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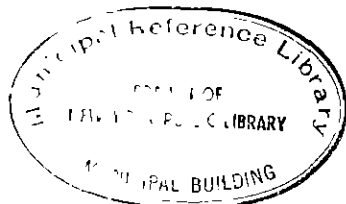
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Annual Report 1952-53

of the New York Tuberculosis and Health Association



AN annual report is always a challenge . . . particularly to the New York Tuberculosis and Health Association because of the breadth and variety of its activities. An annual report requires looking back to a year now past, whereas, our sights are primarily set on the needs of the moment and the pattern for tomorrow. We have, however, in this report for the year 1952-3, attempted to select such phases of the complex pattern of tuberculosis prevention and control as we believe will present a broad general view.

We acknowledge that progress has been made during the past year. However, we are too aware of the many baffling problems about TB, the many heart-breaking situations in which a patient and his family can become entangled, to rest on our laurels.

Thank you for continuing to support this work by buying and using Tuberculosis Christmas Seals. Thank you, too, for your countless hours of volunteer help. We need more people to do more things. Quoting from James Russell Lowell . . .

“No man is born into the world whose work
Is not born with him; there is always work.
And tools to work withal, for those who will.”

Lyman J. Berg, Jr.

President



“GOLD is found almost everywhere . . . even in the grass roots.”

The Black Hills, Dodge (1876)

We of the New York Tuberculosis and Health Association have also found that “gold” is almost everywhere. Gold, in our language, is any group of people who can benefit by and help extend the message that health is priceless, and that tuberculosis is a needless tragedy and waste.

We have a half century’s experience working with people. Working on a “grass roots” level in New York City, however, poses the same problems as ever. On the surface, community life seems nebulous and unorganized. We have had to probe deeply and dust off our “divining rod” to find where our gold lies hidden. It is with pride that we can point to many community, industrial and professional groups, and to many individuals who have done so much to make our 51st year another milestone in the fight against TB.

Just as the term “grass roots” has changed in meaning through the years from gold mining to politics and now to describe successful community organization, so has the problem of tuberculosis changed. Today, we have more tools with which to work—new forms of treatment, new knowledge on nutrition, better understanding of the social, economic, and psychological conditions causing tuberculosis. In spite of the fact that the possibilities for victory loom larger than ever before, the job of tuberculosis prevention and control today is more difficult than ever before.

It is our fear that with all of the new encouraging, promising developments people can be lulled into a dangerous complacency, not realizing that all of these modern techniques have their limitations. We are sometimes accused of crying “wolf”—yet we believe it is our responsibility to the community to keep the dangers and prevalence of TB before the people constantly.



There is still much misinformation to correct—much back-fence gossip that people still cling to which needs straightening out. Most important is the still prevalent fear of the ex-patient which keeps him from regaining complete financial and social adjustment back into his community; another dangerous misconception is that a person can “out-grow” tuberculosis, not accepting the fact that TB strikes more men and women today in their adult years, and taking its greatest toll of men in their fifties; and the most dangerous of all is that the declining death rate is the one barometer of success.

Through its three-borough responsibility, the New York Tuberculosis and Health Association serves about the same number of people who live in the country's second largest city—Chicago. It is to these that we must continually direct our straight-from-the-shoulder facts . . . it is among these that we must find listeners, leaders, and doers.

First, let us state the problem of tuberculosis as it affects the city by numbers. Even in the recent first quarter of 1953, 19 people each day were coming down with tuberculosis. These new cases were discovered, not in an early stage of the disease when the time needed for treatment is relatively short . . . but, already in an advanced stage, making the time for curing longer, and more expensive. In comparison to the same three months of 1952, there was a 5% increase in the number of new cases throughout the city.

Of the 18,319 cases of active TB reported for all five boroughs of the city, the three boroughs of our area (Manhattan, Bronx and Staten Island) have 11,228. The borough of Manhattan has, as it has for the past fifty years, more cases of TB than any other borough. On the last day of March, 1953 it had 8,391 cases of active tuberculosis known to the New York City Department of Health of the city's 18,319.

What about the type of care these patients receive? Half were receiving hospital care. Of the remainder, a substantial number should be in hospitals for two reasons. One, for treatment, and the other for isolation to keep the disease from spreading. This public health philosophy, we continue to believe, is one of the key links in tuberculosis prevention and control.

