

From blueprint to reality : a description of the hospital plan for New York State and the projects approved for federal grants-in-aid.

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NEW YORK STATE JOINT HOSPITAL SURVEY AND PLANNING COMMISSION



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FROM BLUEPRINT TO REALITY

Legislative Document (1949) No. 47

A description of the Hospital Plan
for New York State and the projects
approved for federal grants-in-aid



New York State
Joint Hospital Survey and Planning Commission
State Capitol, Albany 1, New York
March 1949

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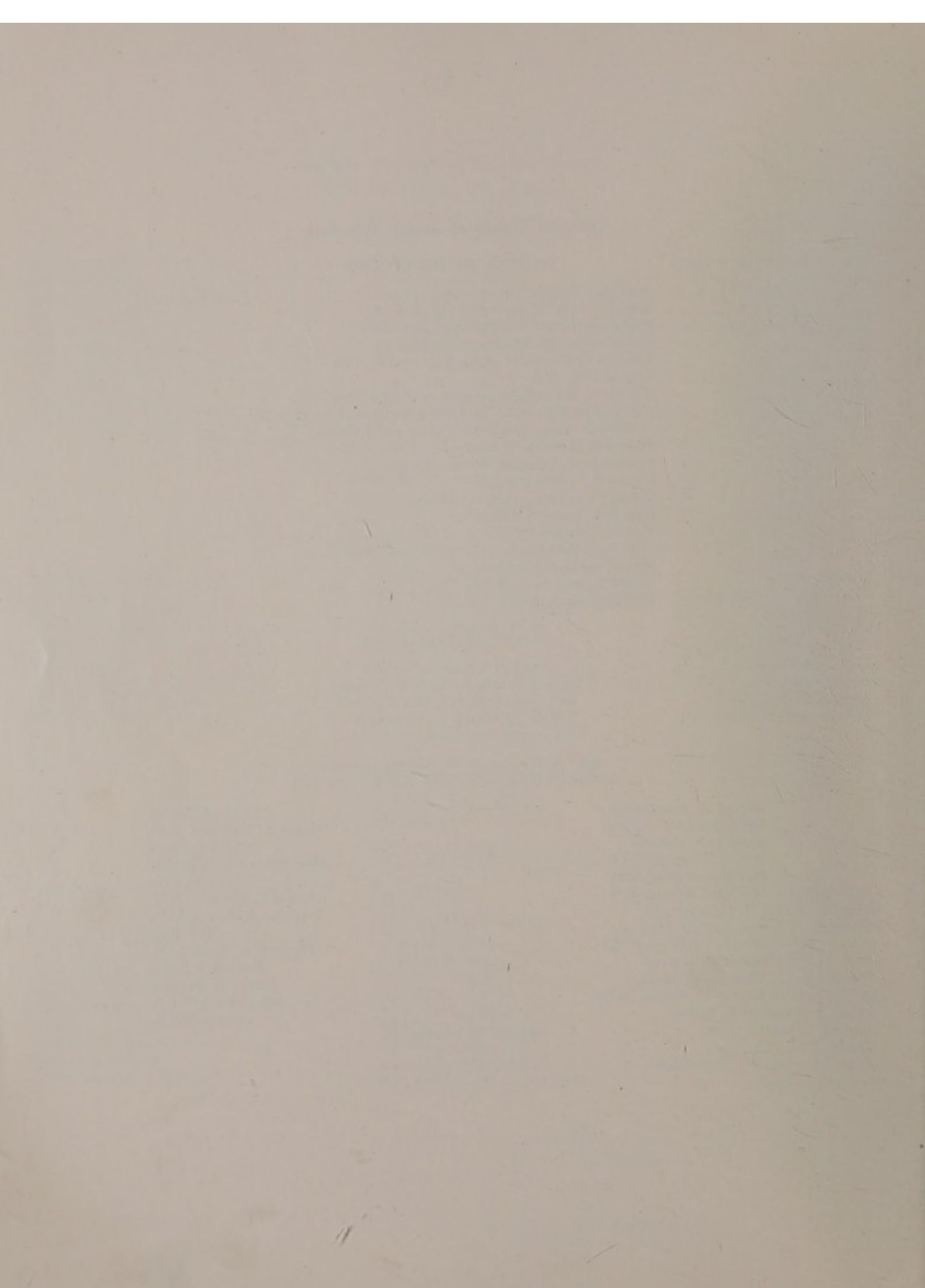
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LETTER OF TRANSMITTAL

ALBANY, NEW YORK
March 28, 1949

*To His Excellency, The Governor of the State of New York and to the
Honorable Members of the Legislature of the State of New York:*

The New York State Joint Hospital Survey and Planning Commission has the honor to submit for your consideration the report of its 1948-1949 studies, investigations and activities undertaken pursuant to the powers and duties conferred upon it by chapter 578 of the Laws of 1947, as amended by chapter 112 of the Laws of 1948.

Respectfully submitted,

ROBERT T. LANSDALE, *Chairman*
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LEE B. MAILLER, *Advisor*

SUMMARY

The New York State Joint Hospital Survey and Planning Commission was established by the Legislature in 1947 and designated as the agency for carrying out the provisions of the Federal Hospital Survey and Construction Act (Public Law 725) as they relate to New York State. This new organization succeeded the Joint Hospital Board, appointed by the Governor in 1945, which had been created to assist the Temporary Postwar Public Works Planning Commission in making an inventory of all hospitals in the State, in ascertaining the need for additional hospitals and in developing a program for the construction of public and voluntary nonprofit hospitals to provide the facilities needed to ensure adequate hospital and related services for all.

Seven regional hospital planning councils were organized to assist in surveying and appraising existing hospitals and in developing a coordinated hospital plan. Since each included representatives of the many voluntary and public agencies concerned with the establishment, operation and financing of hospitals, the resulting State Plan reflects local attitudes and a sensitivity to practical problems. Subsequently, the regional councils aided the Commission to determine the priority of each county for federal grants-in-aid, to canvass sponsors of potential hospital projects and to revise the State Plan periodically and acted as consultants in the construction aspects of the program.

By late 1946, the statewide survey of hospitals had been completed and, by early 1948, the Commission had developed a flexible State Plan for the construction of additional hospital facilities and the improvement of services. This Plan, approved on January 15, 1948 by the State Advisory Council to the Commission, was the subject of a public hearing on June 10, 1948, and was approved by the Surgeon General of the U. S. Public Health Service on June 15, 1948.

Applications for federal funds for projects to be constructed in counties of higher priority were reviewed by the appropriate regional hospital planning councils who, subsequently, forwarded their recommendations to the Commission for action. To date, 36 projects have been approved at an estimated aggregate cost of \$26,000,000. Approximately one-third of this sum is to be met by federal grants-in-aid.

In addition to effecting this construction program, the Commission, its State Advisory Council and the regional hospital councils are equally concerned with the standards of hospital operation, the quality of service provided, the development of affiliations among rural and suburban hospitals and medical teaching centers, and the financial stability of the voluntary hospitals.

A HOSPITAL PLAN FOR NEW YORK STATE

Hospitals today must be properly planned and equipped to attract the highly skilled medical and related personnel competent to practice the newer, and proved, medical and surgical methods and techniques. Moreover, medical progress has been so rapid and so spectacular that many hospitals and physicians have not yet mastered these procedures. Therefore, it is desirable and probable that hospitals of varying types and sizes develop working relationships among themselves so that the highly skilled personnel of the larger teaching hospitals will become available to those of more modest size on an organized, consultative basis, just as many physicians in private practice seek the advice of their more skilled and specially trained colleagues. In both instances, the goals are identical—better care for the patient.

Paralleling this interest in quality of care is the increasing lay appreciation of and mounting demand for hospital service. Although the average length of stay in general hospitals has decreased, the number of patients cared for has increased, probably because of more effective health education, improved economic conditions and the growth of hospital insurance. These factors, among others, have encouraged hospitals to expand the scope and effectiveness of their services, particularly in urban areas, and present trends point to their playing a more prominent role in the prevention of disease and rehabilitation of the chronically ill.

NEED FOR A PLAN

The economic depression of the 1930's, followed by the war, slackened the normal pace of hospital construction. Consequently, communities are now faced with overcoming a backlog, with renovating, replacing and expanding their hospital facilities. Yet, if an effective and economical hospital system is to evolve, this construction must be orderly, well-conceived and carefully planned. This will require the coopera-

tion and good faith of both private interests and government.

Because the demand for proper hospital and medical services now outstrips the supply, patients in some areas patronize hospitals outside their home communities while the others receive only perfunctory or minimum care in the only local facilities—ill equipped and inadequately staffed small hospitals, nursing homes and infirmaries operating in converted dwellings rife with fire hazards. Fortunately, patients in other communities can obtain prompt and adequate care close to their own homes where there are sufficient physicians and available consultation and specialist services. The objective of the State Plan is to bring to the less fortunate patients, communities and physicians this latter type of care.

OBJECTIVES

To be fully effective, any community hospital program should encourage individual initiative, stimulate improvement and promote the establishment of medical and hospital facilities of high quality, where needed. Therefore, in developing the Coordinated Hospital Plan for New York State, the Joint Hospital Survey and Planning Commission has recognized that the following factors, among others, influence the distribution, size and location of hospitals:

1. The need for the preventive, curative and rehabilitative medical services provided in hospitals;
2. The need for hospitals as a locale for teaching professional medical and nursing personnel;
3. The opportunities for medical research afforded by hospitals.

Once established, hospitals are apt to operate as isolated institutions and the small hospitals, which lack necessary medical and surgical staffs, frequently attempt to operate as self-sufficient units. Under such circumstances, the public

may be deprived of the benefits of modern, scientific medicine and the standards of medical care of a community may be destined to remain static, or to depreciate. Similarly, many small communities, especially those economically depressed, are not attractive to the well-trained physician whose tools are the special diagnostic and consultation services, the therapeutic facilities and the opportunities for experience and post-graduate education characteristic of adequate hospitals. This is evidenced by the tendency of recent graduates of medical schools to locate near teaching-type hospital centers where they can pursue progressive careers and find intellectual stimulation. Yet, progress in medical science depends upon the development of new methods of diagnosis, treatment and prevention emanating from research and teaching centers.

Dissemination of this knowledge requires a continuing educational program for physicians, including the isolated rural practitioner.

The proposed State Hospital Plan envisages the general practitioner as the key person in providing care to the individual, his family and the community; and any new patterns or procedures evolved should supplement and assist rather than supplant him. The migration of seriously ill patients to distant medical centers may not only tend to weaken the standards of medical practice but also retard the development of adequate services locally. On the other hand, since it would be economically unsound and inadvisable for each hamlet to establish hospital and health center facilities, there is an obvious need to develop a mechanism for bringing the specialist services of the larger medical

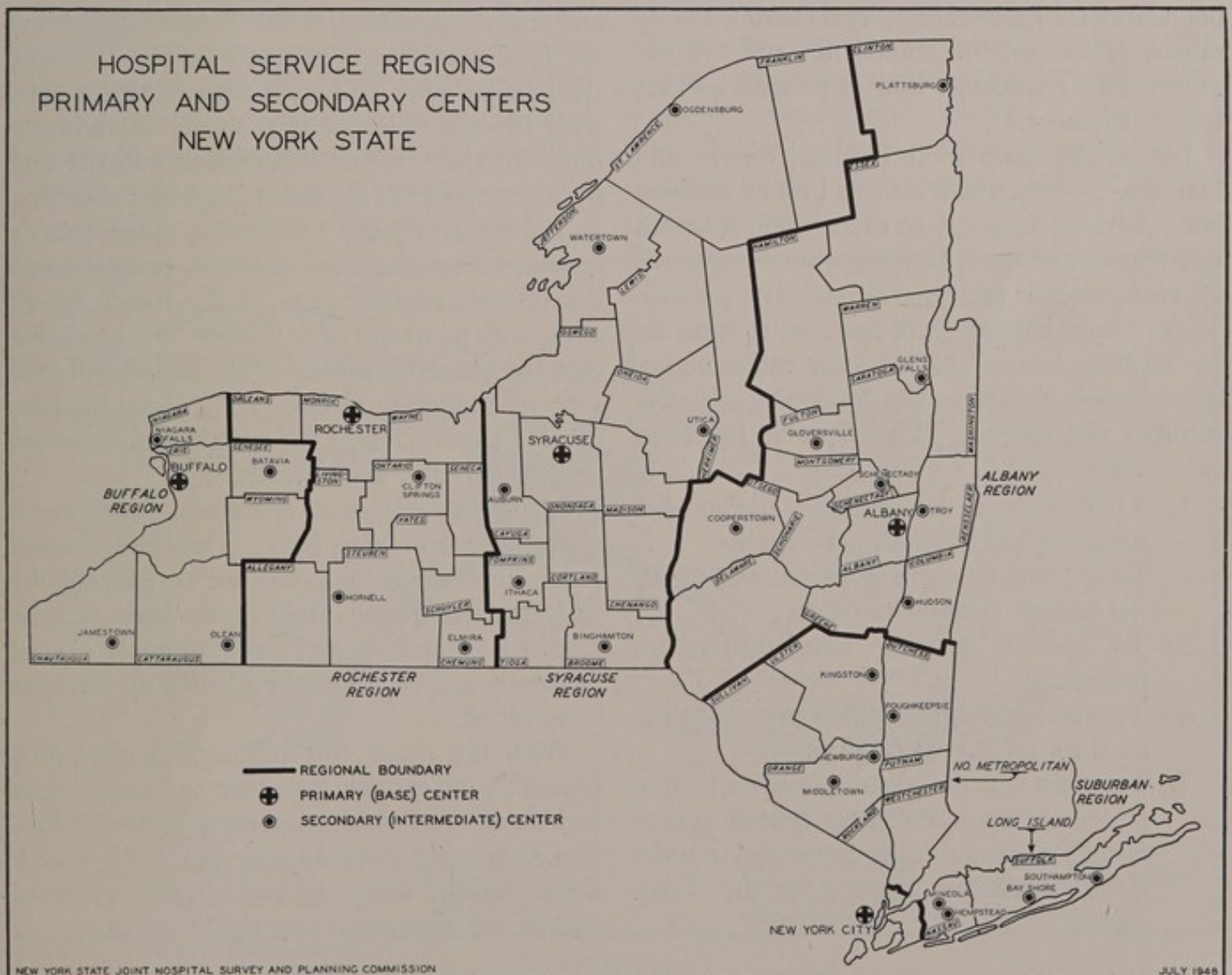


FIGURE 1

centers closer to the local practitioner and his patient. Fulfillment of the State Plan, with its proposals for meeting such problems, can be accomplished without interfering with the independence of individual institutions.

REGIONAL PLAN

For planning purposes, the State has been divided into seven hospital service regions, centered on Buffalo, Rochester, Syracuse, Albany and New York City; and each was then subdivided into hospital service areas (counties). The boundaries of these regions were determined on the basis of economic and vital statistics data, the resources of centers of population, transportation facilities, the distribution of medical schools and the location of hospitals. Although political boundaries ideally should be disregarded in laying out such areas, county lines were adopted as boundaries for statistical and legal reasons, among others. However, this should not and will not influence or restrict the flow of patients seeking care. (Figure 1.)

Just as the State Joint Hospital Survey and Planning Commission is assisted by a 25-member State Advisory Council, so each region is served by a regional hospital planning council composed of civic-minded professional and lay persons. These groups have and will continue to function as "clearing houses" to aid local communities, hospitals and practitioners in developing adequate facilities and services. Their specific functions are as follows:

1. To provide a decentralized method for surveying the hospitals periodically;
2. To interpret to local groups and individuals the current hospital situation;
3. To appraise existing hospital facilities periodically;
4. To make recommendations regarding the need for additional facilities;
5. To assist in the distribution and completion of applications for federal grants-in-aid for hospital construction and to make recommendations thereon to the Commission;

6. To assist local hospitals in planning new construction and expansion consistent with the regional planning;
7. To promote working relationships among hospitals;
8. To utilize the medical teaching institutions and their affiliated hospitals for improving undergraduate and postgraduate medical, public health and nursing education and for achieving an equitable distribution of specialized medical services.

The data and recommendations submitted by the Hospital Council of Greater New York, designated as the agency for implementing the state program as it relates to New York City, have been incorporated into the total State Plan.

ROLE OF THE GENERAL HOSPITAL

The general hospital, depending on the size and staff organization, seems destined to become the focal point for in-patient care for all except the long-term tuberculous and psychotic patients, with the larger hospitals probably establishing units for the minimal tuberculous patients and for mental patients requiring diagnostic screening and short-term care. Moreover, since today's concept of medical care embraces prevention of disease and rehabilitation of the handicapped, along with treatment of ill persons, it is inevitable that the general hospitals of the future will provide rehabilitation services and, where feasible, develop closer physical and working relationships with local health departments.

