overcome disparities related to poverty, separation, food insecurity, housing instability, exposure to toxins, violence and toxic stress.

Former AAP President Benard P. Dreyer, M.D., FAAP (2016), has long made poverty a priority of his work.

“Almost half of pediatric patients are poor or in financial distress, and pediatricians should support the Academy’s mission statement for all children,” he reminded attendees of the 2016 AAP National Conference & Exhibition.

In that year, the AAP Blueprint for Children recommended what the next U.S. presidential administration needed to do to improve the lives of children and make it a national priority (<http://bit.ly/2dyjxT2>).



“Every child and adolescent needs access to the conditions that foster healthy and safe development,” the document stated.

An AAP Five-Year Strategic Plan (<https://bit.ly/3jAtZf3>) was issued in 2017 under Fernando Stein, M.D., FAAP, the first Latin American AAP president. Goal #1 reflects the core strengths of the Academy: advancing child health through policy, education and advocacy.

An equity agenda was established in 2019 under Kyle E. Yasuda, M.D., FAAP, the first Asian American AAP president, to promote diversity and inclusion in the organization and throughout child health. Later, task forces and other groups were established, an anti-racism policy was released and the AAP apologized for discriminating against the first two Black members, Drs. Roland Scott and Alonzo deGrate Smith. At the 2020 Annual Leadership Forum, leaders unanimously voted to hold a referendum to allow members to vote on including a broad-based anti-discrimination statement in AAP bylaws.

What is striking and inspiring is the constancy of the mission, Del Monte often says, as the AAP continues to advance child health through scientific and medical advances.

That commitment, AAP leaders insist, is fully aligned with what the founders envisioned 90 years ago.

Other AAP accomplishments

The AAP also achieved the following:

- ▶ Saw membership grow from 62,109 in 2010 to 69,677 in 2019, as new categories were added.
- ▶ Approved activities for Maintenance of Certification parts 2 and 4.
- ▶ Launched *Hospital Pediatrics* and the Pediatrics On Call podcast.
- ▶ Celebrated *Red Book*’s 75th anniversary.
- ▶ Released a new edition of *Bright Futures*.
- ▶ Partnered with then-first lady Michelle Obama’s Let’s Move initiative.
- ▶ Released a customizable emergency plan for managing allergy and anaphylaxis.
- ▶ Hosted a summit on gun injury prevention.
- ▶ Added three new elected positions to the board of directors.
- ▶ Advocated for completion of the 2020 Census.
- ▶ Saw the first pediatrician elected to Congress (Kimberly Schrier, M.D., FAAP).
- ▶ Encouraged a Get Out the Vote campaign to prioritize children’s interests in the 2020 election.

Visit the AAP Gartner Pediatric History Center at <https://bit.ly/pediatrichistorycenter>.

“Our children are important representatives of the future of our nation, and of the world... we protect and nurture them today and every day. It will be the voice of the American Academy of Pediatrics, and the soul of each and every pediatrician that will combine to continue the essential message—We are dedicated to the health of all children.”

—President Robert W. Block, Presidential Address, 2011-2012



Mark Del Monte, JD
CEO, Executive Vice President

The story of the Academy's founding is remarkable—born at a time of national crisis, but also an era that saw great advances in new medical and public health knowledge.

The pediatricians who created the Academy would have lived and practiced during the 1918 flu pandemic, an international crisis that devastated entire communities and killed 50 million people worldwide. Nearly half its victims were healthy young adults, and infants and toddlers were highly vulnerable. Tools to study infectious pathogens were still in their infancy.

All the while, World War I raged on. The vision for this new national organization came from the experience of our founders like Drs. Clifford Grulee and William Lucas who served with the Red Cross in Lyon, France. Dr. Grulee was Assistant Chief of the Children's Bureau of the American Red Cross and ran the hospital and home for refugee children.

As we see in the history described here, these were the times in which pediatrics came of age: an era struggling with pandemic disease, infant mortality, child labor, and widespread poverty, and into which our founders brought to the fore notions of public health and social determinants of health, of child adversity and the need to correlate all aspects of child welfare.

