

# State and Local Government Expenditures for Health and Hospitals

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FOR THE FIRST TIME since 1942, State-by-State data are available on the expenditures of State and local governments for the major functions of these governments (1). The Bureau of the Census obtained these data on the then 48 States and the District of Columbia as part of the 1957 Census of Governments. Although the Census Bureau annually publishes financial statistics for State governments and for cities of more than 25,000 inhabitants (2), similar data for local governments have been available only as estimated nationwide totals. Four functions—education, highways, public welfare, and health and hospitals—accounted for nearly three-fourths of the total State-local general expenditures in 1957. General expenditures represent the amounts spent for public programs but exclude State-owned and State-operated enterprises and trust fund operations.

Of the total general expenditures by State and local governments of \$40.4 billion, health and hospitals accounted for \$3.2 billion—\$2.6 billion for hospitals and \$0.6 billion for health. New York State spent the largest amount for health and hospitals combined (\$521.5 million) and South Dakota the smallest amount (\$5.6 million). Expenditures for hospitals ranged from \$446.0 million in New York State to \$4.1 million in Vermont. Expenditures for health varied from \$75.5 million in New York to somewhat less than \$1 million in Nevada.

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On a per capita basis, the average expenditure by State and local governments for health and hospitals combined was \$18.80; for hospitals, \$15.56, and for health, \$3.24. Aside from the District of Columbia, the State with the highest per capita expenditure for health and hospitals together (New York) spent \$32.30; the State with the lowest per capita expenditure for this purpose (South Dakota) spent about one-fourth this amount, or \$8.06. By far the larger part of these expenditures for health and hospitals went to hospitals; per capita outlays for hospitals (again omitting the District of Columbia) ranged from \$27.62 in New York to \$6.34 in South Dakota. Per capita expenditures for health varied from \$7.93 in Washington to \$1.34 in Iowa.

According to Census Bureau definitions (2), hospital expenditures are the expenditures of State and local governments for the support of hospital facilities (and institutions for the care and treatment of the handicapped) that are established or operated by these governmental units, for the provision of hospital care in private or other governmental hospitals, and for the support of other public or private hospitals. Included are expenditures for hospital facilities operated in conjunction with State colleges or universities as well as payments by the governmental units of hospital bills for the needy and for other classes of the public.

Health expenditures are the amounts spent by State and local governments for public health services and for vendor payments for medical supplies and services, excluding payments for hospital care. Public health services