Small hospitals must operate at lower occupancy rates than larger ones. Therefore, if small rather than larger hospitals are to provide the beds needed in the State, more beds will be required. Furthermore, small hospitals cannot efficiently and economically provide all the services needed.

With the rising cost of hospital care, it is becoming increasingly expedient to keep patients ambulatory and obviate the need for hospitalization, whenever possible and medically sound. Consequently, many authorities and informed groups are recommending the development of

diagnostic centers, the provision of care to patients in their own homes and the extension of home nursing service. The State Plan envisages three types of general hospitals:

Primary centers should have one or more hospitals of at least 200-bed capacity, medical teaching institutions providing diagnostic and treatment facilities in all the specialties, programs for undergraduate and graduate medical and nursing education, and facilities for research.

Secondary centers should have one or more hospitals of at least 100-bed capacity, with organized medical departments under competent direction in the basic specialties of general surgery; internal medicine; obstetrics and gynecology; pediatrics; eye, ear, nose and throat; pathology; and radiology.

Community hospitals in other than primary and secondary centers should have a minimum capacity of 50 beds, qualified local specialist services in at least general surgery and internal medicine and an affiliation with a secondary or primary center for providing the other basic specialties.

AFFILIATIONS AMONG HOSPITALS

To reiterate, the highly specialized services concentrated at urban medical centers today are attracting patients from the less populous communities, usually those best able to pay for care. This leaves local hospitals with an increasing proportion of part-pay and indigent patients, and unstable fiscal situation. Therefore, if better care is to be provided in the less populous areas, this course must be stemmed and partially reversed. Failure of community hospitals to offer some of the enticements now luring physicians to medical centers will further isolate these areas from the benefits of high quality, modern medical care. Consequently, the State Plan proposes an affiliation among hospitals of various sizes, involving a two-way flow: (1) The flow of professional personnel and special services from the primary and secondary center hospitals to the community hospitals and (2) the flow of patients and records from the community hospitals to the centers. (Figure 2.) The anticipated flow of patients and services among communities in each of the regions is shown in Figures 3 through 8.

FLOW OF PATIENTS AND SERVICES

COORDINATED HOSPITAL PLAN
NEW YORK STATE

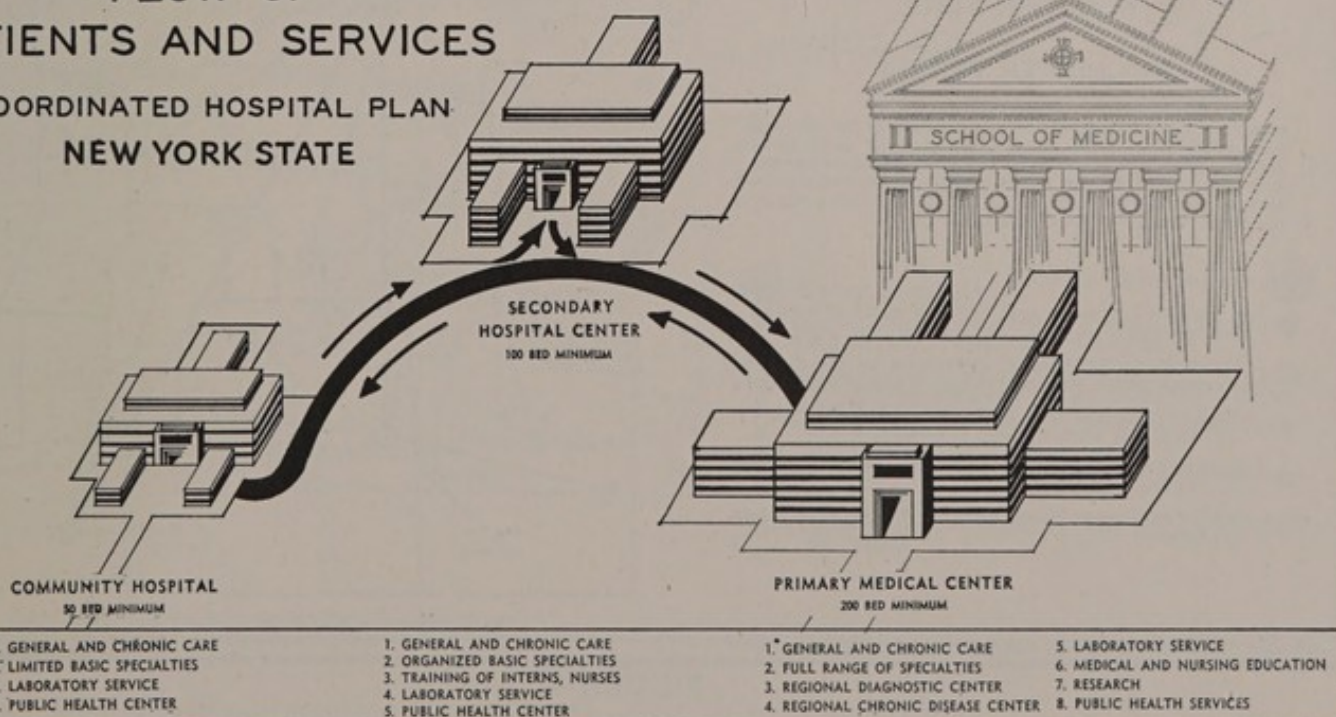


FIGURE 2

PROPOSED FLOW
OF PATIENTS AND SERVICES AMONG
PRIMARY AND SECONDARY HOSPITAL CENTERS
AND COMMUNITY HOSPITALS
NEW YORK STATE
SYRACUSE REGION

BASED ON A CONSIDERATION OF AVAILABILITY OF VOLUME AND QUALITY OF SPECIALIZED MEDICAL SERVICES, OF GEOGRAPHIC AND TRANSPORTATION FACTORS AND OF COMMUNICATION AND MARKETING PRACTICES. THE FLOWS DESIGNATED ARE PROVISIONAL AND ARE SUBJECT TO REVISION AS LOCAL SITUATIONS ARE RESOLVED BY THE COMMUNITIES INVOLVED.

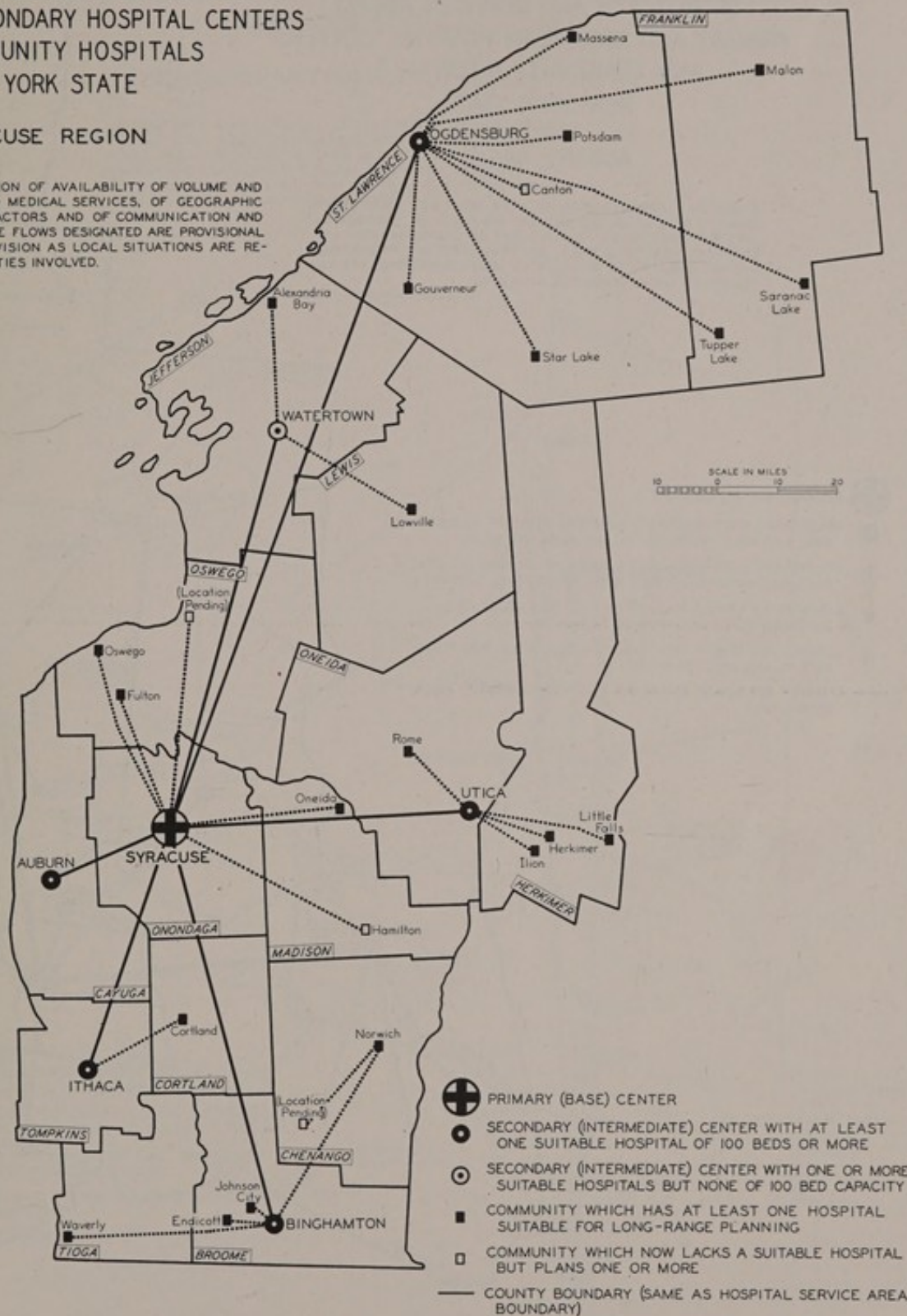


FIGURE 5

PROPOSED FLOW
OF PATIENTS AND SERVICES AMONG
PRIMARY AND SECONDARY HOSPITAL CENTERS
AND COMMUNITY HOSPITALS
NEW YORK STATE
ALBANY REGION

BASED ON A CONSIDERATION OF AVAILABILITY OF VOLUME AND QUALITY OF SPECIALIZED MEDICAL SERVICES, OF GEOGRAPHIC AND TRANSPORTATION FACTORS AND OF COMMUNICATION AND MARKETING PRACTICES. THE FLOWS DESIGNATED ARE PROVISIONAL AND ARE SUBJECT TO REVISION AS LOCAL SITUATIONS ARE RESOLVED BY THE COMMUNITIES INVOLVED.

- ⊕ PRIMARY (BASE) CENTER
- SECONDARY (INTERMEDIATE) CENTER WITH AT LEAST ONE SUITABLE HOSPITAL OF 100 BEDS OR MORE
- ⊙ SECONDARY (INTERMEDIATE) CENTER WITH ONE OR MORE SUITABLE HOSPITALS BUT NONE OF 100 BED CAPACITY
- COMMUNITY WHICH HAS AT LEAST ONE HOSPITAL SUITABLE FOR LONG-RANGE PLANNING
- COMMUNITY WHICH NOW LACKS A SUITABLE HOSPITAL BUT PLANS ONE OR MORE
- COUNTY BOUNDARY (SAME AS HOSPITAL SERVICE AREA BOUNDARY)

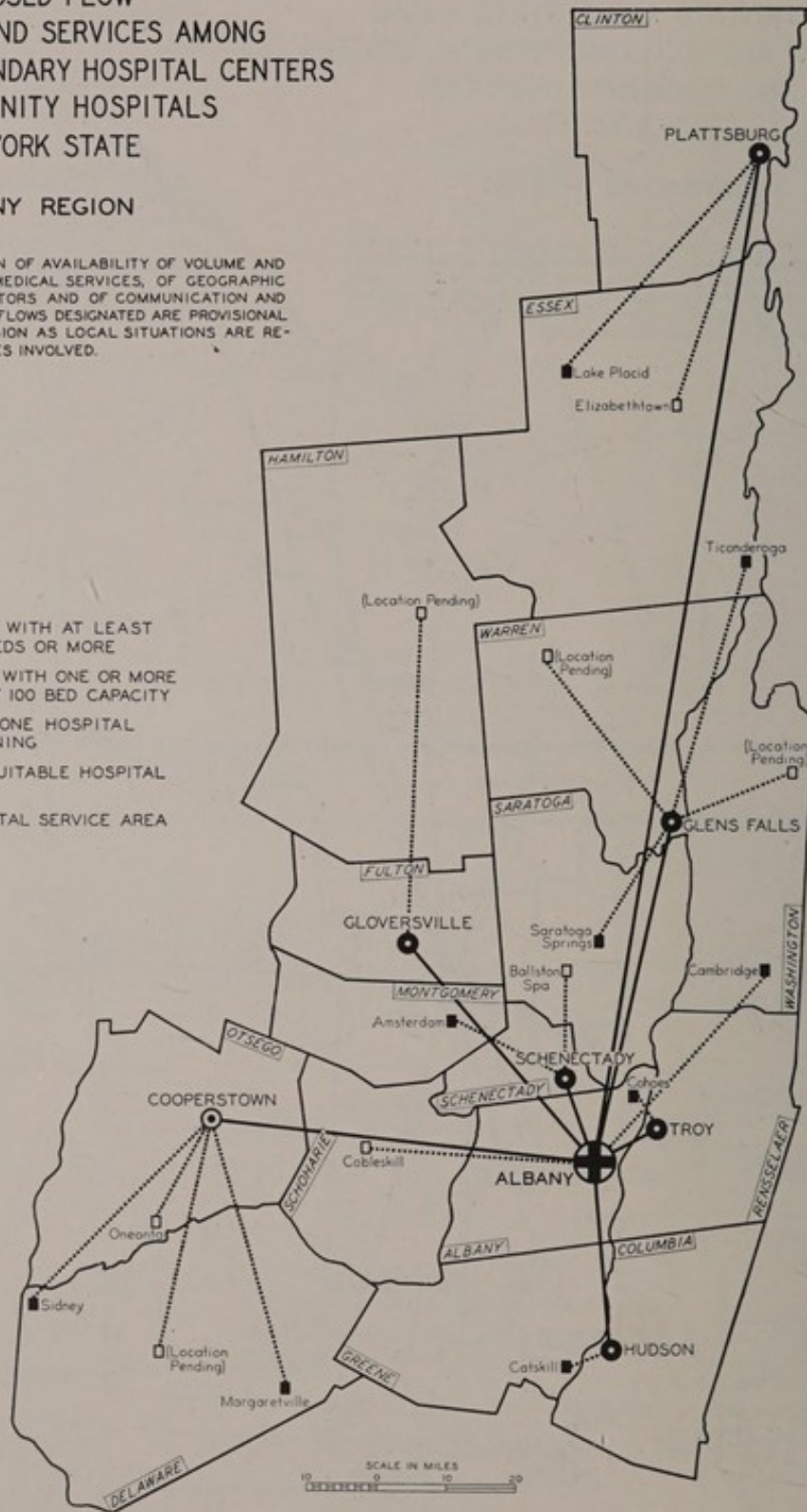


FIGURE 6

PROPOSED FLOW OF PATIENTS AND SERVICES AMONG PRIMARY AND SECONDARY HOSPITAL CENTERS AND COMMUNITY HOSPITALS NEW YORK STATE

NORTHERN METROPOLITAN REGION

BASED ON A CONSIDERATION OF AVAILABILITY OF VOLUME AND QUALITY OF SPECIALIZED MEDICAL SERVICES, OF GEOGRAPHIC AND TRANSPORTATION FACTORS AND OF COMMUNICATION AND MARKETING PRACTICES. THE FLOWS DESIGNATED ARE PROVISIONAL AND ARE SUBJECT TO REVISION AS LOCAL SITUATIONS ARE RESOLVED BY THE COMMUNITIES INVOLVED.