The Department of Hospitals reports that “the care for TB patients continues to be, numerically, the most significant responsibility of the Department.” It is also a significant responsibility for you, me and the man next door, who must through taxes help pay this bill.

The Department of Hospitals reports that it was spending \$50,000 a day to care for TB patients (5,000 patients at \$10 a day). The typical length of stay for one patient is approximately one year. This is only a part of the story—there are many other



To fight TB, sports stars formed a new kind of line-up last Fall when they went to bat for the 1952 Christmas Seal sale. At the mike to record a radio spot announcement is Yankee baseball star Joe Collins. Waiting their turns are Frank Gifford, New York Giants Football star and the Dodgers' Jackie Robinson.

patients in institutions not subsidized by the city . . . and does not begin to include all of the other expenses incident to tuberculosis.

For the 11,228 patients in our area, we have to question whether modern miracles have helped ease the burdens of TB on the patient and his family? Has the road of rehabilitation been made any easier? Has the apparently healthy public accepted the fact that good personal hygiene builds resistance to tuberculosis?

These are questions we constantly ask—and it is upon these and many others that our program is patterned. Our many sided responsibility cannot be borne by us alone—and it is for this reason we must turn to the “grass roots.” For it is only through people that the message about TB can take root and spread. How business, community, and professional groups worked with us during the year is the theme of this report.

Grassroots in the skyscrapers . . .

New York City's population is estimated to expand about 30% during the daytime hours. Whether TB goes home to a suburban community—or stays in the city—the problem is still present.

Looking for tuberculosis through chest X-rays of groups of employees is a continuing program. Many different types of business and industrial firms—factories, banks, advertising agencies, etc.—offer their employees a “check your chest” opportunity once a year. Educational material accompanying each industrial X-ray survey told thousands of employees what TB is, and why an annual chest X-ray is so important.

In turn, many employees want to help us. During the 1952 campaign, clerks, stenographers, secretaries, salesmen, etc., gave up precious evening hours to

work as volunteers collecting funds to supplement the income from the sale of Christmas Seals.

Many company publications devoted valuable space on their covers and inside pages to remind their readers that the fight against tuberculosis was everybody's job . . . and urged that TB Christmas Seals be bought and used. Many companies were glad to use the attractive posters on TB and general health on their employee bulletin boards during the year; and little leaflets in pay envelopes reminded employees that good health is priceless and that TB is preventable and curable.

Another opportunity to meet new friends and tell



When the neighborhood TB rate is high, the X-ray bus brings information about TB right to the doorstep. The Department of Health sponsors these surveys, branch committee staffs do advance publicity and clerical work. Here, Lea Schwarcz of Washington Heights staff signs up an upper Manhattan mother.

still another type of public the TB story was at a fashion show sponsored by Stehli & Co. at the Hotel Pierre's Cotillion Room. Honoring the Association's Fiftieth Anniversary, the show attracted hundreds of guests and resulted in impressive newspaper publicity and radio coverage. And, another company outstanding in its public service cooperation, is the Chicago Printed String Company, which for the second year showed how attractive Christmas Seals can be on gift packages. In addition to many window displays attracting shoppers, and newspaper coverage, a nation-wide TV audience was urged by Kate Smith to use the Seals in the attractive manner suggested by the company's talented designers.

We are deeply indebted to the public service minded TV and radio station personnel for keeping tuberculosis in the public mind throughout the year. The spot films created and produced by the Metropolitan TV Film Council, of which the Association is a member, were shown hundreds of times over TV to the 3,500,000 families in this area who own TV sets.

Radio stations donated hours of time to educational and news announcements, and for feature presentations. Our newspapers have done, as always, a yeoman job, in giving year-round space to the problem of tuberculosis, and have been more than receptive to our news stories and feature angles.

Our cooperation with industry is not all one-sided. For, we in turn are ready to help any employee or any business group needing advice and counsel on TB or general health. It is not unusual for the head of a firm or the personnel manager of a large concern to turn to our Health Advisory Services when an employee is diagnosed with TB. Placement of tuberculous employees in hospitals, smoothing out many other problems, tax the imagination of this service almost every day.

Still another phase of employee relations was tackled by a Rehabilitation Committee organized in the Bronx last year. One of its purposes was to study the employment problems of men and women having a history of TB—beginning with employer attitudes and hiring practices. Restoring ex-patients to the fullest degree of self-sufficiency and well being was, and continues to be one of the Association's major problems.

