



**toward a  
more hopeful  
future**

1965-66

**the annual report  
of the**

**NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION**

**260 Park Avenue South, New York, N.Y. 10010**

## toward a more hopeful future

This report of the Association's activities during the 1965-66 fiscal year represents a departure from the format of previous reports. Formerly a "Year Book on Tuberculosis in New York City" as well as an Annual Report of the Association's work, were separately published and distributed. For the 1965-66 year these are combined in a modified form in the present publication.

However, the many detailed tables which have traditionally appeared in the Year Book will continue to be prepared. These are available free on request by interested persons and organizations.

As will be seen from the accompanying statistical information, the calendar year 1965 showed no improvement in the control of tuberculosis in New York City over the preceding year. The number of newly reported active cases actually increased somewhat, from 4,207 in 1964 to 4,242 in 1965, while the number of deaths from tuberculosis was virtually unchanged—581 in 1964 and 580 in 1965.

These trends, however, did not occur in a uniform manner within each of the boroughs. Manhattan and Richmond experienced increases in new cases reported, while four of the five boroughs showed small increases in deaths.

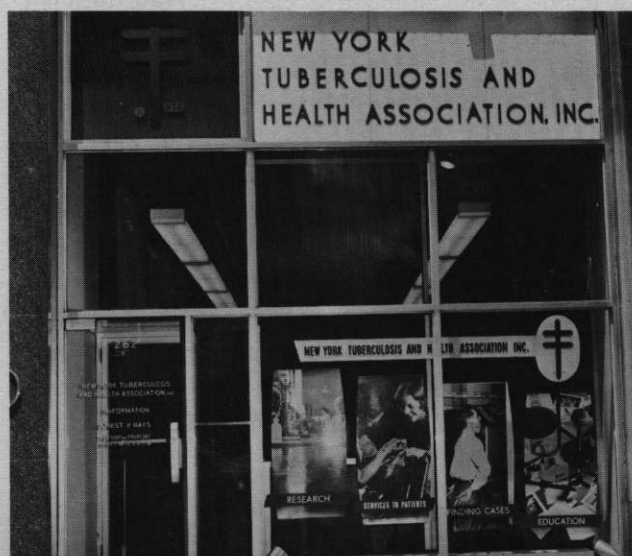
There has been a long-term increase in the total number of patients who receive drug treatment for tuberculosis, although the great majority of them are living at home, and many are able to work. In effect, the drugs have reduced deaths from tuberculosis and shortened the required hospital stay, but have lengthened and intensified the post-hospital service which patients require. This trend, while gratifying, points to the need for better out-patient or clinic facilities and services, in addition to the continuing need to improve the quality of hospital treatment.



It is apparent that tuberculosis is not declining in New York City with the consistency and predictability which were characteristic of the disease in prior periods. Present levels of new cases and deaths in New York City represent a major public health problem which requires aggressive and expanded effort, both on the part of governmental agencies as well as voluntary organizations.

Intensification of case detection, improvement in the quality of treatment, both medical and social, and added impetus in the search for new methods of control, are needed to bring about a renewed decline in tuberculosis in New York City. This intermediate objective will bring nearer the community's ultimate goal—the elimination of the disease as a constant menace to society, and enhance the prospect that we are indeed moving toward a more hopeful and brighter future when the spectre of tuberculosis will disappear.

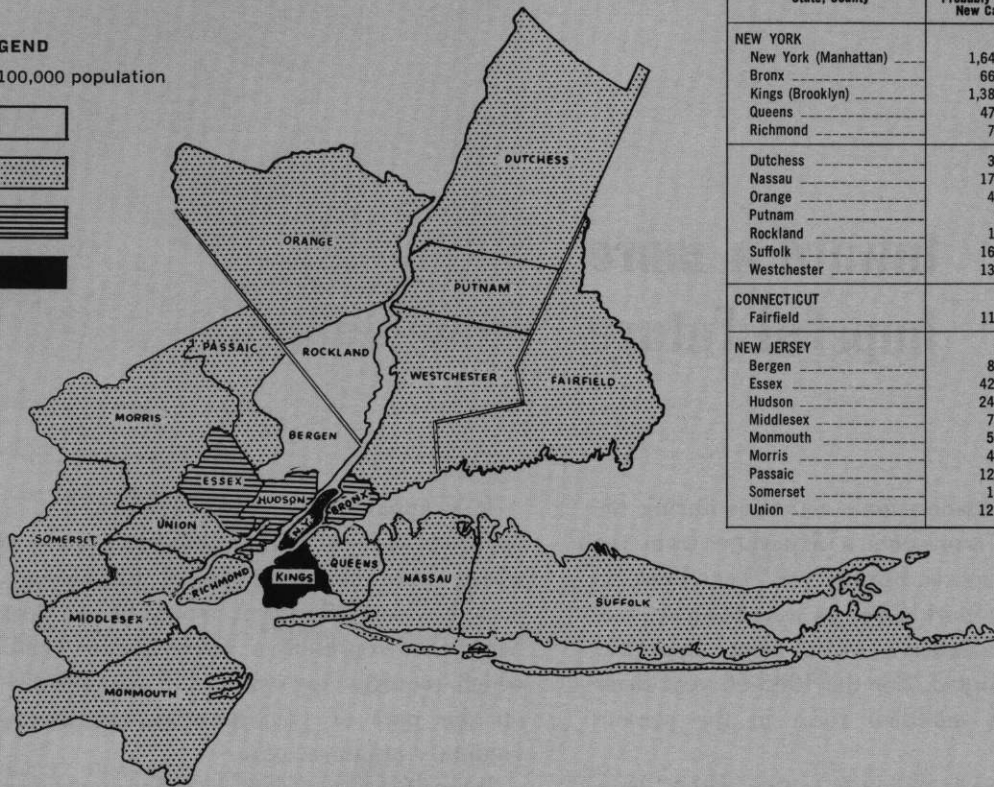
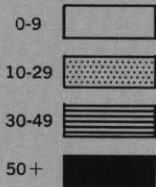
In the belief that an informed public will encourage and support public officials in their attempts to combat and eventually eradicate tuberculosis, this report is addressed to the citizens of New York City.





**TUBERCULOSIS NEW CASE RATES, 1965**  
**TRI-STATE NEW YORK METROPOLITAN REGION**

**LEGEND**  
 Rate per 100,000 population



**TUBERCULOSIS MORBIDITY**

State, County	Active And Probably Active New Cases	New Cases Per 100,000 Population
<b>NEW YORK</b>		
New York (Manhattan) -----	1,647	96.9
Bronx -----	661	45.6
Kings (Brooklyn) -----	1,388	52.8
Queens -----	473	24.5
Richmond -----	73	29.2
Dutchess -----	30	16.7
Nassau -----	174	12.2
Orange -----	41	20.7
Putnam -----	4	10.4
Rockland -----	16	9.5
Suffolk -----	163	18.4
Westchester -----	134	15.5
<b>CONNECTICUT</b>		
Fairfield -----	116	15.9
<b>NEW JERSEY</b>		
Bergen -----	84	9.6
Essex -----	429	45.2
Hudson -----	241	39.6
Middlesex -----	79	14.9
Monmouth -----	58	14.1
Morris -----	44	13.4
Passaic -----	126	28.3
Somerset -----	19	10.5
Union -----	123	22.2

**CHART I**

*This map and table, together with Table 1 on page 3, give data on the tuberculosis morbidity and mortality for the 22 counties within the general commuter region for New York City. The data show that New York City and the two adjacent New Jersey counties of Hudson and Essex still constitute the largest reservoir of tuberculosis, and that the major areas of prevalence in New York City are Manhattan, the Bronx and Brooklyn.*

## case detection

An important tool in the effort to eliminate tuberculosis as a public health problem is case detection through chest X-rays and tuberculin tests. This direct approach—helping to find all tuberculosis victims and seeing to it that they receive prompt and adequate treatment—is perhaps the most significant aspect of our work. For not until every single tuberculosis sufferer is identified, and treated successfully, can the disease be completely controlled. As increasing numbers of tuberculous persons are brought under treatment, the reservoir of infection will be reduced accordingly, and there will be correspondingly fewer people spreading the disease.

New York City has the highest number of new cases of tuberculosis per year of all cities in the United

States. With approximately 5% of the nation's population, New York City has about 8% of the nation's tuberculosis problem.

