



The Emory Cobb Relief Map of Arizona
Copyright 1931 by P. T. Reeve
Arizona Mapping Service, 903 N. 1st St.

Arizona. The Journal of the State Health Association.

PUBLIC HEALTH
IN
ARIZONA



Ariz.
9614
A712



Arizona State Board of Health
PHOENIX, ARIZONA

MARCH 1, 1938

COIT I. HUGHES, M.D.
SUPERINTENDENT OF HEALTH
STATE OF ARIZONA
PHOENIX, ARIZONA

DEAR DR. HUGHES:

SHORTLY AFTER BECOMING ASSOCIATED WITH THE STATE BOARD OF HEALTH ON SEPTEMBER 1ST, I FELT THE NEED OF COLLECTING CERTAIN DATA UPON WHICH TO BASE ANY FUTURE PLANS FOR THE FURTHER DEVELOPMENT OF LOCAL HEALTH SERVICE IN THIS STATE.

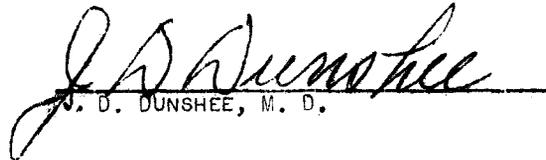
WHILE CERTAIN BASIC ESSENTIALS EXIST WHICH ARE COMMON TO AND ESSENTIAL IN ALL SOUND PUBLIC HEALTH PLANNING, IT IS NECESSARY TO KNOW HOW MUCH OF THESE HAVE ALREADY BEEN SUPPLIED, WHAT ADDITIONAL SPECIAL PROBLEMS THERE MAY BE, AND WHAT FACILITIES MAY BE MADE AVAILABLE FOR MEETING THE COMBINED PUBLIC HEALTH NEED.

IN ORDER TO SECURE THIS INFORMATION, CERTAIN MEMBERS OF THE STAFF HAVE BEEN ENGAGED, AS TIME PERMITTED DURING THE PAST TWO MONTHS, IN ASSEMBLING INFORMATION, LARGELY STATISTICAL, FROM RECORDS IN THE DEPARTMENT AND FROM THE VARIOUS COUNTIES, FROM WHICH AN ANALYTICAL STUDY MIGHT BE MADE.

THE FIGURES AS SECURED ARE ACCURATE, AND THE DEDUCTIONS PRESENTED ARE AN ATTEMPT TO PRESENT FOR YOUR INFORMATION RECOMMENDATIONS WHICH, IT IS HOPED, ARE SOUND AND MAY BE USEFUL TO YOU.

AN ACKNOWLEDGEMENT IS MADE TO THOSE IN THE DEPARTMENT WHO PAINSTAKINGLY AND WITH UNDERSTANDING ASSISTED IN THIS WORK.

RESPECTFULLY SUBMITTED,


J. D. DUNSHEE, M. D.

JDD/s

C O N T E N T S

PART ONE

A STUDY OF THE STATE AS A WHOLE

	PAGES
1. LETTER OF TRANSMITTAL TO SUPERINTENDENT OF PUBLIC HEALTH	
2. INTRODUCTION	1 - 3
3. HISTORY OF THE STATE OF ARIZONA	5
4. TOPOGRAPHY	5 - 7
5. RESOURCES	7 - 10
6. THE STATE BOARD OF HEALTH	11 - 13
(WITH CHART GIVING ORGANIZATION AND ADMINISTRATION, BUDGET SHOW- ING DERIVATION OF FUNDS AND MAP OF WHOLE TIME HEALTH UNITS.)	
7. SANITATION PROBLEMS OF THE STATE	14 - 25
8. VITAL STATISTICS	26 - 28
9. MATERNAL AND CHILD WELFARE	29 - 30
10. DENTAL CARE	31
11. PUBLIC HEALTH NURSING	32 - 35
12. HYGIENIC LABORATORIES	36 - 37
13. SPECIAL HEALTH PROBLEMS	
TUBERCULOSIS	
VENEREAL DISEASE	
38 - 49	50 - 52
14. AFTERWORD	53 - 55

PART TWO

STUDY OF INDIVIDUAL COUNTIES

APACHE
COCHISE
COCONINO
GILA
GRAHAM
GREENLEE
MARICOPA
MOHAVE
NAVAJO
PIMA
PINAL
SANTA CRUZ
YAVAPAI
YUMA

I N T R O D U C T I O N

THE FIRST SURVEY OF OFFICIAL PUBLIC HEALTH ADMINISTRATION IN ARIZONA WAS MADE IN 1930 BY DR. PLATT W. COVINGTON, FIELD AGENT FOR THE INTERNATIONAL HEALTH DIVISION OF THE ROCKEFELLER FOUNDATION, UPON THE INVITATION OF DR. R. J. STROUD, WHO WAS STATE SUPERINTENDENT OF HEALTH AT THAT TIME.

THE SUMMARY OF RECOMMENDATIONS MADE BY DR. COVINGTON UPON COMPLETION OF THIS STUDY WAS AS FOLLOWS:

A. RECOMMENDATIONS INVOLVING NO ADDITIONAL EXPENSE:

1. AN AMENDMENT TO THE LAW PROVIDING FOR A STATE BOARD OF HEALTH OF SEVEN MEMBERS WHOSE TERMS OF OFFICE WILL BE ARRANGED TO EXPIRE IN ALTERNATE OR IN DIFFERENT YEARS.
2. AN AMENDMENT TO PROVIDE FOR THE APPOINTMENT OF THE STATE SUPERINTENDENT OF PUBLIC HEALTH BY THE STATE BOARD OF HEALTH.
3. AN AMENDMENT WHICH WOULD REQUIRE THE STATE SUPERINTENDENT OF HEALTH TO DEVOTE HIS ENTIRE TIME TO THE POSITION.
4. A PERMISSIVE OR ENABLING COUNTY-HEALTH-UNIT LAW.
5. SPECIFIC LEGISLATION AUTHORIZING THE STATE TREASURER TO ACCEPT AND DISBURSE THE FUNDS GIVEN THE STATE BY EXTRA-STATE PUBLIC HEALTH AGENCIES.

B. RECOMMENDATIONS INVOLVING ADDITIONAL EXPENSE:

1. THE EMPLOYMENT OF SIX PUBLIC HEALTH NURSES BY THE STATE.
2. THE EMPLOYMENT OF A SANITARY ENGINEER BY THE STATE.
3. THE EMPLOYMENT OF THE EPIDEMIOLOGIST BY THE STATE.
4. THE MAINTENANCE BY THE STATE OF THE BRANCH PUBLIC HEALTH LABORATORY IN THE STATE BUILDING.

THE ONLY ONE OF THESE RECOMMENDATIONS MADE UNDER "A" WHICH HAS BEEN CARRIED OUT IS NUMBER 5, WHICH PERMITS THE STATE TREASURER TO ACCEPT EXTRA-STATE FUNDS AND DISBURSE THEM FOR "HEALTH DEMONSTRATION PURPOSES."

THE RECOMMENDATIONS UNDER "B" HAVE BEEN CARRIED OUT.

2.

THE NEXT SURVEY OR STUDY WAS MADE IN 1937 BY DR. CARL E. BUCK, FIELD DIRECTOR OF THE AMERICAN PUBLIC HEALTH ASSOCIATION. THIS STUDY WAS MADE AT THE REQUEST OF A PUBLIC HEALTH COMMITTEE APPOINTED JOINTLY BY THE STATE SUPERINTENDENT OF PUBLIC HEALTH AND THE CITY MANAGER OF PHOENIX AND SPONSORED BY THEM. IT WAS FINANCED BY THE STATE BOARD OF HEALTH WITH SOCIAL SECURITY FUNDS OBTAINED THROUGH THE U. S. PUBLIC HEALTH SERVICE AND BY THE CITY OF PHOENIX.

PUBLIC HEALTH CONDITIONS AND PUBLIC HEALTH ADMINISTRATION WERE STUDIED AND COMMENTED UPON IN DETAIL IN THIS REPORT, AND THE FOLLOWING CONCLUSION PRESENTED:

1. THAT THERE BE A STRONG STATE HEALTH DEPARTMENT WITH FULL TIME WELL TRAINED COMMISSIONER OF HEALTH AND AN ADEQUATE STAFF OF WELL TRAINED PERSONNEL, AND A NON-PARTISAN BOARD OF HEALTH HAVING, NOT ONLY REASONABLE MEDICAL REPRESENTATION, BUT ALSO ADEQUATE LAY REPRESENTATION.
2. THAT CERTAIN BASIC PUBLIC HEALTH LEGISLATION BE PASSED, GIVING HEALTH DEPARTMENTS ADEQUATE AUTHORITY TO DEAL WITH SUCH PROBLEMS AS WATER SUPPLY AND SEWAGE DISPOSAL, AND PROVIDING THAT BOTH STATE AND COUNTY OR DISTRICT BOARDS OF HEALTH MAY MAKE RULES AND REGULATIONS FOR THE PROTECTION AND PROMOTION OF THE PUBLIC HEALTH, WHICH SHALL HAVE THE EFFECT OF LAW.
3. THAT THERE BE ESTABLISHED STRONG LOCAL, COUNTY OR DISTRICT HEALTH DEPARTMENTS, WITH WELL QUALIFIED FULL TIME TRAINED AND EXPERIENCED PERSONNEL, AND WITH STRONG COUNTY OR DISTRICT BOARDS OF HEALTH APPOINTED ON A NON-PARTISAN BASIS AND HAVING THE SAME AUTHORITY LOCALLY AS IS GIVEN THE STATE BOARD OF HEALTH.

THE WRITER AGREES WITH THE CONCLUSIONS OR RECOMMENDATIONS MADE IN BOTH OF THESE REPORTS, AS PREVIOUSLY QUOTED, AND CONSIDERS THAT THE PRINCIPLES ANNUNCIATED ARE FUNDAMENTAL FOR THE EFFICIENT ADMINISTRATION OF PUBLIC HEALTH IN THIS OR ANY OTHER STATE.

HE FURTHER AGREES THAT "THE GREATEST PUBLIC NEED IS FOR A BETTER WIDESPREAD UNDERSTANDING OF PUBLIC HEALTH PROBLEMS AND NEEDS," AND THAT "CHANGES IN PUBLIC HEALTH POLICIES AND PROGRAMS CANNOT BE BROUGHT ABOUT UNTIL THERE IS A REASONABLY WIDESPREAD UNDERSTANDING AND APPRECIATION OF THE NEED FOR SUCH CHANGES." THESE STATEMENTS MAY WELL BE APPLIED WITH TRUTH TO EVERY PUBLIC WELFARE ACTIVITY.

UPON BECOMING ASSOCIATED WITH THE ARIZONA STATE BOARD OF HEALTH IN SEPTEMBER 1937 THE WRITER FELT IT INCUMBENT UPON HIM TO CAREFULLY REVIEW THE TWO PREVIOUS STUDIES WHICH HAD BEEN MADE AND TO BECOME AS FAMILIAR AS POSSIBLE WITH CONDITIONS IN THE STATE WHICH BORE UPON THE PROBLEM OF PUBLIC HEALTH.

THEREFORE, THE FACTS AND COMMENTS PREPARED IN THE FOLLOWING PAGES WERE ASSEMBLED FOR THE PURPOSE OF PRESENTING A PICTURE OF THE TOPOGRAPHY, RESOURCES, INDUSTRIES, AND CONDITIONS UNDER WHICH THE PEOPLE OF ARIZONA LIVE IN THEIR RELATION TO THE HEALTH OF ONE ANOTHER AND TO THEIR NEIGHBORS OF OTHER STATES.

IN THESE DAYS OF RAPID TRANSPORTATION AND CONSTANTLY SHIFTING POPULATION EVERYONE IS TRULY A NEIGHBOR AND NO MAN LIVES UNTO HIMSELF. LIKEWISE DISEASE DOES NOT RECOGNIZE MAN MADE BOUNDARIES. GOOD HEALTH IS A MATTER DEPENDENT ON THE INTELLIGENT APPLICATION OF HYGIENIC PRACTICES.

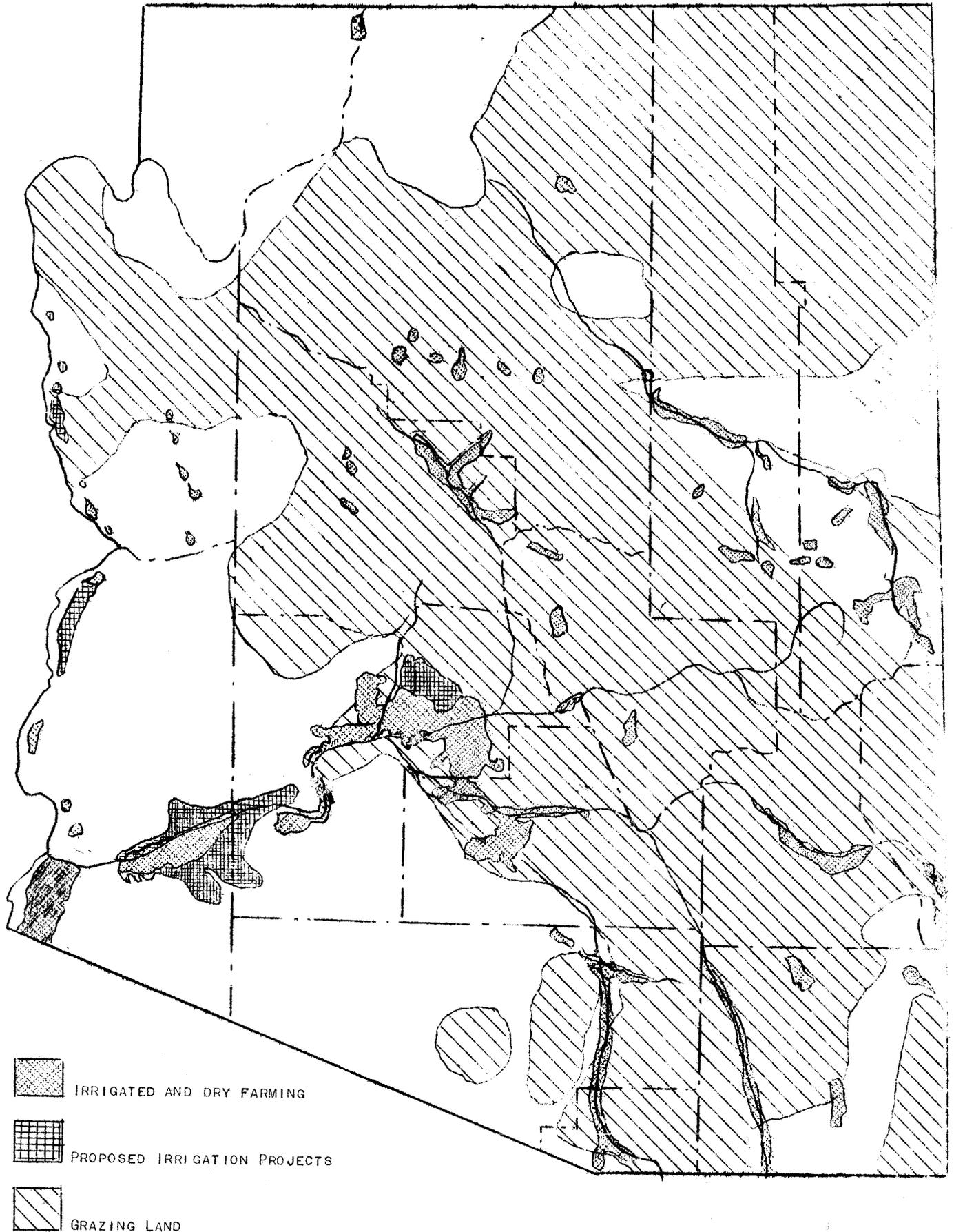
STANDARDS OF LIVING ARE NOT APT TO BE IMPROVED IF SELF SATISFACTION EXISTS BASED UPON WISHFUL THINKING RATHER THAN PRIDE OF ACHIEVEMENT THROUGH SEARCH FOR TRUTH AND CONSCIOUS EFFORT FOR BETTERMENT.

WITH THESE THOUGHTS IN MIND AN EFFORT WILL BE MADE TO PRESENT MATERIAL FOR SELF ANALYSIS IN THE HOPE THAT IT MAY LEAD TO BETTER UNDERSTANDING AND CONSTRUCTIVE ACTION.

THE FOREPART WILL DEAL WITH STATISTICS AND PROBLEMS OF THE STATE AS A WHOLE AND WILL BE FOLLOWED BY A STUDY OF EACH INDIVIDUAL COUNTY.

J. D. DUNSHEE, M. D.
F.A.P.H.A.

A G R I C U L T U R A L A R E A S



H I S T O R Y O F T H E S T A T E O F A R I Z O N A

ARIZONA WAS THE LAST OF THE TERRITORIES WITHIN THE BORDERS OF THE UNITED STATES TO BE ADMITTED TO STATEHOOD. IT WAS FIRST ORGANIZED AS A TERRITORY ON FEBRUARY 24TH, 1863 WITH THE CAPITOL AT PRESCOTT. AT THAT TIME THE TERRITORY WAS DIVIDED INTO FOUR COUNTIES. THE CAPITOL WAS MOVED TO PHOENIX IN 1889 WHERE IT HAS SINCE REMAINED.

FOR 49 YEARS ARIZONA REMAINED A TERRITORY AND DURING THIS PERIOD THE POPULATION INCREASED FROM 581 TO 334,000. ARIZONA BECAME A STATE IN 1912. IN 1930 THE CENSUS GIVES THE POPULATION AS 435,833 WHICH SHOWS AN INCREASE OVER THE PREVIOUS DECADE OF 30.4%. THE AVERAGE INCREASE FOR THE UNITED STATES AS A WHOLE DURING THE SAME PERIOD HAVING BEEN 16.1%.

ARIZONA, WITH AN AREA OF 113,956 SQUARE MILES, RANKS AS FIFTH IN SIZE IN THE UNION, APPROXIMATELY 80% OF THE TOTAL AREA OF THE STATE IS GOVERNMENT OWNED LAND.

TOPOGRAPHY OF ARIZONA

MANY OF THE TOPOGRAPHICAL FEATURES OF THE STATE HAVE A DEFINITE BEARING ON PUBLIC HEALTH CONDITIONS. IF THE COUNTRY IS ARID, MOSQUITOES WILL NOT BREED. IF THE COUNTRY IS SPARSELY SETTLED WITH MANY INACCESSIBLE PORTIONS, PEOPLE WILL NOT BE AS SUBJECT TO COMMUNAL DISEASES AS THEY MIGHT IF LIVING IN A CONGESTED URBAN COMMUNITY. MANY OF THE DISEASES OF MAN ARE DEPENDENT ON ENVIRONMENT. TOPOGRAPHY INFLUENCES ENVIRONMENT.

THE STATE MAY BE CLASSIFIED AS A MOUNTAINOUS ONE. MANY PORTIONS ARE SO RUGGED, THAT THEY ARE INACCESSIBLE EXCEPT ON HORSEBACK. THESE PORTIONS ARE SO SPARSELY SETTLED THAT THEY DO NOT PRESENT PUBLIC HEALTH PROBLEMS OF ANY SIGNIFICANCE. DUE TO THE GEOLOGY OF THE STATE, ORE DEPOSITS ARE FOUND ONLY IN CERTAIN AREAS, AND AGRICULTURAL DEVELOPMENT IS LIMITED TO OTHER AREAS. THIS HAS A TENDENCY TO CONCENTRATE THE POPULATION IN COMPARATIVELY DENSELY SETTLED MINING, FARMING OR INDUSTRIAL COMMUNITIES.

IN THE NORTHERN PORTION, THE TERRAIN IS MOSTLY HIGH PLATEAU LAND, CORRUGATED WITH CANYONS OF GREAT BEAUTY AND GREAT MAGNIFICENCE, THERE ARE BROAD SWEEPS OF COUNTRY LYING BETWEEN NEIGHBORING CANYONS. IT IS OVER THIS HIGH PLATEAU LAND THAT LARGE HERDS OF CATTLE RANGE. IT IS IN THE SIDES OF MANY OF THESE CANYONS THAT MINES ARE DISCOVERED. THE HIGHEST ELEVATIONS ARE FOUND IN THE NORTHERN PORTION OF THIS STATE, REACHING A MAXIMUM OF BETTER THAN 12,000 FEET.

ACROSS THE CENTRAL PORTION IS FOUND THE MOGOLLON RIM, WHICH IS THE TRANSITIONAL SECTION BETWEEN THE NORTHERN AND SOUTHERN PORTIONS OF THE STATE. HERE THE HIGH PLATEAU LAND BREAKS INTO INNUMERABLE CANYONS, WHERE THE VARIOUS FORCES OF NATURE ARE ERRODING THE HIGH PLATEAU LAND THAT ONCE COVERED THE ENTIRE STATE, INTO THE "LOWLAND" THAT NOW COMPOSES THE SOUTHERN PORTION. THE TERM "LOWLAND" IS USED RELATIVELY FOR THE AVERAGE ELEVATION OF THE ENTIRE STATE IS APPROXIMATELY 4000 FEET ABOVE SEA LEVEL.

NUMEROUS MOUNTAIN CHAINS HAVE WITHSTOOD THE ERRODING PROCESS TEMPORARILY, TO LEAVE RIDGES THAT GENERALLY CROSS THE SOUTHERN PORTION OF THE STATE IN A SOUTHEASTERLY DIRECTION, WHICH IS THE GENERAL DIRECTION THAT THE MOGOLLON RIM TAKES ACROSS THE CENTRAL PORTION. BETWEEN THE MOUNTAIN RANGES OF SOUTHERN ARIZONA LIE BROAD FLAT VALLEYS FED BY RIVERS HAVING THEIR ORIGIN IN THE HIGH LANDS. HERE IS FOUND THE MAJOR AGRICULTURAL AREA.

IN THE BROKEN MOUNTAIN RANGES OF THE SOUTH, IN THE ERRODED TRANSITIONAL AREA OF THE CENTRAL PORTION, AND IN THE DEEP CANYONS TO THE NORTH, ARE FOUND MANY OUT-CROPPINGS OF ORE. THESE VEINS HAVE DEVELOPED SOME OF THE EXCELLENT MINES OF THE COUNTRY. IT IS FROM THESE DEVELOPMENTS THAT ARIZONA HAS TAKEN ITS PLACE IN THE SUN AS A MAJOR MINING STATE OF THE UNION. ARIZONA RANKS FIRST AS A PRODUCER OF COPPER. IT RANKS FIFTH AMONG ALL THE STATES IN THE VALUE OF MINERAL PRODUCTS PRODUCED, AND NINTH IN THE NUMBER OF WAGE EARNERS EMPLOYED IN MINING AND QUARRYING OPERATIONS.

WITH THE MINING DEVELOPMENT, THE POSSIBILITIES OF AGRICULTURAL DEVELOPMENT WERE REALIZED. DAMS OF INCREASING SIZE HAVE BEEN BUILT THAT HAVE IMPOUNDED VAST QUANTITIES OF WATER TO HOLD BACK FLOOD WATERS RUSHING OFF OF THE PRECIPITOUS LAND. THESE ARTIFICIAL LAKES ARE SYSTEMATICALLY DRAINED TO IRRIGATE THE VALLEY LANDS BELOW THEM. THEY FORM THE HOLDING BASINS THAT HOLD THE FLOODS TO THAT POINT

THAT THEY FURNISH A UNIFORM FLOW OVER A PERIOD OF YEARS, AND THROUGH MANY DROUGHTS.

CATTLE AND LIVE STOCK RAISING HAS LONG BEEN A SOURCE OF ECONOMIC INCOME. OVER-GRAZING OF SOME OF THE LAND HAS CAUSED BARREN AREAS, ERROSION, AND POVERTY IN SECTIONS. IT IS ANTICIPATED THAT WITH FEDERAL CONTROL, THIS EVIL WILL BE MINIMIZED TO THE POINT THAT ALL POSSIBLE GRAZING LAND WILL ONCE AGAIN YIELD ITS RICH HARVEST.

IN ADDITION TO THE STORAGE OF WATER BEHIND DAMS TO FORM ARTIFICIAL LAKES, NATURE HAS PROVIDED VAST UNDERGROUND STORAGE CAPACITY IN THE VALLEYS. WATER HELD IN THE UNDERGROUND STRATA IS AVAILABLE TO MOST OF THE POPULATION AS A SOURCE OF DOMESTIC WATER. THESE UNDERGROUND STRATA ARE SLOWLY EXHAUSTED, AND THEN REPLENISHED DURING THOSE YEARS OF HEAVY PRECIPITATIONS.

WIDE RANGES OF TEMPERATURE MAY BE OBSERVED. FOR THE MOST PART THE CLIMATE IS EXCEEDINGLY DRY. THE TEMPERATURE VARIES WITH THE ALTITUDE. IT GENERALLY PARTAKES OF THE SEMITROPICAL AND TEMPERATE. IN WINTER THE HIGH TEMPERATURES RANGE FROM 32 ABOVE TO 32 BELOW ZERO IN THE NORTHERN PORTION, WHEREAS THE TEMPERATURE IN THE SOUTHERN PART RARELY GO BELOW THE FREEZING POINT. THE WINTER TEMPERATURES IN THE DAYTIME ARE COMFORTABLY WARM IN THE SOUTHERN PART, AND ARE USUALLY QUITE COOL IF NOT COLD IN THE NORTHERN PART. THE SUMMER TEMPERATURES ARE USUALLY COOL IN THE MOUNTAINOUS OR HIGH PLATEAU AREAS, WHEREAS THE TEMPERATURES IN THE SOUTHERN PART MAY REACH A POINT AS HIGH AS 125 DEGREES.

RESOURCES

TAXABLE REAL WEALTH: FROM A STATEMENT OF COMPARATIVE VALUES AS PREPARED BY THE ARIZONA TAX COMMISSION FOR THE YEAR 1937, THE TAXABLE WEALTH OF THE STATE HAS BEEN PREPARED IN A PAMPHLET FORM. THE INFORMATION HAS BEEN PROCURED FROM THE COUNTY ASSESSOR'S OFFICE OF EACH COUNTY. INASMUCH AS A DIFFERENT SET OF VALUES IS USED FOR A BASIS OF COMPARISON IN EACH COUNTY, THE INFORMATION PRODUCED IS PROBABLY NOT THE TRUE VALUE OF EACH INDUSTRY. FOR THE PURPOSE OF THIS REPORT, THIS STATEMENT HAS BEEN CONVERTED INTO THE FOLLOWING CLASSIFICATION WITH THE ATTEMPT TO BRING OUT A COMPARATIVE STATEMENT OF THE RELATIVE TAXABLE WEALTH OF EACH INDUSTRY.

TAXABLE REAL WEALTH - CONT'D

	VALUE	PERCENT TOTAL
1. CITY PROPERTY	\$ 96,161,958	22.8
2. MINING INDUSTRY	91,244,751	21.07
3. RAILROADS	84,324,032	20.0
4. FARMING	37,114,038	8.8
5. PERSONAL PROPERTY	29,802,030	7.1
6. PUBLIC UTILITIES	25,774,326	6.1
7. LIVESTOCK RAISING	19,455,566	4.6
8. AUTOMOBILES	17,147,385	4.1
9. OTHER PROPERTY	12,052,061	3.0
10. MISCELLANEOUS LANDS	7,441,762	1.6
11. LUMBERING	740,226	.2
TOTAL	\$421,258,135	100.0

TOURIST INDUSTRY: AFTER THE INITIAL DEVELOPMENT IN THE MINING AND AGRICULTURAL INDUSTRIES, IT WAS APPARENT THAT THERE WAS A GREAT NEED FOR GOOD HIGHWAYS THROUGHOUT THE STATE. THE RAILROADS WERE CONSTRUCTED AND WERE EACH YEAR BRINGING AN EVER INCREASING NUMBER OF VISITORS WHO CONTRIBUTED TO THE WEALTH. APPROXIMATELY 20 YEARS AGO, HIGHWAY DEVELOPMENT BEGAN IN EARNEST WHICH HAS HAD A DEFINITE TENDENCY TO AUGMENT THE NUMBER OF VISITORS ALREADY BEING BROUGHT IN BY THE RAILROADS. UNDER THIS INFLUENCE MOST OF THE STATE HAS SINCE BEEN "OPENED UP" BY GOOD TRANSPORTATION FACILITIES. DURING THIS DEVELOPMENT PERIOD APPROXIMATELY 13,607 MILES OF HIGH QUALITY ROADS HAVE BEEN CONSTRUCTED.

A SUMMARY OF THE TYPES AND QUALITY OF ROADS IN ARIZONA IS PRESENTED AS FOLLOWS:

(A)	MILES OF FEDERAL AID SYSTEM ROADS	2220	
(B)	MILES OF STATE ROADS	1216	
(C)	MILES OF MAIN COUNTY ROADS	10171	13,607
(D)	MILES OF SECONDARY COUNTY ROADS	13882	
	TOTAL MILES OF ALL TYPES IN ARIZONA	27469	

OF THE 13,607 MILES OF HIGH QUALITY ROADS, THERE IS AN APPRECIABLE PORTION OF THIS MILEAGE THAT IS PAVED. WITH THE EXCEPTION OF THE NATIONAL MONUMENTS IN THE EXTREME NORTHERN SECTION PRACTICALLY ALL POINTS OF INTEREST ARE ACCESSIBLE BY GOOD ROADS.

THERE ARE FOUR MAJOR TRANSCONTINENTAL HIGHWAYS THAT CROSS ARIZONA FROM EAST TO WEST, AND ONE MAJOR HIGHWAY THAT CROSSES FROM NORTH TO SOUTH. A TREMENDOUS STREAM OF TOURISTS VISIT THE PLACES OF INTEREST AND SPEND TIME AND MONEY IN THE SOUTHERN PORTION DURING THE WINTER, ENJOYING THE RATHER MILD WINTER WEATHER. THIS LARGE INFUX OF TOURISTS AND VISITORS BRING WEALTH TO THE EXTENT THAT IT HAS BEEN ESTIMATED THAT THE TOURIST INDUSTRY IS THE MAJOR INDUSTRY INSOFAR AS YEARLY INCOME IS CONCERNED.

CITY PROPERTY: ACCORDING TO THE INFORMATION AS PRESENTED BEFORE IN THIS REPORT, THERE ARE SEVENTY COMMUNITIES IN THE STATE WITH POPULATION OF 500 OR MORE. THE TOTAL POPULATION FOR THESE COMMUNITIES IS 225,473, OR 51.8% OF THE TOTAL POPULATION ACCORDING TO THE 1930 CENSUS. THIS PERCENTAGE OF THE POPULATION AND THE PRESENCE OF VISITORS CONTRIBUTE TO THE VALUE OF CITY PROPERTY TO PLACE IT FIRST IN THE LIST OF TAXABLE PROPERTY.

MINING INDUSTRY: THE MINING INDUSTRY IS NEXT IN THIS CLASSIFICATION WITH ITS MINES, SMELTERS, REFINERIES, AND OTHER DEVELOPMENTS CONTRIBUTING TO ITS WEALTH. ACCORDING TO THE LAST MINING CENSUS OF 1929, THERE WERE 138 MINES IN OPERATION. OF THIS NUMBER THERE WERE 68 COPPER, 13 LEAD, 25 GOLD AND SILVER, 7 ASBESTOS, AND A FEW OTHER MINES OF DIFFERENT CLASSIFICATIONS. DURING THIS CENSUS YEAR (1929) THE MINING INDUSTRY EMPLOYED 18,134 PERSONS, PAID A TOTAL WAGE OF \$32,323,957, AND PRODUCED PRODUCTS VALUED AT \$116,477,536. THE AVERAGE YEARLY WAGE PER WORKER, ACCORDING TO THESE FIGURES, IS \$1,782.50.

RAILROADS: TWO MAJOR RAILROAD LINES CROSS THE STATE. THE DEVELOPMENT OF THESE RAILROADS HAS BEEN THE DEVELOPMENT OF THE STATE. WHERE RAIL HEADS HAVE BEEN ESTABLISHED, WHERE CATTLE, ORE, AND PRODUCE MAY BE LOADED, THERE HAVE APPEARED SMALL COMMUNITIES THAT IN MANY CASES HAVE DEVELOPED INTO SIZABLE TOWNS. THE TOTAL INVESTMENT OF THESE RAILROADS WOULD BE AN APPRECIABLE PORTION OF A BILLION DOLLARS. AT THE PRESENT TIME, THE SANTA FE THAT SERVES THE NORTHERN PART EMPLOYS 2500 MEN, AND THE SOUTHERN PACIFIC THAT COVERS THE SOUTHERN PORTION EMPLOYS 2550 MEN ON ITS LINES.

AGRICULTURE: FARMING AND LIVESTOCK: AS MAY BE OBSERVED FROM THE LISTING ABOVE, FARMING AND LIVESTOCK RAISING ARE LISTED INDEPENDENTLY. THEY HAVE BEEN INDEPENDENT INDUSTRIES UP TO THE PAST FEW YEARS. NOW IT HAS BEEN FOUND THAT RANGE STOCK RAISED ON ARIZONA RANGES MAY BE FATTENED ON ARIZONA FARMS AND SHIPPED DIRECTLY TO MARKET. THIS COMBINATION HAS IMPROVED BOTH INDUSTRIES. BESIDE THIS TYPE OF COOPERATIVE OPERATION, COTTON, CITRUS, LETTUCE, HAY, GRAIN, AND A NUMBER OF OTHER CROPS, AS WELL AS ALL TYPES OF LIVE STOCK RAISING, PROVIDE SUSTENANCE FOR APPROXIMATELY ONE-FOURTH OF THE POPULATION. THERE ARE 18,824 FARMS IN THE STATE, WITH 100,083

PEOPLE ON THESE FARMS, OR AN AVERAGE OF 5.3 PERSONS PER FARM ACCORDING TO THE 1935 CENSUS OF THE U. S. DEPARTMENT OF COMMERCE.

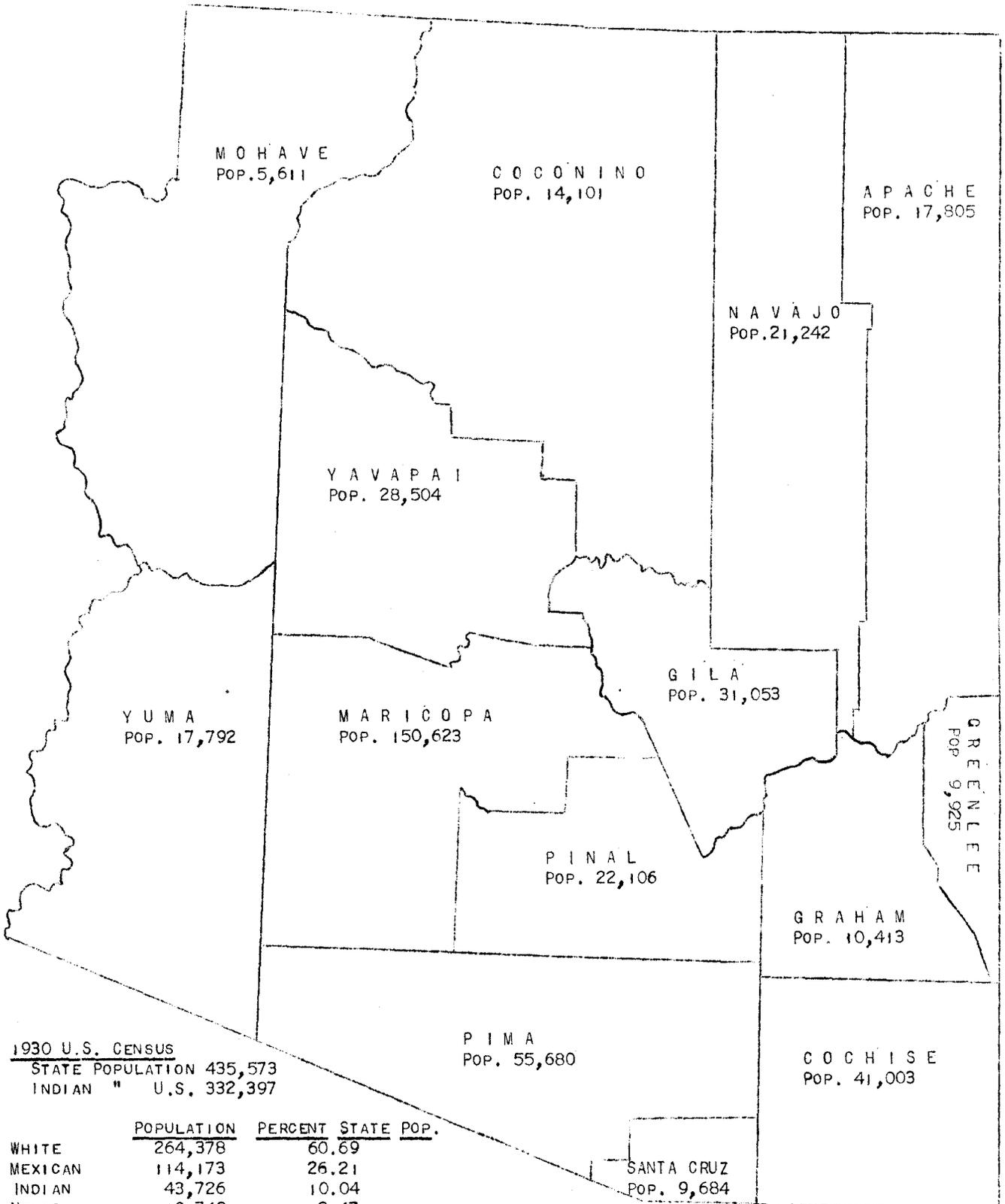
PUBLIC UTILITIES: TELEPHONE, TELEGRAPH, POWER, GAS AND WATER LINES ARE THE SOURCE OF REVENUE FOR THIS CLASSIFICATION. A GAS LINE SERVES THE SOUTHERN PART OF THE STATE WITH NATURAL GAS, WHICH ORIGINATED IN WESTERN TEXAS. HYDRO-ELECTRIC POWER IS UTILIZED IN A NUMBER OF COMMUNITIES. DURING THE CONSTRUCTION OF THESE VARIOUS ENTERPRIZES VAST NUMBERS OF MEN ARE EMPLOYED. IT IS NOT KNOWN HOW MANY MEN ARE EMPLOYED BY THE UTILITIES DURING THE COURSES OF ORDINARY MAINTENANCE AND OPERATION.

MANUFACTURING: THE MANNER IN WHICH THIS INDUSTRY IS LISTED IN THE TAX SUMMARY IS NOT APPARENT, FOR IT APPEARS IN SUCH ITEMS AS OTHER PROPERTY, MISCELLANEOUS LANDS, AND PERSONAL PROPERTY. INASMUCH AS THERE IS NO MANNER IN WHICH THESE ITEMS MAY BE INTEGRATED TO PRODUCE THE DESIRED INFORMATION, THE VALUE OF THE PRODUCTS PRODUCED IS USED AS A STANDARD. ACCORDING TO THE 1935 CENSUS, \$55,929,000 WORTH OF PRODUCTS WERE PRODUCED, AND 4965 MEN EMPLOYED. THE INDUSTRY IS LIMITED TO SMALL PLANTS SPREAD ACROSS THE ENTIRE STATE.

LUMBERING: LUMBERING PROBABLY RANKS IN THE NEXT ORDER OF IMPORTANCE. ACCORDING TO THE 1935 CENSUS, APPROXIMATELY 1000 MEN ARE EMPLOYED IN THE LUMBERING CAMPS, SAWMILLS, PLANING MILLS, AND BOX FACTORIES. THE VALUE OF THE PRODUCTS PRODUCED IS \$1,822,800. MOST OF THE LARGE SCALE OPERATIONS OF THIS INDUSTRY ARE CONFINED TO THE COUNTIES OF APACHE, COCONINO AND NAVAJO.

DISTRIBUTION OF POPULATION

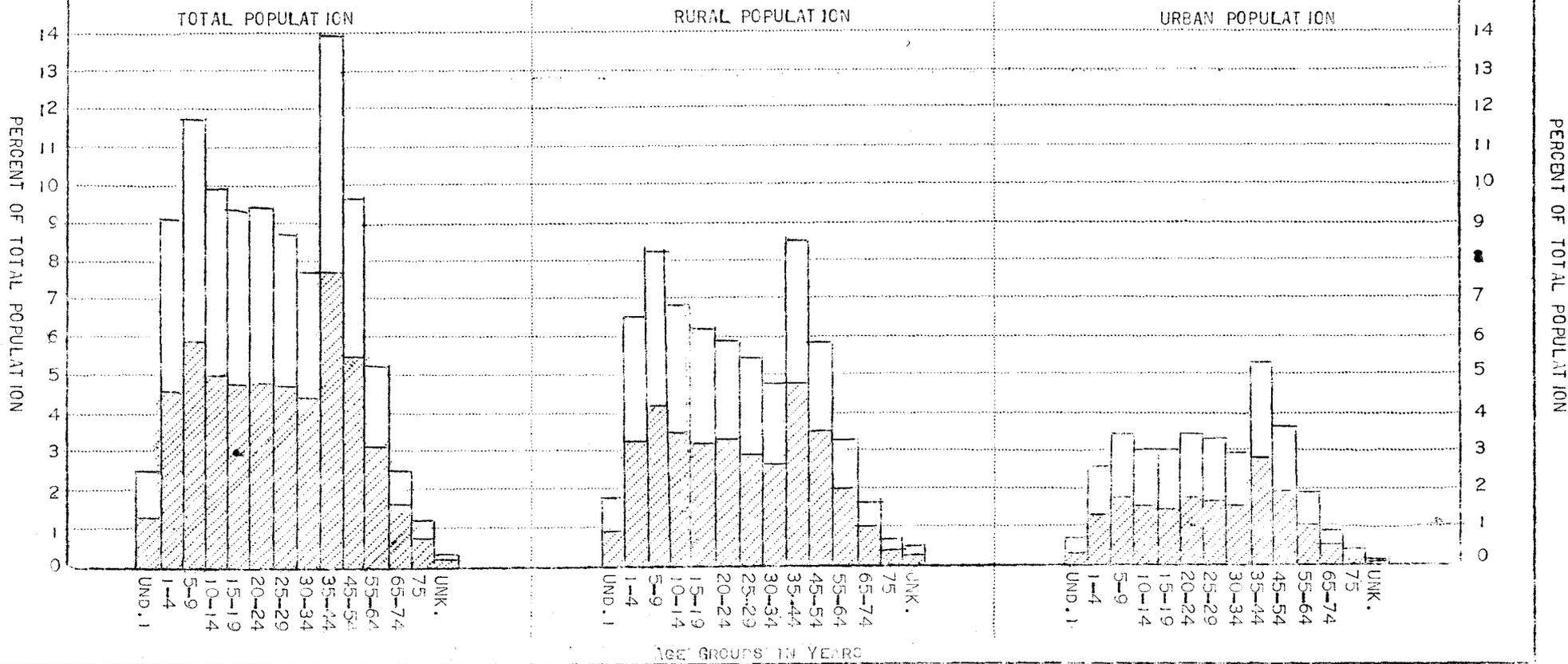
BY NUMBER AND RACE



ARIZONA
 POPULATION PERCENTAGES BY AGE GROUPS
 FOR SEX AND RURAL AND URBAN DIVISIONS
 CHART BASED ON U.S. 1930 CENSUS FIGURES
 ALL POPULATION CLASSES

LEGEND

 MALE
 FEMALE



T H E S T A T E B O A R D O F H E A L T H

THE BOARD OF HEALTH WAS CREATED BY AN ACT OF THE TERRITORIAL LEGISLATURE ON MARCH 19, 1903. REGISTRATION OF BIRTHS AND DEATHS AND THE CONTROL OF COMMUNICABLE DISEASE WERE THE FIRST FUNCTIONS OF THE BOARD. IN 1909 SEVERAL CHANGES WERE MADE, THE MOST IMPORTANT OF WHICH WAS THE PASSING OF THE MODEL REGISTRATION LAW AS RECOMMENDED BY THE BUREAU OF THE CENSUS.

THE STATE BOARD OF HEALTH IS COMPOSED OF THE GOVERNOR, PRESIDENT, THE ATTORNEY GENERAL, VICE-PRESIDENT, AND A PHYSICIAN OF THE STATE OF ARIZONA, WHO ACTS AS SECRETARY OF THE BOARD. HIS APPOINTMENT, MADE BY THE GOVERNOR, AND APPROVED BY THE SENATE, IS FOR TWO YEARS. HE IS SUPERINTENDENT OF PUBLIC HEALTH AND THE STATE REGISTRAR OF VITAL STATISTICS. THE ONLY QUALIFICATION REQUIRED BY LAW IS A LICENSE TO PRACTICE MEDICINE IN THE STATE OF ARIZONA.

ORIGINALLY THE HEALTH WORKERS OF THE STATE CONSISTED OF A SUPERINTENDENT OF HEALTH AND ONE HEALTH OFFICER IN EACH COUNTY, APPOINTED BY LOCAL OFFICIALS. THE SUPERINTENDENT RECEIVED IN SALARY \$1,000.00 PER YEAR AND AN ADDITIONAL \$300.00 FOR CLERK HIRE, OFFICE SUPPLIES AND INCIDENTALS.

FROM THE TIME OF THE ESTABLISHMENT OF THE BOARD OF HEALTH IN 1903, UNTIL THE REVISION OF THE LAWS IN 1909, COUNTY HEALTH OFFICERS REPORTED BIRTHS AND DEATHS TO THE STATE BY NUMBER. THE FIRST PUBLISHED SUMMARY WAS MADE IN NOVEMBER 1907. REPORTS WERE PUBLISHED AT IRREGULAR INTERVALS FOR THE NEXT FEW YEARS BEFORE THE BULLETIN WAS MADE A REGULAR PUBLICATION. IN 1909, THE MODEL LAW FOR REGISTRATION OF VITAL STATISTICS, AS RECOMMENDED BY THE BUREAU OF THE CENSUS, WAS PASSED AND SINCE THEN EACH YEAR HAS BROUGHT MORE COMPLETE REPORTS. THERE ARE ONE HUNDRED-

FIFTEEN LOCAL REGISTRARS IN THE STATE, APPOINTED BY THE SUPERINTENDENT OF PUBLIC HEALTH, WHO, EACH MONTH, TURN OVER TO THE STATE, CERTIFICATES FOR BIRTHS AND DEATHS OCCURRING IN THEIR DISTRICT THE MONTH PREVIOUS.

NATURALLY, THE VITAL STATISTICS RECORDS FOR EARLY TERRITORIAL DAYS ARE FAR FROM COMPLETE. THE EARLIEST BIRTH RECORD ON FILE IS FOR 1855, THE EARLIEST DEATH, 1878. COUNTY RECORDS TURNED OVER TO THE STATE BOARD OF HEALTH START IN MOST CASES WITH THE YEAR 1887. STATE RECORDING BEGAN AFTER THE PASSAGE OF THE MODEL LAW IN 1909. IN 1925 A SURVEY OF THE VITAL STATISTICS REPORTING IN ARIZONA WAS MADE BY THE BUREAU OF THE CENSUS, AND THE STATE WAS ACCEPTED INTO THE U. S. REGISTRATION AREA IN 1926.

IN 1907 THERE WERE, FOR THE QUARTER ENDING JUNE 30, 292 DEATHS AND 276 BIRTHS REPORTED TO THE STATE. THERE IS NOW A MONTHLY AVERAGE OF NEARLY 600 DEATHS AND MORE THAN 800 BIRTHS. THERE ARE ON FILE MORE THAN 207,000 CERTIFICATES OF BIRTH AND 137,000 CERTIFICATES OF DEATHS. THESE ARE FILED EACH MONTH BY COUNTY AND DATE AND ARE PERMANENTLY BOUND. CERTIFIED COPIES FOR CHILDREN ENTERING SCHOOL AND VETERANS APPLYING FOR COMPENSATION MAY BE OBTAINED FREE. FOR ALL OTHERS THERE IS A REQUIRED STATE FEE OF FIFTY CENTS. IN 1936, FIVE THOUSAND FOUR HUNDRED TEN, (5,410) CERTIFIED COPIES WERE ISSUED FROM THIS OFFICE.

THE STATISTICAL REPORTS OF THE BUREAU OF VITAL STATISTICS APPEAR IN THE BULLETIN PUBLISHED BY THE BOARD OF HEALTH. ON NOVEMBER 1, 1907, THE FIRST ISSUE OF THIS BULLETIN APPEARED. IT WAS CALLED THE QUARTERLY BULLETIN, AND CONTAINED THE NUMBER OF BIRTHS, DEATHS AND COMMUNICABLE DISEASES REPORTED TO THE BOARD FOR THE TWO PREVIOUS QUARTERS, AND REMARKS URGING BETTER REPORTING. FROM THIS TIME THE BULLETIN APPEARED AT MORE OR LESS IRREGULAR INTERVALS UNTIL 1913, WHEN ITS PUBLICATION WAS ESTABLISHED. IN 1930 IT WAS MADE INTO A MONTHLY MAGAZINE AND IN 1931 THE NAME WAS CHANGED TO ARIZONA PUBLIC HEALTH NEWS. IN ADDITION TO THE BULLETIN, THE BIENNIAL REPORT TO THE GOVERNOR, WHICH CONTAINS A SUMMARY OF THE WORK DONE IN THE PAST TWO YEARS, THE MORTALITY AND MORBIDITY REPORTS IN BRIEF, AND THE STATE LABORATORY REPORT HAS BEEN PUBLISHED EVERY TWO YEARS SINCE 1913, WITH THE EXCEPTION OF 1916-17, 1921-22, AND 1933-34.

IN THE FIRST QUARTER OF 1907, THERE WERE 253 COMMUNICABLE DISEASES REPORTED TO THE BOARD OF HEALTH. THESE REPORTS WERE MADE BY COUNTY HEALTH OFFICERS.

