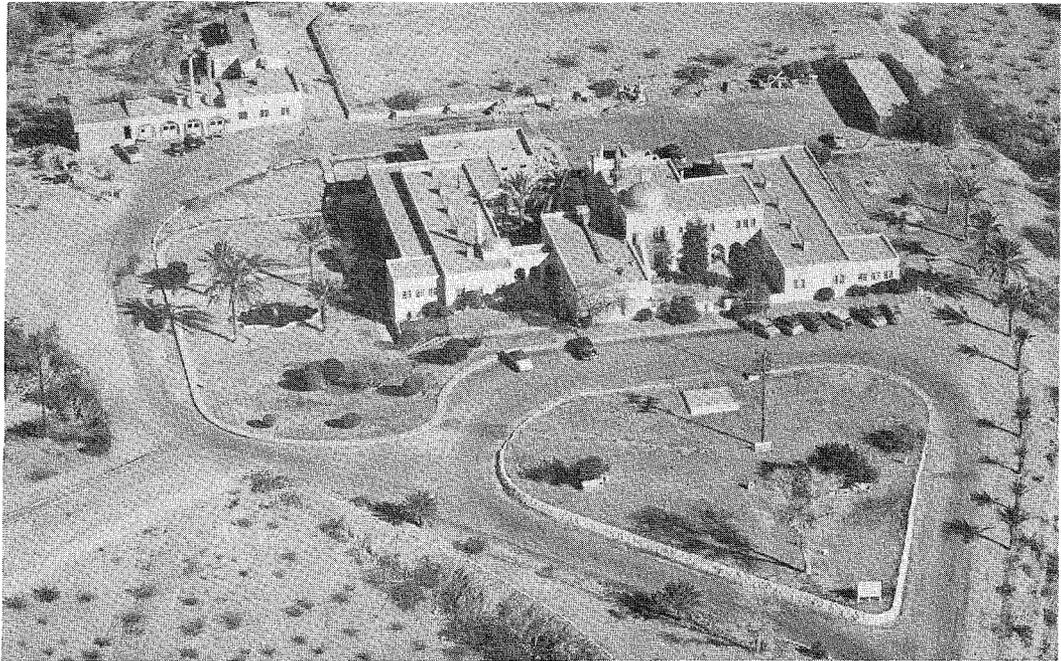


Annual Report

Fiscal Year 1957-58



Arizona State Tuberculosis Sanatorium

ARIZONA STATE TUBERCULOSIS SANATORIUM
TEMPE, ARIZONA

THIS ANNUAL REPORT INCLUDES A FACTUAL APPRAISAL OF THE SANATORIUM, ITS OPERATING COSTS, THE FUNDS PROVIDED BY THE STATE LEGISLATURE, AND THE LIKE.

THE MAIN PROBLEMS ARE THE LACK OF SUFFICIENT FUNDS AND THE INADEQUACY OF THE AGING BUILDINGS.

THE HELP OF ALL WHO HAVE CONTRIBUTED IN ANY WAY TOWARD THE HEALTH AND WELL-BEING OF THE PATIENTS AT THIS HOSPITAL IS GRATEFULLY ACKNOWLEDGED.

Lloyd N. Swasey
LLOYD N. SWASEY, M.D.
MEDICAL DIRECTOR

Anthony C. Garrick
ANTHONY C. GARRICK
ADMINISTRATOR

Ariz
8362.1
A71
1957/8
COPY 2

ARIZONA STATE TUBERCULOSIS SANATORIUM

Operated by the
ARIZONA STATE DEPARTMENT OF HEALTH

ERNEST W. McFARLAND
Governor of the State of Arizona

STATE BOARD OF HEALTH

Sam J. Head, Attorney
Chairman

J. Lytton-Smith, M.D.
Vice Chairman

Miss Helen Bocoock, R.N.
Secretary of the Board

Walter Brazie, M.D.

Norman A. Ross, M.D.

Clarence G. Salsbury, M.D.
Commissioner Public Health

ADMINISTRATIVE BOARD

Clarence G. Salsbury, M.D.
Commissioner, Dept. of Health
Chairman

Anthony C. Garrick, M. H. A.
Chief Administrative Officer
Secretary

Tuberculosis Control Officer
Vice-Chairman (vacant)

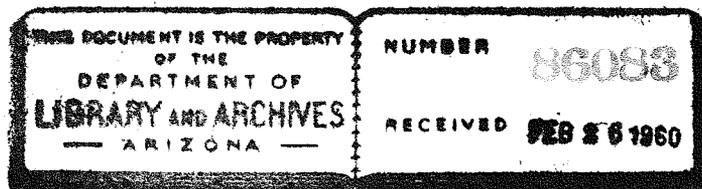
Lloyd K. Swasey, M.D.
Chief of Medical Staff

Sanatorium Staff Doctors:

Millard Jeffrey, M.D.
Lloyd K. Swasey, M.D.
Richard O. Flynn, M.D.
Austin R. Grant, M.D.
Dermont W. Melick, M.D.

Physician Female Ward
Physician Male Ward
Physician Both Wards
Surgeon Both Wards
Surgeon Both Wards

Arizona State Tuberculosis Sanatorium is a hospital fully accredited
by the Joint Commission on Accreditation of Hospitals.



MEDICAL STAFF ORGANIZATION

Active Medical Staff:

Dermont W. Melick, M. D.	President of the Medical Staff
Richard O. Flynn, M. D.	Vice-President
James D. Barger, M. D.	Secretary-Treasurer
Lloyd K. Swasey, M. D.	Medical Director
Millard Jeffrey, M. D.	Bertram L. Snyder, M. D.
Austin R. Grant, M. D.	