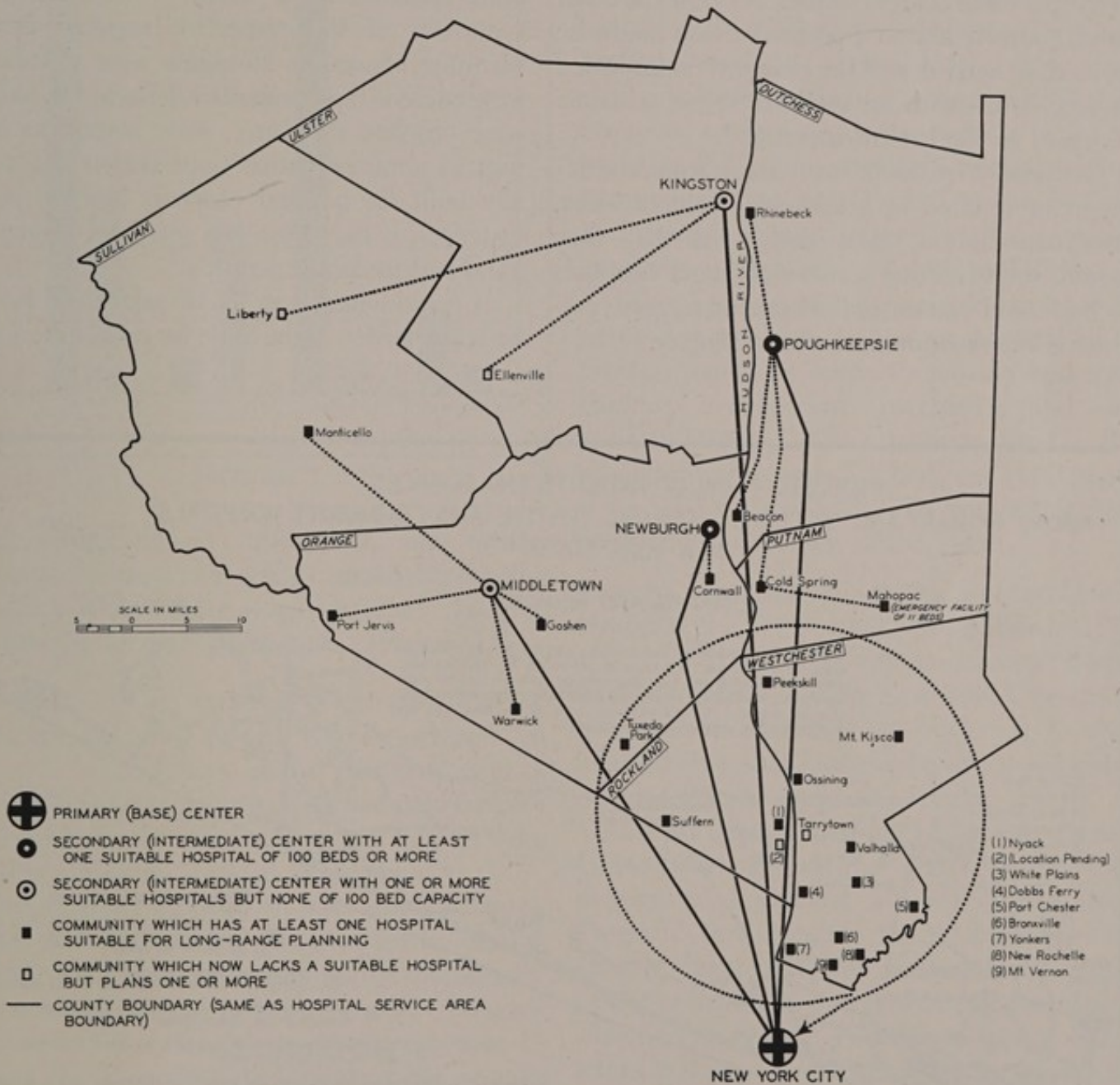


FIGURE 7

Services from such centers would be of two kinds, those to the hospital as a whole and those to particular patients. The former would consist of regularly scheduled conferences on X-rays, review of problem medical cases and advice on hospital administration and nursing care. Expenditures for such services might well be included in the total operating cost of the hospital as part of the general overhead, and reflected in the per diem charges to patients. On the other hand, consultation on a particular case might be secured, as needed, and the charge therefor levied in accordance with an established fee schedule and paid by the patient concerned.

Conversely, patients from local communities might be referred to neighboring centers when, after consultation, it is concluded that they require such fulltime services of larger hospitals as brain and certain radical cancer surgery, psychiatric examination and plastic surgery.

HOSPITAL INVENTORY—BEDS NEEDED

With the assistance of the regional councils, information was solicited in 1946 from 582 hospitals (191,556 beds) in the State. The returns covered 99.5 per cent of all hospital beds. (See list of hospitals, beginning on page 61.) The suitability of the hospitals for long-range planning was then determined in cooperation with the hospital inspectors and area directors of the State Department of Social Welfare and representatives of the respective regional hospital planning councils. Hospitals were classified as unsuitable if they presented definite fire hazards, were obsolete structures, were housed in buildings of nonfire-resistive construction not originally built for hospital purposes and, in certain instances, if they were too small for economical fiscal and medical operation.

It is estimated that 58,000 additional hospital beds are needed in the State for care of the acutely

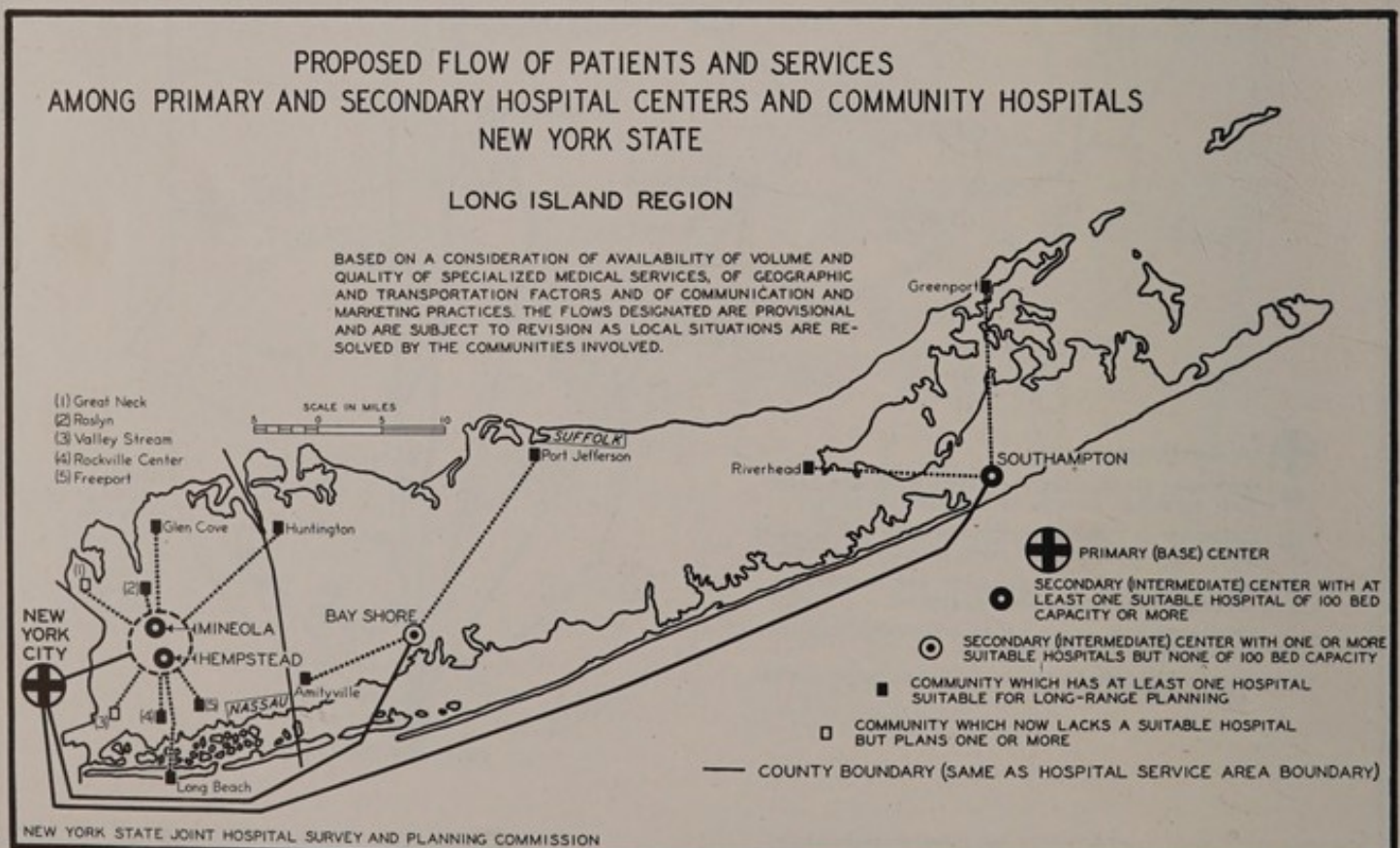


FIGURE 8

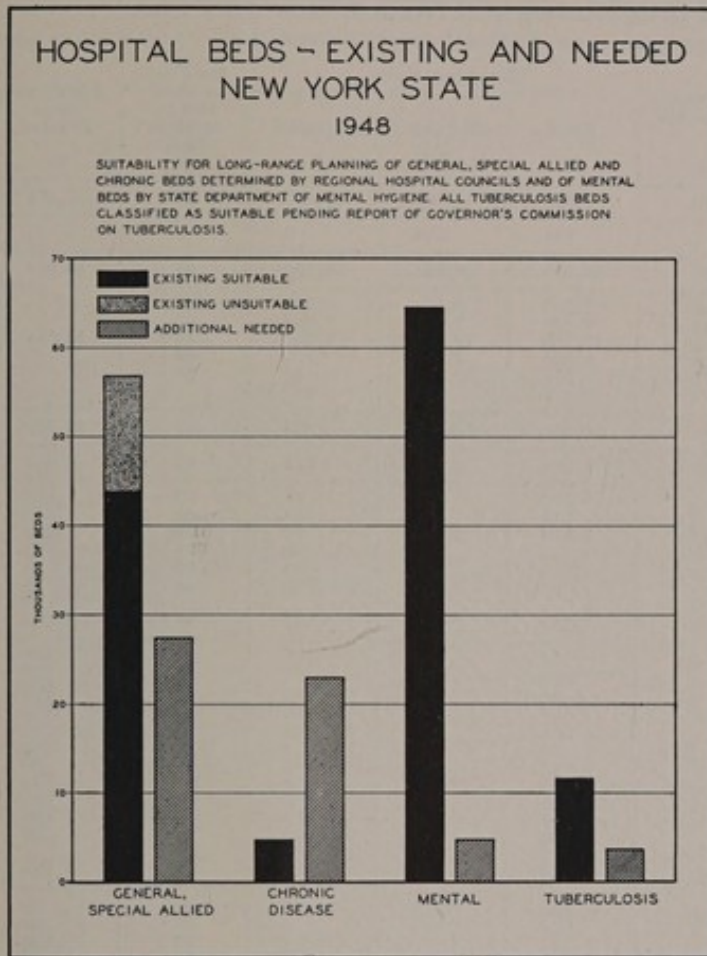


FIGURE 9

and chronically ill, tuberculous and mental patients. Some would replace unsuitable existing facilities while others would be newly built to absorb the increasing demand. (Figure 9.)

GENERAL HOSPITALS The number of general hospital beds needed was determined on the basis of the estimated population (1945) and the birth-death bed ratio formula advocated by the Commission on Hospital Care of the American Hospital Association.

Information supplied by the hospitals themselves showed that some patients must be referred outside their home communities for special services available only at teaching centers. To compensate for this dislocation, it was necessary to adjust the theoretical bed need of the various counties to practical bed needs, i.e., decreasing the theoretical number of estimated beds needed by a county from which patients are referred and increasing the number in the county to which

they are referred. In the absence of an appropriate formula, these judgments were made subjectively, in consultation with the respective regional councils.

Although there are 410 general hospitals (56,810 beds) in the State, only 265 hospitals (43,914 beds) were considered totally or partially suitable for long-range planning. This leaves a deficit of 27,353 beds needed—14,514 in New York City and 12,839 in the rest of the State. Since the State Plan envisages fewer but larger general hospitals, approximately 308 should suffice to provide the economical facilities and improved services required. Because of its compactness and readily available transportation, it is estimated that New York City can be served by hospitals of even larger size than is possible elsewhere in the State. (Table 1 and Figure 10.)

These figures, however, may have to be revised upward if the typical general hospital of the future extends its scope to provide widespread chronic, convalescent, psychiatric and other specialty services. The estimate for the State as a whole represents 5.1 beds per 1000 population—5.3 for New York City and 4.9 per 1000 population for the rest of the State.

CHRONIC DISEASE HOSPITALS. On the basis of two beds per 1000 population, 23,000 additional chronic hospital beds are needed, half in New York City and the remainder in upstate New York. It is recommended that such facilities be developed only as units of general hospitals. (Table 2.)

In this connection, the Hospital Planning Commission supports the New York State Commission to Formulate a Long Range Health Program¹ in advocating the establishment of a chronic disease hospital center in each primary center in the State, operated in conjunction with a large teaching-type general hospital and medical school and providing diagnostic, treatment, teaching and research facilities. Each would serve the chronic disease units of the general hospitals within its region.

¹ Legislative Document (1947) No. 69.

TABLE 1. General and Allied Special Hospital Beds Existing and Needed, New York State¹

Hospital Service Area (County)	Estimated Population 1945	Estimated Beds Needed for Peak Loads ²	Existing Hospitals	EXISTING BEDS			Per Cent of Need Met by Suitable Beds (8)	Additional Beds Needed (9)
				Total (5)	Suitable (6)	Unsuitable ³ (7)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Total.....	13,847,903	71,166	410	56,810	43,833	12,977	62	27,434 ⁴
Statewide ⁵.....	.....	.....	1	101	101	0	.....	.....
New York City.....	7,730,383	41,000 ⁶	170	34,876	26,486	8,390	65	14,514
Bronx.....	1,462,674	5,704	20	3,397	3,194	203	56	14,514
Kings.....	2,770,674	12,846	46	9,605	7,951	1,654	62	
New York.....	1,901,795	16,406	60	17,158	12,405	4,753	76	
Queens.....	1,412,349	5,255	24	2,962	1,990	972	38	
Richmond.....	182,891	789	5	577	466	111	59	
Citywide ⁷.....	.....	.....	15	1,177	480	697	.....	.....
New York State, Excl. of New York City..	6,117,520	30,166	239	21,833	17,246	4,587	57	12,920
Buffalo Region.....	1,302,467	6,126	38	4,288	3,815	473	62	2,311
Cattaraugus.....	68,819	310	6	272	195	77	63	115
Chautauqua.....	123,297	544	6	379	231	148	42	313
Erie.....	856,342	4,201	17	2,673	2,578	95	61	1,623
Genesee.....	44,750	200	3	145	65	80	33	135
Niagara.....	179,844	736	5	724	686	38	93	50
Wyoming.....	29,415	135	1	95	60	35	44	75
Rochester Region.....	876,600	4,703	34	3,350	2,208	1,142	47	2,495
Allegany.....	39,585	150	3	85	14	71	9	136
Chemung.....	81,043	453	2	447	350	97	77	103
Livingston.....	33,761	110	2	52	10	42	9	100
Monroe.....	450,285	2,824	9	1,883	1,373	510	49	1,451
Ontario.....	52,707	305	3	264	231	33	76	74
Orleans.....	26,963	96	2	55	31	24	32	65
Schuyler.....	12,421	50	1	37	23	14	46	27
Seneca.....	24,957	100	2	56	0	56	0	100
Steuben.....	85,151	405	5	324	144	180	36	261
Wayne.....	53,557	150	4	97	0	97	0	150
Yates.....	16,170	60	1	50	32	18	53	28
Syracuse Region.....	1,310,073	6,759	63	5,238	3,654	1,584	54	3,105
Broome.....	175,301	929	5	885	873	12	94	56
Cayuga.....	62,928	383	2	333	333	0	87	50
Chenango.....	37,336	180	7	134	60	74	33	120
Cortland.....	32,346	128	2	145	128	17	100	0
Franklin.....	44,122	194	3	149	145	4	75	49
Herkimer.....	61,411	253	3	194	103	91	41	150
Jefferson.....	83,630	477	6	374	54	320	11	423
Lewis.....	21,509	100	1	40	40	0	40	60
Madison.....	40,935	210	3	117	80	37	38	130
Oneida.....	211,174	1,007	9	952	533	419	53	474
Onondaga.....	309,827	1,851	11	1,260	793	467	43	1,058
Oswego.....	68,867	228	2	139	73	66	32	155
St. Lawrence.....	90,535	469	6	331	269	62	57	200
Tioga.....	26,831	125	1	48	48	0	38	77
Tompkins.....	43,321	225	2	137	122 ⁸	15	54	103
Albany Region.....	982,002	5,203	45	3,388	2,660	728	51	2,543
Albany.....	227,688	1,518	6	834	616	218	41	902
Clinton.....	43,277	228	2	228	228 ⁸	0	100	0
Columbia.....	37,739	180	2	136	20	116	20	160
Delaware.....	37,048	149	9	142	68	74	46	81
Essex.....	31,335	160	5	115	50	65	31	110
Fulton.....	48,241	213	1	129	129	0	61	84
Greene.....	26,878	120	1	50	50	0	42	70
Hamilton.....	3,413	26	0	0	0	0	0	26
Montgomery.....	57,876	333	2	207	207	0	62	126
Otsego.....	44,386	288	2	157	88	69	31	200
Rensselaer.....	120,880	618	5	627	503	124	81	115
Saratoga.....	67,150	225	3	118	79	39	35	146
Schenectady.....	135,287	686	3	404	404	0	59	282
Schoharie.....	20,298	50	1	7	0	7	0	50
Warren.....	37,178	262	1	121	121	0	46	141
Washington.....	43,328	147	2	113	97	16	66	50
Northern Metropolitan Region.....	995,320	4,868	42	4,118	3,620	498	74	1,248
Dutchess.....	106,896	733	4	396	396	0	54	337
Orange.....	132,142	689	8	557	485	72	70	204
Putnam.....	15,773	56	2	56	56	0	100	0
Rockland.....	63,060	312	3	195	171	24	55	141
Sullivan.....	34,568	210	5	106	20	86	10	190
Ulster.....	81,930	405	3	227	104	123	26	301
Westchester.....	560,951	2,463	17	2,581	2,388	193	97	75
Long Island Region.....	651,058	2,507	17	1,451	1,289	162	51	1,218
Nassau.....	456,225	1,679	9	988	951	37	57	728
Suffolk.....	194,833	828	8	463	338	125	41	490

¹ Based on Schedules of Information submitted by hospitals in the State (1946).² Computed on basis of birth-death bed ratio and corrected for allocations to primary and/or secondary centers.³ Unsuitable for long-range planning. Evaluated by regional councils and institutional inspectors.⁴ 101 in excess of Col. 3 less Col. 6 as the beds included in "Statewide" are not credited to any specific service area.⁵ Roosevelt Park Memorial Hospital.⁶ Includes 1,500 beds for service to non-residents.⁷ Convalescent facilities located outside New York City but intended almost exclusively for the use of City residents.⁸ In addition, County has 132 existing suitable beds which have been excluded in tabulation so that Region and State might not be penalized for the local excess.⁹ Although the 122 beds at Tompkins Memorial Hospital are classified as suitable, they should be replaced within five years.