Grassroots around each corner—

Any organized community group is a possibility. The Association worked with as many as possible. Sometimes we find these groups . . . and sometimes they come to us. These were the groups organized for community and public service, brought together to improve a condition, or for mutual interest. These



Health movies and informal talks prompt many questions from out-patients at the Hospital for Joint Diseases. Personal health problems are freely discussed but community improvement produces most active discussion. Social workers and health educators are always on hand to answer questions.

are the groups found in churches, schools, community centers, even in hospitals.

An example of the latter . . . the out-patients at the Hospital for Joint Diseases. Using the waiting time for constructive purposes, the forward looking Social Service Division and Volunteer Women's Division of the Hospital instigated, with the help of the Association's Health Education services, a series of film showings and talks on health. These sessions have not only been appreciated and helpful, but have resulted in many members of the group going back to their neighborhoods and "doing something" about community conditions. The report of this program published during the year has attracted nation-wide attention.

Waiting time in the various Department of Welfare reception centers has been put to good use. Exhibits and films on TB and health were arranged for clients while waiting for their appointments.

The very structure of the Association's Harlem and Washington Heights-Riverside Committees is based on neighborhood participation and interest. In these two sections of Manhattan, which affect the whole upper section of the borough, groups of citizens study health conditions and approach them from various angles for community support. Special groups worked with the newly arrived Spanish speaking people, who are so in need of a guiding, confident hand . . . confused and bewildered as they are by the city's customs, unused to its language, as they try to find a place to live and a job to support them. Since TB is no longer limited to the young, we have given much time and attention to our senior citizens—working through established clubs and groups, or creating new ones if needed. Health and hygiene topics acquaint

these older people with community resources, encourage them to have chest X-rays and physical check-ups, to be aware of remedial health measures, to have a knowledge of their own needs, and interest them in health information.

Nutrition helped provide, as always, an opening wedge of interesting many other types of people. The Association's two full-time nutritionists met with many clubs and organizations to tell about the important relationship of nutrition to good health. Many groups developed an active interest in tuberculosis prevention and control as a result.

Housing centers offered a unique opportunity to reach people as a neighborhood unit. Many have utilized our varied services according to their interest and needs. For these groups, we have presented film



In addition to the 356 lectures given during the year, more than 30,000 pamphlets were distributed by the Social Hygiene Division. Shown studying the display of available material is Dr. Jacob A. Goldberg, the Division's Director.

showings, given talks on health, family living, social hygiene; have made all types of literature available; and have offered chest X-ray surveys of tenants. Community and neighborhood centers have also attracted similar programs and attention.

Lectures and group discussions on family life and personal relations conducted through the Social Hygiene Division acknowledge that happy, successful living has its important relation to a state of good health.

One organized lay group worthy of mention is the Trylon Philanthropic League, which has interested themselves in patients' needs for several years, and has rendered great assistance to certain problem cases coming to our attention.

Grass roots among professional groups . . .

Professional "grass roots" are responsive to cultivation, too, and are particularly tenacious since these groups are stable and branch out to reach so many people in the community.

Realizing that the private physician is one of the main keys to tuberculosis control, this important group was contacted regularly throughout the year with abstracts of scientific articles on tuberculosis as it affects the person, and the community; brief statements on the problem in New York City; and scientific sessions arranged through the Metropolitan Tuberculosis Sanatorium Conference.

Many agencies looked to us for orientation on the disease; for help in placing patients in hospitals; for hospital information, and clinic facilities; for community resources; and for factual material on incidence and mortality.

Working with hospital personnel continued to claim a major portion of time and interest because of the

ultimate effects on the patient and the patient's family. At Metropolitan Hospital, for instance, a staff team from the Health Education and Rehabilitation services worked closely with the hospital's committee of doctors, nurses and social workers to find out what patients wanted to know about TB, and how they could be aided in their psychological adjustment to illness. As a result of this teamwork, an active teaching program is now in progress. A survey made last year at Metropolitan Hospital resulted in a grant made by the Association to the Hospital's Social Service Auxiliary for a recreation worker for TB patients. Varied and interesting programs have been



For a free chest X-ray survey held in a Bronx high school during June, Boy Scouts from the area distributed more than 3,500 announcements to residents. To reach the largest possible number, announcements were printed in both Spanish and English.

given the patients, and a newspaper written by and for the patients in both Spanish and English is also a result of this program.

