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THE PRESENT CARE OF THE INDIGENT TUBERCULOUS IN COLORADO AND THE MORE URGENT NEEDS
FOR THE IMMEDIATE FUTURE

Given before the Directors of the Colorado
State Tuberculosis Association and Guests

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As you all know, I am quite new at my present job, and, therefore, do not know all the answers to our present problems. In fact, I shall never know all the answers. However, during the past four months I have made an intensive study of Colorado's care of its tuberculous indigent residents, and I can state that this care is not bad for those eligible for state care. In fact, it is much better than I expected to find it, and much better than many of you think it is.

No one, under Colorado law, is eligible for State care unless he has passed a means test and has been a resident of the State for at least three years. The present law was conceived and drawn by the Colorado Tuberculosis Association and enacted by the voters at the 1936 General Election. It is a great tribute to Miss Helen Burke and the other foresighted individuals who are responsible for this piece of legislation, that it has worked so well. Under this legislation we have a unique system in this state which has resulted in one of the finest examples of cooperative medicine with which I am acquainted. As many of you know, our state cases are hospitalized in 10 private sanatoria. These extend geographically from Mesa Vista, in Boulder, to the Mennonite Sanatorium in La Junta. The cases are cared for by 10 leading tuberculosis specialists. These sanatoria are not obliged to take our cases unless they so desire, and can discharge them if they do not abide by their rules. This rarely occurs.

In general our cases are well cared for. The chief difficulty I have at present is to persuade patients ready for discharge that the time has come for them to leave the sanatorium. The death rate among our patients compares not too unfavorably with that of other states when it is considered that the great majority of our cases are far advanced at the time they enter the sanatorium. Discharges against advice are very low compared with the average experience of other states.

Read the report of the Nebraska State Tuberculosis Sanatorium for 1945 if you want to know some of the headaches in running a state sanatorium encountered during the war period, from which we have been spared. You know of the many problems of our own State institutions during this same period. The system these foresighted people set up in 1937 has saved us from all this.

I do not for a moment imply that I think our system is perfect. It is far from that. There is room for much improvement. Two things are urgently needed. First, more adequate funds must be obtained so that higher standards of care can be insisted upon and, secondly, more beds are needed in some institution in which patients may secure expert surgical care. We are at present receiving charity from most of the institutions we use since their per day costs are considerably higher than the \$4.00 which we are permitted under the law to pay for overall care. Colorado is not so poor as to need to grind the noses of these institutions in this respect. The overall per day allowance for the care of State cases should be raised from \$4.00 to \$6.00. Since the legislature set the \$4.00 per day figure there has been a tremendous increase in all medical and hospital costs. The \$4.00 figure left practically nothing for surgical care and we have many cases that urgently need thorocoplasty and spinal fusion.

It is just common sense economics to spend the extra money surgery entails, if by so doing you can put a patient back on his feet instead of taking care of him for years in bed, or if through surgical collapse of a cavity a positive sputum case can be converted to a negative sputum case and returned to his home. Some of the patients we now have under care could be returned to a self-supporting status in this way, but there are no funds with which to do surgery on more than a bare minimum of cases. Wyoming allows \$6.00 a day for the care of its tuberculous. The costs in Kansas were \$5.50 per day some little time ago, Dr. Giese reports, and they undoubtedly are higher now. Colorado should be able to afford as much.

Allowing for a case load of 200 patients a day (now approximately 185 and rising rapidly due to the intensive case-finding program of the Colorado State Health Department) plus the care of 35 pneumothorax out patients (now 25) a yearly appropriation of \$225,000 by the legislature is necessary instead of the present \$100,000. This will have to be matched by a similar appropriation by the counties, thus making the total cost of care for the State cases of tuberculosis, \$450,000.

The second need is, as I have said, more good surgery on our cases. This, the proposed 100 bed sanatorium or wing at the Colorado General Hospital will furnish, and this represents the ideal solution to this problem. Surgery of the chest is a highly specialized procedure and there are very few surgeons in this state thoroughly qualified in this field. The medical school affiliation will prove excellent and the proposed T. B. Pavillion will furnish the additional beds so badly needed in our program. The Director of Tuberculosis for the State Welfare Department should be able to transfer cases needing surgical care to the Colorado General for admission to this Pavillion just as he now admits cases to the other sanatoria. While the patient is there he should be completely under the care of the staff of this hospital. Furthermore, arrangements should be made under which the physicians taking care of our cases in the various sanatoria can have the benefit of surgical consultations at regular intervals on our cases. This can be furnished by the chest surgical staff of the medical school through regular visits to the sanatoria where our state cases are hospitalized. The aforementioned \$225,000 which should be appropriated annually by the legislature does not include the amount necessary to maintain this proposed pavillion, or wing, at the Colorado General Hospital. A separate appropriation for this will be necessary.

A third need we should all keep in mind is for a good rehabilitation program for our patients. Their needs in this respect are very inadequately met at present.

In conclusion, we can have a program for the care of our indigent tuberculous in Colorado of which we can all be proud, but it will cost money. Unlike the program for tuberculosis control it must be paid for entirely by the tax payers of Colorado. No Federal funds are involved or are available except possibly for aid in the new construction at the Colorado General Hospital. We cannot have something for nothing. The great question is whether our tax payers, through the medium of the next legislature, are willing to meet this problem. I sincerely hope that the answer is in the affirmative.

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