This progressive movement led to the 1930 White House Conference on Child Health and Protection, where pediatricians were leaders and partners. We see the foundations of pediatrics and the mission of the Academy in the remarkable Children's Charter emanating from this historic national summit.

The AAP was their answer: a new organization of pediatricians dedicated to the well-being of all children, rooted in science, education, and advocacy. This mission guided us through the Great Depression and Second World War, and as described here, on the frontlines of every child health challenge in the nine decades to follow.

Decades from now, when the Academy looks back, they will say that 2020 was one for the record books, a time like no other, but one the Academy was built for. As we look forward to our 100th Anniversary, we are inspired by this history and deeply committed to assuring the legacy lives on. Together, as always, we will lean into the evidence, put children's health and well-being first, and use our platform and expertise to make a difference.

Our mission endures and our work continues.



The Children's Charter

PRESIDENT HOOVER'S WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION
RECOGNIZING THE RIGHTS OF THE CHILD AS THE FIRST RIGHTS OF CITIZENSHIP
PLEDGES ITSELF TO THESE AIMS FOR THE CHILDREN OF AMERICA



FOR every child spiritual and moral training to help him to stand firm under the pressure of life

II For every child understanding and the guarding of his personality as his most precious right

III For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home

IV For every child full preparation for his birth, his mother receiving prenatal, natal, and postnatal care; and the establishment of such protective measures as will make child-bearing safer

V For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examination and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water

VI For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained

VII For every child a dwelling place safe, sanitary, and wholesome, with reasonable provisions for privacy, free from conditions which tend to thwart his development; and a home environment harmonious and enriching

VIII For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care

IX For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation; and makes provision for his cultural and social needs

X For every child an education which, through the discovery and development of his individual abilities, prepares him for life; and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction

XI For every child such teaching and training as will prepare him for successful parenthood, homemaking, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problems of parenthood

XII For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly

XIII For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met

XIV For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and the institution when needed, shaped to return him whenever possible to the normal stream of life

XV For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps

XVI For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy

XVII For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities

XVIII To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations

XIX To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county, or community organization for health, education, and welfare, with full-time officials, coordinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics, and scientific research. This should include:

- (a) Trained, full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers
- (b) Available hospital beds
- (c) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect, exploitation, or moral hazard

For EVERY child these rights, regardless of race, or color, or situation, wherever he may
live under the protection of the American flag

Articles of Incorporation

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Certificate Number 2105

S T A T E O F I L L I N O I S

OFFICE OF

THE SECRETARY OF STATE

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

WHEREAS, a CERTIFICATE, duly signed and acknowledged, has been filed in the Office of the Secretary of State, on the 10th day of July, A. D. 1930, for the organization of the

AMERICAN ACADEMY OF PEDIATRICS

under and in accordance with the provisions of "AN ACT CONCERNING CORPORATIONS" approved April 18, 1872, and in force July 1, 1872, and all acts amendatory thereof, a copy of which certificate is hereto attached;

NOW THEREFORE, I, WILLIAM J. STRATTON, Secretary of State of the State of Illinois, by virtue of the powers and duties vested in me by law, do hereby certify that the said AMERICAN ACADEMY OF PEDIATRICS is a legally organized Corporation under the laws of this State.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois. Done at the City of Springfield this 10th day of July, A. D. 1930, and of the Independence of the United States the one hundred and 55th.

(S E A L)

WILLIAM J. STRATTON

SECRETARY OF STATE.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC WELFARE
SPRINGFIELD

Rodney H. Brandon, Director
A. L. Bowen, Superintendent of Charities
Sidney D. Wilgus, M.D., Alienist
E. F. Throgmorton, Fiscal Supervisor

Mrs. Mary L. Silvis, Assistant Director
Frank D. Whipp, Superintendent of Prisons
Paul L. Schroeder, M.D., Criminologist
W. C. Jones, Chairman, Pardons and Parole

July 10, 1930

In re - AMERICAN ACADEMY OF PEDIATRICS

Hon. Wm. J. Stratton,
Secretary of State,
B u i l d i n g.