TUBERCULOSIS WAS THE CHIEF DISEASE THEN AS NOW. TYPHOID, SCARLET FEVER, AND DIPHTHERIA WERE ALSO PREVALENT. TOTAL DISEASES REPORTED IN 1936 WERE 18,486. THEY ARE NOW REPORTED DIRECTLY TO THIS OFFICE BY EVERY PHYSICIAN IN THE STATE ON FRANKED CARDS WHICH ARE FURNISHED BY THE UNITED STATES PUBLIC HEALTH SERVICE AND MAILED TO DOCTORS EACH WEEK. HEALTH OFFICERS SEND IN SUMMARIES EACH WEEK AND MONTHLY REPORTS WEEKLY REPORTS ARE MADE BY TELEGRAPH TO THE UNITED STATES PUBLIC HEALTH SERVICE AND BULLETINS SENT TO ALL HEALTH OFFICERS IN THE STATE. MONTHLY AND YEARLY REPORTS ARE MADE TO THE UNITED STATES PUBLIC HEALTH SERVICE AND SUMMARIES ARE PUBLISHED IN THE PUBLIC HEALTH NEWS.

THE STATE BOARD OF HEALTH IS NOW IN FIVE BUREAUS: ADMINISTRATION, DIVISION OF MATERNAL AND CHILD HEALTH, DIVISION OF VITAL STATISTICS, DIVISION OF LOCAL HEALTH ADMINISTRATION, AND DIVISION OF SANITARY ENGINEERING. THERE IS ONE HEALTH DISTRICT CONSISTING OF COCHISE AND SANTA CRUZ COUNTIES, AND FOUR OTHER COUNTIES WITH FULL TIME WORK, COCONINO, MARICOPA, PIMA AND YUMA.

THERE ARE SEVERAL PUBLIC HEALTH WORKERS IN TRAINING, AND ON SPECIAL PROJECT - THE HEALTHMODILE.

THE STATE HAS 115 LOCAL REGISTRARS, 15 DEPUTY STATE HEALTH OFFICERS AND IN HEALTH GROUPS NOT AFFILIATED WITH THE STATE DEPARTMENT THERE ARE APPROXIMATELY 30 CITY HEALTH OFFICERS, 14 COUNTY HEALTH OFFICERS, 21 DEPUTY COUNTY HEALTH OFFICERS, AND 17 SCHOOL NURSES.

PUBLIC HEALTH ORGANIZATION IN ARIZONA
 IN COOPERATION WITH
 UNITED STATES PUBLIC HEALTH SERVICE
 AND
 FEDERAL CHILDREN'S BUREAU

STATE BOARD OF HEALTH

GOVERNOR - SUPERINTENDENT OF HEALTH - ATT'Y GENERAL

STATE UNIVERSITY
 AND
 STATE BOARD OF HEALTH

LOCAL HEALTH AND ADMINISTRATION	MATERNAL AND CHILD HEALTH	SANITARY ENGINEERING	VITAL STATISTICS	HEALTHMOBILE STATE BOARD OF HEALTH & AMERICAN LEGION COOPERATION	HYGIENIC LABORATORIES
LOCAL HEALTH SERVICE EPIDEMIOLOGY P.H. NURSING COMMUNICABLE DISEASE CON- TROL	MATERNAL AND CHILD HEALTH	GENERAL SANITATION WATER SUP- PLY, SEWAGE DIS- POSAL	BIRTHS DEATHS	TUBERCULOSIS CASE FINDING, AND HEALTH EDUCATION (SCHOOL CHILD- REN & CON- TACTS.)	FREE SERVICE IN ALL COM- MUNICABLE DISEASE, WATER, FOOD AND DRUG EXAMINATION

SUPERVISING PROGRAM, MAINTAINING
 STANDARDS AND COOPERATING WITH

LOCAL HEALTH UNITS AND
 COUNTY COOPERATIVE PUBLIC HEALTH
 NURSING SERVICE NOT
 CONNECTED WITH
HEALTH UNITS

DIVIDED COST
 STATE & FEDERAL GOV'T

DIVIDED COST
 COUNTIES
 OTHER AGENCIES

DIRECTOR OF
 LOCAL UNIT
 (ADMINISTRATION.)

SANITATION - NURSING - MATERNAL AND - CLERICAL AND - COMMUNICABLE DISEASE
 CHILD HEALTH STATISTICAL

S O C I A L S E C U R I T Y A C T B U D G E T

STATE : ARIZONA

COUNTY : SUMMARY

PERIOD COVERED BY BUDGET JULY 1, 1937 - JUNE 30, 1938

No.	I T E M DESCRIPTION	ALLOTMENTS 12 MONTHS	S O U R C E O F F U N D S .				
			STATE	LOCAL	USPHS	A CHILDREN'S BUREAU	B CHILDREN'S BUREAU
	<u>STATE</u>						
	ADMINISTRATION	17933	15575		2008		400
	DIVISION OF MATERNAL AND CHILD HEALTH	9300	4050			5250	
	DIVISION OF VITAL STATISTICS	4300	4300				
	DIVISION OF LOCAL HEALTH ADMINISTRATION	12300	2200		7950	2150	
	DIVISION OF ENGINEERING AND SANITATION	6000	3000		3000		
	TOTAL	49863	29125		12958	7400	400
	TRAINING MCBILE UNIT	6000 24196.65			6000		24196.65
	<u>COUNTIES</u>						
	DISTRICT - COCHISE	28543	2550	15413	6380	4200	
	SANTA CRUZ	9900		5400	3300	1200	
	COCONINO	11120	1400	4700	3800	1200	
	MARICOPA	44470	2500	22320	10800	8850	
	PIMA	36508	1500	22668	7340	5000	
	PINAL	10600		5300	5300		
	YUMA	19960	800	9330	6530	3300	
	TOTAL	161081	8750	85131	43450	23750	
	GRAND TOTAL	241150.65	37875	85131	62408	27596.18	24596.65
	CREDITED TO THE STATE FROM 1936-37					3553.82	
						31,150.00	

S T A T E O F A R I Z O N A

POPULATION :	1930	1920	1910	1900
	435,573	334,162	204,354	122,931

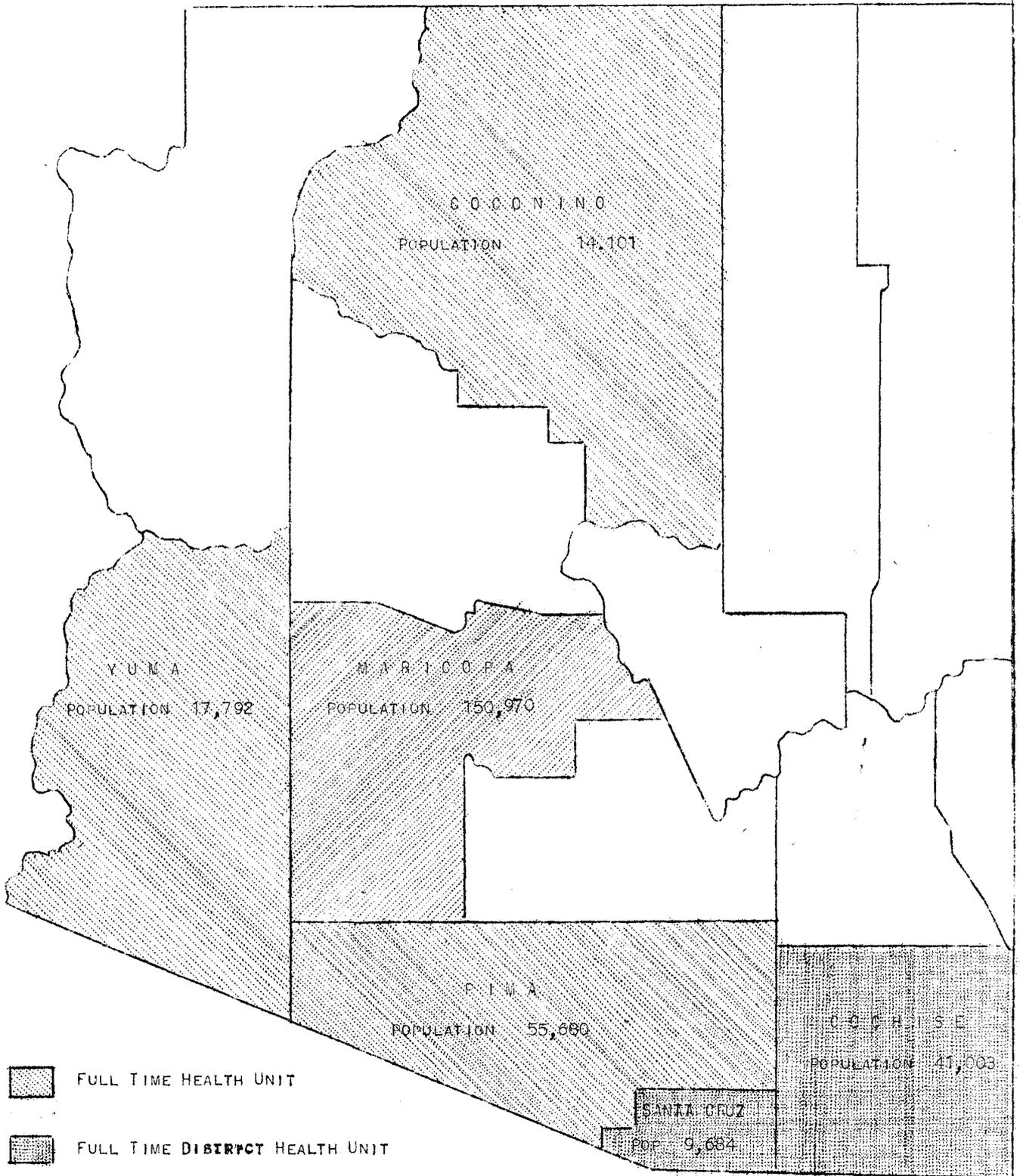
<u>COUNTY</u>	<u>1930 CENSUS</u>			
	<u>WHITE</u>	<u>MEXICAN</u>	<u>INDIAN</u>	<u>NEGRO & OTHER</u>
APACHE	3,786	1,908	11,732	339
COCHISE	25,857	13,044	108	1,989
COCONINO	6,650	3,025	4,247	142
GILA	18,026	10,771	2,016	203
GRAHAM	7,613	1,981	724	55
GREENLEE	5,042	4,769	5	70
MARICOPA	108,284	32,494	3,845	6,347
MCHAVE	4,097	784	661	30
NAVAJO	8,136	2,760	10,126	180
PIMA	32,726	16,093	5,305	1,552
PINAL	10,164	8,175	3,425	317
SANTA CRUZ	3,833	5,016	41	794
YAVAPAI	19,047	8,685	433	305
YUMA	11,117	4,668	1,058	973
TOTALS	264,378	114,173	43,726	13,296
TOTAL POPULATION FOR THE STATE	435,573			

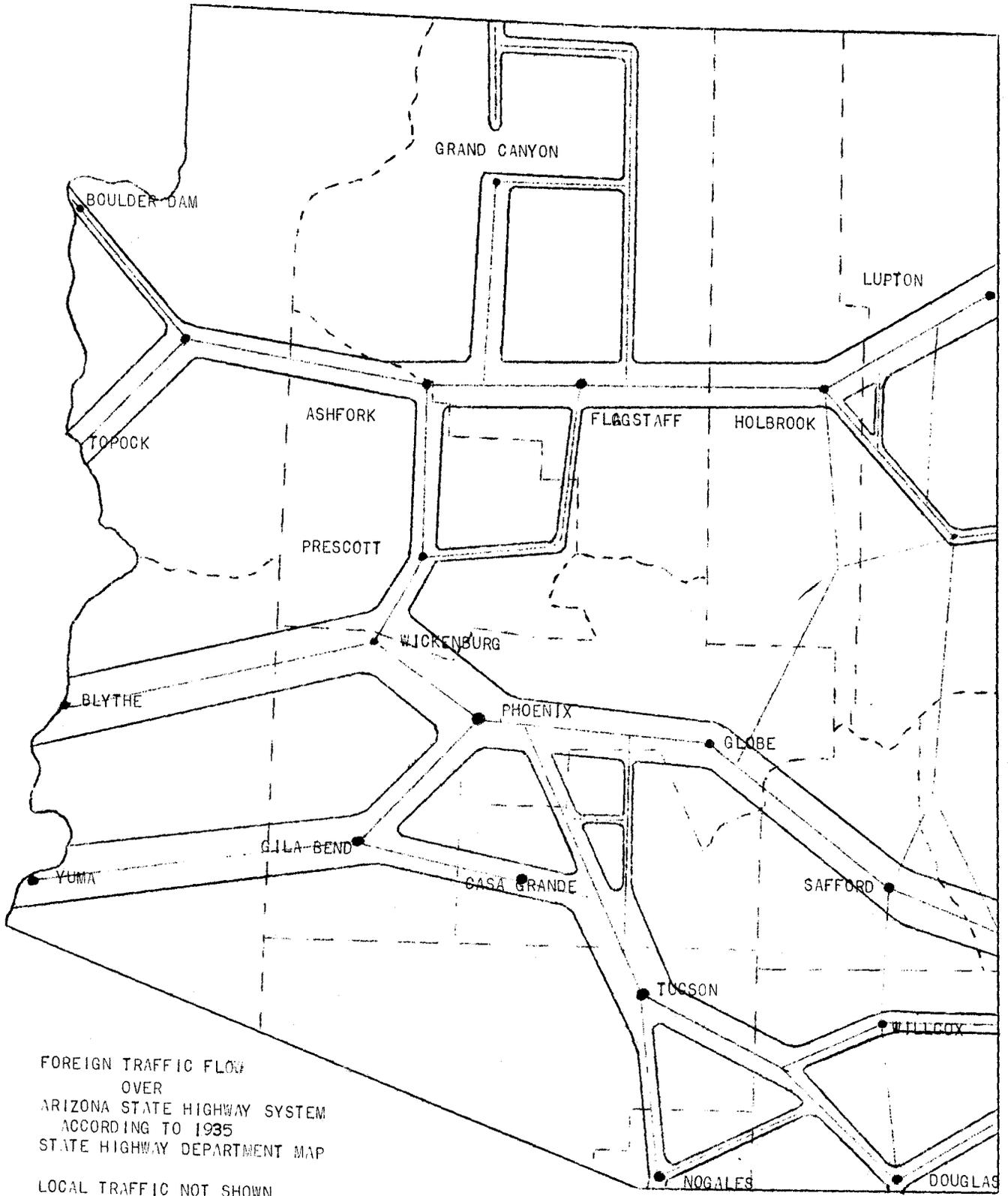
INCLUDES: CHINESE, JAPANESE, NEGRO, FILIPINO, HINDU, KOREAN,
HAWAIIAN AND MALAY

<u>AREA:</u>	<u>ACRES</u>	<u>SQUARE MILES</u>	<u>PERCENT TOTAL</u>
STATE OF ARIZONA	72,931,840	113,956	100.0

INDIAN RESERVATIONS	17,828,093	27,857	24.5
NATIONAL FORESTS	12,118,680	18,935	16.6
NATIONAL PARKS	643,356	1,005	0.9
NATIONAL MONUMENTS	457,145	714	0.6
MILITARY RESERVATIONS	56,521	88	0.1
VACANT, UNSURVEYED, UNRESERVED GOVERNMENT LANDS	15,180,000	23,719	20.8
PROPOSED WITHDRAWALS BY FEDERAL GOVERNMENT ALONG GRAND CANYON AND AROUND BOULDER DAM	10,800,000	16,875	14.8
TOTALS	57,083,795	89,193	78.3
STATE OF ARIZONA	72,931,840	113,956	100.0
GOVERNMENT LANDS	57,083,795	89,193	78.3
LAND OWNED BY THE STATE & ITS CITIZENS	15,848,045	24,763	21.7

FULL TIME HEALTH UNITS NOW OPERATING





S A N I T A T I O N P R O B L E M S O F T H E S T A T E

BEFORE ATTEMPTING TO ENTER INTO THE EVALUATION OF THE VARIOUS SANITATION PROBLEMS OF THE STATE, SOME CONSIDERATION IS OFFERED ON THE POSSIBILITIES OF INAUGURATING CORRECTIVE MEASURES TO ALL PHASES OF THE SANITATION PROBLEM. THE POSSIBILITIES OF IMPROVING THE CONDITION ARE EXCELLENT FOR THE FOLLOWING REASONS:

1. THE PEOPLE PRIDE THEMSELVES ON THEIR PROGRESSIVENESS. THEY ARE EASILY APPROACHED ON THIS BASIS AND WELCOME NEW IDEAS.
2. THEY EXPEND IN TAXES FAR MORE FOR HEALTH THAN IS ACTUALLY NECESSARY TO PLACE GOOD CORRECTIVE SANITATION MEASURES INTO FORCE.
3. IT IS FELT THAT PUBLIC HEALTH LEGISLATION WOULD MEET WITH SUCCESS IF PROPERLY PRESENTED.

THE OBSTACLES IN THE PATH OF ANY CORRECTIVE MOVE TO IMPROVE SANITATION CONDITIONS ARE THE FOLLOWING:

1. A LACK OF UNDERSTANDING BETWEEN THE VARIOUS PUBLIC HEALTH AGENCIES WITHIN THE STATE.
2. A FULL AGREEMENT OF ALL PUBLIC HEALTH AGENCIES ON A DEFINITE PROGRAM OF CONSTRUCTIVE IMPROVEMENT.
3. PROPER CHANNELING OF FUNDS EXPENDED FOR PUBLIC HEALTH PURPOSES.

PRINCIPAL PROBLEMS

THERE ARE TWO MAIN PROBLEMS IN THE FIELD OF SANITATION IN ARIZONA, THAT IF CORRECTED, WOULD RESULT IN IMMEDIATE IMPROVEMENTS OF SANITATION CONDITIONS:

1. ADEQUATE LEGISLATION ENACTED BY THE STATE LEGISLATURE.
2. SUFFICIENT NUMBERS OF WELL TRAINED SANITARIANS TO ENFORCE THE LEGISLATION.

ALTHOUGH THE INDIVIDUAL SANITATION PROBLEMS OF EACH COUNTY WILL BE TREATED UNDER THE INDIVIDUAL COUNTY HEADING, THE GENERAL PROBLEMS OF THE STATE WILL BE PRESENTED IN THE FOLLOWING OUTLINE:

I. WATER SUPPLY AND SEWAGE DISPOSAL SANITATION

1. COMMUNITY WATER SUPPLY PROBLEM
2. COMMUNITY SEWAGE DISPOSAL PROBLEMS
3. RURAL WATER SUPPLY AND SEWAGE DISPOSAL
4. STREAM POLLUTION

II. MILK AND FOOD SANITATION

1. MILK SANITATION
2. SANITATION OF MANUFACTURE OF FOOD PRODUCTS
3. FOOD HANDLING SANITATION

III. ENVIRONMENTAL AND GENERAL SANITATION

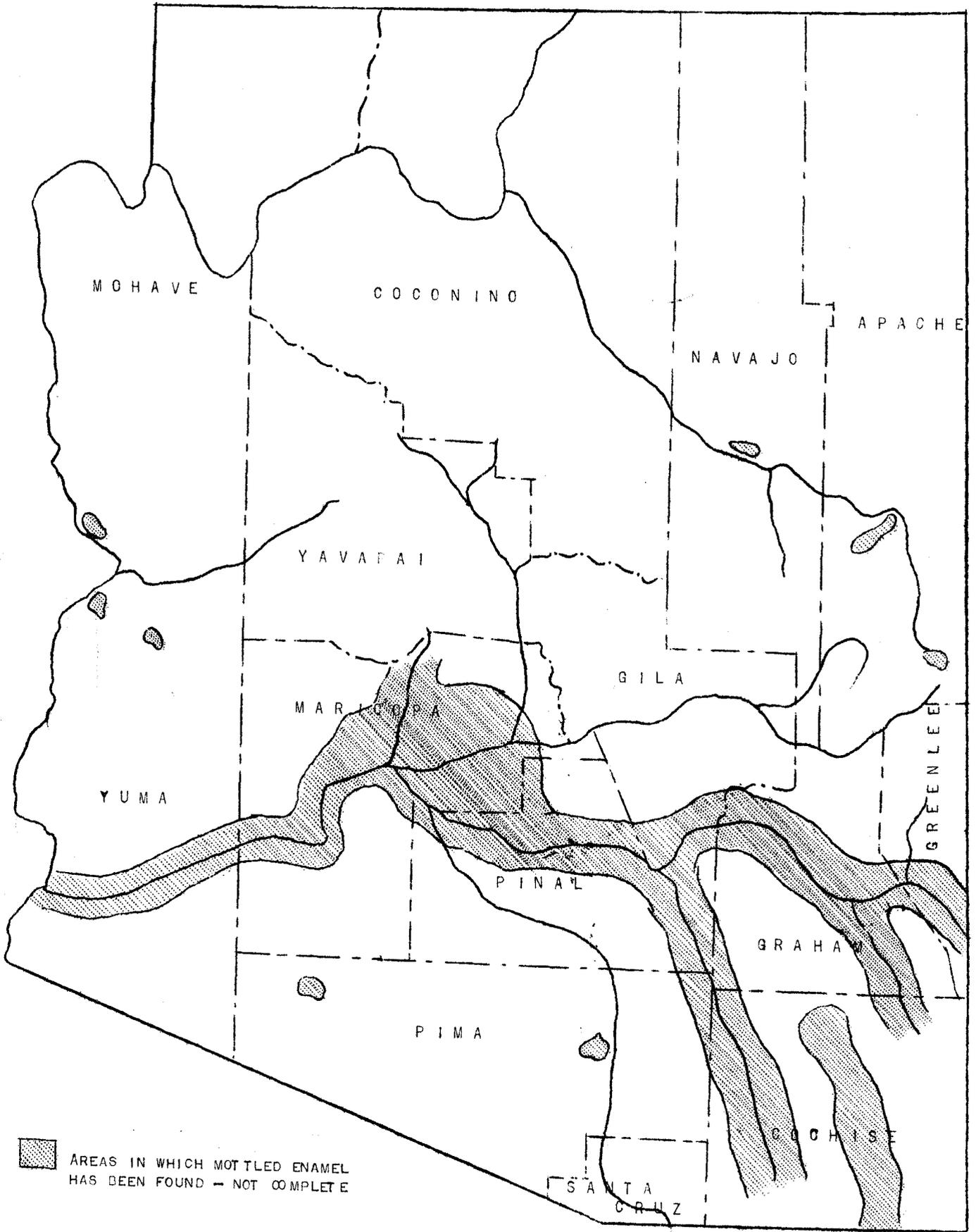
1. INDUSTRIAL HYGIENE
2. HOUSING
3. PLUMBING
4. SWIMMING POOL
5. TOURIST CAMP
6. COMMON DRINKING CUP AND DRINKING FOUNTAIN
7. GARBAGE DISPOSAL
8. RODENT CONTROL

COMMUNITY WATER SUPPLY: THERE ARE 70 COMMUNITIES IN THE STATE WITH POPULATIONS OF 500 OR MORE, WITH AN AGGREGATE POPULATION OF 225,430 APPROXIMATELY TWENTY OF THESE HAVE ACCEPTABLE SYSTEMS AND OPERATIONAL CONDITIONS. 66 HAVE COMMUNITY WATER SUPPLY SYSTEMS, SERVING A TOTAL POPULATION OF 222,776, OR 51.1% OF THE TOTAL POPULATION ACCORDING TO THE 1930 CENSUS. DURING THE PAST FEW YEARS, THE STATE BOARD OF HEALTH AND THE COUNTY HEALTH SERVICES HAVE BEEN MORE OR LESS RESPONSIBLE FOR IMPROVEMENTS TO 27 OF THESE COMMUNITIES, OR 40.9% OF THE TOTAL STATE POPULATION. THIS HAS BEEN EFFECTED IN THE ABSENCE OF THE STATE LAW.

IN THE PAST FEW YEARS A SYSTEM OF WATER SAMPLING HAS BEEN INAUGURATED IN WHICH THE OPERATOR OF A SYSTEM MUST SUBMIT AT LEAST TWENTY SAMPLES PER YEAR TO THE STATE LABORATORY BEFORE THE WATER SUPPLY WILL BE GIVEN CONSIDERATION FOR FAVORABLE APPROVAL. THIS HAS HAD A TENDENCY TO FOCUS THE OPERATOR'S ATTENTION ON THE QUALITY OF HIS WATER SUPPLY SYSTEM. MANY IMPROVEMENTS HAVE BEEN EFFECTED BY THIS INTEREST.

LEGISLATION IS NEEDED GOVERNING COMMUNITY WATER SYSTEMS.

FLOURINE IN DRINKING WATER: THE PRESENCE OF FLOURINE IN DRINKING WATER IS OF PUBLIC HEALTH IMPORTANCE BECAUSE OF THE DISCOVERY BY DR. H. V. AND MARGARET CAMMACK SMITH



OF THE UNIVERSITY OF ARIZONA THAT IT IS THE CAUSE OF MOTTLED ENAMEL IN TEETH AND IN DILUTIONS AS HIGH AS 0.72 - 2.0 PARTS PER MILLION. FLOURINE IN WATER IS QUITE WIDELY DISTRIBUTED OVER THE WORLD BUT IT WAS NOT UNTIL 1931 THAT IT WAS PROVEN TO BE THE CAUSE OF MOTTLED ENAMEL.

A SURVEY DISCLOSED ABOUT 45 TOWN OR RURAL DISTRICTS IN ARIZONA IN WHICH MOTTLED ENAMEL IS ENDEMIC. ANALYSES OF 110 PUBLIC AND 75 PRIVATE WATER SUPPLIES SHOW A FLOURIDE CONTENT RANGING FROM 0.0 TO 13 PARTS PER MILLION. A MAP SHOWING THE DISTRIBUTION IS ATTENDED.

CONTINUED RESEARCH FOR A PRACTICAL METHOD OF REMOVING THIS SUBSTANCE FROM DRINKING WATER HAS BEEN CARRIED ON WITH PROMISING RESULTS BY THE WORKERS MENTIONED. AS THIS CONDITION OF THE WATER IS WIDESPREAD IN MANY AREAS OTHER THAN ARIZONA, ITS SOLUTION IS OF GREAT IMPORTANCE. IT WOULD APPEAR FROM THE FACTS TABULATED IN THE STUDIES OF THE SMITHS THAT EXPOSURE OF THE CHILD TO THE ENVIRONMENTAL FACTORS OF FLOURINE IN DRINKING WATER OF OVER 0.9 PARTS PER MILLION DURING THE YEARS OF GROWTH OF THE ENAMEL OF THE PERMANENT TEETH IS CERTAIN TO RESULT IN MOTTLING.

IN ORDER TO INSURE THE DELIVERY OF WATER OF UNQUESTIONABLE QUALITY TO USERS OF COMMUNITY WATER SYSTEMS THE FOLLOWING ITEMS ARE NECESSARY:

1. FREQUENT SUPERVISION OF ALL COMMUNITY WATER SYSTEMS.
2. SUBMISSION OF PLANS TO THE STATE BOARD OF HEALTH BEFORE MODIFICATIONS OF EXISTING SYSTEMS ARE ADOPTED. LEGISLATION IS NEEDED TO EFFECT THIS.
3. ELEVATION OF THE MORAL AND TECHNICAL STANDING OF WATER WORKS OPERATORS OVER THE STATE. OPERATORS' SCHOOLS AND FREQUENT CONTACT ARE NECESSARY.

TO ADEQUATELY HANDLE THIS CONDITION IT IS SUGGESTED THAT A BILL BE ENACTED WHICH WILL REQUIRE THE INDIVIDUAL WATER COMPANY TO CARRY A NOTICE ON THE FACE OF EACH WATER BILL THAT THEY PRESENT THEIR VARIOUS CUSTOMERS, SHOWING THE LATEST STATEMENT OF THE STATE BOARD OF HEALTH ON THE QUALITY OF THEIR WATER SUPPLY. IN THE ABSENCE OF A BILLING SYSTEM BY THE WATER COMPANY, A NOTICE SHOULD BE ATTACHED TO THE CAGE OR PLACE WHERE THE WATER BILLS ARE PAID. THE STATEMENT OF THE STATE

BOARD OF HEALTH WOULD INDICATE ITS APPROVAL OR NON-APPROVAL OF THE CURRENT CONDITION OF THE WATER SUPPLY. THE ONLY PENALTY TO BE ENFORCED IS THE NON-PRESENTATION OF SUCH INFORMATION TO THE CUSTOMER BY THE WATER COMPANY OFFICIAL.

COMMUNITY SEWAGE DISPOSAL:

OF THE 70 COMMUNITIES WITH POPULATIONS OF 500 OR MORE ACCORDING TO THE 1930 CENSUS, 47 HAVE SEWAGE COLLECTION SYSTEMS SERVING A POPULATION OF 200,906 OR 46.1% OF THE TOTAL STATE POPULATION. MOST OF THESE SYSTEMS NEED ADDITIONALS OR EXTENSIONS TO ADEQUATELY SERVE THEIR RESPECTIVE COMMUNITIES, OR ADEQUATELY HANDLE THEIR SEWAGE DISPOSAL PROBLEMS. DURING THE PAST FEW YEARS 17 COMMUNITIES HAVE ADDED TO THEIR SEWAGE DISPOSAL PLANTS, HAVE BUILT NEW PLANTS, OR HAVE REPLACED OBSOLETE TYPES. THESE 17 COMMUNITIES CONTAIN 83,323 PEOPLE, OR 19.1% OF THE ENTIRE STATE POPULATION.

THE PROBLEM YET TO BE SOLVED IS THE COMPLETE INSTALLATION OF SEWAGE COLLECTION SYSTEMS SERVING AT LEAST 100% OF EACH COMMUNITY'S POPULATION AND ALL 70 COMMUNITIES HAVING POPULATIONS OF 500 OR MORE, HAVING ADEQUATE COLLECTION AND DISPOSAL.

AS FUNDS PERMIT IN THE COMMUNITY'S BUDGET, EXTENSIONS AND ENLARGEMENTS ARE BEING MADE. THIS IS AN EVER CHANGING SITUATION THAT MUST BE FOLLOWED BY THE PUBLIC HEALTH OFFICIAL, TO SEE THAT THE COMMUNITY RECEIVES A MAXIMUM OF BENEFIT THROUGH PUBLIC HEALTH PROTECTION FROM THE EXPENDITURE OF FUNDS INVOLVED.

STATE LAW ON THIS PARTICULAR SUBJECT IS OF PARAMOUNT IMPORTANCE. ALL MODIFICATIONS OF EXISTING SYSTEMS, OR INSTALLATIONS OF NEW SYSTEMS SHOULD CARRY THE APPROVAL OF THE STATE BOARD OF HEALTH.

RURAL SANITATION: THE SANITATION OF RURAL WATER SUPPLIES AND RURAL SEWAGE DISPOSAL ARE SO CLOSELY INTERLOCKED THAT THESE TWO PROBLEMS WILL BE TREATED COLLECTIVELY. FROM THE PRECEDING SECTIONS, IT IS APPARENT THAT 48.9% OF THE TOTAL STATE POPULATION DEPEND ON THE INDIVIDUAL WATER SYSTEM AND 53.9% OF THE POPULATION DEPEND ON THE INDIVIDUAL MEANS OF SEWAGE DISPOSAL.

IN ORDER TO COMBAT THIS CONDITION, THE UNITED STATES PUBLIC HEALTH SERVICE, THE ARIZONA STATE BOARD OF HEALTH, AND THE W. P. A. HAVE JOINED TO CREATE THE COMMUNITY SANITATION PROJECT. THIS ORGANIZATION HAS CONSTRUCTED 10,254 USPHS

PRIVY UNITS IN THE STATE. BY ACTUAL COUNT, THESE UNITS SERVE 74,018 PERSONS. IF THE TOTAL NUMBER OF PERSONS HAVING SEWERAGE AVAILABLE AND THE TOTAL NUMBER OF PERSONS SERVED BY PRIVIES ARE JOINTLY SUBTRACTED FROM THE STATE TOTAL, THERE ARE 160,649 PEOPLE NOT SERVED BY EITHER COMMUNITY SYSTEM OR STANDARD PRIVY. A LARGE PERCENTAGE OF THESE PEOPLE DEPEND ON THE INDIVIDUAL WATER CARRIAGE SEWAGE DISPOSAL SYSTEM, WHICH IS USUALLY THE CESS-POOL.

IT IS ESTIMATED THAT THERE ARE POSSIBILITIES OF CONSTRUCTING NOT OVER 10,000 ADDITIONAL PRIVIES IN THE STATE. THE BALANCE OF THE POPULATION WILL REQUIRE SEPTIC TANKS AND TILE FIELDS.

THE MOST SERIOUS SANITATION PROBLEM FACING THE RURAL DISTRICTS IS THE ALMOST UNIVERSAL USE OF THE CESS-POOL FOR THOSE RURAL HOMES USING A WATER CARRIAGE METHOD OF SEWAGE DISPOSAL. THE CESS-POOL IS USUALLY EXCAVATED TO A POROUS UNDERLYING STRATUM, THAT BESIDES ADEQUATELY DRAINING THE CESS-POOL, ALSO SERVES AS AN EXCELLENT UNDERGROUND SEWER THAT DRAINS THE CESS-POOL INTO THE WELL. THIS IS PARTICULARLY TRUE OF THE IRRIGATED FARMING DISTRICTS, WHICH MIGHT EASILY ACCOUNT FOR THE HIGH TYPHOID AND DYSENTARY DEATH RATES IN THESE SECTIONS OF THE STATE. PROPER WELL CONSTRUCTION IS OF LITTLE IMPORTANCE IF THE UNDERLYING STRATA ARE POLLUTED. THIS POSSIBILITY SHOULD BE INVESTIGATED BY A CAREFUL STUDY ON SELECTED CROSS SECTIONS OF THE TERRITORY.

THE PROPER CONSTRUCTION OF RURAL WATER SUPPLY SYSTEMS IS NOT OF AS SERIOUS A NATURE AS MIGHT BE EXPECTED. THE GREATEST PERCENTAGE OF RURAL WELLS ARE DRILLED, DUE TO THE DEPTH TO WHICH THEY MUST GO FOR WATER. A SHALLOW WATER IN THIS STATE IS ONE AT A DEPTH OF THIRTY FEET. SURFACE RUN-OFF IN THIS ARID STATE DOES NOT PRESENT THE DEGREE OF DANGER TO THE RURAL WATER SUPPLY THAT IT DOES IN A MORE MOIST CLIMATE. HOWEVER, THE DANGER SHOULD NOT BE OVERLOOKED, FOR TORRENTIAL SEASONAL STORMS MAY CAUSE PERIODIC DANGEROUS CONDITIONS. RESERVOIRS SHOULD BE COVERED TO PREVENT THE INGRESS OF DUST, WHICH IS ALWAYS A PROBLEM IN THE STATE.

THE SCREENING OF HOMES, IRRADICATION OF DUMPS, AND OTHER METHODS TO MINIMIZE FLY BREEDING SHOULD BE EMPLOYED.

AN EDUCATIONAL PROGRAM WITH AN ADEQUATE NUMBER OF WELL-TRAINED, INTELLIGENT SANITARIANS SHOULD BE ABLE TO MAKE GREAT INROADS INTO THIS PROBLEM OF RURAL SANITATION, RESULTING IN BETTER LIVING CONDITIONS, LOWER DEATH AND MORBIDITY RATES,

AND THE BENEFITS ACCRUING THEREFROM.

A CORP OF SANITARIANS SHOULD EFFECT THE FOLLOWING RESULTS OVER THE STATE:

1. MAINTENANCE OF THE PRESENT PRIVIES NOW CONSTRUCTED.
2. EDUCATION OF RURAL POPULATION IN PROPER METHODS OF SEWERAGE CONSTRUCTION.
3. PROPER FLY CONTROL MEASURES.
4. MOSQUITO ABATEMENT.
5. SUPERVISION OF CONSTRUCTION OF RURAL WELLS AND WATER SUPPLIES TO INSURE MAXIMUM MEASURE OF PRECAUTION TO PROCURE SATISFACTORY WATER SYSTEMS.

STREAM POLLUTION: MOST OF THE STREAMS OF THE STATE ARE SEASONAL ONES. IN TIMES OF FLOOD VAST QUANTITIES OF WATER GUSH DOWN THE WATER COURSES. AT OTHER TIMES THE RIVERS OR CANYONS MAY BE QUITE DRY. THERE ARE A FEW NOTABLE EXCEPTIONS: THE COLORADO, VERDE, (USUALLY SOME FLOW), GILA, SALT, LITTLE COLORADO, AND ONE OR TWO OTHER STREAMS. WITH THE CONSTRUCTION OF THE VARIOUS DAMS ON THESE WATER COURSES, THEY WILL EVENTUALLY BE DRY FOR LONG PERIODS OF TIME. IN MANY CASES THE ONLY FLOW IN A CANYON OR STREAM BED IS THAT ORIGINATING AT THE SEWAGE DISPOSAL PLANT OR INDUSTRIAL WASTE PLANT.

THE DANGER OF THIS TYPE OF FLOW IN A CANYON OR RAVINE IS CONSIDERABLE IF IT IS NOT PROPERLY TREATED. PROBABLY THE SITUATION IS TYPICAL ONLY IN THE ARID SOUTHWEST. IT APPEARS THAT THE EVENTUAL STANDARDS THAT WILL BE REQUIRED OF ALL SEWAGE DISPOSAL PLANTS WILL BE TREASURY DEPARTMENT STANDARDS FOR ALL DRINKING WATER. THE ENFORCEMENT AND SETTING OF THESE STANDARDS IS MANY YEARS IN THE FUTURE, DUE TO THE ECONOMIC CONDITIONS OF MANY OF THE TOWNS AND COMMUNITIES.

THE POLLUTION OF THE EXISTING STREAMS IS NOT EXTENSIVE. THE DISCHARGE OF MINE AND SMELTER WASTES INTO MANY WATER COURSES SHOULD BE CURTAILED. THIS PROCEDURE IS NOT PRACTICED GENERALLY OVER THE STATE. IT IS ANTICIPATED THAT THE PRESENT STREAM POLLUTIONAL PROBLEMS MAY BE CORRECTED WITHOUT ADDITIONAL PERSONNEL AND A MINIMUM OF ADDITIONAL LEGISLATION.

MILK SANITATION: AT THE PRESENT TIME THE STATE SUPERVISION OF MILK SUPPLIES IS UNDER THE CONTROL OF THE STATE DAIRY COMMISSIONER. AS SET FORTH IN THE STATE LAW,

THE DAIRY COMMISSIONER HAS FULL AND COMPLETE CONTROL OVER THIS INDUSTRY. THE DISADVANTAGES TO THIS GOVERNMENTAL ORGANIZATION ARE LISTED AS FOLLOWS:

1. THE STATE BOARD OF HEALTH IS CHARGED WITH THE IMPROVEMENT AND MAINTENANCE OF GOOD PUBLIC HEALTH CONDITIONS IN THE STATE.
2. THE MONEY APPROPRIATED TO THE DAIRY COMMISSION COULD BE MORE ECONOMICALLY SPENT IF IT WERE ASSIGNED AND USED IN THE REGULAR PUBLIC HEALTH CHANNELS. TRAINED MEN THEN WOULD HANDLE THE SITUATION WITH A MAXIMUM OF ACCOMPLISHMENT AND A MINIMUM OF CRITICISM FROM THE PUBLIC AND THE DAIRY INDUSTRY. A GREATER PUBLIC CONFIDENCE WOULD RESULT IN AN INCREASED MILK CONSUMPTION, WITH AN INCREASED AMOUNT OF COOPERATION BY THE INDUSTRY.
3. THE DAIRY COMMISSIONER, AS DIRECTED BY STATE LAW, ISSUES A YEARLY LICENSE TO MILK PRODUCERS ON THE PAYMENT OF THE LICENSE FEE. THE COLLECTION OF SUCH LICENSE SHOULD FORM NO PART OF A SANITATION PROGRAM.
4. DUE TO THE MANNER THAT THE PERSONNEL OF THE COMMISSIONER'S OFFICE ARE SELECTED, NO TRAINING OR EDUCATION IS NECESSARY FOR EMPLOYMENT IN THIS OFFICE. A POLITICAL RATHER THAN A PUBLIC HEALTH COMPLEXION IS GIVEN ITS ACTIVITIES.
5. THE REASON FOR A DAIRY COMMISSIONER'S OFFICE IS FOR THE PURPOSE OF IMPROVING ECONOMIC CONDITIONS IN THE DAIRY INDUSTRY, SUCH AS THE IMPROVEMENT OF DAIRY HERDS AS TO BREEDING, PRODUCTION, AND AND THE UTILIZATION OF DAIRY PRODUCTS. NO BRANCH OF THE STATE GOVERNMENT IS CARRYING ON THIS WORK AT THE PRESENT TIME, OUTSIDE OF THAT WORK DONE BY THE UNIVERSITY OF ARIZONA.
6. IN THE PAST THERE HAVE BEEN CONSIDERABLE OBJECTIONS BY THE COMMISSIONER TO ANY MILK INVESTIGATION WORK DONE BY THE STATE BOARD OF HEALTH. THESE FEW INVESTIGATIONS THAT THE BOARD HAS CARRIED OUT INDICATED THAT THE QUALITY OF MILK SUPPLIES IS SADLY IN NEED OF IMPROVEMENT.

UNDER THE EXISTING MILK LAW OF THE STATE, STANDARDS ARE SO LAX WITH RESPECT TO BACTERIAL AND SANITATION STANDARDS THAT A SAFE QUALITY OF MILK IS NOT ASSURED. A SHORT ENABLING ACT THAT WOULD ALLOW THE STATE BOARD OF HEALTH TO SET STANDARDS FROM TIME TO TIME, THAT WOULD ALLOW THEM TO CREATE DISTRICTS WHERE GRADE A MILK WAS TO BE SOLD; THAT WOULD ALLOW THEM TO CREATE DEPUTY INSPECTORS; THAT WOULD ENCOURAGE LOCATION INSPECTION BY MORE RIGOROUS AND COMPETENT STATE INSPECTION, WOULD RESULT IN A SAVING TO THE STATE BOTH IN MONEY EXPENDED AND RESULTS OBTAINED.

THE PRESENT STATUS OF MILK SUPPLIES OF THE STATE IS APPROXIMATELY AS FOLLOWS:

OF THE TOTAL STATE POPULATION, 51.8% LIVE IN COMMUNITIES. (F THOSE LIVING IN COMMUNITIES, 73.7%, OR TWENTY OF THE COMMUNITIES, HAVE THE STANDARD MILK ORDINANCE. (F THE URBAN POPULATION 50.2% EMPLOY MILK INSPECTORS. THERE ARE SEVEN

FULL TIME INSPECTORS WHO HAVE OTHER DUTIES BESIDE MILK INSPECTION, AND EIGHT PART-TIME INSPECTORS WHO MAY OR MAY NOT INSPECT THE MILK SUPPLY FOR THEIR COMMUNITY DEPENDING ON THEIR PERSONAL INTEREST.

APPROXIMATELY 46.7% OF THE URBAN POPULATION OR 24.2% OF THE TOTAL STATE POPULATION HAVE WHAT MIGHT BE TERMED A SAFE MILK SUPPLY. IT IS EXTREMELY DOUBTFUL IF MORE THAN ONE COMMUNITY OF THE STATE COULD RATE 90% OR BETTER ON THE UNITED STATES PUBLIC HEALTH SERVICE STANDARD MILK RATING.

SANITATION OF THE MANUFACTURE OF FOOD PRODUCTS: OUTSIDE OF THE INSPECTION WORK THAT IS DONE IN A FEW OF THE LARGE TOWNS AND CITIES OF THE STATE, THERE IS NO SYSTEMATIC INSPECTION OF FOOD MANUFACTURING PLANTS. THERE IS CONSIDERABLE WORK THAT MIGHT BE DONE ON THOSE PROCESSING PLANTS FOR DAIRY PRODUCTS, FOR GRAIN PRODUCTS, FOR VEGETABLE PRODUCTS, AND FOR PRACTICALLY EVERY OTHER MANUFACTURING OR PROCESSING PLANT IN THE STATE.

THERE ARE THREE OR FOUR CHIEF REASONS WHY THIS TYPE OF WORK IS IMPORTANT IN THIS STATE:

1. AN APPRECIABLE PERCENTAGE OF THE STATE POPULATION HAS COME TO THE STATE FOR RESPIRATORY TROUBLES. IF ANY OF THIS POPULATION IS EMPLOYED IN THESE PLANTS EXTREME PRECAUTIONS ARE NECESSARY.
2. THE STATE BORDERS ON MEXICO. THE MAIN SOURCE OF COMMON LABOR ARE THOSE IMMIGRANTS OR THEIR DESCENDANTS FROM THE SOUTH. THE STANDARD OF LIVING AMONG THESE PEOPLE IS LOW. IF EMPLOYED IN PROCESSING PLANTS OF THIS NATURE, ALL SAFEGUARDS SHOULD BE OBSERVED.
3. DUE TO THE ARID CONDITION OF THE STATE, DUST IS A MAJOR PROBLEM. IT MAY CARRY ALL MANNER OF POLLUTING SUBSTANCE.

FOOD HANDLING SANITATION: THIS SUBDIVISION REFERS TO RESTAURANT, GROCERY STORE, AND THE SANITATION OF ALL PLACES WHERE FOODS ARE HANDLED. BY AND LARGE, THERE IS LITTLE SANITATION OF THIS NATURE CARRIED OUT IN THE STATE. A NUMBER OF THE CITIES AND TOWNS HAVE INSPECTION OF THESE PLACES, BUT THERE IS NO STATE SUPERVISION, AND NO CHECK UP ON LOCAL INSPECTION.

FIFTY-ONE COMMUNITIES WITH POPULATIONS OF 500 OR MORE, DO NOT HAVE ANY INSPECTION OF ANY SORT. NINETEEN HAVE SOME INSPECTION. THREE COUNTIES HAVE SOME WAYSIDE STAND INSPECTION, THE BALANCE OF THE STATE IS NOT INSPECTED. IN THE INTERESTS OF THE TOURIST INDUSTRY, IT WOULD BE ECONOMICALLY ADVANTAGEOUS TO THE

STATE TO HAVE REGULAR EATING ESTABLISHMENT INSPECTIONS. WITH THE STATE'S HIGH TUBERCULOSIS INCIDENCE, THIS TYPE OF SANITATION IS IMPORTANT.

INDUSTRIAL HYGIENE: ACCORDING TO THE 1930 CENSUS THERE WERE 165,304 PERSONS CLASSIFIED AS GAINFUL WORKERS IN THE STATE, OR 33.0% OF THE TOTAL STATE POPULATION. A TOTAL OF 45,811 ARE EMPLOYED IN MANUFACTURING, MECHANICAL AND MINERAL INDUSTRIES. 17,376 ARE EMPLOYED IN MINES AND QUARRIES.

IT IS THE IMPRESSION OF AUTHORITIES IN THE FIELD OF PUBLIC HEALTH THAT THERE IS AN APPRECIABLE PERCENTAGE OF THE PERSONS ENGAGED IN THOSE INDUSTRIES THAT HAVE DUST AND SOOT HAZARDS, THAT HAVE SILICOSIS. MANY INSTANCES OF SUCH DISABILITY HAVE BEEN REPORTED. MINE AND SMELTER WORKERS BECOME UNEMPLOYABLE WITH THIS TYPE OF DISORDER.

THIS CONDITION PLACES A FINANCIAL BURDEN ON THE VARIOUS GOVERNMENTS, TO PROVIDE EMPLOYMENT FOR THESE PERSONS WHO HAVE BECOME UNEMPLOYABLE THROUGH THEIR ACTIVITIES IN THESE INDUSTRIES.

THIS CONDITION MAY BE CORRECTED BY INTELLIGENT SUPERVISION OF WORKING CONDITIONS THROUGH AN INDUSTRIAL HYGIENE PROGRAM. THE AMOUNT OF MONEY NECESSARY TO CORRECT POOR WORKING CONDITIONS IS SMALL IN COMPARISON TO THE AMOUNT NECESSARY TO REHABILITATE WORKERS WHO ARE AFFECTED. ACCORDING TO THE STATE INDUSTRIAL COMMISSION NO INDUSTRIAL OR OCCUPATIONAL DISEASE IS COMPENSABLE IN THE STATE OF ARIZONA.

HOUSING: THE SANITATION OF PUBLIC BUILDINGS IS AN IMPORTANT ONE IN A STATE THAT CONTAINS THE VAST NUMBER OF TUBERCULOSIS VICTIMS THAT THE STATE OF ARIZONA DOES. VENTILATION AND AIR-CONDITIONING ARE BEING DEVELOPED TO A MAJOR EXTENT IN THE SOUTHERN PORTION OF THE STATE.

IT WAS FOUND IN ONE RURAL SCHOOL THAT MORE THAN 50% OF THE ENROLLMENT SUFFERED FROM EYE TROUBLE. UPON AN INVESTIGATION OF THE LIGHTING CONDITIONS OF THE SCHOOL ROOM IT WAS DISCOVERED THAT THE LIGHTING WAS THE WORST POSSIBLE, AND PROBABLY WAS THE CAUSE OF EYE-STRAIN THAT CAUSED THE TROUBLE.

ACCORDING TO INVESTIGATIONS IT HAS BEEN FOUND THAT THERE ARE ACTIVE CASES OF TUBERCULOSIS IN VARIOUS SCHOOLS, UNKNOWN TO BOTH THE VICTIMS AND CLASSMATES. IF VENTILATION CONDITIONS WERE GOOD THE POSSIBILITY OF PASSING THE DISEASE ALONG COULD BE MINIMIZED, UNTIL SUCH TIME AS THE CASE COULD BE DISCOVERED.