A great deal of tuberculosis infection is spread through apathy or ignorance, and not a little is brought about by neglect of proper treatment as a result of the stigma associated with the disease still felt in certain areas. We have not only to fight the resistance of the disease itself, but also the resistance of man.

In order to develop increasing public concern for the problems of detecting tuberculosis, and to intensify our efforts to identify unsuspected persons with the disease, it was decided to organize the functions of Case Detection into a separate department within the

Association's staff. This change-over took place in November, 1965 and has resulted in a more effective operation of the Association's Case Detection efforts.

Through the media of the press, radio and television, public awareness has been increased as to the need for regular chest check-ups. At present the chest X-ray constitutes the simplest and most reliable method we have of detecting the disease, and we advocate and encourage its periodic use, particularly among groups showing a high rate of disease. During the year, in cooperation with the Health Department, the Association helped to stimulate an estimated 200,000 persons to be screened for tuberculosis through the familiar mobile X-ray units. Some of these surveys were conducted at street locations five days a week all the year-round.

Results of our own screening services through low-cost X-rays have continued to show an average of 1.3 cases of probably active tuberculosis, not previously reported, for each 1,000 persons examined. This high figure is not surprising, however, as almost half of the persons screened at our office were referred by physicians, and do not represent a normal segment of the population.

In addition to the 12,868 persons who were examined in the Association's office, we were able to conduct "in plant" screening of 2,128 employees of eight business houses and institutions. Nineteen new cases of probably active tuberculosis, which were not in the register of the Department of Health, were discovered; also, three persons were suspected of having active tuberculosis. In addition, 3,162 cases of other abnormalities



TABLE 1

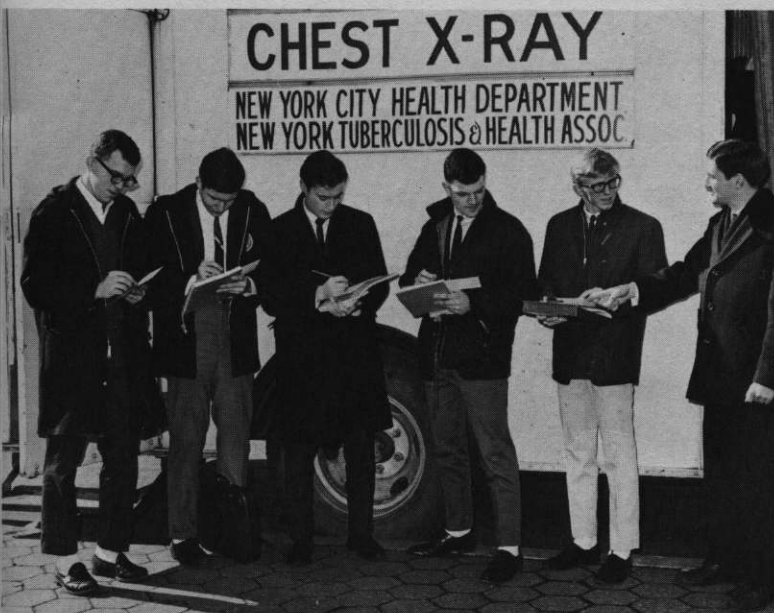
**TUBERCULOSIS MORTALITY, 1965**  
Tri-State New York Metropolitan Region

State County	Tuberculosis Deaths All Forms		Estimated Population 1965
	Number	Rate*	
<b>NEW YORK</b>			
New York (Manhattan) -----	199	11.7	1,700,000
Bronx -----	82	5.7	1,450,000
Kings (Brooklyn) -----	193	7.3	2,630,000
Queens -----	69	3.6	1,930,000
Richmond -----	9	3.6	250,000
New York City -----	580†	7.3	7,960,000
Dutchess -----	4	2.2	179,611
Nassau -----	19	1.3	1,424,301
Orange -----	3	1.5	198,211
Putnam -----	5	13.0	38,472
Rockland -----	2	1.2	169,278
Suffolk -----	16	1.8	887,743
Westchester -----	24	2.8	864,676
<b>CONNECTICUT</b>			
Fairfield -----	22	3.0	730,100
<b>NEW JERSEY</b>			
Bergen -----	22	2.5	873,510
Essex -----	67	7.1	949,650
Hudson -----	54	8.9	608,970
Middlesex -----	16	3.0	529,210
Monmouth -----	14	3.4	411,310
Morris -----	7	2.3	328,170
Passaic -----	15	3.4	444,870
Somerset -----	2	1.1	181,420
Union -----	12	2.2	554,190
Tri-State Region** -----	884	5.1	17,333,692

\*Per 100,000 population. †Deaths for New York City counties are of residents who died in city; total for the city includes residents, non-residents and persons with unknown address.

\*\*22 counties.

Based on reports by courtesy of public health agencies in the respective areas.





and diseases were found; among these were 15 persons who were found to have lung tumors which required urgent medical attention.

**The Harlem Case-Finding Project.** Harlem still remains the most resistant hard core of tuberculosis in New York City, and perhaps in the whole of the United States. In a concentrated effort to single out tuberculosis victims and place them under treatment, and thus reduce the spread of infection, this project was commenced several years ago. Social and church organizations in the neighborhoods have shown great interest and have given publicity and emphasis to the need for chest X-rays.

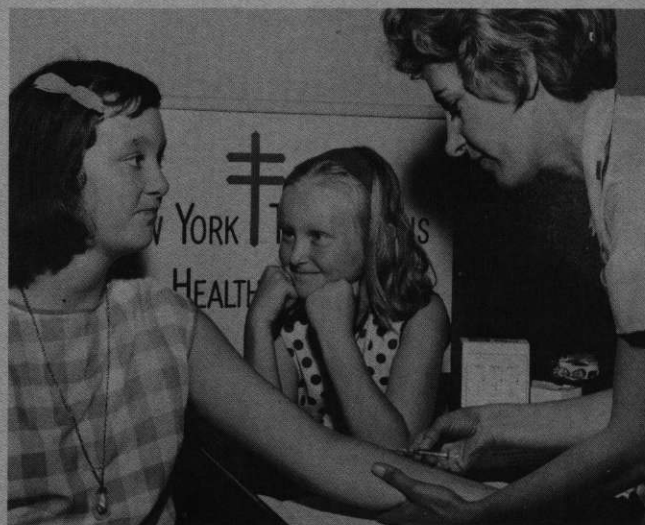
The Health Department provides medical services and facilities, office space and a mobile X-ray unit. The Association supplies four full-time personnel, office equipment and publicity. The mobile unit operates five and sometimes six days a week, fifty-two weeks a year, in Harlem locations, and during the year 40,819 persons were examined. Of those who required further study, 85% cooperated. This was due largely to the

special staff effort to read films promptly, to notify individuals as rapidly as possible of the need to visit the clinic, and to make home visits as required.

During the year 65 new cases of active tuberculosis were disclosed, for a rate of 1.6 per 1,000 persons screened. This is judged to be approximately five times the rate that is found in street surveys among the "general public."

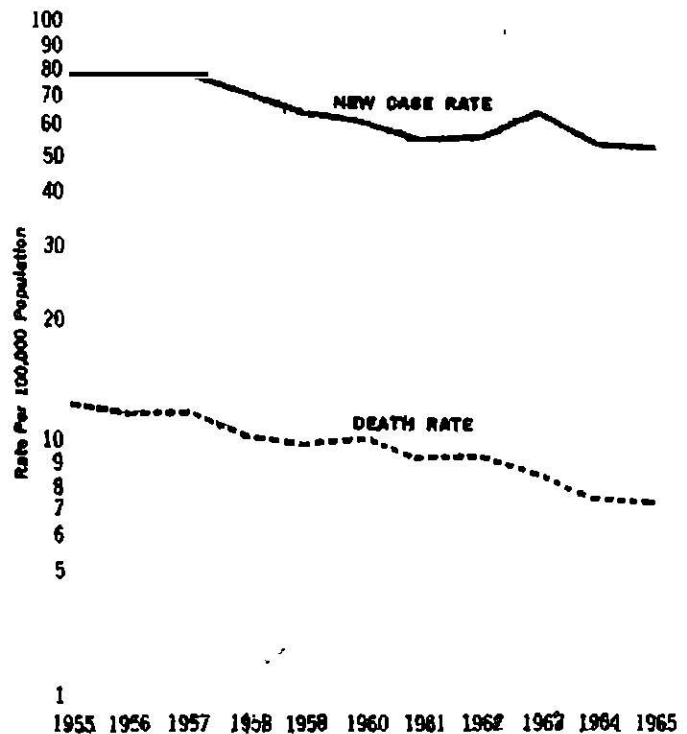
**Tuberculin Testing of High School Entrants.**

The Association undertook the responsibility of distributing Tine tuberculin tests to private physicians in the city. This is now a standard feature of the medical examination of every student about to enter high school in New York City. The test material is provided free by the Health Department; over 5,000 letters were mailed by the Association to doctors in Manhattan, the Bronx and Staten Island, offering the tests and, in cooperation with the Queensboro and Brooklyn Tuberculosis and Health Associations, 115,540 tests were distributed to physicians throughout the City of New York.