Dear Mr. Stratton:

This department has made investigation of the above application for charter and it is found that the work proposed does not come within our jurisdiction.

Certificate, in duplicate,
is returned herewith.

Very truly yours,

RODNEY H. BRANDON

MLS:J
Encl

Director.

THIS STATEMENT MUST BE FILED IN DUPLICATE

FEE \$10

STATE OF ILLINOIS,)
) ss.
 Cook County,)

P A I D
 JUL 10 1930
 I.F. \$10.00
 F.T.

To WILLIAM J. STRATTON, Secretary of State:

We, the undersigned Isaac A. Abt, C. Anderson Aldrich, Clifford G. Grulee, citizens of the United States, propose to form a corporation under an Act of the General Assembly of the State of Illinois, entitled, "An Act concerning Corporations," approved April 18, 1872, and all acts amendatory thereof; and for the purpose of such organization we hereby state as follows, to-wit:

1. The name of such corporation is AMERICAN ACADEMY OF PEDIATRICS.

2. The object for which it is formed is to foster and stimulate interest in pediatrics and correlate all aspects of work for the welfare of children which properly comes within the scope of pediatrics; to promote and maintain the highest possible standards for pediatric education in medical schools and hospitals, pediatric practice and research; to perpetuate the history and best traditions of pediatrics and ethics; to maintain the dignity and efficiency of pediatric practice in its relationship to public welfare; to promote publications and encourage contributions to medical and scientific literature pertaining to pediatrics; none of which objects is for pecuniary profit.

3. The management of the aforesaid American Academy of Pediatrics shall be vested in a board of seven Directors, to be known as the Executive Board.

4. The following persons are hereby selected as the Directors to control and manage said corporation for the first year of its corporate existence, viz:

NAME	ADDRESS			
	NUMBER	STREET	CITY	STATE
Isaac A. Abt	4810	Kenwood Avenue,	Chicago,	Ill.
C. Anderson Aldrich	1189	Oakley Avenue,	Winnetka,	Ill.
Clifford G. Grulee	1410	Asbury Avenue,	Evanston,	Ill.
Samuel McC. Hamill	1822	Spruce Street,	Philadelphia,	Pa.
William P. Lucas	2449	Pacific Avenue,	San Francisco,	Cal.
John L. Morse	169	Park Street,	Newton,	Mass.
Lawrence T. Royster		University,	Va.	

5. The location is in the city of Chicago in the county of Cook in the State of Illinois, and the postoffice address of its business office is at No. 310 S. Michigan Avenue in the said City of Chicago.

(SIGNED,

C. ANDERSON ALDRICH
 CLIFFORD G. GRULEE
 ISAAC A. ABT.

STATE OF ILLINOIS,)
) ss.
 Cook County,)

I, John Stone, a Notary Public in and for the County and State aforesaid, do hereby certify that on this 7th day of July, A. D. 1930, personally appeared before me Isaac A. Abt, C. Anderson Aldrich, and Clifford G. Grulee, to me personally known to be the same persons who executed the foregoing certificate, and severally acknowledged that they had executed the same for the purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.

(SEAL)

JOHN STONE

Notary Public.

F I L E D
 JUL 10 1930
 William J. Stratton
 Sec'y of State

State of Illinois)
 Cook. Co.) S.S. No. 10702876

1930-July 11-P.M.-355

and recorded in Book 636, Page 555

Recorder

Clayton Smith

Membership Invitation

30

AMERICAN ACADEMY OF PEDIATRICS

310 SOUTH MICHIGAN AVENUE

CHICAGO

OFFICERS

PRESIDENT, I. A. ABT, M. D.
CHICAGO, ILL.

VICE-PRESIDENT, J. L. MORSE, M. D.
(PRESIDENT ELECT)
BOSTON, MASS.