Consultant Medical Staff:

Joseph Bank, M.D	R. Lee Foster, M.D	Shaw McDaniel, M.D
Thomas H. Bate, M.D	Daniel H. Goodman, M.D	Ralph W. McMillan, DDS
Otto L. Bendheim, M.D	Monroe H. Green, M.D	Mahlon D. Prickett, M.D
Edward L. Bregman, M.D	Joseph M. Greer, M.D	Abraham Ramenofsky, M.D
Jack Brooks, M.D	Jesse D. Hamer, M.D	Howell Randolph, M.D
Preston T. Brown, M.D	J. Treacy Harold, M.D	Wallace A. Reed, M.D
John L. Cogland, M.D	Karl S. Harris, M.D	Norman Ross, M. D
Albert Eckstein, M.D	Louis G. Jekel, M. D	Royal W. Rudolph, M.D
Joe C. Ehrlich, M.D	Artell E. Johnson, M.D	Paul L. Singer, M.D
Lee Ehrlich, M.D	Kenneth E. Johnson, M.D	Leslie Smith, M.D
Orin J. Farness, M.D	Harold E. Kosanke, M.D	Morris E. Stern, M.D
John L. Ford, M.D	Jack N. Lane, D.D.S	Sheldon Zinn, M.D
	Joseph J. Likos, M.D	

HOSPITAL STAFF ORGANIZATION

Administrator	Anthony C. Garrick, M.H.A
Account Clerk III	Marie Beaulieu
Business Office	Aleen Miller
Dietitian	Leila Roark, B. S.
Laboratory Technician	Allan Davidson, B. A.
Maintenance and Laundry	E. A. Thomas
Medical Records	Greta Johnston
Nursing Supervisor	Martha Harvey, R. N.
Occupational Therapist	Alice Leach, B. A. O.T.R.
Purchasing and Personnel	Lela Johnson
Surgery and X-Ray	Olive Rechel, R. N.
Teacher-Psychometrist	George Dee, M. A.

Public Health Nurse	Ruth Bunker, R. N.
Public Health Nurse	Pearl Farnham, R. N.
Public Health Nurse	Dorothy Palmer, R. N.

Fiscal Period July 1, 1957 to June 30, 1958

ARIZONA STATE TUBERCULOSIS SANATORIUM
TEMPE, ARIZONA

ANNUAL REPORT FOR FISCAL YEAR 1957-1958

THE PRIMARY PURPOSE OF THIS 79 BED HOSPITAL IS TO PROVIDE MODERN CARE AND TREATMENT TO PEOPLE SUFFERING FROM PULMONARY TUBERCULOSIS WHO ARE 16 YEARS OF AGE OR OVER AND WHO ARE QUALIFIED FOR STATE AID.

DURING FISCAL YEAR 1957-1958 THERE WERE 190 PATIENTS TREATED AS COMPARED TO 175 TREATED THE PREVIOUS YEAR. FROM JULY 1, 1957 TO JUNE 30, 1958 THERE WERE 118 ADMISSIONS AND 117 DISCHARGES THUS LEAVING 73 PATIENTS REMAINING IN THE HOSPITAL JULY 1, 1958.

THERE WERE NO DEATHS AT THE SANATORIUM DURING THE YEAR.

A TOTAL OF 27,103 PATIENT DAYS OF CARE WAS RENDERED TO THE 117 PATIENTS DISCHARGED. THE PREVIOUS YEAR IT WAS 25,363 PATIENT DAYS OF CARE TO 102 PATIENTS DISCHARGED.

THUS THE AVERAGE LENGTH OF STAY OF THE PATIENTS DISCHARGED LAST YEAR WAS 7.73 MONTHS (232 DAYS) COMPARED TO 8.20 MONTHS (246 DAYS) THE PREVIOUS YEAR. THIS DOWNWARD TREND, OF COURSE, IS AS IT SHOULD BE. COMPARE THIS WITH 15 YEARS AGO WHEN THE

AVE.
AND

PIT
BEE
CAL
INC
A W
THE
HAY
WAS

ADM
THE
195
MIS

THE

POPULATION SUMMARY FOR THE FISCAL YEAR OF JULY 1, 1957 to JUNE 30, 1958

Arizona State Tuberculosis Sanatorium

COUNTY	PATIENTS as of 7/1/57	ADMITTED		DISCHARGED		DIED		PATIENTS as of 6/30/58	PATIENT DAYS
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
APACHE	1	0	0	0	1	0	0	0	344
COCHISE	0	1	1	0	0	0	0	2	403
COCONINO	2	1	0	2	0	0	0	1	309
GILA	2	2	0	4	0	0	0	0	434
GRAHAM	0	2	2	0	0	0	0	4	771
GREENLEE	0	2	0	2	0	0	0	0	115
MARICOPA	33	33	31	25	30	0	0	42	12,206
MOHAVE	0	0	0	0	0	0	0	0	0
NAVAJO	1	3	1	3	0	0	0	2	1,126
PIMA	9	5	8	9	6	0	0	7	3,400
PINAL	15	7	7	11	10	0	0	8	3,855
SANTA CRUZ	0	1	2	0	2	0	0	1	642
YAVAPAI	5	0	0	3	2	0	0	0	566
YUMA	<u>4</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>6</u>	<u>1,447</u>
TOTAL	72	62	56	62	55	0	0	73	25,618

AVERAGE LENGTH OF STAY WAS IN EXCESS OF 14 MONTHS AND 10 YEARS AGO WHEN IT WAS JUST OVER 10 MONTHS.