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**TUBERCULOSIS, NEW CASE RATE AND DEATH RATE**  
New York City, 1955-1965



**CHART II**

*This chart shows the new case rate and the death rate over a ten-year interval. The death rate from tuberculosis in 1965 is only about one-half of what it was in 1955. However, the new case rate has declined only by one-third since 1955.*

## services to patients

From its beginning over 60 years ago the Association has realized the importance of material assistance for tuberculous patients and their families. The New York City Department of Welfare provides most of the expensive long-term help which is needed. The Association's Services to Patients program is intended to help remove acute obstacles which come as a result of, and sometimes interfere with, completion of treatment. These services are designed to prevent interruption of therapy, and to provide for specific needs not being met by the Department of Welfare and other agencies. The purpose, of course, includes the desire to be humanitarian and comforting to the patient and his dependents, and to soften the severe shock that disclosure of tuberculosis can often be to a family.

Frequently our service has consisted of merely directing the patient or his family to the public agency which deals with the particular problem that has arisen.

Sometimes this assistance means helping or aiding in the development of new skills that can be learned in the home. For the latter purpose, the Association has portable typewriters and sewing machines which are

loaned to home-bound patients. Also, books and toy kits for children are given to help relieve the monotony of isolation.

The Association field nurse visiting a home is prepared for almost any medical, economic or social condition or need. One interesting case was reported when a nurse visited an elderly tuberculous patient who was virtually bedridden because she lived on the third floor, and on account of her age and incapacity, could not leave her home. Our nurse provided a wheelchair and took her out for a walk in the sunshine. The patient thanked her profusely, and said that she had been praying for two years that somebody would do this for her!

During the year the field nurses made over 700 home visits, interviewed almost 2,000 patients in clinics and hospitals, and supplied a large quantity of diversionary material. They provided funds for such useful items as hearing-aid batteries, utility bills, dentures, baby clothes and children's shoes, radio and television set repairs and, at Christmas time, helped distribute toys donated by business firms to the children of tuberculous





parents. Over 2,000 contacts were made in behalf of patients by letter, telephone calls and visits that they were unable to make for themselves.

Our nurse assigned to Bellevue Hospital's Demonstration Family Chest Clinic read 200 tuberculin tests in the clinic and 124 in the home in the course of the year, while in our office several hundred additional tuberculin tests were read. In all of these cases the tests helped to identify persons who had been infected by the tubercle bacillus, so they could be given the benefit of X-ray examinations at regular intervals in the future.

In addition to actual work in the field, the Association serves as an information center and a liaison between the different health, welfare and social agencies, dealing with various aspects of the tuberculosis problem. By the end of the year the Association had prepared, ready for printing, a new and revised edition of the "Directory of Clinics, Hospitals and Agencies which Provide Diagnostic, Treatment and Other Services to Tuberculous Patients in New York City." This

is a publication of the Tuberculosis and Health Associations of Greater New York. It is used by agencies and personnel who have contact with tuberculous patients, and will provide a ready means of ascertaining the most appropriate and closest agency that can meet the needs of the patient, whatever they may be.

These activities were accompanied by a series of case conferences in chest clinics of the Department of Health, at which Association personnel collaborated with physicians and nurses in the department to provide the best possible services to the patients—both medical and social.

**Project—"Operation Professional Friendship."** In recent years the Association and its counterpart in Puerto Rico have been in close contact with regard to problems arising out of the large number of Spanish speaking persons residing in New York City, or traveling between the city and Puerto Rico. When illness strikes, there is an understandable desire to rejoin the family and live in familiar surroundings. Some of these people return to Puerto Rico when they find they are suffering from tuberculosis, or following hospital treatment in New York; in addition, some tuberculous patients come to New York City. Under these transient conditions proper treatment may be prevented and drug therapy interrupted. There are also special problems of culture and language which can limit the full utilization of the free public services obtainable by tuberculosis sufferers in New York City.

In March, 1966, "Operation Professional Friendship" was carried out by the Association in cooperation with its sister association in Puerto Rico. This consisted of sending four nurses and two social workers to Puerto Rico for a week, to provide an opportunity for cultural familiarization, and to permit the six participants to apply their technical skills in Puerto Rico. They lived with local families and worked with tuberculous patients in five different hospitals and chest clinics in Puerto Rico. A by-product of this activity was the recognition that travelers between Puerto Rico and New York should be encouraged to have chest X-rays. A Spanish language leaflet, showing locations of Health Department Health Centers and X-ray locations in New York, will be prepared and distributed at airports in both areas. The opportunity which was provided for exchange of information and experience by professional personnel will be of benefit to tuberculous patients living in both New York and in Puerto Rico.

“We hear a great deal about the resistance of the bacillus. But not enough is said about another form of resistance: that coming from apathy, ignorance and lack of interest—in a phrase: the resistance of man.”

INTERNATIONAL UNION AGAINST TUBERCULOSIS

TABLE 2

*In Manhattan there was an increase of 5.4% in new active cases reported, while the Bronx, Brooklyn and Queens showed slight decreases; there was an increase of new active cases in the Borough of Richmond, from 48 in 1964 to 73 in 1965. Queens is the only borough in which there was a decrease in the number of deaths from tuberculosis; the other four boroughs showed small increases.*

**TUBERCULOSIS MORBIDITY AND MORTALITY,  
CITY OF NEW YORK, 1964 AND 1965**

**A—New Cases of Tuberculosis Reported in Each Borough**

Boroughs	Number of New Cases				Case Rate Per 100,000 Pop			
	1964	1965	Change 1964-1965		1964	1965	Change 1964-1965	
			No.	%			No.	%
Manhattan .....	1,562	1,647	+ 85	+ 5.4%	94.1	96.9	+ 2.8	+ 3.0%
Bronx .....	706	661	- 45	- 6.4%	49.4	45.6	- 3.8	- 7.7%
Brooklyn .....	1,406	1,388	- 18	- 1.3%	53.8	52.8	- 1.0	- 1.9%
Queens .....	485	473	- 12	- 2.5%	25.6	24.5	- 1.1	- 4.3%
Richmond .....	48	73	+ 25	+ 52.1%	20.0	29.2	+ 9.2	+ 46.0%
New York City .....	4,207	4,242	+ 35	+ 0.8%	53.7	53.3	- 0.4	- 0.7%

**B—Mortality From All Forms of Tuberculosis, By Boroughs**

Boroughs	Deaths Within City				Death Rate Per 100,000 Pop.			
	1964	1965	Change 1964-1965		1964	1965	Change 1964-1965	
			No.	%			No.	%
Manhattan .....	197	199	+ 2	+ 1.0%	11.9	11.7	- 0.2	- 1.7%
Bronx .....	69	82	+ 13	+ 18.8%	4.8	5.7	+ 0.9	+ 15.8%
Brooklyn .....	182	193	+ 11	+ 6.0%	7.0	7.3	+ 0.3	+ 4.3%
Queens .....	93	69	- 24	- 25.8%	4.9	3.6	- 1.3	- 26.5%
Richmond .....	3	9	+ 6	+ 200.0%	1.3	3.6	+ 2.3	+ 176.9%
N. Y. City Residents .....	544	552	+ 8	+ 1.5%	6.9	6.9	-	-
Total Recorded† .....	581	580	- 1	- 0.2%	7.4	7.3	- 0.1	- 1.4%

†Including non-residents (1964 14, 1965 13) and persons with unknown addresses (1964 23, 1965 15).