THEATERS, AUDITORIUMS, SCHOOLS, CHURCHES, AND OTHER PUBLIC ASSEMBLIES OR BUILDINGS SHOULD BE CONSTRUCTED ALONG LINES OF THE BEST SANITARY PRINCIPLES.

SWIMMING POOLS: OF THE 65 POOLS LISTED IN THE STATE BOARD OF HEALTH OFFICES, 15 POOLS ARE OF SATISFACTORY CONSTRUCTION AND OPERATION. THE BALANCE OF THE POOLS OF THE STATE RANGE FROM EXTREMELY POOR TO MODERATELY GOOD.

THE CITY OF PHOENIX HAS PASSED AN ORDINANCE OF SUCH A TYPE AND STANDARD THAT ANYONE USING THE SWIMMING POOLS IN THIS CITY MAY BE ASSURED OF SAFE SWIMMING CONDITIONS. IN PIMA COUNTY AND TUCSON CONSIDERABLE SWIMMING POOL SANITATION HAS BEEN CARRIED OUT. THE STANDARDS OF THESE POOLS ARE ABOVE THE AVERAGE FOR THE STATE. MARICOPA COUNTY THROUGH ITS HEALTH SERVICE HAS CARRIED OUT A PROGRAM OF SWIMMING POOL SANITATION IN THE PAST YEAR. IT IS ANTICIPATED THAT SOME EXCELLENT RESULTS WILL ACCRUE DUE TO THIS ACTIVITY.

THERE IS NO STATE AGENCY THAT HAS JURISDICTION OVER THE CONSTRUCTION OR OPERATION OF THIS TYPE OF ESTABLISHMENT. AS NEW POOLS ARE CONSTRUCTED OR ALTERATIONS MADE, THE CONSTRUCTION SHOULD BE MADE ALONG RECOMMENDED LINES.

SWIMMING IS A MOST POPULAR SPORT IN WHICH THOUSANDS OF PERSONS ENGAGE EACH YEAR. THE ARID CLIMATE AND VERY WARM SUMMERS ARE CONDUCTIVE TO THIS TYPE OF RECREATION. BETTER SWIMMING FACILITIES THROUGHOUT THE STATE SHOULD BE PROVIDED.

TOURIST CAMPS: OUTSIDE OF MARICOPA, PIMA, SANTA CRUZ, YUMA AND POSSIBLY COCONINO COUNTIES NO TOURIST CAMP INSPECTION IS CARRIED OUT. THE MARICOPA HEALTH SERVICE HAS ACCOMPLISHED AN OUTSTANDING PIECE OF WORK IN THIS FIELD. RECORDS HAVE BEEN MADE AND MAINTAINED ON THE CHARACTER OF THESE PLACES. FROM THE FINDINGS IN THIS PARTICULAR COUNTY IT IS MOST EVIDENT THAT THIS TYPE OF WORK SHOULD BE OF STATE-WIDE NATURE.

TOURIST CAMP SANITATION WORK IS IMPERATIVE IN THE INTERESTS OF THE ECONOMIC WELFARE. UNLESS IT IS DONE THE TOURIST WILL LOSE INTEREST IN THE STATE AS A RECREATIONAL CENTER.

UNDER THE PRESENT CONDITIONS THERE IS NO STATE AGENCY THAT HAS SUFFICIENT PERSONNEL TO ADEQUATELY HANDLE THIS SITUATION. WITH AN ADEQUATE STATE INSPECTION, AND SUFFICIENT LOCAL PERSONNEL TO CARRY OUT THE PROGRAM, THE IMPROVEMENT OF THIS TYPE OF ESTABLISHMENT SHOULD BE IMMEDIATE.

THE STATE BOARD OF HEALTH, IF THIS IS THE AGENCY DESIGNATED TO CARRY OUT THIS WORK, SHOULD BE EMPOWERED TO GRADE THESE ESTABLISHMENTS FOR THE INFORMATION AND GUIDANCE OF THE TOURIST. THE TOURIST COULD THEN CHOOSE A SUPERIOR TYPE OF ESTABLISHMENT WITH PERFECT CONFIDENCE, AND AN INFERIOR TYPE OF ESTABLISHMENT AT HIS OWN RISK. THE INFORMATION WOULD BE AVAILABLE TO HIM FROM THE SIGN OF APPROVAL AND GRADING AT THE ENTRANCE OF THE TOURIST COURT.

COMMON DRINKING CUP, DRINKING FOUNTAIN AND COMMON TOWEL: THE COMMON DRINKING CUP AND COMMON TOWEL ARE OUTLAWED ACCORDING TO THE STATE LAW. UNDER THE LAW THE PRESENCE OF THESE TWO ARTICLES COULD BE COMPLETELY ELIMINATED IF THERE WERE SUFFICIENT PERSONNEL TO ENFORCE IT.

ADDITIONAL LAW AND PERSONNEL WOULD BE NECESSARY TO CORRECT THE DRINKING FOUNTAIN CONDITIONS OF THE STATE. LAW IS A MINOR ITEM ON THIS SUBJECT, AS THE REQUIREMENTS FOR AN ADEQUATE DRINKING FOUNTAIN ARE SO SIMPLE THAT THEY MAY BE MET WITH A MINIMUM OF EXPENSE AND A MINIMUM OF ARGUMENT AS FAR AS THE INSPECTOR IS CONCERNED.

GARBAGE DISPOSAL: GARBAGE DISPOSAL CONDITIONS VARY FROM THE VERY COMPLETE INCINERATOR FOR TUCSON OR THE GRAND CANYON, TO THE DUMP THAT IS USED IN MANY TOWNS AND CITIES. THE AVERAGE GARBAGE DUMP IS A FLY-RIDDEN UNSIGHTLY MASS, THAT IS USUALLY SUPERVISED BY SOME INDIVIDUAL WHO MAKES HIS LIVING PICKING OVER THE DUMP. THE USUAL DUMP IS LOCATED ON THE BANKS OF A CANYON OR WASH, THAT IN FLOOD CARRIES THE DEBRIS DOWN ITS COURSE.

NO CONSISTENT PROGRAM OF SANITARY GARBAGE DISPOSAL HAS BEEN CARRIED OUT BY THE STATE BOARD OF HEALTH. TWO OR THREE OF THE LOCAL HEALTH SERVICES HAVE DONE CONSTRUCTIVE FLY CONTROL WORK, IN ATTEMPTING TO MODIFY LOCAL METHODS.

ONE OF THE GREAT DIFFICULTIES WITH GARBAGE COLLECTION IN A NUMBER OF THE TOWNS IS THE PRESENCE OF SCAVANGERS WHO REGULARLY PATROL THE ALLEYS FOR WHAT THEY MAY FIND IN THE INDIVIDUAL GARBAGE CANS. AFTER LOOKING OVER THE GARBAGE CAN THE AVERAGE SCAVANGER TURNS THE CAN OVER AND CREATES A FLY BREEDING CONDITION IN THE ALLEYS BEHIND HOMES OF HIGH OR LOW QUALITY.

EACH GARBAGE COLLECTION AND DISPOSAL PROBLEM FOR ANY OF THE COMMUNITIES IS AN INDIVIDUAL ONE THAT TAKES TIME AND THOUGHT TO ADEQUATELY SOLVE.

RODENT CONTROL: OUTSIDE OF THE PREDATORY ANIMAL CONTROL SERVICE OF THE U. S. DEPARTMENT OF AGRICULTURE, LITTLE RODENT CONTROL IS PRACTICED IN THIS STATE. IT HAS BEEN STATED BY AUTHORITY THAT THE STATE IS SUBJECT TO SYLVATIC PLAGUE THROUGH THE MIGRATION OF GROUND SQUIRRELS FROM THE NORTH. TULAREMIA HAS BEEN IDENTIFIED IN ONE OR TWO INSTANCES IN THE STATE. THIS PROBLEM MAY STAND INVESTIGATION TO SEE THAT THESE CONDITIONS DO NOT GAIN A FOOTHOLD. ONE SURVEY WAS CARRIED OUT IN PIMA COUNTY BY A MEMBER OF THE HEALTH SERVICE. OUTBREAKS OF RABIES ARE BECOMING MORE PREVALENT AND UNDOUBTEDLY FOCI OF INFECTION AMONG WILD ANIMAL LIFE CONTRIBUTE THE MAIN SOURCE FOR SUCH EPIDEMICS.

PLUMBING: THE PRINCIPLES UPON WHICH GOOD PLUMBING REGULATIONS REST ARE:

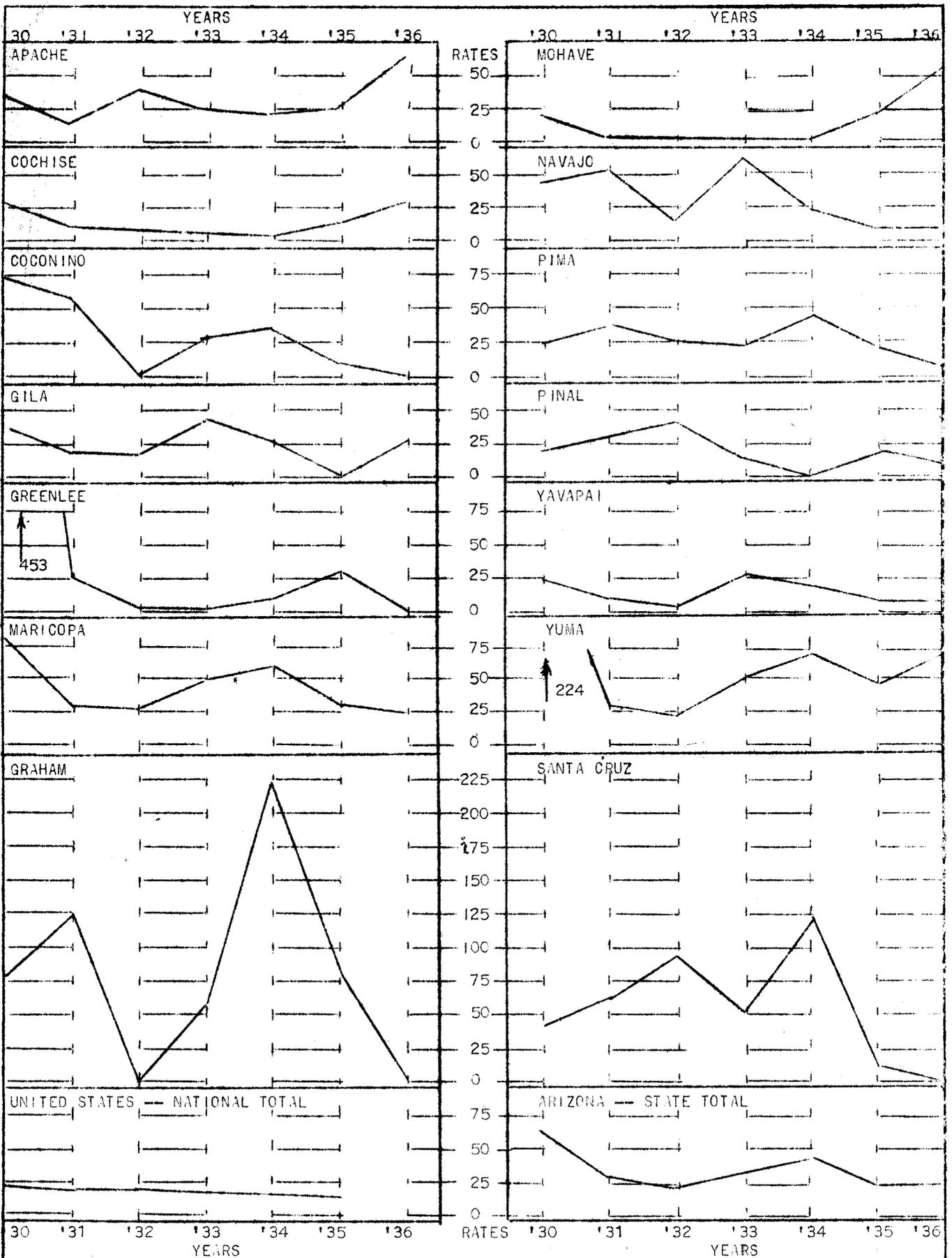
1. THE PROTECTION OF THE QUALITY OF A MUNICIPAL WATER SUPPLY.
2. THE PROTECTION OF THE INDIVIDUAL HOME OR PUBLIC BUILDING AGAINST INROADS OF VERMIN LIVING IN SEWERS.
3. THE PROPER CONVEYANCE OF SEWAGE AWAY FROM THE PREMISIS TO PROTECT THE HOME OR BUILDING.

OUTSIDE OF ONE OR TWO TOWNS OR CITIES THERE ARE NO PLUMBING REGULATIONS IN THE STATE. A NUMBER OF WATER SUPPLIES OF THE STATE ARE DEFINITELY JEOPARDIZED DUE TO FAULTY PLUMBING INSTALLATIONS. THE CLIMATE OF THE STATE PROMOTES THE GROWTH OF INSECTS LIVING IN THE SEWERS. THESE INSECTS ARE ENCOUNTERED OVER THE ENTIRE SOUTHERN PORTION OF THE STATE, AND ARE AT PRESENT IN THE NORTHERN PORTION OF THE STATE IN THE SUMMER TIME. PLUMBING CONSTRUCTION IS OF SUCH A UNIVERSALLY POOR QUALITY THAT THESE CONDITIONS ARE ALWAYS NOTICEABLE.

IF PLUMBING WAS PROPERLY INSTALLED OR CORRECTED AS MODIFICATIONS WERE MADE, THE DANGERS FROM IMPROPER TYPES OF PLUMBING FIXTURES AND PRACTICES WOULD RAPIDLY ELIMINATE THEMSELVES OVER A FEW YEARS.

THE PLUMBING SUPPLY HOUSES IN RESPONDING TO THE UNINFORMED DEMANDS OF THE PUBLIC ARE FORCED TO MERCHANDISE ARTICLES THAT WHEN INSTALLED JEOPARDIZE THE HEALTH OF THE USERS. THESE DEALERS WOULD WELCOME CONSTRUCTIVE LEGISLATION. IT WOULD ENABLE THEM TO MATERIALLY REDUCE THEIR STOCK, WITH ITS ATTENDANT OVERHEAD TO THE BENEFIT OF THE GENERAL PUBLIC.

THE PLUMBERS AS A PROFESSION WOULD WELCOME THIS TYPE OF REGULATION, FOR IT WOULD RAISE THE STANDARDS OF THEIR PROFESSION. THE ATTENTION OF THE PUBLIC WOULD BE FOCUSED ON THE NECESSITY FOR GOOD PLUMBING INSTALLATIONS, AND WOULD DEMAND THEM FROM THEIR PLUMBERS.



REPORTED TYPHOID AND DYSENTERY CASE RATES PER 100,000 POPULATION BY COUNTIES WITH NATIONAL AND STATE TOTALS FOR COMPARISON, FOR THE YEARS 1930 TO 1936 INCL.

PREPARED BY: ENGINEERING DIVISION- ARIZONA STATE BOARD OF HEALTH

V I T A L S T A T I S T I C S

"VITAL STATISTICS ARE USEFUL FOR MANY PURPOSES. TO THE HISTORIAN THEY SHOW THE NATION'S GROWTH AND MARK THE FLOW AND EBB OF PHYSICAL LIFE; TO THE ECONOMIST THEY INDICATE THE NUMBER AND DISTRIBUTION OF THE PRODUCERS AND CONSUMERS OF WEALTH; TO THE SANITARIAN THEY MEASURE THE PEOPLE'S HEALTH AND REFLECT THE HYGIENIC CONDITIONS OF THEIR ENVIRONMENT; TO THE SOCIOLOGIST THEY SHOW MANY THINGS RELATING TO HUMAN BEINGS IN THEIR RELATIONS WITH ONE ANOTHER." WHIPPLE.

VITAL STATISTICS PROPERLY CONSIDERED IS THE ACCURATE RECORDING AND ANALYSIS OF BIRTHS, DEATHS, AND SICKNESS.

BIRTH RECORDS ARE VALUABLE TO INDIVIDUALS WHOSE BIRTHS ARE RECORDED FROM THE STANDPOINT OF GIVING LEGAL PROOF OF CITIZENSHIP, AGE, AND PARENTAGE.

FROM A PUBLIC HEALTH STANDPOINT BIRTH REGISTRATION IS OF IMPORTANCE AS IT ENABLES HEALTH AUTHORITIES TO INTELLIGENTLY COMBAT MATERNAL AND INFANT MORTALITY.

DEATH RECORDS AID IN THE DETECTION OF CRIME; ASSIST IN THE TRANSFER OF INHERITED PROPERTY OR LIFE INSURANCE; INDICATE THE EXTENT AND CHANGES IN POPULATION PRODUCED BY DEATH AND HAVE SOME VALUE IN THE CONTROL OF DISEASE BY INDICATING THE FREQUENCY AND RATE OF DEATH OF THE VARIOUS DISEASES. THEY ALSO SERVE AS A CHECK ON THE COMPLETENESS OF MORBIDITY REPORTS.

FROM THE STANDPOINT OF PUBLIC HEALTH, STATISTICS OF SICKNESS ARE THE VITAL STATISTICS OF GREATEST IMPORTANCE. THEY SHOW THE OCCURRENCE OF DISEASE AND ITS RELATIVE PREVALENCE IN DIFFERENT LOCALITIES AND AT DIFFERENT TIMES.

BY THEIR STUDY HEALTH OFFICIALS ARE ENABLED TO KEEP THEIR FINGERS UPON THE PULSE OF DISEASE PREVALENCE, RECOGNIZE EPIDEMICS IN THEIR INCIPIENCY AND THUS DEAL MORE EFFECTIVELY WITH THEM.

IN ONLY ONE COUNTY, PIMA, IS THE HEALTH OFFICER THE COUNTY REGISTRAR OF VITAL STATISTICS. BECAUSE OF THE VALUE OF HAVING THESE STATISTICS READILY AVAILABLE TO THE HEALTH OFFICER IT IS RECOMMENDED THAT IN THOSE COUNTIES OR DISTRICTS WHERE THERE IS A WHOLE TIME HEALTH SERVICE THE DIRECTOR BE MADE THE CHIEF REGISTRAR OF THEIR COUNTY OR DISTRICT.

THERE ARE 8 INDIAN RESERVATIONS WITHIN THE STATE WITH AN INDIAN POPULATION OF SOMETHING OVER 40,000. INASMUCH AS THE FEES FOR LOCAL REGISTRARS ARE PAID BY THE COUNTY AND THE COUNTIES WILL NOT PAY FOR THE REGISTRATION OF VITAL STATISTICS UPON A RESERVATION, IT IS IMPOSSIBLE TO HAVE ACCURATE STATISTICS FROM THESE RESERVATIONS EXCEPT THROUGH THE BUREAU OF THE CENSUS WHICH MEANS THE LAPSE OF APPROXIMATELY 1 1/2 YEARS AFTER THE OCCURRENCE OF THE INCIDENT RECORDED.

IT IS RECOMMENDED THAT A CAREFUL STUDY OF THE PRESENT SYSTEM OF DISTRICTING AND APPOINTING REGISTRARS BE MADE WITH A VIEW OF IMPROVEMENT.

IT IS ALSO RECOMMENDED THAT AT LEAST ONE ANNUAL VISIT BE MADE BY THE ACTING STATE REGISTRAR TO EACH LOCAL REGISTRAR SO AS TO CREATE A BETTER UNDERSTANDING OF THE REASONS FOR VITAL STATISTICS AND TO ASSIST IN SECURING MORE COMPLETE AND ACCURATE REPORTING.

A BETTER APPRECIATION OF THE FACT THAT VITAL STATISTIC IS SOMETHING MORE THAN THE SIMPLE BOOKKEEPING OF BIRTHS AND DEATHS AND THAT IT REQUIRES NOT ONLY ACCURACY BUT UNDERSTANDING FOR ANALYSIS WHICH IS NECESSARY BEFORE MARKED IMPROVEMENT CAN BE MADE.

AS IN OTHER DIVISIONS OF PUBLIC HEALTH ADMINISTRATION IF TRAINED PERSONNEL CANNOT BE OBTAINED THOSE IN SUCH POSITIONS SHOULD HAVE PROVISION MADE FOR THEIR TRAINING.

THERE IS CERTAIN EQUIPMENT WHICH FACILITATES THE SPEED AND ACCURACY OF THIS TYPE OF WORK.

A PUNCH CARD MACHINE AND FILES, A SORTING AND TABULATING MACHINE IS THE MOST ESSENTIAL. A PUNCH CARD MACHINE PUNCHES A CARD USING A CODE FOR INFORMATION ON THE ORIGINAL BIRTH AND DEATH CERTIFICATE. ONCE THE CARD IS PUNCHED BY THE CODER AND PUNCH CARD OPERATOR IT IS TURNED OVER TO THE SORTING AND TABULATING MACHINE OPERATOR WHERE THE INFORMATION IS TABULATED AND COUNTED FOR EACH CARD THAT IS RUN THROUGH THE MACHINE. THIS PERMITS A QUICK COLLECTION OF INFORMATION WITHOUT SORTING THROUGH INDIVIDUALLY EACH CERTIFICATE.

IT MUST BE TAKEN INTO CONSIDERATION THAT THERE ARE AT PRESENT APPROXIMATELY 10,000 BIRTHS AND 6,000 DEATHS RECEIVED BY THE DEPARTMENT FROM WHICH THE CONTAINED INFORMATION MUST BE BROKEN DOWN BEFORE STUDY CAN BE MADE OF IT.

IT IS ALSO SUGGESTED THAT IF A NOTICE OF THE RECORDING OF A BIRTH CERTIFICATE IS AVAILABLE FOR PRESENTATION TO THE PARENTS BY A FIELD NURSE WITHIN A REASONABLE TIME AFTER IT IS RECORDED THAT THE PARENTS WOULD APPRECIATE THE SERVICE AND IT WOULD ALSO ACT AS A FAVORABLE INTRODUCTION FOR THE NURSE.

AT THE PRESENT TIME, BECAUSE OF NEEDED CLERICAL ASSISTANCE, THESE NOTICES ARE AT LEAST SIX MONTHS IN ARREARS.

AREA

SQUARE MILES	113,810
ACRES (STATE LAND FEDERAL LAND)	72,838,400
NET VALUATION	\$382,327,743.00
TOTAL TAX PAID	15,090,387.00

<u>POPULATION</u>			<u>SCHOOL ENROLLMENT</u>	
TOTAL	1920	334,162	ELEMENTARY SCHOOLS	61,263
	1930	435,573	JUNIOR HIGH SCHOOLS	2,384
			HIGH SCHOOLS	14,738
RACE:			ACCOMMODATION SCHOOLS	600
WHITE		264,378	TOTAL	78,985
MEXICAN		114,173		
INDIAN		43,726		
OTHER		13,296		

<u>BIRTHS</u>	1936		1935		1934		1933		1932	
	No.	RATE								
TOTAL	9386	21.55	9026	20.72	8293	19.04	7812	17.93	7946	18.24
WHITE	5005	18.93	4617	17.46	4125	15.60	4190	15.85	4428	16.75
MEXICAN	3006	26.33	2988	26.17	3093	27.09	2535	22.20	2714	23.77
INDIAN	901	20.61	961	21.98	670	15.32	639	14.61	460	10.52
OTHER	474	35.65	466	35.05	405	30.46	448	33.69	344	25.87

<u>INFANT DEATHS</u>										
TOTAL	1136	121.03	1004	111.23	868	104.67	871	111.50	762	95.90
WHITE	360	71.93	267	57.83	215	52.12	242	57.76	237	53.52
MEXICAN	515	171.32	491	164.32	474	153.25	473	186.59	420	154.75
INDIAN	225	249.72	229	238.29	156	232.84	135	211.27	78	169.57
OTHER	36	75.95	17	36.48	23	56.79	21	46.88	27	78.49

<u>DEATHS ALL CAUSES</u>										
TOTAL	6488	14.90	6002	13.78	5599	12.85	5429	12.46	5156	11.84
WHITE	3782	14.31	3362	12.72	3174	12.01	3031	11.46	2986	11.29
MEXICAN	1619	14.18	1511	21.99	1549	13.57	1617	14.16	1525	13.36
INDIAN	839	19.19	912	20.86	635	14.52	547	12.51	396	9.06
OTHER	248	18.65	217	16.32	241	18.13	234	17.60	249	18.73

T. B.	C	1007	2.31	1479	3.40	1178	2.70	957	2.20	1027	2.36
	D	1101	2.53	1053	2.42	1058	2.42	1073	2.46	1150	2.64
PNEUMONIA	C	1262	2.90	849	1.95	571	1.31	219	.50	294	.67
	D	658	1.51	633	1.45	557	1.28	524	1.20	557	1.28
DIPHTHERIA	C	211	.48	161	.37	126	.29	174	.40	160	.37
	D	24	.06	17	.04	23	.05	16	.04	22	.05
TYPHOID	C	104	.24	96	.22	185	.42	152	.35	98	.22
	D	30	.08	16	.04	36	.08	23	.05	16	.04

M A T E R N A L A N D C H I L D W E L F A R E

IT WILL BE SEEN FROM A CASUAL GLANCE AT THE ACCOMPANYING MAP OF THE STATE SHOWING MATERNAL AND INFANT MORTALITY FOR THE VARIOUS POLITICAL SUBDIVISIONS THAT THERE IS ROOM FOR MATERIAL IMPROVEMENT IN MEASURES SAFEGUARDING THE LIVES OF MOTHERS AND CHILDREN.

SUCH CONDITIONS HAVE BEEN UNIVERSAL IN ALL STATES UNTIL UNITED ACTION WAS DIRECTED AT THE REMOVAL OF PREVENTABLE HAZARDS TO LIFE AND HEALTH.

THE APPLICATION OF PREVENTIVE MEASURES HAS DEMONSTRATED IN EVERY INSTANCE THAT MATERNAL AND INFANT MORTALITY CAN BE REDUCED VERY MARKEDLY THROUGH PROPER PRENATAL AND MATERNAL CARE AND EASILY APPLIED METHODS FOR INFANT CARE AND FEEDING.

NONE OF THESE METHODS ARE DIFFICULT OF APPLICATION IF A GENERAL INTEREST IN THEM IS INCURRED AND A REASONABLE EFFORT MADE TO APPLY THEM.

A DEFINITE PROGRAM FOR THE PROTECTION OF MATERNAL AND CHILD HEALTH BY MEANS OF PUBLIC HEALTH EDUCATION AND NURSING SERVICE IS BEING CARRIED ON BY THE DIVISION OF MATERNAL AND CHILD HEALTH. THIS IS AN ACCEPTED PART OF ANY WELL ORGANIZED PUBLIC HEALTH PROGRAM BUT IT IS NOT TO BE FORGOTTEN THAT ANY ONE ACTIVITY WILL NOT OF ITSELF SOLVE THIS PROBLEM.

ITS SOLUTION LIES RATHER IN A GENERALIZED HEALTH PROGRAM WHICH IMPROVES ENVIRONMENTAL SANITATION THROUGH PROVIDING A SAFE WATER AND MILK SUPPLY, SANITARY DISPOSAL OF SEWAGE AND CONTROL OF COMMUNICABLE DISEASES WITH DUE CONSIDERATION TO THE IMPROVEMENT OF ECONOMIC CONDITIONS WHICH AFFECT HOUSING AND NUTRITION.

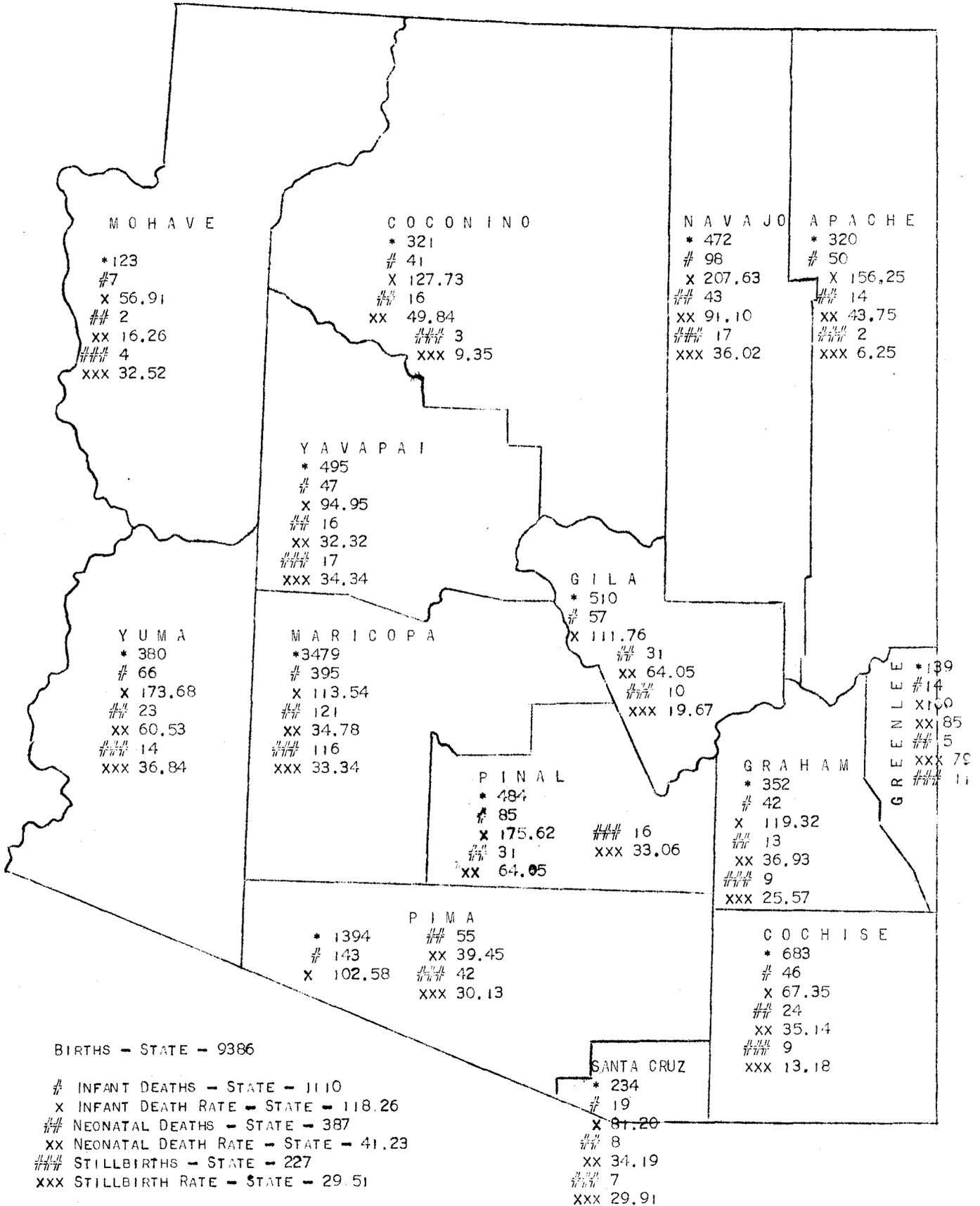
IT IS FELT THAT COMBINING THE AVAILABLE RESOURCES FOR THE ORGANIZATION OF WELL ROUNDED WHOLE TIME HEALTH SERVICES FOR THE ENTIRE STATE OFFERS THE BEST

MEANS FOR REDUCING THE HEALTH HAZARDS FOR THE ENTIRE POPULATION OF MEN, WOMEN AND CHILDREN. IT IS FELT THAT MEASURES WHICH PROTECT THE BREAD WINNER ARE EQUALLY IMPORTANT WITH THAT FOR THE REMAINDER OF THE FAMILY AND THAT ALL LINKS OF THE CHAIN MUST BE STRONG IF THE HEALTH OF THE MOTHER AND CHILD ARE TO BE CONSERVED.

IN THE ENTHUSIASM FOR A SPECIALIZED INTEREST THESE FACTS ARE APT TO BE OVERLOOKED.

ONE OF THE LAMENTABLE PRACTICES IN MATERNAL CARE IN MANY COUNTIES IS THE SHORT PERIOD OF HOSPITALIZATION FOR INDIGENT CASES WHICH ARE SENT HOME IN FROM ONE TO THREE DAYS. IN THESE PLACES COUNTY PHYSICIANS WILL NOT ATTEND THESE CASES IN THE HOME AND IN ORDER TO REDUCE THE EXPENSE OF HOSPITALIZATION THE TIME IS SHORTENED.

BIRTH AND DEATH RATE FOR ARIZONA BY COUNTIES - 1936



D E N T A L C A R E

NEED FOR AND LACK OF DENTAL CARE APPEARS TO BE MORE OBVIOUS THAN THAT OF MEDICAL CARE APPARENTLY FOR TWO REASONS. IN THE LOWER INCOME GROUP THE ECONOMIC DETERRENT IS A MAJOR ONE.

IN THE SMALLER POPULATION CENTERS WHICH COMPRISE A MAJORITY OF THE TOWNS IN A RURAL STATE SUCH AS THIS, DENTISTS ARE CONSPICUOUS BY THEIR ABSENCE EVEN IN THOSE COMMUNITIES WHICH HAVE ONE OR MORE PHYSICIANS.

IT HAS BEEN A RECOGNIZED FACT FOR SOME TIME THAT ORAL HYGIENE IS A VERY IMPORTANT PART OF ANY HEALTH PROGRAM AND IT WOULD SEEM A WISE PROCEDURE TO NOT ONLY INCLUDE IT IN THE HEALTH EDUCATION PLANS OF THE STATE, BUT TO PROVIDE SOME SORT OF, AT LEAST TEMPORARY, TREATMENT MEASURES IN THOSE AREAS WHERE DENTISTRY IS NOT AVAILABLE.

IT MIGHT BE POSSIBLE TO WORK OUT SUCH A PLAN WITH THE STATE DENTAL ASSOCIATION. A MOBILE CLINIC WITH FACILITIES FOR SHOWING EDUCATIONAL FILMS AND GIVING TREATMENT TO CHILDREN WITH EMERGENCY NEED MIGHT BE OF ASSISTANCE IN BRINGING TO ATTENTION THE IMPORTANCE AND NEED OF DENTAL CARE UNTIL SUCH A TIME THAT BOTH A DEMAND AND FACILITIES ARE AVAILABLE.

IN ONE RURAL AREA A DENTIST SUCCESSFULLY TRIED OUT A PLAN FOR ITINERANT SERVICE.

THERE ARE APPROXIMATELY 135-140 DENTISTS IN THE STATE PRACTICALLY ALL OF WHOM ARE LOCATED IN THE LARGER POPULATION CENTERS.

IN AN EARLIER PART OF THIS REPORT ATTENTION IS GIVEN TO THE PRESENCE OF FLOURINE IN DRINKING WATER IN A NUMBER OF AREAS. IT IS IMPORTANT THAT PEOPLE SUBJECT TO THIS HAZARD BE THOROUGHLY AWARE OF ITS DANGER TO ENAMEL DEVELOPMENT OF THE PERMANENT TEETH.

P U B L I C H E A L T H N U R S I N G

PUBLIC HEALTH NURSES IN ARIZONA ACCORDING TO LATEST FIGURES, NUMBER 105 OF WHICH 38 ARE UNDER THE ADMINISTRATION OF THE STATE BOARD OF HEALTH AND COUNTY AND DISTRICT HEALTH UNITS. THREE OF THIS NUMBER ARE DIRECTLY CONNECTED WITH THE STATE BOARD OF HEALTH; ONE IS THE CHIEF CONSULTANT NURSE; ONE CONNECTED WITH THE TUBERCULOSIS UNIT, AND THE THIRD NURSE IS WORKING WITH A SURVEY CONDUCTED BY THE U.S.P.H.S. IN CONJUNCTION WITH THE STATE BOARD OF HEALTH. THREE MORE NURSES WILL BE ATTACHED TO THIS SURVEY WITHIN THE NEXT FEW DAYS. (HOWEVER, THIS IS ONLY A TEMPORARY PROJECT AND THE NUMBERS ARE GIVEN FOR ACCURACY OF CENSUS ONLY.)

THIRTY-TWO (32) NURSES ARE DIRECTLY CONNECTED WITH COUNTY AND DISTRICT HEALTH UNITS. THREE NURSES ARE WORKING IN COUNTIES HAVING NO FULL TIME HEALTH UNIT AND ARE UNDER THE DIRECTION OF THE STATE BOARD OF HEALTH.

OF THE THIRTY-SIX (36) NURSES AFFILIATED WITH EITHER THE STATE BOARD OF HEALTH OR WITH THE COUNTY AND DISTRICT UNITS, TWENTY (20) HAVE ONE SEMESTER OF MORE OF GRADUATE PUBLIC HEALTH NURSING IN AN ACCREDITED SCHOOL OF PUBLIC HEALTH NURSING; FOUR HAVE HAD PUBLIC HEALTH EXPERIENCE EITHER WHILE A STUDENT NURSE OR WITH AN ORGANIZED STAFF AND TWO HOLD CERTIFICATES IN PUBLIC HEALTH. EIGHTEEN (18) OF THE TWENTY RECEIVED FOUR MONTHS TRAINING UNDER SOCIAL SECURITY FUNDS.

NURSES CONNECTED WITH THE COUNTY HEALTH UNITS CARRY ON A PROGRAM OF GENERALIZED PUBLIC HEALTH NURSING. IT IS ESTIMATED THAT FROM 60 TO 75 PER CENT OF THE TIME OF THESE NURSES IS SPENT IN THE MATERNAL CHILD HYGIENE PROGRAM WITH INCREASING EMPHASIS ON THE PROBLEMS OF TUBERCULOSIS CONTROL, SANITATION AND VENEREAL DISEASE CONTROL.

GILA COUNTY WITH NO ORGANIZED COUNTY HEALTH UNIT, EMPLOYS A FULL TIME NURSE, WHO IS DEVELOPING A GENERALIZED PROGRAM. PIMA COUNTY BOARD OF SOCIAL SECURITY AND WELFARE EMPLOY A NURSE AS MEDICAL-SOCIAL WORKER WHO DEVOTES MOST OF HER TIME TO THE TUBERCULOSIS CONTROL PROGRAM. THESE TWO INSTANCES ARE THE TWO EXCEPTIONS IN ARIZONA OF PUBLIC HEALTH NURSES EMPLOYED FROM COUNTY FUNDS BUT NOT UNDER THE DIRECTION OF THE STATE OR COUNTY HEALTH DEPARTMENTS.

THE CITY OF PHOENIX WHICH HAS NO PUBLIC HEALTH NURSE CONNECTED WITH THE BOARD OF HEALTH, IS SERVED ONLY BY NURSES CONNECTED WITH SOCIAL SERVICE CENTERS. FOUR NURSES ARE EMPLOYED BY THE SOCIAL SERVICE CENTER AND ONE BY THE SANTA MONICA MISSION. THE WORK OF THE FORMER IS CONFINED CHIEFLY TO THE VARIOUS MEDICAL AND SURGICAL CLINICS CONNECTED WITH THIS ORGANIZATION. HOWEVER, THESE NURSES DO SOME VISITING AND INSTRUCTION IN THE HOMES. THE FIFTH NURSE, CONNECTED WITH THE MISSION, ASSISTS IN PRENATAL, INFANT, INFANT AND PRESCHOOL HYGIENE CLINICS, AS WELL AS A LARGE VENEREAL DISEASE CLINIC. SHE ALSO CARRIES ON AN INTENSIVE PROGRAM OF HOME VISITING. SHE GIVES DELIVERY SERVICE TO THE GROUP SERVED BY THE CLINIC AND SUPERVISES THE POST-PARTUM CARE IN THE HOMES.

THE SERVICE PROVIDED THE CRIPPLED CHILDREN UNDER THE STATE BOARD OF SOCIAL SECURITY IS DIRECTED BY A PUBLIC HEALTH NURSE. HER STAFF WILL SOON BE STRENGTHENED WITH THE ADDITION OF A PUBLIC HEALTH NURSE WITH ORTHOPEDIC TRAINING.

FIVE NURSES ARE EMPLOYED IN ARIZONA BY THE W.P.A. OF THESE, ONE DOES GROUP AND INDIVIDUAL TEACHING IN AN ISOLATED AREA OF MARICOPA COUNTY, ONE ACTS AS RECREATIONAL DIRECTOR IN ONE OF THE EDUCATIONAL PROJECTS; ONE SUPERVISES THE HEALTH OF WOMEN CONNECTED WITH THE VARIOUS SEWING AND OTHER PROJECTS AND THE OTHER TWO ARE CONNECTED WITH NURSERY SCHOOLS. THESE NURSES ARE NOT INCLUDED IN THE ROSTER OF 105 NURSES.

THE U. S. INDIAN SERVICE PROVIDES, ACCORDING TO LATEST INFORMATION, 17 PUBLIC HEALTH NURSES LOCATED IN TEN CENTERS OVER THE STATE WITHIN INDIAN RESERVATIONS.

FORTY-TWO (42) NURSES WORK UNDER THE ADMINISTRATION OF THE BOARD OF EDUCATION. A NUMBER OF THESE ARE PARTIALLY SUPPORTED BY THE TOWN IN WHICH THEY WORK, THUS MAKING A COMBINATION OF SCHOOL COMMUNITY SERVICE. OF THE FORTY-TWO THREE HAVE ATTENDED SUMMER SESSIONS IN PUBLIC HEALTH NURSING; FIVE HAVE HAD

ONE SEMESTER OR MORE OF GRADUATE WORK, TWO HOLD PUBLIC HEALTH CERTIFICATES, AND ONE HAS HAD FOUR MONTHS EXPERIENCE WITH AN ORGANIZED NURSING STAFF. THE INFORMATION OF THE TRAINING OF THESE NURSES, IF COMPLETE, WOULD PROBABLY REVEAL AN EVEN HIGHER NUMBER WITH SOME PUBLIC HEALTH TRAINING.

THE SCHOOL AND COMMUNITY NURSES IN THE STATE, WHILE CONCERNED CHIEFLY WITH THE HEALTH OF THE SCHOOL CHILD, MAKE A DEFINITE CONTRIBUTION TO THE GENERALIZED PROGRAM IN SUCH ACTIVITIES AS THE SUMMER ROUND-UP AND PRESCHOOL CLINIC; THE CONTROL OF COMMUNICABLE DISEASE IN THE COMMUNITY, AND VACCINATION AND IMMUNIZATION OF THE PRESCHOOL AND INFANT GROUP IN THE COMMUNITY. SOME HAVE AT TIMES CONDUCTED PRENATAL CLINICS. NEEDLESS TO SAY, HEALTH EDUCATION AND ADULT HYGIENE ARE BOTH TOUCHED BY EVERY SCHOOL NURSE.

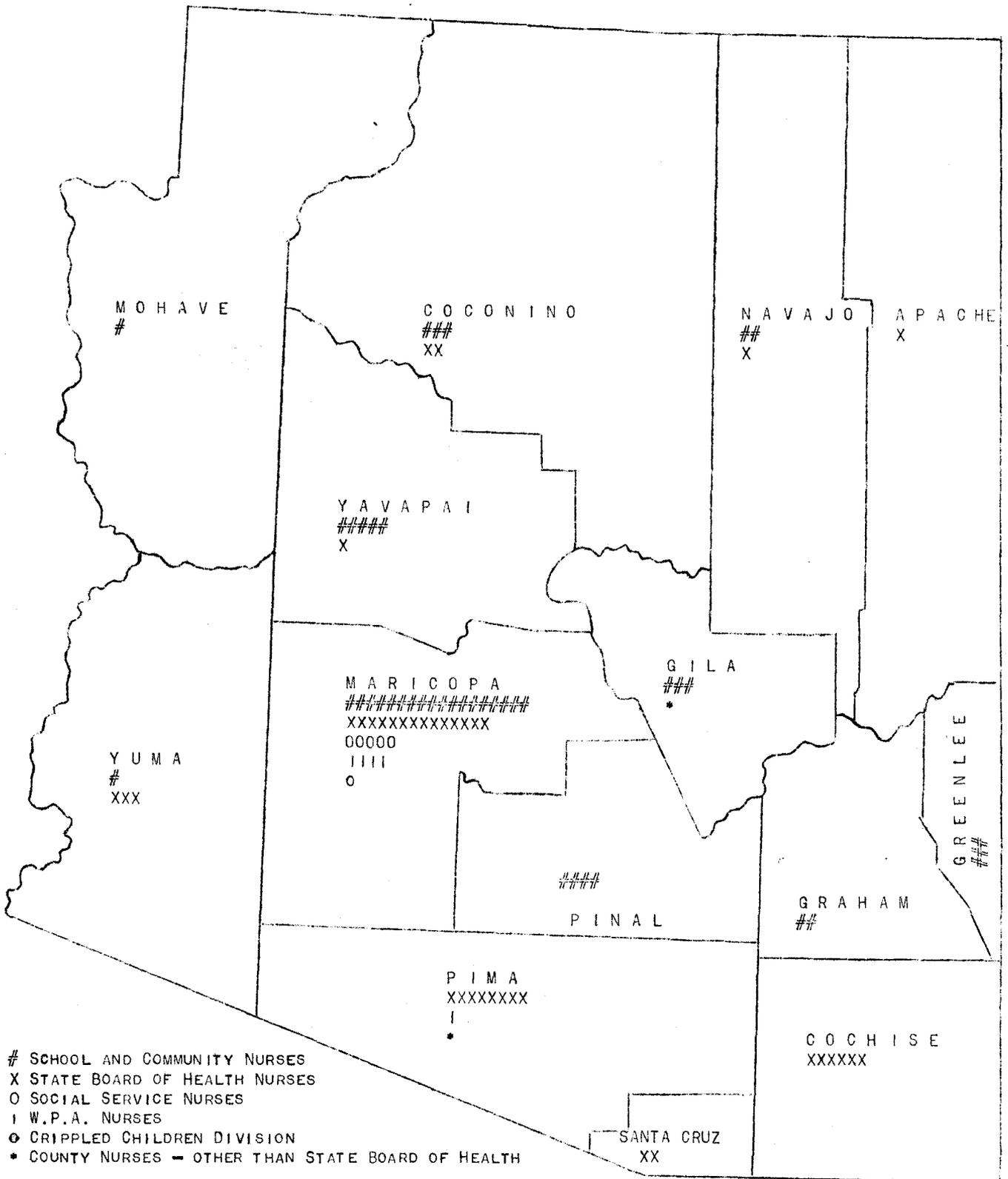
THE NURSES IN ARIZONA ARE RENDERING A FINE TYPE OF SERVICE AGAINST SUCH ODDS AS

1. DISTRICTS COVERING VAST AREAS AND ENTAILING ENDLESS AND EXHAUSTING TRAVEL WITH AN ALMOST INTOLERABLE HEAT THROUGH THE WARM MONTHS.
2. A LARGE MEXICAN AND INDIAN POPULATION.
3. INADEQUATE NURSING STAFF TO ADEQUATELY COVER THE AREA AND POPULATION.
4. INADEQUATE MEDICAL, SURGICAL AND DENTAL FACILITIES.

FINALLY, IMMEDIATE NEEDS IN PUBLIC HEALTH NURSING HAVE TO DO WITH THE FOLLOWING POINTS IN GENERAL:

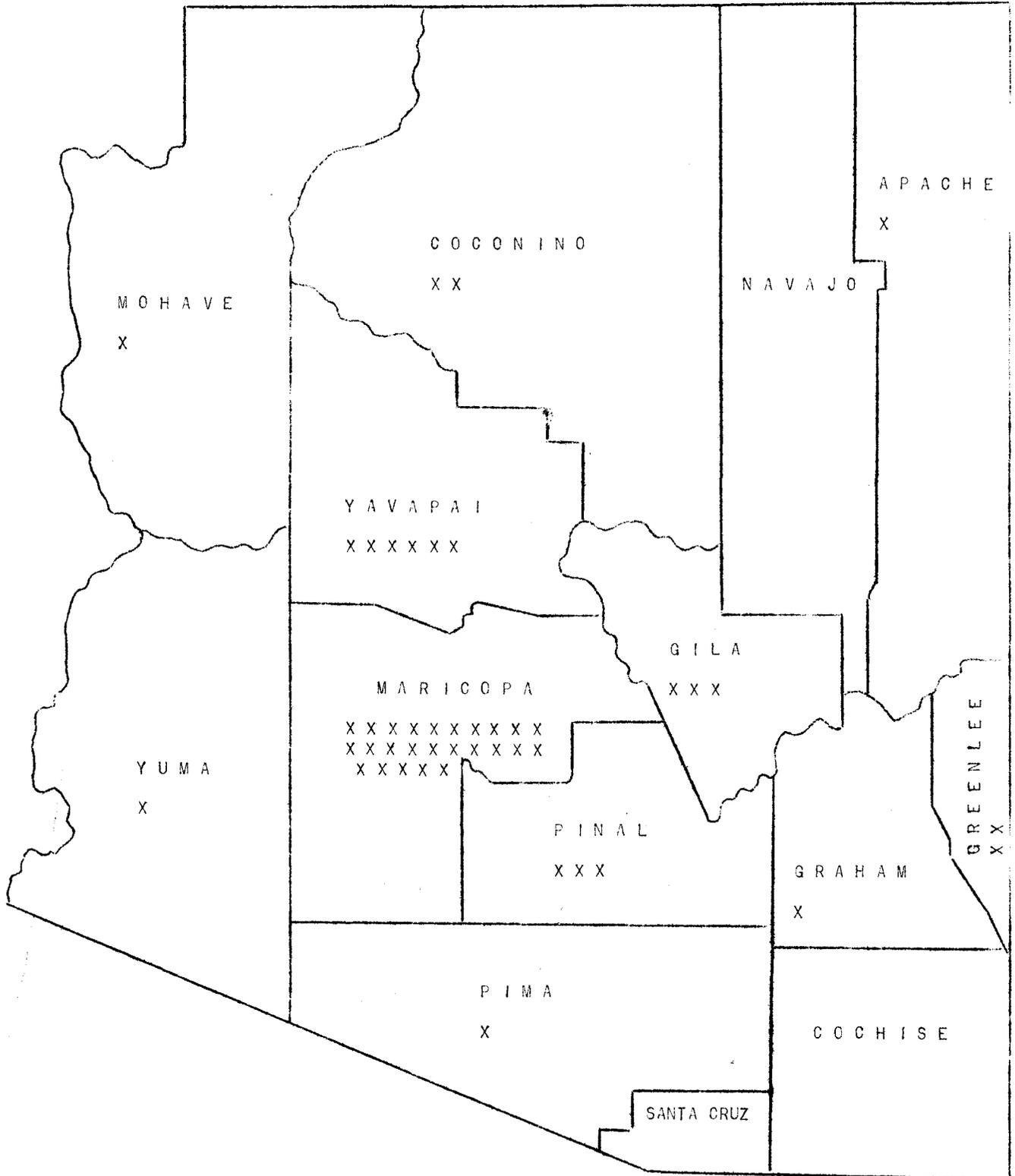
1. PROMOTION OF PREPARATION, THROUGH MUCH NEEDED ADDITIONAL FUNDS FOR TRAINING.
2. A CLOSER WORKING RELATION WITH SCHOOL NURSES AND OTHERS NOT CONNECTED WITH THE OFFICIAL HEALTH AGENCY.
3. PROMOTION OF STANDARDS OF PREPARATION TO BE REQUIRED BY SCHOOL BOARDS IN THE EMPLOYMENT OF THE SCHOOL NURSE.