**Table 1. Health and hospital expenditures of State and local governments, 1957**

States ranked by 1957 per capita income	Per capita				Total amount (thousands)		
	Personal income	Health and hospital expenditures	Hospital expenditures	Health expenditures	Health and hospital expenditures	Hospital expenditures	Health expenditures
United States.....	\$2, 027	\$18. 80	\$15. 56	\$3. 24	\$3, 202, 107	\$2, 650, 240	\$551, 867
Median State.....	1, 836	16. 04	12. 76	2. 90	34, 815	29, 055	6, 245
States with per capita incomes above U.S. average							
Connecticut.....	\$2, 821	\$23. 00	\$19. 03	\$3. 97	\$52, 171	\$43, 171	\$9, 000
Delaware.....	2, 740	17. 34	14. 28	3. 06	7, 528	6, 199	1, 329
New York.....	2, 578	32. 30	27. 62	4. 68	521, 506	446, 004	75, 502
California.....	2, 523	24. 02	19. 67	4. 35	333, 441	273, 038	60, 403
District of Columbia.....	2, 514	35. 75	30. 53	5. 22	29, 315	25, 035	4, 280
New Jersey.....	2, 504	18. 91	16. 16	2. 75	106, 213	90, 749	15, 464
Illinois.....	2, 447	17. 76	13. 97	3. 79	172, 197	135, 460	36, 737
Nevada.....	2, 423	31. 07	27. 41	3. 66	8, 141	7, 182	959
Massachusetts.....	2, 335	30. 57	24. 70	5. 87	147, 564	119, 244	28, 320
Ohio.....	2, 255	14. 92	12. 40	2. 52	137, 366	114, 144	23, 222
Maryland.....	2, 156	20. 13	16. 38	3. 75	58, 256	47, 413	10, 843
Michigan.....	2, 141	24. 12	20. 77	3. 35	185, 849	160, 051	25, 798
Washington.....	2, 128	22. 57	14. 64	7. 93	61, 506	39, 890	21, 616
Pennsylvania.....	2, 112	14. 89	12. 12	2. 77	163, 921	133, 475	30, 446
Wyoming.....	2, 038	24. 97	21. 93	3. 04	7, 918	6, 953	965
States with per capita incomes below U.S. average							
Indiana.....	\$2, 010	\$16. 38	\$14. 61	\$1. 77	\$73, 793	\$65, 826	\$7, 967
Colorado.....	1, 996	16. 95	14. 57	2. 38	28, 180	24, 230	3, 950
Rhode Island.....	1, 990	17. 65	13. 91	3. 74	15, 125	11, 918	3, 207
Missouri.....	1, 940	14. 26	12. 42	1. 84	60, 452	52, 648	7, 804
Wisconsin.....	1, 920	19. 39	16. 79	2. 60	74, 853	64, 813	10, 040
Oregon.....	1, 914	15. 94	10. 72	5. 22	27, 777	18, 683	9, 094
Montana.....	1, 896	13. 08	10. 41	2. 67	8, 772	6, 982	1, 790
New Hampshire.....	1, 862	23. 42	17. 30	6. 12	13, 417	9, 912	3, 505
Minnesota.....	1, 850	23. 45	19. 58	3. 87	77, 821	64, 984	12, 837
Florida.....	1, 836	19. 43	15. 32	4. 11	81, 805	64, 492	17, 313
Nebraska.....	1, 818	14. 13	12. 55	1. 58	20, 301	18, 032	2, 269
Iowa.....	1, 806	14. 08	12. 74	1. 34	39, 209	35, 469	3, 740
Texas.....	1, 791	11. 36	9. 66	1. 70	104, 193	88, 631	15, 562
Kansas.....	1, 787	17. 21	14. 91	2. 30	36, 133	31, 304	4, 829
Arizona.....	1, 750	12. 00	9. 11	2. 89	12, 935	9, 823	3, 112
Utah.....	1, 694	12. 63	9. 59	3. 04	10, 605	8, 052	2, 553
New Mexico.....	1, 686	17. 18	13. 17	4. 01	13, 964	10, 706	3, 258
Vermont.....	1, 665	15. 39	11. 01	4. 38	5, 693	4, 073	1, 620
Maine.....	1, 663	13. 33	10. 34	2. 99	12, 521	9, 710	2, 811
Virginia.....	1, 660	13. 82	10. 92	2. 90	52, 914	41, 820	11, 094
Idaho.....	1, 630	16. 04	12. 76	3. 28	10, 340	8, 227	2, 113
Oklahoma.....	1, 619	11. 69	9. 77	1. 92	26, 377	22, 049	4, 328
Louisiana.....	1, 566	16. 26	13. 51	2. 75	49, 866	41, 424	8, 442
West Virginia.....	1, 554	9. 18	7. 50	1. 68	18, 021	14, 729	3, 292
South Dakota.....	1, 531	8. 06	6. 34	1. 72	5, 588	4, 396	1, 192
North Dakota.....	1, 435	13. 57	9. 88	3. 69	8, 756	6, 375	2, 381
Georgia.....	1, 431	19. 27	16. 27	3. 00	72, 683	61, 354	11, 329
Tennessee.....	1, 383	14. 59	11. 89	2. 70	50, 251	40, 945	9, 306
Kentucky.....	1, 372	9. 92	7. 76	2. 16	30, 206	23, 627	6, 579
Alabama.....	1, 324	11. 02	9. 05	1. 97	34, 815	28, 601	6, 214
North Carolina.....	1, 317	12. 74	10. 62	2. 12	56, 946	47, 473	9, 473
South Carolina.....	1, 180	14. 16	12. 27	1. 89	33, 523	29, 055	4, 468
Arkansas.....	1, 151	10. 34	8. 51	1. 83	18, 409	15, 143	3, 266
Mississippi.....	958	10. 60	7. 72	2. 88	22, 971	16, 726	6, 245

include public health administration, research, nursing, immunization, clinics, and other general health activities (other than "hospital" activities). They include expenditures for such programs as health examinations and inspections, maternal and child health, school health activities of health departments (but not of school departments), control of cancer, tuberculosis, and mental illness, and other categorical and environmental health activities.

The expenditures reported here are financed from revenue and borrowing, including as revenue amounts received in the form of grants-in-aid from the Federal Government, patient fees, and rental revenues, as well as taxes.

Table 1 shows the per capita expenditures and the dollar amounts for health and hospital services for each State. The States are listed in the order of per capita personal income. Connecticut is at the top, with a per capita income of \$2,821, and Mississippi is at the bottom with a per capita income of \$958.

The median State had a per capita income of \$1,836. The median per capita expenditure for health and hospitals combined was \$16.04; for hospitals it was \$12.76, and for health, \$2.90. In general, States with high per capita incomes reported above-average State and local outlays for health and hospitals combined and for hospitals. The correlation between per capita income and per capita expenditure for health services is less marked.

Of the total \$3.2 billion spent for health and hospitals, \$1.7 billion represents the expenditures of State governments and \$1.5 billion the expenditures of local governments. The amounts expended by State governments varied from \$236 million in New York to slightly less than \$2 million in Nevada. Local government expenditures for this function ranged from a high of \$285 million in New York to a low of \$311,000 in Delaware (table 2).