SECRETARY AND TREASURER,
CLIFFORD G. GRULEE, M. D.
310 SOUTH MICHIGAN AVENUE
CHICAGO, ILL.

EXECUTIVE BOARD

SAM. MCC. HAMILL, M. D.
PHILADELPHIA, PA.

L. T. ROYSTER, M. D.
UNIVERSITY, VIRGINIA

C. A. ALDRICH, M. D.
WINNETKA, ILL.

WILLIAM P. LUCAS, M. D.
SAN FRANCISCO, CAL.

July 25, 1930

Dr. Allan L. Richardson,
3001 W. Grand Boulevard,
Detroit, Michigan.

Dear Doctor:-

A group of men representative of the best in pediatrics, have decided to form a new National Society of wider scope and greater membership than the American Pediatric Society.

The officers of this Society are shown at the top of this letter head, and I am enclosing a copy of the Constitution and By-Laws.

At the Detroit meeting, you were selected in the first group for membership in this Society.

I am enclosing a bill for the initiation fee and dues. If you care to ally yourself with this group, will you kindly indicate the same, by sending me a letter of acceptance, together with your check for the initiation fee. Dues must be paid within six months.

Trusting that this will appeal to you, I am,

Sincerely yours,

Clifford G. Grulee
Secretary and Treasurer.

CGG:AS

Early Membership Form

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Page 1.

AMERICAN ACADEMY OF PEDIATRICS.

MEMBERSHIP BLANK.

Date

NameAddress

Preliminary Education:-

College.....Year.....Degrees.....

Medical Education:-

College.....

Year.....

4213

Internship - Where?.....How long?.....

How much time on pediatric service?.....

Resident - Where?.....How long?.....

How much time on pediatric service?.....

Post-Graduate Work - Where?.....How long?.....

Teaching Position - Rank?.....Full time?.....Part time?.....

Practice - Years in general practice:-

Years devoted principally to pediatrics:-

Years devoted exclusively to pediatrics:-

Years devoted to service allied to pediatrics:-

Honorary degrees?

Official positions in Medical Societies:-

Recommended by - 1.

2.

3.

(See page 2.)

Publications:- (Append complete list of publications, with exact references and with reprints where possible.)

1.
2.
3.

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4213

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Refer to 15

page 2

1930-2020 AAP Headquarters

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1930-1955: As its membership grew from 34 to 4,372, AAP rented space in 2 buildings on Church St in Evanston, IL, 610 (left) and 636 (right)



1955-1984: AAP built and occupied its first headquarters at 1801 Hinman Ave., Evanston, IL, as membership grew from 4,372 to 26,269.



1984-2017: AAP built and occupied its second headquarters at 141 Northwest Point Blvd, Elk Grove Village, IL, as membership grew from 26,269 to 66,962.



2017-present: AAP's current headquarters is at 345 Park Blvd, Itasca, IL.