EXISTING SUITABLE GENERAL HOSPITAL BEDS
PER 1,000 POPULATION
IN HOSPITAL SERVICE AREAS
NEW YORK STATE

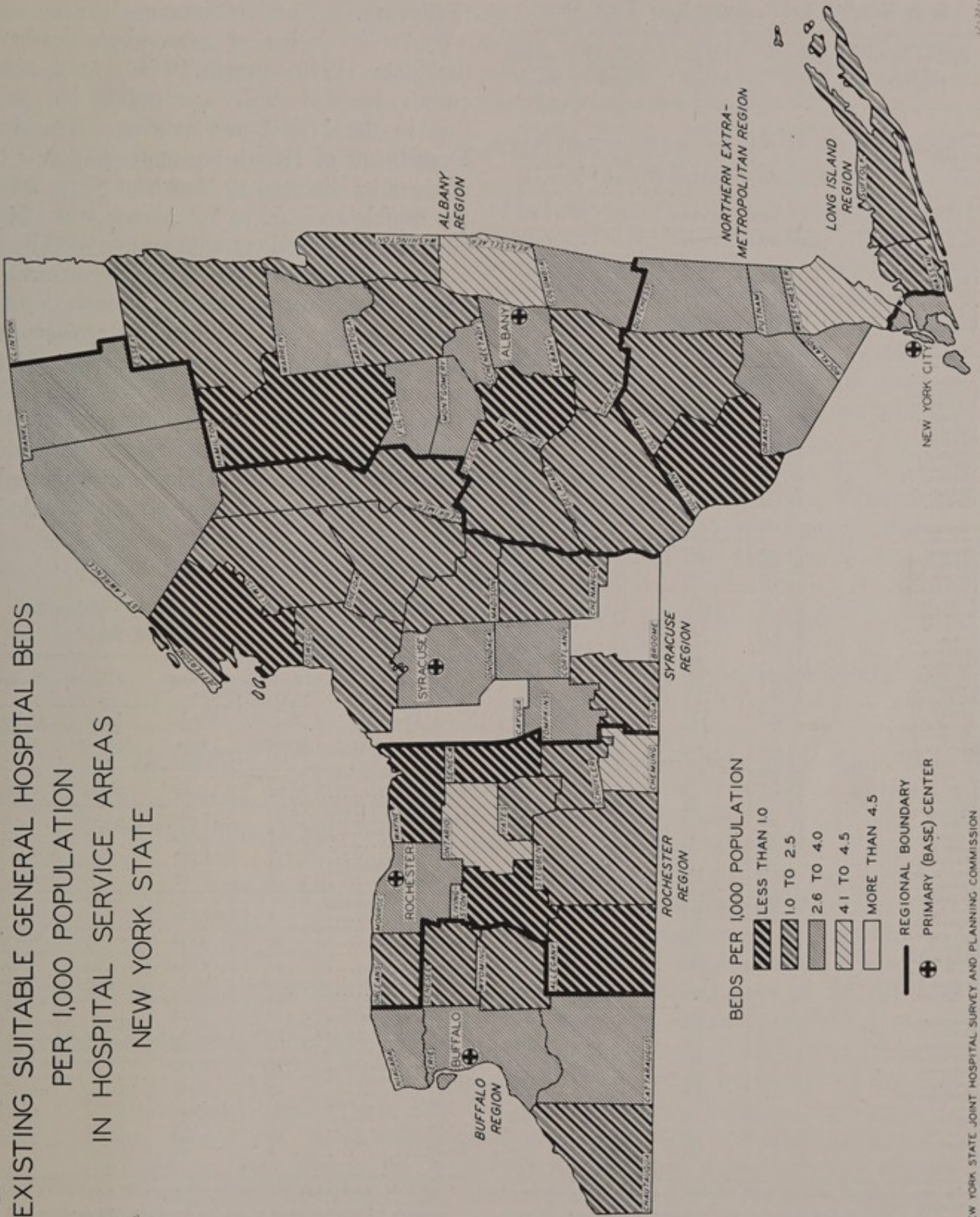


FIGURE 10

TABLE 2. Estimated Number of Chronic Hospital Beds Needed, by Regions, New York State

Hospital Service Area (County) (1)	Estimated Population 1945 (2)	Estimated Beds Needed ¹ (3)	Existing Suitable Beds (4)	Additional Beds Needed (5)
Total.....	13,847,903	27,696	4,719	22,977
Statewide.....			(446) ²	
New York City.....	7,730,383	15,611 ³	4,319 ⁴	11,292
New York State, Excl. of New York City...	6,117,520	12,085	400	11,685
Buffalo Region.....	1,302,467	2,605	0	2,605
Cattaraugus.....	68,819	116	0	116
Chautauqua.....	123,297	205	0	205
Erie.....	856,342	1,863	0	1,863
Genesee.....	44,750	74	0	74
Niagara.....	179,844	299	0	299
Wyoming.....	29,415	48	0	48
Rochester Region.....	876,600	1,753	0	1,753
Allegany.....	39,585	65	0	65
Chemung.....	81,043	134	0	134
Livingston.....	33,761	56	0	56
Monroe.....	450,285	1,051	0	1,051
Ontario.....	52,707	87	0	87
Orleans.....	26,963	45	0	45
Schuyler.....	12,421	21	0	21
Seneca.....	24,957	41	0	41
Steuben.....	85,151	140	0	140
Wayne.....	53,557	87	0	87
Yates.....	16,170	26	0	26
Syracuse Region.....	1,310,073	2,620	0	2,620
Broome.....	175,301	324	0	324
Cayuga.....	62,928	117	0	117
Chenango.....	37,336	68	0	68
Cortland.....	32,346	60	0	60
Franklin.....	44,122	81	0	81
Herkimer.....	61,411	114	0	114
Jefferson.....	83,630	155	0	155
Lewis.....	21,509	40	0	40
Madison.....	40,935	76	0	76
Oneida.....	211,174	390	0	390
Onondaga.....	309,827	770	0	770
Oswego.....	68,867	128	0	128
St. Lawrence.....	90,535	167	0	167
Tioga.....	26,831	49	0	49
Tompkins.....	43,321	81	0	81
Albany Region.....	982,002	1,964	100	1,864
Albany.....	227,688	605	100	505
Clinton.....	43,277	78	0	78
Columbia.....	37,739	67	0	67
Delaware.....	37,048	66	0	66
Essex.....	31,335	57	0	57
Fulton.....	48,241	88	0	88
Greene.....	26,878	50	0	50
Hamilton.....	3,413	6	0	6
Montgomery.....	57,876	104	0	104
Otsego.....	44,386	80	0	80
Rensselaer.....	120,880	218	0	218
Saratoga.....	67,150	121	0	121
Schenectady.....	135,287	243	0	243
Schoharie.....	20,298	37	0	37
Warren.....	37,178	66	0	66
Washington.....	43,328	78	0	78
Northern Metropolitan Region.....	995,320	1,899	150	1,749
Dutchess.....	106,896	204	0	204
Orange.....	132,142	252	0	252
Putnam.....	15,773	30	0	30
Rockland.....	63,060	121	0	121
Sullivan.....	34,568	65	0	65
Ulster.....	81,930	157	0	157
Westchester.....	560,951	1,070	150	920
Long Island Region.....	651,058	1,244	150	1,094
Nassau.....	456,225	871	0	871
Suffolk.....	194,833	373	150 ⁵	223

TUBERCULOSIS HOSPITALS. On the basis of 2.5 beds for each of the annual average number of tuberculosis deaths in the State (1940 through 1944), 3,600 tuberculosis hospital beds are needed in addition to the 11,600 now existing. The State Department of Health recommends that 3,150 of these be allocated to New York City, 200 to the Buffalo and 250 to the Albany area. However, since a special committee appointed by the Governor to advise the State Department of Health is evaluating the tuberculosis hospital facilities in the State, additional bed replacements not now contemplated may be required. In the interim, the Hospital Council of Greater New York has made its own preliminary evaluation and estimates that 2,900 of the 5,700 existing beds in the City are unsuitable because of obsolescence and nonfireproof construction. (Table 3.)

TABLE 3. Existing and Needed Tuberculosis Hospital Beds, New York State¹

Ownership or Control (1)	EXISTING FACILITIES (ALL SUITABLE) ²		FACILITIES NEEDED	
	Number of Hospitals (2)	Number of Beds (3)	Total Beds Needed ³ (4)	Additional Beds Needed (5)
Total.....	63	11,594	15,230	3,636
Public.....	41	8,825		
State.....	4	1,120		
County.....	24	3,171		
City.....	13	4,534		
Voluntary Nonprofit... Proprietary.....	20 2	2,727 42		
Statewide (State Hospitals).....	4	1,120		
New York City.....	20	5,739		
Public.....	10	3,915		
State.....				
County.....				
City.....	10 ⁴	3,915 ⁴		
Voluntary Nonprofit... Proprietary.....	10 2	1,824 42		
New York State, Excl. of New York City...	39	4,735		
Public.....	27	3,790		
State.....				
County.....	24	3,171		
City.....	3	619		
Voluntary Nonprofit... Proprietary.....	10 2	903 42		

¹ On basis of two (2) beds per 1,000 population, adjusted for allocations to primary centers.

² New York State Reconstruction Home (250 beds), Rosary Hill (100 beds), and Reconstruction Home at Ithaca (96 beds). Since these facilities serve the entire State, rather than any one hospital service area, they cannot be accredited to one single area.

³ Includes 92 beds for service to Northern Metropolitan, 58 for service to Long Island Region.

⁴ Distributed as follows: Bronx County: 7 facilities (1,652 beds). New York County: 1 facility (Goldwater Memorial Hospital, 1,500 beds). Kings County: 2 facilities (1,023 beds). In addition, St. Francis Sanatorium for Crippled Children (144 beds) at Roslyn, Nassau County, has been accredited to New York City since it primarily serves City residents.

⁵ Also see footnote No. 4.

¹ Based on Schedules of Information submitted by hospitals in the State (1946).

² Includes tuberculosis units of general hospitals. All facilities and beds classified as suitable for long-range planning pending report of Governor's Committee on Tuberculosis.

³ Estimated on basis of federal formula, i.e., annual average number of tuberculosis deaths in the State (1940 through 1944), multiplied by 2.5.

⁴ Includes Municipal Sanatorium (420 beds) located at Otisville, Orange County.

MENTAL HOSPITALS The Federal Hospital Survey and Construction Act allows five (5) mental hospital beds per 1000 population, exclusive of facilities for the mentally defective, or 69,200 for New York. However, since the State is now served by 64,500, only 4,700 additional beds are needed. Yet, on the basis of experience with present methods and demands for service, this is insufficient. It is not contemplated that any federal funds will be utilized to close this gap, as the Legislature has already appropriated approximately \$100,000,000 to implement the building and rehabilitation program planned by the State Department of Mental Hygiene. This will result in 7.0 mental hospital beds per 1000 population. There is, however, a need for developing psychiatric inpatient units at selected general hospitals and psychiatric clinic facilities. Such units would provide diagnostic services, screening and short-term and follow-up care. Preventive psychiatric procedures should be an integral part of the over-all program. (Table 4.)

TABLE 4. Existing and Needed Mental Hospital Beds, New York State¹

Ownership or Control (1)	EXISTING FACILITIES (ALL SUITABLE) ²		FACILITIES NEEDED	
	Number of Hospitals (2)	Number of Beds (3)	Total Beds Needed According to Federal Formula ³ (4)	Additional Beds Needed (5)
Total.....	54	64,511	69,239	4,728
State.....	20	62,196	.....	.....
County.....	2	209	.....	.....
Voluntary Nonprofit.....	6	748	.....	.....
Proprietary.....	18	1,092	.....	.....
Not Specified.....	8	266	.....	.....

¹ Based on Schedules of Information submitted by hospitals in the State (1946).

² All State hospital facilities and those under voluntary and proprietary auspices licensed by the State have been classified as suitable for long-range planning, on advice of State Department of Mental Hygiene.

³ Computed on basis of five (5) beds per 1,000 population.

HEALTH CENTERS It is anticipated that at least one health center will be necessary for each county served by a full-time county department of health and for each city of 50,000 population or over. The State Plan envisages a closer working relationship between the preventive services of the official

public health agencies and the curative services of the medical profession and the hospital. Where feasible and possible, especially in rural areas, the health center should be located in or adjacent to a general hospital.

HOSPITAL PROGRAM OF THE VETERANS ADMINISTRATION

The hospital program of the Veterans Administration, including the expansion of existing and the construction of new facilities, directly affects approximately 2,000,000 veterans in the State—or one of every seven residents. The administration will soon have 18,900 beds (9.5 beds for each 1,000 veterans) in the State, as follows: (a) 7,500 existing permanent beds allocated for active medical service. (b) 400 temporary beds at Sheepshead Bay; 1,500 at Bath for domiciliary care; and 1,500 at Willowbrook School, Staten Island, leased from the State of New York. (c) 8,000 beds are to be added through authorized construction at Albany, Batavia, Brooklyn, Buffalo, Peekskill, New York City and Syracuse.

Even though this program constitutes a major, yet unpredictable, factor in estimating bed needs, it has not been possible to take it into account thus far in developing the State Plan. Therefore, if the welfare of all is to receive the consideration it deserves, it is essential that cooperative planning be initiated immediately among federal, state and local hospital interests. In no other way can costly duplication of effort, facilities and administrative organization and maldistribution of hospital beds, services and personnel be avoided. Some of the questions urgently requiring attention are: What are the precise current policies of the Veterans Administration for admission of patients to its hospitals? What policy is contemplated for the future? To what extent will these facilities be used to care for veterans and their dependents with nonservice-connected disabilities? For veterans with service-connected disabilities? Is it possible for the Veterans Administration to decrease further the average days of stay per patient on general medical

and surgical service so that it approximates that of general hospitals under voluntary nonprofit and church auspices?

EMPHASIS ON RURAL NEEDS

Consistent with the intent of the Federal Act and in keeping with the Governor's proposals for improving local health services, emphasis has been placed on the development of (1) hospital and health center facilities in rural areas and (2) special services to these areas, emanating from the primary and secondary centers. At the request of the boards of supervisors of 16 rural counties, a detailed study and recommendations for public health, hospital and laboratory facilities and services for each has been prepared jointly with the State Department of Health. Since each has a population of less than 50,000, it is eligible for state aid toward construction and maintenance of such facilities and services.²

THE TASK AHEAD

The task is not one of merely constructing facilities. Immediate problems and others, now

unforeseen, are sure to arise. For example, the planning for general hospitals has raised fiscal problems requiring study and conferences, especially because of the increasing operating, patient-day and construction costs of hospitals. In addition, increasing attention must be given to the establishment of hospital standards and the procurement and distribution of medical, nursing and other personnel.

The speed with which the State Plan is consummated will depend on the interest and zeal of the public, the extent of the support and cooperation of the medical profession and hospital authorities and their willingness to work harmoniously with voluntary and governmental agencies. The program is being carried out with full appreciation of local needs. Flexibility in planning has been a prominent feature. The results should, therefore, be acceptable to the residents of the State who are, simultaneously, both co-planners of the program and the patrons of the envisaged facilities.

² In accordance with *Public Health Law of New York State*, Sec. 19-b.