Although for the United States as a whole, State governments and local governments were about equally responsible for health and hospital expenditures, in 30 States the expenditures of the State government exceeded those of the local governments. In eight States the expenditures of the State government accounted for 80 percent or more of the health and hospital

outlays. At the other extreme, in three States the expenditures of the State government accounted for less than 30 percent of the total health and hospital expenditures (table 3).

No geographic pattern is evident in the division of health and hospital program responsibilities between State governments and local governments. For example, in California local governments spent 63 cents of each dollar, but in Washington and Oregon, only 39 and 29 cents respectively. In New York about 55 cents of each dollar represents local expenditures, and in New Jersey the figure is 61 cents, but in Connecticut, it is only 15 cents. In Georgia local governments spent 66 percent of the total health and hospital expenditures; in Alabama, 56 percent; in Mississippi, 49 percent; in Arkansas, 40 percent; and in Louisiana, 19 percent (table 3).

A total of \$111 million of Federal aid went to State governments to finance these health and hospital expenditures. State governments granted \$253 million to local governmental units for these functions, and \$60 million of local funds was paid to State governments as reimbursement for services performed by the States for localities.

Federal grants to State governments for health and hospital programs ranged from \$8 million in Texas to \$366,000 in Delaware. State aid to local governments ranged from a high of \$73 million in New York to a low of \$16,000 in Maine and New Hampshire. Local governments in 35 States made payments to their respective State governments for health and hospitals ranging from almost \$12 million in New Jersey to \$1,000 in Texas (table 2).

For the United States as a whole (exclusive of the District of Columbia), Federal funds accounted for 3.5 percent of the total expenditures for health and hospitals. In New York Federal funds represented less than 1 percent, but in Alabama and Arkansas they represented 13.8 percent of the total. In 33 States, the proportion of Federal funds exceeded the average of 3.5 percent, and in 19 States it exceeded twice this average. In general, Federal funds accounted for a larger proportion of program outlays in the agricultural and low-income States than in the industrial, high-

**Table 2. State and local expenditures for health and hospitals and transfers of funds between governments, 1957**

[Thousands of dollars]

States ranked by 1957 per capita income	Final spending unit			Intergovernmental transfer of funds		
	Total	State	Local	From Federal to State	From local to State	From State to local
United States.....	\$3, 202, 107	\$1, 652, 288	\$1, 549, 819			
United States exclusive of District of Columbia.....	3, 172, 792	1, 652, 288	1, 520, 504	<sup>1</sup> \$111, 202	\$60, 264	\$253, 072
States with per capita incomes above U.S. average						
Connecticut.....	\$52, 171	\$44, 436	\$7, 735	\$969	0	\$284
Delaware.....	7, 528	7, 217	311	366	0	0
New York.....	521, 506	236, 037	285, 469	4, 499	\$858	73, 151
California.....	333, 441	123, 216	210, 225	4, 939	2, 507	15, 667
New Jersey.....	106, 213	41, 838	64, 375	1, 490	11, 657	4, 837
Illinois.....	172, 197	105, 819	66, 378	3, 472	251	10, 958
Nevada.....	8, 141	1, 850	6, 291	665	59	267
Massachusetts.....	147, 564	79, 799	67, 765	1, 473	406	29, 818
Ohio.....	137, 366	72, 995	64, 371	3, 857	3, 766	3, 522
Maryland.....	58, 256	42, 628	15, 628	1, 893	2, 612	1, 460
Michigan.....	185, 849	93, 026	92, 823	4, 534	6, 466	13, 361
Washington.....	61, 506	37, 356	24, 150	1, 061	0	9, 231
Pennsylvania.....	163, 921	137, 357	26, 564	6, 438	0	5, 246
Wyoming.....	7, 918	2, 175	5, 743	578	13	234
States with per capita incomes below U.S. average						
Indiana.....	\$73, 793	\$37, 076	\$36, 717	\$2, 075	\$947	\$7, 134
Colorado.....	28, 180	16, 102	12, 078	1, 272	0	571
Rhode Island.....	15, 125	13, 059	2, 066	953	0	200
Missouri.....	60, 452	24, 610	35, 842	2, 417	1, 110	1, 580
Wisconsin.....	74, 853	21, 493	53, 360	1, 426	2, 138	16, 089
Oregon.....	27, 777	19, 708	8, 069	690	0	88
Montana.....	8, 772	5, 888	2, 884	629	0	49
New Hampshire.....	13, 417	8, 339	5, 078	471	25	16
Minnesota.....	77, 821	33, 598	44, 223	3, 382	2, 219	17, 097
Florida.....	81, 805	34, 396	47, 409	3, 146	3, 680	3, 194
Nebraska.....	20, 301	13, 860	6, 441	614	5, 174	147
Iowa.....	39, 209	19, 489	19, 720	1, 752	9, 802	807
Texas.....	104, 193	52, 513	51, 680	8, 059	1	1, 370
Kansas.....	36, 133	23, 143	12, 990	1, 441	0	3, 910
Arizona.....	12, 935	5, 133	7, 802	732	0	788
Utah.....	10, 605	4, 934	5, 671	1, 018	100	479
New Mexico.....	13, 964	8, 322	5, 642	1, 830	51	526
Vermont.....	5, 693	4, 861	832	369	0	0
Maine.....	12, 521	10, 253	2, 268	610	61	16
Virginia.....	52, 914	40, 928	11, 986	2, 484	924	1, 904
Idaho.....	10, 340	4, 868	5, 472	1, 243	209	436
Oklahoma.....	26, 377	18, 796	7, 581	2, 146	301	362
Louisiana.....	49, 866	40, 460	9, 406	3, 210	0	2, 244
West Virginia.....	18, 021	10, 261	7, 760	1, 717	218	416
South Dakota.....	5, 588	3, 918	1, 670	566	935	137
North Dakota.....	8, 756	7, 945	811	640	423	95
Georgia.....	72, 683	24, 783	47, 900	5, 442	0	7, 137
Tennessee.....	50, 251	21, 316	28, 935	3, 828	2, 347	2, 204
Kentucky.....	30, 206	14, 419	15, 787	2, 130	40	1, 868
Alabama.....	34, 815	15, 363	19, 452	4, 811	761	5, 465
North Carolina.....	56, 946	30, 845	26, 101	5, 270	123	4, 168
South Carolina.....	33, 523	13, 045	20, 478	3, 015	54	3, 040
Arkansas.....	18, 409	11, 017	7, 392	2, 547	7	865
Mississippi.....	22, 971	11, 798	11, 173	3, 033	19	634