PUBLIC HEALTH NURSES IN ARIZONA



- # SCHOOL AND COMMUNITY NURSES
- X STATE BOARD OF HEALTH NURSES
- O SOCIAL SERVICE NURSES
- I W.P.A. NURSES
- ◊ CRIPPLED CHILDREN DIVISION
- COUNTY NURSES - OTHER THAN STATE BOARD OF HEALTH

STATE WIDE ORGANIZATION TO BE EFFECTED - FISCAL YEAR 1937 - 1938



HEALTH SERVICE NURSES NOT INCLUDED IN ORGANIZED PUBLIC HEALTH UNITS X

OBJECTIVE : TO COORDINATE THE ACTIVITIES OF THESE WORKERS WITH THE ACTIVITIES OF THE STATE AND LOCAL HEALTH DEPARTMENTS.

PUBLIC HEALTH NURSES LISTED IN THE FOREGOING ARE DISTRIBUTED AS FOLLOWS:
 (INDIAN SERVICE NURSES NOT INCLUDED)

<u>COUNTY</u>	<u>STATE OR COUNTY BOARD OF HEALTH</u>	<u>STATE & SOC- IAL SECURITY</u>	<u>BOARD OF EDUCAT ION</u>	<u>COUNTY (ALONE)</u>	<u>SOCIAL SECURITY</u>	<u>*W.P.A.</u>
APACHE	1					
COCHISE	6					
COCONINO	2		3			
GILA			3	1		
GRAHAM			2			
GREENLEE			3			
MARICOPA	14		18		5	4
MOHAVE		1	1			
NAVAJO	1		2			
PIMA	8			1		1
PINAL			4			
SANTA CRUZ	2					
YAVAPAI	1		5			
YUMA	3		1			
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	38	1	42	2	5	5

*NOT INCLUDED IN ROSTER OF 105 NURSES.

T H E A R I Z O N A S T A T E
L A B O R A T O R Y

THE ARIZONA STATE LABORATORY, IN ADDITION TO THE EXAMINATION OF WATER, DAIRY PRODUCTS AND FOODS, OFFERS LABORATORY SERVICE TO ALL PHYSICIANS FOR THE DIAGNOSIS OF COMMUNICABLE DISEASES. THE LABORATORY AT TUCSON AND THE BRANCH LABORATORY AT PHOENIX ARE EQUIPPED TO UNDERTAKE PRACTICALLY ANY EXAMINATION, WITH THE EXCEPTION OF BLOOD CHEMISTRY. VIRULENCE TESTS AND TESTS REQUIRING THE USE OF ANIMALS ARE MADE BY SPECIAL ARRANGEMENT ONLY.

IN ORDER TO TAKE ADVANTAGE OF TRANSPORTATION FACILITIES, THE STATE HAS BEEN ARBITRARILY DIVIDED INTO TWO SECTIONS. PHYSICIANS RESIDING IN COCHISE, PIMA, PINAL, GRAHAM, GREENLEE, GILA, SANTA CRUZ AND YUMA, (SOUTHERN PORTION) ARE REQUESTED TO SUBMIT THEIR SPECIMENS TO

ARIZONA STATE LABORATORY
UNIVERSITY OF ARIZONA
POST OFFICE BOX 4694
TUCSON, ARIZONA.

PHYSICIANS RESIDING IN THE OTHER COUNTIES ARE REQUESTED TO SUBMIT THEIR SPECIMENS TO

PHOENIX BRANCH, STATE LABORATORY
ARIZONA STATE BUILDING
PHOENIX, ARIZONA

DUE TO THE TIME REQUIRED FOR THE TRANSPORTATION OF SPECIMENS FROM THE NORTHERN PART OF THE STATE, IT SEEMS DESIRABLE TO ESTABLISH, AT AN EARLY DATE, A BRANCH LABORATORY IN NORTHERN ARIZONA IN ORDER TO EXPEDITE EXAMINATIONS AND REPORTS.

DURING THE YEAR OF 1937 APPROXIMATELY 45,000 EXAMINATIONS WERE MADE. THE NUMBER OF SPECIMENS WERE FAIRLY EQUALLY DIVIDED BETWEEN THE TWO LABORATORIES. SEROLOGICAL TESTS FOR SYPHILIS FORMED A LARGE PORTION OF THESE.

BECAUSE OF MANY REQUESTS, AND WITH THE ASSISTANCE OF THE STATE BOARD OF HEALTH, A SEROLOGIST HAS BEEN ADDED TO THE STAFF OF THE PHOENIX LABORATORY. IN THE NEAR FUTURE, THE WASSERMAN TEST WILL BE MADE UPON ALL SPECIMENS SUBMITTED FOR THE LABORATORY DIAGNOSIS OF SYPHILIS, IN ADDITION TO THE KAHN AND KLINE TESTS. FOR THE PRESENT, THE KAHN AND KLINE TESTS WILL BE MADE AT THE TUCSON LABORATORY AND WHEN THE WASSERMAN TEST IS REQUESTED, THE SERUM WILL BE FORWARDED TO THE PHOENIX LABORATORY. THIS LABORATORY WILL ALSO MAKE GONOCOCCUS FIXATION TESTS UPON REQUEST.

THE STATE LABORATORY WILL RENDER ALL POSSIBLE ASSISTANCE TO PHYSICIANS AND ATTEMPT TO MAINTAIN THE HIGHEST STANDARDS IN LABORATORY WORK. CRITICISM AND SUGGESTIONS FOR THE IMPROVEMENT OF SERVICE ARE INVITED.

SPECIAL HEALTH PROBLEMSTUBERCULOSIS

THE PROBLEM OF TUBERCULOSIS APPEARS TO STAND OUT AS THE MAJOR HEALTH HAZARD TRANSCENDING ALL OTHERS IN THIS STATE.

FOR YEARS CLIMATE HAS BEEN ASSOCIATED IN THE PUBLIC MIND AS A MAJOR FACTOR IN THE "CURE" OF TUBERCULOSIS, AND SOME LOCALITIES, NOTABLY ARIZONA, HAVE BECOME ALMOST SYNONYMOUS WITH THE TRADITIONALLY NEEDED CLIMATE. IT IS ALMOST A BYWORD WHEN THERE IS A SUSPICIOUS COUGH TO SUGGEST ARIZONA. THERE IS NO GAIN-SAYING THE FACT THAT THE CLIMATE OF ARIZONA ADDS IMMEASURABLY TO THE PLEASURE AND COMFORT OF LIVING, AND THAT ITS LURE HAS BROUGHT MANY THOUSANDS OF PEOPLE TO THE STATE WHO HAVE REMAINED TO ADD TO ITS ECONOMIC AND CULTURAL DEVELOPMENT.

UNFORTUNATELY, THIS SAME TREND HAS GIVEN THE STATE ITS GREATEST PUBLIC HEALTH PROBLEM, FOR LIFE IS SWEET TO ALL, AND RICH MAN, POOR MAN, BEGGARMAN, THIEF, DOCTOR, LAWYER, MERCHANT, CHIEF, HAVE FLOCKED ACROSS THE BORDER INTO THE LAND OF SUNSHINE IN ALL STAGES OF TUBERCULOSIS. THAT THIS IS NOT IDLE METAPHOR IS PROVED BY THE VITAL STATISTICS FILES AND BY CASE FINDING STUDIES SUCH AS THE ONE CONDUCTED BY THE HEALTHMOBILE WHICH HAS BEEN ENGAGED IN FIELD SURVEY WORK FOR THE PAST 18 MONTHS.

DURING THE TEN YEAR PERIOD ENDED DECEMBER 31ST, 1935, THERE WERE 12,067 CASES OF TUBERCULOSIS REPORTED WITH 13,114 DEATHS. ACCORDING TO STANDARDS ADOPTED FOR APPRAISAL OF RURAL HEALTH WORK THERE SHOULD BE TWO NEW CASES FOR EACH DEATH AND FIVE KNOWN LIVING CASES FOR EACH DEATH. THERE WERE 12,067 NEW CASES REPORTED DURING THE PERIOD WHICH ACCORDING TO THIS ACCEPTED STANDARD SHOULD HAVE SHOWN 26,228 NEW CASES. ACCORDING TO THE SAME STANDARDS THERE WOULD BE 65,570 LIVING CASES.

HOWEVER, WITHOUT A CAREFUL STUDY IT IS IMPOSSIBLE FROM THE USUALLY ACCEPTED FIGURES TO ESTIMATE THE NUMBER OF NEW OR LIVING CASES AS THERE ARE 1,428 BEDS FOR THE CARE OF TUBERCULOUS CASES IN THE STATE (NOT INCLUDING PRIVATE NURSING HOMES) MANY OF WHICH ARE UNDOUBTEDLY FILLED WITH PATIENTS NOT HAVING CONTACT RELATIVES IN THE STATE. TUBERCULOSIS IS ESSENTIALLY A FAMILY DISEASE IN THAT THE INTIMACY OF FAMILY LIFE IS LARGELY RESPONSIBLE FOR ITS SPREAD.

STATISTICS STATING WHETHER THE DISEASE WAS CONTRACTED WITHIN THE STATE OR OUTSIDE ARE ONLY AVAILABLE FOR THE FOUR YEAR PERIOD ENDING DECEMBER 31, 1936. THESE FIGURES SHOW THAT 42.2% ORIGINATED OUTSIDE THE STATE, 35.81% WITHIN THE STATE, AND 22% WERE UNSTATED. IT WOULD SEEM FROM THESE FIGURES TO BE FAIRLY OBVIOUS THAT WHILE PEOPLE ILL FROM TUBERCULOSIS WHO COME TO THE STATE CREATE A SERIOUS PROBLEM WE WOULD CONTINUE TO HAVE A PURELY LOCAL PROBLEM WITHOUT THE ADDITION OF SUCH CASES. (THIS INFORMATION IS OBTAINED FROM DEATH CERTIFICATES AND ITS RELIABILITY IS DEPENDENT UPON THE ACCURACY OF STATEMENTS THUS SUBMITTED.) UNDOUBTEDLY MANY, POSSIBLY MOST, OF THE CASES GIVEN AS ORIGINATING FROM WITHIN THE STATE DID SO IN FAMILIES WHO CAME HERE BECAUSE OF TUBERCULOSIS. THERE ARE NO FACTS AT PRESENT AVAILABLE TO EITHER PROVE OR DISPROVE THIS.

FOR A FIVE YEAR PERIOD DEATHS SEGREGATED BY RACE GIVE 65.6% AS WHITE.

THE DEATH RATE FROM TUBERCULOSIS FOR ARIZONA IS APPROXIMATELY FIVE TIMES AS HIGH AS THAT FOR THE COUNTRY AT LARGE. RECENTLY RELEASED STATISTICS SHOW THAT THE AVERAGE DEATH RATE FROM THIS DISEASE FOR THE UNITED STATES REGISTRATION AREA IS 55.4 PER HUNDRED THOUSAND POPULATION. THE DEATH RATE FOR ARIZONA IS 271.2 PER HUNDRED THOUSAND POPULATION. THIS IS NOT SURPRISING CONSIDERING THE LARGE NUMBERS WHO COME TO ARIZONA FOR THE "CURE", OFTEN, UNFORTUNATELY, IN TOO ADVANCED A STAGE OF THE DISEASE TO OFFER HOPE OF ARREST.

FOR THE FIRST TIME IN MANY YEARS THERE WAS A SLIGHT INCREASE IN THE DEATH RATE FROM TUBERCULOSIS, THE RATE FOR 1936 BEING SLIGHTLY HIGHER THAN THE RATE FOR 1935 OVER THE COUNTRY AS A WHOLE. THIS INCREASE FOR THE COUNTRY AS A WHOLE WAS .9% WHILE THE INCREASE IN THE TUBERCULOSIS DEATH RATE FOR ARIZONA FOR THE SAME PERIOD WAS 11.8%.

THE SURVEY SHOWS THAT THE POSITIVE REACTORS TO THE TUBERCULIN TEST WERE APPROXIMATELY TWICE AS HIGH AS THOSE FOUND IN THE SAME AGE GROUPS IN STATES WITH A

WELL ESTABLISHED CONTROL PROGRAM. THE RATIO OF CASES SHOWING X-RAY EVIDENCE OF ADULT TYPE TUBERCULOSIS IN STATES WITH SUCH A CONTROL PROGRAM IS ABOUT ONE TO EVERY TWO HUNDRED X-RAYED FOR THE HIGH SCHOOL GROUP; HERE ONE OUT OF EVERY 84 X-RAYED REVEALED EVIDENCE OF ADULT TYPE TUBERCULOSIS. IN THE HIGH SCHOOL AND COLLEGE GROUPS WERE FOUND THE LARGEST PERCENTAGE OF REACTORS TO THE TUBERCULIN TEST, THE AVERAGE BEING 63%

THE RESULT OF THE SURVEY OF THIS GROUP IS OF RELATIVELY MORE IMPORTANCE AS REVEALING THE INCIDENCE OF THE DISEASE DURING THE MOST DANGEROUS AGE AND PRESUMABLY AMONG A FIXED POPULATION THOUGH THIS GROUP SHOULD HAVE CLOSER STUDY, AS TO LENGTH OF RESIDENCE.

IN VIEW OF THE LACK OF ORGANIZED MEASURES FOR THE PREVENTION OR CORRECTION OF THIS CONDITION THESE FIGURES MIGHT WELL SERVE AS AN INDICTMENT AGAINST SUCH DEFICIENCY. HOWEVER, THEY ARE NOT PRESENTED AS SUCH BUT RATHER AS FACTS FOR SERIOUS CONSIDERATION IN THE APPROACH TO A SOLUTION OF A CONDITION, ONLY POSSIBLE THROUGH MENTAL AND SOCIAL INTEGRITY.

TUBERCULOSIS IS A PREVENTABLE COMMUNICABLE DISEASE PROVED CONTROLLABLE THROUGH ORGANIZED EFFORT.

BY MEANS OF THE TUBERCULIN TEST AND THE X-RAY EVERY CASE OF TUBERCULOSIS CAN BE DIAGNOSED IN AN EARLY AND CURABLE STATE. THE OLDER METHODS OF PHYSICAL DIAGNOSIS ALONE ARE OBSOLETE. THE OLDER METHODS OF TREATMENT DEPENDENT UPON MODIFIED BED REST, GOOD FOOD, AND FRESH AIR ALONE ARE LIKEWISE INSUFFICIENT.

PRESENT ACTIVITIES FOR PREVENTION OF TUBERCULOSIS

UNDER THIS HEADING IS INCLUDED OFFICIAL ACTIVITIES ONLY. THIS DOES NOT IMPLY DISREGARD OF THE VALUABLE CONTRIBUTION OF PRIVATE PHYSICIANS WHICH IS OMITTED BECAUSE OF LACK OF ACCURATE INFORMATION.

1. COOPERATIVE HEALTHMOBILE

A MOBILE TUBERCULOSIS SERVICE WAS INAUGURATED IN 1936 BY THE STATE BOARD OF HEALTH FOR THE SPECIFIC PURPOSE OF TUBERCULOSIS CASE FINDING AMONG SCHOOL CHILDREN AND FOR HEALTH EDUCATION, PARTICULARLY AS REGARDS PREVENTION AND CONTROL OF THIS DISEASE.

THE MOBILE PART OF THE UNIT, CONSISTING OF TRUCK AND TRAILER, WAS THE GIFT OF THE 40 & 8 OF THE AMERICAN LEGION.

THE INITIAL EQUIPMENT WAS PAID FOR THROUGH A SPECIAL GRANT OF THE CHILDREN'S BUREAU OF THE U. S. DEPARTMENT OF LABOR.

THIS EQUIPMENT CONSISTS OF A COMPLETE X-RAY LABORATORY, INCLUDING FLOUROSCOPE, DARK ROOM, COMPLETE ELECTRIFICATION FOR LIGHTS, FANS, STERILIZERS, FIRST AID KIT, MOTION PICTURE SOUND EQUIPMENT, SOUND AND SILENT FILM, DRESSING ROOM AND OFFICE.

THE COST OF OPERATION WAS FINANCED DURING THE FIRST YEARS BY FUNDS FROM THE CHILDREN'S BUREAU BUT DURING THE PRESENT YEAR IS PARTIALLY BORNE BY THE STATE AND FUNDS FROM THE U. S. PUBLIC HEALTH SERVICE.

THE STAFF CONSISTS OF A DIRECTOR, TECHNICIAN, ASSISTANT TECHNICIAN AND NURSE. THE WORK OF THIS UNIT HAS BEEN ABLY DONE AND RECEIVES THE WHOLEHEARTED SUPPORT OF THE PUBLIC AS EVIDENCED BY THE DEMAND FOR ITS SERVICE WHICH IS MUCH IN EXCESS OF ITS ABILITY TO MEET.

THE 40 & 8 HAVE MAINTAINED A SUSTAINED INTEREST IN THE OPERATION OF THIS UNIT AND ARE CONTINUING TO ASSIST IN FIELD ARRANGEMENTS AND IN THE ACTUAL RAISING OF MONEY FOR ADDITIONAL FILMS.

IN ADDITION TO THE SPLENDID EDUCATIONAL WORK DONE THE FOLLOWING IS CONCRETE EVIDENCE OF THE ACTIVITY OF PERSONNEL CONNECTED WITH THIS SERVICE.

DURING THE 18 MONTHS OPERATION:

SCHOOL CHILDREN GIVEN MANTOUX TEST	22,383
POSITIVE REACTORS	11,151
	(POSITIVE 49.82%)

PRESCHOOL AGE	POSITIVE 24.4%
GRADE SCHOOL	POSITIVE 44.84%
HIGH SCHOOL	POSITIVE 60.44%

BY RACE, ALL GROUPS:

WHITE	POSITIVE 46.6 %
MEXICAN	POSITIVE 54.54%
COLORED	POSITIVE 64.0 %
INDIAN	POSITIVE 70.0 %
YELLOW	POSITIVE 58.0 %

ALL GROUPS: OF THE POSITIVE REACTORS TO THE MANTOUX THERE WERE X-RAYED 11,109. OF THOSE X-RAYED THERE WERE 25.6% WITH POSITIVE FINDINGS.

IN THE HIGH SCHOOL GROUP ONE OUT OF EVERY 84 X-RAYED REVEALED EVIDENCE OF ADULT TYPE PULMONARY TUBERCULOSIS. (NOT ONE OF THIS GROUP, EVEN WITH EVIDENCE OF ADVANCED TUBERCULOSIS, HAD REALIZED THAT ANY PULMONARY DISABILITY EXISTED, NOR HAD ANY OF THEM CONSULTED A PHYSICIAN PREVIOUSLY.)

IN THE PRESCHOOL GROUP, WHILE THERE WAS AN INCREASED NUMBER SHOWING CALCIFIED GLANDS AND OTHER EVIDENCE OF PRIMARY INFECTION, NONE UNDER 10 YEARS OF AGE SHOWED X-RAY EVIDENCE OF ADULT TYPE OF TUBERCULOSIS, AND JUST 5, AT THE AGE OF 10, REVEALED EVIDENCE OF REINFECTION OR ADULT TYPE.

FROM 10 YEARS UPWARD THE NUMBER SHOWING RADIOGRAPHIC EVIDENCE OF CLINICAL TUBERCULOSIS GRADULLY AND CONSISTENTLY INCREASED.

IN ADDITION TO THE GRADE AND HIGH SCHOOL CHILDREN TESTED AND X-RAYED SINCE THE BEGINNING OF THIS FISCAL YEAR X-RAY FILMS OF 776 SCHOOL TEACHERS AND OTHER SCHOOL EMPLOYEES HAVE BEEN TAKEN.

ALSO A COMPLETE SURVEY OF OUR STATE TEACHERS COLLEGE AT FLAGSTAFF HAS BEEN MADE.

EDUCATIONAL RESULTS:

IN ADDITION TO EXAMINATIONS MADE, AND IN WHICH ACTIVE CASES HAVE BEEN BROUGHT UNDER MEDICAL CARE, IN EVERY COMMUNITY WHERE THE HEALTHMOBILE HAS OPERATED ONE OR MORE PRIVATE PHYSICIANS HAVE BEEN INDUCED TO TRAIN AND EQUIP THEMSELVES FOR GIVING PNEUMOTHORAX TREATMENTS WHERE INDICATED. IT IS FELT THAT THIS CONSULTATION SERVICE WITH PRIVATE PHYSICIANS AND THE SPREADING OF THE CONCEPT OF COLLAPSE THERAPY IS PROVING TO BE ONE OF THE MOST VALUABLE AIDS IN A GENERAL TUBERCULOSIS CONTROL PROGRAM.

BY CREATING A SANE TUBERCULOSIS CONSCIOUSNESS MUCH HAS BEEN DONE TO CREATE A MORE WHOLESOME PUBLIC HEALTH MINDEDNESS WITH A GREATER RESPONSE TO ANY PUBLIC HEALTH ACTIVITY.

IT HAS BEEN THE POLICY TO USE THE RESULTS OF THE SCREENING PROCESS AS AN INDICATOR OF THE SOURCES OF OPEN INFECTION WITH THE RESULT THAT MANY CASES IN PARENTS AND GRANDCHILDREN IN THE SAME HOUSEHOLD HAVE BEEN FOUND WITH FAR ADVANCED TUBERCULOSIS. IN EACH INSTANCE THESE ALSO HAVE BEEN BROUGHT UNDER MEDICAL CARE.

2. PHYSICAL EXAMINATION OF TEACHERS AND OTHER SCHOOL ATTENDANTS:

BEFORE THE OPENING OF THE FALL TERM OF SCHOOL IN 1937 THE STATE SUPERINTENDENT OF PUBLIC HEALTH ISSUED A LETTER TO ALL SCHOOLS CALLING ATTENTION TO SECTION 1045 OF THE REVISED CODE OF ARIZONA, 1928, WHICH FORBIDS SCHOOLS TO

EMPLOY ANY TEACHERS AFFLICTED WITH TUBERCULOSIS. SCHOOL BOARDS WERE ASKED TO REQUIRE STRICT MEDICAL EXAMINATION OF ALL TEACHERS, TO REQUIRE EXAMINATION OF ALL OTHER PERSONS EMPLOYED BY THE SCHOOLS, WHO COME IN CONTACT WITH THE CHILDREN, AND TO FILE A COPY OF THE EXAMINER'S REPORT FOR EACH PERSON WITH THE STATE BOARD OF HEALTH. THE SERVICES OF THE HEALTHMOBILE WERE OFFERED FOR CHEST X-RAYS. THESE EXAMINATIONS ARE STILL IN PROGRESS AND STATISTICS ARE NOT YET AVAILABLE AS TO FINDINGS. STUDIES OF TEACHERS IN LARGE GROUPS OVER THE COUNTRY HAVE SHOWN AS HIGH AS ONE IN 46 TO BE SUFFERING FROM THE DISEASE AND IT MAY BE REASONABLY PRESUMED THAT A NUMBER PROPORTIONATE TO THE INCIDENCE IN THE POPULATION MIGHT BE FOUND. SINCE THE STATE MAKES ATTENDANCE IN OUR SCHOOLS COMPULSORY PARENTS MAY RIGHTLY DEMAND THAT THE SCHOOL PROVIDE A HEALTHFUL ENVIRONMENT FOR THEIR CHILDREN.

3. BURR COTTAGES

RECOGNIZING THE IMPORTANCE OF PROPER ISOLATION OF ACTIVE OPEN CASES, PARTICULARLY WHERE CHILDREN ARE CONTACTS, THE NATIONAL YOUTH ADMINISTRATION INAUGURATED A PROJECT FOR THE CONSTRUCTION OF ISOLATION COTTAGES TO BE PLACED UNDER THE SUPERVISION OF THE STATE BOARD OF HEALTH. THESE COTTAGES WILL BE USED FOR THOSE CASES WHERE THERE ARE CHILDREN IN THE FAMILY AND PROPER SUPERVISION MAY BE GIVEN THROUGH ORGANIZED HEALTH UNIT PERSONNEL. A LIMITED NUMBER WILL BE AVAILABLE WITHOUT COST AND THE BALANCE WILL BE CONSTRUCTED AND FURNISHED TO PATIENTS AT ACTUAL COST OF CONSTRUCTION. THEY WILL BE FURNISHED INSIDE WITH COTS, BEDDING, ETC., FROM SUPPLIES OF THE STATE BOARD OF HEALTH GIVEN BY THE C.C.C. UNITS WHICH HAVE BEEN DISBANDED. THIS PROGRAM SHOULD SERVE IN A LIMITED WAY IN SECURING ISOLATION AND IN A LARGER WAY THROUGH VISUAL EDUCATION IN METHODS OF ISOLATION.

4. STATE ANTI-TUBERCULOSIS ASSOCIATION

THE ACTIVITIES OF THIS ASSOCIATION ARE PRINCIPALLY EDUCATIONAL THROUGH OBTAINING THE INTEREST OF LAY PERSONS IN PUBLIC HEALTH PROBLEMS, PARTICULARLY TUBERCULOSIS. THE FUNDS AVAILABLE ARE LIMITED, THE TOTAL FOR THE PRESENT YEAR BEING \$3616.00. THE ORGANIZATION, HOWEVER, REPRESENTS THE ACTIVITIES OF A STATE CHAIRMAN, AND 46 LOCAL CHAIRMEN. THE FUNDS ARE SPENT IN VARIOUS WAYS DEPENDING ON THE VOLUME OF THE LOCAL SALE. SOME FUNDS ARE USED IN PROMOTING TUBERCULIN TESTING AND X-RAY WORK. IN PRESCOTT AND TUCSON ASSISTANCE IS GIVEN IN FINANCING

IN PART THE SERVICES OF FULL TIME VISITING NURSES. THE STATE ASSOCIATION'S OFFICE IN PHOENIX MAINTAINS ACTIVE CORRESPONDENCE WITH MOST OF THE SCHOOL AUTHORITIES IN ARIZONA AND AIMS TO PROMOTE PROGRAMS DEALING WITH TUBERCULOSIS PREVENTION AND THE PROMOTION OF CHILD HEALTH. SUCH AN ORGANIZATION, THROUGH CLOSE COOPERATION WITH DEPARTMENTS OF HEALTH AND UNOFFICIAL AGENCIES IS OF GREAT VALUE IN DEVELOPING STATE WIDE PUBLIC HEALTH ORGANIZATION.

5. ORGANIZED HEALTH AGENCIES AND SERVICES

THE FIVE FULL TIME HEALTH UNITS CARRY ON A CONTINUOUS PROGRAM OF CASE FINDING AND FOLLOW UP OF CONTACTS AND ATTEMPT TO SECURE PROPER ISOLATION OF ACTIVE CASES WITH TREATMENT THROUGH THE USE OF AVAILABLE RESOURCES. IN A NUMBER OF COUNTIES A PUBLIC HEALTH NURSE HAS BEEN ASSIGNED TO DEMONSTRATE PUBLIC HEALTH METHODS AND BRING TO THE COMMUNITY MORE OF AN AWARENESS OF HEALTH NEEDS THROUGH CASE FINDING, ACTUAL SERVICE AND COORDINATION OF LOCAL RESOURCES.

BEFORE RECOMMENDING ANY ADDITIONS TO THE PRESENT PROGRAM IT WOULD SEEM ADVISABLE TO REVIEW BRIEFLY PRESENT CONCEPTIONS AND CHANGING ATTITUDES.

FIRST OF ALL THERE SHOULD BE NATIONAL COOPERATION IN THE PREVENTION OR DISCOURAGEMENT OF THE PRACTICE OF REFERRING PEOPLE SUFFERING FROM TUBERCULOSIS TO ARIZONA FOR CLIMATIC REASONS UNLESS THEY ARE ABLE TO MAINTAIN A STANDARD OF LIVING NECESSARY FOR THE PROMOTION AND MAINTENANCE OF HEALTH AND FOR SECURING PROPER MEDICAL CARE. IN LIEU OF THIS PREREQUISITE THERE SHOULD BE A RECOGNITION OF RESPONSIBILITY BY THE FEDERAL GOVERNMENT FOR THE MOVEMENT OF DISEASED PERSONS FROM STATE TO STATE WITHOUT PROVISION FOR MAINTENANCE AND CARE. THIS IS AT LEAST COMPARABLE TO THE MOVEMENT OF DISEASED LIVESTOCK OR AGRICULTURAL PRODUCTS AND SHOULD BE PREVENTED OR COMPENSATED FOR. WITHOUT SOME SUCH PROTECTION THE HEALTH HAZARDS TO THE CITIZENS OF THE STATE ARE IMMEASURABLY INCREASED AND THE ECONOMIC BURDEN BECOMES UNBEARABLE.

IN VIEW OF THE NEED OF ACCURATE STATISTICS ON WHICH TO BASE ANY RECOMMENDATION FOR DEALING WITH THE INDIGENT MIGRATORY SUFFERER FROM TUBERCULOSIS IT IS RECOMMENDED THAT A SURVEY OF THE ACTUAL EXTENT OF THE PRESENCE OF SUCH CASES BE MADE IN THOSE AREAS WHERE THEY ARE KNOWN TO BE MOST PREVALENT. THIS WOULD BE THE SALT RIVER VALLEY AND GILA AND THE REGION IN AND ABOUT TUCSON. IT IS EXPECTED THAT SUCH A STUDY MAY BE MADE THIS SPRING UNDER THE SUPERVISION OF THE U.S. PUBLIC HEALTH SERVICE WITH THE COOPERATION AND ASSISTANCE OF THE STATE BOARD

OF HEALTH.

ABOUT 1923 SUCH A STUDY WAS MADE OF COLORADO SPRINGS, DENVER, EL PASO, SAN ANTONIO, PHOENIX AND LOS ANGELES, BY JESSAMINE S. WHITNEY, STATISTICIAN OF THE NATIONAL TUBERCULOSIS ASSOCIATION.

OF THE SIX CITIES STUDIED, THE INDIGENT MIGRATORY PROBLEM SEEMED MOST ACUTE IN PHOENIX. THE RECORDS AT THAT TIME REVEALED 499 CASES. THE POPULATION OF PHOENIX THEN WAS 29,000 WHICH GAVE ONE INDIGENT FOR EVERY 58 OF THE POPULATION.

IF THESE PROPORTIONS ARE VALID AT THIS TIME WITH A POPULATION IN MARI COPA COUNTY OF 150,000, THERE WOULD BE APPROXIMATELY 2,585 SICK WANDERERS SUFFERING FROM TUBERCULOSIS WHO ARE UNABLE TO CARE FOR THEMSELVES, AND IN ADDITION TO THE ECONOMIC BURDEN UPON THE COMMUNITY ALSO PRESENT A SERIOUS PROBLEM IN COMMUNICABLE DISEASE TO THE REST OF THE POPULATION.

AT THE TIME THIS STUDY WAS MADE THE HIGHEST COST OF TUBERCULOSIS ACTIVITY IN ANY OF THE CITIES SURVEYED WAS IN PHOENIX. THE RESULT SHOWED THAT THE COST OF SUPPORT AND RELIEF OF THE TUBERCULOUS WAS \$1.75 ANNUALLY FOR EACH MEMBER OF THE COMMUNITY, MEN, WOMEN AND CHILDREN.

IN THE SECOND PLACE, WHILE THE STETHOSCOPE STILL PLAYS A PROMINENT PART IN THE DIAGNOSIS OF TUBERCULOSIS IT HAS GIVEN WAY TO TUBERCULIN TESTING AND THE X-RAY WHICH HAVE DEMONSTRATED A SENSITIVITY TO RECOGNITION OF THIS INFECTION IN AN EARLY AND CURABLE STAGE OF THE DISEASE. THIS METHOD NO LONGER SUGGEST JUST CONTINUED OBSERVATION OF THE INDIVIDUAL CASE AND THE APPLICATION OF MODERN METHODS OF TREATMENT, BUT RATHER FURNISHES A VERY DEFINITE CLUE TO THE SOURCE OF INFECTION. THROUGH THESE MEANS UNKNOWN CASES ARE FERRETED OUT, THE SPREAD OF THE INFECTION PREVENTED, AND TREATMENT INSTITUTED.

IN ADDITION, WHILE REST STILL REMAINS THE KEYNOTE OF SUCCESSFUL TREATMENT IT IS NO LONGER CONFINED TO POSTURAL REST IN BED BUT TO BRINGING ABOUT THE ADDITIONAL REST TO THE DISEASED TISSUE AREA THROUGH SURGICAL PROCEDURE. PNEUMOTHORAX, PHRENICECTOMY, THORACOPLASTY HAVE CHANGED THE PROCEDURE OF SANATORIUM CARE SO THAT SHORTER PERIODS OF HOSPITALIZATION ARE REQUIRED SHORTENING THE LENGTH

OF TIME NEEDED FOR RECOVERY AND LESSENING THE SPREAD OF INFECTION... THESE METHODS ARE RESPONSIBLE FOR A VAST ECONOMIC SAVING THROUGH RETURNING THE PATIENT TO A LIFE OF USEFULNESS AND SELF SUPPORT. IT IS ESTIMATED THAT SOME TYPE OF LUNG COMPRESSION IS NEEDED IN 75% TO 85% OF ALL ACTIVE CASES.

SOME RECOMMENDATIONS FOR CONSIDERATION IN
A PROGRAM OF PREVENTION AND CONTROL OF TUBERCULOSIS

1. FUNCTION OF THE HEALTHMOBILE: IT IS THE BELIEF OF THE WRITER THAT WHILE THE HEALTHMOBILE IS PROVING OF INESTIMABLE VALUE FROM AN EDUCATIONAL STANDPOINT IN BRINGING TO ATTENTION, THROUGH CROSS SECTIONS OF AN IMPORTANT AGE GROUP, CERTAIN CONDITIONS RELATIVE TO TUBERCULOSIS IN THIS STATE, PERMANENT ACTIVITY MUST BE LOCAL WITH FACILITIES PRESENT 365 DAYS OF THE YEAR.

SUCH TUBERCULOSIS CONTROL SHOULD BE AN INTEGRAL PART OF THE GENERALIZED HEALTH PROGRAM AND DIAGNOSTIC FACILITIES SHOULD BE DEVELOPED LOCALLY IN COOPERATION WITH THE PRACTICING PHYSICIAN. PENDING DEVELOPMENT OF ADEQUATE LOCAL SERVICE THE HEALTHMOBILE FILLS A VERY IMPORTANT GAP. A CAREFUL STUDY OF THE MICHIGAN PROGRAM IS RECOMMENDED AS ONE WHICH MIGHT PROVE MOST APPLICABLE TO THIS STATE.

EVERY EFFORT SHOULD BE MADE TO INCREASE SANATORIUM BED FACILITIES FOR THE SEGREGATION, EDUCATION AND PROPER TREATMENT OF ALL OPEN CASES. WHILE AWAITING THIS MUCH NEEDED ADDITION OF BEDS, MUCH CAN BE DONE BY COOPERATION WITH PRIVATE PHYSICIANS, LOCAL HEALTH UNITS, AND WITH THE ADDITION OF MORE NURSES FOR FOLLOW-UP OF CONTACTS. THE PROGRAM OF THE "HEALTHMOBILE" AND THE HOSPITAL AT TEMPE, MAINTAINED BY THE STATE SECURITY BOARD, SHOULD BE MORE CLOSELY INTEGRATED.

2. HEALTHMOBILE SERVICE: THE SERVICE OF THE HEALTHMOBILE SHOULD BE MADE AVAILABLE AS FOLLOWS:

A. TO EIGHTH GRADE, HIGH SCHOOL AND COLLEGE STUDENTS.

- B. RENDER THE SAME SERVICE TO THE STUDENT IN THE LOWER GRADES ONLY WHEN THERE ARE KNOWN CASES OF TUBERCULOSIS IN THE FAMILY, OR WHEN A WRITTEN REQUEST, STATING GOOD REASONS, IS RECEIVED FROM THE FAMILY.
- C. MAKE THE SAME SERVICES AVAILABLE TO ADULTS IN FAMILIES WHERE THE CHILDREN ARE POSITIVE REACTORS WHEN THIS SEEMS ADVISABLE FOR THE PURPOSE OF SCREENING SUCH FAMILIES AND WHEN REQUESTED BY THE FAMILY PHYSICIAN. IN EVERY EVENT FOLLOW-UP WORK FOR DETERMINING THE SOURCE OF INFECTION SHOULD BE DONE AND ACTIVE CASES ISOLATED AND TREATED.
- D. THE SAME SERVICE SHOULD BE RENDERED ALL OPEN OR SUSPECTED CASES OF TUBERCULOSIS WHEN THE FAMILY PHYSICIAN SO REQUESTS, OR IF THERE IS NO FAMILY PHYSICIAN, WHEN REQUESTED BY THE PROPER HEALTH OFFICIAL. WITHOUT SUCH A CASE FINDING PROCESS IN WHICH PRIVATE PHYSICIANS SHOULD PARTICIPATE NO CONTROL PROGRAM CAN BE SUCCESSFULLY OPERATED. WHILE THE PROBLEM OF TUBERCULOSIS EXISTS IN ALL PARTS OF THE STATE IT IS GREATEST IN AND ABOUT PHOENIX AND TUCSON. THE HEALTH UNIT IN TUCSON IS EQUIPPED WITH X-RAY, BUT THE MARICOPA COUNTY HEALTH UNIT IS NOT. IF IT IS TO ATTEMPT TO WORK ON TUBERCULOSIS CONTROL IT IS ESSENTIAL THAT IT HAVE X-RAY FACILITIES. THESE SHOULD BE AVAILABLE TO EVERY PHYSICIAN FOR USE WHEN PATIENTS ARE UNABLE TO PAY FOR THE SERVICE. IN OUTLYING PARTS OF THE STATE, PHYSICIANS SHOULD BE ASSISTED IN MAKING ACCURATE DIAGNOSES BY SUPPLYING THEM WITH FILMS AND CONSULTATION SERVICES WITHOUT COST FOR THE LOWER WAGE AND INDIGENT CASES.
3. COMMUNITY COOPERATION: IT SHOULD BE THE DUTY OF THE DIRECTOR OF THIS CONTROL PROGRAM TO CONTACT THE PHYSICIANS EITHER INDIVIDUALLY OR COLLECTIVELY AND TO MUTUALLY WORK OUT WITH THEM A PROCEDURE BEST SUITED TO THEIR NEEDS, BEFORE BEGINNING WORK IN ANY COMMUNITY.
4. EDUCATIONAL PROGRAM: IT SHOULD BE THE DUTY OF THE DIRECTOR OF THIS PROGRAM TO MEET WITH VARIOUS CIVIC ORGANIZATIONS AND TO IMPART TO THESE THE MODERN CONCEPTS OF TUBERCULOSIS CONTROL. SUCH AN EDUCATIONAL CAMPAIGN WOULD HELP EVENTUALLY TO BRING ABOUT THE NEEDED LEGISLATION AND COOPERATION FOR A BIGGER AND BETTER CONTROL PROGRAM.
5. HOSPITALIZATION AND COLLAPSE THERAPY: IT SHOULD BE THE DUTY OF THE DIRECTOR TO STIMULATE THE INTEREST OF LOCAL PHYSICIANS IN TUBERCULOSIS CONTROL AND TO ENCOURAGE AND HELP THEM TO ACQUIRE SUFFICIENT TRAINING IN SELECTIVE COLLAPSE THERAPY TO ENABLE THEM TO CONTINUE PNEUMOTHORAX TREATMENT FOR PATIENTS WHO HAVE HAD SUCH INSTITUTED IN A SANATORIUM. BY SUCH AN ARRANGEMENT THE STAY IN A SANATORIUM MIGHT BE REDUCED TO A MINIMUM IN EACH INSTANCE, POSSIBLY TO TWO OR THREE MONTHS, WHILE EACH CASE WAS RECEIVING PROPER TRAINING REGARDING THE PREVENTION OF THE SPREAD OF THE DISEASE AND AT THE SAME TIME HAVING THE PROPER TYPE OF COLLAPSE THERAPY

INSTITUTED. SUCH A RAPID TURNOVER IN SANATORIUM PATIENTS WOULD MAKE THIS SERVICE AVAILABLE TO MANY TIMES THE NUMBER OF PATIENTS WHO COULD BE ACCOMMODATED IF REQUIRED TO REMAIN UNTIL THE CURE WAS COMPLETED. THIS WOULD HELP SOLVE OUR SCARCITY OF SANATORIUM BEDS AND WOULD CAUSE PRIVATE PHYSICIANS TO CONSIDER THEMSELVES A PART OF THE PROGRAM.

SOME PROVISION SHOULD BE MADE TO PARTIALLY COMPENSATE THESE PRIVATE PHYSICIANS IN A MEASURE AT LEAST FOR THE SERVICES THEY RENDER.

6. SANITARY CONTROL: AN INTENSIVE CAMPAIGN SHOULD BE CONDUCTED FOR THE PURPOSE OF HAVING ENACTED AND ENFORCED CERTAIN REGULATIONS FOR THE CONTROL OF TUBERCULOSIS:

- (A) A MORE RIGID REGULATION SHOULD BE ENFORCED FOR REPORTING ALL ACTIVE CASES OF TUBERCULOSIS, AND ALL DEATHS FROM THIS DISEASE.
- (B) REGULATION FOR THE SAFE DISPOSAL OF SPUTUM FROM ALL OPEN CASES SHOULD BE STRICTLY ENFORCED.
- (C) REGULATION FOR PROPER INSPECTION AND THE NECESSARY STERILIZATION OF ALL DRINKING AND EATING UTENSILS USED IN FOUNTAINS, HOTELS, BOARDING HOUSES AND REST HOMES, SHOULD BE ENFORCED. ALL SUCH PLACES ACCOMMODATING HEALTH SEEKERS SHOULD BE SUBJECT TO THE GENERAL INSPECTION OF THE HEALTH OFFICER AND HE SHOULD BE EMPOWERED WITH AUTHORITY TO CORRECT, OR HAVE CORRECTED, ANY DISCREPANCIES IN SANITARY CODES AFFECTING THESE.
- (D) LOCAL HEALTH OFFICERS SHOULD BE EMPOWERED WITH THE AUTHORITY TO HAVE EXAMINED AND TO PROPERLY INSTRUCT ANY HEALTH SEEKER KNOWN TO HAVE TUBERCULOSIS WHO IS NOT UNDER THE CARE OF A PRIVATE PHYSICIAN. IT WOULD SEEM A SAFE AND ECONOMICAL PROCEDURE TO ADVISE ALL ADVANCED CASES OF TUBERCULOSIS COMING INTO THE STATE WITH INSUFFICIENT FUNDS FOR MAINTENANCE TO RETURN TO THEIR NATIVE STATE, EVEN TO DEFRAY THEIR EXPENSES FOR SUCH A RETURN IF NECESSARY.

THE SELF SUPPORTING HEALTH SEEKER WHO IS BENEFITED HAS PROVED AN ASSET TO ANY COMMUNITY. HE SHOULD BE ENCOURAGED, HIS STAY MADE PLEASANT, BENEFICIAL AND PERMANENT IF POSSIBLE. THE INDIGENT, CRITICAL HEALTH SEEKER BECOMES A LIABILITY AND A MENACE; WHETHER HIS ECONOMIC AND PHYSICAL STATUS HAS BEEN SELF-INFLICTED OR UNAVOIDABLE, THE RESPONSIBILITY FOR HIS CARE SHOULD REST WITH THE STATE IN WHICH HE HOLDS LEGAL RESIDENCE. NOT ONLY IS THIS A FAIR DISTRIBUTION OF RESPONSIBILITY, BUT WHETHER SUCH AN INDIGENT SICK PERSON REALIZES IT OR NOT, HIS CARE IS BETTER AND HIS CHANCES OF RECOVERY INCREASED BY REMAINING AND TAKING ADVANTAGE OF FACILITIES OFFERED FOR HIS CARE IN HIS HOME STATE. BASED ON THIS VIEWPOINT, MANY OF THE ILL-ADVISED, HOPELESS SICK COMING INTO ARIZONA CAN BE PERSUADED AND HAVE BEEN PERSUADED DURING THIS PAST YEAR, TO RETURN TO THEIR HOME STATE.

BEFORE ENTERING UPON ANOTHER YEAR'S PROGRAM FOR PUBLIC HEALTH A CAREFUL APPRAISAL OF THE RELATIVE VALUE OF ACTIVITIES AS APPLICABLE TO THE HEALTH PROBLEMS OF THIS STATE SHOULD BE MADE WITH A VIEW OF CONCENTRATION UPON THOSE WHICH GIVE THE GREATEST MENACE TO THE STATE AS A WHOLE.

I BELIEVE THAT THE STATISTICS SHOWN IN THIS REVIEW CONCLUSIVELY PROVE TUBERCULOSIS TO BE A MAJOR HEALTH PROBLEM IN ARIZONA, PARALLELED IN NO OTHER STATE. THE RECOMMENDATIONS MADE HAVE BEEN OF A GENERAL NATURE BUT SHOULD BE PRESENTED IN DETAIL AS TO PLAN, PERSONNEL, AND ESTIMATED COST OF OPERATION WITHIN THE NEXT SIX MONTHS SO THAT THE LEGISLATURE AND THE FEDERAL GOVERNMENT MAY CONSIDER THE DESIRABILITY OF GIVING THE NEEDED ASSISTANCE IN BRINGING THIS PROBLEM UNDER CONTROL.

V E N E R E A L D I S E A S E

REPORTING OF CASES OF VENEREAL DISEASE IN THIS STATE, AS IN OTHERS, HAS BEEN TOO SCATTERED AND INSUFFICIENT FOR AN ACCURATE ESTIMATE OF ITS PREVALENCE. LIMITED STUDIES IN RESTRICTED GROUPS INDICATE THAT IT MAY AVERAGE UP TO 5% AMONG THE GENERAL POPULATION. IT IS IMPOSSIBLE TO ESTIMATE THE NUMBER OF CASES WHO NEVER CONSULT A PHYSICIAN EITHER FOR DIAGNOSIS OR TREATMENT.

THE WRITER MADE A STUDY OF ONE THOUSAND VOLUNTARY PHYSICAL EXAMINATIONS AMONG W.P.A. WORKERS DURING 1936 AND FOUND 22 POSITIVE WASSERMANS. NINETEEN OF THIS NUMBER HAD NOT AT ANY TIME CONSULTED A PHYSICIAN. NATURALLY THIS CAUSES ONE TO WONDER HOW PREVALENT SUCH A CONDITION IS.

THE ACTIVITY OF THE SURGEON GENERAL IN THE CONTROL OF VENEREAL DISEASE HAS STIMULATED THE PUBLIC INTEREST IN THIS PROBLEM AND REMOVED THE "TABOO" UPON ITS STUDY AND DISCUSSION TO A REMARKABLE EXTENT.

UP TO THE PRESENT YEAR THERE HAS BEEN NO OFFICIAL ATTEMPT TO ORGANIZE A METHOD OF CONTROL IN THIS STATE. PRECEDING SEPTEMBER 1937 A SEROLOGICAL SERVICE WAS NOT AVAILABLE GENERALLY TO EITHER HEALTH DEPARTMENTS OR PRIVATE PHYSICIANS EXCEPT ON A FEE BASIS FROM A PRIVATE LABORATORY. DURING SEPTEMBER ANNOUNCEMENT WAS MADE BY THE SUPERINTENDENT OF PUBLIC HEALTH THAT LABORATORY SERVICE FOR THE DIAGNOSIS AND CONTROL OF ALL COMMUNICABLE DISEASES WOULD BE AVAILABLE WITHOUT CHARGE TO ALL PHYSICIANS AND HEALTH DEPARTMENTS. IT WAS FURTHER ANNOUNCED THAT DRUGS FOR TREATMENT WOULD BE FURNISHED WITHOUT CHARGE WHERE CASES WERE REPORTED, ADEQUATELY TREATED, AND ACCURATELY RECORDED. THROUGH THE COOPERATION OF HEALTH UNITS, PRIVATE PHYSICIANS, AND WELFARE AGENCIES, SIX CLINICS ARE OPERATING AND MATERIAL HAS BEEN FURNISHED TO MANY PRIVATE PHYSICIANS. PRESENT INDICATIONS ARE THAT IT WILL BE NECESSARY TO

ENLARGE THE FACILITIES OF THESE CLINICS VERY SOON IN ORDER TO MEET THE INCREASING DEMAND FOR SERVICE.