THE CONSTRUCTION PROGRAM

Under the present provisions of the Federal Hospital Survey and Construction Act, the State of New York is receiving approximately \$3,000,000 annually during each of the five years of the life of the program, or a total of \$15,000,000, as federal aid for construction of hospitals. One-third of the total cost of construction and equipment of any approved hospital project, sponsored either by a voluntary nonprofit corporation or municipality, will be met by federal grants. Therefore, the \$15,000,000 will stimulate approximately \$45,000,000 in construction in the five-year period.

The State Hospital Plan estimates a need for 27,000 additional general, 23,000 additional chronic and 3,600 additional tuberculosis hospital beds, and advocates the establishment of public health centers to house the staffs and activities of full-time county and city health departments. On a conservative basis, approximately \$750,000,000 would be needed to construct these facilities.

It is anticipated that, with the exception of the extensive building programs of the State Department of Mental Hygiene and the New York City Department of Hospitals, the construction of a large proportion of these facilities will be financed by private funds, with or without federal and state aid. The need for cooperative planning between voluntary nonprofit hospital groups and government is clear, if expensive duplication of facilities and overlapping of services is to be avoided.

POLICIES

During the formative period of the State Plan, the State Advisory Council and the regional hospital planning councils recommended, and the Commission adopted, policies relative to the construction of hospitals, in addition to those set forth in the federal regulations. They are as follows:

1. Except in rare and isolated geographical situations, the minimum size for rural and small urban community general hospitals should be 50 beds. This is necessary to ensure efficient and economical operation and the maintenance of a minimum basic medical staff.
2. The minimum size for general hospitals in secondary centers should be at least 100 beds. Such hospitals should be capable of supporting an organized, balanced medical staff in the major specialties competent to provide special services to the community hospitals affiliated with them.
3. New specialty hospitals, such as eye, ear, nose, and throat hospitals, should be incorporated as units of general hospitals. They should not be developed as small and independent separate units.
4. Chronic disease hospital facilities should be included as integral parts of, or contiguous to, general hospitals.
5. Closer physical and working relationships should be encouraged between full-time local public health departments and general hospitals. Where possible and desirable, such health departments should be housed in or adjacent to a general hospital to facilitate the fullest application of preventive public health practices to the entire community.

PRIORITIES FOR GRANTS

Under the terms of the Federal Hospital Survey and Construction Act, the priorities of counties for federal grants-in-aid for hospital construction are based on their relative degree of need, i.e., the number of existing suitable general hospital beds in relation to the total number needed in each county. In addition, regardless of the priority of the county in which

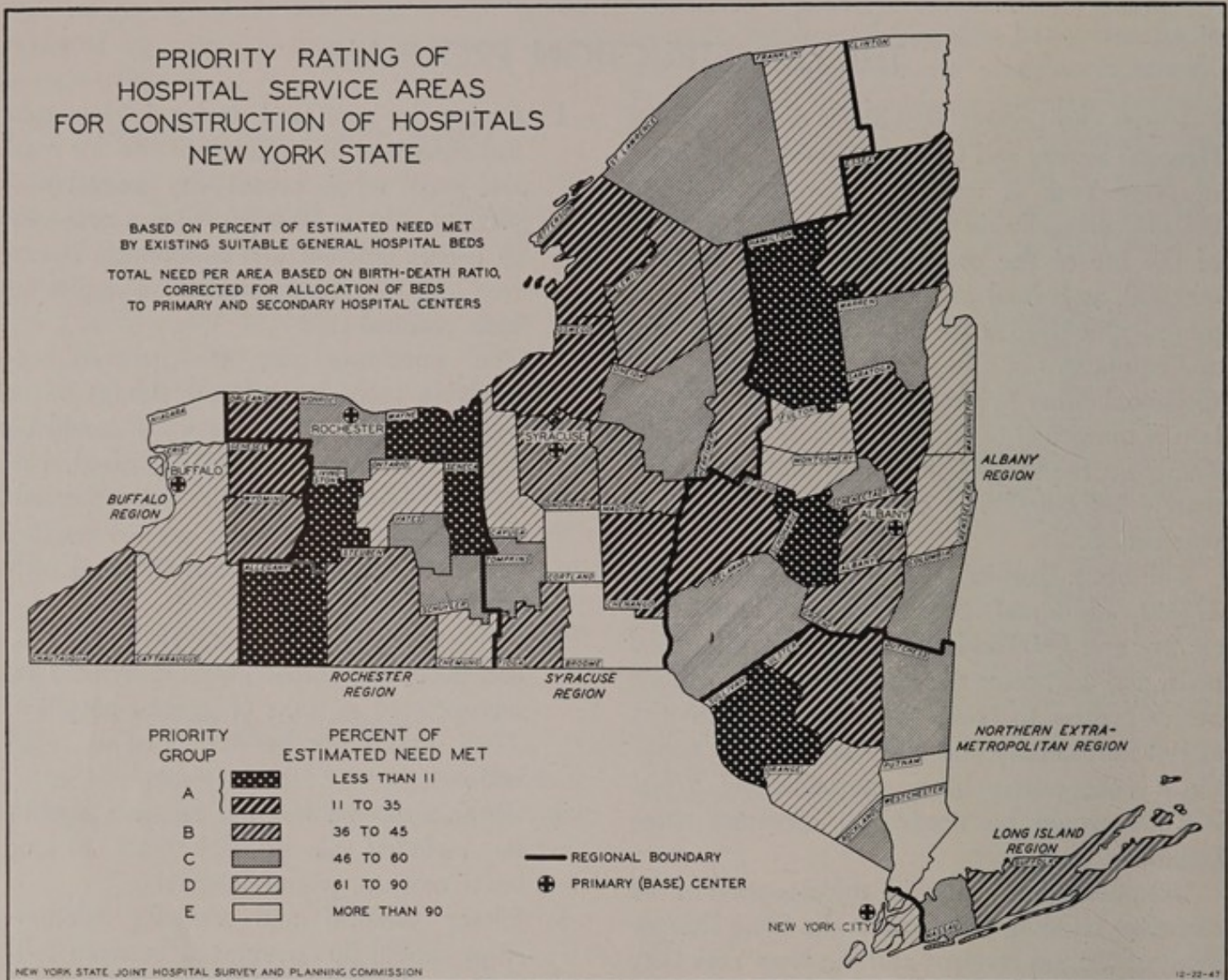


FIGURE 11

located, it is possible to designate a project as "special" because of extenuating local circumstances or the need to develop a facility in a primary hospital center for region-wide service. The Commission, therefore, has classified some projects as "special", following review. (Table 5 and Figure 11.)

Priority ratings of the counties are revised annually, on the basis of hospital construction initiated during the previous year, either with or without federal and/or state aid. This necessitates the maintenance of a perpetual inventory of the hospital facilities in the State.

During the past year the Commission has emphasized the urgency of meeting the acute need for general hospital beds, and all sponsors of projects in counties of high priority have been canvassed and afforded an opportunity to apply for federal funds. It is significant that in each of the 17 counties in the "A" priority group only 35 per cent or less of the estimated general hospital need is being met by existing suitable beds, and that four of these counties have no suitable general hospital facilities whatever. Yet, despite the high degree of need of these counties, particularly the rural ones usually eligible for both federal and state aid³, many thereof have waived

³ See Sec. 19-b, Public Health Law of New York State.

TABLE 5. Priorities of Counties for Construction of General Hospital Facilities, New York State, 1948

Rank (1)	County (Hospital Service Area) (2)	Estimated Beds Needed ¹ (3)	EXISTING SUITABLE BEDS ²		Additional Beds Needed (6)
			Number (4)	Per cent of Need Met by Beds (5)	
A Priority					
1.	Hamilton.....	26	0	0	26
2.	Schoharie.....	50	0	0	50
3.	Seneca.....	100	0	0	100
4.	Wayne.....	150	0	0	150
5.	Allegany.....	150	14	9	136
6.	Livingston.....	110	10	9	100
7.	Sullivan.....	210	20	10	190
8.	Columbia.....	180	20	11	160
9.	Jefferson.....	477	54	11	423
10.	Ulster.....	405	104	26	301
11.	Essex.....	160	50	31	110
12.	Otsego.....	288	88	31	200
13.	Orleans.....	96	31	32	65
14.	Oswego.....	228	73	32	155
15.	Chenango.....	180	60	33	120
16.	Genesee.....	200	65	33	135
17.	Saratoga.....	225	79	35	146
B Priority					
18.	Steuben.....	405	144	36	261
19.	Madison.....	210	80	38	130
20.	Tioga.....	125	48	38	77
21.	Lewis.....	100	40	40	60
22.	Albany.....	1,518	616	41	902
23.	Herkimer.....	253	103	41	150
24.	Suffolk.....	828	338	41	490
25.	Chautauqua.....	544	231	42	313
26.	Greene.....	120	50	42	70
27.	Onondaga.....	1,851	793	43	1,058
28.	Wyoming.....	135	60	44	75
C Priority					
29.	Delaware.....	149	68	46	81
30.	Schuyler.....	50	23	46	27
31.	Warren.....	262	121	46	141
32.	Monroe.....	2,824	1,373	49	1,451
33.	Oneida.....	1,007	533	53	474
34.	Yates.....	60	32	53	28
35.	Dutchess.....	733	396	54	337
36.	Tompkins.....	225	122	54	103
37.	Rockland.....	312	171	55	141
38.	Nassau.....	1,679	951	57	728
39.	St. Lawrence.....	469	269	57	200
40.	Schenectady.....	686	404	59	282
D Priority					
41.	Erie.....	4,201	2,578	61	1,623
42.	Fulton.....	213	129	61	84
43.	Montgomery.....	333	207	62	126
44.	Cattaraugus.....	310	195	63	115
45.	New York City ³	41,000 ⁴	26,486	65	14,514
46.	Washington.....	147	97	66	50
47.	Orange.....	689	485	70	204
48.	Franklin.....	194	145	75	49
49.	Ontario.....	305	231	76	74
50.	Chemung.....	453	350	77	103
51.	Rensselaer.....	618	503	81	115
52.	Cayuga.....	383	333	87	50
E Priority					
53.	Niagara.....	736	686	93	50
54.	Broome.....	929	873	94	56
55.	Westchester.....	2,463	2,388	97	75
56.	Cortland.....	128	128	100	0
57.	Putnam.....	56	56	100	0
58.	Clinton.....	228	360	158	0

¹ Computed on basis of estimated population (1945) and birth-death bed ratio formula, corrected for allocation of beds to primary and/or secondary centers.

² Beds adjudged suitable for long-range planning.

³ Counties of Bronx, Kings, New York, Queens and Richmond.

⁴ Includes 1,500 beds for service to non-residents.

their eligibility for assistance. This has generally been due to the fact that either local plans have not crystallized or no provision has yet been made for financing the local share of the cost of construction. However, counties thus waiving their

eligibility during a given year retain their priority rating and are given the opportunity of making application for funds during subsequent years.

PROJECTS AIDED, 1948 AND 1949

By March 1949, the Commission had approved 36 projects to receive federal grants-in-aid, at an aggregate estimated construction cost of \$26,000,000. All had been recommended for approval by the respective regional hospital planning councils and all fulfill the fundamental principles outlined in the State Plan. (Figure 12.)

These projects are now in various stages of planning or are under construction. In all instances, the Commission is satisfied that:

(1) Bids will have been submitted and contracts let not later than June 30, 1950; (2) arrangements have been made for the local share of the funds for construction, whether voluntary or public monies; and (3) proof exists as to the source of funds to absorb the operating deficit of each facility for at least the first two years of operation.

The identity, sponsorship and estimated cost of each approved project is indicated in Table 6. An analysis of these data indicates that 22 of the 36 projects and 82 per cent of the total estimated cost of all construction is in counties having either A or B priority ratings; and that 90.5 per cent of the aggregate cost is for projects under voluntary nonprofit or church auspices, and only 10 per cent for those under public sponsorship.

Today most areas of the State are within 15 miles of either a suitable hospital or one in the planning stage. This does not mean that the capacities of these existing or planned facilities approximate those required to serve properly their respective neighboring populations. It does suggest, however, that these hospitals could be regarded as nuclei which, if gradually expanded, could eventually provide the number of adequate beds needed in the various localities. (Figure 13.)

TABLE 6. Hospital Construction Projects Approved to Receive Federal Aid, New York State, 1948-1949

County (1)	Project (2)	Ownership or Control ¹ (3)	Priority (4)	ESTIMATED COST	
				Total (5)	Federal Share ² (6)
	Total, 36 projects			\$26,171,061	\$8,703,147
Albany	Albany Hospital, Albany. Expansion	NPA	B	3,795,966*	1,265,322
Allegany	Cuba Memorial Hospital, Cuba. Expansion	NPA	A	197,000	65,000
Cattaraugus	Tri-County Memorial Hospital, Gowanda. New plant	NPA	D	456,408*	152,136
Columbia	Columbia Memorial Hospital, Hudson (formerly Hudson City Hospital). Expansion and replacement	NPA	A	1,416,000	472,000
Essex	Placid Memorial Hospital, Lake Placid. New plant	NPA	A	563,653*	187,884
Genesee	Genesee Memorial Hospital, Batavia. ³ Expansion and replacement	NPA	A	1,460,322*	486,774
"	St. Jerome Hospital, Batavia. ³ Expansion and replacement	Ch	A	1,667,300	555,767
Jefferson	Edward John Noble Hospital of Alexandria Bay. New plant	NPA	A	437,317*	145,772
"	House of the Good Samaritan, Watertown. Expansion and replacement	NPA	A	1,612,500*	537,500
Livingston	Dansville Memorial Hospital, Dansville. Expansion and replacement	NPA	A	560,326	182,666
Madison	Oneida City Hospital, Oneida. Expansion and renovation	City	B	447,898	149,299
Orleans	Arnold Gregory Memorial Hospital, Albion. New plant	NPA	A	480,900	159,800
Oswego	Oswego Hospital, Oswego. Expansion and replacement	NPA	A	1,096,351*	365,450
Otsego	Aurelia Osborn Fox Memorial Hospital, Oneonta. Addition of laboratory, laundry space	NPA	A	56,019*	18,673
St. Lawrence	Edward John Noble Hospital of Gouverneur. New plant	NPA	C	1,084,156*	361,385
"	Clifton-Fine General Hospital, Star Lake. New plant	Town	C	315,951*	105,317
Seneca	Seneca County General Hospital, Seneca Falls. New plant, including health center	Co.	A	1,152,600	382,200
Steuben	Corning Hospital, Corning. Expansion and replacement	NPA	B	802,754	267,585
"	St. James Mercy Hospital, Hornell. Expansion and replacement	Ch	B	955,000	318,333
Suffolk	Central Suffolk Hospital, Riverhead. New plant	NPA	B	788,923	257,400
"	Eastern Long Island Hospital, Greenport. Expansion and replacement	NPA	B	674,259*	224,753
"	Southside Hospital, Bay Shore. Expansion	NPA	B	891,807*	297,269
Tioga	Tioga County General Hospital, Waverly. Expansion	NPA	B	675,000	225,000
Ulster	Benedictine Hospital, Kingston. (Also known as Our Lady of Victory Sana- torium.) Expansion	Ch	A	1,272,000	416,333
"	Ulster County Tumor Clinic, Kingston. New plant	Co.	A	390,336*	130,112
New York City	Bellevue Hospital, Manhattan. Unit for premature infants	City	D	29,280	9,760
" " "	Fordham Hospital, Bronx. Unit for premature infants	City	D	15,868	5,289
" " "	Harlem Hospital, Manhattan. Unit for premature infants	City	D	31,153	10,364
" " "	The Jamaica Hospital, Queens. Expansion	NPA	D	700,000	233,333
" " "	Kings County Hospital, Brooklyn. Unit for premature infants	City	D	62,132	20,711
" " "	Lincoln Hospital, Bronx. Unit for premature infants	City	D	7,987	2,662
" " "	Maimonides Hospital, Brooklyn. Unit for premature infants	NPA	D	137,600	45,866
" " "	Mount Sinai Hospital, Manhattan. Unit for premature infants	NPA	D	279,776*	93,259
" " "	Presbyterian Hospital, Manhattan. Unit for premature infants	NPA	D	78,225*	26,075
" " "	Queens General Hospital, Queens. Unit for premature infants	City	D	33,756	11,252
" " "	Wyckoff Heights Hospital, Brooklyn. Expansion	NPA	D	1,544,538*	514,846

* Contract has been let and figure indicates contract cost. All others are architectural estimates.

¹ Ch — church. City — city. Co. — county. NPA — nonprofit association. Town — town.

² Federal funds, although usually comprising one-third of total cost, are not allowable toward such items as acquisition of site, landscaping and conducting money-raising campaigns.

³ Although the State Commission recommended that Genesee Memorial and St. Jerome Hospitals consolidate their efforts and construct one plant, this suggestion was not received favorably locally.

