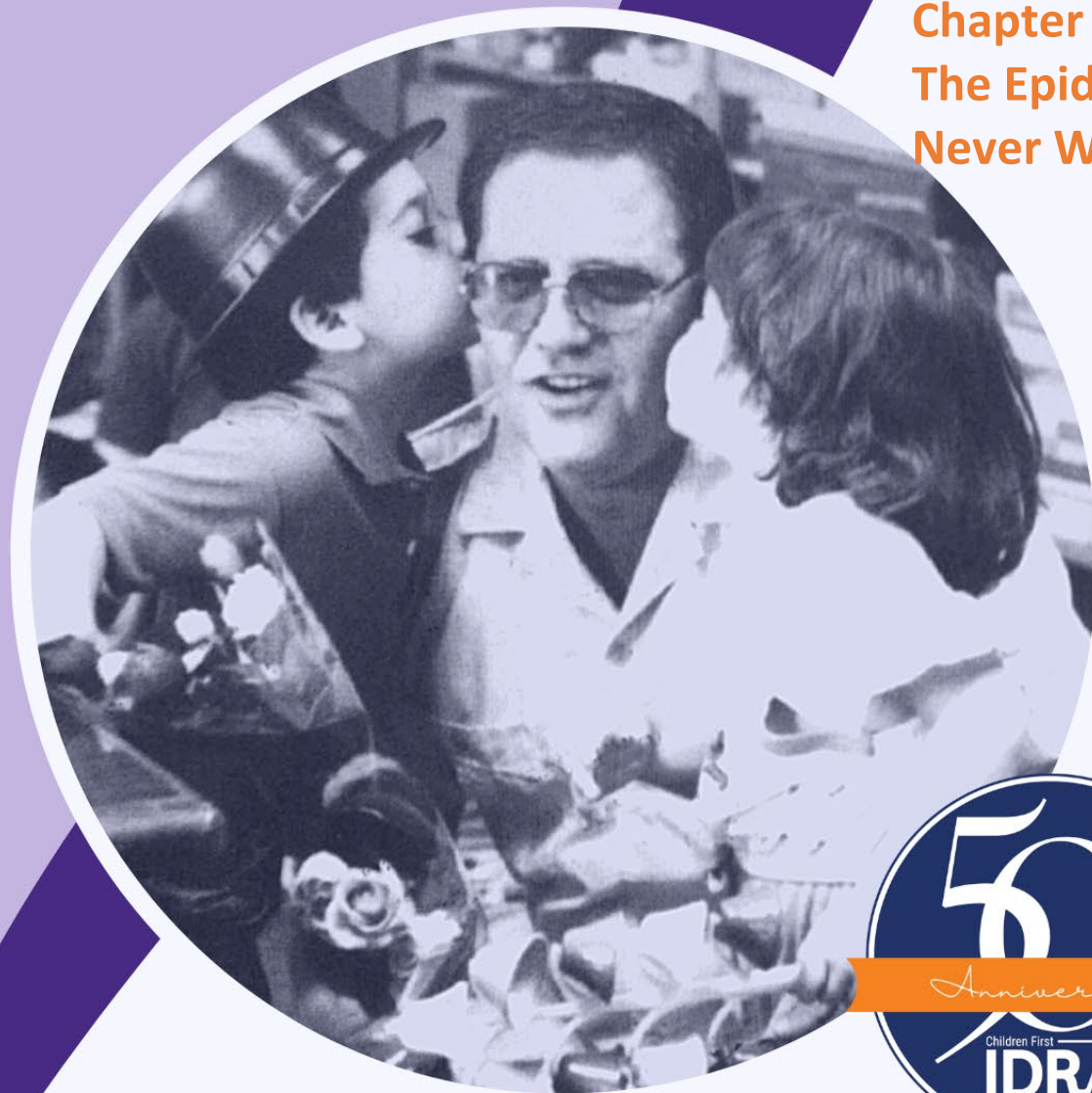


**Chapter 10:  
The Epidemic that  
Never Was**



# All Pianos Have Keys & Other Stories

*by José A. Cárdenas, 1994*  
*IDRA Founder & Director Emeritus*

**Special Edition Serial Release  
for IDRA's 50th Anniversary**

## Chapter 10: The Epidemic that Never Was

“It is unbelievable that as an educator and a school superintendent you have so little concern over the well-being of children.”