RECOMMENDATIONS FOR A VENEREAL DISEASE PROGRAM:

1. LABORATORY SERVICE: "ADEQUATE AND AVAILABLE LABORATORY SERVICE FOR DARKFIELD AND TESTS IS THE FIRST ESSENTIAL IN THE CONTROL OF SYPHILIS" TO A LIMITED EXTENT THIS HAS BEEN MADE POSSIBLE THROUGH FURNISHING A FREE SERVICE FOR THE CONTROL OF ALL COMMUNICABLE DISEASES BY THE STATE LABORATORY AND ITS BRANCH AT PHOENIX. THIS SERVICE SHOULD BE MADE AVAILABLE TO PHYSICIANS AND HEALTH WORKERS IN THE NORTHERN PART OF THE STATE BY THE ESTABLISHMENT OF AN ADDITIONAL BRANCH LABORATORY AT FLAGSTAFF.

IN ORDER TO SUCCESSFULLY CARRY OUT SUCH A PROGRAM, WHICH REQUIRES THE APPROVAL AND SUPPORT OF THE PRIVATE PHYSICIAN IT IS ESSENTIAL THAT THE STANDARD OF THE STATE LABORATORIES BE RAISED AND MAINTAINED IN A MANNER TO COMMAND THE FULL RESPECT OF THE QUALIFIED MEDICAL PROFESSION. THESE SUGGESTIONS ARE NOT TO BE CONSTRUED AS A CRITICISM OF EXISTENT LABORATORIES OR THEIR PERSONNEL, BUT RATHER AS A YARDSTICK FOR CHECKING THEIR EFFICIENCY. IT IS SUGGESTED THAT THE FOLLOWING STANDARDS RECOMMENDED BY THE ADVISORY COMMITTEE TO THE U. S. PUBLIC HEALTH SERVICE BE ADOPTED AND MAINTAINED.

- (A) A DIRECTOR WHO, BY APPROPRIATE THEORETICAL AND PRACTICAL EXAMINATION, CAN DEMONSTRATE A SATISFACTORY KNOWLEDGE OF SEROLOGY OF SYPHILIS AND ITS RECENT ADVANCES.
 - (B) A STABLE, EXPERIENCED TECHNICAL PERSONNEL.
 - (C) ADHERENCE TO ACCEPTED STANDARDS OF MAINTENANCE OF GLASSWARE, ANIMAL MATERIAL, INCUBATORS, AND OTHER EQUIPMENT.
 - (D) THE PERIODIC PERFORMANCE OF INTER-LABORATORY CROSS CHECKS ON IDENTICAL SPECIMENS, THESE TO INCLUDE SPECIMENS TO BE SENT TO THE CENTRAL STATE LABORATORY.
 - (E) THE MAINTENANCE OF A PERIODIC CLINICAL CONTROL OF SEROLOGIC RESULTS BY MEANS OF CROSS CHECK AGAINST THE DIAGNOSIS MADE AT SYPHILITIC CLINICS CONDUCTED UNDER THE STATE OR OTHER AUSPICES.
2. STATE REGISTRATION OF LABORATORIES: "THE TYPE OF SERVICE SHOULD BE IMPROVED BY SETTING STANDARDS FOR TESTS TO CONTROL THEIR ACCURACY, AND TO SEE THAT CONDITIONS ARE MAINTAINED WHICH ARE ESSENTIAL FOR ACCURATE TECHNIQUE AND SERODIAGNOSTIC WORK." FOR THIS REASON, IN ADDITION TO THE "FULLEST POSSIBLE DEVELOPMENT OF THE STATE LABORATORY FACILITIES TO SUPPLEMENT THE PRIVATE ONES, IT IS RECOMMENDED THAT A SYSTEM OF STATE LICENSURE OR APPROVAL FOR HOSPITAL, INSTITUTIONAL, AND OTHER PRIVATE LABORATORIES BE ORGANIZED."
 3. ROTATING CLINIC SERVICE TO PHYSICIANS: "IT IS AN OBLIGATION OF THE HEALTH DEPARTMENT TO FURNISH THE PHYSICIANS WITH SPECIAL INFORMATION OF VALUE IN THE CONTROL OF VENEREAL DISEASE." THIS MAY BE DONE IN A VERY PRACTICAL MANNER THROUGH ROTATING TERMS OF CLINIC SERVICE UNDER EXPERT SUPERVISION. THE INTEREST AND COOPERATION OF THE MEDICAL PROFESSION WILL DEPEND UPON THE EXTENT TO WHICH PHYSICIANS PARTICIPATE IN FORMULATING AND CARRYING OUT CONTROL PROGRAMS.

SPECIFIC SUGGESTIONS FOR THE HEALTH DEPARTMENT IN THIS RESPECT ARE:

- (A) "PROVISION FOR FREE DIAGNOSTIC SERVICE."
- (B) "FREE DISTRIBUTION OF ANTI-SYPHILITIC DRUGS TO PRIVATE PHYSICIANS FOR USE IN THE TREATMENT OF PRIVATE PATIENTS WHO ARE, OR WHO MAY BECOME, A DANGER TO THE PUBLIC HEALTH."
- (C) "PROVISION FOR CONSULTATION SERVICES, INCLUDING ROENTGENOLOGIC, AND OTHER EXPENSIVE LABORATORY EXAMINATIONS PARTICULARLY FOR PATIENTS WHOSE FINANCIAL CIRCUMSTANCES DO NOT PERMIT SUCH EXPENSIVE STUDIES IN PRIVATE PRACTICE."

LABORATORY SERVICE HAS BEEN OFFERED AND THE SERVICE IS NOW BEING IMPROVED AND DRUGS ARE AVAILABLE TO PHYSICIANS AS RECOMMENDED, SO THAT A PART AT LEAST OF THESE SERVICES HAVE BEEN MADE AVAILABLE WITHIN THE PAST THREE MONTHS.

4. IMPROVED REPORTING NECESSARY: EVERY EFFORT SHOULD BE MADE TO SECURE COMPLETE AND CORRECT REPORTS ON MORTALITY AND MORBIDITY FROM VENEREAL DISEASES.
5. ROUTINE TESTS FOR PREGNANT WOMEN: EVERY EFFORT SHOULD BE MADE TO HAVE SEROLOGIC TESTS OF EVERY PREGNANT WOMAN AND SUCH TESTS SHOULD BECOME ROUTINE PRACTICE AS A PART OF PHYSICAL EXAMINATION.
6. PROPHYLAXIS: ENCOURAGEMENT SHOULD BE GIVEN TO THE PRACTICE OF PROPHYLAXIS OF THESE DISEASES BY CHEMICAL AND MECHANICAL MEANS.
7. EDUCATIONAL PROGRAM: THE MORAL AND SOCIAL ASPECT OF THESE DISEASES SHOULD CONTINUE TO BE STRESSED, BUT EXPERIENCE HAS DEMONSTRATED THAT THIS METHOD ALONE APPEARS TO HAVE A LIMITED DELETERIOUS EFFECT ON THE SPREAD OF THE DISEASE.
8. SPECIAL TRAINING FOR HEALTH OFFICERS: BECAUSE THE FACTORS IN THE PREVENTION AND CONTROL OF VENEREAL DISEASE REQUIRE SOCIAL UNDERSTANDING AND THEIR TREATMENT SPECIAL MEDICAL TRAINING AND EXPERIENCE NOT POSSESSED BY THE AVERAGE MEDICAL PRACTITIONER OR HEALTH OFFICER IT IS RECOMMENDED THAT:
 - (A) A QUALIFIED FULL-TIME PHYSICIAN SHOULD BE ADDED TO THE STAFF OF THE STATE BOARD OF HEALTH. HE SHOULD ORGANIZE AND SUPERVISE VENEREAL DISEASE CLINICS AND CONTROL WORK, AND GIVE DIAGNOSTIC AND CONSULTATION SERVICE TO PHYSICIANS.
 - (B) ALL DIRECTORS OF LOCAL HEALTH SERVICE SHOULD BE SENT TO A RECOGNIZED SCHOOL FOR AN INFORMATIVE COURSE IN THE RECOGNITION AND TREATMENT OF VENEREAL DISEASES SO THAT THEY MAY BRING TO THEIR RESPECTIVE UNITS AND PHYSICIANS IN THEIR COMMUNITIES A DEPENDABLE TYPE OF CONSULTATIVE SERVICE.

IN MAKING THIS SUMMARY REFERENCE HAS BEEN MADE TO RECOMMENDATIONS OF THE ADVISORY COMMITTEE TO THE U.S.P.H.S. CONTAINED IN A "VENEREAL DISEASE CONTROL PROGRAM."

A A F T E R W O R D

IN THE PRECEDING PAGES THE STATE HAS BEEN CONSIDERED AS A WHOLE, WHEREAS IN THE REMAINING SECTIONS EACH COUNTY IS PRESENTED SEPARATELY AND IN ALPHABETICAL ORDER.

IT WILL HAVE BEEN NOTED THAT THERE ARE FIVE FULL TIME COUNTY HEALTH UNITS. ONE OF THESE INCLUDES AN ADDITIONAL COUNTY UNDER THE ADMINISTRATION OF ONE HEALTH OFFICER. THUS SIX COUNTIES OF THE TOTAL OF 14 ARE UNDER FULL TIME HEALTH ADMINISTRATION.

OF THE STATE POPULATION 64% IS WITHIN THE AREA UNDER FULL TIME HEALTH ORGANIZATION.

OF THE TOTAL STATE POPULATION 35% IS WITHIN MARICOPA COUNTY. (THIS IS ACCORDING TO THE 1930 CENSUS AND AT THE PRESENT TIME IT IS POSSIBLE THAT THE PERCENTAGE MAY BE AS HIGH AS 45.)

DISREGARDING, FOR THE MOMENT, THE PUBLIC HEALTH NEEDS OF THE CITY OF PHOENIX, THE COUNTY SEAT, THE COUNTY AREA OUTSIDE OF PHOENIX CONTAINS 100,000 PEOPLE (1930 CENSUS) WITH A HEALTH UNIT COMPOSED OF ONE HEALTH OFFICER, TWO CLERKS, THREE SANITARIANS AND TEN NURSES. THIS IS IN THE PROPORTION OF 10,000 PEOPLE FOR EACH PUBLIC HEALTH NURSE.

IN ADDITION TO THEIR DISTRICT WORK THE NURSES ASSIST IN THREE CLINICS IN PHOENIX AND CONDUCT EIGHT PRENATAL AND INFANT WELFARE CONFERENCES WHOSE MEDICAL SUPERVISION IS GIVEN FOR THE MOST PART BY VOLUNTEER PHYSICIANS SERVING WITHOUT PAY.

CONSIDERING THESE HANDICAPS AN EXCELLENT WORK IS BEING DONE. AS HEALTH WORK IS DISCUSSED FOR EACH COUNTY THIS IS PRESENTED HERE AS AN EXAMPLE.

THE GREATEST HEALTH PROBLEMS IN TEMPERATE ZONES EXIST WHERE THE POPULATION IS GREATEST FOR THE REASON THAT DISEASE IS TRANSMITTED FROM DISEASED PERSONS DIRECTLY OR INDIRECTLY. THEREFORE, THE BEST RESULTS FOR THE MOST PEOPLE AND FOR THE LEAST EXPENDITURE PER CAPITA MAY BE HAD BY GIVING ADEQUATE HEALTH SERVICE IN THE LARGER POPULATION CENTERS. HEALTH WORK IN SPARSELY SETTLED COUNTIES OF LARGE AREA IS DIFFICULT AND COSTLY.

IT WOULD, THEREFORE, SEEM MORE PRACTICAL TO CONCENTRATE ON RURAL SANITATION PROGRAMS (SUCH AS SANITARY PRIVY CONSTRUCTION) AND IMMUNIZATION OF CHILDREN IN GROUPS IN RURAL SCHOOLS.

CONSISTENT PUBLIC HEALTH EDUCATION SHOULD BE CARRIED ON THROUGH ALL AVAILABLE CHANNELS. THE DISTRICT NURSE CAN AND DOES RENDER VALUABLE SERVICE IN SUCH AREAS AND IS OF NECESSITY MORE OF A "JACK OF ALL TRADES" THAN HER SISTER IN THE CITY.

PHYSICIANS ARE SCARCE AND SHOULD BE ENCOURAGED AND FINANCIALLY ASSISTED IN DOING PREVENTIVE MEDICINE AND SANITATION. UNDER SUCH CIRCUMSTANCES AND WITH OCCASIONAL CONSULTANT ASSISTANCE, GOOD WORK SHOULD BE POSSIBLE. IT IS BELIEVED THAT WITH SUCH ENCOURAGEMENT AND ASSISTANCE IT WOULD NOT BE SO DIFFICULT TO RETAIN MEDICAL MEN IN THOSE AREAS.

THE PRACTICE OF APPOINTING COUNTY HEALTH OFFICERS WITH A MERE PITTANCE FOR SALARY FOR A PART TIME JOB IS PREVALENT IN MANY STATES AND WHILE MUCH GOOD WORK HAS BEEN DONE IN INDIVIDUAL INSTANCES THE SYSTEM ON THE WHOLE IS NOT ENCOURAGING.

THAT A DISTRICT HEALTH OFFICER FOR TWO OR MORE COUNTIES WHO IS A WELL TRAINED MAN IN PUBLIC HEALTH PRACTICES COULD SUPERVISE LARGE AREAS, AND BE A COMPETENT CONSULTANT TO PHYSICIANS OF HIS DISTRICT, IS OFFERED AS A POSSIBLE SOLUTION OF THIS PROBLEM.

INDIAN RESERVATIONS:

THERE ARE EIGHT INDIAN RESERVATIONS WITH A POPULATION OF APPROXIMATELY 40,000. THE INDIAN BUREAU MAINTAINS A RELATIVELY GOOD MEDICAL SERVICE, AND IS COOPERATIVE WITH THE STATE BOARD OF HEALTH.

SANITATION IS ONE OF THE MAIN PROBLEMS AND REQUIRES EVEN BETTER MUTUAL COOPERATION. MANY OF THE TRIBES ARE NOMADIC, WHICH ADDS TO THE DIFFICULTY OF RURAL SANITATION ON RESERVATIONS.

A RATHER SERIOUS TYPHOID EPIDEMIC OCCURRED ON ONE RESERVATION BUT WAS WELL TAKEN CARE OF BY THE DIRECTOR OF MEDICAL SERVICE FOR THE AFFECTED AREA.

TRAINED PERSONNEL:

CONSIDERABLE KNOWLEDGE HAS BEEN OBTAINED IN THE PAST THROUGH THE SLOW PROCESS OF TRIAL AND ERROR, BUT UNDOUBTEDLY BETTER PROGRESS CAN BE MADE BY A STUDY OF THE RESULTS OF DIFFERENT METHODS, THEIR SUCCESSES OR FAILURES, AND AN INTELLIGENT APPLICATION OF THE LESSONS LEARNED.

IT IS ON SUCH A BASIS THAT STANDARDS OF METHOD AND STANDARDS FOR PERSONNEL HAVE BEEN RECOMMENDED BY THE STATE AND TERRITORIAL HEALTH OFFICERS AND APPROVED BY THE SURGEON GENERAL AND THE CHILDREN'S BUREAU. IT IS TO ASSIST IN MAKING AVAILABLE SUCH PERSONNEL FOR MAINTAINING THESE STANDARDS THAT THESE FEDERAL AGENCIES FURNISH FUNDS TO STATES FOR TRAINING PURPOSES.

IT IS RECOMMENDED THAT THESE STANDARDS BE CONSISTENTLY UPHELD, THAT PERSONNEL BE TRAINED AS RAPIDLY AS POSSIBLE AND RETAINED IN THEIR POSITIONS AFTER TRAINING HAS BEEN GIVEN EXCEPT WHEN DISCHARGED FOR JUST CAUSE.

IN VIEW OF THIS RECOMMENDATION IT IS OBVIOUS THAT TRAINEES BE SELECTED WITH EXTREME CARE IF THE INVESTMENT IN PUBLIC HEALTH FOR THE FUTURE IS TO BE ASSURED.

POSITIONS IN PUBLIC HEALTH ADMINISTRATION ARE NOT "JUST JOBS." THEY ARE POSITIONS OF RESPONSIBILITY WITH DEFINITE OBLIGATIONS TO THE PUBLIC WHOM THEY SERVE AND WHO PAY FOR THE SERVICE.

A P A C H E C O U N T Y

WITH AN AREA OF 11,379 SQUARE MILES, APACHE COUNTY HAD A POPULATION OF 17,765 IN 1930. OF THIS POPULATION 11,732 WERE INDIANS LIVING CHIEFLY ON THE LARGE AREA OF MORE THAN ONE-HALF THE COUNTY INCLUDED IN NAVAJO AND APACHE RESERVATIONS. THERE WERE 1,908 MEXICANS AT THE TIME OF THE CENSUS. THE CENTERS OF POPULATION ARE SMALL AND SCATTERED. ST. JOHNS, THE COUNTY SEAT, HAS A PRECINCT POPULATION OF 1,386, SPRINGERVILLE 565 AND EAGER 562. AT GANADO, LOCATED ON THE RESERVATION, IS A VERY FINE INDIAN HOSPITAL AND SCHOOL OF NURSING FUNCTIONING UNDER THE PRESBYTERIAN MISSIONS. THE PRINCIPAL INDUSTRIES OF THE COUNTY ARE LUMBERING AND CATTLE RAISING.

PUBLIC HEALTH PERSONNEL

RECENTLY A PUBLIC HEALTH NURSE, FINANCED BY THE COUNTY AND STATE BOARD OF HEALTH, HAS BEEN PLACED IN THIS COUNTY, WITH HEADQUARTERS AT ST. JOHNS, TO DEVELOP A GENERALIZED PUBLIC HEALTH NURSING PROGRAM IN THE MOST POPULOUS CENTERS OF THE COUNTY. THERE IS A COUNTY HEALTH OFFICER AND COUNTY PHYSICIAN (ONE OFFICE) PART TIME. A COUNTY HOSPITAL WITH A CAPACITY OF 17 BEDS HAS BEEN ERECTED AT SPRINGERVILLE THROUGH W.P.A. PROJECT, BUT TITLE HAS NOT YET BEEN ACCEPTED BY THE COUNTY, THERE IS NO EQUIPMENT FOR IT, AND IT IS NOT YET IN OPERATION. MEDICAL SERVICE IS INSUFFICIENT FOR THE SOUTHERN AREA OF THE COUNTY WHERE ONLY FOUR PHYSICIANS ARE LOCATED, TWO IN ST. JOHNS AND TWO IN SPRINGERVILLE. THERE ARE NO DENTISTS IN THIS AREA.

SANITATION

IN RECENT YEARS DUE TO THE ENTRANCE OF HIGH QUALITY ROADS INTO THE COUNTY, IT HAS BECOME A SUMMER RESORT AREA FOR THE POPULATION OF THE STATE LIVING ON THE LOWER LEVELS. DUE TO THE PRESENCE OF TWO CROSS CONTINENTAL HIGHWAYS THE COUNTY IS FAST DEVELOPING INTO A TOURIST AREA. PRACTICALLY ALL PHASES OF SANITATION NEED IMPROVEMENT. SEWAGE COLLECTION AND DISPOSAL ARE NEEDED IN THE THREE COMMUNITIES WITH POPULATION OF 500 OR MORE. MCNARY HAS A SMALL SEWAGE COLLECTION SYSTEM THAT IS NOT EXTENSIVE ENOUGH TO SERVE THE ENTIRE AREA. THE SEPTIC TANK METHOD THAT THEY EMPLOY SHOULD BE ENLARGED. SPRINGERVILLE IS NOW CONTEMPLATING A W.P.A. PROJECT FOR A COMPLETE SEWERAGE SYSTEM. IN CASE THIS IS SUCCESSFULLY COMPLETED IT IS ANTICIPATED THAT OTHER COMMUNITIES MAY FOLLOW THEIR LEAD. MCNARY AND ST. JOHNS HAVE MUNICIPAL WATER SYSTEMS. THE ONE AT ST. JOHNS IS DEVELOPING A NEW AND ADEQUATE SOURCE OF SUPPLY WITH A COMPLETE TREATMENT PLANT TO SUPPLANT THE PRESENT SPRING WATER SUPPLY. MILK, RESTAURANT, TOURIST CAMP, RURAL WATER SUPPLY AND OTHER TYPES OF COUNTY INSPECTION ARE ABSENT. THE COMMUNITY SANITATION PROJECT HAS CONSTRUCTED A LARGE NUMBER OF PRIVY UNITS THAT SHOULD BE REGULARLY INSPECTED. THERE ARE NO INCORPORATED TOWNS IN THIS COUNTY.

EXPENDITURES FOR HEALTH 1937-38

			TOWNS	POPULATION
TOTAL AMOUNT	\$6,680.	PER CAPITA .38	ADAMANA	50
AMOUNT FOR FULL TIME HEALTH PERSONNEL	1,580.	" .09	ALPINE	25
STATE AND FED. FUNDS ALLOCATED TO CO.	880.	" .05	CHAMBERS	50
			CHIN LEE	25
<u>HEALTH SERVICES</u>			CONCHO	200
FULL TIME NURSE	1,580.		EAGER	50
<u>ADDITIONAL COUNTY SERVICE</u>			FT. DEFIANCE	100
HEALTH OFFICER, PART TIME	300		GANADO	75
CONTINGENT	150		GREER	20
INDIGENT SICK	4,650		HUCK	100
	6,680.		HUNT	40

NUMBER OF PHYSICIANS IN THE COUNTY, 1936 - 11, 1/1615

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	CAPACITY		POPULATION
2	GENERAL	INDIANS	118	ST. JOHNS	1386
1	"	CHURCH	75	ST. MICHAELS	100
1	"	INDUSTRIAL	18	SANDERS	25
1	T.B.	INDIAN	26	SPRINGERVILLE	565
				VERNON	25

HOSPITAL BEDS 237, 1/75

AS IN MOST OF THE RURAL COUNTIES THE HEALTH SERVICE IS CURATIVE RATHER THAN PREVENTIVE. EXCELLENT COOPERATION IS BEING GIVEN THE PUBLIC HEALTH NURSE IN ESTABLISHING PREVENTIVE SERVICE, SUCH AS IMMUNIZATION.

A P A C H E C O U N T Y

		<u>SANITATION</u>	
<u>PRESENT INSPECTION SERVICE</u>	0	<u>STREAM POLLUTION</u>	
		<u>EXTENT OF PROBLEM</u>	VERY SMALL
<u>COMMUNITY WATER SUPPLY SYSTEMS</u>		<u>STREAMS AFFECTED</u>	LITTLE COLORADO WHITE RIVER
NUMBER	2		
POPULATION SERVED	1886		
PERCENT OF COUNTY POPULATION	10.6	<u>MILK SUPPLY</u>	
*COMMUNITIES WITHOUT SYSTEMS	1	<u>ORDINANCE OR INSPECTION</u>	NONE
POPULATION THEREIN	565		
PERCENT COUNTY POPULATION	3.2	<u>FOOD HANDLING ESTABLISHMENTS</u>	
		NO INSPECTION	
<u>NATURAL WATER SUPPLY CONDITIONS</u>			
PROBLEM	LIMITED	<u>INDUSTRIAL HYGIENE</u>	
CAUSED BY - SMALL AGRICULTURAL AREA		<u>INDUSTRIES INVOLVED</u>	LUMBERING
MAIN HIGHWAY TRAVEL AND MOTTLED			
TEETH IN SIX AREAS.		<u>HOUSING (PUBLIC BUILDINGS)</u>	
		RURAL ONLY	
<u>COMMUNITY SEWERAGE SYSTEMS</u>			
NUMBER	1	<u>SWIMMING POOLS</u>	NONE
POPULATION SERVED	500		
PERCENT OF TOTAL COUNTY	208	<u>TOURIST CAMP SANITATION</u>	NONE
COMMUNITIES NOT SERVED	2		
POPULATION THEREIN	1951	<u>GARBAGE DISPOSAL</u>	
PERCENT OF TOTAL COUNTY	10.9	PROBLEM LIMITED - RURAL	
<u>SEWAGE DISPOSAL (RURAL)</u>			
U.S.P.H.S. PRIVY UNITS	578		
POPULATION SERVED	3733		
PERCENT - TOTAL RURAL			
POPULATION TO BE SERVED	11381		

GEOGRAPHY

<u>TOPOGRAPHY</u>		<u>STATE TAX COMMISSION VALUATION</u>	
ELEVATIONS: MAXIMUM	9,000'	<u>CLASSIFICATION</u>	1937 VALUATION
(APPROX) MINIMUM	4,900'	1. RAILROADS	\$3,406,800
AVERAGE	6,000'	2. LIVESTOCK	1,274,219
		3. OTHER PROPERTY	335,548
TERRAIN: HIGH PLATEAU, DEEP CANYONS		4. PERSONAL PROPERTY	315,317
MOUNTAIN CHAINS		5. LUMBERING	314,458
		6. CITY PROPERTY	302,224
PRECIPITATION: MAXIMUM	20.60"	7. PUBLIC UTILITIES	225,063
MINIMUM	8.78"	8. FARMING	215,561
AVERAGE	12.47"	9. AUTOMOBILES	163,046
		10. MISC. LANDS	17,527
		11. MINING	NONE
<u>POPULATION CLASSIFICATION</u>		TOTAL	<u>\$6,569,763</u>
1. COMMUNITY POPULATION	2,451	2. PERCENT OF TOTAL	13.8
4. RURAL POPULATION	15,324	4. PERCENT OF TOTAL	86.2
<u>FARMS AND RANCHES</u>		<u>INDUSTRIES</u>	
NUMBER	2,547	NO. ESTABLISHMENTS	3
PERCENT TOTAL AREA	22.8	WAGE EARNERS INVOLVED	433
AVERAGE ACREAGE	652.6	VALUE OF PRODUCTS	\$1,425,000.
AVERAGE VALUE PER ACRE	\$2.74		
		<u>COUNTY ROAD - MILEAGE</u>	
		1. FEDERAL AID STATE	172.8
		2. STATE	175.4
		3. MAIN COUNTY	584.2
		4. OTHER	1176.9
		TOTAL	<u>2109.3</u>

*POPULATION OF 500 OR MORE

C O C H I S E C O U N T Y

AREA		TAX	
SQUARE MILES	6,170		1937
ACRES	3,948,800	NET VALUATION	\$45,992,078
STATE LAND	2,834,802	TOTAL TAX PAID	983,086
FEDERAL LAND	1,113,998	PERCENTAGE OF TOTAL TAX	6.52%

POPULATION		SCHOOL ENROLLMENT	
TOTAL			1935-1936
1920	46,465		
1930	40,998	ELEMENTARY SCHOOLS	5,599
RACE		HIGH SCHOOLS	1,417
WHITE	25,857	ACCOMODATION SCHOOLS	109
MEXICAN	13,044	TOTAL	7,185
INDIAN	108		
OTHERS	1,989		

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	NO	RATE	NO	RATE	NO	RATE	NO	RATE	NO	RATE
<u>BIRTHS</u>										
TOTAL	683	16.66	625	15.24	705	17.20	608	14.83	726	17.71
WHITE	325	12.57	291	11.25	332	12.84	321	12.41	348	13.46
MEXICAN	310	23.77	280	21.47	319	24.46	228	17.48	335	25.68
INDIAN	1	9.26	1	9.26	3	27.78	1	9.26	1	9.26
OTHERS	47	23.63	53	26.65	51	25.64	58	29.16	42	21.12
<u>INFANT DEATHS</u>										
TOTAL	47	68.81	59	94.40	55	80.29	47	77.30	63	86.78
WHITE	12	36.92	17	57.24	10	30.12	14	43.61	15	43.10
MEXICAN	34	109.68	39	139.29	45	141.07	32	140.35	46	137.31
INDIAN	1	1000.00	1	1000.00	—	—	1	1000.00	—	—
OTHERS	—	—	2	37.74	—	—	—	—	2	47.62
<u>DEATHS</u>										
ALL CAUSES										
TOTAL	422	11.29	396	9.66	382	9.32	370	9.02	390	9.51
WHITE	279	10.79	246	9.51	222	8.59	227	8.78	218	8.43
MEXICAN	130	9.97	127	9.74	140	10.73	127	9.74	150	11.50
INDIAN	2	18.52	6	55.55	1	9.26	1	9.26	—	—
OTHERS	11	5.53	17	8.55	19	9.55	15	7.54	22	11.06

COMMUNICABLE DISEASES

	1936		1935		1934		1933		1932	
	NO	RATE								
TUBERCULOSIS										
CASES	4	.10	47	1.15	58	1.41	1	.02	5	.12
DEATHS	40	.98	27	.66	42	1.02	28	.68	30	.73
PNEUMONIA										
CASES	108	2.63	57	1.39	26	.63	9	.22	15	.37
DEATHS	37	.90	35	.95	44	1.07	26	.63	59	1.44
DIPHTHERIA										
CASES	5	.12	2	.05	13	.32	28	.68	7	.17
DEATHS	2	.04	1	.02	3	.07	1	.02	—	—
TYPHOID										
CASES	11	.27	5	.12	—	—	2	.05	3	.07
DEATHS	1	.02	—	—	1	.02	1	.02	2	.05

C O C H I S E C O U N T Y

COCHISE COUNTY WITH AN AREA OF 6,770 SQUARE MILES AND POPULATION OF 40,998 IN 1930 OF WHICH 25,857 WERE WHITE, 13,044 MEXICAN, 108 INDIAN AND 1,989 UNCLASSIFIED.

THE MAJOR INDUSTRY IS MINING WITH LIVE STOCK RAISING NEXT IN IMPORTANCE. 71.9% OF THE POPULATION IS CONCENTRATED IN 11 COMMUNITIES.

PUBLIC HEALTH PERSONNEL

COCHISE AND SANTA CRUZ COUNTIES COMPRISE THE ONE HEALTH DISTRICT OF THE STATE WHICH INCLUDES MORE THAN ONE COUNTY. EACH WILL BE TAKEN SEPARATELY. THE PERSONNEL OF COCHISE COUNTY CONSISTS OF A DIRECTOR, ONE CLERK, 2 SANITARIANS, 6 NURSES. WHILE THE ADMINISTRATION CENTER IS IN THE COUNTY SEAT, BISBEE, THE SERVICE IS DECENTRALIZED, BEING SUBDIVIDED INTO FOUR DISTRICTS. ONE OF THE PRONOUNCED WEAKNESSES IS THAT WHILE MATERNAL AND INFANT CONFERENCES ARE HELD BY NURSES, THERE IS NO MEDICAL DIRECTION IN CONNECTION WITH THEM. THERE IS AN EXCELLENT MEDICAL SERVICE GIVEN TO EMPLOYEES BY THE MINING INDUSTRY WHICH PROVIDES A LARGE PERCENTAGE OF THE POPULATION WITH MEDICAL CARE. A VERY GOOD TYPE OF CARE IS GIVEN INDIGENTS THROUGH A WELL ORGANIZED MEDICAL SERVICE CONTRACTED FOR BY THE COUNTY. THIS DOES NOT, HOWEVER, GIVE ADEQUATE PRENATAL AND INFANT CARE. THE MATERNAL AND INFANT MORTALITY RATE, HOWEVER, ARE AMONG THE LOWEST IN THE STATE. OF 683 BIRTHS 86.24% WERE DELIVERED BY PHYSICIANS, 12.15% BY MIDWIVES AND 1.61% BY OTHERS.

SANITATION

ALL OF THE 11 COMMUNITIES ARE SERVED BY MUNICIPAL WATER SUPPLIES WHICH ARE GENERALLY SATISFACTORY. SIX OF THESE COMMUNITIES NEED SEWERAGE SYSTEMS. APPROXIMATELY 75% OF THE RURAL POPULATION IS SERVED BY THE STANDARD U.S.P.H.S. PRIVY UNITS. OTHER PHASES OF SANITATION NEED MORE SUPERVISION.

SPECIAL PROBLEMS AND PLANS

ONE OF THE MAIN PROBLEMS IS THE CONTROL OF COMMUNICABLE DISEASES INCIDENT TO LANES OF TRAVEL, PARTICULARLY THE INTERNATIONAL BORDER. THERE ARE TWO TRANSCONTINENTAL RAILWAYS AND TWO TRANSCONTINENTAL HIGHWAYS PASSING THROUGH FROM EAST TO WEST, AND TWO PORTS OF ENTRY, NACO AND DOUGLAS. IT IS SUGGESTED BY THE DIRECTOR OF THE HEALTH DISTRICT, THAT IT BE DIVIDED INTO FIVE DIVISIONS, NOGALES (SANTA CRUZ COUNTY) BISBEE, DOUGLAS, BENSON AND WILCOX, EACH AREA TO HAVE A PART TIME DEPUTY HEALTH OFFICER WHO WILL DO THE NECESSARY CLINICAL AND PUBLIC HEALTH WORK INCLUDING MATERNAL AND CHILD HEALTH. AS A MATTER OF ECONOMY AND EFFICIENCY, CONSIDERING DISTANCE AND TOPOGRAPHY, THIS PLAN IS WORTHY OF SERIOUS CONSIDERATION.

EXPENDITURES FOR HEALTH 1937-38

TOTAL AMOUNT	\$99,878.	PER CAPITA	\$2.44	APACHE	50
AMOUNT FOR FULL TIME SERVICE	28,543.	"	"	BAKERSVILLE	250
STATE & FEDERAL FUNDS ALLOCATED TO CO.	13,130	"	"	BENSON	925
<hr/>					
HEALTH SERVICES					
FULL TIME COUNTY UNIT	\$28,543.				
STATE	2,550.				
COUNTY	6,480.				
U.S.P.H.S.	6,380.				
SCHOOL	5,133.				
CITY	800.				
FEDERAL CHILDREN'S BUREAU	\$4,200.				
<hr/>					
ADDITIONAL CO. HEALTH SERVICE					
CONTRACT PHYSICIANS, DRUGS	22,350.				
COUNTY HOSPITAL	48,985.				
TOTAL	\$99,878.				

NUMBER OF PHYSICIANS IN CO., 1936 - 40, 1/1025

HOSPITALS:					
NUMBER	TYPE OF SERVICE	CONTROL	CAPACITY		
2	GENERAL	ARMY	60	POMERNE	15
1	"	INDUST.	35	ST.DAVID	20
1	"	COUNTY	90	SAN BERNADINO	
<hr/>					
HOSPITAL BEDS 185, 1/221					
				SAN SIMON	350
				TOMBSTONE	847
				WARREN	1500
				WEDD	150
				WILCOX	806
				MCNEAL	100
				NACO	473
				PARADISE	100
				PEARCE	200
				PIRTLEVILLE	1500

C O C H I S E C O U N T Y

<u>SANITATION</u>			
<u>PRESENT INSPECTION SERVICE</u>		<u>MILK SUPPLIES</u>	
SANITARY ENGINEERS	1 PART TIME	NO. STANDARD ORDINANCE TOWNS	8
FULL TIME INSPECTORS	2	POPULATION THEREIN	27702
<u>COMMUNITY* WATER SUPPLY SYSTEMS</u>		*TOWNS WITH INSPECTORS	8
NUMBER	11	PART TIME INSPECTION	6
POPULATION SERVED	29481	FULL TIME INSPECTION	2
PERCENT COUNTY POPULATION	71.9	URBAN POPULATION RECEIVING COMPARA-	
COMMUNITIES* WITHOUT SYSTEMS	0	TIVELY SAFE MILK (ESTIMATE)	9828
		PERCENT TOTAL URBAN	33.3
<u>RURAL WATER SUPPLY CONDITIONS</u>		<u>FOOD HANDLING ESTABLISHMENTS</u>	
EXTENT OF PROBLEM	LIMITED	*TOWNS WITH REGULAR INSPECTION	2
CAUSED BY URBAN POPULATION, SCATTERED		RURAL INSPECTION	PERIODIC
RURAL, MOTTLED TEETH TWO AREAS		POPULATION WITH REGULAR INSPECTION	9828
<u>COMMUNITY* SEWERAGE SYSTEMS</u>		ESTIMATED PERCENT OF COUNTY POPULA-	
NUMBER	5	TION WITH INSPECTION	24.0
POPULATION SERVED	23498	<u>INDUSTRIAL HYGIENE</u>	
PERCENT OF TOTAL COUNTY	37.3	ESTIMATE OF PROBLEM PRESENT	LIMITED
COMMUNITIES* NOT SERVED	6	INDUSTRIES INVOLVED - MINING & SMELTING	
POPULATION THEREIN	5983	<u>HOUSING (PUBLIC BUILDINGS)</u>	
PERCENT OF TOTAL COUNTY	14.6	PROBABLE EXTENT OF PROBLEM - EXTENSIVE	
<u>RURAL SEWAGE DISPOSAL</u>		CAUSED BY POPULATION CONCENTRATION	
U.S.P.H.S. PRIVY UNITS	1104	<u>PLUMBING</u>	
POPULATION SERVED	8830	PROBABLE EXTENT OF PROBLEM - EXTENSIVE	
PERCENT TOTAL RURAL	76.7	CAUSED BY LARGE PERCENTAGE OF POPULATION	
POPULATION TO BE SERVED	2689	SERVED BY MUNICIPAL WATER	
PERCENT TOTAL RURAL	23.3	<u>TOURIST CAMP SANITATION</u>	
<u>STREAM POLLUTION</u>		PROBABLE EXTENT OF PROBLEM	IMPORTANT
EXTENT OF PROBLEM	LIMITED	CAUSED BY TRANSCONTINENTAL HIGHWAYS	
STREAMS AFFECTED, WHITE RIVER AND		<u>GARBAGE DISPOSAL</u>	
SAN PEDRO		IMPORTANCE OF PROBLEM	MAJOR
<u>SWIMMING POOLS</u>		CAUSED BY POPULATION CONCENTRATION	
NO. PUBLIC POOLS	10	*COMMUNITIES WITH COLLECTION	8
IMPORTANCE OF PROBLEM	MAJOR	*COMMUNITIES WITH DUMP BURNING	8
CAUSED BY WARM SUMMER CLIMATE AND		<u>GEOGRAPHY</u>	
POPULATION CONCENTRATION		<u>STATE TAX COMMISSION VALUATIONS</u>	
<u>TOPOGRAPHY</u>		1. MINING	\$19,449,152.00
ELEVATIONS: MAXIMUM	9200'	2. RAILROADS	11,933,807.00
(APPROX.) MINIMUM	3900'	3. CITY PROPERTY	7,481,355.00
AVERAGE	4200'	4. LIVE STOCK	3,179,500.00
TERRAIN: BROAD FLAT VALLEYS WITH		5. PUBLIC UTILITIES	2,909,582.00
MOUNTAIN CHAINS		6. PERSONAL PROPERTY	2,127,805.00
ANNUAL PRECIPITATION:		7. AUTOMOBILES	1,481,946.00
(AT BISBEE) MAXIMUM	28.70"	8. OTHER PROPERTY	1,190,602.00
MINIMUM	12.85"	9. FARMING	389,061.00
AVERAGE	19.08"	10. MISCELLANEOUS LANDS	61,536.00
<u>POPULATION CLASSIFICATION</u>		TOTAL	\$50,203,496.00
1. *COMMUNITY POPULATION	29481	<u>COUNTY ROAD - MILEAGE</u>	
2. PERCENT OF TOTAL	71.9	1. FEDERAL AID STATE	261.1
3. RURAL POPULATION	11517	2. STATE ROADS (NON.FED.)	123.8
4. PERCENT OF TOTAL	28.1	3. MAIN COUNTY	508.0
<u>FARMS AND RANCHES (1935)</u>		4. ALL OTHER COUNTY	1132.9
NUMBER	1203		2025.8
PERCENT TOTAL AREA	61%	<u>MANUFACTURING (1935)</u>	
AVERAGE UNIT ACREAGE	2000.7	NUMBER ESTABLISHMENTS	15
AVERAGE VALUE PER ACRE	\$3.19	WAGE EARNERS EMPLOYED	788
		VALUE OF PRODUCTS	\$18,164,000.00

*WITH POPULATION OF 500 OR MORE

C O C O N I N O C O U N T Y

AREA	:	TAX
SQUARE MILES	18,623	1937
ACRES	11,918,720	NET VALUATION
STATE LAND	9,996,440	\$16,399,949
FEDERAL LAND	1,922,280	TOTAL TAX PAID
		410,696
		PERCENTAGE OF TOTAL TAX
		2.72%

POPULATION		:	SCHOOL ENROLLMENT	
TOTAL		:		1935-1936
1920	9,982	:		
1930	14,064	:		
RACE		:	ELEMENTARY SCHOOLS	1,699
WHITE	6,650	:	HIGH SCHOOLS	330
MEXICAN	3,025	:	ACCOMMODATION SCHOOLS	10
INDIAN	4,247	:	TOTAL	2,039
OTHERS	142	:		

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	No	RATE								
<u>BIRTHS</u> TOTAL	321	22.82	303	21.54	279	19.84	290	20.62	283	20.12
WHITE	161	24.21	138	20.75	110	16.54	127	19.10	126	18.95
MEXICAN	90	29.75	108	35.70	126	41.65	96	31.74	106	35.04
INDIAN	58	13.66	42	9.89	38	8.95	63	14.83	46	10.83
OTHERS	12	84.51	15	105.63	5	35.21	4	28.17	5	35.21
<u>INFANT DEATHS</u> TOTAL	40	124.61	32	105.61	45	147.54	32	110.34	27	95.41
WHITE	20	124.22	5	36.23	11	130.00	5	39.37	10	60.24
MEXICAN	11	122.22	11	101.85	18	142.36	15	156.25	12	113.21
INDIAN	8	137.93	15	357.14	15	394.74	12	190.48	5	108.70
OTHERS	1	83.33	1	66.67	1	200.00	-	-	-	-
<u>DEATHS</u> TOTAL	176	12.51	188	13.37	171	12.16	148	10.52	120	8.53
ALL	94	14.14	93	13.98	76	11.43	63	9.47	60	9.02
<u>CAUSES</u> MEXICAN	49	16.20	38	12.56	47	15.54	48	15.87	40	13.22
INDIAN	31	7.30	50	11.77	43	10.12	37	6.71	19	4.47
OTHERS	2	14.08	7	49.30	5	35.21	-	-	1	7.04

COMMUNICABLE DISEASE

	1936		1935		1934		1933		1932	
	No	RATE								
TUBERCULOSIS										
CASES	12	.85	15	1.07	14	1.00	8	.57	2	.14
DEATHS	10	.71	14	1.00	8	.57	4	.28	6	.42
PNEUMONIA										
CASES	20	1.42	39	2.77	27	1.92	5	.36	20	1.42
DEATHS	23	1.64	24	1.71	14	1.00	21	1.49	14	1.00
DIPHThERIA										
CASES	8	.57	-	-	5	.36	3	.21	-	-
DEATHS	-	-	-	-	-	-	1	.07	2	.14
TYPHOID										
CASES	-	-	-	-	1	.36	4	.28	-	-
DEATHS	-	-	-	-	-	-	1	.07	-	-

C O C O N I N O C O U N T Y

THIS COUNTY IS THE SECOND LARGEST IN THE UNITED STATES, AND HAS A POPULATION OF A LITTLE MORE THAN 14,000 ABOUT ONE-HALF OF WHOM ARE IN THE LOWER WAGE CLASS. INCLUDED IN ITS AREA ARE THE NAVAJO, HUALPAI AND KAIDAB INDIAN RESERVATIONS, AND THE GRAND CANYON NATIONAL PARK.

THE TEMPERATURE RANGES FROM TEMPERATE ZONE IN WINTER TO TROPICAL IN SUMMER. WATER FOR DOMESTIC USE IN THE SMALLER POPULATION CENTERS HAS FOR THE MOST PART TO BE TRANSPORTED FROM OUTSIDE. THE BIRTH RATE IS TOO SMALL FOR ACCURATE STATISTICAL ESTIMATIONS BUT THE MATERNAL AND INFANT MORTALITY ARE HIGH. 81% OF BIRTHS ARE ATTENDED BY PHYSICIANS, 7.84% BY MIDWIVES AND 11.53% BY OTHERS.

THE CHIEF INDUSTRIES ARE CATTLE AND SHEEP RAISING AND LUMBERING.

PUBLIC HEALTH PERSONNEL

ONE OF THE FIVE FULL TIME HEALTH UNITS OF THE STATE IS LOCATED AT FLAGSTAFF AND CONSISTS OF A DIRECTOR, CLERK, SANITARIAN AND TWO NURSES. ONE OF THESE NURSES IS A MATERNAL AND CHILD HEALTH DEMONSTRATION NURSE WHO, ALTHOUGH UNDER THE NOMINAL DIRECTION OF THE UNIT, EXTENDS HER ACTIVITIES BEYOND THE COUNTY LIMITS.

SANITATION

IN COMMON WITH ALL THE COUNTIES OF THE NORTH, THROUGH WHICH A MAIN TRANSCONTINENTAL RAILWAY AND HIGHWAY PASS, THERE IS MUCH NEEDED WORK TO BE DONE THROUGH IMPROVEMENT OF SANITATION, PARTICULARLY OF CAMPS AND EATING HOUSES. 22.4% OF THE RURAL POPULATION ARE SERVED BY STANDARD PRIVY UNITS.

THIS WHOLE AREA, ALONG THE TRANSCONTINENTAL HIGHWAY ACROSS THE STATE EAST AND WEST, COULD PROBABLY BE BETTER SERVED BY ONE HEALTH UNIT WITH SERVICES DECENTRALIZED AS THE INDIVIDUAL COUNTIES ARE TOO SPARSELY SETTLED TO SUPPORT A UNIT.

EXPENDITURES FOR HEALTH 1937 - 1938

TOTAL AMOUNT	29,608.75	PER CAPITA \$2.11
AMOUNT FOR FULL TIME HEALTH SERVICES	14,080.75	" " 1.00
STATE AND FEDERAL FUNDS ALLOCATED TO COUNTY	7,000.00	" " .50

HEALTH SERVICES

	TOWNS	POPULATION
<u>FULL TIME HEALTH SERVICES</u>		
COUNTY HEALTH UNIT	BELMONT	199
STATE \$1,400; COUNTY \$4,700;	CAMERON	50
USPHS \$4,400; CHILDREN'S BUREAU \$1,200	CEDAR RIDGE	
SCHOOL NURSES	FLAGSTAFF	3891
	FREDONIA	211
	GRAND CANYON	200
	JACOB LAKE	
<u>ADDITIONAL COUNTY HEALTH SERVICES</u>	LEE'S FERRY	102
COUNTY PHYSICIANS	LEUP	200
HOSPITALIZATION	MAINE	75
DRUGS	MOENKOPI	
OTHER SALARIES, ETC.	MORMON LAKE	75
TOTAL	PARKE	40
	PINA SPRINGS	
	RAINBOW LODGE	
	RED LAKE	70
	SUPAI	
	TONALEA	30
	TUDA CITY	124
	WILLIAMS	2166
	OAK CREEK	

NUMBER OF PHYSICIANS IN CO., 1936 - 17, 1/827

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	CAPACITY
1	INSTITUTIONAL	COUNTY	18
2	GENERAL	INDIVIDUAL	27
2	"	INDIAN	100

HOSPITAL BEDS 145, 1/97

C O C O N I N O C O U N T Y

SANITATION

PRESENT INSPECTION SERVICE

FULL TIME INSPECTORS 1

COMMUNITY* WATER SUPPLY SYSTEMS

NUMBER 3
 POPULATION SERVED 6557
 PERCENT COUNTY POPULATION 46.6
 COMMUNITIES* WITHOUT SYSTEMS 0

RURAL WATER SUPPLY CONDITIONS

EXTENT OF PROBLEM LIMITED
 CAUSED BY HIGHWAY DEVELOPMENT RESORT

COMMUNITY* SEWERAGE SYSTEMS

NUMBER 3
 POPULATION SERVED 6557
 PERCENT OF TOTAL COUNTY 46.6
 COMMUNITIES NOT SERVED 0

RURAL SEWAGE DISPOSAL

U.S.P.H.S. PRIVY UNITS 302
 POPULATION SERVED 1685
 PERCENT TOTAL RURAL 22.4
 POPULATION TO BE SERVED 5822
 PERCENT TOTAL RURAL 77.6

STREAM POLLUTION

EXTENT OF PROBLEM MINOR
 STREAMS AFFECTED - WASHES & CANYONS

GARBAGE DISPOSAL

IMPORTANCE OF PROBLEM AVERAGE
 CAUSED BY - POPULATION IN THREE COMMUNITIES
 *COMMUNITIES WITH COLLECTION 1
 *COMMUNITIES WITH DUMP BURNING 2

TOPOGRAPHY

ELEVATIONS: MAXIMUM 12000'
 (APPROX.) MINIMUM 1650'
 AVERAGE 6500'

TERRAIN: HIGH PLATEAU LAND CUT BY DEEP CANYONS

ANNUAL PRECIPITATION:
 (AT FLAGSTAFF) MAXIMUM 34.53"
 MINIMUM 9.12"
 AVERAGE 21.92"

POPULATION CLASSIFICATION

1. *COMMUNITY POPULATION 6557
 2. PERCENT OF TOTAL 46.6
 3. RURAL POPULATION 7507
 4. PERCENT OF TOTAL 53.4

FARMS AND RANCHES

NUMBER 1023
 PERCENT TOTAL AREA 5.1
 AVERAGE UNIT ACREAGE 593.0
 AVERAGE VALUE PER ACRE \$3.53

*WITH POPULATIONS OF 500 OR MORE

MILK SUPPLIES

NO. STANDARD ORDINANCE TOWNS 2
 POPULATION THEREIN 4391
 *TOWNS WITH INSPECTORS 2
 PART TIME INSPECTION 1
 FULL TIME INSPECTION 1
 URBAN POPULATION RECEIVING COMPARATIVELY SAFE MILK (ESTIMATE) 4391
 PERCENT OF TOTAL URBAN 67.6

FOOD HANDLING ESTABLISHMENTS

*TOWNS WITH REGULAR INSPECTION 3
 AMOUNT OF RURAL INSPECTION - JUST INITIATED
 POPULATION WITH REGULAR INSPECTION 6557
 ESTIMATED PERCENT OF COUNTY POPULATION WITH INSPECTION 46.6

INDUSTRIAL HYGIENE

ESTIMATE OF PROBLEM PRESENT SMALL
 INDUSTRIES INVOLVED LUMBERING

HOUSING(PUBLIC BUILDINGS)

PROBABLE EXTENT OF PROBLEM LARGE
 CAUSED BY POPULATION CONCENTRATION IN SCHOOL CENTERS AND COLD CLIMATE

PLUMBING

PROBABLE EXTENT OF PROBLEM LARGE
 CAUSED BY POPULATION CONNECTED TO MUNICIPAL WATER SUPPLY

TOURIST CAMP SANITATION

PROBABLE EXTENT OF PROBLEM EXTENSIVE
 CAUSED BY TOURIST CENTERS AND RESORT AREAS

SWIMMING POOLS

NO. PUBLIC POOLS 1
 IMPORTANCE OF PROBLEM CAUSED BY COOL CLIMATE MINOR

GEOGRAPHY

STATE TAX COMMISSION VALUATIONS

CLASSIFICATIONS	1937 VALUATION
1. RAILROADS	\$8,184,846.00
2. CITY PROPERTY	2,234,541.00
3. LIVE STOCK	2,139,118.00
4. AUTOMOBILES	944,965.00
5. PERSONAL PROPERTY	827,001.00
6. OTHER PROPERTY	789,600.00
7. PUBLIC UTILITIES	577,249.00
8. LUMBERING	408,438.00
9. MISC. LANDS	291,614.00
10. FARMING	265,810.00
11. MINING	45,951.00
TOTAL	\$16,709,133.00

COUNTY ROADS - MILEAGE

1. FEDERAL AID STATE	367.7
2. STATE ROADS (NON-FED.)	75.7
3. MAIN COUNTY	1457.3
4. ALL OTHER COUNTY	1416.4
TOTAL	3317.1

MANUFACTURING

NUMBER ESTABLISHMENTS 13
 WAGE EARNERS INVOLVED 511
 VALUE OF PRODUCTS \$1,452,000.