STEADY DEMAND

OVER THE YEARS THE DEMAND FOR BEDS AT THIS HOSPITAL HAS ALWAYS BEEN GREAT AND THE OCCUPANCY HAS BEEN HIGH (90.8% LAST FISCAL AND 91.1% PREVIOUS FISCAL). DESPITE THE NATIONWIDE TREND TOWARD A LOWER INCIDENCE OF NEW TUBERCULOSIS CASES, THERE HAS BEEN A WAITING LIST OF APPLICANTS FOR ADMISSION THROUGHOUT THE ENTIRE YEAR. AT PEAK DEMAND TIME SOME APPLICANTS HAVE HAD TO WAIT AS LONG AS TEN WEEKS BEFORE A BED WAS AVAILABLE.



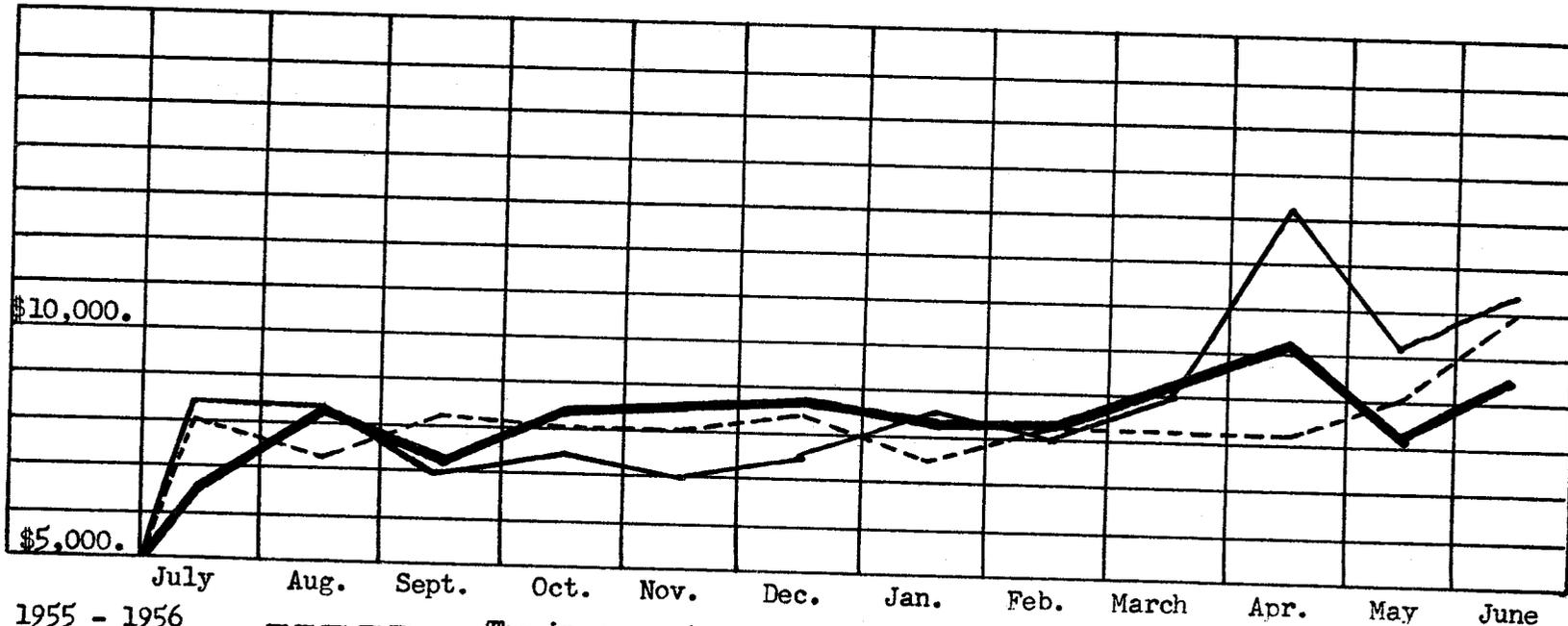
INDEED, THERE IS A DEFINITE NEED FOR ADDITIONAL BEDS AT THE ARIZONA STATE TUBERCULOSIS SANATORIUM.

ADMISSIONS INCREASED

AS THE LENGTH OF STAY DECREASED THE NUMBER OF ADMISSIONS INCREASED. FOR EXAMPLE, IN 1943 AND 1944 THERE WERE 82 AND 84 ADMISSIONS RESPECTIVELY. IN 1956 THERE WERE 103 AND IN 1957 THERE WERE 118 ADMISSIONS.

IT IS QUITE POSSIBLE THAT THIS UPWARD TREND IN THE NUMBER OF ADMISSIONS WILL CONTINUE. THIS MEANS

Scale Comparison
Current Expenditures - Other



1955 - 1956 - - - -
 1956 - 1957 _____
 1957 - 1958 = = = =

The increase in expenditures for April, 1957 (Easter Week) is due to cost of paint, materials and labor involved in painting all patient areas, lobby, and recreation and dining rooms. Similarly the increase of April, 1958 (Easter Week) was due to accumulation of jobs which can only be done during the Easter period.

T H M L T F A L P J W I
 E R
 P R I
 R O S
 D U R
 F I G
 O F
 (R E
 T E M
 J O R
 \$ 1 1 .
 F I O N
 L O S I
 I T C

... 1720 (Easter week) was due to accumulation of jobs which
can only be done during the Easter period.