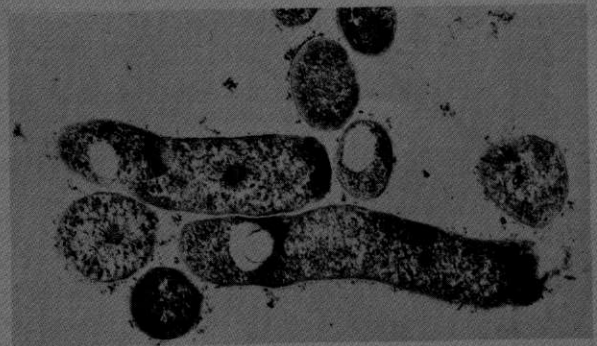
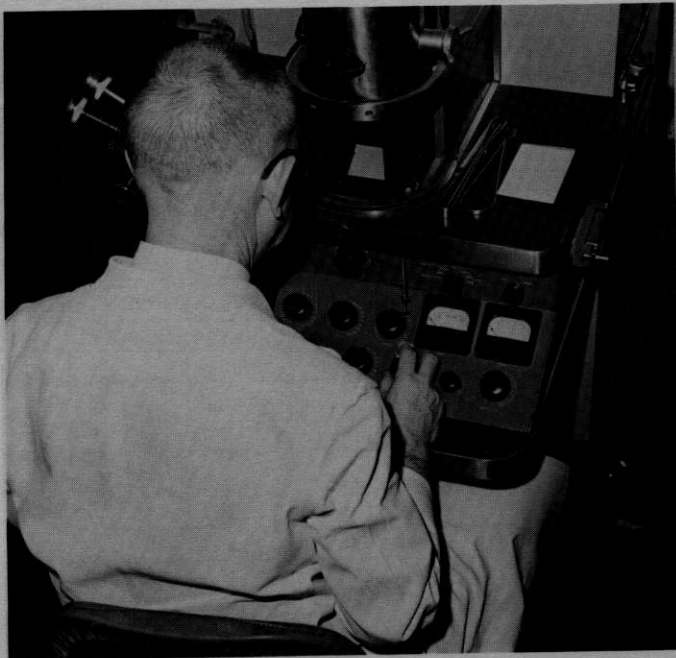


## research

During this year the Association made grants of \$97,642 for research projects approved by the Research and Scientific Advisory Committee. Indirect expenses of this research effort amounted to \$9,998, making a total expenditure of \$107,640 for this important phase of our work.

In spite of the progress which has been made, there are still many unsolved mysteries, and much remains to be learned about tuberculosis and related conditions. For example, tuberculosis is communicable, and while some factors influencing its transmission are known, others remain to be identified through experimental research; while the great effectiveness of certain drugs used in chemotherapy has been demonstrated, scientists still remain uncertain about the complex mechanism which regulates the actions of these drugs inside the body. More knowledge is needed about how the germs become resistant to drugs, and we are also in great need of a fully effective vaccine for the prevention of tuberculosis.

Through research we hope to find answers to these and many more questions, and each new piece of scientific information which is obtained brings us a step nearer to eradication of tuberculosis. The amount we were able to provide last year to the following researchers is very small when compared to the magnitude of the need. Direct tuberculosis control activities in New York City now cost in excess of \$30,000,000 a year:



**GRANTS-IN-AID**

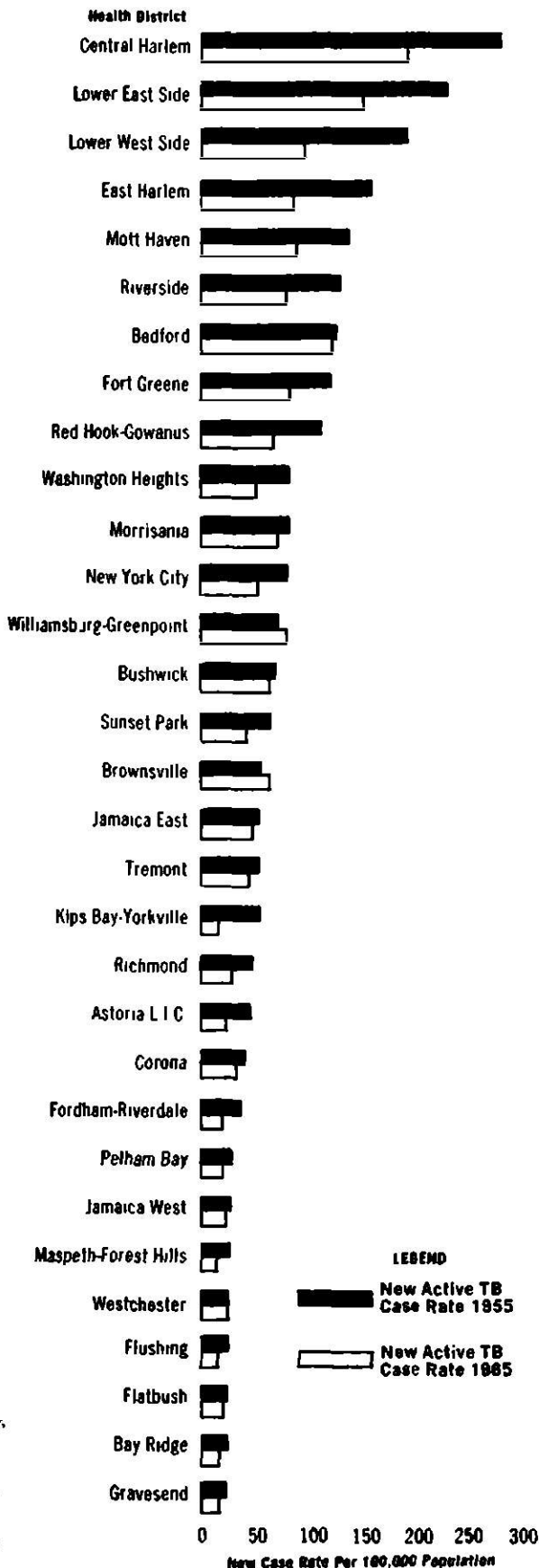
<b>Investigator</b>	<b>Title of Project</b>	<b>Amount*</b>
Department of Community Medicine, College of Medicine, University of Kentucky: Herman R. Huempfner Kurt W. Deuschle, M.D.	Experimental tuberculosis in germ-free mice.	\$11,408
Department of Public Health, Cornell University Medical College: Walsh McDermott, M.D.	The latent state of tubercle bacilli.	20,552
Harvard Medical School: Edward H. Kass, M.D.	Respiratory viruses and resistance to bacterial infection.	4,313
College of Physicians and Surgeons, Columbia University: Julia M. Jones, M.D.	Study of suppressive action of antibiotics on tubercle bacilli, as determined by serial enumeration of organisms in human secretions during the early weeks of therapy.	2,765
Cornell University Medical Center: Richard W. Stone, M.D.	A prospective study of selected patients with emphysema and/or chronic bronchitis.	8,155
Special Research Laboratory, Veterans Administration Hospital, East Orange, N. J.: Gladys L. Hobby, Ph.D.	Immunizing agents against tuberculosis.	22,574
College of Physicians and Surgeons, Columbia University: John K. Lattimer, M.D.	The development of improved laboratory methods for the detection of renal tuberculosis.	9,096
Albert Einstein College of Medicine: Sung Suh Park, M.D.	Respiratory control in chronic obstructive pulmonary disease, with special reference to the mechanism of carbon dioxide retention.	7,560
Veterans Administration Hospital, Bronx, N. Y.: Daniel J. Stone, M.D.	Evaluation of assist-ventilation therapy and the development of nonrespirator assist-ventilation techniques.	9,085
New York University School of Medicine: Rosa Lee Nemir, M.D.	Steroid therapy using double blind technique in tuberculous bronchial lymph node disease in infants and children.	2,134

\*Actual payments during 1965-66 are shown. In some cases the figure shown will not reflect the exact amount of the annual grant as part payments are made at periodic intervals.



