
EDITORIAL

Through the Editor's Looking-Glass: Humpty Dumpty's Rule

(with Apologies to the Reverend Charles Lutwidge Dodgson [Lewis Carroll])

It has been 10 years since the Institute of Medicine published its report on *The Future of Public Health*. The three terms that the authors of the report assigned as the "core functions of public health"—*assessment*, *policy development*, and *assurance*—have become omnipresent in the scholarly literature of the field. But is there any consistency in how they are used or agreement about what they mean?

Notwithstanding Ralph Waldo Emerson's warning that "a foolish consistency is the hobgoblin of little minds," we believe that consistency is indeed important. There should be agreement on what people are talking about when they discuss activities that are supposed to be the core functions of public health.

Public Health Reports receives about 300 manuscripts each year, most of them unsolicited. And although we have not conducted a scientific study, it seems that between a third and a half of submissions make some reference to one or more of the IOM's core functions. What is surprising, when one passes through the editor's looking-glass, is how little agreement there appears to be about what is meant by the terms. Some authors use them to invoke a higher authority or to demonstrate that the work fits into the mainstream of public health thinking. Others use them to give weight to their findings. Perhaps, we suggest, the authors have been following Humpty-Dumpty's rule: "When I use a word it means just what I choose it to mean—neither more nor less."

Our usual practice has been to ask the author to find another way to describe a particular function or activity. Because we are the editors, authors do so. But in the long run, this wastes time, both ours and the authors'. Might it be useful for the Institute of Medicine to take a careful second look at their terminology? Ten years' experience might reveal whether the problem is in the terms themselves or whether the ambiguity in their use reflects a lack of clarity and consistency in understanding what public health is or should be.

—The Editor ■

LETTERS

The Measles Tragedy Revisited

The World Health Organization reported 31 million cases of measles causing nearly one million deaths in 1997,¹ a substantial proportion of the disease burden in Sub-Saharan Africa, India, much of Asia, and the Middle East. Measles caused a greater loss of disability-adjusted life years (DALYs) than HIV and nearly as great as the loss from malaria.^{2,3}

Yet, the proposal for WHO's Health for All in the 21st Century program consigns measles eradication to the year 2020.⁴

The United States has helped focus international eradication efforts on polio, onchocerciasis, dracunculiasis, and other tropical diseases. None of these kills as measles does. A similar initiative is sorely needed for measles. I appeal to U.S. public health leaders to endorse a

two-dose measles vaccine strategy, using catch-up campaigns to reduce circulation of the virus.

Why have decision makers shied away from attacking this devastating preventable disease? Some may still view measles as a "natural event" with no serious consequences. In addition, questions of strategy—do we need a "better" vaccine or a more effective schedule—have deflected us from consideration of alternative strategies to interrupt transmission of the disease, leading to control, then elimination, and ultimately to eradication.

Despite some limitations, the currently available vaccine has been used to eliminate local circulation of the virus in North America, the UK, and the Caribbean,⁵ and developing areas such as the West Bank and Gaza have managed to eliminate measles.⁶

Some argue that the world should not address measles eradication until polio has been dispatched—that a measles effort might divert resources and we would lose hard-won gains. Simultaneous campaigns against measles and polio might be beyond the organizational and fiscal capacity of some very poor countries—but certainly not every developing country. In my view, continuation of the "one-policy-fits-all" approach allows the measles tragedy to continue in countries fully capable of handling more than one immunization issue at a time.

Bold policy leadership is needed from the United States and international organizations. Delay is unconscionable. Measles continues to cost hundreds of thousands of lives each year. Polio eradication and measles control are not mutually exclusive. They need not be sequential.

We need to complement the first dose of measles vaccine with catch-up immunization of school children. It has worked in the Americas. To reduce circulation of the virus, Latin American measles catch-up immunization campaigns targeted all children between 9 months and 14 years,