G I L A C O U N T Y

AREA	:	TAX
SQUARE MILES	4,699	.1937
ACRES	3,007,360	NET VALUATION \$16,781,999
STATE LAND	47,548	TOTAL TAX PAID 796,558
FEDERAL LAND	2,959,812	PERCENTAGE OF TOTAL TAX 5.28%

POPULATION	:	SCHOOL ENROLLMENT
TOTAL	:	1935-1936
1920	25,678	
1930	31,016	
RACE	:	ELEMENTARY SCHOOLS 3,237
WHITE	18,026	HIGH SCHOOLS 878
MEXICAN	10,771	ACCOMMODATION SCHOOLS ---
INDIAN	2,016	TOTAL 4,115
OTHERS	203	

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	No	RATE								
<u>BIRTHS</u>										
TOTAL	510	16.44	522	16.83	409	13.19	408	13.15	506	16.31
WHITE	218	12.09	199	11.04	162	8.99	170	9.43	227	12.53
MEXICAN	183	16.99	204	18.94	146	13.55	134	12.44	194	18.01
INDIAN	102	50.60	103	51.09	91	45.14	91	45.14	76	37.70
OTHERS	7	34.48	16	78.82	10	49.26	13	64.04	9	44.33
<u>INFANT DEATHS</u>										
TOTAL	58	113.73	38	72.80	51	121.14	32	78.43	40	79.05
WHITE	12	55.05	8	40.20	12	74.07	6	35.29	7	30.84
MEXICAN	27	147.54	18	88.24	24	164.38	11	82.09	26	134.02
INDIAN	19	186.27	12	116.50	15	164.84	15	164.84	7	92.11
OTHERS	-	-	-	-	-	-	-	-	-	-
<u>DEATHS ALL CAUSES</u>										
TOTAL	314	10.12	259	8.35	283	9.12	253	8.16	269	8.67
WHITE	139	7.71	125	6.93	130	7.21	120	6.66	120	6.66
MEXICAN	77	7.15	68	6.31	84	7.80	70	6.50	89	8.26
INDIAN	91	45.11	58	28.77	66	32.74	60	29.76	56	27.78
OTHERS	7	34.48	8	39.41	3	14.78	3	14.78	4	19.70

COMMUNICABLE DISEASES

	1936		1935		1934		1933		1932	
	No	RATE	No	RATE	No	RATE	No	RATE	No	RATE
TUBER- CULOSIS	CASES 8	.26	20	.64	28	.90	29	.94	31	1.00
	DEATHS 36	1.16	36	1.17	39	1.26	40	1.29	46	1.48
PNEU- MONIA	CASES 41	1.32	40	1.29	25	.81	18	.58	19	.61
	DEATHS 48	1.55	26	.90	15	.48	17	.55	31	1.00
DIPH- THERIA	CASES 4	.13	7	.23	1	.03	4	.13	3	.10
	DEATHS 7	-	-	-	-	-	1	.03	-	-
TYPHOID	CASES 8	.26	-	-	8	.26	13	.42	5	.16
	DEATHS 4	.13	-	-	2	.06	3	.10	-	-

G I L A C O U N T Y

GILA COUNTY HAS AN AREA OF 4,699 SQUARE MILES WITH A POPULATION OF 31,016. NEARLY ONE-HALF OF THE COUNTY IS INCLUDED IN THE FORT APACHE AND SAN CARLOS INDIAN RESERVATION. THE 1930 CENSUS SHOWED AN INDIAN POPULATION OF 2,016 AND A MEXICAN POPULATION OF 10,771. GLOBE, THE COUNTY SEAT, HAD A POPULATION OF 7,127 IN 1930 AND MIAMI, 7,693. MINING AND METAL INDUSTRIES AFFORD EMPLOYMENT IN RELATION TO AGRICULTURE IN PROPORTION OF APPROXIMATELY 6.5 TO ONE.

THE INFANT DEATH RATE FOR 1936 WAS 113.73% WITH A MATERNAL DEATH RATE OF 3.9%. OF 510 BIRTHS OF LAST YEAR, 98.24% WERE DELIVERED BY PHYSICIANS, .78% BY MIDWIVES AND .98% BY OTHERS.

PUBLIC HEALTH PERSONNEL

GLOBE AND MIAMI AFFORD SCHOOL NURSING SERVICE. ONE COUNTY NURSE IS EMPLOYED BY THE COUNTY SUPERVISORS. MEDICAL HEALTH SERVICE IS AVAILABLE ON A PART TIME BASIS FROM TWO COUNTY HEALTH OFFICERS.

SANITATION

THE PRINCIPAL INDUSTRY OF THIS COUNTY IS MINING, WHICH ACCOUNTS FOR THE LARGE POPULATION CONCENTRATION THAT IS DISCOVERED UNDER THE COMMUNITY POPULATION FIGURES. OF THE TOTAL COUNTY POPULATION, 60.8% IS CONFINED IN THE SIX COMMUNITIES OF 500 POPULATION OR MORE. ALL OF THESE COMMUNITIES HAVE MUNICIPAL WATER SUPPLY SYSTEMS. THREE OF THEM HAVE SEWERAGE SYSTEMS, AND THE OTHER THREE ARE IN NEED OF THIS TYPE OF DEVELOPMENT. APPROXIMATELY 40% OF THE RURAL POPULATION IS SERVED WITH U.S.P.H.S. STANDARD PRIVY UNITS. THERE IS NO SANITARY INSPECTION.

EXPENDITURES FOR HEALTH - 1937-38

TOTAL AMOUNT	6,575.11	PER CAPITA	\$.21
AMOUNT FOR FULL TIME HEALTH SERVICES	4,700.00	" "	.15
STATE AND FED. FUNDS ALLOCATED TO CO.			

HEALTH SERVICES

FULL TIME HEALTH SERVICES	
SCHOOL NURSES	4,700.00
ADDITIONAL COUNTY HEALTH SERVICES	
COUNTY HEALTH OFFICER	100.00
DEPUTY COUNTY HEALTH OFFICER	400.00
OTHERS	1,007.51
DRUGS AND OTHER EXPENSES	367.60
TOTAL	6,575.11

TOWNS POPULATION

CHRISTMAS	150
CHRYSOLITE	25
CLAYPOOL	300
CLINE	
COOLIDGE	25
COOPER HILL	25
GLOBE	7157
HAYDEN	2264
INSPIRATION	400
MIAMI	7693
PAYSON	200
PINA	100
ROOSEVELT	200
RYE	
SAN CARLOS	100
WINKLEMAN	729
YOUNG	75
FERNSDALE	

NUMBER OF PHYSICIANS IN COUNTY 19, 1/1632

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	BEDS
1	GENERAL	INDUSTRIAL	40
1	"	COUNTY	55
1	"	INDIAN	30

HOSPITAL BEDS 125, 1/248

G I L A C O U N T Y

PRESENT INSPECTION SERVICE		SANITATION	
SANITARY ENGINEERS	0	MILK SUPPLIES	
FULL TIME INSPECTORS	1	NO. STANDARD ORDINANCE TOWNS	2
		POPULATION THEREIN	14850
		*TOWNS WITH INSPECTORS	2
		PART TIME INSPECTION	2
COMMUNITY* WATER SUPPLY SYSTEMS		URBAN POPULATION RECEIVING COM-	
NUMBER	6	PARATIVELY SAFE MILK (EST.)	0
POPULATION SERVED	18843		
PERCENT COUNTY POPULATION	60.8		
COMMUNITIES* WITHOUT SYSTEMS	0		
		FOOD HANDLING ESTABLISHMENTS	
		NO ORDINANCE OR INSPECTION	
RURAL WATER SUPPLY CONDITIONS		INDUSTRIAL HYGIENE	
EXTENT OF PROBLEM	LIMITED	ESTIMATE OF PROBLEM PRESENT, EXTENSIVE	
CAUSED BY HIGHWAY DEVELOPMENT		INDUSTRIES INVOLVED, MINING AND	
SCATTERED POPULATION		CONCENTRATION	
MOTTLED TEETH ONE AREA			
COMMUNITY* SEWERAGE SYSTEMS		HOUSING (PUBLIC BUILDINGS)	
NUMBER	3	PROBABLE EXTENT OF PROBLEM, EXTENSIVE	
POPULATION SERVED	16816	CAUSED BY POPULATION CONCENTRATION	
PERCENT OF TOTAL COUNTY	54.3		
COMMUNITIES* NOT SERVED	3		
POPULATION THEREIN	2027	PLUMBING	
PERCENT OF TOTAL COUNTY	6.5	PROBABLE EXTENT OF PROBLEM - GREAT	
		CAUSED BY POPULATION CONCENTRATION	
		AND USE OF COMMUNITY WATER SYSTEM	
RURAL SEWAGE DISPOSAL		TOURIST CAMP SANITATION	
U.S.P.H.S. PRIVY UNITS	752	PROBABLE EXTENT OF PROBLEM, INCREASING	
POPULATION SERVED	4644	CAUSED BY TRANSCONTINENTAL HIGHWAYS	
PERCENT TOTAL RURAL	39.8		
POPULATION TO BE SERVED	7329		
PERCENT TOTAL RURAL	60.2		
STREAM POLLUTION		GARBAGE DISPOSAL	
EXTENT OF PROBLEM	AVERAGE	IMPORTANCE OF PROBLEM - AVERAGE	
STREAMS AFFECTED - SMALL STREAMS, CANYONS		CAUSED BY CONCENTRATION OF POPULATION	
		*COMMUNITIES WITH COLLECTION	
		4	
		*COMMUNITIES WITH DUMP BURNING	
		4	
		SWIMMING POOLS	
		NO. PUBLIC POOLS	
		4	
		IMPORTANCE OF PROBLEM	
		MAJOR	
		CAUSED BY WARM CLIMATE & POPULATION	
		CONCENTRATION	
		GEOGRAPHY	
TOPOGRAPHY		STATE TAX COMMISSION VALUATIONS	
ELEVATION: MAXIMUM	9200'	CLASSIFICATION	1937 VALUATION
(APPROX.) MINIMUM	2000'	1. MINING	\$12,276,994
AVERAGE	5200'	2. OTHER PROPERTY	5,402,655
		3. CITY PROPERTY	1,848,550
TERRAIN: VERY MOUNTAINOUS		4. RAILROADS	1,377,360
		5. AUTOMOBILES	909,232
ANNUAL PRECIPITATION:		6. PERSONAL PROPERTY	572,895
(AT GLOBE) MAXIMUM	23.45"	7. PUBLIC UTILITIES	396,412
MINIMUM	8.01"	8. LIVE STOCK	385,609
AVERAGE	16.41"	9. FARMING	102,950
		10. LUMBERING	690
		TOTAL	\$ 23,272,447
POPULATION CLASSIFICATION		COUNTY ROADS - MILEAGE	
1. *COMMUNITY POPULATION	18843	1. FEDERAL AID STATE	108.2
2. PERCENT OF TOTAL	60.8	2. STATE ROADS (NON-FED.)	31.8
3. RURAL POPULATION	12173	3. MAIN COUNTY	441.3
4. PERCENT OF TOTAL	39.2	4. ALL OTHER COUNTY	479.1
		TOTAL	1060.4
FARMS AND RANCHES		MANUFACTURING	
NUMBER	337	NUMBER OF ESTABLISHMENTS	
PERCENT TOTAL AREA	2.2	12	
AVERAGE UNIT ACREAGE	173.3	WAGE EARNERS INVOLVED	
AVERAGE VALUE PER ACRE	\$19.03	128	
		VALUE OF PRODUCTS	
		\$7,188,000.00	

*WITH POPULATIONS OF 500 OR MORE

G R A H A M C O U N T Y

AREA	TAX
SQUARE MILES 4,630	1937
ACRES 2,963,200	NET VALUATION \$6,799,838
STATE LAND 722,788	TOTAL TAX PAID 310,704
FEDERAL LAND 2,240,412	PERCENTAGE OF TOTAL TAX 2.06%

POPULATION	SCHOOL ENROLLMENT
TOTAL 1920 10,148	1935-1936
1930 10,373	ELEMENTARY SCHOOLS 2,285
RACE	HIGH SCHOOLS 620
WHITE 7,613	ACCOMODATION SCHOOLS 14
MEXICAN 1,981	TOTAL 2,919
INDIAN 724	
OTHERS 55	

VITAL STATISTICS

	1936		1935		1934		1933		1932	
	NO	RATE								
<u>(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)</u>										
<u>BIRTHS</u>										
TOTAL	352	33.93	372	35.86	356	34.31	323	31.14	311	29.98
WHITE	219	28.77	223	29.29	235	30.87	216	28.37	199	26.14
MEXICAN	102	51.49	122	61.59	108	54.52	85	42.91	85	42.91
INDIAN	26	35.91	22	30.39	13	17.96	19	26.24	26	35.91
OTHERS	5	90.91	5	90.91	—	—	3	54.55	1	18.18
<u>INFANT DEATHS</u>										
TOTAL	43	122.17	37	99.46	25	71.63	26	80.50	21	67.52
WHITE	16	73.7	10	44.84	6	25.53	11	50.93	7	35.18
MEXICAN	24	235.29	20	163.93	17	157.41	15	176.47	10	117.65
INDIAN	3	115.38	7	318.18	2	105.26	—	—	4	153.85
OTHERS	—	—	—	—	—	—	—	—	—	—
<u>DEATHS ALL CAUSES</u>										
TOTAL	167	16.00	134	12.92	131	12.63	117	11.28	109	10.51
WHITE	94	12.22	77	10.11	75	9.85	76	9.98	57	7.49
MEXICAN	56	28.27	46	23.22	46	23.22	38	19.18	35	17.67
INDIAN	17	23.48	11	15.19	10	13.81	3	4.4	17	23.48
OTHERS	—	—	—	—	—	—	—	—	—	—

COMMUNICABLE DISEASE

TUBER- CASES	2	.19	1	.10	1	.10	1	.10	—	—
CULOSIS DEATHS	5	.48	9	.87	9	.87	10	.96	11	1.06
PNEU- CASES	49	4.72	26	2.51	12	1.17	1	.10	1	.10
MONIA DEATHS	13	1.25	13	1.25	7	.67	17	1.64	15	1.45
DIPH- CASES	26	2.51	21	2.02	12	1.17	17	1.64	15	1.45
THERIA DEATHS	3	.29	1	.10	2		1	.10	5	.48
TYPHOID CASES	—	—	8	.77	23	2.22	6	.58	—	—
DEATHS	1	.10	—	—	6	.58	2	.19	—	—

G R A H A M C O U N T Y

GRAHAM COUNTY COVERS AN AREA OF 4630 SQUARE MILES WITH A POPULATION IN 1930 OF 10,373. NEARLY ONE-THIRD OF THE AREA IS INCLUDED IN THE SAN CARLOS INDIAN RESERVATION. THE 1930 CENSUS GAVE AN INDIAN POPULATION OF 724 FOR THE COUNTY AND A MEXICAN POPULATION OF 1,981. SAFFORD, THE COUNTY SEAT HAD A POPULATION OF 1,706. AGRICULTURE IS THE IMPORTANT INDUSTRY IN GRAHAM COUNTY.

IN COMMON WITH MOST AGRICULTURAL AREAS IN ARIZONA, IT IS A COMPARATIVELY ARID COUNTY, DEPENDING ON IRRIGATION FROM THE GILA RIVER FOR THE NECESSARY MOISTURE TO RAISE CROPS. SUMMER TEMPERATURES ARE HIGH, WINTER TEMPERATURES ARE COMPARATIVELY HIGH FOR A TERRITORY THAT HAS ITS AVERAGE ELEVATION. FLY BREEDING IS A MAJOR PROBLEM FOR THESE REASONS.

PUBLIC HEALTH PERSONNEL

IT IS BELIEVED THAT A FULL TIME HEALTH SERVICE WOULD BE ACCEPTABLE AND SUCH A SERVICE COULD BE ADVANTAGEOUSLY COMBINED WITH TWO OTHER COUNTIES FORMING A HEALTH DISTRICT. THREE SCHOOL NURSES ARE EMPLOYED IN THE COUNTY, AT PIMA, SAFFORD AND KLONDYKE.

IN 1936 THE INFANT MORTALITY RATE WAS 122.16 AND THE MATERNAL MORTALITY RATE WAS 8.5. OF 352 BIRTHS, 97.16 WERE DELIVERED BY PHYSICIANS, .72% BY MIDWIVES AND 1.44% BY OTHERS. THE ONLY PUBLIC HEALTH NURSING SERVICE IN THE ENTIRE COUNTY IS THAT PROVIDED BY THE SAFFORD AND PIMA SCHOOL DISTRICTS.

SANITATION

DUE TO ITS ADVANTAGEOUS POSITION ON ONE OF THE MAIN CONTINENTAL HIGHWAYS THE TOURIST PROBLEM IS AN IMPORTANT ONE. THE LABORERS OF THE AGRICULTURAL INDUSTRY ARE OF A TRANSIENT NATURE. COMMUNICABLE DISEASE FROM OTHER AREAS OF THE COUNTRY ARE BOUND TO AFFECT THIS COUNTY.

ALL FORMS OF SANITATION, WITH THE EXCEPTION OF THE PRIVY BUILDING PROGRAM OF THE COMMUNITY SANITATION PROJECT AND COMMUNITY WATER SUPPLIES, ARE AT A LOW EBB. LITTLE OR NO CONSTRUCTION INSPECTION WORK IS CARRIED ON. MOST OF THE RURAL AREAS ARE SERVED WITH U.S.P.H.S. STANDARD PRIVIES. THE MAJOR PORTION OF THE COMMUNITY POPULATION IS SERVED WITH COMMUNITY WATER SUPPLY SYSTEMS. WITH THE COMPLETION OF THE PRESENT CONSTRUCTION OF THE SAFFORD WATER SUPPLY, THE COMMUNITIES OF SAFFORD, THATCHER, AND SOLOMONVILLE WILL BE SERVED WITH A SAFE WATER SUPPLY. THIS WILL ALMOST COMPLETE THE PICTURE INsofar AS THE COMMUNITY WATER SUPPLY PROBLEM IS CONCERNED. SAFFORD HAS AN ADEQUATE SEWAGE COLLECTION SYSTEM THAT SHOULD BE EXTENDED TO INCLUDE A GREATER AREA. THE SEWAGE DISPOSAL FOR THIS SYSTEM IS A SEPTIC TANK THAT OFFERS A POTENTIAL MENACE TO THE QUALITY OF THE GILA RIVER WATER. IT SHOULD BE MODERNIZED. THERE IS A NEED FOR A PERMANENT INSPECTION PERSONNEL IN THIS AREA TO IMPROVE CONDITIONS IN THE MILK SUPPLY, RESTAURANTS, TOURIST CAMPS, HOUSING FACILITIES, MAINTENANCE OF GOOD COMMUNITY WATER SUPPLIES, AND THE DEVELOPMENT OF A CONSTRUCTIVE RURAL SANITATION PROGRAM THAT SHOULD INCLUDE THE MAINTENANCE OF THE U.S.P.H.S. STANDARD PRIVY UNITS THAT ARE AT PRESENT CONSTRUCTED.

EXPENDITURE FOR HEALTH 1937-1938

TOTAL AMOUNT	\$4420.	PER CAPITA	.43	ALGADON	
AMOUNT FOR FULL TIME HEALTH SERVICES	1450.	"	"	ARUVAUPA	
STATE AND FED. FUNDS ALLOCATED TO Co.			.14	ARTESIA	
<u>HEALTH SERVICES</u>					
FULL TIME HEALTH SERVICES				ASHURST	95
SCHOOL NURSES	1450.			BNITA	10
ADDITIONAL COUNTY HEALTH SERVICES				CENTRAL	200
SCHOOL PHYSICIANS	570.			COPPER CREEK	50
INDIGENT MEDICAL RELIEF	1500.			BRICE	
COUNTY HEALTH OFFICER	900.			EDEN	100
TOTAL	\$ 4420.			FT. GRANT	120
				FT. THOMAS	200
				GERONIMO	100
				GLENDAR	10
				HOT SPRINGS	
				KLONDIKE	50
				LAMPOC	
				PIMA	980
				SAFFORD	1706
				SOLOMONVILLE	500
				STANLEY	
				THATCHER	895
<u>NUMBER OF PHYSICIANS IN COUNTY 15 - 1/691</u>					
HOSPITALS:					
	NUMBER	TYPE OF SERVICE	CONTROL	CAPACITY	
	1	GENERAL	INDIVID.	20	
	HOSPITAL BEDS 20, 1/518				

G R A H A M C O U N T Y

<u>SANITATION</u>			
<u>PRESENT INSPECTION SERVICE</u>			<u>MILK SUPPLIES</u>
SANITARY ENGINEERS	0	NUMBER STANDARD ORDINANCE TOWNS	1
FULL TIME INSPECTORS	0	POPULATION THEREIN	1706
<u>COMMUNITY WATER SUPPLY SYSTEMS</u>		*TOWNS WITH INSPECTORS	1
NUMBER	3	PART TIME INSPECTION	1
POPULATION SERVED	3581	FULL TIME INSPECTION	0
PERCENT COUNTY POPULATION	34.5	<u>FOOD HANDLING ESTABLISHMENTS</u>	
COMMUNITIES WITHOUT SYSTEMS	1	NO ORDINANCE OR INSPECTION	
POPULATION THEREIN	500	<u>INDUSTRIAL HYGIENE</u>	
PERCENT COUNTY POPULATION	4.8	ESTIMATE OF PROBLEM PRESENT	SMALL
<u>RURAL WATER SUPPLY CONDITIONS</u>		INDUSTRIES INVOLVED	MISC.
EXTENT OF PROBLEM	EXTENSIVE	<u>HOUSING (PUBLIC BUILDINGS)</u>	
CAUSED BY EXTENSIVE FARMING AREAS, MOTTLED TEETH ONE AREAS		PROBABLE EXTENT OF PROBLEM	AVERAGE
CAUSED BY		CAUSED BY POPULATION CONCENTRATION	
<u>COMMUNITY *SEWERAGE SYSTEMS:</u>		<u>PLUMBING</u>	
NUMBER	1	PROBABLE EXTENT OF PROBLEM	MINOR
POPULATION SERVED	1856	CAUSED BY SMALL PERCENTAGE WITH COMMUNITY WATER SUPPLY	
PERCENT OF TOTAL COUNTY	17.9	<u>TOURIST CAMP SANITATION</u>	
COMMUNITIES * NOT SERVED	3	PROBABLE EXTENT OF PROBLEM	EXTENSIVE
POPULATION THEREIN	2216	CAUSED BY TRANSCONTINENTAL HIGHWAYS	
PERCENT OF TOTAL COUNTY	21.4	<u>STREAM POLLUTION</u>	
<u>RURAL SEWAGE DISPOSAL</u>		EXTENT OF PROBLEM	SOME
U.S.F.H.S. PRIVY UNITS	703	STREAMS AFFECTED	GILA RIVER
POPULATION SERVED	5584	<u>SWIMMING POOLS</u>	
PERCENT TOTAL RURAL	88.7	NUMBER OF POOLS (PUBLIC)	3
POPULATION TO BE SERVED	703	IMPORTANCE OF PROBLEM	MAJOR
PERCENT TOTAL RURAL	11.3	CAUSED BY WARM CLIMATE, INCREASING USAGE	
<u>GARBAGE DISPOSAL</u>		<u>STATE TAX COMMISSION VALUATIONS INDUSTRIES</u>	
IMPORTANCE OF PROBLEM	MAJOR	<u>CLASSIFICATION</u>	<u>1937 VALUATION</u>
CAUSED BY FLY BREEDING, IMPROPER HANDLING		1. RAILROADS	\$2,885,760.00
*COMMUNITIES WITH COLLECTION	1	2. FARMING	1,583,906.00
<u>TOPOGRAPHY</u>		3. CITY PROPERTY	862,195.00
<u>ELEVATIONS:</u>		4. LIVE STOCK	624,764.00
MAXIMUM	10,000'	5. PERSONAL PROPERTY	459,882.00
(MINIMUM)	2,600'	6. AUTOMOBILES	300,290.00
AVERAGE	4,500'	7. PUBLIC UTILITIES	251,478.00
TERRAIN: FLAT VALLEYS WITH RUGGED MOUNTAIN RANGES		8. MINING	77,656.00
ANNUAL PRECIPITATION:		9 OTHER PROPERTY	26,567.00
MAXIMUM	17.38"	10 Misc. PROPERTY	21,970.00
MINIMUM	2.98"	TOTAL	\$7,094,468.00
AVERAGE	8.85"	<u>COUNTY ROADS - MILEAGE</u>	
<u>POPULATION CLASSIFICATIONS</u>		1. FEDERAL AID STATE	87.8
1. *COMMUNITY POPULATION	4081	2. STATE ROADS (NON-FED.)	39.1
2. PERCENT OF TOTAL	39.3	3. MAIN COUNTY	402.0
3. RURAL POPULATION	6292	4. ALL OTHER COUNTY	401.7
4. PERCENT OF TOTAL	60.7	TOTAL	930.6
<u>FARMS AND RANCHES</u>		<u>MANUFACTURING</u>	
NUMBER	885	NO. ESTABLISHMENTS	8
PERCENT TOTAL AREA	20.6	WAGE EARNERS INVOLVED	37
AVERAGE UNIT ACREAGE	691.1	VALUE OF PRODUCTS	\$392,000.00
AVERAGE VALUE PER ACRE	\$10.75	*WITH POPULATION OF 500 OR MORE	

GREENLEE COUNTY

THIS COUNTY HAS AN AREA OF 1,878 SQUARE MILES WITH A 1930 POPULATION OF 9,886. NO INDIAN RESERVATIONS ARE LOCATED IN GREENLEE COUNTY, AND IN 1930 BUT 5 INDIANS WERE SHOWN IN THE CENSUS. THE MEXICAN POPULATION WAS 4,769. THE COUNTY SEAT IS CLIFTON, POPULATION 2,305. THE MINERAL INDUSTRY COMPARES WITH AGRICULTURE AS TO NUMBER EMPLOYED IN THE APPROXIMATE PROPORTION OF TWO TO ONE.

PUBLIC HEALTH PERSONNEL

IT IS BELIEVED THAT A FULL TIME HEALTH SERVICE WOULD BE ACCEPTABLE TO THIS COUNTY AND IT COULD BE PART OF A DISTRICT.

IN 1936 THE INFANT MORTALITY RATE WAS 107.91, THE MATERNAL MORTALITY 7.2. OF 139 BIRTHS, 97.84% WERE ATTENDED BY PHYSICIANS, 72% BY MIDWIVES, AND 1.44% BY OTHERS. THREE SCHOOL NURSES ARE EMPLOYED IN THE COUNTY, IN CLIFTON AND MORENCI, RESPECTIVELY. CLIFTON AND MORENCI SCHOOLS PROVIDE PART-TIME MEDICAL SERVICE WHICH HAS INCLUDED SOME ATTENTION TO INFANT AND PRESCHOOL HYGIENE, WITH THE COOPERATION OF THE SCHOOL NURSE.

SANITATION

THE PRINCIPAL INDUSTRY IN THIS COUNTY IS MINING. IT IS A VERY MOUNTAINOUS COUNTY, SO THAT THE TERRITORY NOT USED IN MINING AND ITS OPERATIONS IS USED IN LIVE STOCK RAISING. THE POPULATION IS 86% CONCENTRATED IN THREE COMMUNITIES. THEREFORE, IT PRESENTS AN URBAN SANITATION PROBLEM. THE TOWNS OF CLIFTON AND MORENCI HAVE MUNICIPAL WATER AND SEWERAGE SYSTEMS. BOTH TOWNS HAVE IMHOFF TANKS AS A MEANS OF SEWAGE DISPOSAL. THIS TYPE OF DISPOSAL SHOULD BE AUGMENTED WITH SECONDARY TREATMENT TO PREVENT A POSSIBLE STREAM POLLUTIONAL PROBLEM. DUNCAN NEEDS BOTH A COMMUNITY WATER SYSTEM AND SEWERAGE SYSTEM. THE PRESENT INDIVIDUAL METHODS OF SEWAGE DISPOSAL POLLUTE THE UNDERGROUND WATER SUPPLY, PRESENTING AN EVER PRESENT MENACE TO THE HEALTH OF THE PEOPLE OF THE COMMUNITY. CLIFTON DEFINITELY NEEDS CHLORINATION OR OTHER TYPE OF DISINFECTION TO THEIR WATER SUPPLY.

AN INSPECTION SERVICE CENTERED IN SAFFORD OR OTHERWISE SERVING GRAHAM AND GREENLEE COUNTIES COULD ACCOMPLISH AN IMMENSE AMOUNT OF GOOD IN BOTH AREAS. NO INSPECTION WORK IS CARRIED ON IN EITHER AREA. BOTH AREAS ARE IN NEED OF THIS TYPE OF ACTIVITY.

EXPENDITURE FOR HEALTH 1937 - 1938

TOTAL AMOUNT	\$9950.00	PER CAPITA \$1.01
AMOUNT FOR FULL TIME HEALTH SERVICES	3000.00	.30
STATE AND FED. FUNDS ALLOCATED TO CO.		

HEALTH SERVICES

<u>FULL TIME HEALTH SERVICES</u>	
SCHOOL NURSES	3000.00
ADDITIONAL CO. HEALTH SERVICES	
COUNTY HEALTH OFFICER	1200.00
DEPUTY COUNTY HEALTH OFFICER	300.00
HOSPITALIZATION	5000.00
DRUGS	450.00
TOTAL	\$9950.00

NUMBER OF PHYSICIANS IN COUNTY - 5, 1/1975

HOSPITALS:					
	NUMBER	TYPE OF SERVICE	CONTRL	BEDS	
	1	GENERAL	INDUSTRIAL	18	
					CLIFTON 2305
					DUNCAN 1909
					FRANKLIN 150
					GUTHRIE
					METCALF 200
					MORENCI 5108
					SHELDON
					YORK

HOSPITAL BEDS 18, 1/549

GREENLEE COUNTY

SANITATION

<u>PRESENT INSPECTION SERVICE</u>		<u>SWIMMING POOLS</u>	
SANITARY ENGINEERS	0	NO. PUBLIC POOLS	2
PART TIME INSPECTORS	1	IMPORTANCE OF PROBLEM	MAJOR
<u>COMMUNITY* WATER SUPPLY SYSTEMS</u>		CAUSED BY WARM CLIMATE, POPULATION CONCENTRATION	
NUMBER	2	<u>MILK SUPPLIES</u>	
POPULATION SERVED	8413	NO. STANDARD ORDINANCE TOWNS	2
PERCENT COUNTY POPULATION	85.1	POPULATION THEREIN	7413
COMMUNITIES* WITHOUT SYSTEMS	1	*TOWNS WITH INSPECTORS	2
POPULATION THEREIN	1090	PART TIME INSPECTION	2
PERCENT COUNTY POPULATION	3.3	<u>FOOD HANDLING ESTABLISHMENTS</u>	
<u>RURAL WATER SUPPLY CONDITIONS</u>		*TOWNS WITH REGULAR INSPECTION	
EXTENT OF PROBLEM	LIMITED	NONE	
CAUSED BY FARMING AREA - MOTTLED TEETH IN ONE AREA		<u>INDUSTRIAL HYGIENE</u>	
<u>COMMUNITY* SEWERAGE SYSTEMS</u>		ESTIMATE OF PROBLEM PRESENT	
NUMBER	2	MAJOR	
POPULATION SERVED	7408	INDUSTRIES INVOLVED - MINING AND SMELTING INDUSTRIES	
PERCENT OF TOTAL COUNTY	74.9	<u>HOUSING (PUBLIC BUILDINGS)</u>	
COMMUNITIES* NOT SERVED	1	PROBABLE EXTENT OF PROBLEM	
POPULATION THEREIN	1090	GENERAL	
PERCENT OF TOTAL COUNTY	11.1	CAUSED BY CONCENTRATION OF POPULATION	
<u>RURAL SEWAGE DISPOSAL</u>		<u>PLUMBING</u>	
U.S.P.H.S. PRIVY UNITS	304	PROBABLE EXTENT OF PROBLEM	
POPULATION SERVED	1810	EXTENSIVE	
PERCENT TOTAL RURAL	100+	CAUSED BY - CONCENTRATION OF POPULATION	
POPULATION TO BE SERVED	0	<u>TOURIST CAMP SANITATION</u>	
<u>STREAM POLLUTION</u>		PROBABLE EXTENT OF PROBLEM	
EXTENT OF PROBLEM	SOME	SLIGHT	
STREAMS AFFECTED - SAN FRANCISCO		CAUSED BY ISOLATION OF THE COUNTRY	
<u>GARBAGE DISPOSAL</u>		IMPORTANCE OF PROBLEM	
IMPORTANCE OF PROBLEM		MINOR	
CAUSED BY - ISOLATION		COMMUNITIES WITH COLLECTION	
COMMUNITIES WITH COLLECTION		2	
COMMUNITIES WITH DUMP BURNING		2	

GEOGRAPHY

<u>TOPOGRAPHY</u>		<u>STATE TAX COMMISSION VALUATION</u>	
ELEVATIONS: MAXIMUM	9500*	<u>CLASSIFICATION</u>	<u>1937 VALUATION</u>
(APPROX.) MINIMUM	3200*	1. MINING	7,367,509.00
AVERAGE	5500*	2. RAILROADS	1,089,439.00
TERRAIN: VERY MOUNTAINOUS, SMALL AREA OF FLAT VALLEY LAND IN NORTH		3. CITY PROPERTY	775,114.00
ANNUAL PRECIPITATION:		4. LIVE STOCK	346,836.00
(AT CLIFTON) MAXIMUM	22.53"	5. FARMING	246,008.00
MINIMUM	4.85"	6. PUBLIC UTILITIES	205,421.00
AVERAGE	13.11"	7. AUTOMOBILES	185,494.00
<u>POPULATION CLASSIFICATION</u>		8. PERSONAL PROPERTY	184,444.00
1. COMMUNITY POPULATION	8503	9. OTHER PROPERTY	42,735.00
2. PERCENT OF TOTAL	86.0	10. MISC. LANDS	3,900.00
3. RURAL POPULATION	1383	TOTAL	10,446,900.00
4. PERCENT OF TOTAL	14.0	<u>COUNTY ROADS - MILEAGE</u>	
<u>FARMS AND RANCHES</u>		1. FEDERAL AID STATE	
NUMBER	311	18.3	
PERCENT TOTAL AREA	82.3	2. STATE ROADS (NON-FED.)	
AVERAGE UNIT ACREAGE	3180.3	193.3	
AVERAGE VALUE PER ACRE	\$1.98	3. MAIN COUNTY	
		102.7	
		4. ALL OTHER COUNTY	
		171.3	
		TOTAL	
		431.6	
		<u>MANUFACTURING</u>	
		ESTABLISHMENTS	
		0	

*WITH POPULATION OF 500 OR MORE

M A R I C O P A C O U N T Y

AREA	TAX	1937
SQUARE MILES	8,891	NET VALUATION \$102,038,676
ACRES	5,690,240	TOTAL TAX PAID 6,902,838
STATE LAND	2,867,768	PERCENTAGE OF TOTAL TAX 45.74%
FEDERAL LAND	2,822,472	

POPULATION		SCHOOL ENROLLMENT	
TOTAL		1935-1936	
1920	89,576	ELEMENTARY SCHOOLS	23,938
1930	150,970	HIGH SCHOOLS	6,300
RACE		ACCOMODATION SCHOOLS	147
WHITE	108,284	TOTAL	30,385
MEXICAN	32,494		
INDIAN	3,845		
OTHERS	6,347		

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932		
	NO	RATE									
<u>BIRTHS</u>											
TOTAL	3479	23.04	3183	21.08	3011	19.94	2846	18.85	2796	18.52	
WHITE	2297	21.21	2052	18.95	1775	16.39	1790	16.53	1811	16.72	
MEXICAN	905	27.84	882	27.14	994	30.59	786	24.19	792	24.37	
INDIAN	97	25.23	69	17.95	72	18.73	84	21.85	59	15.34	
OTHERS	180	28.36	180	28.36	170	26.78	186	29.31	134	21.11	
<u>INFANT DEATHS</u>											
TOTAL	406	116.70	356	111.84	283	93.99	318	111.74	244	87.27	
WHITE	180	78.36	134	65.30	92	51.83	111	62.01	96	53.01	
MEXICAN	195	215.46	199	225.62	166	167.00	186	236.64	124	156.57	
INDIAN	9	92.78	14	202.90	9	125.00	8	95.24	8	135.62	
OTHERS	22	122.22	9	50.00	16	94.12	8	69.89	16	119.40	
<u>DEATHS ALL CAUSES</u>											
TOTAL	2480	16.43	2190	14.51	2040	13.51	2148	14.23	1908	12.64	
WHITE	1627	15.03	1402	12.95	1251	11.55	1308	12.08	1228	11.34	
MEXICAN	622	19.14	589	18.13	572	17.60	622	19.14	479	14.74	
INDIAN	94	24.45	79	20.55	83	21.59	85	22.11	75	19.51	
OTHERS	137	21.59	120	18.91	134	21.11	133	20.95	126	19.85	

COMMUNICABLE DISEASES

TUBER CULOSIS	CASES	338	2.24	262	1.74	230	1.52	324	2.15	273	1.81
	DEATHS	422	2.80	391	2.59	411	2.72	424	2.81	459	3.04
PNEU MONIA	CASES	513	3.40	266	1.76	189	1.25	106	.70	51	.34
	DEATHS	219	1.45	249	1.65	206	1.36	225	1.49	182	1.21
DIPH THERIA	CASES	97	.64	58	.38	36	.24	53	.35	79	.52
	DEATHS	10	.07	6	.04	6	.04	7	.05	11	.07
TYPHOID	CASES	37	.25	46	.30	90	.60	73	.48	40	.26
	DEATHS	12	.08	8	.05	22	.15	12	.08	8	.05

M A R I C O P A C O U N T Y

MARICOPA COUNTY HAS AN AREA OF 8891 SQUARE MILES WITH A POPULATION IN 1930 OF 150,970 OF WHICH 3845 WERE INDIANS AND 32,494 WERE MEXICANS. PHOENIX, THE STATE CAPITOL AND COUNTY SEAT HAD A POPULATION OF OF 48,118, INCLUDING 300 INDIANS AND 7293 MEXICANS. OTHER CENTERS OF POPULATION WERE GLENDALE, 3665, TEMPE, 2495, CHANDLER 1378, AND BUCKEYE, 1077.

THE CHIEF INDUSTRY IN THE COUNTY, ACCORDING TO THE 1930 CENSUS, WAS AGRICULTURE WHICH LEADS BY TWO AND ONE-HALF TIMES WHOLESAL AND RETAIL TRADE (EXCEPT AUTOMOBILES). THE BUILDING INDUSTRY WAS GIVEN THIRD PLACE FOLLOWED BY OTHER PROFESSIONAL AND SEMI-PROFESSIONAL SERVICE, INDUSTRY NOT SPECIFIED, OTHER MANUFACTURING INDUSTRIES, STEAM AND STREET RAILROADS, PUBLIC SERVICE, HOTELS, RESTAURANTS AND BOARDING HOUSES, AUTOMOBILE AGENCIES AND FILLING STATIONS.

A COMPARATIVELY SMALL AREA OF MARICOPA COUNTY IS COVERED BY THE GILA BEND AND GILA RIBER INDIAN RESERVATIONS.

PUBLIC HEALTH PERSONNEL

THE PERSONNEL OF THE MARICOPA COUNTY HEALTH UNIT CONSISTS OF A DIRECTOR, CLERK, ASSISTANT CLERK, 3 SANITARIANS AND 10 NURSES. THERE IS ONE PART TIME PHYSICIAN FOR VENEREAL DISEASE WORK. THE ACTIVITIES ARE LARGELY DECENTRALIZED THROUGH SUBDIVISION INTO DISTRICTS, AND SERVE A RESIDENT POPULATION OF 100,000 AND A LARGE TRANSIENT POPULATION, THE NUMBER OF WHICH IS UNDETERMINED. A GENERALIZED PROGRAM IS CARRIED ON WHICH IS EXCELLENT BUT THE STAFF, QUARTERS AND EQUIPMENT ARE INADEQUATE FOR THE SERIOUS PUBLIC HEALTH PROBLEMS FACING THEM.

THE MOST SERIOUS OF THESE PROBLEMS IS TUBERCULOSIS. NURSING PERSONNEL FOR TESTING AND FOLLOW-UP OF CASES AND CONTACTS IS INADEQUATE. X-RAY EQUIPMENT FOR DIAGNOSIS IS ENTIRELY LACKING. SOME TYPE OF HEALTH CENTER WITH X-RAY EQUIPMENT AND SUFFICIENT ROOM FOR NECESSARY CLINICAL WORK IS URGENTLY NEEDED. CONSIDERATION IS BEING GIVEN THIS BY THE COUNTY BOARD OF SUPERVISORS. AT PRESENT, HEADQUARTERS FOR THE UNIT CONSISTS OF ONE LARGE ROOM, PARTIALLY DIVIDED INTO TWO BY PARTITION.

MARICOPA COUNTY, WITH AN ANNUAL INFLUX OF TUBERCULOSIS PATIENTS, SHOWED IN A STUDY COVERING THE PERIOD FROM 1931 TO 1935, AVERAGE DEATHS FROM THAT DISEASE AS FOLLOWS:

WHITE	MEXICAN	INDIAN
225	302.5	619.2

(PER 100,000 POPULATION)

(INDIGENT CASES OF TUBERCULOSIS NEEDING HOSPITALIZATION ARE SENT TO THE STATE HOSPITAL AT TEMPE (NUMBER LIMITED BY QUOTA WHICH IS MADE UP ACCORDING TO POPULATION) AND TO PRIVATE REST HOMES. THESE ARE NOT UNDER LICENSE OR INSPECTION, AND IN MANY INSTANCES ARE OVERCROWDED. AT PRESENT THE COUNTY IS GIVING CARE TO 93 CASES IN 12 SEPARATE LOCATIONS.)

IN 1936 THE COUNTY INFANT MORTALITY RATE WAS 113.54, WITH A MATERNAL MORTALITY RATE OF 7.5%. OF 3479 BIRTHS, 92.38% WERE DELIVERED BY PHYSICIANS, 5.40% BY MIDWIVES, AND 2.21% BY OTHERS.

A STUDY OF INFANT MORTALITY AVERAGE RATES FROM 1931 TO 1935 SHOWED THE FOLLOWING RACIAL DIFFERENCES:

WHITE	MEXICAN	INDIAN
58.6	185.5	143.3

(PER 1000 LIVE BIRTHS)

CHILD HYGIENE: EIGHT CONFERENCES FOR MOTHERS AND CHILDREN ARE IN OPERATION. EACH IS UNDER THE DIRECTION OF A PHYSICIAN.

CLINICS: ASSISTANCE IS GIVEN BY NURSES IN TWO CLINICS; ONE AT THE CONVENT OF THE GOOD SHEPHERD (A HOME FOR DELINQUENT GIRLS) AND THE OTHER A TRACHOMA CLINIC AT GUADELUPE.

A VENEREAL DISEASE CLINIC HAS BEEN RECENTLY ORGANIZED AND IS STAFFED WITH ONE PART TIME PHYSICIAN AND NURSES FROM THE REGULAR PERSONNEL. THIS CLINIC IS HOUSED IN A SEPARATE BUILDING WHICH IS IN PROCESS OF REMODELING SO AS TO FURNISH ADEQUATE FACILITIES. THE CLINIC IS DOING EXCELLENT WORK UNDER THE SERIOUS HANDICAP OF INSUFFICIENT PROFESSIONAL STAFF AND PROPER SUPERVISION. CITY CASES ARE ALSO ACCEPTED. FREE LABORATORY SERVICE IS FURNISHED BY THE BRANCH STATE LABORATORY AND AN EXCELLENT COMMERCIAL LABORATORY FURNISHES CERTAIN SERVICES UNDER CONTRACT.

CITY OF PHOENIX:

PHOENIX IS THE LARGEST CITY IN THE STATE AND DURING THE FALL AND WINTER SEASONS THE POPULATION IS GREATLY AUGMENTED BY AN INFLUX OF VISITORS WHO COME LARGELY BECAUSE OF RESPIRATORY TRACT DISORDERS WHICH ADDS TO THE PUBLIC HEALTH PROBLEM.

M A R I C O P A C O U N T Y

PUBLIC HEALTH IS SERVED BY A FULL TIME DEPARTMENT WHOSE PERSONNEL IS COMPOSED MOSTLY OF SANITARY INSPECTORS AND WITHOUT ANY FIELD NURSES. THIS DEFICIENCY IS PARTLY COMPENSATED FOR BY NURSES EMPLOYED BY THE BOARD OF EDUCATION UNDER WHOSE DIRECTION THEY AND A PART TIME SCHOOL PHYSICIAN SERVE. THE SCHOOL PHYSICIAN IS ABLE AND IS DOING EXCELLENT PUBLIC HEALTH WORK.

THE DIRECTION OF THE CITY HEALTH DEPARTMENT IS UNDER A WELL QUALIFIED PART TIME PHYSICIAN WHO HAS VOLUNTEERED TO DO THIS WORK PENDING THE SELECTION OF A FULL TIME QUALIFIED PUBLIC HEALTH DIRECTOR.

WITHIN THE LIMITATIONS OF THE ORGANIZATION SETUP HE IS DOING EXCELLENT WORK AND WITH A FULL REALIZATION OF THE HEALTH PROBLEMS INVOLVED. WITH A PROPERLY BALANCED AND ADEQUATE DEPARTMENT HE WOULD GIVE AN EXCELLENT ADMINISTRATION.

THERE IS A SOCIAL SERVICE CENTER TO WHICH THE CITY SUBSCRIBES \$10,000 PER YEAR WHICH GIVES A HIGH TYPE OF SERVICE THOUGH ALMOST ENTIRELY CLINICAL. THIS CENTER EMPLOYS 4 NURSES. THE CENTER IS A PRIVATE INSTITUTION SUPPORTED 90% BY THE BOARD OF CHARITIES OF THE CITY OF PHOENIX, AND 10% THROUGH THE CITY COMMUNITY CHEST. IT GIVES MEDICAL AND SOCIAL SERVICE TO FAMILIES AND INDIVIDUALS OF THE LOW INCOME GROUPS AND PROVIDES EMERGENCY MEDICAL CARE TO TRANSIENTS. IN THE MAIN THE CARE IS LIMITED TO RESIDENTS OF PHOENIX AND THE METROPOLITAN AREA. RESIDENCE IS REQUIRED OF THREE YEARS IN THE STATE AND SIX MONTHS IN THE COUNTY. INABILITY TO PAY FOR MEDICAL AND HOSPITAL CARE IS REQUIRED, ALTHOUGH PATIENTS WHO CAN MAKE SOME CONTRIBUTION TOWARD MEDICAL AND HOSPITAL CARE ARE ENCOURAGED TO DO SO. HOWEVER, ONLY A VERY SMALL SUM IS COLLECTED FROM PATIENTS.