**NEW ACTIVE TUBERCULOSIS CASE RATES  
(PER 100,000 POPULATION)**

**By Health Center Districts in  
New York City, 1955 and 1965**



**CHART III**

*Districts of high tuberculosis incidence 10 years ago and those of low tuberculosis incidence 10 years ago still prevail as such. Due to neighborhood deterioration and difficult social conditions, some areas, such as Bedford, Williamsburg-Greenpoint, Brownsville, Morrisania and Bushwick have not witnessed the decline in new case rate which the city as a whole has achieved in this 10-year period.*

## Professional Education— an investment for the future

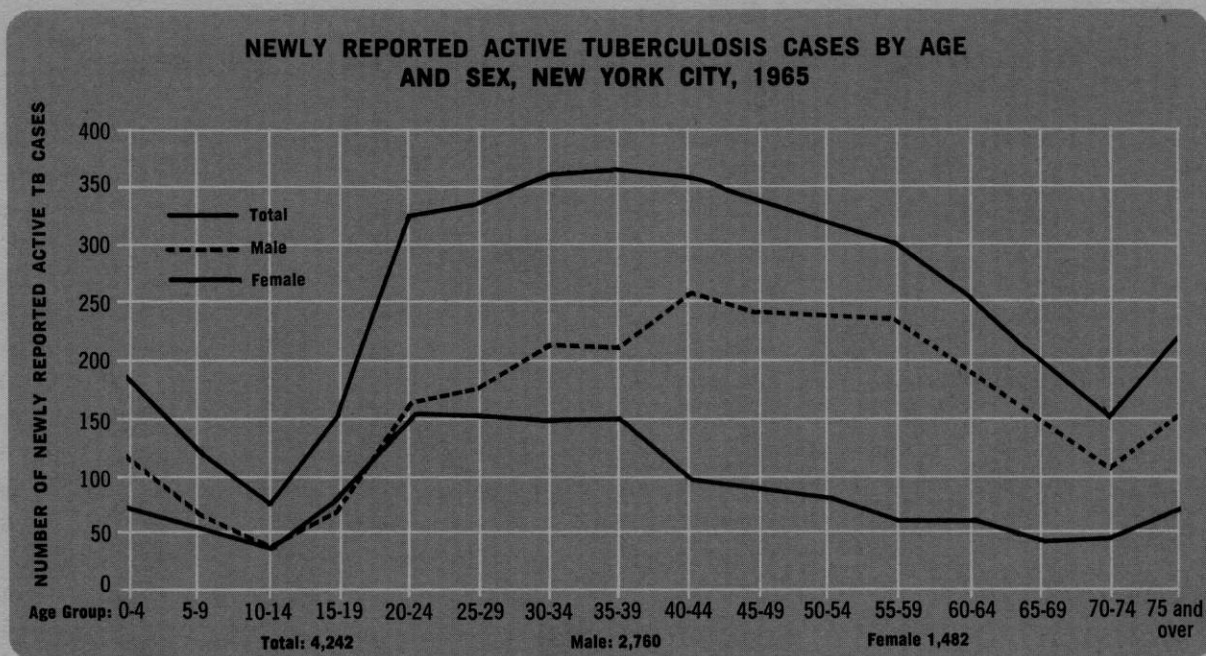
In addition to research projects, the Association spent a total of \$39,192 for professional education during the fiscal year. Of this amount, \$27,358 was used for fellowships and scholarships to selected graduate physicians, students and others whose training will add to the available knowledge of tuberculosis, or contribute to improved quality of treatment of tuberculous patients. Most fellowships and scholarships were limited to persons working in New York City. Recipients of New York Tuberculosis and Health Association Fellowships during the year were:

Gerald M. Greenberg, M.D.  
*Division of Pulmonary Diseases,  
Mt. Sinai Hospital.*

Ok Hi Yoo, M.D.  
*Research Fellow,  
Pulmonary Function Laboratory,  
New York Medical College,  
Metropolitan Hospital.*

Rosario T. Toledo, M.D.  
*Pediatric Chest Resident,  
New York University Medical School,  
Bellevue Hospital.*

In cooperation with the American Thoracic Society, Medical Section of the National Tuberculosis Association, the Association shared the cost of providing fellowships last year to:



**CHART IV**

*Almost two out of three new cases occur among males. The highest number of active tuberculosis cases among males is found in the age span from 40 to 59. Among females the highest number is found in the ages 20 through 39.*

Robert A. Brown, Jr., M.D.  
*Department of Chest Diseases,  
 Meharry Medical College,  
 Nashville, Tennessee.*

Abraham S. Kuperman, M.D.  
*Department of Medicine,  
 Albert Einstein College of Medicine.*

David C. Schechter, M.D.  
*Division of Cardiothoracic Surgery,  
 Mt. Sinai Hospital.*

joined with several other health agencies to support this work.

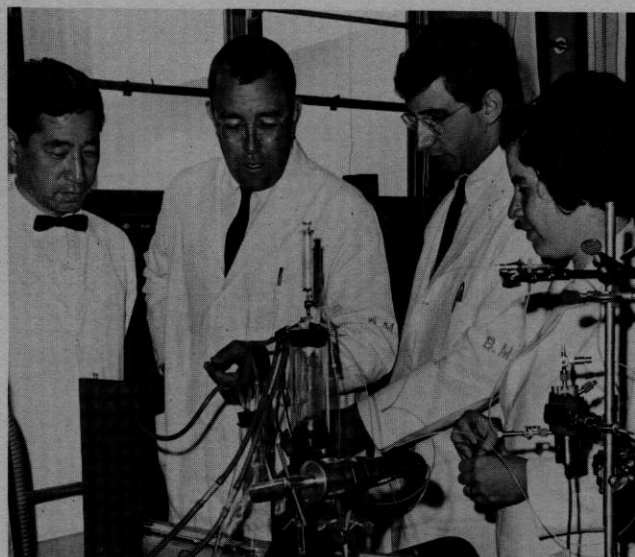
Distribution of the periodic publication, "Clinical Notes on Respiratory Diseases," to practicing physicians, nurses and other professional personnel, continued during the last year. The 1965 version of "TB Facts for Teachers" was distributed to about 500 teachers and school officials for their use in class room activity. Scientific and technical films were shown to professional personnel, and lectures were provided from time to time for such groups.

Summer scholarships were also awarded to four medical students, permitting them to study pulmonary physiology in laboratories of two medical colleges, as well as stimulating their future interest in diseases of the chest:

*at Albert Einstein College of Medicine—*  
 Robert Sherwin,  
 Myron Sokol.

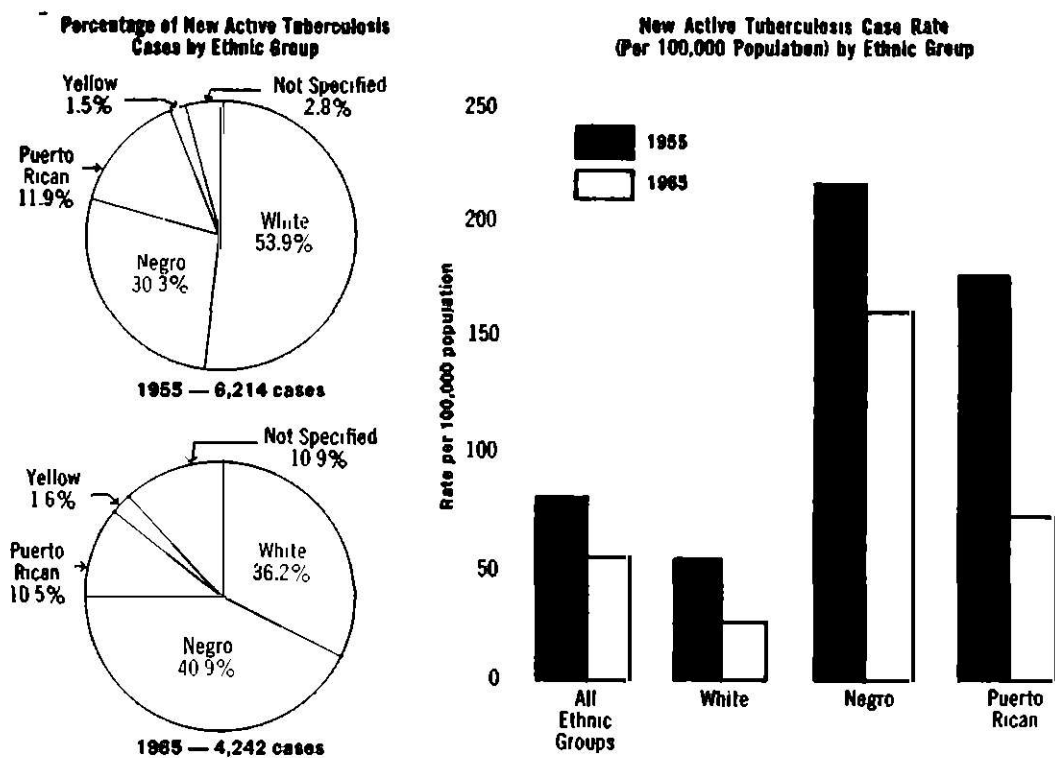
*at Downstate Medical Center,  
 The State University of New York—*  
 Eugene Bleeker,  
 Edmond J. Sacks.