THAT MORE INDIVIDUAL PATIENTS ARE GIVEN CARE AT THIS HOSPITAL (FOR A SHORTER PERIOD OF TIME) AND IT ALSO MEANS THAT THE INCREASING TURNOVER OF PATIENT POPULATION IS ONE OF THE SEVERAL FACTORS WHICH INCREASE THE COST OF OPERATING ANY HOSPITAL. OTHER FACTORS ARE THE STEADILY RISING COSTS OF MATERIALS, SUPPLIES, FOOD AND LABOR PLUS THE EVER PRESENT DEMAND FOR EXPANDED PATIENT SERVICES AND THE NEVER ENDING BATTLE WITH GROWING OBSOLESCENCE OF THE SANATORIUM BUILDINGS.

OPERATING COSTS

LAST FISCAL YEAR THE OPERATING COST ON THE AVERAGE PER PATIENT PER DAY WAS \$11.06 AND \$10.62 THE PREVIOUS YEAR. IN OTHER WORDS, THE OPERATING COST ROSE 4.1% LAST YEAR OVER THE PREVIOUS YEAR AND 6.2% DURING THE PREVIOUS YEAR OVER PRECEDING YEAR. THESE FIGURES COMPARE VERY FAVORABLY WITH OPERATING COSTS OF SIMILAR HOSPITALS.

(RESULTS OF TWO OPERATING COST SURVEYS DURING SEPTEMBER, 1958 REVEAL: 1) IN 62 TUBERCULOSIS SANATORIA IN 36 STATES THE OPERATING COST AVERAGED \$11.72 PER DAY; AND 2) IN 16 OTHER ARIZONA INSTITUTIONS CARING FOR IN-PATIENTS HAVING ACTIVE TUBERCULOSIS THE COST AVERAGED \$15.14 PER DAY).

THESE FIGURES ALSO INDICATE THAT ON THE AVERAGE IT COST \$331.80 TO TREAT ONE PATIENT FOR ONE MONTH

OR \$3981.60 TO TREAT ON THE AVERAGE ONE PATIENT FOR A 12 MONTH PERIOD. IT'S ALWAYS INTERESTING TO KNOW WHAT IT COSTS TO BUY GOODS AND SERVICES AND TO REALIZE THAT THE PURCHASE IS AN ECONOMICAL ONE.

QUALITY OF PATIENT CARE THE FINEST

AS IN THE PAST, THE SANATORIUM MEDICAL STAFF CONDUCTED SEMI-MONTHLY CONFERENCES AND QUARTERLY MEDICAL MEETINGS FOR THE BENEFIT OF THE PATIENTS AND THE PROFESSIONAL ADVANCEMENT IN THE FIELD OF TUBERCULOSIS.

THE FOUNDATION FOR THE CARE OF THE PATIENT IS BUILT UPON THESE CONFERENCES AND ON THE DAY BY DAY SERVICES RENDERED SO GENEROUSLY BY THE STAFF DOCTORS, NURSES AND ASSOCIATED HOSPITAL PERSONNEL.

WHAT THE PATIENT RECEIVES AS A RESULT IS THE BEST AND MOST MODERN TUBERCULOSIS CARE AVAILABLE.



AS SOON AS THE PATIENT ARRIVES AT THE SANATORIUM EVERY EFFORT IS MADE TO PLACE HIM AT EASE AND TO MAKE HIM FEEL AT HOME.

AFTER THE PATIENT'S ADMISSION, WITH IMMEDIATE DIETARY, NURSING, AND MEDICAL NEEDS TAKEN CARE OF,

RO
TA
AN
IS
TH
WI

TH
CO
PA
TH
IL
AD
CH

RE
FU
PA
PO

THE
NO
STA
BY
TO
HEA

FRO
ARI
STE
TIM
SIG
THE
AND

HIS
LON
MEN

DOCS
THE

T FOR
KNOW
RE-
ROUTINE LABORATORY TESTS AND X-RAYS OF THE LUNGS ARE
TAKEN. ALSO AVAILABLE ARE THE RELIGIOUS, EDUCATIONAL
AND RECREATIONAL PROGRAMS; PSYCHOMETRIC EVALUATION
IS SCHEDULED; SURGICAL PROCEDURES AND OCCUPATIONAL
THERAPY ARE PRESCRIBED BY THE DOCTORS IN ACCORDANCE
WITH THE PATIENT'S NEEDS AND PHYSICAL LIMITATIONS.

NEST
THE DOCTORS PREPARE FOR EACH PATIENT A COMPLETE AND
COMPREHENSIVE PROGRAM OF TREATMENT DESIGNED TO THE
PATIENT'S PARTICULAR REQUIREMENTS. THEY EXPLAIN TO
THE PATIENT WHAT HE OR SHE NEEDS TO KNOW ABOUT THE
ILLNESS, CHECK THE PATIENT AT REGULAR INTERVALS AND
ADJUST THE PROGRAM OF TREATMENT IN LINE WITH ANY
CHANGING NEEDS.

AFF
LY
TS AND
UBER-
THE CONCEPT OF THE TEAM APPROACH TO THE TOTAL
REHABILITATION OF THE PATIENT IS UTILIZED TO ITS
FULLEST EXTENT. THE MAIN OBJECTIVE IS TO HELP THE
PATIENT TO RETURN TO NORMAL LIVING AS SOON AS
POSSIBLE.

T IS
DAY
DOCTORS,
THE
LE.
PATIENTS WITH TUBERCULOSIS HAVE TO BE AWAY FROM
THEIR HOMES, FRIENDS, CHILDREN OR BUSINESS. IT'S
NOT DIFFICULT TO UNDERSTAND WHY, UNDER SUCH CIRCUM-
STANCES, SOME OF THEM FEEL THAT LIFE IS PASSING THEM
BY. AN ESSENTIAL PART OF TREATMENT IS HELPING THEM
TO UNDERSTAND THAT A PRODUCTIVE LIFE WITH GOOD
HEALTH IS AWAITING THEM UPON RECOVERY.