I was shocked by this damning accusation from a respected member of the medical profession. The speaker was a San Antonio pediatrician who had come to my office with an urgent request.

He had advised me of a high incidence of diphtheria cases in San Antonio and specifically in the west side of San Antonio where the Edgewood school district is located. The children in this part of town were particularly vulnerable to the potential diphtheria epidemic since very few of them had received their DPT shots.

The local pediatric society had been calling on school superintendents with a request for assistance in averting a massive diphtheria epidemic. Their request was that the schools recommend to their respective school boards that they enact a resolution asking parents to have their kids inoculated and prohibit students who had not had their DPT shots from attending school.

I had no trouble with asking parents to have their kids inoculated. My problem was with the second part of the request, prohibiting students from attending school without their inoculations.

“Where are all of these 23,000 kids going to get their shots?” I asked.

“From their pediatricians.”

“Most of them don’t have a pediatrician, most of them don’t have a family doctor, and many of them have never been seen by a doctor in their entire lives. These are low-income kids. Most of them are participating in the federal free lunch program.”

“In that case, they can go to the San Antonio Metropolitan Health District and get their inoculations at no cost.”

“How are they going to get there?” I continued.

“They can drive or take the bus.”

Having worked as a teacher, principal and superintendent in Edgewood, one of the poorest school districts in Texas, for 12 years, I had severe reservations about the effectiveness of a board policy requiring immunizations before permitting school attendance.

Since there were few physicians practicing in the district, many of the kids did not have access to personal transportation, the San Antonio transit system provided poor service to this low-income section of town, and it was difficult for working parents to get the necessary time off to accompany their children for medical treatment, I could not conceive of 23,000 students receiving inoculations in the immediate future. What I did conceive was a massive absenteeism problem, and since the state's formula for the distribution of the inequitable funding of low-wealth districts was very dependent upon student attendance, the exclusion of a large number of students on the basis of not being inoculated could become the final nail in the financial devastation of the school district.

My reluctance to make a positive commitment to the visiting physician produced the accusation of me not being concerned with the well-being of my students.

This type of dilemma is typical in the failure of social institutions to recognize and adapt to the unique characteristics of atypical children. It is commonly assumed that low-income families have the same access to services, transportation, time off and funds as more affluent homes. The inability of low-income people to meet their children's needs is commonly construed as a lack of concern on the part of the parents, rather than understanding the formidable barriers they face in meeting these needs.

Immediately following the departure of the disappointed physician, I called Dr. William Roser, head of the Metropolitan Health District. He informed me that the health district had already had a run on the vaccine in question, and there was no way he could provide immunizations for any significant portion of the district's 23,000 children. He could place a rush order to the Center for Disease Control in Atlanta, but he was skeptical about the health district being able to handle that large number of inoculations in any reasonable amount of time.

"On the other hand, I am also concerned about the possibility of a serious and extensive diphtheria epidemic. José, let's get together and see if we can work out something."

We did get together, and we did work out something. Bill Roser mobilized the entire community to get the children immunized. Lackland Air Force Base contributed technical staff and some marvelous, compressed air inoculation guns, which can inoculate kids as fast as they can be moved in a line. The county nurse professional association volunteered to help. Nurses from the school district entered inoculation data in student health records, and teachers and

volunteer parents organized the students for the massive inoculation. Permission slips went out to 23,000 homes on one day and were processed by the schools the next.

In one week, 23,000 children in the school district were inoculated against diphtheria, and the process was subsequently repeated for booster shots. As a result of our action, the threat of a diphtheria epidemic never became a reality.

I was anxious to get the reaction of the physician who had accused me of having a lack of concern for the well-being of the children. The reaction was fast in coming, and it was strong. I was labeled a socialist and a communist and received a severe reprimand for moving the country a step closer to socialized medicine. Well, sometimes you just can't win.