The Association also participated in pioneering efforts to keep practicing physicians abreast of scientific and technical developments. The New York Academy of Medicine has been experimenting with closed circuit television seminars for physicians, and the Association





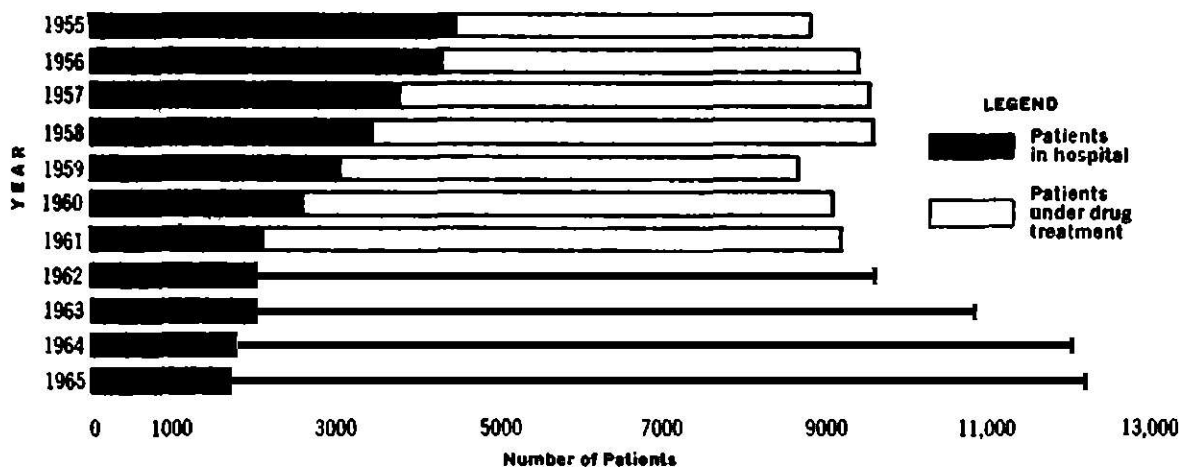
**NEWLY REPORTED ACTIVE TUBERCULOSIS CASES AND RATES BY ETHNIC GROUP**  
**New York City, 1955 and 1965**



Whereas better than one half of the new active cases of tuberculosis were white persons in 1955 only a little more than one-third of the cases were white in 1965. The bar chart shows a decline in new active tuberculosis case rates among all ethnic groups from 1955 to 1965.

CHART V

**TUBERCULOSIS PATIENTS UNDER ANTI BACTERIAL DRUG TREATMENT**  
**IN HEALTH DEPARTMENT CLINICS AND**  
**TUBERCULOSIS PATIENTS IN HOSPITALS ON DECEMBER 31 OF EACH YEAR**  
**New York City, 1955-1965**



Although there are fewer new active cases of tuberculosis in 1965 as opposed to 1955, more people are now receiving active treatment either in hospitals or clinics than was the case in 1955.

CHART VI

## general

In recent years a series of **Joint Planning Conferences** on Tuberculosis in New York City have been held with cooperation of the municipal Health, Hospitals and Welfare Departments, the Brooklyn and Queensboro Tuberculosis and Health Associations, and the New York State Tuberculosis and Respiratory Disease Association. This type of conference has been organized to provide a regular means of consultation and cooperation about specific problems. Recognition of the severe shortage of nursing personnel during the Joint Planning Conference in May, 1965, led to the Unit Manager Project for a section of the Chest Service at Bellevue Hospital. Under this plan, which the Association finances, functions other than nursing activities will be carried out by non-nursing personnel, described as "Unit Managers." The nursing staff, who are thus released from housekeeping chores, can provide improved bedside care of acutely ill patients. The project will be reviewed at the end of one year; if successful, the Department of Hospitals has agreed to expand it with city funds.

**Legislation.** During the year the Association actively supported passage of a bill in the State legislature, which was designed to increase State aid to localities for the treatment of tuberculous patients in local hospitals. The State has paid \$5 per day and the bill would

have increased this to 50% of actual cost. With costs exceeding \$42 per day in 1965, the additional State support was urgently needed by the City of New York in its efforts to improve the quality of tuberculosis treatment in municipal hospitals, in which on March 31, 1966 a total 1,525 tuberculous patients were receiving active treatment.

In cooperation with Tuberculosis Associations functioning in all of New York State's 62 counties, the importance of this measure was conveyed to individual legislators. At year end, March 31, 1966, passage of the bill had not been accomplished.\*

**The Annual Conference on Tuberculosis and Other Respiratory Diseases** was held in April 1965, with joint sponsorship by our Association and the Brooklyn and Queensboro Tuberculosis and Health Associations, the New York State Tuberculosis and Respiratory Disease Association, and the New York State Trudeau Society. Attendance was greater than ever before, with about 600 persons attending the morning session and 343 the luncheon meeting.

**Course on Tuberculosis for Labor Union Members.** In June, 1965, a special course on tuberculosis was arranged and conducted at the office of the

\*By June 21, 1966 both houses of the legislature passed a similar measure which was vetoed by the Governor on August 3rd.





**COST OF TUBERCULOSIS TREATMENT IN MUNICIPAL HOSPITALS,  
NEW YORK CITY 1965**

Inpatient Units	Bed Capacity	Inpatient Gross Cost	Patient Days	Average Daily Patient Cost
Bellevue TB Unit .....	317	\$ 3,278,788.97	84,915	\$38.61
City Hospital at Elmhurst TB Unit .....	20	235,068.98	6,559	35.84
Harlem TB Unit .....	50	684,502.01	13,101	52.25
Kings County TB Unit .....	612	6,554,231.00	167,519	39.13
Metropolitan TB Unit .....	105	1,373,600.12	32,131	42.75
Sea View TB Communicable Unit .....	34	484,769.55	8,964	54.08
Triboro Hospital .....	494	6,000,047.03	137,964	43.48
Nathan B. Van Etten Hospital .....	387	4,963,693.28	111,037	44.70
<b>Inpatient Tuberculosis Units — Total .....</b>	<b>2,019</b>	<b>\$23,574,700.94</b>	<b>562,190</b>	<b>\$41.93</b>

Outpatient Units	Outpatient Total Costs	Total Visits	Average Cost Per Visit
Bellevue TB Unit .....	\$144,385.68	28,442	\$ 5.08
Kings County TB Unit .....	60,019.09	5,678	10.57
Triboro Hospital .....	192,148.34	15,806	12.16
Nathan B. Van Etten Hospital .....	106,385.42	7,053	15.08
<b>Outpatient Tuberculosis Units — Total .....</b>	<b>\$502,938.53</b>	<b>56,979</b>	<b>\$ 8.83</b>

*Although there has been a reduction of about 2,000 new active cases of tuberculosis from 1955 to 1965, the total cost to New York City hospitals for tuberculosis care has risen from \$18 million to \$24 million per year. The cost per in-patient day has risen from \$15.30 in 1955 to \$41.93 in 1965.*

**TABLE 3**

Association for labor union members who serve as counsellors to various AFL-CIO local chapters. This course was co-sponsored by the Community Services and Rehabilitation Committee of the New York Central Labor Council. 20 counsellors participated in the course which was designed to provide up-to-date information on tuberculosis and respiratory diseases. At the conclusion of the course certificates were given to those who attended.

**Public Information Services.** Through the mail, by telephone and by office visits 6,963 inquiries were answered, mostly as to where chest X-rays can be obtained, and about 250,000 leaflets and other pieces of literature were distributed, on request, to school children and others, and educational films were shown 143 times during the year. The Association published and distributed the "Year Book on Tuberculosis in New York City for 1964," a comprehensive statistical analysis of trends and important indices of the problem.

The Association acknowledges its appreciation of the splendid cooperation which was received during the year from newspapers, television and radio stations in New York, in regularly publicizing the Target TB bus schedules and the broadcasting of our monthly health notes and other messages.

**Cooperation with Other Agencies.** The Association continued to take an active part in general health and welfare activities in New York City. Its staff and Board members participated in the work of many organizations, some of which are: Council of Tuberculosis and Health Associations of New York State, Northeastern Tuberculosis Conference, New York Academy of Medicine, Community Council of Greater New York, New York State Committee on Smoking and Health, New York State Society for Medical Research, Public Health Association of New York City, Regional Plan Association and the National Public Relations Council for Health and Welfare Services.



