DEADLY NEGLECT

Childhood Immunization Policy in the Reagan Era

Have cutbacks in health care wiped out our opportunity to prevent common childhood diseases? Recent figures show a clear move in the wrong direction. Reported cases of key vaccine-preventable diseases jumped from a low of 7,315 in 1983 to 17,882 in 1987, an increase of 240 percent. Certainly, cuts in public health monies contributed heavily to the backward trend.

About one-half of childhood vaccinations are paid for with public funds, largely through federal grants to states under Section 317 of the Public Health Service Act. Other federal support for immunization comes from Medicaid, the Title V Maternal and Child Health Block Grant Program, and the Community and Migrant Health Centers programs, all of which have suffered severe budget cuts under the Reagan Administration.

Congress balked at Reagan's attempt to completely gut Section 317 and has increased funding annually since 1981, but the growth in federal childhood immunization funds has not meant a growth in immunization efforts. Each year since 1980, fewer doses of vaccine have been administered in the public sector than in 1979.

A major factor contributing to the decline in immunizations is the incredible escalation in vaccine prices. In 1986, measles vaccine cost nearly three times as much per dose as in 1980, polio vaccine four times as much. Between 1982 and 1987, according to *US News and World Report*, the cost of the combined Diphtheria, Tetanus, and Pertussis (DTP) vaccine increased more than 5,000 percent, from 15 cents to $7.69 per dose.

Vaccine manufacturers blamed the price increases on the mounting costs of litigation over vaccine-related injuries. In response, Congress enacted a special federal victim compensation program last year, funded by an excise tax on vaccines. Manufacturers now claim that the excise tax exceeds their projected savings from the reduction in liability so prices have continued to rise.

While the liability issue may be legitimate, and apparently was severe enough to drive several manufacturers out of the business, it is worth noting how concentrated production is. In 1985, there were only four commercial firms producing and distributing the primary vaccines used in childhood immunization programs. Only one company supplies the combined Measles, Mumps, and Rubella (MMR) vaccine; two companies produce polio vaccines. In spite of their complaints about liability costs, one manufacturer acknowledged to a Congressional subcommittee in 1985 that "our pediatric vaccines have become more profitable in recent years."

CASES OF VACCINE-PREVENTABLE DISEASES

Year	Mumps	Measles	Whooping Cough
1981	4,941	3,124	1,248
1982	5,270	1,714	1,895
1983	3,355	1,497	2,463
1984	3,021	2,587	2,276
1985	2,982	2,822	3,579
1986	6,807	6,273	4,162
1987	11,959	3,572	2,351

Source: Centers for Disease Control

Cutting and Losing Count

Inflated prices and inadequate funding have taken a toll on vaccination programs. Thirty-four states last spring reported to the Association of State and Territorial Health Officials that available federal and state funds would be insufficient. Some states are considering reducing the number of doses given to each child; others have cut clinic hours. A health advocate in Washington, D.C. who tried to get her child vaccinated at a public clinic in time for school this September was told the earliest available appointment was in November. The backlog at clinics is exacerbated these days by private physicians encouraging their patients to take advantage of free public immunization programs rather than paying the hundred or more dollars a full course of immunization costs in the private sector.

Several states have been forced to delay administering a new vaccine against Haemophilus influenzae Type B (HiB), the leading cause of bacterial meningitis among young children. The disease, which may cause vision or hearing impairment, mental retardation, or paralysis, and which kills five percent of the 12,000 children who contract it each year, strikes Blacks and Native Americans disproportionately.

Cutbacks and escalating costs are not the only factors hindering immunization efforts. Another problem is that the federal government has simply given up counting who has been immunized and who hasn't. In yet another application of "white magic," in 1985, the Reagan Administration discontinued the annual US Immunization Survey conducted by the Census Bureau—making the problem disappear by not counting it. It is now virtually impossible to determine who has been immunized. Without the survey data, the Surgeon General's stated goal of 90 percent immunization of two year olds by 1990 is ludicrous. Indeed, when asked if there is any reason to expect an improvement in the immunization rates by 1990, Burt Lincoln, Public Health Advisor to the national Centers for Disease Control (CDC) could cite "no reasons that I can think of."

Communities of Color Hurt Most

Who is affected by the decline in immunization? Of course, poor communities and communities of color are hardest hit. A recent study by the Children's Defense Fund (CDF) found that in 1985 (the last year for which data is available), fewer than 60 percent of "nonwhite" children under two were fully immunized for polio. Fewer than 70 percent were immunized for rubella, mumps or DTP.