The limited federal funds available under the Hospital Survey and Construction Act have made it impossible to act favorably on the many other requests for assistance which have been received. It is gratifying to note the interest shown by the

regional hospital planning councils and their many contributions toward the development of facilities, and the splendid cooperation and understanding evidenced by sponsors of projects, their architects and other employees.

AREAS OF NEW YORK STATE WITHIN
FIFTEEN MILES OF EXISTING SUITABLE OR
PLANNED GENERAL HOSPITALS

MARCH 1949

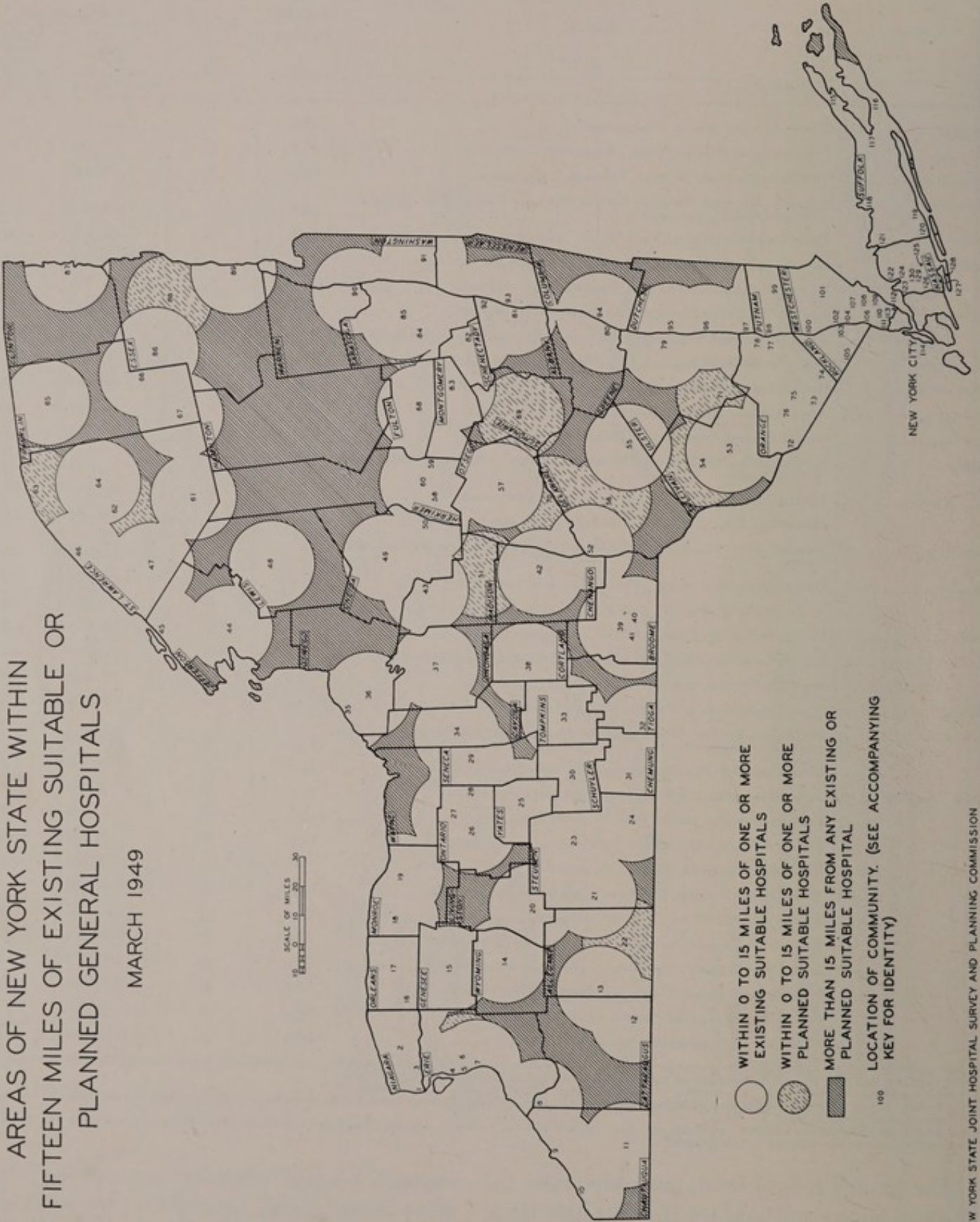


FIGURE 13

PRIORITIES OF COUNTIES
FOR FEDERAL GRANTS-IN-AID
FOR CONSTRUCTION OF
HOSPITALS
NEW YORK STATE

Effective July 1, 1949

New York State Joint Hospital Survey and Planning Commission

State Capitol, Albany 1, New York

GENERAL HOSPITAL BEDS NEEDED IN NEW YORK STATE, JULY 1, 1949¹

HOSPITAL SERVICE AREA (County) (1)	Estimated Beds Needed ² (2)	EXISTING HOSPITALS				UNDER CONSTRUCTION ³		Suitable Beds After Construction ⁵ (9)	Per Cent of Need Met by Suitable Beds ⁶ (10)	Additional Beds Needed ⁷ (11)
		Number (3)	Bed Capacity			Additional Hospitals (7)	Net Beds (8)			
			Total (4)	Suitable (5)	Unsuitable ⁴ (6)					
Total.....	71,166	407	57,148	44,469	12,679	5	4,096	48,565	68.2	22,976 ⁸
Statewide.....		1 ¹⁰	101	101	0	0	0	101	.....	.....
New York City.....	41,000 ⁹	171	34,691	26,698	7,993	2	1,319	28,017	68.3	12,983
Bronx.....	41,000	20	3,330	3,118	212	0	0	3,118	68.3	12,983
Kings.....		45	9,330	7,737	1,593	0	232	7,969		
New York.....		58	17,229	12,914	4,315	2	996	13,910		
Queens.....		22	2,851	1,972	879	0	61	2,033		
Richmond.....		5	605	466	139	0	0	466		
Citywide ¹¹	21	1,346	491	855	0	30	521			
New York State, Exclusive of New York City.....	30,166	235	22,356	17,670	4,686	3	2,777	20,447	67.8	9,993 ¹²
Buffalo Region.....	6,126	35	4,585	4,047	538	0	421	4,468	72.9	1,658
Cattaraugus.....	310	5	274	195	79	0	71	266	85.8	44
Chautauqua.....	544	6	384	231	153	0	30	261	48.0	283
Erie.....	4,201	16	3,001	2,898	103	0	164	3,062	72.9	1,139
Genesee.....	200	2	141	44	97	0	156	200	100.0	0
Niagara.....	736	5	686	648	38	0	0	648	88.0	88
Wyoming.....	135	1	99	31	68	0	0	31	23.0	104
Rochester Region.....	4,703	34	3,351	2,204	1,147	0	387	2,591	55.1	2,112
Allegany.....	150	3	71	14	57	0	31	45	30.0	105
Chemung.....	453	2	447	350	97	0	0	350	77.3	103
Livingston.....	110	2	51	9	42	0	57	66	60.0	44
Monroe.....	2,824	9	1,877	1,367	510	0	28	1,395	49.4	1,429
Ontario.....	305	3	264	231	33	0	0	231	75.7	74
Orleans.....	96	2	55	31	24	0	50	81	84.4	15
Schuyler.....	50	1	37	23	14	0	0	23	46.0	27
Seneca.....	100	2	56	0	56	0 ¹³	100	100	100.0	0
Steuben.....	405	5	330	147	183	0	121	268	66.2	137
Wayne.....	150	4	113	0	113	0	0	0	0.0	150
Yates.....	60	1	50	32	18	0	0	32	53.3	28
Syracuse Region.....	6,759	65	5,246	3,594	1,652	1	798	4,392	65.0	2,483 ¹⁴
Broome.....	929	6	953	910	43	0	135	1,045	112.5	0
Cayuga.....	383	2	281	281	0	0	0	281	73.4	102
Chenango.....	180	7	127	60	67	0	60	60	33.3	120
Cortland.....	128	2	145	128	17	0	0	128	100.0	0
Franklin.....	194	3	158	154	4	0	0	154	79.4	40
Herkimer.....	253	3	194	103	91	0	0	103	40.7	150
Jefferson.....	477	7	381	54	327	0	197	251	52.6	226
Lewis.....	100	2	46	40	6	0	0	40	40.0	60
Madison.....	210	3	121	80	41	0	68	148	70.5	62
Oneida.....	1,007	10	987	543	444	0	0	543	53.9	464
Onondaga.....	1,851	11	1,241	793	448	0	169	962	52.0	889
Oswego.....	228	2	139	55	84	0	76	131	57.5	97
St. Lawrence.....	469	4	288	223	65	1	90	313	66.7	156
Tioga.....	125	1	48	48	0	0	63	111	88.8	14
Tompkins.....	225	2	137	122	15	0	0	122	54.2	103
Albany Region.....	5,203	44	3,508	2,790	718	1	800	3,590	69.0	1,741 ¹⁴
Albany.....	1,518	6	787	616	171	0	250	866	57.0	652
Clinton.....	228	2	356	356	0	0	0	356	156.1	0
Columbia.....	180	2	101	20	81	0	105	125	69.4	55
Delaware.....	149	8	159	81	78	0	22	103	69.1	46
Essex.....	160	5	146	85	61	0	49	134	83.8	26
Fulton.....	213	1	129	129	0	0	0	129	60.6	84
Greene.....	120	1	50	50	0	0	0	50	41.7	70
Hamilton.....	26	0	0	0	0	0	0	0	0.0	26
Montgomery.....	333	2	207	207	0	0	74	281	84.4	52
Otsego.....	288	2	157	88	69	0	0	88	30.6	200
Rensselaer.....	618	5	601	468	133	0	0	468	75.7	150
Saratoga.....	225	3	118	79	39	0	0	79	35.1	146
Schenectady.....	686	3	414	364	50	1	200	564	82.2	122
Schoharie.....	50	1	14	0	14	0	0	0	0.0	50
Warren.....	262	1	150	150	0	0	100	250	95.4	12
Washington.....	147	2	119	97	22	0	0	97	66.0	50
Northern Metropolitan Region	4,868	39	4,086	3,620	466	0	234	3,854	79.2	1,044 ¹⁴
Dutchess.....	733	4	373	373	0	0	31	404	55.1	329
Orange.....	689	8	571	499	72	0	0	499	72.4	190
Putnam.....	56	2	55	55	0	0	0	55	98.2	1
Rockland.....	312	2	171	171	0	0	0	171	54.8	141
Sullivan.....	210	4	98	20	78	0	0	20	9.5	190
Ulster.....	405	3	227	104	123	0	108	212	52.3	193
Westchester.....	2,463	16	2,591	2,398	193	0	95	2,493	101.2	0
Long Island Region.....	2,507	18	1,580	1,415	165	1	137	1,552	61.9	955
Nassau.....	1,679	9	1,003	961	42	0	0	961	57.2	718
Suffolk.....	828	9	577	454	123	1	137	591	71.4	237

¹ Based on data provided by the respective hospitals. "General hospitals" includes all allied special hospitals.

² On basis of estimated population (1945) and birth-death bed ratio formula, corrected for allocation of beds to primary and/or secondary hospital centers.

³ Includes all projects receiving federal aid for hospital construction and those not receiving aid for which contracts have been let. Frequently the beds under construction are replacements for existing unsuitable beds.

⁴ Adjudged unsuitable for long-range planning.

⁵ Col. 5 plus col. 8.

⁶ Col. 9 divided by col. 2, multiplied by 100.

⁷ Col. 2 less col. 9.

⁸ The apparent, but not real, discrepancy of 375 beds (col. 2 less col. 9 does not equal col. 11) is due to (a) the excess of existing suitable over estimated total beds needed in Broome (116), Clinton (128) and Westchester (30)

Counties, and (b) the 101 beds at Roswell Park Memorial Institute being classified as "statewide" rather than assigned to a specific region.

⁹ Includes 1,500 beds for service to non-residents.

¹⁰ Roswell Park Memorial Institute at Buffalo.

¹¹ Convalescent facilities which, although located outside New York City, are sponsored by voluntary, nonprofit City organizations and limit admissions largely to New York City residents.

¹² The apparent, but not real, discrepancy of 274 beds due to factors noted in footnote #14(a). Also see footnote #8.

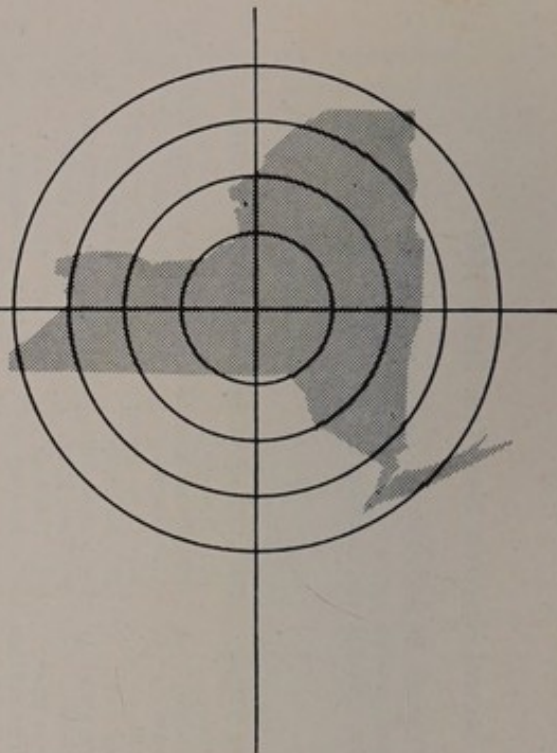
¹³ The two existing hospitals in Seneca County will be replaced by one new 100-bed hospital. Therefore, rather than a net gain in number, the County will ultimately show a net loss of one hospital.

¹⁴ Total for region, as shown in col. 11, is greater than col. 2 less col. 9 because a county in the region has suitable beds in excess of the total needed. See footnotes #12 and #8.

Projects

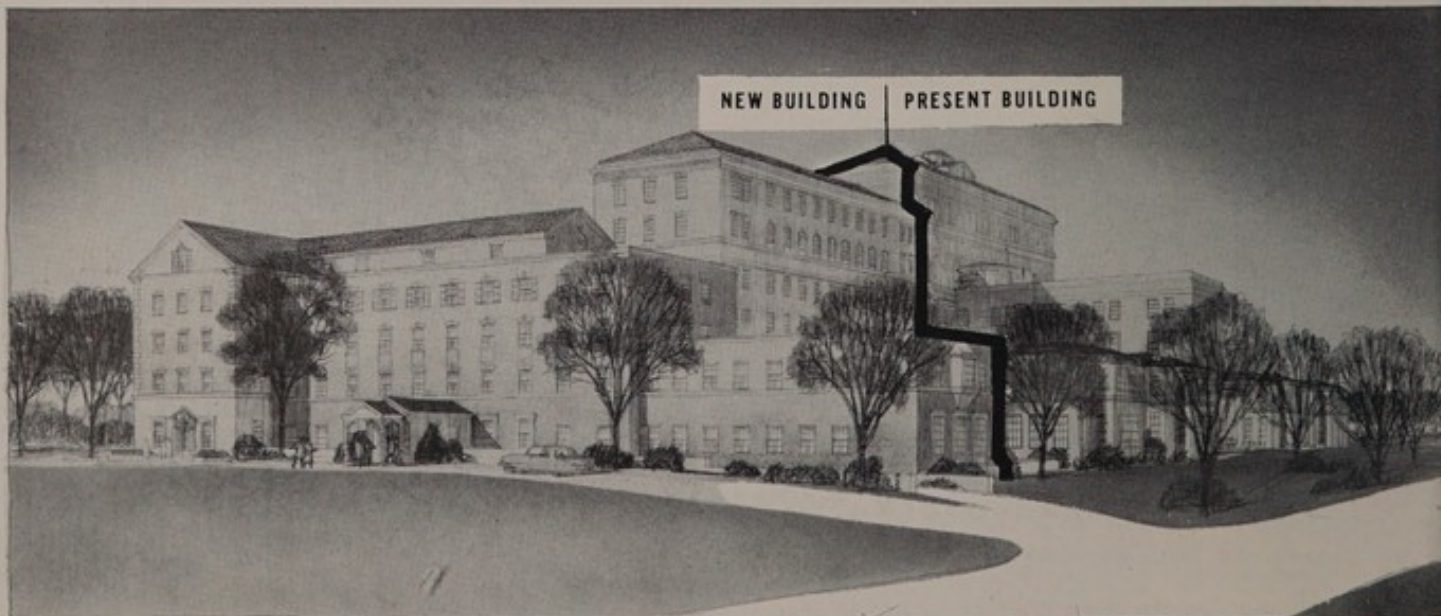
RECEIVING FEDERAL AID

■ The following pictures illustrate some existing hospitals in the State and the respective architects' conceptions of their appearance on completion of construction, aided by federal grants.