HON. HERMAN BADILLO  
President, Borough of the Bronx  
Christmas Seal Chairman



## Campaign — your familiar Christmas Seal

Income from the Christmas Seal Campaign in 1965 was slightly more than in the previous year. This is encouraging, but tuberculosis continues to present an exceedingly stubborn public health problem in New York City. Additional funds will permit the greater effort that must be made to combat the disease. Increased public support will stimulate more energetic cooperation in the fight. The Christmas Seal Campaign not only is our main source of income, but also serves the added purpose of being a reminder to New Yorkers of the ever-present danger of tuberculosis and other respiratory diseases.

Over 700,000 letters were mailed, telling what is being done to combat tuberculosis in New York City, and it is estimated that over 160,000 patrons of commercial movie houses saw short film presentations about the work. Volunteers generously donated their time in support of the campaign. Approximately 2,500 man-hours of volunteer time were given. Among the

volunteers of all ages were a number of young people from the Neighborhood Youth Corps.

In addition, Association supporters continued to include persons whose contributions come in the form of bequests. These funds, a living memorial to the donors, were immediately applied to the programs of case detection, services to patients, research and professional and public education. The bequests and legacies are shown in the Financial Statement at the end of this Report.

We wish to thank the many businesses, banks, stores, newspapers, television and radio stations which generously contributed time and space to assist in the Christmas Seal Campaign. Particularly do we wish to record our appreciation to all of the Campaign Sponsors, and especially to express our thanks to the Honorable Herman Badillo, President, Borough of the Bronx, who served as Campaign Chairman for the New York Tuberculosis and Health Association in 1965.



# NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION

## OFFICERS AND DIRECTORS

March 31, 1966

### OFFICERS

<b>GERALD P. ROSEN</b> President	<b>HUBERT T. DELANY</b> Second Vice President	<b>J. BURNS AMBERSON, M.D.</b> Vice President for Scientific and Medical Affairs	<b>DENIS J. O'LEARY, M.D.</b> Secretary
<b>JULIA M. JONES, M.D.</b> First Vice President and President-elect	<b>LOUIS B. PALMER</b> Treasurer	<b>HARRY BARBEE, JR.</b> Assistant Treasurer	<b>IRVING MUSHLIN</b> General Director

### DIRECTORS

J. Burns Amberson, M.D. John B. Barnwell, M.D. J. Maxwell Chamberlain, M.D. Miss C. Elizabeth Chichester E. Gurney Clark, M.D. Mrs. Edward N. Costikyan Herbert C. Darling, M.D. Arthur O. Davidson, Ed.D. Hubert T. Delany Floyd M. Feldmann, M.D. Edward E. Fischel, M.D. Harry Y. Fong, M.D. William A. Forrester, Jr. Mrs. Marion Housbury Foster John F. Gleason	Ulara Regina Gross, M.D. Mark H. Harrington Virginia E. Hendrickson Julius L. Hobby, Ph.D. The Rev. W. Eugene Houston, D.D. Julia M. Jones, M.D. Mrs. Cynthia R. Kinseila Paul Lapolla Edith M. Lincoln, M.D. James R. McCarroll, M.D. John H. McClement, M.D. Walsh McDermott, M.D. Mrs. Carl G. Meiners Philip H. Michaels Carl Muschenheim, M.D.	Herman R. Nivert, M.D. Denis J. O'Leary, M.D. Louis B. Palmer A. Wells Peck William Reydel H. McLeod Riggins, M.D. Gerald P. Rosen Thomas N. Sheen, M.D. Miss Dorothy V. Smith Joseph L. Stein John Tasso Miss Gladys V. Thorne Joseph L. Torres John Western The Rev. M. L. Wilson, D.D.
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### HONORARY DIRECTORS

Donald B. Armstrong, M.D. Margaret W. Barnard, M.D. Louis I. Dublin, Ph.D.	Edward P. Eglee, M.D. Albert Goldin Mrs. Albert H. Gordon	Morris Meister, Ph.D. Foster Murray, M.D. Mrs. Ruth Logan Roberts
Wilson G. Smilie, M.D.	Ogden Woodruff, M.D.	

### COUNSEL

Peaslee, Brigham, Albrecht & McMahon

### SPONSORS OF THE 1965 CHRISTMAS SEAL CAMPAIGN

<b>HON. HERMAN BADILLO</b> Christmas Seal Chairman	<b>Astronaut SCOTT CARPENTER</b> National Honorary Chairman	
Miss Marian Anderson Harry Belafonte Mrs. Gertrude Berg Cass Canfield Bennett Cerf Robert K. Christenberry Louis Cohen Myron Cohen Miss Joan Crawford Arthur O. Davidson, Ed.D. Hubert T. Delany	James A. Farley Miss Eileen Farrell Mrs. Albert H. Gordon Mrs. Jacob K. Javits Hon. Albert V. Maniscalco Mrs. Carl G. Meiners Morris Meister, Ph.D. Philip H. Michaels Joseph Monserrat Hon. Constance Baker Motley Hon. Joseph P. Periconi	Rev. Norman Vincent Peale, D.D., LL.D. Most Rev. Joseph M. Pernicone, D.D., J.C.D. Jackie Robinson John Roosevelt Howard A. Rusk, M.D. Thomas N. Sheen, M.D. Rabbi Charles E. Shulman Miss Dorothy V. Smith Ed Sullivan

## COMMITTEES FOR THE YEAR 1965-66

### COMMITTEES FOR THE YEAR 1965-66

The President, Mr. Gerald P. Rosen, was a member of all committees, ex officio

#### Executive

Hubert T. Delany  
Floyd M. Feldmann, M.D.  
Mrs. Marion Lounsbury Foster  
Gladys L. Hobby, Ph.D.  
Julia M. Jones, M.D.  
Mrs. Cynthia R. Kinsella  
Paul Lapolla  
Carl Muschenheim, M.D.  
Denis J. O'Leary, M.D.  
Louis B. Palmer  
Gerald P. Rosen

#### Campaign

Philip H. Michaels, *Chairman*  
Warren E. Hendrickson  
Mrs. Carl G. Meiners  
A. Wells Peck  
Miss Dorothy V. Smith  
The Rev. M. L. Wilson, D.D.

#### Care of Tuberculosis Patients

Denis J. O'Leary, M.D., *Chairman*  
J. Maxwell Chamberlain, M.D.  
Clara Regina Gross, M.D.  
Mrs. Cynthia R. Kinsella  
Edith M. Lincoln, M.D.  
John H. McClement, M.D.  
Walsh McDermott, M.D.  
Mrs. Eva M. Reese

#### Case Finding

Mark H. Harrington, *Chairman*  
Arthur O. Davidson, Ed.D.  
William S. Diefenbach  
Harry Y. Fong, M.D.  
John F. Gleason  
Edith M. Lincoln, M.D.  
Joseph L. Torres

#### Community Education

William Reydel, *Chairman*  
Miss Marianne Casey  
Ralph Constantino  
Mrs. Edward N. Costikyan  
Bert Cowlan  
Paul Lapolla  
Mrs. Joyce Hurley Shea  
John Tassos  
John Western

#### Finance

Louis B. Palmer, *Chairman*  
William A. Forrester, Jr.  
Warren E. Hendrickson  
A. Wells Peck

#### James Alexander Miller Memorial

J. Burns Amberson, M.D., *Chairman*  
John B. Barnwell, M.D.  
Walsh McDermott, M.D.  
Carl Muschenheim, M.D.  
H. McLeod Riggins, M.D.

#### Nominating

Gladys L. Hobby, Ph.D., *Chairman*  
Robert C. Darling, M.D.  
Floyd M. Feldmann, M.D.  
Julia M. Jones, M.D.  
Mrs. Cynthia R. Kinsella  
Philip H. Michaels

#### Program and Budget

Paul Lapolla, *Chairman*  
Hubert T. Delany  
Mrs. Marion Lounsbury Foster  
Mark H. Harrington  
Carl Muschenheim, M.D.  
Louis B. Palmer  
William Reydel  
Miss Gladys V. Thorne

#### Research and Scientific Advisory

Carl Muschenheim, M.D., *Chairman*  
J. Burns Amberson, M.D.  
John B. Barnwell, M.D.  
Floyd M. Feldmann, M.D.  
James R. McCarroll, M.D.  
Herman R. Nayer, M.D.  
Louis B. Palmer  
Dickinson W. Richards, M.D.  
H. McLeod Riggins, M.D.