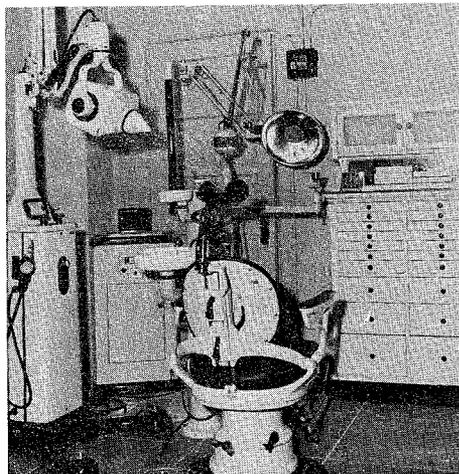
THE
RIVES
A-
RY
MADE
IM AT
O MAKE
T HOME.
THE ASSIGNMENT OF THREE PUBLIC HEALTH NURSES
FROM THE DIVISION OF TUBERCULOSIS CONTROL OF THE
ARIZONA HEALTH DEPARTMENT IS ANOTHER OF THE FORWARD
STEPS DURING THE PAST FISCAL YEAR. WORKING PART-
TIME AT THE SANATORIUM AND PART-TIME IN THEIR AS-
SIGNED AREAS OF THE STATE, THESE NURSES HAVE SPANNED
THE BRIDGE BETWEEN THE PATIENT AT THE SANATORIUM
AND HIS FAMILY AT HOME AND THEIR HOME PROBLEMS.

THESE PUBLIC HEALTH NURSES HELP THE PATIENT AND
HIS FAMILY TO ACCEPT THE FACT THAT TUBERCULOSIS IS A
LONG-TERM ILLNESS AND THUS ASSIST IN BETTER ADJUST-
MENT TO THE SANATORIUM WAY OF LIFE.

IATE
OF,
INDEED, MORE THAN A VOTE OF THANKS IS DUE THE
DOCTORS, NURSES AND THE ENTIRE HOSPITAL STAFF FOR
THEIR DEDICATION TO THIS WORK.

EVEN THOUGH ALREADY ACKNOWLEDGED IN THE MONTHLY LA SIESTA, THESE FINE HUMANITARIANS DESERVE A SPECIAL PLACE IN THE HEARTS OF ALL OF US FOR HELPING TO MAKE THE STAY OF THE PATIENTS ALL THE MORE PLEASANT AND ENJOYABLE.

AN IMPORTANT CONTRIBUTION TO THE WELL-BEING OF THE PATIENTS WAS MADE POSSIBLE THROUGH A DONATION OF \$1300 FROM THE ARIZONA TUBERCULOSIS AND HEALTH ASSOCIATION AND ITS STATE AFFILIATES.



AS A RESULT, IN THE VERY NEAR FUTURE A MUCH NEEDED DENTAL CLINIC WILL BE COMPLETED WITH ALL NEEDED EQUIPMENT PURCHASED FROM THIS DONATION.

A NUMBER OF OTHER IMPROVEMENTS WERE MADE DURING THE FISCAL YEAR. SEVERAL EXAMPLES WILL SERVE TO ILLUSTRATE:

*****CITY SEWERS INSTALLED, OLD SEWER SYSTEM IN THE BUILDINGS RECONDITIONED AND OBSOLETE SEPTIC TANK DISCONTINUED

*****ECONOMICAL UNDERGROUND LAWN SPRINKLER SYSTEM DEVELOPED AND THE COSTLY INADEQUATE IRRIGATION METHOD ABANDONED

*****ECONOMICAL CLOSED SYSTEM OF CHILLED DRINKING WATER DEVELOPED AND THE FORMER LESS SANITARY METHOD ABOLISHED

*****OLD AND UNSAFE LINOLEUM REPLACED IN ALL PATIENT CORRIDORS AND PORCH AREAS (MORE YET TO BE REPLACED)

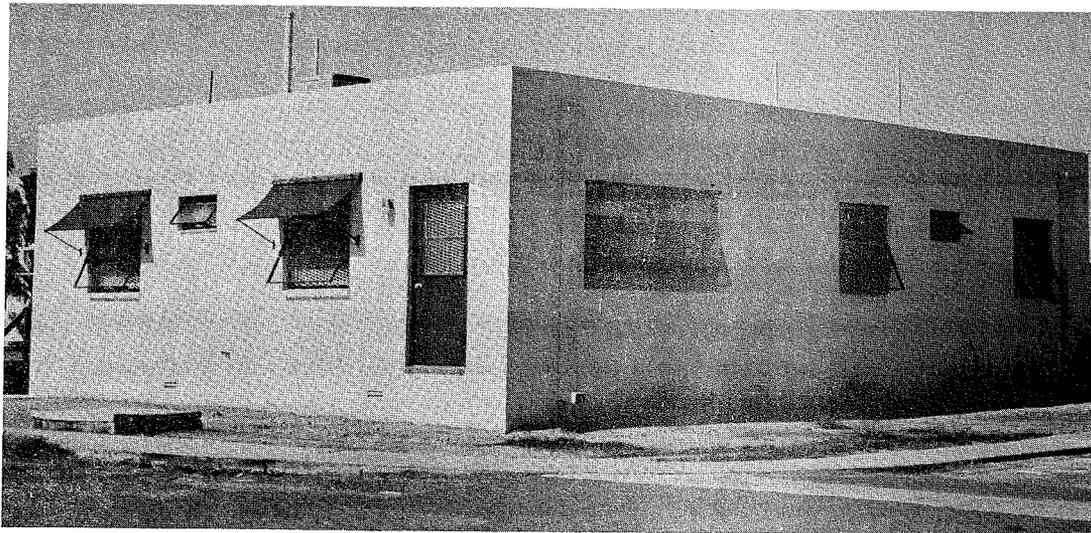
*****OLD ROTTED OUT WOOD SASH WINDOWS AS WELL AS OLD UNSAFE AND UNSLIGHTLY BLINDS REPLACED ON EAST WARD (MORE YET TO BE REPLACED IN OTHER PATIENT AREAS)

