

Hospital Beds for Tuberculosis

Tuberculosis control workers in many communities are daily confronted by the problem of long waiting lists for admission to tuberculosis hospitals and repeatedly emphasize the hardships resulting from the extreme shortage of tuberculosis hospital facilities. At times this situation has forced the adoption of unrealistic admission and discharge policies, to the general detriment of the public health program.

According to current State survey data, 39,000 tuberculosis hospital beds are still needed. However, this estimate is based on a minimum standard of 2.5 beds per annual death from the disease. This standard, established several years ago for want of a better yardstick, is no longer adequate, according to present opinion. With progressive improvement in treatment, fewer tuberculosis patients are dying of the disease. Therefore, for isolation treatment in hospitals, for aftercare, and for rehabilitation, we will probably continue to require more, not fewer, beds for some time to come.

Survey and Construction

With the passage of the Hospital Survey and Construction (Hill-Burton) Act of 1946, the country was provided with a systematic nation-wide hospital construction program utilizing financial aid from the Federal Government.

The program first aims to assist States in determining their needs for hospital and health facilities and in planning for the provision of needed facilities. Second, it assists the States in carrying out these plans by providing financial aid for the construction of needed hospitals and other health facilities.

Until now the emphasis has been upon the

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construction of general hospitals and health centers. The present situation in hospital construction was summarized in *Public Health Reports* for March 1952, pages 312-315. A review of State plan statistics for 1948 through 1951 appears in Public Health Service Publication No. 171 under the title, "Hospital Beds in the United States, 1951."

Only 3 percent of the 1,712 projects approved as of the end of 1951 were for tuberculosis facilities, providing less than 5,600 beds (see frontispiece). Since the Hospital Survey and Construction Act applies with equal force to tuberculosis facilities, it provides an excellent opportunity for material advances in tuberculosis control wherever the need exists. Financial assistance for construction is available to the States and Territories in meeting this costly phase of tuberculosis control. Local tuberculosis hospitalization needs should be made known to State hospital planning agencies, advisory councils, and the communities at large.

Tuberculosis Units in General Hospitals

The need to include adequate accommodations in general hospitals for the care of tuberculous patients has been recognized for many years. Tuberculosis services are being integrated with general hospitals for purposes of providing centralized services and medical care. In some instances this includes the common use of facilities, medical consultants, and other selected personnel for improved patient service and for education. Special tuberculosis hospitals and sanatoriums, integrated with general hospital services, are, of course, still needed in many areas. To help alleviate the shortage of tuberculosis beds, consideration should be given to including beds for tuberculosis patients in general hospitals. Past experience has shown this to be a highly desirable practice, and several States have adopted it in their plans for future hospital construction.