#### Services to Patients

Mrs. Marion Lounsbury Foster, *Chairman*  
Miss C. Elizabeth Chichester  
Mrs. Edward N. Costikyan  
Robert C. Darling, M.D.  
The Rev. W. Eugene Houston, D.D.  
Julia M. Jones, M.D.  
Joseph L. Torres

#### Special Gifts

Thomas N. Sheen, M.D., *Chairman*  
J. Maxwell Chamberlain, M.D.  
Hubert T. Delany  
Mrs. Marion Lounsbury Foster  
Mrs. Albert H. Gordon  
H. McLeod Riggins, M.D.  
Joseph L. Stein

### DELEGATES TO COOPERATING ORGANIZATIONS

#### Council of Tuberculosis and Health Associations of New York State

Gerald P. Rosen  
Irving Mushlin  
Mrs. Marion Lounsbury Foster  
Julia M. Jones, M.D.  
Paul Lapolla

#### Northeastern Tuberculosis Conference

Mark H. Harrington  
Paul Lapolla  
Frank J. Donahue

#### Representative Member National Tuberculosis Association Board of Directors

Julia M. Jones, M.D.

PEAT, MARWICK, MITCHELL & Co.

CERTIFIED PUBLIC ACCOUNTANTS

SEVENTY PINE STREET

NEW YORK, NEW YORK 10005

The Board of Directors  
New York Tuberculosis and Health Association, Inc.:

We have examined the statement of financial position of the New York Tuberculosis and Health Association, Inc. as of March 31, 1966 and the related statement of income, expenditures and changes in fund balances, including the supporting statement of expenditures, for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. As to contributions, it was not practicable because of their nature to extend the examination beyond accounting, on a test basis, for the receipts as recorded.

In our opinion, the accompanying statement of financial position and statement of income, expenditures and changes in fund balances, including the supporting statement of expenditures, present fairly the financial position of the New York Tuberculosis and Health Association, Inc. at March 31, 1966 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles, except with respect to equipment acquisitions as explained in note 2 of the notes to financial statements, applied on a basis consistent with that of the preceding year.

*Peat, Marwick, Mitchell Co.*

April 21, 1966



**Statement of Financial Position**  
**March 31, 1966**

*Exhibit A*

**ASSETS**

**Operating fund:**

Cash .....	\$ 36,500
Investments, at cost (quoted market value \$466,350) .....	469,810
Accounts receivable .....	4,387
Due from reserve fund .....	16,585
Deposits and other assets .....	780
Total operating fund .....	<u>528,062</u>

**Reserve fund:**

Investments, at cost (quoted market value \$711,000) .....	540,370
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**Endowment fund:**

Assets held in trust by others (valued February 14, 1966) .....	98,151
	<u>\$2,051,803</u>

**LIABILITIES AND FUNDS**

**Operating fund:**

Accounts payable and accrued expenses .....	46,208
Fund balance (note 1)—(Exhibit B) .....	481,854
Total operating fund .....	<u>528,062</u>

**Reserve fund:**

Due to operating fund .....	\$ 16,585
Fund balance (Exhibit B) .....	527,715
Total reserve fund .....	<u>540,370</u>

**Endowment fund:**

Principal held in trust by others (Estelle A. Manning Trust) .....	98,151
	<u>\$2,051,803</u>

**Statement of Income, Expenditures and Changes in Fund Balances**  
**Year ended March 31, 1966**

*Exhibit B*

	Operating fund	Reserve fund
<b>Income:</b>		
Contributions (note 1):		
1965 Christmas Seal campaign .....	\$439,209	—
Greater New York Fund .....	51,665	—
Legacies and annuity received .....	4,252	—
Total contributions .....	<u>495,126</u>	—
Chest X-ray fees .....	64,878	—
Income from participation in the Estelle A. Manning Trust .....	30,381	—
Interest and dividends .....	44,933	—
Gain (loss) on disposal of investments .....	(56,000)	9,520
Other .....	1,887	—
Total income .....	<u>661,124</u>	<u>9,520</u>
<b>Expenditures:</b>		
Program services (Exhibit C) .....	449,610	—
Supporting services (Exhibit C) .....	279,783	—
Support of the National Tuberculosis Association .....	11,766	—
	<u>741,159</u>	—
Excess (deficiency) of income over expenditures .....	(80,035)	9,520
<b>Fund balances:</b>		
Beginning of year .....	592,477	530,785
Transfer between funds .....	16,523	(16,523)
End of year .....	<u>\$481,854</u>	<u>\$527,785</u>

**Statement of Expenditures**  
**Year ended March 31, 1966**

*Exhibit C*

**Program services:**

**Community services** . . . . . **\$182,712**

Support of programs for tuberculosis detection and treatment; cooperation with governmental and other agencies on planning and strengthening official health services for tuberculosis control and general health.

**Public health education** . . . . . **29,137**

Activities to alert the public to methods of protection from tuberculosis and other respiratory diseases; use of television and radio, newspapers, films, printed material and exhibits.

**Professional education** . . . . . **39,192**

Fellowships for graduate physicians to provide training in tuberculosis and other chest diseases; scholarships and support of other educational activities for nurses, social workers and other professional groups; publications and distribution of periodicals, pamphlets and exhibits to professional persons.

**Patient services** . . . . . **71,028**

Services to patients who are under care for tuberculosis; direct assistance to meet social needs of patients when aid is not available from tax-supported agencies; educational materials for patients; guidance and referral to proper community agencies.

**Research** . . . . . **107,640**

Grants in aid of research projects conducted in approved institutions in order to increase our knowledge of tuberculosis and related conditions; other research and medical advisory activities.

**Public information** . . . . . **19,901**

Activities to inform the public of the Association's actions; annual reports, news releases, other printed material.

**\$449,610**

**Supporting services:**

**Fund raising** . . . . . **167,663**

Christmas Seal campaign expenses, including informational and educational activities; materials, mail and labor costs.

**Administration and general expenses** . . . . . **112,120**

Business administration, accounting, office management and related services; board and committee activities for establishment of general policy.

**\$279,783**

**Notes to Financial Statements**

1. The Christmas Seal campaign is conducted mainly in the months of November and December and receipts thereof (less portion to support the National Tuberculosis Association) are used to finance operations for the fiscal year beginning on the subsequent April 1.
2. It is the practice of the Association to include in expenditures the cost of equipment acquisitions, which are written off as acquired. Accordingly, no provision for depreciation is recorded in the accounts.
3. As of March 31, 1966, the Association was committed to make payments totaling \$98,242 in support of research and professional education, payable during the year ending March 31, 1967.

## PRINCIPAL STAFF MEMBERS AS OF MARCH 31, 1966

### DIRECTORS OFFICE

Irving Mushlin.....*General Director*  
Frank J. Donahue.....*Assistant General Director*  
J. Gary Collins.....*Public Health Statistician*  
Miss Muriel Walker.....*Administrative Secretary*

### SERVICES TO PATIENTS

Miss Fanny Behlen.....*Director*  
Mrs. Jeanne L. Belton.....*Assistant Director*  
Mrs. Harriett P. Parr.....*Tuberculosis Coordinator, Demonstration  
Project—Department of Welfare*  
Mrs. Mary H. Bullock.....*Public Health Nurse*  
Miss Eleanor Curry.....*Public Health Nurse*  
Mrs. Bernice A. Worrell.....*Public Health Nurse*  
Mrs. Ruth Webb.....*Public Health Nurse*

### CASE DETECTION

Miss Angela Messina.....*Director*  
Ernest L. Davis.....*Field Representative*  
Richard Parker.....*Field Representative*

### COMMUNITY EDUCATION

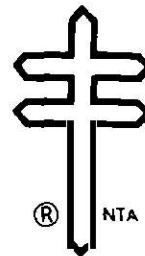
John Downey.....*Director*  
Irving Fein.....*Public Relations Associate*  
Miss Mary E. Callahan.....*Public Relations Assistant*

### CAMPAIGN

Wendell Rennie.....*Director*  
Mrs. Ruth A. Ryan.....*Administrative Assistant*

### BUSINESS OFFICE

Joseph E. Cosgrove.....*Office Manager*





A CHRISTMAS SEAL PUBLICATION