*****MEDICAL CONFERENCE ROOM REMODELED TO GAIN OPTIMUM SPACE SO BADLY NEEDED TOGETHER WITH OTHER NEEDED IMPROVEMENTS IN WEST WARD

*****REMOVAL OF EIGHT COATS OF EXTERIOR PAINT AND REPAIRS TO STUCCO WALLS IN PREPARATION FOR REPAINTING

*****ELECTRICAL SYSTEM INSTALLED FOR CENTRALIZED CONTROL OF FIRE (REAR) DOORS AND TELEVISION SETS AS WELL AS FOR AUTOMATIC CONTROL OF REST PERIODS

*****EVAPORATIVE COOLING CAPACITY FOR WARDS DOUBLED AND 20 SUCH COOLERS WITH NEW 2 SPEED MOTORS PLACED ON CENTRALIZED INDIVIDUAL CONTROL FOR GREATER EFFICIENCY AND ECONOMY



*****FOUR SECURITY ROOMS CONSTRUCTED TO HELP ENFORCE THE TUBERCULOSIS CONTROL ACT OF 1955

THE CONTINUOUS BATTLE WITH OBSOLESCENCE TENDS TO KEEP OPERATING COSTS HIGHER THAN IN NEWER BUILDINGS. THE CITIZENS OF ARIZONA AND THE STATE LEGISLATURE

AN
TH
EV
DA
PE
AS

IM
OC
LO

TH
ST
PA
TE
ME
CU

S OLD
ARD
)

AND ALL THE REST OF US SHOULD FACE UP TO THE FACT THAT:

OPTI-
TEDED

EVEN THOUGH WE ELIMINATE DANGEROUS AND UNHEALTHY PHYSICAL CONDITIONS SUCH AS THIS

ND
INT-

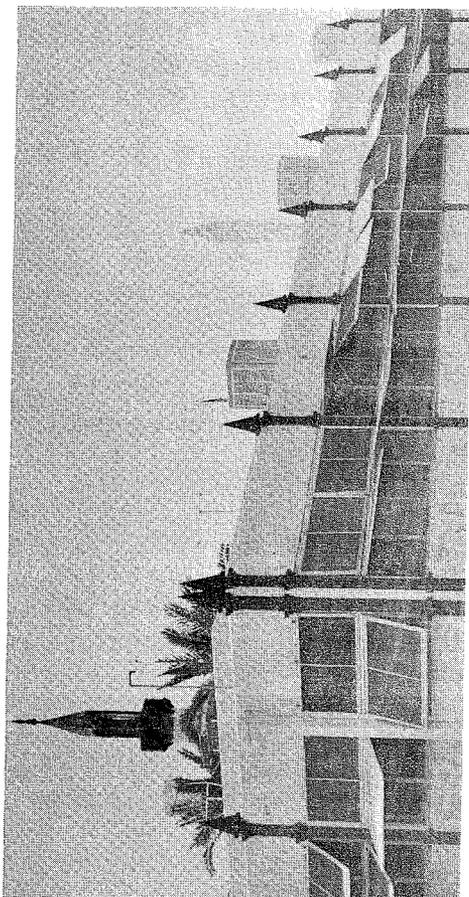


AND

)
S AS

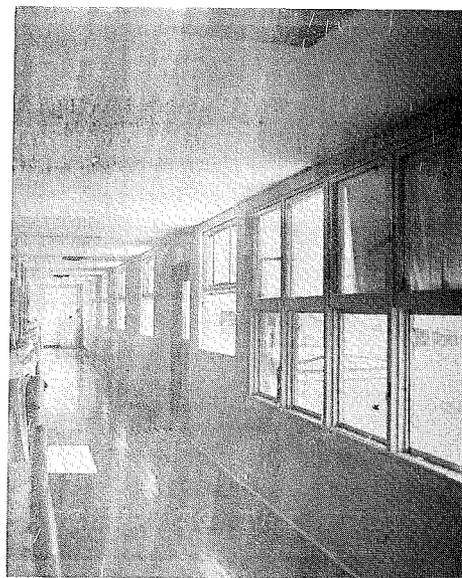
UNSIGHTLY, INEFFICIENT AND UNECONOMICAL STRUCTURAL SITUATIONS SUCH AS THIS

BLED
ED



AND

IMPROVE THESE PATIENT OCCUPIED PORCH AREAS TO LOOK LIKE THIS



ORCE

DS TO
NGS.
E

THE SANATORIUM BUILDINGS WILL NEVER BE FIRST CLASS STRUCTURES AS A SANATORIUM OR HOSPITAL FOR TUBERCULOSIS PATIENTS. THE BUILDINGS ARE NOT FIRE RESISTIVE AND INTERIOR ARRANGEMENT OF THE PATIENT BEDROOMS WILL NEVER MEET TODAY'S HIGHER STANDARDS IN THE HOUSING OF TUBERCULOSIS PATIENTS.