ALBANY HOSPITAL, ALBANY ALBANY COUNTY

■ This 519-bed medical teaching general hospital, under voluntary auspices, provides highly specialized hospital service to the large surrounding area. The new construction will add 128 beds, facilities for special services in neuro-surgery, thoracic and plastic surgery and pediatrics, and diagnostic clinic and teaching facilities. Under construction. Cost: \$3,795,966. Architect: Schmidt, Garden and Erikson.





**CUBA MEMORIAL HOSPITAL, CUBA
ALLEGANY COUNTY**

Construction will add a 36-bed, two-story, modern, fire-resistant wing to this 14-bed general hospital, which is operated under voluntary auspices. Plans and specifications to be completed by January, 1950 and construction begun shortly thereafter. Estimated cost: \$197,000.



**TRI-COUNTY MEMORIAL HOSPITAL
GOWANDA, CATTARAUGUS COUNTY**

The present 26-bed structure, housed in a converted frame dwelling and operated under voluntary auspices, is being replaced by a modern 50-bed hospital, including space for a branch of the Cattaraugus County Laboratory, public health clinic facilities and offices of the public health nurses. Under construction. Cost: \$456,408. Architect: Cannon, Thiele, Betz and Cannon.





■
**GENESEE MEMORIAL HOSPITAL
BATAVIA, GENESEE COUNTY**

The existing 66-bed general hospital, which is operated under voluntary auspices and is essentially obsolete, is being replaced by new central services and 119 beds, 100 for general and 19 for chronic hospital care. Part of the original plant may be utilized to house public health activities. Under construction. Cost: \$1,460,322. Architect: Cannon Thiele, Betz and Cannon.



■
**PLACID MEMORIAL HOSPITAL
LAKE PLACID, ESSEX COUNTY**

The Town of North Elba operates this 20-bed hospital in a converted dwelling. It is being replaced by a modern 50-bed general hospital, under voluntary auspices, including facilities for such public health services as a laboratory and clinics. Under construction. Cost: \$563,653. Architect: Cannon, Thiele, Betz and Cannon.



■
**COLUMBIA MEMORIAL HOSPITAL
HUDSON, COLUMBIA COUNTY**

This 101-bed, voluntary general hospital has 20 beds in suitable and 81 in obsolete structures. The latter will be replaced by a new 105-bed unit (not shown) with central services. Plans and specifications to be completed by January, 1950 and construction begun shortly thereafter. Estimated cost: \$1,416,000. Architect: Eggers and Higgins.





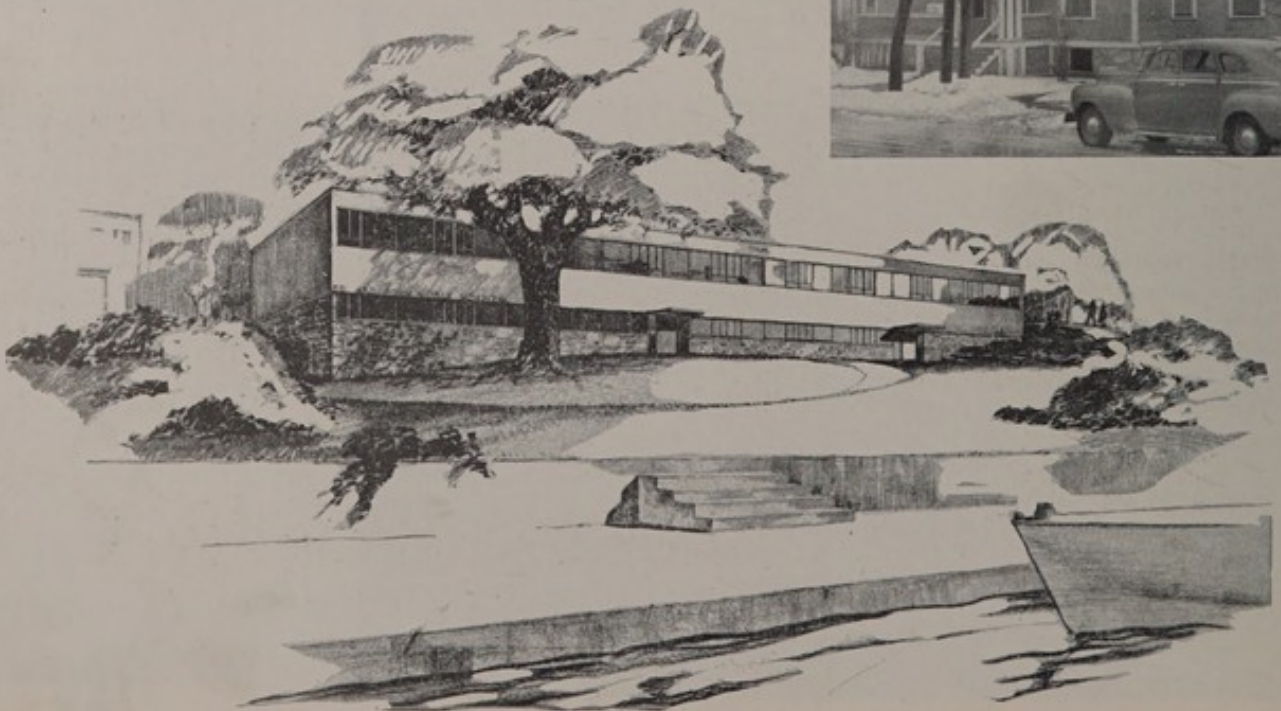
**ST. JEROME HOSPITAL
BATAVIA, GENESEE COUNTY**

Under church auspices, the present facility (left) consists of 48 beds in an unsuitable and 27 in a suitable structure. Construction will provide a new 100-bed general hospital (left center) to replace the obsolete unit, 20 beds for chronic patients in an adjacent remodeled building, and central services. Contracts to be let in September, 1949. Estimated cost: \$1,667,300. Architect: Mortimer J. Murphy.



**EDWARD JOHN NOBLE HOSPITAL
ALEXANDRIA BAY, JEFFERSON COUNTY**

This new 29-bed hospital (bottom of page), under voluntary auspices, is replacing the 13-bed Noble Foundation Hospital (below) operated by the Village and located in a renovated dwelling. Under construction. Cost: \$437,317. Architect: Skidmore, Owings and Merrill.



**THE HOUSE OF THE GOOD SAMARITAN
WATERTOWN, JEFFERSON COUNTY**

The existing voluntary hospital has 162 beds, 26 suitable and 136 located in obsolete, nonfire-resistive quarters. The revised plant will have a capacity of 194 beds, 150 in the modern five-story unit which will replace the outworn structure and 44 in remodeled space. Under construction. Cost: \$1,612,500. Architect: Crow, Lewis and Wick.



**DANVILLE MEMORIAL HOSPITAL
DANVILLE, LIVINGSTON COUNTY**

Operating under voluntary auspices, the present plant has nine beds in satisfactory quarters and 29 in an obsolete, nonfire-resistive structure. When the latter is replaced with a new 57-bed wing (not shown), the community will have a 66-bed modern general hospital. Plans and specifications to be completed by January, 1950. Estimated cost: \$560,326. Architect: Kaelber and Waasdorp.





■

**ONEIDA CITY HOSPITAL, ONEIDA
MADISON COUNTY**

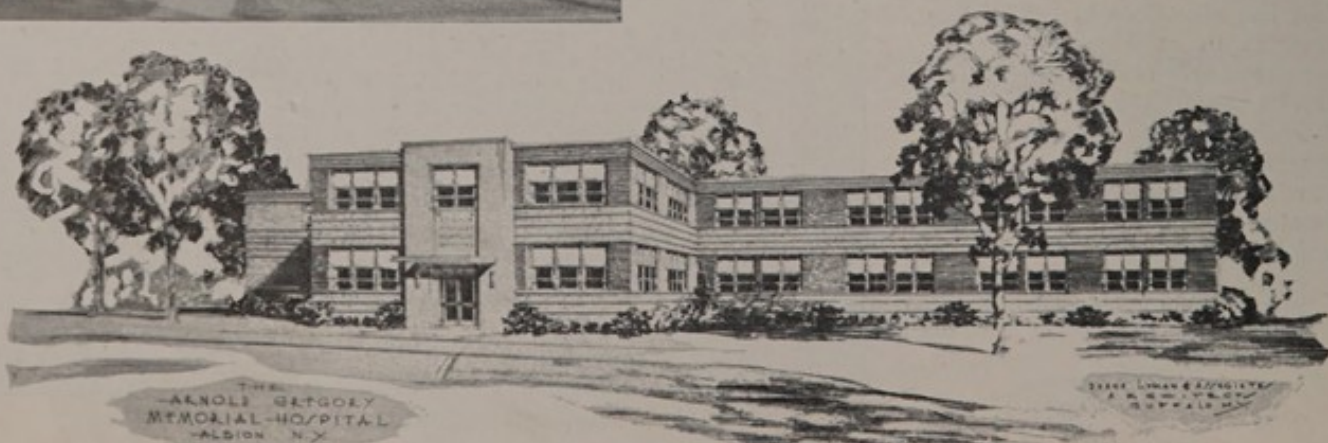
The City operates this 80-bed hospital which will be expanded to 148 beds. Obsolete laundry facilities are now being replaced. Plans and specifications for expansion to be completed by January, 1950. Estimated cost: \$447,898. Architect: Harry A. and F. Curtis King.



■

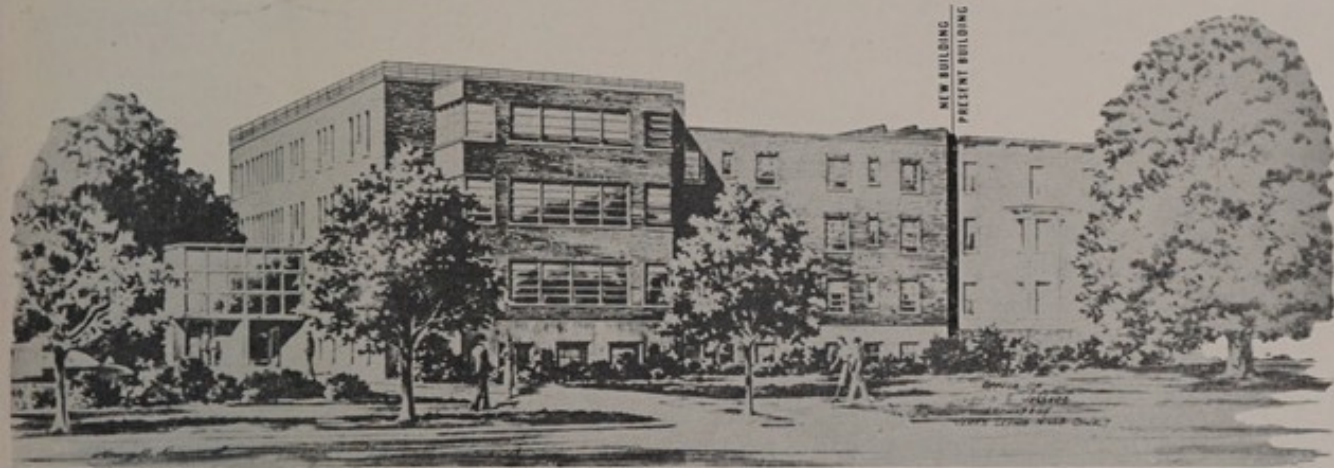
**ARNOLD GREGORY MEMORIAL HOSPITAL
ALBION, ORLEANS COUNTY**

The converted dwelling housing this 24-bed hospital, operated under voluntary auspices, will be replaced by a modern 50-bed general hospital. Plans and specifications to be completed by January, 1950. Estimated cost: \$480,900. Architect: Duane Lyman.



**OSWEGO HOSPITAL, OSWEGO
OSWEGO COUNTY**

In the present voluntary hospital, 30 beds are located in suitable and 48 in nonfire-resistive quarters. The latter are being replaced by a modern 76-bed unit and some central services, increasing the capacity to 106 beds. A new heating plant is being installed. Under construction. Cost: \$1,096,351. Architect: Louis E. Jallade.



**AURELIA OSBORN FOX MEMORIAL HOSPITAL
ONEONTA, OTSEGO COUNTY**

The Otsego County Laboratory which will occupy the two-story, fire-resistive addition to this 69-bed general hospital, will serve both the residents of the County and the hospital's patients. Expanded laundry facilities will occupy the basement. Construction completed. Cost: \$56,019. Architect: Myron H. Jordan.





■ **EDWARD JOHN NOBLE HOSPITAL
GOUVERNEUR, ST. LAWRENCE COUNTY**

This modern 64-bed general hospital, to be operated under voluntary auspices, will replace the present 22-bed facility housed in a converted, frame dwelling. Under construction. Cost: \$1,084,156. Architect: Skidmore, Owings and Merrill.



■ **CLIFTON-FINE GENERAL HOSPITAL STAR LAKE, ST. LAWRENCE COUNTY**

A new 29-bed general hospital, to be operated by the Towns of Clifton and Fine, will serve an isolated, not too populous area, which previously has lacked hospital facilities. Under construction. Cost: \$315,951. Architect: Granger and Gillespie.

**SENECA COUNTY GENERAL HOSPITAL
SENECA FALLS, SENECA COUNTY**

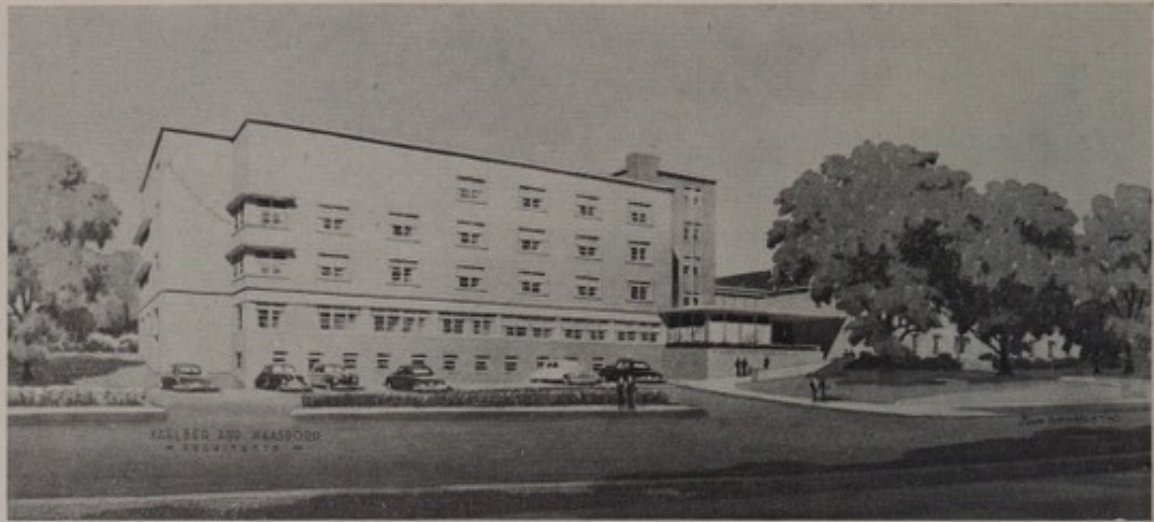
The 31-bed general hospital operated by the Town of Seneca Falls and the 25-bed, voluntary Waterloo Memorial Hospital are both in converted, nonfire-resistive dwellings. They will be replaced by a new 100-bed, County-operated hospital (not shown) which will incorporate the County Laboratory and a public health center. Plans and specifications to be completed by January, 1950. Estimated cost: \$1,152,600.



**CORNING HOSPITAL, CORNING
STEBEN COUNTY**

Renovations and the addition of a 74-bed wing, to replace an obsolete 21-bed structure, will increase the capacity of this voluntary general hospital from 103 to 145 beds. Bids opened, contract to be let. Estimated cost: \$802,754. Architect: Haskell, Considine and Haskell.





■ **ST. JAMES MERCY HOSPITAL, HORNELL
STEUBEN COUNTY**

This 108-bed general hospital, under church auspices, must now accommodate some of its patients in obsolete, nonfire-resistive quarters. The addition of a 56-bed unit and renovations to the existing plant will increase the capacity to 145 beds and provide improved operating room, laundry, kitchen and X-ray facilities. Bids opened, contract to be let. Estimated cost: \$955,000. Architect: Kaelber and Waasdorp.