New York Hospital's patient education program for the tuberculosis patient in that hospital was reported on during the year. The printed booklet described in detail the experiences of the participants, and showed the close cooperation between the Association and the Hospital's personnel. The detailed review of this successful teaching plan can prove to be a guide for others working on ways and means of effectively helping patients to an understanding of their role in their own recovery.

The Association aided the rehabilitation service of Seton Hospital during the year by adding a rehabilitation counsellor to help the city-employed rehabilitation coordinator. This type of appointment is usually referred to as a "demonstration" . . . and it was the hope of the Association that the second worker will demonstrate the necessity for adding more personnel to the hospital staff to provide the necessary rehabilitation help for almost 700 patients.

After subsidizing the two libraries at Seton Hospital for some time, we have now been relieved of the financial assistance to one . . . since the hospital now sees its way clear for its administration. The Bronx Committee will continue financing the second library for another year.

The library at St. Joseph's Hospital which has been made possible through the aid of the Bronx Committee for fourteen years has now been assumed by that Hospital . . . thus freeing some of our resources to give more time and effort to the increasing tuberculosis problems in South Bronx.

Conferences with staff members at Lincoln and Morrisania Hospitals were held to explore program potentials, and as a result a health education series

for Lincoln's attendants was arranged, and films for Morrisania Clinic patients were shown.

Out-patient departments of hospitals, other than the one already described at the Hospital for Joint Diseases, continue to show that these are receptive, accessible groups for education. These programs usually consist of a film on tuberculosis and other health interests, accompanied by exhibits, literature, and sometimes a speaker. Mt. Sinai Hospital, for example, uses our services in its out-patient Nutrition Clinic; Jewish Memorial Hospital, after using our film service for six years, has now purchased its own equipment; film showings for patients in various clinics at Welfare Island Dispensary have been a regular feature for several years, and plans are now under way between the Health Education services of the Association and the clinic personnel for a joint educa-



Toys mean fun—especially when a child is hospitalized with TB and must spend Christmas away from home. For the past five years, thanks to the Airkem Corporation, youngsters at Bellevue and Willard Parker Hospitals have received gifts and goodies at Christmas time.

tion program for clinic patients. Lenox Hill and Sydenham Hospitals are other hospitals where our exhibits, films, and literature are made available to out-patients.

In addition to those teaching programs now in progress on tuberculosis wards, our patient programs are much in evidence throughout the three boroughs. Bellevue Hospital, for instance, was supplied with several thousand pieces of literature on tuberculosis, along with the racks to hold the material. Each TB floor at Bellevue now has one of these racks near the elevators so that patients, visitors and hospital personnel can avail themselves of it.

Films about tuberculosis and health are regular features on the tuberculosis wards at Harlem Hospital.

Student nursing groups claimed much of our attention. Kits of material on TB . . . including the physiological and psychological aspects of the disease, the rehabilitation problems, etc., . . . were sent to many nursing schools to be given to students. We assisted many nursing schools in ways and means of including more about tuberculosis in their curriculum. Student nursing groups from many hospitals came to the Association headquarters' office for panel discussions on TB, which included possible community resources to aid the patient and the nurse; rehabilitation problems; and general orientation on the services a tuberculosis association offers professional groups in order to assist the patient and his family. Children with tuberculosis present many problems. Those at

Sea View Hospital now have a nursery school for pre-school children hospitalized with TB in that institution—thanks to the generosity of Staten Island civic groups and organizations, and the interest and enthusiasm of the Staten Island Executive Committee.

The Tuberculosis Committee of the Association is continuing to investigate the problems of convalescent care for tuberculous children at Bellevue Hospital, and their subsequent placement in suitable homes. Children at Bellevue and at Willard Parker have been given extra-special Christmas parties through the generosity of Airkem, Inc.



Courtesy Staten Island Advance

Pre-schoolers like nursery school even when they are recuperating from TB. Here, a teacher at Sea View Hospital's Nursery School uses a blackboard illustration to tell youngsters about tops and how to spin one.

Throughout the year the Association has worked with the Hospital Council to follow up the progress made in the number of hospitals routinely X-raying patients on admission. A report will be forthcoming and recommendations will be made again for the State aid so urgently needed to insure this all-important phase of case finding. Other professional groups who learn about tuberculosis include the social investigators of the New York City Department of Welfare, who almost daily come in contact with the families of TB patients. Bronx and Staten Island conducted these Institutes during the year, as well as the Manhattan Office. Because of the increasing number of visits to the homes of tuberculous patients made by Visiting Nurses, Staten Island was among the first to instigate special classes on tuberculosis for this group.