THE FINANCIAL STORY
STATEMENT
of
Legislative Appropriations
and
Sanatorium Expense

<u>Line Item</u>	<u>Appropriation</u>	<u>Expense</u>
Personal Services	\$ 180,989.00	\$ 180,988.10
Current Expenditures - Other	88,321.00	87,491.18
Subscriptions & Organization Dues	250.00	233.11
Travel - State	300.00	252.88
Travel - Out of State	300.00	287.30
Capital Outlay - Equipment	3,000.00	2,996.84
Current Fixed Charges - Other	1,536.00	1,536.00
Professional Fees	<u>12,600.00</u>	<u>12,600.00</u>
	\$ 287,296.00	\$ 286,385.41
Reverted to State Treasury July 1st:		910.59
	<u>\$ 287,296.00</u>	<u>\$ 287,296.00</u>

Additional Funds received from which following expenditures were necessary to help operate the Sanatorium during the Fiscal Year:

Sewer Connection (City of Tempe Sewer System)	\$ 23,901.89
Capital Outlay-Water Softner, Sewer Lines & Repairs	22,055.26
Special Operating Fund	14,155.11
Special Donations Fund	<u>313.71</u>
Total such Funds:	<u>\$ 60,425.97</u>

Total Operating Cost not including Capital Investments \$283,388.57

THE FACTUAL STORY
BEHIND THE FINANCIAL STORY

Even a casual analysis of the financial statement will point up at least these facts:

The budget was extremely "tight" and the appropriation was not adequate to meet all the needs of the Sanatorium.

Of the \$910.59 reverting at the end of the fiscal year, \$829.82 reverted from the Current Expenditures -- Other account. It wasn't as though this money was not needed-----actually it was.

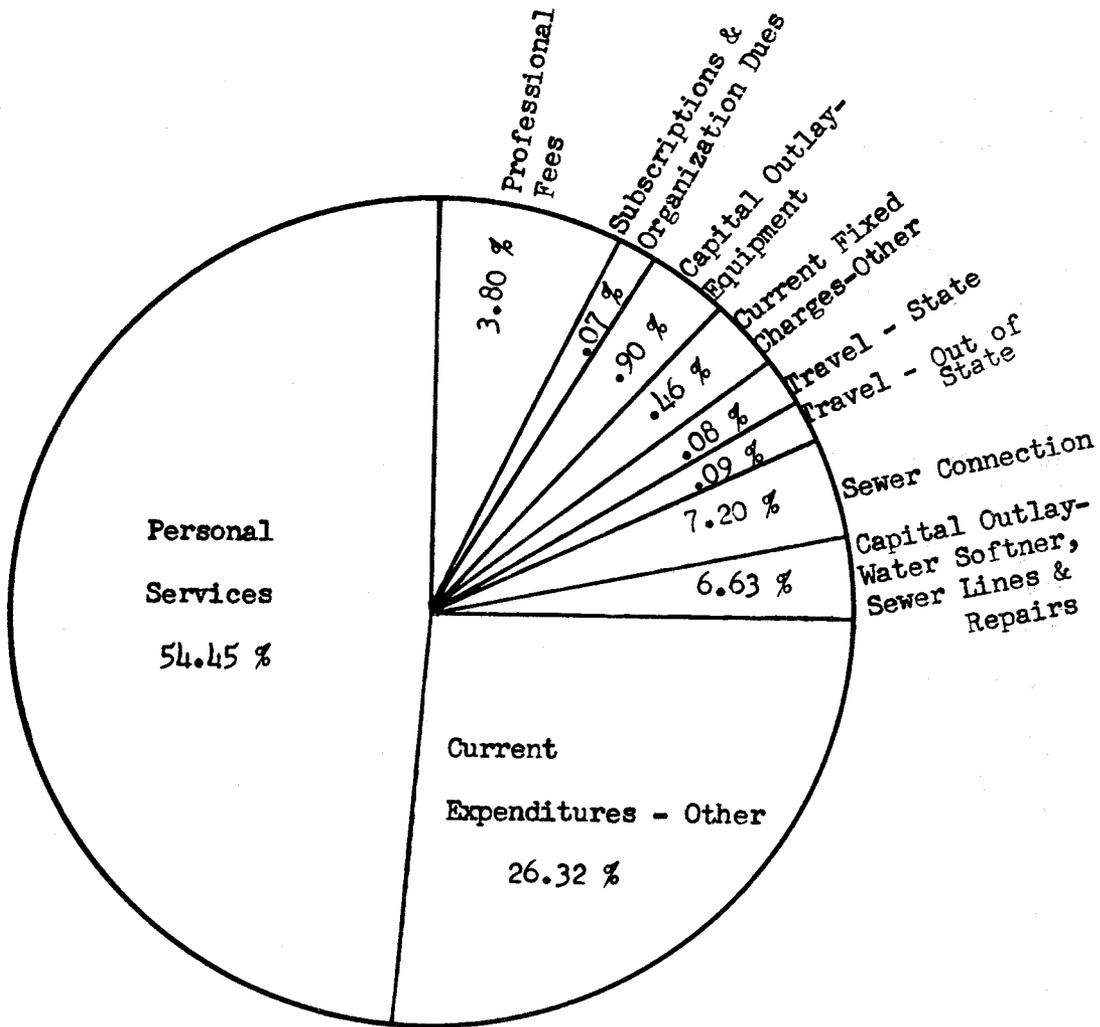
This was due to the fiscal policy necessitating encumbrances or "freezes" of sufficient funds in advance of purchases so as to be sure there is sufficient money to pay the bills when presented for payment.

