As health care providers, I believe family physicians should be active participants at the local and state levels, as well as make an effort on the federal level, to ensure that all children are given the best possible health care. We owe it to our patients to be a voice for children's health issues and to encourage families to be political advocates, also. Therefore, I disagree with the respondents who assigned the greatest responsibility for improving maternal and infant health care to the federal government.

The New Jersey chapters of the American Academy of Pediatrics and the American Academy of Family Physicians, with a combined membership of 2045, should be a powerful lobby for child health laws. It would be interesting to examine the laws these groups have been instrumental in getting passed in their state.

Jennifer Fowlkes-Callins, MD
East Point, GA

The above letter was referred to the author of the article in question, who offers the following reply:

*To the Editor:* It is gratifying to see that my article drew a response from a primary care provider willing to put her neck on the line as a political advocate for children's health issues. Since the article was written, the political climate of the country shifted, and the health care reform impetus was shelved. The cutoff of debate about universal access to health care is particularly distressing because, as Dr. Fowlkes-Callins notes, access to medical coverage and transportation are critical to improving the health of children.

Dr. Fowlkes-Callins disagrees with those who assigned responsibility for improving maternal and infant health to the federal government. Yet the recent federal election brought to power those seeking to cut programs specifically designed to maintain maternal and child health (WIC and food stamps). These shortsighted proposals pander to conservative voters and punish poor families for being poor. In the long run, such cuts will increase medical costs as low-birthweight rates rise and educational remediation programs and nutrition-related health problems increase. While it is debatable whether the federal government should hold primary responsibility for improving maternal and child health, it is undeniable that it has the power to influence strongly maternal and child health outcomes in a positive or negative manner.

The prospects for meeting the health care (and prevention) needs of children are worse now than they have been for many years. Not only do we need improved federal, state, and local programs that target the needs of children, we need more parents, communities, and providers like Dr. Fowlkes-Callins who are willing to speak up. Without the voices of child advocates shouting above the popular political rhetoric, children will continue to hold a bottom rung on the ladder of national priorities.

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