broadly on volunteer organizations, professional organizations and business organizations.

Certainly the core of the effort in the influenza area will be the professional organizations, and we must secure the active assistance of such groups as the medical profession, nurses, and others outlined in that paragraph. In the area of implementation, certainly a detailed plan must be made for each group dovetailing their actions with the other manpower groups.

A second group would be volunteer organizations, and there is a vast reservoir of organizational and creative talent, a reservoir whose efforts are vital to the success of this effort. And the campaign we would have to enlist, train and supply with localized market plans, community action plans, timetables and quotas.

I will skip now, Mr. Chairman, to page 15 because there is detail there that I do not believe we need to go into. But strategically we want to plan for the optimum use for the system of delivery and the manpower that we have available. We want control traffic flow. And certainly that program will be a failure if all children appeared on Monday, October 25 for immunizations. We must control the flow of traffic. We must plan for and attempt as far as possible to guarantee the orderly use of clinics, school locations, and others. And having established the system, we must also, through communications, create an awareness of the locations, times of operation, the fact of its convenience. And those are just the highlights of some of the actions required for a successful program. But having put a plan in motion, question four arises. In other words, "Are we getting there?"

And in far too many cases, programs are enacted at great expense and never evaluated. Only by answering this question do we have a sufficient fact base for future decisionmaking.

As it pertains to immunization, we must ascertain what our success ratios are with each of our target publics. Are we reaching the inner cities but not the suburbs? If so, why? Are we 20 percent more successful in the Midwest than on the east coast? If so, why? Are our late night television commercials or television shows on shows that have a sufficiently high rating?

And only when we have this kind of information can we make the decision called for in our final question; in other words, "Should we change direction?"

We must believe that no part of a strategy is sacrosanct, and if we have been thoroughly objective in our answering of question four, we will have set the stage for effective decisionmaking at this point. We might simply engage in finetuning, such as seeking increased commercial exposures to the 20 to 30 age groups or by eliminating mobile van immunizations as inefficient delivery tools. We might, however, have to rework our entire appeal or possibly scale down our objective.

Now, Mr. Chairman, I apologize for going into such detail, but I thought here is a social cog in front of us. It involves the use of drugs that is a worthy purpose, and I do it mainly to illustrate for this committee the difficulties of the communication process.

Social marketing is a tool in the bringing about a social change. And the approach I have just described for a successful immuniza-