Furthermore, the study found that immunization rates were worse in 1985 than in 1980. For example, the proportion of one to four year olds who had received none of the four recommended doses of polio vaccine rose by 40 percent for children of all races and by a startling 80 percent for "nonwhite" children.

The full impact of the policy of neglect on communities of color cannot be accurately measured without updated immunization survey data. But the true extent of under-immunization is probably much worse than the CDF study indicated. The report uses the more conservative of two sets of data collected by the Census Bureau and as its author, Kay Johnson, notes, the census substantially undercounts minorities. Also, the survey did not count Latinos as a separate category. If figures were available for Latinos, a more complete and undoubtedly more severe picture of under-immunization in communities of color could be drawn.

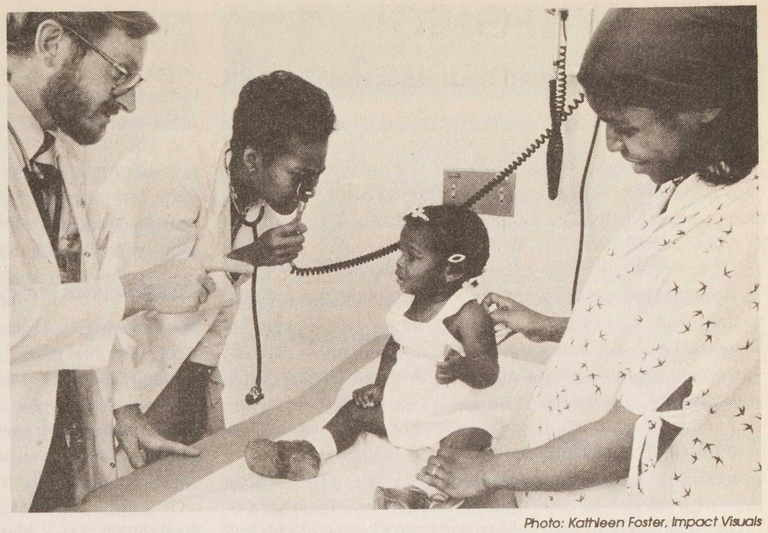

Photo: Kathleen Foster, Impact Visuals

Children who receive regular health services get their vaccinations routinely. But an alarming number of children of color are not being immunized.

There is no data available on immigrant communities but it is well-known that undocumented immigrants are afraid to utilize health clinics for fear of deportation. Even amnesty applicants believe that utilizing any government facilities, including free immunization for their children, will disqualify them from the amnesty program.

Genocidal Implications?

If children are not vaccinated, and a growing number of children of color in the US are not, diseases that have all but vanished will reappear. Some children will be disabled and some will die. It's that predictable.

Either the federal government is committed to providing free accessible immunization or it is committed to unwarranted deaths. It's that simple.

Before a vaccine was developed to prevent whooping cough, it killed up to 7,000 children a year. Rubella, commonly known as German measles, affects unborn children and during the last major epidemic in 1964-65, it caused more than 11,000 fetal deaths and 20,000 birth defects. All of the common childhood diseases can cause disabilities or death, especially among very young children, the group that is not getting vaccinated.

In the last several years, as immunization rates declined, outbreaks of measles, mumps, and whooping cough (or pertussis) have all increased. For instance, between 1985 and 1987, the number of reported mumps cases increased 400 percent from 3,000 to nearly 12,000. In 1986, there were over 6,000 cases of measles, more than four times the all-time low of 1,500 cases achieved in 1983. Whooping cough struck more than 4000 victims in 1986, a huge increase over 1981's low of 1200 cases.

According to an American Public Health Association report, *Monitoring Children's Health*, "any decline in immunization rates can be expected to increase the risk of new outbreaks of these diseases, with an increase in unnecessary disability and death as a result. A marked nationwide fall in immunization rates could lead to local or widespread epidemics similar to those occurring prior to the introduction of mass immunization efforts."

These predicted epidemics could devastate Black, Latino, Native American, and immigrant communities where high percentages of children are not being immunized.

Or they could be prevented. The capacity is readily available. Indeed, the US could take a lesson from the Third World. For, while this country is backsliding, Third World countries are making significant progress in the area of immunization. For example, through an intensive door-to-door campaign, Maputo, the capital of Mozambique, increased its immunization rate for one to two year olds from 34 percent six years ago to 90 percent today. Incredibly, an infant in Maputo stands a better chance of being immunized than an infant in a major US city.

The marked difference between the delivery of immunization in Mozambique and in the US is the commitment on the part of the state. Preventing these common diseases is a matter of making a commitment to a programmatic initiative and putting your money where your mouth is. Either the federal government