What happened during the year with those important official agencies with whom the Association so closely works? One of the most important was the appointment of an Interdepartmental Council to coordinate the services of the Departments of Health, Welfare, and Hospitals more closely for the patient's benefit; next, the appointment of the Director of the Bureau of Tuberculosis of the New York City Department of Health, as integrator and director of this program; and third, the launching of a program of home care for the ambulatory TB patient by the New York City Department of Hospitals. The Department is also concerned with the unhospitalized, newly discovered case which cannot be immediately placed; and with the patient who has left a hospital against medical advice. They hope to be able to use the new drug therapy to treat these two types of patients.

Our Fiftieth Anniversary celebration on November 21, 1952, only brought more closely to mind that in spite of all the dramatic advances made during the past 50 years in the treatment of the patient, tuberculosis is still a problem—requiring as much attention as ever. Almost one thousand people attended the 50th anniversary conference—indicating the community interest which is so essential to the success of a total program.

What has been accomplished during the year has been possible only because of the many groups of people and zealous individuals who are deeply concerned about TB. We need more participation of more groups such as the ones so briefly described in this report.



Co-stars in the Television Council's animated TV spots are Dr. TB Sleuth, left, and the hunted villain, TB Pete. Originated by the New York Association's Art Director, Tom Darling. This pair is seen often on TV bringing viewers the message that the search for TB is a never-ending job.

THE SERVICES

TB CASE FINDING—Our share in community control of tuberculosis is through industrial X-ray surveys, and low-cost X-rays for individuals. Community-wide X-ray surveys conducted by the Department of Health have our educational and promotional cooperation. 52,931 X-rays were taken during the year in an effort to find tuberculosis.

REHABILITATION—Undesirably reactivations are heart-breaking and costly. This service works with patients to develop individualized rehabilitation plans which are suited to their medical condition. This service also affects the total community program of tuberculosis rehabilitation by maintaining an advisory service for hospitals and community agencies. During the year, almost a thousand patients were helped with direct rehabilitation guidance and counsel.

EDUCATION AND PREVENTION—Business, community, and professional groups are potentials for TB education, as well as the general health education of individuals, and of the community as a whole. Teaching the patient and his family about TB is another vital part of the prevention and control pattern. Not including the vast number of people reached with a message about TB in their Christmas Seal mail, we estimate that approximately a million people in the three boroughs were reached with educational messages, or helped directly. This figure does not include the thousands who read the daily papers, listen to the radio, nor watch television.

HEALTH ADVISORY—Counsels and guides patients and families on TB and related problems; furnished information on facilities for diagnoses and care; served nearly 12,000 people from the general public, professional groups and fellow workers by advising, guiding and planning.

NUTRITION—Residents in low-income areas particularly are told of the vital relation of nutrition to health through our two full-time nutritionists. We continue to believe this is another vital part of the TB prevention and control pattern.

SOCIAL HYGIENE—Plans and conducts programs on social hygiene, human relations, education for marriage and parenthood; carries on education, research and surveys on the venereal diseases; provides lectures, literature and information.

STATISTICAL SERVICE—Gathers and interprets statistical information on TB indicating trends and location—advises on technical utilization of material; provides information on amount and conditions of the facilities for care.

PUBLIC RELATIONS—Directs information about the problem of TB through every available channel during the entire year. Newspapers, magazines, radio, television, visual aids, printed material tell the TB story over and over again to thousands of New Yorkers.

ADMINISTRATION—The Executive Director carries out the policies and program as adopted by the Board of Directors, coordinates the activities of the entire Association, and their inter-relation with other community organizations in the campaign against tuberculosis.

ASSOCIATION GENERAL SERVICES—Conducts the business affairs of the Association and supervises common services such as accounting, receipts, deposits, disbursements, payroll, tax records and financial reports; purchases furniture, equipment and office supplies; provides errand, mimeograph, tabulating, filing services; arranges for annuities, group life insurance, and hospitalization payments.

SEAL SALE—Conducted each year in Manhattan, Bronx, and Staten Island. The income from the sale of Christmas Seals provides 86% of the operating income for the Association's program in these three boroughs. The balance of the income is received from the Greater New York Fund, gifts and legacies, and the X-ray services. Since the campaign is another way of alerting the public to tuberculosis, 17% of the cost of raising funds is allocated to Tuberculosis Education and Prevention.