FOURTEEN CLINICS ARE HELD EACH WEEK. THESE INCLUDE DENTAL AND MEDICAL CARE. EDUCATIONAL CLINICS ARE INCLUDED AS ANTEPARTUM AND INFANT AND PRESCHOOL HYGIENE CLINICS. AT PRESENT AN AVERAGE OF 14 PRENATAL PATIENTS ATTEND THE CLINIC EACH WEEK. LAST MONTH 1600 TREATMENTS WERE GIVEN AND IT IS ESTIMATED THERE WERE 1000 DIFFERENT PATIENTS.

THE SANTA MONICA COMMUNITY CENTER IS A COMMUNITY AND RECREATIONAL CENTER ORGANIZED BY FATHER EMMETT OF THE CATHOLIC CHURCH. PRENATAL, MATERNAL AND INFANT WELFARE CONFERENCES ARE CONDUCTED AND A VENEREAL DISEASE CLINIC HELD THREE EVENINGS A WEEK. THIS SETTLEMENT IS IN THE CENTER OF A NEGRO POPULATION OF ABOUT 4000 AND IS DOING EXCELLENT WORK. A CHURCH MISSION IS MAINTAINED IN CONNECTION WITH THE CENTER. ONE NURSE IS FURNISHED BY THE CITY. MOTHERS' CLASSES AND PRENATAL CLASSES, TAUGHT BY A NURSE FROM THE MARICOPA COUNTY HEALTH UNIT ARE HELD.

THE TWO CLINICS MENTIONED ARE THE ONLY ONES CONDUCTED OR PARTICIPATED IN BY THE CITY THROUGH THE PARTIAL SUPPORT DESCRIBED.

THERE IS A COORDINATING COUNCIL MADE UP OF REPRESENTATIVES FROM THE VARIOUS SOCIAL AGENCIES, WHOSE PURPOSES ARE STATED TO BE AS FOLLOWS:

"ITS OBJECTIVES SHALL BE TO PROMOTE THE COORDINATION OF PURPOSE AND EFFORT OF ALL COMMUNITY ORGANIZATIONS, PUBLIC AND PRIVATE, LOOKING TO THE WELFARE OF COMMUNITY CHILDHOOD AND MORE PARTICULARLY THOSE CHILDREN WITH DELINQUENT TENDENCIES, AND GENERALLY TO STIMULATE, MOBILIZE AND MAKE EFFECTIVE THOSE FORCES ESSENTIAL AND NECESSARY TO A RICHER AND MORE ADEQUATE COMMUNITY LIFE."

SUCH AN ORGANIZATION NATURALLY ENVISAGES THE DEVELOPMENT OF SOUND PHYSICAL AND MENTAL HEALTH AS A NECESSARY ESSENTIAL TO ADEQUATE COMMUNITY LIFE.

SANITATION

THE COUNTY CONTAINS APPROXIMATELY 35% OF THE TOTAL STATE POPULATION. 44.2% OF THIS POPULATION IS CONCENTRATED IN TWELVE COMMUNITIES WITH POPULATIONS OF 500 OR MORE. PRACTICALLY ALL OF THESE HAVE PROBLEMS TYPICAL OF URBAN COMMUNITIES. WITH THE EXCEPTION OF ONE OR TWO OF THESE COMMUNITIES THERE IS GREAT NEED FOR MILK SUPPLY, FOOD HANDLING ESTABLISHMENT, HOUSING, PLUMBING, TOURIST CAMP AND GARBAGE DISPOSAL SANITATION

AT THE PRESENT TIME THESE COMMUNITIES HAVE WATER SUPPLY SYSTEMS THAT ARE BEING PROGRESSIVELY IMPROVED, ALTHOUGH MOST OF THEM HAVE ACCEPTABLE WATER SUPPLY SYSTEMS, AS THEY ARE OPERATED AT PRESENT. OF THE TWELVE COMMUNITIES OF THIS COUNTY SEVEN HAVE SEWERAGE SYSTEMS. IT IS ANTICIPATED THAT THE BALANCE OF THESE COMMUNITIES WILL DEVELOP THESE SYSTEMS IN THE NEXT FEW YEARS. THROUGH FEDERAL AID THE EXISTING WATER AND SEWERAGE SYSTEMS ARE BEING EXTENDED TO INCLUDE EVER-INCREASING AREAS.

TOURIST CAMP AND HOUSING SANITATION ARE BEING IMPROVED BY THE LOCAL PERSONNEL, AS FAR AS THIS MAY BE DONE WITHOUT PROPER REGULATORY POWERS WHICH SHOULD BE GRANTED THEM BY THE STATE LEGISLATURE, THROUGH THE STATE BOARD OF HEALTH. THE LOCAL PERSONNEL ARE ATTEMPTING TO DEVELOP THE QUALITY OF THE SWIMMING POOLS IN THIS COUNTY UNDER THE SAME HANDICAPS AS BROUGHT OUT ABOVE.

M A R I C O P A C O U N T Y

APPROXIMATELY 35% OF THE TOTAL COUNTY POPULATION LIVE ON 5450 FARMS AND RANCHES. THE QUESTION OF RURAL WATER SUPPLY AND RURAL SEWAGE DISPOSAL IS A MOST IMPORTANT ONE. APPROXIMATELY 23% OF THE RURAL POPULATION IS SERVED BY THE U.S.P. H.S. STANDARD PRIVY UNIT. THEREFORE, SOME PROGRESS HAS BEEN MADE IN THE IMPROVEMENT OF RURAL SEWAGE DISPOSAL. THE IMPRESSION HAS BEEN RECEIVED FROM ANALYZING WATER SAMPLES COLLECTED FROM A LARGE NUMBER OF RURAL WATER SUPPLIES THAT MOST OF THE RURAL WELLS OF THE VALLEY ARE IN NEED OF IMPROVEMENT. ADDITIONAL LOCAL PERSONNEL, UNDER ADEQUATE SUPERVISION, WILL BE NECESSARY TO IMPROVE THIS CONDITION.

IT IS BELIEVED THAT, IF PROPER STATE LEGISLATION IS PASSED TO REGULATE VARIOUS TYPES OF ESTABLISHMENTS HAVING A PUBLIC HEALTH SIGNIFICANCE, AND IF ADDITIONAL NUMBERS OF WELL-TRAINED SANITATION PERSONNEL ARE AVAILABLE TO THE LOCAL HEALTH SERVICES, GREAT STRIDES COULD BE MADE TOWARD THE SOLUTION OF THE SANITATION PROBLEMS OF THIS COUNTY.

EXPENDITURES FOR HEALTH 1937-38

TOTAL AMOUNT	\$262,668.57	PER CAPITA \$1.74
AMOUNT FOR FULL TIME HEALTH SERVICES	87,668.57	" " .58
STATE AND FED. FUNDS ALLOCATED TO CO	22,200.00	" " .15

HEALTH SERVICES

		TOWNS	POPULATION
FULL TIME HEALTH SERVICES		AGUA CALIENTE	100
COUNTY HEALTH UNIT	44,470.00	AQUILA	100
STATE \$2,550., COUNTY \$18,420.,		ALHAMBRA	100
USPHS \$10,800., SCHOOLS \$3,000.,		ARLINGTON	50
CITY \$900., CHILDREN'S BUREAU \$8,850.		AVONDALE	150
SCHOOL NURSES, EST. FROM MO. PAYROLL	16,908.57	BUCKEYE	1077
CITY OF PHOENIX HEALTH UNIT	26,290.00	CASHION	50
ADDITIONAL COUNTY HEALTH SERVICES		CACTUS	33
COUNTY HEALTH PHYSICIAN & DEPUTIES	19,800.00	CAVE CREEK	50
OTHER SALARIES	34,650.00	CHANDLER	1378
HOSPITALIZATION	66,000.00	COLD WATER	50
DRUGS	23,200.00	GILA BEND	369
OTHER EXPENSES	31,350.00	GILBERT	791
TOTAL	<u>\$262,668.57</u>	GLENDALE	3665
		GOODYEAR	100

NUMBER OF PHYSICIANS IN THE COUNTY 193, 1/782

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	NO. BEDS		
1	MENTAL	STATE	900	HARQUAHALA	
2	GENERAL	CHURCH	293	HASSAYAMPA	20
6	T.B.	INDIVIDUAL	203	HIGLEY	25
2	GENERAL (NEGRO)	"	36	HOT SPRINGS, JCT.	25
1	INSTITUTIONAL	COUNTY	20	LAVEEN	50
1	GENERAL	INDIAN	60	LIBERTY	75
1	T.B.	"	130	LISCUM	
1	T.B.	CHURCH	75	LICTON	15
1	GENERAL	INDEPENDENT	25	LITCHFIELD PARK	50
1	CONVALESCENT	INDIVIDUAL	7	MARINETTE	75
1	T.B.	ST. SEC. SER.	100	MCDOWELL	
				MESA	3711
				MIDWAY	
				MORRISTOWN	60
				NEW RIVER	
				PALO VERDE	200
				PEORIA	600
				PERRYVILLE	
				PHOENIX	48118
				QUEEN CREEK	
				SCOTTSDALE	2761
				SENTINEL	100
				STANWIX	
				TEMPE	2495
				THEBA	
				TOLLESON	910
				WICKENBURG	734
				WHITTMAN	50
				MOBILE	
				LAKE PLEASANT	

HOSPITAL BEDS 1854, 1/31

M A R I C O P A C O U N T Y

SANITATION

<u>PRESENT INSPECTION SERVICE</u>			<u>GARBAGE DISPOSAL</u>	
SANITARY ENGINEERS		1	IMPORTANCE OF PROBLEM	MAJOR
FULL TIME INSPECTORS		4	CAUSED BY FLY BREEDING IN WARM CLIMATE,	
PART TIME INSPECTORS		2	NEED INCINERATORS	
<u>COMMUNITY*WATER SUPPLY SYSTEMS</u>			*COMMUNITIES WITH COLLECTION	9
NUMBER		12	*COMMUNITIES WITH INCINERATOR	0
POPULATION SERVED		66740	*COMMUNITIES WITH DUMP BURNING	9
PERCENT COUNTY POPULATION		44.2	<u>FOOD HANDLING ESTABLISHMENTS</u>	
COMMUNITIES* WITHOUT SYSTEMS		0	*TOWNS WITH REGULAR INSPECTION	10
<u>RURAL WATER SUPPLY CONDITIONS</u>			AMOUNT OF RURAL INSPECTION	63188
EXTENT OF PROBLEM	EXTENSIVE		POPULATION WITH REGULAR INSPECT. 3 MO.	
CAUSED BY EXTENSIVE FARMING AREA			ESTIMATED PERCENT OF COUNTY POP-	
MOTTLED TEETH 5 AREAS			ULATION WITH INSPECTION	42%
<u>COMMUNITY* SEWERAGE SYSTEMS</u>			<u>INDUSTRIAL HYGIENE</u>	
NUMBER		7	ESTIMATE OF PROBLEM PRESENT	MINOR
POPULATION SERVED		61376	INDUSTRIES INVOLVED	MISC.
PERCENT OF TOTAL COUNTY		40.7	<u>HOUSING (PUBLIC BUILDINGS)</u>	
COMMUNITIES* NOT SERVED		5	PROBABLE EXTENT OF PROBLEM	GREAT
POPULATION THEREIN		5364	CAUSED BY LARGE POPULATION CONCENTRA-	
PERCENT OF TOTAL COUNTY		3.5	TION AND TRANSIENT POPULATION	
<u>RURAL SEWAGE DISPOSAL</u>			<u>PLUMBING</u>	
U.S.P.H.S. PRIVY UNITS		2879	PROBABLE EXTENT OF PROBLEM - IMPORTANT	
POPULATION SERVED		19832	CAUSED BY LARGE POPULATION, ONE MUNI-	
PERCENT TOTAL RURAL		23.5	CIPAL WATER SYSTEM	
POPULATION TO BE SERVED		64389	<u>TOURIST CAMP SANITATION</u>	
PERCENT TOTAL RURAL		76.5	PROBABLE EXTENT OF PROBLEM - IMPORTANT	
<u>MILK SUPPLIES</u>			CAUSED BY HIGHWAY TRAVEL	
NO. STANDARD ORDINANCE TOWNS		5	<u>STREAM POLLUTION</u>	
POPULATION THEREIN		57606	EXTENT OF PROBLEM	SMALL AMOUNT
*TOWNS WITH INSPECTION		1	STREAMS AFFECTED	SALT RIVER
PART TIME INSPECTION		1	<u>SWIMMING POOLS</u>	
URBAN POPULATION RECEIVING COM-			NUMBER PUBLIC POOLS	24
PARATIVELY SAFE MILK (EST.)		48118	IMPORTANCE OF PROBLEM	MAJOR
PERCENT URBAN POPULATION		72.1	CAUSED BY WARM CLIMATE, CONCENTRATION	
			OF POPULATION	

GEOGRAPHY

<u>TOPOGRAPHY</u>		
ELEVATIONS: MAXIMUM		6800'
(APPROX.) MINIMUM		500'
AVERAGE		1300'
TERRAIN: FLAT VALLEY LAND, MOUNTAINS TO NORTH AND EAST		
ANNUAL PRECIPITATION:		
(AT PHOENIX) MAXIMUM		19.73"
MINIMUM		3.03"
AVERAGE		7.43"
<u>POPULATION CLASSIFICATION</u>		
1. *COMMUNITY POPULATION		66740
2. PERCENT OF TOTAL		44.2
3. RURAL POPULATION		84230
4. PERCENT OF TOTAL		55.8
<u>FARMS AND RANCHES</u>		
NUMBER		5450
PERCENT TOTAL AREA		12.0
AVERAGE UNIT ACREAGE		125.5
AVERAGE VALUE PER ACRE		\$92.59

STATE TAX COMMISSION VALUATIONS

<u>CLASSIFICATION</u>	<u>1937 VALUATION</u>
1. CITY PROPERTY	\$44,595,440.00
2. FARMING	23,934,681.00
3. PERSONAL PROPERTY	13,730,692.00
4. RAILROADS	12,046,958.00
5. PUBLIC UTILITIES	9,261,454.00
6. AUTOMOBILES	5,942,484.00
7. LIVE STOCK	2,207,300.00
8. OTHER PROPERTY	2,138,127.00
9. MISC. LANDS	380,925.00
10. MINING	87,580.00
TOTAL	<u>\$114,219,641.00</u>

COUNTY ROADS - MILEAGE

1. FEDERAL AID STATE	251.1
2. STATE ROADS (NON-FED.)	157.0
3. MAIN COUNTY	1537.8
4. ALL OTHER COUNTY	2399.1
TOTAL	<u>4345.0</u>

MANUFACTURING

NO. ESTABLISHMENTS	134
WAGE EARNERS INVOLVED	1706
VALUE OF PRODUCTS	<u>\$17,276.00</u>

*WITH POPULATION OF 500 OR MORE

MOHAVE COUNTY

COVERING AN AREA OF 13,390 SQUARE MILES, MOHAVE COUNTY HAD IN 1930 A POPULATION OF 5,572, OF WHICH 661 WERE INDIANS AND 784 WERE MEXICANS. THE ONE LARGE CENTER OF POPULATION IS KINGMAN WITH 2200 PERSONS. MINING AND CATTLE RAISING ARE THE CHIEF INDUSTRIES OF THE COUNTY. THE INFANT MORTALITY RATE FOR MOHAVE COUNTY IS 65.04, THE LOWEST RATE IN THE STATE. THE MATERNAL MORTALITY RATE IS 32.5 PER 1000 LIVE BIRTHS. THIS IS THE HIGHEST IN THE STATE. THE POPULATION AND TOTAL NUMBER OF BIRTHS IS TOO SMALL TO ENABLE ONE TO DRAW CONCLUSIONS FROM STATISTICS ALONE. THE RATES ARE MISLEADING UNDER THESE CIRCUMSTANCES.

PUBLIC HEALTH PERSONNEL

IN THIS COUNTY THE ONE PUBLIC HEALTH NURSE IS EMPLOYED IN THE COUNTY SCHOOLS - SHE IS PROVIDED NO TRANSPORTATION, BUT TRAVELS WITH THE COUNTY SUPERINTENDENT. THIS ARRANGEMENT IS DEFINITELY A LIMITING FACTOR IN ANY PROGRAM OF PUBLIC HEALTH NURSING WHICH COULD BE CARRIED INTO THE HOMES. RECENTLY A PUBLIC HEALTH NURSE STATIONED AT WILLIAMS HAS BEEN ASSIGNED THE DEVELOPMENT OF A PROGRAM OF MATERNAL AND CHILD HYGIENE IN THE KINGMAN AREA.

SANITATION

THIS IS A SPARSELY SETTLED COUNTY WITH MINING AND CATTLE RAISING AS THE PRINCIPAL INDUSTRIES. BOTH INDUSTRIES HAVE A TENDENCY TO CONCENTRATE POPULATIONS IN MINING TOWNS AND TRADE CENTERS. THREE SMALL COMMUNITIES HAVE A TOTAL POPULATION OF 66.4% OF THE TOTAL COUNTY POPULATION. RURAL SANITATION IS NOT OF THE SAME DEGREE OF IMPORTANCE AS MIGHT BE EXPECTED IN AN AREA WHERE FARMING WAS A MAJOR CONCERN.

BOTH CHLORIDE AND OATMAN NEED IMPROVEMENTS IN THEIR WATER SUPPLY SYSTEMS. KINGMAN NEEDS EXTENSIONS TO THE CENTRAL SYSTEM TO INCLUDE THE NUMBER OF SMALL SYSTEMS FOUND IN THIS COMMUNITY.

KINGMAN HAS A COLLECTION SYSTEM AND SEWAGE DISPOSAL PLANT WHICH IS A MECHANICAL IMHOFF TANK. IN THE PAST YEAR, EXTENSIONS HAVE BEEN MADE TO THE COLLECTION SYSTEM, SO THAT AN INCREASINGLY LARGER PERCENTAGE OF THIS COMMUNITY ARE BEING CONNECTED TO THE SYSTEM.

ALL OF THESE COMMUNITIES NEED PERIODIC INSPECTIONS OF THEIR FOOD SUPPLIES, PLUMBING, MILK SUPPLIES, HOUSING, AND RECREATIONAL FACILITIES. CHLORIDE AND OATMAN NEED SEWAGE COLLECTION SYSTEMS. THE WELFARE OF THESE TWO TOWNS DEPENDS ENTIRELY ON THE CONDITION OF THE MINING INDUSTRY. AT TIMES IT WOULD BE FINANCIALLY IMPOSSIBLE TO CONSTRUCT A SEWAGE COLLECTION SYSTEM FOR EITHER OF THESE TOWNS. THERE ARE NO INCORPORATED COMMUNITIES IN THIS COUNTY. THEREFORE, METHODS OF FINANCING WOULD BE EXTREMELY DIFFICULT.

EXPENDITURES FOR HEALTH 1937-38

TOTAL AMOUNT	\$49,023. PER CAPITA \$8.80
AMOUNT FOR FULL TIME HEALTH SERVICES	1,598. PER CAPITA .29
STATE AND FED. FUNDS ALLOCATED TO CO.	

HEALTH SERVICES

FULL TIME HEALTH SERVICES

				TOWNS	POPULATION
COUNTY SCHOOL NURSE	1,598.			CAVE BEDS	
ADDITIONAL COUNTY HEALTH SERVICES				CHLORIDE	450
EMERGENCY AID	500.			GOLDRoad	25
MOHAVE COUNTY HOSPITAL	40,000.			HACKBERRY	171
INDIGENT SICK	5,875.			HUALAPAI	
BOARD OF HEALTH	1,050.			KINGMAN	2275
TOTAL	\$ 49,023.			LITTLEFIELD	15

NUMBER OF PHYSICIANS IN CO. 1936 6 - 1/928

HOSPITALS:

	NUMBER	TYPE OF SERVICE	CONTROL	BEDS
	1	GENERAL	COUNTY	30
	1	"	INDIAN	16

HOSPITAL BEDS 46, 1/121

MOCCASIN	75
MOHAVE CITY	150
OATMAN	975
OWEN	
PEACH SPRINGS	60
SIGNAL	50
TOPOCK	50
VALENTINE	100
WICKIEUP	
WILLOW BEACH	
YUCCA	75

NAVAJO COUNTY

AREA		TAX	
SQUARE MILES	9,899		1937
ACRES	6,335,360	NET VALUATION	\$8,460,090
STATE LAND	1,710,021	TOTAL TAX PAID	383,946
FEDERAL LAND	4,625,339	PERCENTAGE OF TOTAL TAX	2.54%

POPULATION		SCHOOL ENROLLMENT	
TOTAL		1935	1936
1920	16,077		
1930	21,202	ELEMENTARY SCHOOLS	2,209
RACE		HIGH SCHOOLS	534
WHITE	8,136	ACCOMODATION SCHOOLS	—
MEXICAN	2,760	TOTAL	2,743
INDIAN	34,126		
OTHERS	180		

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,00 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	No	RATE								
<u>BIRTHS</u>										
TOTAL	472	22.26	507	23.91	356	16.79	393	18.54	372	17.55
WHITE	210	25.31	197	24.21	194	23.84	190	23.35	226	27.78
MEXICAN	65	23.55	66	23.91	70	25.36	56	20.29	60	21.74
INDIAN	181	17.87	226	22.32	88	8.69	137	13.53	81	7.99
OTHERS	16	88.89	18	100.00	4	22.22	10	55.56	5	27.78
<u>INFANT DEATHS</u>										
TOTAL	102	216.10	79	155.82	39	108.33	46	117.05	28	75.27
WHITE	15	71.43	6	30.46	9	4.64	9	47.37	14	61.95
MEXICAN	23	353.85	21	318.18	19	271.43	15	267.87	7	116.67
INDIAN	63	348.07	52	230.09	10	113.64	22	180.58	7	86.42
OTHERS	1	—	—	—	1	—	—	—	—	—
<u>DEATH ALL CAUSES</u>										
TOTAL	312	14.72	347	16.37	199	9.39	203	9.57	155	7.31
WHITE	83	10.20	64	7.87	80	9.83	50	6.15	55	6.76
MEXICAN	43	15.58	52	18.84	49	17.75	31	11.23	36	13.04
INDIAN	184	18.17	230	22.71	66	6.52	121	11.95	62	6.12
OTHERS	2	11.11	1	5.57	4	22.22	1	5.56	2	11.11

COMMUNICABLE DISEASES

	1936		1935		1934		1933		1932	
	No	RATE								
TUBERCULOSIS CASES	105	4.95	140	6.60	77	3.63	7	.33	24	1.13
TUBERCULOSIS DEATHS	53	2.50	37	1.75	20	.94	30	1.41	10	.47
PNEUMONIA CASES	62	2.92	121	5.71	65	3.07	6	.28	13	.61
PNEUMONIA DEATHS	33	1.57	31	1.46	19	.90	9	.42	16	.75
DIPHTHERIA CASES	2	.09	25	1.18	77	.33	22	1.04	—	—
DIPHTHERIA DEATHS	1	.05	3	.14	1	.05	—	—	1	.05
TYPHOID CASES	2	.09	2	.09	5	.24	13	.61	3	.14
TYPHOID DEATHS	—	—	—	—	1	.05	—	—	1	.05

NAVAJO COUNTY

NAVAJO COUNTY, WITH AN AREA OF 9,899 SQUARE MILES, HAD A POPULATION OF 21,202 IN 1930, OF WHICH 10,126 WERE INDIANS AND 2,760 MEXICANS. ABOUT TWO-THIRDS OF THE AREA OF THE COUNTY IS INCLUDED IN THE NAVAJO, HOPI AND APACHE INDIAN RESERVATIONS. THE TOWNS OF WINSLOW AND HOLBROOK, WITH POPULATIONS OF 3,917 AND 1,115 RESPECTIVELY, ARE THE CENTERS OF POPULATION. THE CHIEF INDUSTRIES ARE CATTLE RAISING, LUMBER AND RAILROAD EMPLOYMENT.

IN COMMON WITH APACHE COUNTY, THERE IS LITTLE TAXABLE LAND, AS MOST OF ITS AREA IS TAKEN UP WITH INDIAN RESERVATIONS AND NATIONAL FORESTS. WINSLOW AND HOLBROOK ARE RAILROAD CENTERS, DEPENDING ON THE RAILROAD AND THE TOURIST INDUSTRY FOR THEIR MAIN WELFARE. LIVE STOCK RAISING IS OF IMPORTANCE. THE PRESENCE OF THE INDIAN RESERVATIONS SERVE TO MAKE THE ABOVE MENTIONED TOWNS TRADING CENTERS FOR THE INDIAN POPULATION

THE INFANT MORTALITY RATE IS 216.10% WHILE THE MATERNAL MORTALITY RATE IS 16 PER 1000 LIVE BIRTHS. THESE ARE THE HIGHEST RATES FOUND IN THE STATE, AS SHOWN IN THE REPORTS OF 1936. OF 472 BIRTHS 10.38% ARE DELIVERED BY MIDWIVES 62.50% BY PHYSICIANS, AND 27.12 BY OTHERS.

PUBLIC HEALTH PERSONNEL

PUBLIC HEALTH PERSONNEL CONSISTS OF A COUNTY PHYSICIAN, THE WINSLOW SCHOOL NURSE, AND A PART TIME SCHOOL NURSE EMPLOYED BY HOLBROOK. RECENTLY A PUBLIC HEALTH NURSE HAS BEEN PLACED IN WINSLOW TO DEVELOP MATERNAL AND CHILD HYGIENE AND TO GIVE A GENERALIZED PUBLIC HEALTH NURSING SERVICE OVER THE COUNTY.

SANITATION

IF THE INDIAN PORTION OF THIS COUNTY IS EXCLUDED, THE POPULATION IS MAINLY URBAN, WITH THE SANITATION PROBLEMS TYPICAL TO COMMUNITIES. THE UNINCORPORATED COMMUNITIES OF SNOWFLAKE, SHOWLOW, LAKESIDE, AND PINETOP ARE IN NEED OF COMMUNITY WATER SUPPLY SYSTEMS, AND POSSIBLY SEWERAGE SYSTEMS WHEN THEY ARE IN A FINANCIAL POSITION TO PURCHASE THEM.

EXPENDITURE FOR HEALTH - 1937 - 1938

TOTAL AMOUNT	\$10,197.46	PER CAPITA	.48
AMOUNT FOR FULL TIME HEALTH SERVICE	4,534.84	" "	.21
STATE AND FED. FUNDS ALLOCATED TO CO.	1,265.00	" "	.06

HEALTH SERVICES

		TOWNS	POPULATION
<u>FULL TIME HEALTH SERVICES</u>			
SCHOOL NURSES	2,619.84	BACOBI	
CHILDREN'S BUREAU NURSE	1,915.00	CEDAR SPRINGS	
COUNTY \$650., CHILDREN'S BUREAU \$1,265.		CLAY SPRINGS	10
		DILKON	50
ADDITIONAL COUNTY HEALTH SERVICES		FT. APACHE	98
HEALTH OFFICERS SALARIES	2,700.00	HEBER	40
CARE OF INDIGENT SICK (EST. ON 1ST SIX MONTHS)	2,962.62	HOLBROOK	1115
TOTAL	\$10,197.46	HOTEVILLE	15
		INDIAN WELLS	50
		JEDITO	15
		JOSEPH CITY	100
		KAYENTA	100
		KEAMS CANYON	18
		LAKESIDE	114
		LINDEN	10
		NA-AH-TEE CANYON	50
		ORABI	150
		PINEDALE	50
		PINETOP	75
		SHOWLOW	200
		SNOWFLAKE	659
		STANDARD	30
		TAYLOR	100
		TOWREA	25
		WALPI	
		WHITE RIVER	200
		WINSLOW	3717
		WOODRUFF	25

NUMBER OF PHYSICIANS IN THE COUNTY, 16, 1/1325

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	BEDS
4	GENERAL	INDIAN	171

HOSPITAL BEDS 171, 1/124

NAVAJO COUNTY

		<u>SANITATION</u>	
<u>PRESENT INSPECTION SERVICE</u>		<u>MILK SUPPLIES</u>	
PART TIME INSPECTORS	1	NO. STANDARD ORDINANCE TOWNS	2
		POPULATION THEREIN	4832
<u>COMMUNITY* WATER SUPPLY SYSTEMS</u>		*TOWNS WITH INSPECTORS	1
NUMBER	2	PART TIME INSPECTION	1
POPULATION SERVED	4832	URBAN POPULATION RECEIVING COMPARA-	
PERCENT COUNTY POPULATION	22.8	TIVELY SAFE MILK (ESTIMATE)	0
COMMUNITIES* WITHOUT SYSTEMS	1		
POPULATION THEREIN	659	<u>FOOD HANDLING ESTABLISHMENTS</u>	
PERCENT COUNTY POPULATION	3.1	*TOWNS WITH REGULAR INSPECTION	0
		AMOUNT OF RURAL INSPECTION	0
<u>RURAL WATER SUPPLY CONDITIONS</u>		<u>INDUSTRIAL HYGIENE</u>	
EXTENT OF PROBLEM	MINOR	ESTIMATE OF PROBLEM PRESENT	SMALL
CAUSED BY SCARCITY OF WATER, LIMITED FARMING, MOTTLED TEETH IN ONE AREA.		INDUSTRIES INVOLVED RAILROADS & LUMBERING	
		<u>HOUSING</u>	
		NO ORDINANCE OR INSPECTION	
<u>COMMUNITY* SEWERAGE SYSTEMS</u>		<u>PLUMBING</u>	
NUMBER	2	NO ORDINANCE OR INSPECTION	
POPULATION SERVED	4832		
PERCENT OF TOTAL COUNTY	22.8	<u>TOURIST CAMP SANITATION</u>	
COMMUNITIES* NOT SERVED	1	NO ORDINANCE OR INSPECTION	
POPULATION THEREIN	659		
PERCENT OF TOTAL COUNTY	3.1		
<u>RURAL SEWAGE DISPOSAL</u>		<u>STREAM POLLUTION</u>	
U.S.P.H.S. PRIVY UNITS	491	<u>EXTENT OF PROBLEM</u>	SMALL
POPULATION SERVED	2556	STREAMS AFFECTED -	LITTLE COLORADO
PERCENT TOTAL RURAL	16.3		
POPULATION TO BE SERVED	13155	<u>SWIMMING POOLS</u>	
PERCENT TOTAL RURAL	83.7	NUMBER PUBLIC POOLS	1
		IMPORTANCE OF PROBLEM	MINOR
		CAUSED BY - COOL CLIMATE	
<u>GARBAGE DISPOSAL</u>			
IMPORTANCE OF PROBLEM	MINOR		
CAUSED BY - ISCLATION			
*COMMUNITIES WITH COLLECTION	2		
*COMMUNITIES WITH DUMP BURNING	2		
		<u>GEOGRAPHY</u>	
<u>TOPOGRAPHY</u>		<u>STATE TAX COMMISSION VALUATION ON INDUSTRIES</u>	
ELEVATIONS: MAXIMUM	7900*	CLASSIFICATION	1937 VALUATION
(APPROX.) MINIMUM	4500*	1. RAILROADS	\$3,803,038.00
AVERAGE	5500*	2. CITY PROPERTY	1,846,410.00
		3. LIVE STOCK	1,157,365.00
TERRAIN: HIGH PLATEAU LAND, DEEP CANYONS IN NORTH, ROLLING COUNTRY IN SOUTH		4. PERSONAL PROPERTY	838,740.00
		5. PUBLIC UTILITIES	759,428.00
ANNUAL PRECIPITATION: MAXIMUM 17.63" (AT HOLBROOK) MINIMUM 3.45" AVERAGE 9.25"		6. AUTOMOBILES	496,534.00
		7. OTHER PROPERTY	231,036.00
		8. FARMING	160,163.00
		9. MISC. LANDS	78,853.00
		10. MINING	28,630.00
		11. LUMBERING	16,640.00
		TOTAL	\$9,425,837.00
<u>POPULATION CLASSIFICATION</u>		<u>COUNTY ROADS MILEAGE</u>	
1. *COMMUNITY POPULATION	5491	1. FEDERAL AID STATE	164.8
2. PERCENT OF TOTAL	25.9	2. STATE ROADS (NON-FED.)	46.9
3. RURAL POPULATION	15711	3. MAIN COUNTY	876.9
4. PERCENT OF TOTAL	47.1	4. ALL OTHER COUNTY	894.3
		TOTAL	1982.9
<u>FARMS AND RANCHES</u>		<u>MANUFACTURING</u>	
NUMBER	1682	NUMBER ESTABLISHMENTS	9
PERCENT TOTAL AREA	1503	WAGE EARNERS INVOLVED	48
AVERAGE UNIT ACREAGE	577.3	VALUE OF PRODUCTS	\$126,000.
AVERAGE VALUE PER ACRE	\$3.39		
*WITH POPULATIONS OF 500 OR MORE			

P I M A C O U N T Y

AREA		TAX	
SQUARE MILES	9,505		1937
ACRES	6,083,200	NET VALUATION	\$57,731,123
STATE LAND	3,579,304	TOTAL TAX PAID	1,997,492
FEDERAL LAND	2,503,896	PERCENTAGE OF TOTAL TAX	13.24%

POPULATION		SCHOOL ENROLLMENT	
TOTAL			1935-1936
1920	34,680		
1930	55,676	ELEMENTARY SCHOOLS	7,438
RACE		HIGH SCHOOLS	1,468
WHITE	32,726	JUNIOR HIGH SCHOOLS	1,956
MEXICAN	16,093	ACCOMODATION SCHOOLS	21
INDIAN	5,305	TOTAL	10,883
OTHERS	1,552		

VITAL STATISTICS

(ALL RATES ARE PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	NO	RATE								
<u>BIRTHS</u>										
TOTAL	1394	25.04	1407	25.27	1157	20.78	1176	21.12	1122	20.05
WHITE	625	19.10	627	17.33	441	13.48	498	15.22	523	15.98
MEXICAN	586	36.41	566	35.17	572	35.54	559	34.74	498	30.95
INDIAN	116	21.87	209	39.40	68	12.82	56	10.56	31	5.84
OTHERS	67	43.17	65	41.88	76	48.97	63	40.59	70	45.10
<u>INFANT DEATHS</u>										
TOTAL	145	104.02	149	105.90	154	133.68	146	124.15	144	128.34
WHITE	33	52.80	32	56.44	31	70.30	28	56.22	28	53.54
MEXICAN	69	117.75	76	134.28	88	153.85	98	175.31	91	182.73
INDIAN	39	336.21	40	191.39	34	500.00	19	339.29	19	612.90
OTHERS	4	57.70	1	15.38	1	13.16	1	15.87	6	85.71
<u>DEATHS ALL CAUSES</u>										
TOTAL	1050	18.86	1017	18.27	1056	18.97	1032	18.54	976	17.53
WHITE	659	20.14	626	19.13	659	20.14	609	18.6	566	17.30
MEXICAN	210	13.95	211	13.11	243	15.10	314	19.51	303	18.83
INDIAN	135	25.45	150	28.28	113	21.30	69	13.01	62	11.69
OTHERS	46	29.64	30	19.33	41	26.42	40	25.77	45	28.99

COMMUNICABLE DISEASES

		1936		1935		1934		1933		1932	
		NO	RATE								
TUBER	CASES	349	6.27	502	9.02	450	8.08	394	7.08	386	6.93
CULOSIS	DEATHS	329	5.91	313	5.62	329	5.91	348	6.25	345	6.20
PNEU	CASES	66	1.19	40	.72	33	.59	16	.29	7	.13
MONIA	DEATHS	96	1.72	87	1.56	92	1.65	95	1.71	89	1.60
DIPH	CASES	14	.25	14	.25	22	.40	19	.34	11	.20
THERIA	DEATHS	1	.02	—	—	4	.07	2	.04	—	—
TYPHOID	CASES	5	.09	11	.20	25	.45	12	.22	14	.25
	DEATHS	1	.02	2	.04	2	.04	2	.04	2	.04

P I M A C O U N T Y

PIMA COUNTY HAS AN AREA OF 9,505 SQUARE MILES, OF WHICH MORE THAN ONE-THIRD IS INCLUDED IN THE PAPAGO INDIAN RESERVATION. THE 1930 CENSUS SHOWED A COUNTY POPULATION OF 55,676 WITH 5,305 INDIANS AND 16,093 MEXICANS. TUCSON, THE CHIEF CITY, HAD A POPULATION OF 32,506 WITH 175 INDIANS AND 10,235 MEXICANS.

THE CHIEF INDUSTRIES, ACCORDING TO THE 1930 CENSUS WAS AGRICULTURE, WITH MINING, BUILDING AND STREET RAILROADS AS LESSER INDUSTRIES. IN TUCSON THE INDUSTRIES, BY IMPORTANCE, WERE: WHOLESALE AND RETAIL TRADES (EXCEPT AUTOMOBILES), STEAM AND STREET RAILROADS AND THE BUILDING INDUSTRY.

THE INFANT MORTALITY RATE FOR 1936 WAS 104.02 AND THE MATERNAL MORTALITY RATE WAS 10.8%. OF THE 1934 BIRTHS, 85.15% WERE ATTENDED BY PHYSICIANS, 9.40% BY MIDWIVES AND 5.45% BY OTHERS. A STUDY OF THE INFANT MORTALITY RATE FROM 1931-1935 SHOWED THE FOLLOWING RACIAL DIFFERENCES IN THIS COUNTY: WHITE 58.8; MEXICAN 170.1 AND INDIAN 331.6. ON THE OTHER HAND PIMA COUNTY, THE MECCA FOR PATIENTS WITH TUBERCULOSIS, SHOWED AN AVERAGE RACIAL DEATH RATE FOR THAT DISEASE AS FOLLOWS:

WHITE	MEXICAN	INDIAN
763.2	206.4	251.2

(PER 100,000 POPULATION)

PUBLIC HEALTH PERSONNEL

NINE PUBLIC HEALTH NURSES CARRY ON A GENERALIZED PUBLIC HEALTH PROGRAM OF NURSING SERVICE UNDER THE MEDICAL DIRECTOR OF A FULL TIME HEALTH UNIT. OF THIS NUMBER ONE NURSE HAS RECENTLY BEEN STATIONED IN AJO, A COPPER MINING AREA, AND ONE IN MARANA, A COTTON PRODUCING SECTION NORTH OF TUCSON. THE HEALTH CLINIC AND CONFERENCES OF THE DEPARTMENT WORK CLOSELY WITH AND ARE INTEGRATED IN THOSE OF THE COUNTY PHYSICIAN'S OFFICE. THE HEALTH UNIT OPERATES AN X-RAY MACHINE CHIEFLY FOR DIAGNOSIS IN TUBERCULOSIS. IN ADDITION THE COUNTY WELFARE DEPARTMENT EMPLOYES A NURSE FOR MEDICAL SOCIAL SERVICE WORK. A VETERANS' HOSPITAL IS LOCATED NEAR TUCSON.

THE NEW COUNTY HOSPITAL AFFORDS AN EXCELLENT DEPARTMENT FOR ORTHOPEDIC CARE AND FOR HYDROTHERAPY. IN ADDITION A CHILDREN'S TUBERCULOSIS HOSPITAL LOCATED NEAR TUCSON. THE ONE PREVENTORIUM IN THE STATE IS LOCATED IN PIMA COUNTY.

BECAUSE OF THE CLIMATE WINTER VISITORS AND HEALTH SEEKERS MAKE UP A LARGE PART OF THE BUSINESS OF THE COMMUNITY. THE POPULATION IS ABOUT ONE-THIRD MEXICAN. THERE ARE 12,500 SCHOOL CHILDREN.

THE CHIEF HEALTH PROBLEM IS ONE OF TUBERCULOSIS CONTROL. A LARGE NUMBER OF PEOPLE COME WITHOUT NECESSARY FUNDS. CONTROL WORK AMONG THE CONTACTS OF THESE PEOPLE IS LARGE. A FINAL SOLUTION TO THIS PROBLEM IS STILL TO BE HAD. IT IS NEVER ENDING. GOVERNMENT CONTROL OF NEEDY TRANSIENT TUBERCULARS WOULD BE IN ORDER.

INFANT MORTALITY IS IMPORTANT AS A HEALTH PROBLEM. THIS IS LARGELY AMONG THE MEXICAN PEOPLE. A SOLUTION, OF COURSE, IS THE EDUCATION OF THIS CLASS. PRENATAL CLINICS, BABY CLINICS AND HEALTH CONFERENCES ARE HELD REGULARLY.

RELIEF PROBLEMS ARE GREAT - ABOUT 1400 ARE ON RELIEF AS UNEMPLOYABLE. THE MEXICAN PEOPLE CONSTANT WORK AMONG THIS CLASS MAY IN THE FUTURE BRING RESULTS.

THE CLOSE WORKING RELATIONSHIP BETWEEN THE COUNTY BOARD OF SOCIAL SECURITY THE COUNTY COUNCIL OF SOCIAL AGENCIES AND THE COUNTY HEALTH UNIT FACILITATES IMMENSURABLY THE HEALTH SERVICE PROGRAM OF PIMA COUNTY.

SANITATION

THIS COUNTY DEPENDS ON MINING, AND THE TOURIST AND VISITORS FOR THEIR PRINCIPAL SOURCES OF INCOME. CONSIDERABLE SANITATION DEVELOPMENT HAS OCCURRED IN THIS COUNTY DURING THE PAST NUMBER OF YEARS.

THE PRINCIPAL POPULATION CONCENTRATION IS CONFINED TO THE AREA AROUND TUCSON AND THE MINING TOWN OF AJO. THE SANITATION PROBLEMS INVOLVED ARE THOSE OF A COMMUNAL NATURE. EACH COMMUNITY HAS A MUNICIPAL WATER SYSTEM. THE CITY OF TUCSON WATER SYSTEM IS OF A SATISFACTORY TYPE. AJO NEEDS CHLORINATION OR OTHER MEANS OF DISINFECTION. TUCSON NEEDS ADDITIONAL SEWAGE TREATMENT TO AUGMENT THEIR PRESENT PROCESS OF SEPARATE SLUDGE DIGESTION. EXTENSIONS TO THE WATER AND SEWERAGE SYSTEMS ARE NECESSARY AND WILL UNDOUBTEDLY BE PUT INTO EFFECT IN A FEW YEARS.

TWO SANITARY INSPECTORS ARE NOW EMPLOYED IN THIS COUNTY. THIS NUMBER SHOULD BE INCREASED AND A SANITARY ENGINEER EMPLOYED TO ADEQUATELY HANDLE THE PROBLEMS OF THIS POPULATION CONCENTRATION. RESTAURANT SANITATION, PLUMBING, AND A FEW OTHER PHASES OF SANITATION COULD BE MORE EFFECTIVELY CARRIED OUT IF ADDITIONAL PERSONNEL WERE AVAILABLE.

P I M A C O U N T Y

SANITATION

PRESENT INSPECTION SERVICE

SANITARY ENGINEERS 0
 FULL TIME INSPECTORS 2

COMMUNITY* WATER SUPPLY SYSTEMS

NUMBER 2
 POPULATION SERVED 35006
 PERCENT COUNTY POPULATION 62.9
 COMMUNITIES* WITHOUT SYSTEMS 0

RURAL WATER SUPPLY CONDITIONS

EXTENT OF PROBLEM GENERAL
 CAUSED BY FARMING AREAS
 MOTTLED TEETH 2 AREAS

COMMUNITY* SEWERAGE SYSTEMS

NUMBER 2
 POPULATION SERVED 35006
 PERCENT TOTAL COUNTY 62.9
 COMMUNITIES* NOT SERVED 0

RURAL SEWAGE DISPOSAL

U.S.P.H.S. PRIVY UNITS 786
 POPULATION SERVED 5275
 PERCENT TOTAL RURAL 25.5
 POPULATION TO BE SERVED 15395
 PERCENT TOTAL RURAL 74.5

STREAM POLLUTION

EXTENT OF PROBLEM SMALL
 STREAMS AFFECTED SANTA CRUZ

SWIMMING POOLS

NO. PUBLIC POOLS 8
 IMPORTANCE OF PROBLEM MAJOR
 CAUSED BY - LARGE POPULATION,
 WARM CLIMATE & TRANSIENT
 POPULATION

MILK SUPPLIES

NO. STANDARD ORDINANCE TOWNS 1
 POPULATION THEREIN 32506
 *TOWNS WITH INSPECTORS 1
 FULL TIME INSPECTORS 1
 URBAN POPULATION SERVED WITH COM-
 PARATIVELY SAFE MILK (EST.) 32506
 PERCENT TOTAL URBAN 92.8

FOOD HANDLING ESTABLISHMENTS

*TOWNS WITH REGULAR INSPECTION 1
 AMOUNT OF RURAL INSPECTION - 3 MONTHS
 POPULATION WITH REGULAR INSPECTION-32506
 ESTIMATED PERCENT OF Co. POPULA-
 TION WITH INSPECTION 58%

INDUSTRIAL HYGIENE

ESTIMATE OF PROBLEM PRESENT MAJOR
 INDUSTRIES INVOLVED - MINING AND MISC.

HOUSING (PUBLIC BUILDINGS)

PROBABLE EXTENT OF PROBLEM EXTENSIVE
 CAUSED BY - POP. CONCENTRATION AND
 TRANSIENT POPULATION

PLUMBING

PROBABLE EXTENT OF PROBLEM - EXTENSIVE
 CAUSED BY LARGE COMMUNITIES

GARBAGE DISPOSAL

IMPORTANCE OF PROBLEM MINOR
 CAUSED BY - PROPER METHODS IN ONE CITY
 *COMMUNITIES WITH COLLECTION 2
 *COMMUNITIES WITH INCINERATOR 1
 *COMMUNITIES WITH DUMP BURNING 1

GEOGRAPHY

TOPOGRAPHY

ELEVATIONS: MAXIMUM 10,000'
 (APPROX.) MINIMUM 900'
 AVERAGE 2,300'

TERRAIN: BROAD FLAT VALLEYS NORTH
 AND SOUTH, MOUNTAIN
 CHAINS BETWEEN

ANNUAL PRECIPITATION:
 (AT TUCSON) MAXIMUM 24.17"
 MINIMUM 5.07"
 AVERAGE 11.50"

POPULATION CLASSIFICATION

1. *COMMUNITY POP. 35006
 2. PERCENT OF TOTAL 62.9
 3. RURAL POPULATION 20670
 4. PERCENT OF TOTAL 37.1

FARMS AND RANCHES

NUMBER 1251
 PERCENT TOTAL AREA 21.6
 AVERAGE UNIT ACREAGE 1050.8
 AVERAGE VALUE PER ACRE \$60.27

STATE TAX COMMISSION VALUATIONS ON INDUSTRIES

CLASSIFICATION	1937 VALUATION
1. CITY PROPERTY	\$20,637,930
2. MINING	18,405,040
3. PERSONAL PROPERTY	6,201,715
4. RAILROADS	6,091,858
5. PUBLIC UTILITIES	4,766,141
6. MISC. LANDS	4,656,035
7. AUTOMOBILES	2,923,080
8. FARMING	1,760,070
9. LIVE STOCK	1,223,590
10. OTHER PROPERTY	435,640
TOTAL	\$67,101,099

COUNTY ROADS - MILEAGE

1. FEDERAL AID STATE	100.5
2. STATE ROADS (NON-FED.)	52.2
3. MAIN COUNTY	956.1
4. ALL OTHER COUNTY	1892.3
TOTAL	3001.1

MANUFACTURING

NUMBER ESTABLISHMENTS 8
 WAGE EARNERS INVOLVED 172
 VALUE OF PRODUCTS \$1,685,000.00

*WITH POPULATIONS OF 500 OR MORE.

P I N A L C O U N T Y

PINAL COUNTY HAS AN AREA OF 5,380 SQUARE MILES. THE POPULATION IN 1930 WAS 22,081 OF WHICH 3,425 WERE INDIANS, AND 8,175 WERE MEXICANS. THE PIMA, GILA RIVER AND PAPAGO INDIAN RESERVATIONS COMPOSE ABOUT 20% OF THE AREA. FLORENCE, THE COUNTY SEAT, HAD A 1930 POPULATION OF 13,018. CASA GRANDE, HAD A POPULATION IN 1930 OF 1,351, AND SUPERIOR AND ITS VICINITY COMPRISED A POPULATION OF 4,295. THE CHIEF INDUSTRY OF PINAL COUNTY IS AGRICULTURE AND SECOND IN IMPORTANCE IS MINING. THE STATE PRISON IS LOCATED AT FLORENCE.

IN 1936 THE INFANT MORTALITY RATE WAS 181.82 AND THE MATERNAL MORTALITY RATE WAS 6.2 PER 1000 LIVE BIRTHS. OF 484 BIRTHS, 76.65% WERE DELIVERED BY PHYSICIANS, 10.2% BY MIDWIVES, AND 6.22% BY OTHERS.

PUBLIC HEALTH PERSONNEL

PUBLIC HEALTH NURSING SERVICE IS GIVEN BY NURSES EMPLOYED BY THE SCHOOLS IN COOLIDGE, FLORENCE, SUPERIOR AND CASA GRANDE.

SANITATION

FARMING IS AN IMPORTANT INDUSTRY WITH THE DEVELOPMENT OF THE WATER RESOURCES ON THE GILA RIVER. LIVE STOCK RAISING IS OF IMPORTANCE AFTER FARMING. THERE IS 65.4% OF THE TOTAL COUNTY POPULATION IN 7 COMMUNITIES. THE COUNTY PRESENTS A PROBLEM OF COMMUNITY AND RURAL SANITATION.

APPROXIMATELY ONE-HALF OF THE RURAL HOMES HAVE BEEN SANITATED BY THE COMMUNITY SANITATION PROJECT, WITH THE U.S.P.H.S. STANDARD PRIVY UNIT. APPROXIMATELY 51.7% OF THE RURAL POPULATION ARE IN NEED OF IMPROVED RURAL SEWAGE DISPOSAL SYSTEMS. THE COMMUNITIES OF FLORENCE, CASA GRANDE, RAY, AND SACATON HAVE SEWERAGE SYSTEMS. THE COMMUNITIES OF COOLIDGE, SUPERIOR, AND SONORA ARE IN NEED OF COLLECTION SYSTEMS.