<sup>1</sup> Excludes approximately \$2 million Federal grants to local governments.

**Table 3. Percentage distribution of health and hospital expenditures between State and local governments by final spending unit and source of funds, 1957**

States ranked by 1957 per capita income	Final spending unit		Source of financing (after allowance for intergovernmental transfers)		
	State	Local	Federal	State	Local
United States, exclusive of District of Columbia.....	52.1	47.9	<sup>1</sup> 3.5	54.7	41.8
States with per capita incomes above U.S. average					
Connecticut.....	85.2	14.8	1.8	83.9	14.3
Delaware.....	95.9	4.1	4.9	91.0	4.1
New York.....	45.3	54.7	0.9	58.2	40.9
California.....	37.0	63.0	1.5	39.4	59.1
New Jersey.....	39.4	60.6	1.4	31.6	67.0
Illinois.....	61.5	38.5	2.0	65.7	32.3
Nevada.....	22.7	77.3	8.2	17.1	74.7
Massachusetts.....	54.1	45.9	1.0	73.0	26.0
Ohio.....	53.1	46.9	2.8	50.2	47.0
Maryland.....	73.2	26.8	3.3	67.9	28.8
Michigan.....	50.1	49.9	2.4	51.3	46.3
Washington.....	60.7	39.3	1.7	74.0	24.3
Pennsylvania.....	83.8	16.2	3.9	83.1	13.0
Wyoming.....	27.5	72.5	7.3	23.0	69.7
States with per capita incomes below U.S. average					
Indiana.....	50.2	49.8	2.8	55.8	41.4
Colorado.....	57.1	42.9	4.5	54.7	40.8
Rhode Island.....	86.3	13.7	6.3	81.4	12.3
Missouri.....	40.7	59.3	4.0	37.5	58.5
Wisconsin.....	28.7	71.3	1.9	45.4	52.7
Oregon.....	71.0	29.0	2.5	68.8	28.7
Montana.....	67.1	32.9	7.2	60.5	32.3
New Hampshire.....	62.2	37.8	3.5	58.6	37.9
Minnesota.....	43.2	56.8	4.4	57.9	37.7
Florida.....	42.0	58.0	3.8	37.6	58.6
Nebraska.....	68.3	31.7	3.0	40.5	56.5
Iowa.....	49.7	50.3	4.5	22.3	73.2
Texas.....	50.4	49.6	7.7	44.0	48.3
Kansas.....	64.0	36.0	4.0	70.9	25.1
Arizona.....	39.7	60.3	5.7	40.1	54.2
Utah.....	46.5	53.5	9.6	40.5	49.9
New Mexico.....	59.6	40.4	13.1	49.9	37.0
Vermont.....	85.4	14.6	6.5	78.9	14.6
Maine.....	81.9	18.1	4.9	76.6	18.5
Virginia.....	77.3	22.7	4.7	74.5	20.8
Idaho.....	47.1	52.9	12.0	37.3	50.7
Oklahoma.....	71.3	28.7	8.1	63.4	28.5
Louisiana.....	81.1	18.9	6.4	79.2	14.4
West Virginia.....	56.9	43.1	9.5	48.5	42.0
South Dakota.....	70.1	29.9	10.1	45.7	44.2
North Dakota.....	90.7	9.3	7.3	79.7	13.0
Georgia.....	34.1	65.9	7.5	36.4	56.1
Tennessee.....	42.4	57.6	7.6	34.5	57.9
Kentucky.....	47.7	52.3	7.1	46.7	46.2
Alabama.....	44.1	55.9	13.8	43.8	42.4
North Carolina.....	54.2	45.8	9.3	52.0	38.7
South Carolina.....	38.9	61.1	9.0	38.8	52.2
Arkansas.....	59.8	40.2	13.8	50.7	35.5
Mississippi.....	51.4	48.6	13.2	40.8	46.0

<sup>1</sup> Excludes less than 1 percent Federal grants to local governments.