THE NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.
386 Fourth Avenue, New York 16, N. Y.—MUrray Hill 5-2210

THE BRONX TUBERCULOSIS AND HEALTH COMMITTEE
226 East Fordham Road, Bronx 58, N. Y.—CYpress 8-8800

STATEN ISLAND TUBERCULOSIS AND HEALTH COMMITTEE
36 Richmond Terrace, St. George, Staten Island 1, N. Y.—GIBraltar 7-6367

HARLEM TUBERCULOSIS AND HEALTH COMMITTEE
2777 Fifth Avenue, New York 35, N. Y.—ADubon 3-3010

WASHINGTON HEIGHTS - RIVERSIDE DISTRICT
HEALTH COMMITTEE
600 West 164th Street, New York 32, N. Y.—WAdsworth 7-6300

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.
STATEMENT OF INCOME, EXPENDITURES AND FUND BALANCES
for the Fiscal Year Ended March 31, 1953

INCOME:	Operating	Reserve	Hochstadter Tuberculosis Care Fund	James A. Miller Memorial Fund	Nurses' Tuberculosis Care Fund
1952 Christmas Seal Sale, Gifts and Special Efforts	\$586,600.89	\$ — —	\$ — —	\$ — —	\$ — —
Less: National Tuberculosis Association Percentage	35,196.05	— —	— —	— —	— —
	<u>\$551,404.84</u>	<u>\$ — —</u>	<u>\$ — —</u>	<u>\$ — —</u>	<u>\$ — —</u>
Greater New York Fund	51,150.00	— —	— —	— —	— —
Chest X-ray Service	35,782.00	— —	— —	— —	— —
Memberships and Foundations	8,158.89	— —	— —	— —	— —
Tuberculosis Sanatorium Conference	715.00	— —	— —	— —	— —
Interest and Dividends	— —	28,591.51	318.15	— —	— —
Miscellaneous Income	2,746.16	— —	— —	— —	— —
TOTAL INCOME	<u>\$649,956.89</u>	<u>\$28,591.51</u>	<u>\$318.15</u>	<u>\$ — —</u>	<u>\$ — —</u>

EXPENDITURES:

The combined expenditures of the New York Tuberculosis and Health Association, Inc.: (which includes the four Branch Committees, i.e., Bronx Staten Island, Harlem and Washington Heights-Riverside)

Tuberculosis Case Finding	\$56,265.74	\$ — —	\$ — —	\$ — —	\$ — —
Rehabilitation	31,200.62	— —	— —	— —	— —
*Education and Prevention	194,521.41	— —	— —	— —	— —
Health Advisory	12,263.87	— —	— —	— —	— —
Nutrition	5,478.78	— —	— —	— —	— —
Social Hygiene	18,971.59	— —	— —	— —	— —
Statistical Service	18,214.16	— —	— —	— —	— —
Public Relations	32,600.19	— —	— —	— —	— —
Administration	32,858.27	— —	— —	— —	— —
Association General Services	83,739.81	— —	— —	— —	— —
Annuity Retirement Premiums	7,818.79	— —	— —	— —	— —
Social Security Taxes	4,945.55	— —	— —	— —	— —
Seal Sale	85,468.25	— —	— —	— —	— —
Allowances to Beneficiaries	520.00	715.00	2,733.00	1,883.30	— —
TOTAL EXPENDITURES	<u>\$584,867.03</u>	<u>\$715.00</u>	<u>\$2,733.00</u>	<u>\$1,883.30</u>	<u>\$ — —</u>
EXCESS or (DEFICIT) of INCOME over EXPENDITURES	<u>\$65,089.86</u>	<u>\$27,876.51</u>	<u>(\$2,414.85)</u>	<u>(\$1,883.30)</u>	<u>\$ — —</u>

ADD:

Bequests and Gains:

Legacies and Annuities received	\$ — —	\$42,149.98	\$ — —	\$ — —	\$ — —
Gain or (Loss) on Securities sold and called	(281.31)	(599.22)	49.96	— —	— —
(Decrease) in Beneficial Interests in Bequests— Nominal Amount	— —	(4.00)	— —	— —	— —
	<u>(281.31)</u>	<u>\$41,546.76</u>	<u>\$ 49.96</u>	<u>\$ — —</u>	<u>\$ — —</u>

