SENATOR DALE BUMPERS AND MRS. BETTY F. BUMPERS

Maxwell Finland Award Recipients 1995 F or 25 years the husband and wife team of Dale and Betty Bumpers have worked together to build protection against infectious childhood diseases.

"It was in 1971 when my husband was governor of Arkansas that I really got interested in children's immunization," Mrs. Bumpers recalls. The Centers for Disease Control and Prevention (CDC) had just asked all state governor's wives to participate in childhood immunization efforts for the childhood vaccines that were becoming available. Campaigns for immunization against poliomyelitis had been developed in the 1960s when measles vaccine was also licensed. A few years later came protection against mumps and rubella.

As the state's first lady and a board member of the Arkansas visiting nurse association, Betty Bumpers set up a model system to immunize children. "I made it my cause," she says. As she pursued this vigorously, the immunization rates in Arkansas children rose.

She learned how to work with public health officials, and discovered that getting political circles interested was the key to galvanizing programs. These lessons stood her in good stead when she came to Washington in 1975 as the wife of the newly elected senator from Arkansas.

It is hard today to appreciate what the attitude towards preventable childhood diseases was 20 years ago. "In fiscal year 1976, the budget for immunization was reduced to \$4.96 million from \$6.2 million," recalls Dr. Walter A. Orenstein, now director of CDC's National Immunization Program. "We were in the midst of a major measles epidemic with over 57,000 cases."

Immunization of children had not been organized, and interest was concentrated on each new vaccine as it appeared. Dr. Orenstein recalls: "We had data which showed that as federal funds for measles vaccination went up, measles cases went down. When funding fell, the cases went up." Former CDC official Dr. Bill Watson notes that "you could track immunization levels in the country by what was happening to the federal funds."

Mrs. Bumpers pursued her cause with other state governor's wives. One was Rosalynn Carter whose husband was the governor of Georgia. So, in 1977, when the Carters came to Washington as president and first lady, Mrs. Bumpers moved quickly to take advantage of this.

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She went to Mrs. Carter and, according to Dr. Alan R. Hinman, former director of the immunization division at CDC, she said to the first lady: "You know it's a crying shame that the children in this country are not well-immunized." Mrs. Carter agreed and mentioned it to her husband. He in turn called it to the attention of his secretary of health, education and welfare, Joseph A. Califano, suggesting the secretary might do something about it.

Mr. Califano is not a man to ignore a good idea, especially when it comes from his president. The result was the Childhood Immunization Initiative of 1977. The program had two targets: the first was to raise to 90 percent the immunization levels in school children, and the second was to put in place a mechanism to maintain those levels. The Carter administration increased federal funds to about \$13 million. "To us it seemed an incredible amount of money," says Dr. Hinman.

Almost singlehandedly, continues Dr. Hinman, Betty Bumpers was responsible for the remarkable improvement in immunization levels against childhood diseases in the United States.

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Meanwhile the senator was also playing a vital role. When Dale Bumpers came to Washington in 1977, he made childhood immunization one of his priorities. He convinced his congressional colleagues that vaccines were cost-effective, according to one of his former staff assistants, Melissa Skolfield. For every dollar spent there was \$10 or \$15 saved on the medical costs of treating preventable illnesses. Senator Bumpers got federal grants for state outreach programs, which were funds to enable states to hire clinic nurses and to help buy vaccines.

While the senator pushed funding in Congress, Betty Bumpers, along with Mrs. Carter and the governor's wives network, was working to get all 50 states to require that children be vaccinated by the time they entered school. This mechanism is still in place today, and because of it 95 percent of our children are immunized by the age of five and vaccine preventable diseases have sunk to record low

levels. Mr. Califano likes to tell how his daughter was once sent home from school because she did not have an adequate record of immunizations.

But these regulations were not enough. There was no mechanism to assure that children under the age of five were also protected. In 1989 measles started increasing again. By 1990 there was a fullblown epidemic. Cases had risen from 1,500 in 1983 to almost 28,000. By 1991, over 55,000 cases, including 160 deaths, were reported to the CDC. Nearly half of these cases occurred among pre-school children who had not been immunized. The lesson was clear. If vaccine preventable diseases were to be reduced, a program had to be set up to immunize these youngsters.

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In January 1991, the then-chairman of the National Vaccine Advisory Committee, Dr. Vincent A. Fulginiti, went to the assistant secretary for health with a report that spelled out the barriers to preschool immunization such as insufficient personnel, limited clinic hours and too few clinic locations. The report pointed out that 80 percent of measles cases among children aged 16 months to five years could have been prevented if they had been immunized in a timely manner. So, that same year, public health officials mounted a major campaign to deal with missed opportunities for protecting children, creating a demand for preschool immunization.

Betty Bumpers and Rosalynn Carter, who were also aware of the situation, mounted a parallel campaign entitled Every Child by Two. This drew attention to the need; enlisted the help of national and local organizations; encouraged health care providers; and promoted national and local programs to institutionalize the immunization of every child by the age of two.

"What's going to save us are local health workers, both public and private, who are out in the field and doing their jobs as best they can," says Dr. Orenstein. "When Mrs. Bumpers visits them and tells them that what they are doing is important, it stimulates their interest and they feel their efforts are being rewarded. She has been invaluable."

Dale Bumpers' grasp of the subject impresses Dr. Orenstein. "Here's a US senator who has so many things for which he is responsible, and yet he has made himself into a technical expert on immunization. He really understands the immunization program and issues. I can talk to him as if he were a professional colleague. It's invaluable having someone that knowledgeable in the Senate.

"You have to respect what he says about immunization. It is always well thought through. He doesn't shoot from the hip and he's innovative." For example, the senator developed a program wherein states are awarded money based on how well they immunize their children. The better they do, the more money they earn.

There was less enthusiasm for funding immunization when Ronald Reagan and George Bush were in the White House. But Senator Bumpers never stopped working for childhood immunization. "In those years he may not have gotten much in the way of increases," his wife comments, "but he never let the level of funds drop."

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By keeping himself informed, Senator Bumpers has made it easier for public health officials to discuss issues with him. It has also paid off with his political colleagues. What Senator Bumpers says on immunization continues to be listened to with respect by both sides of the aisle.

According to Betty Bumpers, being a former governor's wife and a senatorial spouse "gives you credibility. This helps a great deal. Most first ladies catch on very quickly and thoroughly enjoy sponsoring a good program that especially benefits children—and there are no negatives to that in the Senate."