With hundreds of items involved, and with such bills as (for example) electricity or water, (where unpredictable factors may increase the bill by the end of the month), these margins of safety may amount to a sizeable sum. Moreover, even though some orders were placed 4 or 6 weeks in advance of June 30th, a few were not delivered by that time with the result they had to be cancelled. All of which reverts at the end of the fiscal year together with any unspent balances. Only \$80.77 reverted from all the other accounts.

Fortunately, to meet the additional needs of the patients and the Sanatorium, there was unappropriated money in the Special Operating and Special Donations Funds. Unfortunately, there is only \$171.60 in the former and \$34.06 in the latter fund as of September 15, 1958.

The two accounts for Sewer Connection and the Capital Outlay for Water Softener, etc. were special appropriations for those specific purposes. They are now non-existent accounts.

DISTRIBUTION OF THE EXPENSE DOLLAR



F
W
H
i
v
o
a
h
n
o
o
Pr
FI
\$1
re
dc
le
Ca
an
ha
ur
wa
ac
pr
The
son
ins

Personal Services -- The total cost of employees' salaries was within 90 cents of the appropriated \$180,989. This in no way implies that the 90 cents was not needed. The truth of the matter is that the appropriation of \$180,989 was inadequate.

The Legislative intent (for Sanatorium employees) was to provide for an across-the-board 5% merit increase in salaries; on the other hand, only the equivalent of approximately 3.2% was actually appropriated. This paradox posed an administrative "headache" as to how to make the \$5,596.00 appropriated do the work of the \$8,769.65 needed ---- a shortage of \$3,173.65 for merit increases.

In addition there was not enough money to hire the equivalent of two additional employees needed to cover the total requirements of the patients.

Professional Fees -- The actual amount needed in this account last fiscal year was \$16,630.00 and the amount appropriated was only \$12,600.00. The net result was that the anesthesiologists did not receive any increase in their sub-standard fees, and the staff doctors were not paid \$3,000.00 of their sub-standard fees for lack of sufficient funds -- it just wasn't there.

Capital Outlay - Equipment -- The difference between appropriations and expense is \$3.96 in this account. The fact is that \$7,566.40 had to be taken from the Special Operating Fund for equipment urgently needed. The purchase of less urgently needed equipment was deferred to the following year.

The "tight" budgetary situation in especially the three accounts above created extra financial difficulties. An improvement is not only long overdue but also most urgent.

The remaining accounts did not present too much of a problem except some money had to be taken from the Special Operating Fund for insurance and some for dues to the American Hospital Association.

THE STATE TUBERCULOSIS SANATORIUM IS ARIZONA'S ONLY TUBERCULOSIS HOSPITAL TO AND FROM WHICH A FLOW OF PATIENTS FROM ALL 14 COUNTIES IS MAINTAINED.

SIX OF THESE COUNTIES HAVE NO GENERAL COUNTY HOSPITALS. SEVERAL OF THE OTHER EIGHT COUNTIES DO NOT HAVE ENOUGH TUBERCULOSIS BEDS LOCALLY TO HANDLE THEIR CASE LOADS AT ALL TIMES AND THUS NEED THE ASSISTANCE OF THE STATE SANATORIUM, ESPECIALLY FOR COMPLETE DIAGNOSTIC AND SURGICAL FACILITIES.

NO TUBERCULOSIS CONTROL PROGRAM CAN BE SUCCESSFUL AS A HEALTH SAFEGUARD UNLESS IT EFFECTIVELY COVERS THE ENTIRE STATE.

THIS IS PARTICULARLY TRUE IN ARIZONA WHERE THE DEATH RATE FROM TUBERCULOSIS IS ALMOST THREE TIMES GREATER THAN THE NATIONAL AVERAGE AND WHERE THE INCIDENCE OF NEW TUBERCULOSIS CASES IS THE HIGHEST PER CAPITA IN THE ENTIRE UNITED STATES.

THEN, TOO, TUBERCULOSIS IS ONE OF THE MOST EXPENSIVE DISEASES IN THE WORLD BECAUSE SO MUCH TIME AND MONEY IS NEEDED FOR COMPLETE RECOVERY.

OUR OBJECTIVE AT THE STATE SANATORIUM IS TO RESTORE THE TUBERCULOSIS PATIENT TO HEALTH AS RAPIDLY AS WE KNOW HOW. THIS IDEAL SAVES HUMAN SUFFERING AND HELPS TO KEEP THE EXPENSE AS LOW AS POSSIBLE.

THE MAIN PROBLEMS ARE THE LACK OF SUFFICIENT FUNDS FOR THE DAY-TO-DAY OPERATION AND THE INADEQUACY OF THE AGING BUILDINGS AT THE SANATORIUM.

MILESTONES

ARIZONA STATE TUBERCULOSIS SANATORIUM WAS CONSTRUCTED FIRST AS A WELFARE HOME WITH A BED CAPACITY FOR 65 BEDS.

IT WAS BUILT BY C.W.A. IN 1934 AND NO PART OF THE ORIGINAL CONSTRUCTION COST WAS BORNE BY THE STATE OF ARIZONA.

IN 1937 IT WAS TRANSFERRED TO THE STATE WELFARE DEPARTMENT AND ON JULY 1, 1947 IT WAS TRANSFERRED TO THE STATE DEPARTMENT OF HEALTH.

IN THE SUMMER OF 1948 THE OPERATING ROOM WAS COMPLETED AND THE FIRST OF SEVERAL HUNDRED SURGERIES WAS PERFORMED.

THEN IN JUNE 1956 THE SANATORIUM BECAME FULLY ACCREDITED AS A TUBERCULOSIS HOSPITAL BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS.

'S
OW

O
LE

SS-

ATH
TER
OF
IN

X-
E

RE
WE

UACY