**Table 4. Percentage distribution of general expenditures of State and local governments by major functions, 1957**

States ranked by 1957 per capita income	Education	Highways	Public welfare	Health and hospitals	All other
United States.....	35.0	19.3	8.4	7.9	29.4
United States, exclusive of District of Columbia.....	35.0	19.4	8.4	7.9	29.3
States with per capita incomes above U.S. average					
Connecticut.....	29.1	32.9	5.4	7.1	25.5
Delaware.....	39.9	21.6	5.3	7.1	26.1
New York.....	30.0	13.1	7.4	10.9	38.6
California.....	37.2	14.5	9.1	7.5	31.7
District of Columbia.....	21.0	8.6	6.3	15.8	48.3
New Jersey.....	33.3	16.3	4.3	8.0	38.1
Illinois.....	34.3	19.3	7.2	7.8	31.4
Nevada.....	25.9	24.2	4.2	8.5	37.2
Massachusetts.....	24.1	21.0	10.6	10.5	33.8
Ohio.....	36.3	20.5	7.9	6.7	28.6
Maryland.....	32.5	23.0	4.0	8.4	32.1
Michigan.....	40.2	18.0	6.2	9.2	26.4
Washington.....	36.0	20.0	10.6	7.9	25.5
Pennsylvania.....	36.0	16.6	7.2	7.6	32.6
Wyoming.....	36.5	28.3	5.3	7.6	22.3
States with per capita incomes below U.S. average					
Indiana.....	43.3	18.0	5.8	7.9	25.0
Colorado.....	36.4	19.1	15.8	6.0	22.7
Rhode Island.....	29.1	17.4	10.4	8.4	34.7
Missouri.....	33.4	19.4	15.2	7.2	24.8
Wisconsin.....	32.1	22.3	7.6	8.0	30.0
Oregon.....	38.8	21.3	6.9	5.9	27.1
Montana.....	36.0	28.0	7.4	4.6	24.0
New Hampshire.....	29.8	30.3	6.7	9.6	23.6
Minnesota.....	39.2	20.8	8.3	9.1	22.6
Florida.....	30.1	20.7	7.1	8.2	33.9
Nebraska.....	38.7	25.3	6.7	7.0	22.3
Iowa.....	38.9	27.7	8.9	6.0	18.5
Texas.....	39.5	21.5	8.4	5.6	25.0
Kansas.....	33.5	30.2	8.2	6.3	21.8
Arizona.....	41.9	18.4	6.5	4.4	28.8
Utah.....	45.2	17.7	7.9	5.4	23.8
New Mexico.....	39.3	23.9	7.3	6.2	23.3
Vermont.....	34.3	30.0	8.4	6.2	21.1
Maine.....	30.6	27.6	9.1	6.4	26.3
Virginia.....	36.3	25.5	3.6	7.4	27.2
Idaho.....	35.0	25.7	7.4	6.9	25.0
Oklahoma.....	35.6	21.7	18.7	4.7	19.3
Louisiana.....	31.3	18.1	16.6	5.9	28.1
West Virginia.....	40.9	19.5	11.4	5.9	22.3
South Dakota.....	34.9	32.2	6.7	3.3	22.9
North Dakota.....	31.8	28.5	6.3	5.2	28.2
Georgia.....	36.7	16.9	11.1	10.4	24.9
Tennessee.....	36.0	21.6	9.0	8.9	24.5
Kentucky.....	36.0	22.1	11.0	6.4	24.5
Alabama.....	31.6	24.4	12.9	6.2	24.9
North Carolina.....	40.4	20.9	7.4	7.9	23.4
South Carolina.....	43.4	16.4	8.1	9.1	23.0
Arkansas.....	35.5	23.2	13.0	7.0	21.3
Mississippi.....	33.8	25.6	11.6	7.0	22.0

income States (table 3), reflecting the grant allocation formulas used for the Hill-Burton hospital construction program and public health programs.

For most States, the proportion of State aid to local governments does not affect the division of program responsibilities between State and local governments. Over the Nation, State aid to local governments for health and hospitals amounted to \$253 million, or 17 percent of local outlays for this function. In California, where local expenditures are a relatively high proportion of the total, State aid to localities is relatively low (7.5 percent). In contrast, in Wisconsin, where localities also make a high proportion of the health and hospital expenditures, State aid finances 30 percent of these expenditures. In several States where local expenditures are comparatively low (for example, Pennsylvania, Louisiana, and Kansas), State aid finances 20 to 30 cents of each \$1 of local expenditures.