Net Increase or (Decrease) in Funds

FUND BALANCES—March 31, 1952	<u>\$64,808.55</u>	<u>\$69,423.27</u>	<u>(\$2,364.89)</u>	<u>(\$1,883.30)</u>	<u>\$ — —</u>
	<u>634,063.00</u>	<u>547,506.86</u>	<u>24,154.24</u>	<u>1,250.13</u>	<u>1,572.80</u>
	<u>\$698,871.55</u>	<u>\$616,930.13</u>	<u>\$21,789.35</u>	<u>(\$633.17)</u>	<u>\$1,572.80</u>

TRANSFER TO GENERAL RESERVE TO DECREASE BALANCE OF GENERAL OPERATING FUND AT MARCH 31, 1953 TO AN AMOUNT EQUAL TO THE BUDGET EXPENDITURES FOR THE FISCAL YEAR ENDING MARCH 31, 1954

(\$55,159.55)	\$55,159.55	\$ — —	\$ — —	\$ — —
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TRANSFER FROM GENERAL RESERVE FUND TO JAMES A MILLER MEMORIAL FUND

— —	(5,000.00)	— —	5,000.00	— —
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FUND BALANCES—March 31, 1953	<u>\$643,712.00</u>	<u>\$667,089.68</u>	<u>\$21,789.35</u>	<u>\$4,366.83</u>	<u>\$1,572.80</u>
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* The Seal Sale Campaign is a basic device in Health Education leading to prevention—therefore 47% of this activity is reflected in Education and Prevention.

BALANCE SHEET, MARCH 31, 1953

ASSETS

GENERAL FUND:

OPERATING—

Cash in banks and on hand		\$298,418.12
Investments—at cost		396,408.67
Postage deposit		200.00
Due from employees and others		716.23
Advances to "The Associates"		3,315.94

Less: To Reserve Fund

\$699,058.96
55,159.55

RESERVE—

Cash in banks		\$14,593.91
Investments—at cost		597,314.22
Furniture and Equipment at nominal value		1.00
Beneficial interests in bequests—nominal		21.00
From: Operating Fund		55,159.55

Total General Fund Assets

\$1,310,989.09

RESTRICTED FUNDS:

Nurses' Tuberculosis Care Fund—cash in bank		\$1,572.80
Hochstadter Tuberculosis Care Fund—		
Cash in bank and on hand	\$1,884.12	
Investments—at cost	19,905.23	21,789.35
James A. Miller Memorial Fund—		
Cash in bank	4,366.83	27,728.98

GRAND TOTAL

\$1,338,718.07

LIABILITIES AND FUNDS

GENERAL FUND BALANCES:

1953-1954 Operating Budget		\$643,712.00
Reserve:		
Appropriated	\$85,000.00	
Unappropriated	582,089.68	667,089.68

Deposits and advances Repayable

187.41

RESTRICTED FUNDS:

Hochstadter Tuberculosis Care Fund		\$21,789.35
Nurses' Tuberculosis Care Fund		1,572.80
James A. Miller Memorial Fund		4,366.83

GRAND TOTAL

\$1,338,718.07

This report comprising the Association's Balance Sheet and the Statement of Income, Expenditures and Fund Balances for the fiscal year ended March 31, 1953, was prepared from the audit report of Peat, Marwick, Mitchell and Company, Certified Public Accountants. The complete audit report is available at the Association Office.

Many of our friends have made bequests to the Association for its continued support. A suitable form follows:

I give, devise and bequeath to the New York Tuberculosis and Health Association, Inc., a New York corporation,
(describe gift)

Gifts and bequests to the New York Tuberculosis and Health Association, Inc. are deductible for income, gift, estate and excess profits tax purposes.

THE NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

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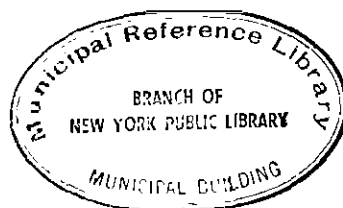
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The Association's total program in Manhattan, Bronx and Staten Island is guided by a Board of Directors who have the advice of specialized committees on which some 400 professional, business and civic leaders serve. Programs in branches are developed in relation to borough and district needs. The boroughs of Queens and Brooklyn have their own tuberculosis associations. These two along with the New York Association make up the Council of Tuberculosis and Health Associations of Greater New York which acts on tuberculosis problems affecting the city as a whole.

CHRISTMAS SEALS SUPPORT OUR WORK



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