AAP Presidents

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Name	Year	Name	Year	Name	Year
Isaac A. Abt	1930-1931	Frank H. Douglass	1963-1964	Robert E. Hannemann	1996-1997
John L. Morse	1931-1932	Harry A. Towsley	1964-1965	Joseph R. Zanga	1997-1998
Samuel McC. Hamill	1932-1933	James G. Hughes	1965-1966	Joel J. Alpert	1998-1999
John Ruhrah	1933-1934	William Anderson	1966-1967	Donald E. Cook	1999-2000
Thomas B. Cooley	1934-1935	George B. Logan	1967-1968	Steve Berman	2000-2001
Henry Dietrich	1935-1936	Hugh C. Thompson	1968-1969	Louis Z. Cooper	2001-2002
Laurence R. Debuys	1936-1937	Russell W. Mapes	1969-1970	E. Stephen Edwards	2002-2003
Philip Van Ingen	1937-1938	R. James McKay, Jr	1970-1971	Carden Johnston	2003-2004
Henry F. Helmholtz	1938-1939	Jay M. Arena	1971-1972	Carol D. Berkowitz	2004-2005
Joseph B. Bilderback	1939-1940	Robert M. Heavenrich	1972-1973	Eileen M. Ouellette	2005-2006
Richard M. Smith	1940-1941	James B. Gillespie	1973-1974	Jay E. Berkelhamer	2006-2007
Edward C. Mitchell	1941-1942	John C. MacQueen	1974-1975	Renée R. Jenkins	2007-2008
Borden S. Veeder	1942-1943	Merritt B. Low	1975-1976	David T. Tayloe, Jr	2008-2009
Franklin P. Gengenbach	1943-1944	David W. Van Gelder	1976-1977	Judith S. Palfrey	2009-2010
Joseph S. Wall	1944-1945	Saul J. Robinson	1977-1978	O. Marion Burton	2010-2011
Jay I. Durand	1945-1946	Edwin L. Kendig, Jr	1978-1979	Robert W. Block	2011-2012
Lee Forrest Hill	1946-1947	Bruce D. Graham	1979-1980	Thomas K. McInerny	2012-2013
John A. Toomey	1947-1948	R. Don Blim	1980-1981	James M. Perrin	2014
Warren R. Sisson	1948-1949	Glenn Austin	1981-1982	Sandra G. Hassink	2015
Edward B. Shaw	1949-1950	James E. Strain	1982-1983	Benard P. Dreyer	2016
Paul W. Beaven	1950-1951	Paul F. Wehrle	1983-1984	Fernando Stein	2017
Warren W. Quillian	1951-1952	Robert J. Haggerty	1984-1985	Colleen A. Kraft	2018
Philip S. Barba	1952-1953	Martin H. Smith	1985-1986	Kyle Yasuda	2019
Roger L. J. Kennedy	1953-1954	William C. Montgomery	1986-1987	Sara "Sally" H. Goza	2020
Crawford Bost	1954-1955	Richard M. Narkewicz	1987-1988	Lee Savio Beers	2021
Harry Bakwin	1955-1956	Donald W. Schiff	1988-1989		
Edgar E. Martmer	1956-1957	Birt Harvey	1989-1990		
Stewart H. Clifford	1957-1958	Antoinette P. Eaton	1990-1991		
James C. Overall	1958-1959	Daniel W. Shea	1991-1992		
William W. Belford	1959-1960	Howard A. Pearson	1992-1993		
George M. Wheatley	1960-1961	Betty A. Lowe	1993-1994		
Carl C. Fischer	1961-1962	George D. Comerci	1994-1995		
Clarence H. Webb	1962-1963	Maurice E. Keenan	1995-1996		

Saturday Afternoon, June 13th
2 P.M.

13. Report of Committee on Relation to White House Conference
A. Graeme Mitchell, M.D.
Discussion
14. Report of Committee on Publications
Clifford G. Grulee, M.D.
Discussion
15. Report of Committee on Relation of Academy to Philanthropic Agencies, Welfare Workers, etc.
Edgar J. Huenehens, M.D.
Discussion
16. Report of Committee on Nursing Education in Pediatrics
Walter Reeves Ramsey, M.D.
Discussion
17. Report of Committee on School Health and School Health Education
Fred Moore, M.D.
Discussion
18. Report of Committee on Mental Hygiene
Bronson Crothers, M.D.
Discussion
19. Committee to report on the meeting of the American Board of Obstetrics and Gynecology
Ralph M. Tyson, M.D.
Discussion
20. Report of Nominating Committee
Philip Van Ingen, M.D.
Discussion
21. President relinquishes chair to incoming President.
Meeting adjourns.

AMERICAN ACADEMY OF PEDIATRICS

First Annual Meeting

June 12th and 13th, 1931

AMBASSADOR HOTEL
ATLANTIC CITY, NEW JERSEY

"As an organization, we should stand ready to assist and lead in public health measures, in social reforms and in hospital and in educational administration as they affect the welfare of childhood."

— Isaac Abt, MD, first AAP President, Presidential Address



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



90 Years of Caring for Children—1930–2020