In only three States (Massachusetts, Minnesota, and Washington) does the proportion of State aid exceed twice the national average. In two States (Delaware and Vermont) there is no State aid to local governments, and in 13 other States less than 5 percent of the local expenditures were financed by State aid.

Although the expenditures for health and hospitals according to the final spending unit are about evenly divided between State and local governments, local funds account for less than half (42 percent) of the total financing. The local share of funds ranges from 4 percent in Delaware to 75 percent in Nevada. In only three States in addition to Nevada (Iowa, New Jersey, and Wyoming) is the local share as much as 60 percent of the total. In 34 States, local funds account for less than half the total health and hospital expenditures.

The four governmental functions of education, highways, public welfare, and health and hospitals accounted for 71 percent of the total \$40.4 billion State-local general expenditures. The remaining 29 percent covered all the other functions of the State and local governments, such as police and fire protection, tax enforcement, legislative and judicial expense, sanitation, conservation of natural resources, recreation, correction, housing and community redevelopment, employment security administration, and interest on the general debt.

Education accounted for the largest proportion of State and local expenditures in all but two States; highway expenditures generally ranked second. Expenditures for public welfare and for health and hospitals usually ranked third and fourth. The States varied widely in the proportion of expenditures devoted to each function. Exclusive of the District of Columbia, education expenditures ranged from 45 percent of general expenditures in Utah to 24 percent in Massachusetts; highways varied from 33 percent in Connecticut to 13 percent in New York; public welfare, from 19 percent in Oklahoma to slightly less than 4 percent in Virginia; and health and hospitals, from 11 percent in New York to 3 percent in South Dakota.

Table 4 shows for each State the percentage distribution of the expenditures for the four major functions of State and local governments.

#### REFERENCES

- (1) U.S. Bureau of the Census: 1957 census of governments. State and local government finances in 1957. Advance Releases No. 8. February 1959, 76 pp.
- (2) U.S. Bureau of the Census: Compendium of State government finances in 1957. State finances: 1957. G-SF57-No. 2. Washington, D.C., U.S. Government Printing Office, 1958, 68 pp.

## Legal note . . . Health Inspections

Constitutionality of ordinance imposing forfeiture on person refusing entry to health inspector without warrant upheld five to four in first decision by U.S. Supreme Court upon question—State court decisions noted. *Frank v. State of Maryland*, 79 S. Ct. 804 (May 4, 1959).

On February 27, 1958, Sanitarian Gentry, an officer of the bureau of rodent control of the Baltimore City Health Department, acting on a complaint that there were rats in the basement of a neighboring house, went to appellant Frank's private dwelling to make an inspection of the premises. Relying on the authority of section 120 of article 12 of the Baltimore City Code, Gentry did not have a search warrant. That section provides:

"Whenever the Commissioner of Health shall have cause to suspect that a nuisance exists in any house, cellar or enclosure, he may demand entry therein in the daytime, and if the owner or occupier shall refuse or delay to open the same and admit a free examination, he shall forfeit and pay for every such refusal the sum of Twenty Dollars."

Receiving no response to a knock at Frank's door, Gentry inspected the area outside the house and found a pile of straw, trash, and debris, including rodent feces, which he estimated at approximately one-half ton. When approached by Frank to explain his presence, Gentry said that he had evidence of rodent infestation and demanded entry into the house to inspect the basement area. Frank refused to permit entry without a search warrant. The next day Frank was arrested, charged with and found guilty of violating the quoted section of the Baltimore Code, and fined \$20. He appealed to the Maryland Court of Appeals which denied certiorari. (The issue presumably was considered settled by *Givner v. State of Maryland* (see below) in which the State Court had previously upheld the constitutionality of the Baltimore ordinance.)

The case was appealed to the Supreme Court of the United States, the appellant Frank charging that the conviction for resisting an inspection of his house without a warrant had been obtained in violation of the "due process" requirement of the 14th amendment to the Federal Constitution in that it violated his right against unreasonable searches and seizures as guaranteed in the fourth amendment to the Constitution. By a five-to-four decision sustaining the conviction the Supreme Court held the ordinance in question did not violate the due process requirements.

After analysis of the historical background of the 4th and 14th amendments, Justice Frankfurter speaking for the majority concluded that:

". . . two protections emerge from the broad constitutional proscription of official invasion. The first of these is the right to be secure from intrusion into personal privacy, the right to shut the door on officials of the State unless their entry is under proper authority of law. The second, and intimately related protection, is self-protection: The right to resist unauthorized entry which has as its design the securing of information to fortify the coercive power of the State against an individual, information which may be used to effect a further deprivation of life or liberty or property."