ALL COMMUNITIES WITH POPULATIONS OF 500 OR MORE ARE SERVED WITH COMMUNITY WATER SUPPLY SYSTEMS. IMPROVEMENTS ARE GRADUALLY BEING MADE WITH ALL OF THESE SYSTEMS TO INSURE A SAFE QUALITY OF WATER SUPPLY. THESE COMMUNITIES INCLUDE 65.4% OF THE COUNTY POPULATION. DUE TO THE PRESENCE OF A LARGE FARMING AREA, AND FLOURIDE BEARING WATER, THE RURAL WATER SUPPLY PROBLEM IS EXTENSIVE.

DUE TO THE PRESENCE OF TRANSCONTINENTAL HIGHWAYS, TRANSIENT FARM LABOR, AND POPULATION CONCENTRATIONS, OTHER TYPES OF SANITATION ARE OF MAJOR IMPORTANCE. LITTLE OR NOTHING IS BEING DONE IN THIS FIELD. NO ORGANIZED WORK IS BEING CARRIED ON. CONSISTENTLY TRAINED INSPECTION SERVICE SHOULD BE PROVIDED TO COPE WITH THE PROBLEMS OF MILK SUPPLIES, SWIMMING POOLS, FOOD HANDLING ESTABLISHMENTS, HOUSING, PLUMBING, AND TOURIST CAMP SANITATION, GARBAGE DISPOSAL AND OTHER PHASES OF SANITARY WORK.

EXPENDITURE FOR HEALTH, 1937-1938

TOTAL AMOUNT	\$35,765.	PER CAPITA	\$1.62
AMOUNT FOR FULL TIME HEALTH SERVICES	5,320.		.24
STATE AND FED. FUNDS ALLOCATED TO CO.			

HEALTH SERVICES

		TOWNS	POPULATION
FULL TIME HEALTH SERVICES		BLACKWATER	200
SCHOOL NURSES	\$ 5,320.	CASA GRANDE	1351
ADDITIONAL COUNTY HEALTH SERVICES		COOLIDGE	874
SALARIES COUNTY HEALTH OFFICER		ELOY	40
DEPUTIES AND OTHERS	800.	FELDMAN	20
HOSPITALIZATION - SALARIES	8,525.	FLORENCE	1318
ALL OTHER EXPENSES	21,120.	KELVIN	250
TOTAL	<u>\$35,765.</u>	MAMMOTH	125
		MARICOPA	50
		ORACLE	100
		PICAHU	50
		RANDOLPH	27
		RAY	4102
		SACATON	100
		SONORA	200
		SUPERIOR	4295
		TOETEC	25

NUMBER OF PHYSICIANS IN COUNTY, 1936 - 14, 1/1577

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	BEDS
1	GENERAL	COUNTY	20
2	"	INDUSTRIAL	35
1	"	INDIAN	50
1	INSTITUTIONAL	STATE	30

HOSPITAL BEDS 135, 1/163

P I N A L C O U N T Y

		<u>SANITATION</u>	
<u>PRESENT INSPECTION SERVICE</u>		<u>MILK SUPPLIES</u>	
PART TIME INSPECTORS	1	NUMBER STANDARD ORDINANCE TOWNS	2
		POPULATION THEREIN	2668
<u>COMMUNITY* WATER SUPPLY SYSTEMS</u>		*TOWNS WITH INSPECTORS	2
NUMBER	7	PART TIME INSPECTION	2
POPULATION SERVED	14440	POPULATION RECEIVING COMPARATIVELY	0
PERCENT COUNTY POPULATION	65.4	SAFE MILK (EST.)	0
COMMUNITIES WITHOUT SYSTEMS	0		
<u>RURAL WATER SUPPLY CONDITIONS</u>		<u>FOOD HANDLING ESTABLISHMENTS</u>	
EXTENT OF PROBLEM - EXTENSIVE		*TOWNS WITH INSPECTION	0
CAUSED BY FARMING AREAS, MOTTLED TEETH		RURAL INSPECTION	0
IN THREE AREAS			
<u>COMMUNITY* SEWERAGE SYSTEMS</u>		<u>INDUSTRIAL HYGIENE</u>	
NUMBER	4	ESTIMATE OF PROBLEM PRESENT - EXTENSIVE	
POPULATION SERVED	6971	INDUSTRIES INVOLVED	
PERCENT OF TOTAL COUNTY	31.6	MINING	
COMMUNITIES* NOT SERVED	3	<u>HOUSING (PUBLIC BUILDINGS)</u>	
POPULATION THEREIN	7469	PROBABLE EXTENT OF PROBLEM	
PERCENT OF TOTAL COUNTY	33.8	IMPORTANT	
		CAUSED BY TRANSIENT & CONCENTRATED	
		POPULATION	
		<u>PLUMBING</u>	
		PROBABLE EXTENT OF PROBLEM,	
		CAUSED BY SMALL COMMUNITIES	
		MINOR	
<u>RURAL SEWAGE DISPOSAL</u>		<u>TOURIST CAMP SANITATION</u>	
U.S.P.H.S. PRIVY UNITS	502	PROBABLE EXTENT OF PROBLEM, EXTENSIVE	
POPULATION SERVED	3691	CAUSED BY TRANSIENT POPULATION & HIGHWAYS	
PERCENT TOTAL RURAL	48.3		
POPULATION TO BE SERVED	3950	<u>STREAM POLLUTION</u>	
PERCENT TOTAL RURAL	51.7	EXTENT OF PROBLEM	
		SMALL	
<u>GARBAGE DISPOSAL</u>		STREAMS AFFECTED	
IMPORTANCE OF PROBLEM	GREAT	GILA RIVER	
CAUSED BY FLY BREEDING, IMPROPER		<u>SWIMMING POOLS</u>	
HANDLING		NUMBER OF PUBLIC POOLS	
*COMMUNITIES WITH COLLECTION	5	4	
*COMMUNITIES WITH DUMP BURNING	5	IMPORTANCE OF PROBLEM	
		MAJOR	
		CAUSED BY WARM CLIMATE, INCREASING USE	
		AND CONCENTRATING POPULATION	
<u>TOPOGRAPHY</u>		<u>GEOGRAPHY</u>	
ELEVATIONS: MAXIMUM	6900'	<u>STATE TAX COMMISSION VALUATIONS</u>	
(APPROX.) MINIMUM	1300'	CLASSIFICATION	
AVERAGE	1600'	1937 VALUATION	
TERRAIN: EAST PORTION MOUNTAINOUS		1. MINING	
WEST PORTION BROAD, FLAT		\$11,520,081.00	
VALLEYS, MOUNTAIN CHAINS		2. RAILROADS	
ANNUAL PRECIPITATION: MAXIMUM	17.30"	7,018,304.00	
(AT FLORENCE) MINIMUM	5.25"	3. FARMING	
AVERAGE	10.04"	2,826,043.00	
		4. CITY PROPERTY	
		1,674,072.00	
		5. PUBLIC UTILITIES	
		1,444,305.00	
		6. LIVE STOCK	
		1,416,102.00	
		7. AUTOMOBILE	
		735,622.00	
		8. MISC. LANDS	
		489,975.00	
		9. PERSONAL PROPERTY	
		457,872.00	
		10. OTHER PROPERTY	
		381,813.00	
		TOTAL	
		\$27,964,189.00	
<u>POPULATION CLASSIFICATION</u>		<u>COUNTY ROADS - MILEAGE</u>	
1. *COMMUNITY POPULATION	14440	1. FEDERAL AID STATE	
2. PERCENT OF TOTAL	65.4	141.6	
3. RURAL POPULATION	7641	2. STATE ROADS (NON. FED.)	
4. PERCENT OF TOTAL	34.6	109.4	
		3. MAIN COUNTY	
		585.8	
		4. ALL OTHER COUNTY	
		1036.7	
<u>FARMS AND RANCHES</u>		1873.5	
NUMBER	1400	<u>MANUFACTURING</u>	
PERCENT TOTAL AREA	25.7	NUMBER OF ESTABLISHMENTS	
AVERAGE UNIT ACREAGE	631.9	8	
AVERAGE VALUE PER ACRE	\$13.51	WAGE EARNERS INVOLVED	
		172	
		VALUE OF PRODUCTS	
		\$566,000.00	
*WITH POPULATION OF 500 OR MORE			

SANTA CRUZ COUNTY

AREA		:	TAX	
SQUARE MILES	1,229	:		1937
ACRES	786,560	:	NET VALUATION	\$6,501,183
STATE LAND	356,120	:	TOTAL TAX PAID	346,522
FEDERAL LAND	430,440	:	PERCENTAGE OF TOTAL TAX	2.30%

POPULATION		:	SCHOOL ENROLLMENT	
TOTAL		:		1935-1936
1920	12,689	:		
1930	9,684	:	ELEMENTARY SCHOOLS	1,749
AREA		:	HIGH SCHOOLS	299
WHITE	3,833	:	ACCOMODATION SCHOOLS	—
MEXICAN	5,016	:	TOTAL	2,048
INDIAN	41	:		
OTHERS	794	:		

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,00 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	No	RATE	No	RATE	No	RATE	No	RATE	No	RATE
<u>BIRTHS</u>										
TOTAL	234	24.16	196	20.24	218	22.51	179	18.48	191	19.72
WHITE	71	18.52	62	16.17	73	19.05	71	18.52	90	23.48
MEXICAN	143	28.51	119	23.72	122	24.32	86	17.15	80	15.94
INDIAN	—	—	—	—	—	—	—	—	2	48.78
OTHERS	20	25.19	15	18.89	23	28.97	22	27.71	19	23.93
<u>INFANT DEATHS</u>										
TOTAL	17	72.65	19	96.94	22	103.77	21	117.32	15	78.53
WHITE	6	84.51	3	48.39	3	41.10	7	98.59	2	22.22
MEXICAN	11	76.92	16	134.45	19	155.74	13	151.16	11	137.50
INDIAN	—	—	—	—	—	—	—	—	—	—
OTHERS	—	—	—	—	—	—	1	45.45	2	105.26
<u>DEATHS ALL CAUSES</u>										
TOTAL	142	14.66	145	14.97	159	16.42	91	9.40	96	9.91
WHITE	71	18.52	75	19.57	77	20.09	34	8.87	45	11.74
MEXICAN	64	12.76	61	12.16	67	13.36	48	9.57	40	7.97
INDIAN	1	24.39	—	—	2	48.78	—	—	—	—
OTHERS	6	7.56	9	11.34	13	16.37	9	11.34	11	13.85

COMMUNICABLE DISEASES

		1936		1935		1934		1933		1932	
		No	RATE	No	RATE	No	RATE	No	RATE	No	RATE
TUBER -	CASES	11	1.14	120	12.39	39	4.03	3	.31	2	.21
CULOSIS	DEATHS	21	2.18	42	4.34	32	3.30	8	.83	10	1.03
PNEU -	CASES	42	4.34	14	1.45	17	1.76	5	.52	11	1.44
MONIA	DEATHS	22	2.27	10	1.03	19	1.96	11	1.14	18	1.86
DIPH -	CASES	2	.21	—	—	1	.10	1	.10	2	.21
THERIA	DEATHS	1	.10	—	—	—	—	—	—	—	—
TYPHO ID	CASES	—	—	2	.21	12	—	5	.52	9	.93
	DEATHS	—	—	—	—	—	—	1	.10	—	—

SANTA CRUZ COUNTY

THIS COUNTY COVERS AN AREA OF 1,229 SQUARE MILES. THE 1930 CENSUS SHOWED A POPULATION OF 9,684, OF WHICH 41 WERE INDIANS AND 5,016 WERE MEXICANS. THERE ARE NO INDIAN RESERVATIONS LOCATED IN THIS COUNTY. NOGALES, COUNTY SEAT AND CHIEF CENTER OF POPULATION, HAD IN 1930 A POPULATION OF 6,006.

IN 1936 THE INFANT MORTALITY RATE WAS 72.65%. THERE WERE NO MATERNAL DEATHS REPORTED. OF 234 BIRTHS, 70.08% WERE DELIVERED BY PHYSICIANS, 22.65% BY MID-WIVES, AND 7.26% BY OTHERS.

PUBLIC HEALTH PERSONNEL

RECENTLY A DISTRICT HEALTH UNIT, DIRECTED BY COCHISE COUNTY HEALTH SERVICE, HAS BEEN INITIATED IN SANTA CRUZ COUNTY. THIS UNIT CONSISTS OF TWO NURSES CONDUCTING GENERALIZED NURSING SERVICES OVER THE COUNTY, AND ONE SANITARIAN.

SANITATION

ONE OF THE MAJOR INDUSTRIES OF THIS COUNTY IS THAT OF IMPORTATION AND EXPORTATION THROUGH NOGALES, THE PORT OF ENTRY. DUE TO THE INTERNATIONAL NATURE OF THIS COUNTY, SITUATED AS IT IS ON THE BORDER OF MEXICO, THE VARIOUS ASPECTS OF SANITATION SHOULD BE STRONGLY EMPHASIZED.

NOGALES, WHICH ACCOUNTS FOR 62% OF THE COUNTY POPULATION, HAS AN ADEQUATE WATER SUPPLY AND SEWERAGE SYSTEM. PATAGONIA, WITH A SMALL POPULATION, NEEDS BOTH A WATER SUPPLY AND A SEWERAGE SYSTEM.

DUE TO THE RECENT INAUGURATION OF A COMBINED HEALTH SERVICE WITH COCHISE COUNTY, A SANITARY ENGINEER HAS BEEN ASSIGNED TO THIS PARTICULAR COUNTY. IT IS FELT THAT CONSIDERABLE PROGRESS CAN BE MADE IN THE NEXT FEW YEARS IF THIS SERVICE IS MAINTAINED. MILK SUPPLIES, FOOD HANDLING ESTABLISHMENTS, AND PRACTICALLY ALL OTHER PHASES OF SANITATION HAVE NEEDED THIS PARTICULAR TYPE OF WORK.

EXPENDITURES FOR HEALTH, 1937 - 1938

TOTAL AMOUNT	\$27,933.40	PER CAPITA	\$2.88
AMOUNT FOR FULL TIME HEALTH SERVICES	9,900.00		1.02
STATE AND FED. FUNDS ALLOCATED TO CO.	4,500.00		.46

<u>HEALTH SERVICES</u>	<u>TOWNS</u>	<u>POPULATION</u>
FULL TIME HEALTH SERVICES	AMADO	50
COUNTY HEALTH UNIT - PART OF COCHISE, SANTA	ELGIN	25
CRUZ HEALTH DISTRICT	NOGALES	6006
COUNTY \$1,800., USPHS \$3,300.,	PATAGONIA	500
SCHOOL \$1,800., CITY \$1,800.,	SONITA	50
CHILDREN'S BUREAU \$1,200.	TUBAC	200
ADDITIONAL COUNTY HEALTH SERVICES		
SALARY COUNTY HEALTH OFFICER		1,200.00
CITY HEALTH OFFICER, MILK INSPECTOR,		
AND GARBAGE DISPOSAL		5,033.40
CARE OF INDIGENT SICK		11,800.00
TOTAL		27,933.40

NUMBER OF PHYSICIANS IN COUNTY, 1936 - 9, 1/1076

HOSPITALS:	NUMBER	TYPE OF SERVICE	CONTROL	BEDS
	1	GENERAL	CHURCH	25
	1	"	ARMY	50

HOSPITAL BEDS, 75 1/129

S A N T I A C R U Z C O U N T Y

SANITATION

PRESENT INSPECTION SERVICE

<u>SANITARY ENGINEERS - 1 PART TIME</u>	
<u>COMMUNITY WATER SUPPLY SYSTEMS</u>	
NUMBER	1
POPULATION SERVED	6006
PERCENT COUNTY POPULATION	62.0
COMMUNITIES* WITHOUT SYSTEMS	1
POPULATION THEREIN	500
PERCENT COUNTY POPULATION	5.2

RURAL WATER SUPPLY CONDITIONS

EXTENT OF PROBLEM	LIMITED
CAUSED BY - LIMITED FARMING AREA	

COMMUNITY* SEWERAGE SYSTEMS

NUMBER	1
POPULATION SERVED	6006
PERCENT OF TOTAL COUNTY	62.0
COMMUNITIES* NOT SERVED	1
POPULATION THEREIN	500
PERCENT OF TOTAL COUNTY	5.2

RURAL SEWAGE DISPOSAL

U.S.P.H.S. PRIVY UNITS	184
POPULATION SERVED	1195
PERCENT TOTAL RURAL	37.6
POPULATION TO BE SERVED	1983
PERCENT TOTAL RURAL	62.4

STREAM POLLUTION

EXTENT OF PROBLEM	SMALL
STREAMS AFFECTED	SANTA CRUZ

SWIMMING POOLS

IMPORTANCE OF PROBLEM	IMPORTANT
NO. PUBLIC POOLS	2
CAUSED BY INTERNATIONAL CONDITION	

MILK SUPPLIES

NO. STANDARD ORDINANCE TOWNS	1
POPULATION THEREIN	6006
*TOWNS WITH INSPECTORS	1
PART TIME INSPECTION	0
FULL TIME INSPECTION	1
POPULATION RECEIVING COMPARATIVELY SAFE MILK (EST.)	6006
PERCENT URBAN POPULATION	92.3

FOOD HANDLING ESTABLISHMENTS

*TOWNS WITH REGULAR INSPECTION	1
AMOUNT OF RURAL INSPECTION - 3 MONTHS	
POPULATION WITH REGULAR INSPECTION	6006
ESTIMATED PERCENT OF COUNTY POPULATION WITH INSPECTION	62%

INDUSTRIAL HYGIENE

ESTIMATE OF PROBLEM PRESENT	MINOR
INDUSTRIES INVOLVED	MISC.

HOUSING (PUBLIC BUILDINGS)

PROBABLE EXTENT OF PROBLEM	MAJOR
CAUSED BY INTERNATIONAL ASPECT OF POPULATION	

PLUMBING

PROBABLE EXTENT OF PROBLEM	IMPORTANT
CAUSED BY - ONE COMMUNITY, CONCENTRATION OF POPULATION	

TOURIST CAMP SANITATION

PROBABLE EXTENT OF PROBLEM	LIMITED
CAUSED BY ISOLATION OF COUNTY FROM TRANSCONTINENTAL HIGHWAYS	

GARBAGE DISPOSAL

IMPORTANCE OF PROBLEM	MINOR
*COMMUNITIES WITH COLLECTION	1
*COMMUNITIES WITH DUMP BURNING	1

GEOGRAPHY

TOPOGRAPHY

ELEVATIONS: MAXIMUM	10,000'
(APPROX.) MINIMUM	2,500'
AVERAGE	4,300'
TERRAIN: MOUNTAINOUS COUNTRY, SMALL IRRIGATION IN RIVER BOTTOM LANDS	
ANNUAL PRECIPITATION:	
(AT NOGALES) MAXIMUM	21.14"
MINIMUM	9.37"
AVERAGE	14.53"

POPULATION CLASSIFICATION

1. *COMMUNITY POPULATION	6506
2. PERCENT OF TOTAL	67.2
3. RURAL POPULATION	3178
4. PERCENT OF TOTAL	32.8

FARMS AND RANCHES

NUMBER	305
PERCENT TOTAL AREA	41.0
AVERAGE UNIT ACREAGE	1057.6
AVERAGE VALUE PER ACRE	\$8.25

STATE TAX COMMISSION VALUATION ON INDUSTRIES

CLASSIFICATION	1937 VALUATION
1. CITY PROPERTY	\$2,981,461.00
2. RAILROADS	1,154,573.00
3. LIVE STOCK	878,994.00
4. MINING	617,970.00
5. PERSONAL PROPERTY	572,460.00
6. PUBLIC UTILITIES	303,378.00
7. AUTOMOBILES	301,319.00
8. FARMING	266,095.00
9. MISC. LANDS	141,025.00
10. OTHER PROPERTY	86,098.00
TOTAL	\$7,303,373.00

COUNTY ROADS - MILEAGE

1. FEDERAL AID STATE	30.3
2. STATE ROADS (NON-FED.)	51.0
3. MAIN COUNTY	233.8
4. ALL OTHER COUNTY	152.8
TOTAL	467.9

MANUFACTURING

NO. ESTABLISHMENTS	5
WAGE EARNERS INVOLVED	31
VALUE OF PRODUCTS	\$97,000.00

*WITH POPULATIONS OF 500 OR MORE.

Y A V A P A I C O U N T Y

AREA		TAX	
SQUARE MILES	8,150		1937
ACRES	5,218,000	TOTAL TAX PAID	\$754,804
STATE LAND	2,054,702	NET VALUATION	45,445,609
FEDERAL LAND	3,161,298	PERCENTAGE OF TAX	5.00%

POPULATION		SCHOOL ENROLLMENT	
TOTAL			1935-1936
1920	24,016		
1930	28,470	ELEMENTARY SCHOOLS	3,735
RACE		HIGH SCHOOLS (JUNIOR)	428
WHITE	19,047	HIGH SCHOOLS	887
MEXICAN	8,685	ACCOMODATION SCHOOLS	78
INDIAN	433	TOTAL	5,128
OTHERS	305		

VITAL STATISTICS

(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	No	RATE								
<u>BIRTHS</u>										
TOTAL	495	17.39	547	19.21	497	17.46	457	16.05	457	15.84
WHITE	308	16.17	343	18.01	297	15.59	303	15.91	334	17.54
MEXICAN	163	18.77	182	20.96	178	20.51	131	15.08	99	11.40
INDIAN	6	13.86	8	18.48	5	11.55	9	20.78	10	23.09
OTHERS	18	59.02	14	45.90	17	55.74	14	45.90	8	26.23
<u>INFANT DEATHS</u>										
TOTAL	46	92.93	38	69.47	40	80.16	38	83.15	39	86.47
WHITE	14	45.45	18	52.48	17	57.24	19	56.11	20	59.88
MEXICAN	29	177.91	18	98.90	21	117.93	18	137.40	17	171.72
INDIAN	2	333.33	2	250.00	2	400.00	—	—	2	200.00
OTHERS	1	55.56	—	—	—	—	1	71.43	—	—
<u>DEATHS ALL CAUSES</u>										
TOTAL	424	14.89	390	13.70	386	13.56	353	12.40	413	14.51
WHITE	322	16.91	313	16.43	288	15.12	261	13.70	324	17.01
MEXICAN	86	9.90	63	7.25	80	9.21	71	8.18	60	6.91
INDIAN	8	18.48	12	27.71	12	27.71	10	23.09	12	27.71
OTHERS	8	26.23	2	6.56	6	19.67	11	36.07	17	55.74

COMMUNICABLE DISEASES

TUBER- CULOSIS	CASES	95	9.34	259	9.10	210	7.45	123	4.32	269	9.03
	DEATHS	63	2.21	59	2.07	60	2.11	66	2.32	72	2.53
PNEU- MONIA	CASES	48	1.69	53	1.86	56	1.97	14	.49	335	1.23
	DEATHS	42	1.48	31	1.09	37	1.30	33	1.17	47	1.65
DIPH- THERIA	CASES	11	.39	8	.28	7	.25	7	.25	2	.07
	DEATHS	1	.04	—	—	2	.07	1	.04	2	.07
TYPHOID	CASES	2	.07	2	.07	5	.08	8	.28	1	.04
	DEATHS	—	—	—	—	—	—	1	.04	1	.04

YAVAPAI COUNTY

YAVAPAI COUNTY INCLUDES AN AREA OF 8,150 SQUARE MILES AND HAD IN THE 1930 CENSUS A POPULATION OF 28,470, OF WHICH 433 WERE INDIANS AND 8,685 WERE MEXICANS. NO INDIAN RESERVATIONS ARE LOCATED IN THIS COUNTY. PRESCOTT, THE COUNTY SEAT, SHOWED A CENSUS OF 5,517 IN 1930. BECAUSE OF THE ALTITUDE OF APPROXIMATELY ONE MILE, THIS TOWN AND AREA HAS BECOME A SUMMER TOURIST RESORT. OTHER CENTERS OF POPULATION ARE JEROME, 4,932 IN 1930, NOTED FOR COPPER MINING, AND CLARKDALE AND CLEMENCEAU, ALSO IN THE MINING DISTRICT, WITH A COMMUNITY POPULATION OF MORE THAN 5000. MINING AND AGRICULTURE ARE THE TWO IMPORTANT INDUSTRIES IN THE COUNTY. THE NUMBER EMPLOYED IN EACH IS IN PROPORTION APPROXIMATELY THREE IN MINING TO ONE IN AGRICULTURE.

THE INFANT DEATH RATE FOR 1936 WAS 92.93 WITH A MATERNAL MORTALITY RATE OF 4.04. OF 495 BIRTHS, 96.77% WERE DELIVERED BY PHYSICIANS, 2.02% BY MIDWIVES AND 1.21% BY OTHERS.

PUBLIC HEALTH PERSONNEL

SCHOOL HEALTH SERVICE IS AFFORDED ALL AREAS OF THE COUNTY THROUGH PUBLIC HEALTH NURSES AND COMMUNITY HEALTH SERVICE IS GIVEN PRESCOTT AND THE NEARBY AREA WITH HOME DELIVERY NURSING SERVICE TO ALL COUNTY PATIENTS. JEROME, COTTONWOOD, CLEMENCEAU AND CLARKDALE, ALL HAVE COMMUNITY NURSING SERVICE WHICH INCLUDES ONLY TEACHING AND ADVISORY SERVICE. THE RED CROSS CHAPTER IN THE AREA IS CONSIDERING AN ADDITIONAL SERVICE OF HOME NURSING CARE. RECENTLY A PUBLIC HEALTH NURSING SERVICE EMPHASIZING PRENATAL AND CHILD HYGIENE HAS BEEN ESTABLISHED FOR A SECTION IN THE NORTHWESTERN CORNER OF THE COUNTY.

SANITATION

THE MAJOR INDUSTRY OF THIS COUNTY IS MINING, WITH THE TOURIST INDUSTRY AND LIVESTOCK RAISING RANKING NEXT IN IMPORTANCE. EIGHT COMMUNITIES WITH POPULATIONS OF 500 OR MORE, COMPRISING 60.6% OF THE TOTAL COUNTY POPULATION, HAVE COMMUNITY WATER SYSTEMS. FOUR HAVE SEWERAGE SYSTEMS, AND FOUR DEPEND ON THE INDIVIDUAL METHOD OF SEWAGE DISPOSAL. DUE TO THE ACTIVITIES OF THE COMMUNITY SANITATION PROJECT, 70.5% OF THE RURAL POPULATION IS SERVED WITH U.S.P.H.S. STANDARD PRIVY UNITS. THERE ARE NO FULL TIME TRAINED PUBLIC HEALTH INSPECTORS IN THIS COUNTY. ONE OF THE COMMUNITIES EMPLOYES A FULL TIME HEALTH INSPECTOR, WHO IS USED ON OTHER WORK BESIDES INSPECTION. PRACTICALLY ALL OF THE SANITATION PROBLEMS ARE OF IMPORTANCE IN THIS COUNTY, DUE TO THE LARGE PERCENTAGE OF COMMUNITY POPULATION, TRANSIENT POPULATION, HEALTH SEEKERS, AND RECREATIONAL CENTERS IN THE COUNTY. AN ORGANIZED PUBLIC HEALTH SERVICE, ONE OF WHOSE MAJOR DUTIES WOULD BE SANITATION, SHOULD BE PROVIDED.

<u>EXPENDITURE FOR HEALTH, 1937-1938</u>			TOWNS	POPULATION	
TOTAL AMOUNT	\$42,075.	PER CAPITA \$1.48	ASHFORK	600	
AMOUNT FOR FULL TIME HEALTH SERVICES	8,475.	" "	AULTMAN	19	
STATE AND FED. FUNDS ALLOCATED TO CO.	450.	" "	BOULDER		
			BUMBLE BEE	25	
<u>HEALTH SERVICES</u>			CAMP VERDE	250	
FULL TIME HEALTH SERVICES			CANON	75	
SCHOOL NURSES	\$ 6,900.		CHERRY		
CHILDREN'S BUREAU NURSE	1,575.		CHINO VALLEY	100	
CHILDREN'S BUREAU \$450. (9 mos.)			CLARKDALE	2500	
COUNTY \$1,125.			CLEATOR	10	
ADDITIONAL COUNTY HEALTH SERVICES			CLEMENCEAU	1000	
REGISTRAR VITAL STATISTICS	600.		CONGRESS	220	
SUPT. PUBLIC HEALTH, EXPENSE	100.		CONGRESS JCT.	200	
SUPPLIES & AID FOR INDIGENT			CONSTELLATION		
MEDICAL RELIEF	4,350.		CORDES	25	
PHYSICIANS' SALARIES	6,875.		CORNVILLE		
QUARANTINE EXPENSE	100.		COTTONWOOD	1500	
COUNTY HOSPITAL - SUPT. AND			CROWN KING	77	
EMPLOYEES' SALARIES	8,575.		DEWEY	57	
COUNTY HOSPITAL - SUPPLIES &			HILLSIDE		
EXPENSE	13,000.		HOT SPRINGS	50	
TOTAL	\$42,075.		HUMBOLT	500	
<u>NUMBER OF PHYSICIANS IN COUNTY, 1936 - 46, 1/618</u>			JEROME	4932	
HOSPITALS: NUMBER	TYPE OF SERVICE	CONTROL	BEDS	KIRKLAND	75
I	INSTITUTIONAL	STATE	20	MAYER	400
I	T. B.	CHURCH	50	PRESCOTT	5517
I	INSTITUTIONAL	COUNTY	80	PUNTENNY	25
I	GENERAL	INDUSTRIAL	52	SELIGMAN	750
I	"	VET. ADM.	600	SKULL VALLEY	50
I	"	CHURCH	32	SYCAMORE	
I	T. B.	INDIVIDUAL	35	STODDARD	
				TURKEY	
				WILHOIT	
				PURO	
				ROCK SPRINGS	
				IRON SPRINGS	

HOSPITAL BEDS 869, 1/32

Y U M A C O U N T Y

AREA		TAX	
SQUARE MILES	9,987		1937
ACRES	6,391,680	NET VALUATION	\$19,206,952
STATE LAND	2,805,741	TOTAL TAX PAID	712,635
FEDERAL LAND	3,540,939	PERCENTAGE OF TAX	4.72%

POPULATION		SCHOOL ENROLLMENT	
TOTAL			1935-1936
1920	14,904		
1930	17,816	ELEMENTARY SCHOOLS	2,593
RACE		HIGH SCHOOLS	531
WHITE	11,117	ACCOMODATION SCHOOLS	26
MEXICAN	4,668	TOTAL	3,150
INDIAN	1,058		
OTHERS	973		

V I T A L S T A T I S T I C S

(ALL RATES PER 1,000 POPULATION, EXCEPT INFANT DEATHS WHICH ARE PER 1,000 LIVE BIRTHS)

	1936		1935		1934		1933		1932	
	No	RATE								
<u>BIRTHS</u>										
TOTAL	380	21.33	395	22.17	329	18.47	324	18.19	327	18.35
WHITE	159	14.30	179	16.10	157	14.12	172	15.47	157	14.12
MEXICAN	160	34.28	159	34.06	129	27.63	90	19.28	129	27.63
INDIAN	31	29.30	22	20.79	22	20.79	29	27.41	19	17.96
OTHERS	30	30.83	35	35.97	21	21.58	35	35.97	22	22.61
<u>INFANT DEATHS</u>										
TOTAL	66	173.68	48	121.52	37	112.46	49	150.31	43	131.50
WHITE	9	56.60	12	67.04	11	70.06	12	69.77	13	82.80
MEXICAN	43	288.75	28	176.10	21	162.79	32	355.56	27	209.30
INDIAN	8	258.06	5	227.27	3	136.36	3	103.45	3	157.89
OTHERS	6	200.00	3	85.71	2	95.24	2	57.14	-	-
<u>DEATHS ALL CAUSES</u>										
TOTAL	290	16.28	241	13.53	207	11.62	207	11.62	236	13.25
WHITE	128	11.51	113	10.16	109	9.80	102	9.18	123	11.06
MEXICAN	116	24.85	96	20.57	77	16.50	73	15.64	91	19.49
INDIAN	26	24.57	17	16.07	13	12.29	16	15.12	10	9.45
OTHERS	20	20.55	15	15.42	8	8.22	16	16.44	12	12.33

C O M M U N I C A B L E D I S E A S E S

		1936		1935		1934		1933		1932	
		No	RATE								
TUBER-	CASES	23	1.29	10	.56	21	1.18	26	1.46	16	.90
CULOSIS	DEATHS	26	1.46	35	1.96	26	1.46	32	1.80	72	4.04
PNEU-	CASES	57	3.20	32	1.80	32	1.80	8	.45	19	1.07
MONIA	DEATHS	36	2.02	23	1.29	19	1.07	14	.79	30	1.68
DIPH-	CASES	29	1.63	16	.90	11	.62	7	.39	28	1.57
THERIA	DEATHS	4	.22	5	.28	3	.17	-	-	1	.06
TYPHOID	CASES	12	.67	8	.45	12	.67	9	.51	4	.22
	DEATHS	3	.17	5	.28	2	.11	-	-	-	-

Y U M A C O U N T Y

YUMA COUNTY HAS AN AREA OF 9,987 SQUARE MILES WITH A POPULATION IN 1930 OF 17,816. OF THIS NUMBER 1058 WERE INDIANS AND 4,668 MEXICANS. THE COLORADO RIVER RESERVATION IN THE NORTHWEST CORNER COVERS A SMALL PORTION OF THE COUNTY. YUMA, THE COUNTY SEAT HAD A 1930 POPULATION OF 4,892. AGRICULTURE, (LETTUCE GROWING, ALFALFA, CITRUS, CANTALOUPE, ETC.) IS THE MOST IMPORTANT INDUSTRY, EMPLOYING FIVE TIMES MORE MEN THAN WHOLESALE AND RETAIL TRADE, WHICH RANKS SECOND, AND RAILROAD AND MINERAL EXTRACTION, WHICH RANK THIRD AND FOURTH.

YUMA COUNTY CONTAINS 6,000,000 ACRES OF WHICH 56,704 ARE IRRIGATED BY SURFACE WATERS AND 64,472 BY PUMPED WATER, BUT ACTUALLY ONLY ABOUT 60,000 ACRES ARE UNDER CULTIVATION. THERE ARE TENTATIVE PLANS FOR IRRIGATION OF ABOUT 500,000 MORE ACRES. THE VALUE OF PRODUCE FROM LAND TO GROWER THE PAST YEAR WAS ESTIMATED AT \$5,000,000. THE VALUE OF INCOMING FREIGHT SHIPMENTS (RETAIL PRICE) WAS ESTIMATED AT \$5,000,000. AS A FURTHER CHECK ON COUNTY PRODUCTS, THE TARIFF RATES ON OUTGOING FREIGHT SHIPMENTS WERE ESTIMATED AT \$3,000,000. ACTUAL CROPS THE PAST YEAR WERE ESTIMATED AS FOLLOWS:

1. ALFALFA, HAY, SEED, AND PASTURAGE	\$2,000,000
2. LETTUCE	1,000,000
3. COTTON	500,000
4. CITRUS FRUITS	350,000

THE PAST YEAR, YUMA COUNTY PRODUCED ONE-TENTH OF THE NATION'S SUPPLY OF ALFALFA SEED. DURING THE WINTER GRAZING AND FEEDING SEASON YUMA COUNTY USUALLY CARES FOR ABOUT 40,000 CATTLE AND 80,000 SHEEP.

YUMA DOES NOT HAVE THE TRANSIENT HEALTH SEEKERS WHO ARE SUCH A PROBLEM IN TUCSON OR PHOENIX, BUT DOES HAVE MORE TRANSIENTS PROPORTIONATELY THAN EITHER OF THE TWO NAMED CITIES.

IN 1936 THE INFANT MORTALITY WAS 173.68, AND THE NATERNAL DEATH RATE WAS 13.2% PER 1000 LIVE BIRTHS. OF 380 BIRTHS IN 1936, 75.79% WERE DELIVERED BY PHYSICIANS 22.89% BY MIDWIVES, AND 1.32% BY OTHERS.

PUBLIC HEALTH PERSONNEL

A SCHOOL NURSE IS EMPLOYED BY THE YUMA CITY SCHOOLS. THE COUNTY HEALTH SERVICE CONSISTS OF THE MEDICAL DIRECTOR, THREE PUBLIC HEALTH NURSES, TWO SANITARIANS AND A CLERK. ONE OF THESE NURSES WAS RECENTLY ESTABLISHED IN PARKER TO CARRY ON THE PROGRAM IN THE NORTHERN AREA. SINCE ORGANIZATION OF THE HEALTH UNIT YUMA COUNTY HAS SUFFERED FROM FREQUENT CHANGE OF DIRECTORS, AND FOR THREE MONTHS DID NOT HAVE ANY. THIS HAS BEEN CORRECTED BY PLACING A MAN IN CHARGE WITH THE UNDERSTANDING THAT HE WOULD LATER BE SENT TO A SCHOOL FOR PUBLIC HEALTH TRAINING. HE IS NOW IN SCHOOL IN BERKELEY, CALIFORNIA. DURING HIS ABSENCE A CAPABLE MAN IS IN CHARGE AND IS DOING EXCEPTIONALLY GOOD WORK.

THE CHIEF HEALTH PROBLEMS IN YUMA COUNTY OUTSIDE OF ROUTINE PUBLIC HEALTH WORK ARE AS FOLLOWS:

1. TRANSIENT POPULATION. THEREFORE, FEW PERMANENT HOMES ADEQUATELY SUPPLIED WITH SEWAGE AND WASTE DISPOSAL. LACK OF INTEREST.
2. LACK OF AVAILABLE MEDICAL CARE OTHER THAN IN YUMA OR SOMERTON PROPER. THERE ARE NO DOCTORS AVAILABLE ELSEWHERE. THE INDIAN SERVICE DOCTOR ON THE RESERVATION AT PARKER HELPS, BUT CANNOT REALLY BE CONSIDERED AVAILABLE.
3. VENEREAL DISEASE: TRANSIENT POPULATION, ADJACENT GOVERNMENT PROJECT WORK, TRANSIENT PROSTITUTES, MAKE SYPHILIS AND GONORRHEA A CONSTANT AND SERIOUS ENDEMIC PROBLEM. AN EXCELLENT VENEREAL DISEASE CLINIC AND PROGRAM ARE BEING OPERATED.
4. RABIES IS ENDEMIC AND PERIODICALLY CREATES A SERIOUS PROBLEM.
5. TUBERCULOSIS: NO ACCURATE SURVEY MADE, BUT HEALTHMOBILE FOUND ABOUT 16% OF SCHOOL CHILDREN SKIN TESTED TO BE POSITIVE BY X-RAY EXAMINATION.
6. INFANT MORTALITY AND STILLBIRTHS. ESPECIALLY IN OUTLYING DISTRICTS WHERE MEDICAL CARE IS NOT AVAILABLE.

SANITATION

THE SANITATION PROBLEM IN YUMA COUNTY IS A RESULT OF A LARGE AGRICULTURAL DEVELOPMENT. YUMA, PARKER, SOMERTON, ARE THE POPULATION CENTERS OF THE COUNTY. ALL OF THESE ARE IN NEED OF SEWERAGE DEVELOPMENT. YUMA AND SOMERTON NEED SEWAGE DISPOSAL PLANTS. PARKER IS IN NEED OF A COMPLETE SEWERAGE SYSTEM. AT THE PRESENT TIME THE WATER COMPANY AT YUMA IS CONTEMPLATING THE CONSTRUCTION OF AN ADEQUATE WATER TREATMENT PLANT FOR THIS COMMUNITY. BOTH PARKER AND SOMERTON ARE IN NEED OF CHLORINATION OR OTHER MEANS OF DISINFECTION FOR THEIR WATER PLANTS.

Y U M A C O U N T Y

THE RURAL SANITATION PROBLEM OF THIS COUNTY IS AN IMPORTANT ONE. THIS FARMING AREA DEPENDS ON IRRIGATION WATER FROM THE COLORADO RIVER. IRRIGATION WATER IS ALWAYS SUBJECT TO POLLUTION. ITS HANDLING AND USE NEED CONSTANT SUPERVISION. RURAL WELLS AND METHODS OF WATER SUPPLY NEED ADDITIONAL IMPROVEMENT IN THIS COUNTY. RURAL SEWAGE DISPOSAL HAS BEEN VASTLY IMPROVED IN THE PAST TWO YEARS. THROUGH THE COMMUNITY SANITATION PROJECT 661 U.S.P.H.S. STANDARD PRIVY UNITS HAVE BEEN CONSTRUCTED. THESE SERVE 41.7% OF THE RURAL COUNTY POPULATION. THERE IS NEED FOR ADDITIONAL IMPROVEMENT ON THIS SUBJECT.

MILK SANITATION FOR YUMA IS ADEQUATELY TAKEN CARE OF AT PRESENT. THERE IS NEED FOR THIS TYPE OF WORK FOR PARKER, SOMERTON AND OUTLYING AREAS IN THE COUNTY.

RESTAURANT SANITATION WORK IS CARRIED OUT IN YUMA, WITH A NEGLIGIBLE AMOUNT OF THIS WORK DONE IN THE BALANCE OF THE COUNTY. TOURIST CAMP INSPECTION WORK HAS BEEN RECENTLY INAUGURATED IN THE COUNTY.

PRACTICALLY ALL PHASES OF SANITATION WORK IN THE COUNTY COULD BE AIDED AND IMPROVED IF ADEQUATE MILEAGE ALLOWANCES WERE PROVIDED THE LOCAL SANITATION PERSONNEL. STATE LEGISLATION, WITH STATE PERSONNEL TO COOPERATE, WOULD GREATLY AID THE SANITARIANS OF THIS COUNTY IN THE INCLUSION OF MORE PHASES OF SANITATION WORK. SUBJECTS SUCH AS HOUSING AND VENTILATION, SWIMMING POOL DEVELOPMENT, PLUMBING, GARBAGE DISPOSAL, RURAL WATER SUPPLY AND SEWAGE DISPOSAL, URBAN SEWAGE DISPOSAL, AND SIMILAR SUBJECTS COULD BE GIVEN ADDITIONAL IMPETUS IF THE AID OF STATE PERSONNEL AND STATE LEGISLATION COULD BE PROCURED.

EXPENDITURES FOR HEALTH 1937-1938

TOTAL AMOUNT	\$81,182.	PER CAPITA	\$4.56
AMOUNT FOR FULL TIME HEALTH SERVICES	21,220.	" "	1.19
STATE AND FED. FUNDS ALLOCATED TO CO.	10,630.	" "	.60

HEALTH SERVICES

		TOWNS	POPULATION
FULL TIME HEALTH SERVICES		ALTAMIO	
COUNTY HEALTH UNIT	19,960.	AZTEC	
STATE \$800., COUNTY \$6,530.,		BOUSE	167
U.S.P.H.S. \$6,530., CITY \$2,400.,		CACNO	
SCHOOL \$600., CHILDREN'S BUREAU		CIBOLA	27
\$3,300.		DOME	100
CITY SCHOOL NURSE	1,260.	EHRENBERG	
ADDITIONAL COUNTY HEALTH SERVICES		GADSEN	200
COUNTY PHYSICIAN AND ASSTS. SALARY	2,700.	HOPE	
" " " " EXPENSE	600.	LA SAGE	
MEDICINES	3,000.	LIGNITA	
HOSPITAL SALARIES	12,712.	MIDWAY	
HOSPITAL SUPPLIES AND EXPENSE	30,000.	MOHAWK	100
HOSPITAL BUILDING CONSTRUCTION	10,000.	NELSON	69
VITAL STATISTICS	400.	PALOMAS	140
EXAMINATION OF INSANE	100.	PARKER	600
CORONER'S EXPENSE	450.	QUARTSITE	75
	<u>\$81,182.</u>	ROLL	100
		SALOME	75
		SOMERTON	891
		STOVAL	
		SWANSEA	
		VICKSBURG	75
		WELTON	88
		WENDEN	100
		YUMA	4892

NUMBER OF PHYSICIANS IN THE COUNTY 1936, 14 - 1/1272

HOSPITALS:

NUMBER	TYPE OF SERVICE	CONTROL	BEDS
1	GENERAL	COUNTY	50
1	"	INDIAN	32
HOSPITAL BEDS 82 - 1/217			

Y U M A C O U N T Y

<u>PRESENT INSPECTION SERVICE</u>		<u>SANITATION</u>	
SANITARY ENGINEERS	0	<u>MILK SUPPLIES</u>	
FULL TIME INSPECTORS	2	NUMBER STANDARD ORDINANCE TOWNS	1
		POPULATION THEREIN	4891
		*TOWNS WITH INSPECTORS	1
<u>COMMUNITY*WATER SUPPLY SYSTEMS</u>		PART TIME INSPECTION	0
NUMBER	3	FULL TIME INSPECTION	1
POPULATION SERVED	6383	URBAN POPULATION RECEIVING COMPARA-	
PERCENT COUNTY POPULATION	35.8	TIVELY SAFE MILK (EST.)	4891
COMMUNITIES WITHOUT SYSTEMS	0	PERCENT TOTAL URBAN	76.6
		<u>FOOD HANDLING ESTABLISHMENTS</u>	
<u>RURAL WATER SUPPLY CONDITIONS</u>		*TOWNS WITH REGULAR INSPECTION	1
EXTENT OF PROBLEM	EXTENSIVE	AMOUNT OF RURAL INSPECTION	SMALL
CAUSED BY EXTENSIVE FARMING AREA		POPULATION WITH REGULAR INSPECTION	4892
MOTTLED TEETH TWO AREAS		ESTIMATED PERCENT OF COUNTY POPU-	
		LATION WITH INSPECTION	27%
<u>COMMUNITY* SEWERAGE SYSTEMS</u>		<u>INDUSTRIAL HYGIENE</u>	
NUMBER	2	ESTIMATE OF PROBLEM PRESENT	LIMITED
POPULATION SERVED	5783	INDUSTRIES INVOLVED	MISC.
PERCENT OF TOTAL COUNTY	32.5	<u>HOUSING (PUBLIC BUILDINGS)</u>	
COMMUNITIES* NOT SERVED	1	PROBABLE EXTENT OF PROBLEM	MINOR
POPULATION THEREIN	600	CAUSED BY POPULATION CONCENTRATION	
PERCENT OF TOTAL COUNTY	3.3	<u>PLUMBING</u>	
<u>RURAL SEWAGE DISPOSAL</u>		PROBABLE EXTENT OF PROBLEM	MAJOR
U.S.P.H.S. PRIVY UNITS	661	CAUSED BY POPULATION USING COMMUNITY	
POPULATION SERVED	4765	WATER	
PERCENT TOTAL RURAL	41.7	<u>TOURIST CAMP SANITATION</u>	
POPULATION TO BE SERVED	6668	PROBABLE EXTENT OF PROBLEM	MAJOR
PERCENT TOTAL RURAL	58.3	CAUSED BY TRANSCONTINENTAL HIGHWAYS	
<u>GARBAGE DISPOSAL</u>		<u>STREAM POLLUTION</u>	
IMPORTANCE OF PROBLEM	MAJOR	EXTENT OF PROBLEM - APPRECIABLE	
CAUSED BY HOT CLIMATE AND FLY BREED-		STREAMS AFFECTED - COLORADO RIVER	
ING.		<u>SWIMMING POOLS</u>	
*COMMUNITIES WITH COLLECTION	2	NUMBER PUBLIC POOLS	3
*COMMUNITIES WITH DUMP BURNING	2	IMPORTANCE OF PROBLEM - INCREASING	
		CAUSED BY - WARM CLIMATE	
		<u>STATE TAX COMMISSION VALUATION ON INDUSTRIES</u>	
<u>TOPOGRAPHY</u>		CLASSIFICATION	1937 VALUATION
ELEVATIONS: MAXIMUM	3900'	1. RAILROADS	\$8,455,922.00
(APPROX.) MINIMUM	100'	2. FARMING	4,131,354.00
AVERAGE	1000'	3. CITY PROPERTY	3,853,530.00
TERRAIN: BROAD FLAT VALLEY, MOUNTAIN		4. PUBLIC PROPERTY	1,252,833.00
RANGES, IRRIGATION ALONG		5. PERSONAL PROPERTY	918,140.00
RIVERS		6. AUTOMOBILE	882,725.00
ANNUAL PRECIPITATION:		7. MISC. LANDS	493,325.00
(AT YUMA) MAXIMUM	11.41"	8. OTHER PROPERTY	311,904.00
MINIMUM	.47"	9. MINING	215,430.00
AVERAGE	3.33"	10. LIVE STOCK	189,956.00
<u>POPULATION CLASSIFICATION</u>		TOTAL	\$20,705,119.00
1. *COMMUNITY POPULATION	6383	<u>COUNTY ROADS MILEAGE</u>	
2. PERCENT OF TOTAL	35.8	1. FEDERAL AID STATE	159.1
3. RURAL POPULATION	11433	2. STATE ROADS (NON-FED.)	77.0
4. PERCENT OF TOTAL	64.2	3. MAIN COUNTY	696.4
<u>FARMS & RANCHES</u>		4. ALL OTHER COUNTY	923.5
NUMBER	930	TOTAL	1856.0
PERCENT TOTAL AREA	2.4	<u>MANUFACTURING</u>	
AVERAGE UNIT ACREAGE	163.0	NUMBER OF ESTABLISHMENTS	12
AVERAGE VALUE PER ACRE	\$62.89	WAGE EARNERS INVOLVED	83
		VALUE OF PRODUCTS	\$537,000.00

*WITH POPULATION OF 500 OR MORE