Evidence of criminal action is placed in this second category and, except for limited situations, seizure of such evidence may not be had without a judicially issued search warrant. Here, however, the Court emphasized, no evidence for criminal prosecution was sought to be seized. The attempted inspection was merely



to determine whether conditions proscribed by the Baltimore health code existed, and if they did the owner or occupier would, under the ordinance, have been directed to correct them—to do what he could have been ordered to do even without an inspection. The Court noted that “appellant’s resistance can only be based, not on admissible self-protection, but on a rarely voiced denial of any official justification for seeking to enter his home. The constitutional ‘liberty’ that is asserted is the absolute right to refuse consent for an inspection designed and pursued solely for the protection of the community’s health, even when the inspection is conducted with due regard for every convenience of time and place.”

Thus, in addition to touching only the periphery of the important interests safeguarded by the 14th amendment’s protection against official intrusion—the right to be secure against unauthorized entry to secure evidence for possible criminal action—the inspection here is hedged with safeguards. Under the Baltimore Code, reasonable grounds for suspicion of the existence of a nuisance must exist, the inspection must be made in the daytime, and though a fine may be imposed for failure to allow an inspector in, officials may not enter forcibly.

The Court traced a long history of Maryland laws empowering inspections without warrants, and pointed to the 1801 ordinance of the City of Baltimore in which such a power of inspection became an instrument in the enforcement of the Baltimore health laws. Many thousands of inspections were made under this and similar authority, the Court noted, and the decision quoted with favor from an earlier opinion by Justice Holmes to stress the significance of this long history.

“The Fourteenth Amendment, itself a historical production, did not destroy history for the States and substitute mechanical compartments of law all exactly alike. If a thing has been practiced for two hundred years by common consent, it will need a strong case for the Fourteenth Amendment to affect it. . . .”

The Court, however, disavowed any intention by its holding to “freeze” due process “within the confines of historical facts or discredited attitudes.” The necessity for the exercise of the challenged power to inspect without a war-

rant was, however, viewed as still supported by the situation. The Court declared:

“There is a total want of important modification in the circumstances or the structure of the society which calls for a disregard for so much history. On the contrary, the problems which give rise to these ordinances have multiplied manifold, as have the difficulties of enforcement. The need to maintain basic, minimal standards of housing, to prevent the spread of disease and of that pervasive breakdown in the fiber of a people which is produced by slums and the absence of the barest essentials of civilized living, has mounted to a major concern of American government . . . Time and experience have forcefully taught that the power to inspect dwelling places, either as a matter of systematic area-by-area search, or as here, to treat a specific problem, is of indispensable importance to the maintenance of community health; a power that would be greatly hobbled by the blanket requirement of the safeguards necessary for a search of evidence of criminal acts.”

With respect to the view that the legal protection of privacy requires a search warrant in order to comply with “due process,” the Court rejected a suggestion that the warrant appellant considered necessary from a constitutional point of view could be satisfied by a blanket authorization “for periodic inspections.” The Court concluded that:

“If a search warrant be constitutionally required, the requirement cannot be flexibly interpreted to dispense with the rigorous constitutional restrictions for its issue. A loose basis for granting a search warrant for the situation before us is to enter by the way of the back door to a recognition of the fact that by reason of its intrinsic elements, its historic sanctions, and its safeguards, the Maryland proceedings requesting permission to make a search without intruding when permission is denied does not offend the protection of the Fourteenth Amendment.”

#### **Concurring Opinion of Justice Whittaker**

Justice Whittaker, in a separate opinion, concurred in the opinion of the Court, holding that the inspection involved did not amount

to an unreasonable search within the 4th and 14th amendments. He emphasized his understanding that the Court's opinion adhered to the principle that the prohibition of the 4th amendment against unreasonable searches applied to the States through the due process clause of the 14th amendment.

### The Dissenting View

Justice Douglas, speaking for the minority, read the fourth amendment differently and declared: "The Court misreads history when it relates the Fourth Amendment primarily to searches for evidence to be used in criminal prosecutions." The security of one's privacy against arbitrary intrusion by the police protected by the fourth amendment, the dissent argued, does not exclude invasions for purposes of inspecting sanitary conditions. This would certainly be true with respect to those States where the presence of unsanitary conditions gives rise to criminal prosecutions. Even under the Baltimore City Code in question, since in resisting an attempt to make an inspection without a warrant appellant was invoking a constitutional protection, the imposition of any fine, regardless of amount, the dissent stated, is unconstitutional.

The dissent viewed the protection of the fourth amendment against unreasonable searches and seizures as designed to protect not only criminals, but as a reflection of the common-law right of a man to privacy in his home, unrelated to crime or suspicion of crime. They pointed to historical applications of this right in a wider frame of reference than only criminal prosecutions, and argued, further, that the more restricted application of the fourth amendment by the Court's decision had no basis in reason (quoting from, *District of Columbia v. Little*, 178 F. 2d 13, 17, affirmed on other grounds, 339 U.S. 1—see below): "To say that a man suspected of crime has a right to protection against search of his home without a warrant, but that a man not suspected of crime has no such protection, is a fantastic absurdity."

The dissent pointed out that the appellant sought to keep the inspector out only until a warrant was obtained. None was sought. In the view of the dissenters, the case was a poor

one to dispense with a need for a warrant since evidence necessary to obtain one was abundant—the extreme decay and the pile of filth. The dissent went on to say that the test of "probable cause" required by the fourth amendment before a search warrant may be issued may take into account the nature of the search being sought, for example, "considerations of health and safety." This approach, the opinion declared, was not to sanction synthetic search warrants but to recognize that the showing of a probable cause in a health case might have quite different requirements than one required in a graver situation.

### State Decisions Noted

Although those cases were not before it, the Supreme Court decision in *Frank* reflects support for recent holdings of the Maryland and Ohio Supreme Courts. In *Givner v. State*, 210 Md. 484, 124 A. 2d 764 (1956), the Maryland Supreme Court, in upholding the constitutionality of the same Baltimore provision under attack in the *Frank* case, held that reasonable searches are not barred by the Federal or Maryland constitutions. An inspection without a warrant for the purpose of protecting the public health and safety, that court held, does not fall within the constitutional proscription against searches for evidence of crime. Under the ordinance in question, the court noted, and as the U.S. Supreme Court reemphasized in *Frank*, that the owner of a dwelling is ordered merely to correct the violations. Prosecution can only then be undertaken for failure to do so. The Maryland court concluded that the case fell within one of the suggested intermediate, constitutional areas in which governing agencies may lawfully provide for general routine inspections at reasonable hours without search warrants.

The Ohio Supreme Court made a similar determination with respect to a Dayton ordinance requiring the owner of a dwelling to grant free access thereto at any reasonable hour to a housing inspector for the purpose of conducting a health inspection in *State v. Price*, 151 N.E. 2d 523 (1958). In holding the ordinance constitutional the court noted that, under the provisions of the ordinance, before an owner could be forced to open his premises a court order would

have to be obtained. Similarly, where contemplated, prosecution for the violation of a final order would have to be based on evidence obtained at a reinspection, or at least at some time subsequent to the original inspection if it had been made without a warrant. Thus, the question of the use of evidence obtained without a warrant was held not before the court, and the issue was merely whether the inspection authorized by the ordinance constituted an unreasonable search.

In *District of Columbia v. Little*, 178 F. 2d 13 (D.C. Cir., 1949), the Circuit Court of Appeals in a two-to-one decision reversed a conviction under a District of Columbia law imposing a fine for a houseowner's "interference" with a health inspection and held that the fourth amendment prohibits such a search without a warrant. On appeal to the Supreme Court of the United States, the *Little* decision was

affirmed, 339 U.S. 1 (1950), but on nonconstitutional grounds, the Court determining that defendant's action in refusing entry did not constitute an "interference" within the meaning of the applicable District of Columbia Act.

NOTE: On June 8, 1959, 79 S. Ct. 978, by a vote of four to four (one Justice abstaining) the Supreme Court of the United States noted probable jurisdiction in *State ex rel Eaton v. Price* (discussed under "State decisions" above). As pointed out in the memorandum by Justice Clark (who objected to this action), this case is apparently "on all fours" with the *Frank* case "except that the penalty provision in Maryland's Act is \$20, while that of Ohio's law is a maximum of \$200, or a jail sentence not exceeding 30 days." The case will probably be set for argument in the 1959-1960 term of the Court.

—SIDNEY EDELMAN, *assistant chief, Public Health Division, Office of General Counsel, Department of Health, Education, and Welfare.*

### ✓ Correction

In the paper, "Poliomyelitis in the United States, 1957," *Public Health Reports*, vol. 74, June 1959, p. 536, table 1 should be replaced by the following:

**Table 1. Total national poliomyelitis incidence, 1935-57**

Year	Cases	Rate per 100,000	Year	Cases	Rate per 100,000
1935	10,839	8.5	1947	10,827	7.5
1936	4,523	3.5	1948	27,726	19.1
1937	9,514	7.4	1949	42,033	28.4
1938	1,705	1.3	1950	33,300	22.0
1939	7,343	5.6	1951	28,386	18.6
1940	9,804	7.4	1952	57,879	37.2
1941	9,086	6.8	1953	35,592	22.5
1942	4,167	3.0	1954	38,476	23.9
1943	12,450	9.3	1955	28,985	17.6
1944	19,029	14.3	1956	15,140	9.1
1945	13,624	10.3	1957	5,485	3.2
1946	25,698	18.4			

SOURCES: Reported cases, 1935-50, from U.S. National Office of Vital Statistics: *Vital Statistics—Special Reports*, vol. 37, No. 9, June 15, 1953; 1951-57, from U.S. National Office of Vital Statistics: *Annual Supplement, Morbidity and Mortality Weekly Report*, vol. 6, No. 53, Oct. 29, 1958, p. 4, table 1. Rates based on Bureau of the Census mid-year population estimates.