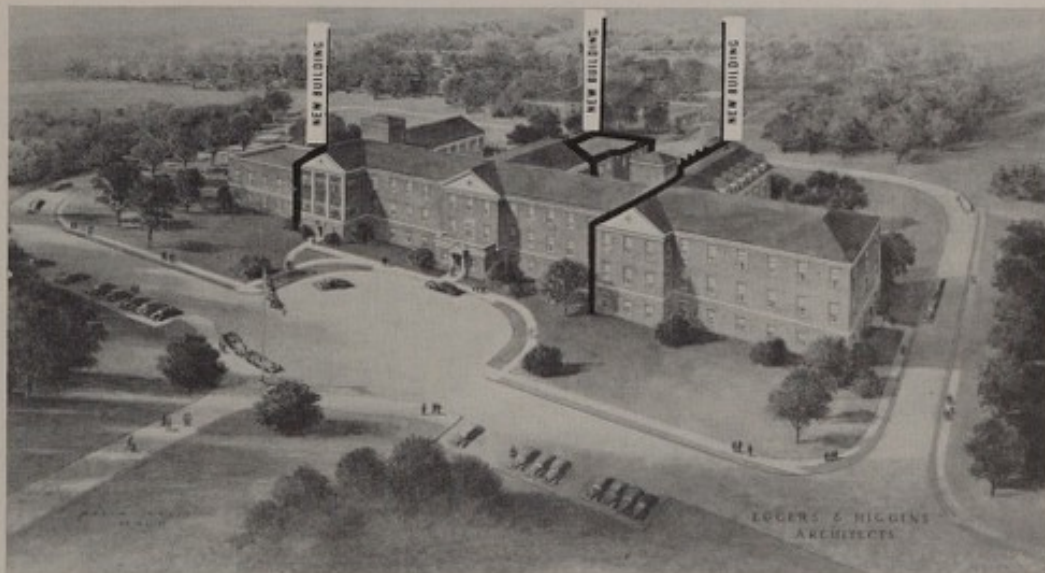
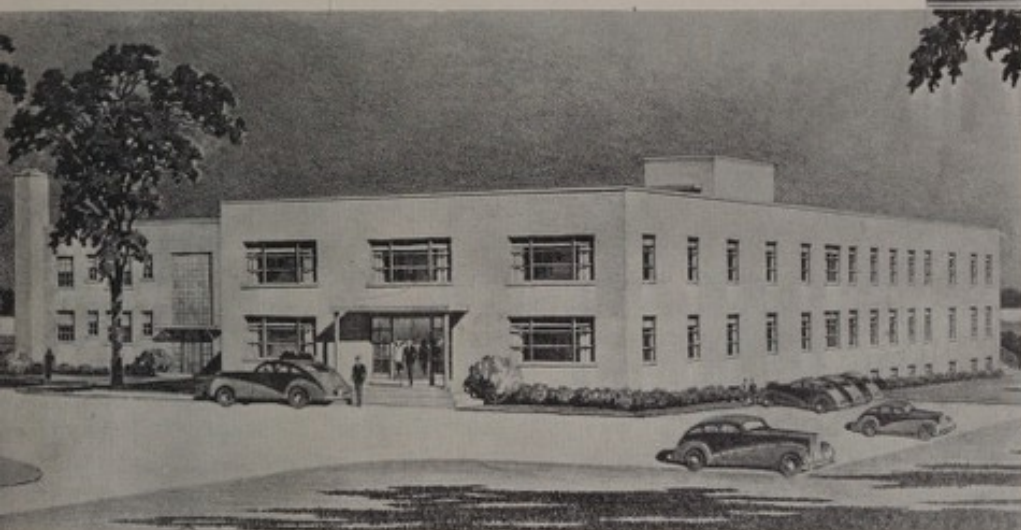
■ **CENTRAL SUFFOLK HOSPITAL, RIVERHEAD
SUFFOLK COUNTY, LONG ISLAND**

This fast-growing area, which now has no hospital, will soon be served by a new 59-bed voluntary general hospital. Bids received, contract to be let. Estimated cost: \$788,923. Architect: William I. La Fon, II.



**EASTERN LONG ISLAND HOSPITAL, GREENPORT
SUFFOLK COUNTY, LONG ISLAND**

The construction of a modern 34-bed unit at this voluntary hospital, to replace a 19-bed frame wing, will increase the capacity from 47 to 62 beds and ensure improved surgical, obstetrical, X-ray and kitchen facilities. Under construction. Cost: \$674,259. Architect: William I. La Fon, II.



**SOUTHSIDE HOSPITAL, BAY SHORE
SUFFOLK COUNTY, LONG ISLAND**

The addition of a 24-bed wing and renovations will increase the capacity of this hospital from 81 to 111 beds and provide expanded surgical, X-ray and diagnostic facilities. (Plans pending revision.) Under construction. Cost: \$891,807. Architect: Eggers and Higgins.



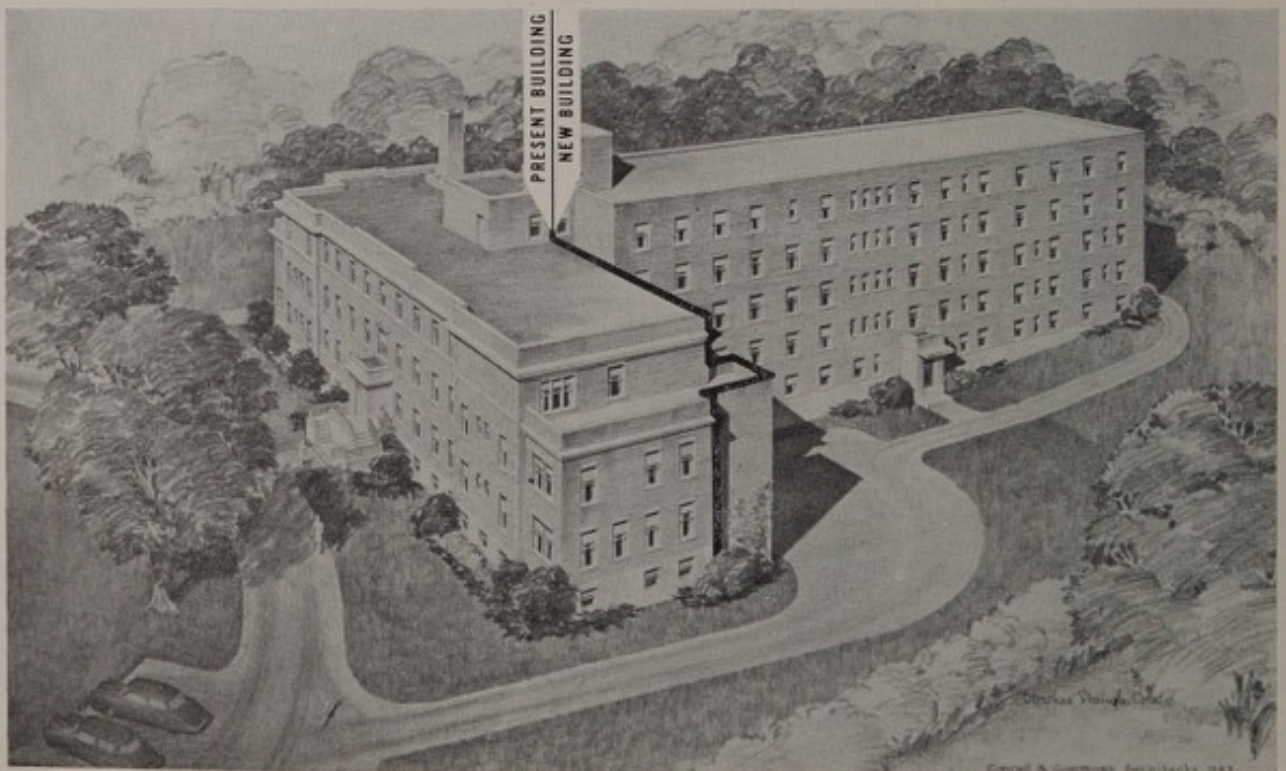
■ **ULSTER COUNTY TUMOR CLINIC
KINGSTON, ULSTER COUNTY**

The County of Ulster has built and will operate this three-story and basement facility adjacent to the County Public Health Laboratory and the Kingston City Hospital. It will provide diagnostic and treatment services to appropriate patients from the immediate vicinity including surrounding counties. Construction completed. Cost: \$390,336. Architect: Teller and Halverson.



■ **TIOGA COUNTY GENERAL HOSPITAL
WAVERLY, TIOGA COUNTY**

Construction will increase the capacity of this voluntary hospital from 48 to approximately 100 beds. Plans and specifications to be completed by January, 1950. Estimated cost: \$675,000. Architect: Conrad and Cummings.





**BENEDICTINE HOSPITAL
(OUR LADY OF VICTORY SANATORIUM)
KINGSTON, ULSTER COUNTY**

With the addition of a modern 100-bed wing, the expansion of some central services and partial renovation of the existing plant, the capacity of this general hospital will be expanded from 92 to 200 beds. Conducted under church auspices. Plans and specifications to be completed by January, 1950. Estimated cost: \$1,272,000. Architect: Henry V. Murphy.



**WYCKOFF HEIGHTS HOSPITAL
BROOKLYN, NEW YORK CITY**

The modern 119-bed wing being added to this general hospital, operated under voluntary auspices, will increase its capacity from 169 to 285 beds and provide modern nursery facilities. Under construction. Cost: \$1,544,538. Architect: Crow, Lewis and Wick.





■ **JAMAICA HOSPITAL, QUEENS, NEW YORK CITY**

Tentative plans call for the expansion of this voluntary general hospital from 185 to 265 beds. Plans and specifications to be completed by January, 1950. Estimated cost: \$700,000. Architects: Bessell and Matz.



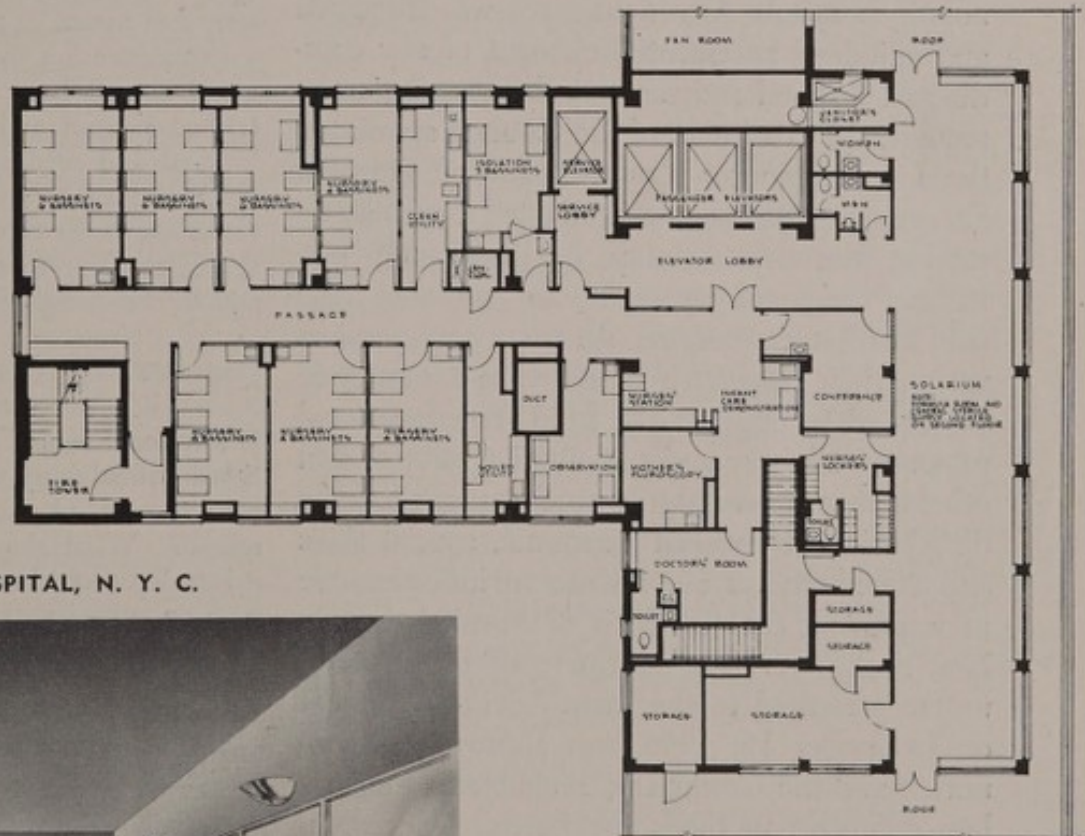
NURSERY UNITS FOR PREMATURE NEWBORN INFANTS, NEW YORK CITY

The Hospital Council of Greater New York, the New York City Department of Hospitals and the City Department of Health have cooperated in developing a program for establishing units in 16 hospitals in the City to provide specialized services to premature newborn infants. Each center will function as a service unit for those neighboring hospitals which are not of sufficient size and not adequately equipped to maintain such services themselves. Specially equipped ambulances, operated by the Department of Hospitals and manned by trained nurses of the Department of Health, will transfer infants between hospitals. The following facilities in New York City have been approved to receive federal aid toward the construction of such units:

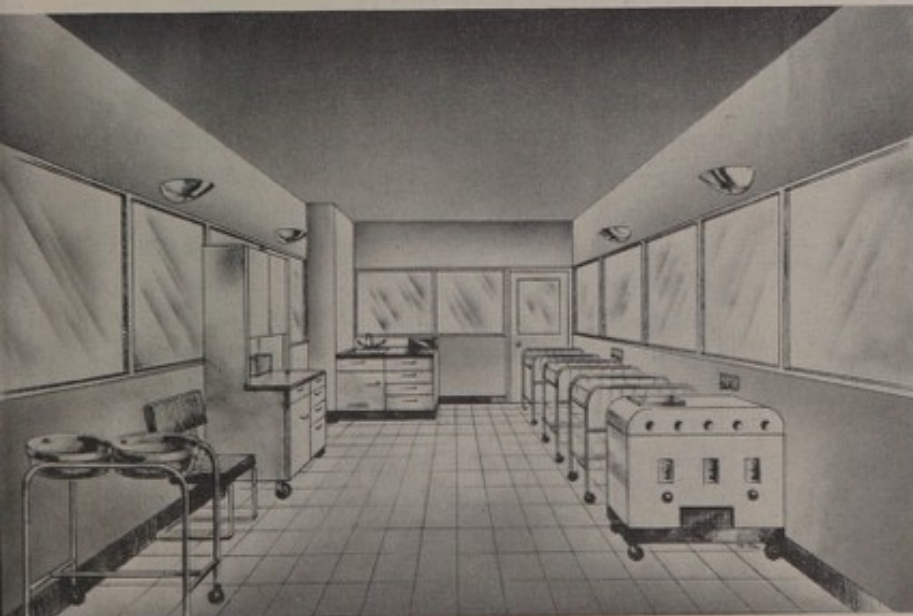
<i>Hospital</i>	<i>Operating Auspices</i>	<i>Bassinets in Unit</i>	<i>Estimated Cost</i>
Bellevue Hospital, Manhattan.....	City	35	\$29,280
Fordham Hospital, Bronx.....	City	32	15,868
Harlem Hospital, Manhattan.....	City	30	31,153
Kings County Hospital, Brooklyn.....	City	60	62,132
Lincoln Hospital, Bronx.....	City	10	7,987
Maimonides Hospital, Brooklyn.....	Voluntary	45	137,600
Mount Sinai Hospital, Manhattan.....	Voluntary	40	279,776
Presbyterian Hospital, Manhattan.....	Voluntary	20	78,225
Queens General Hospital, Queens.....	City	24	33,756

PLAN OF PREMATURE NURSERY MT. SINAI HOSPITAL NEW YORK CITY

KAHN AND JACOBS
ARCHITECTS
YORK AND SAWYER
CONSULTING ARCHITECTS



TERNITY PAVILLION, MT. SINAI HOSPITAL, N. Y. C.



The units at Mount Sinai and Maimonides Hospitals are new construction, while the others are renovations. Construction is under way at Mount Sinai and Presbyterian Hospitals, while plans and specifications for all other units will be completed by January, 1950, or before.

CONSIDERATION OF SPECIAL PROBLEMS

The hospital construction program has been a cooperative and productive undertaking on the part of government and private enterprise. The proposals inherent in the State Plan include principles regarding the size of hospitals, location, affiliation among hospitals, cooperation among neighboring communities, standards of construction and operation, and adequate distribution and high quality of care. Since the program itself has not been controversial, it should progress rapidly. However, many related problems have arisen which require deliberation and study. The Commission is hopeful that, with due consideration by State and local interests, the proper solutions therefor may be found.

Affiliations Among Hospitals

At the meeting of the State Advisory Council to the Commission, held January 15, 1948, the necessity of developing working relationships among hospitals of various sizes was discussed and adjudged an essential element of any coordinated hospital program. Subsequently, upon request, the Chairman of the Council appointed the Committee on Coordination of Hospital Services and Affiliation and charged it with ascertaining the practicability of developing permanent regional councils to promote the coordination of hospital activities and services within their respective areas. The Committee was asked to evaluate the need for educational programs, advisory and consultative services and other activities needed to ensure a more adequate distribution of medical personnel, special skills and related services, all of which are indispensable in improving the standards of hospital care in New York State. The interim report of the Committee presented to the State Advisory Council on December 16, 1948, was approved as submitted and the Committee instructed to formulate definitive methods for putting its recommendations into practical operation. The text of the report follows:

Interim Report of the Committee on Coordination of Hospital Services and Affiliation

PREMISE On the premise that the small community hospital needs aid, if it is to be more than the bricks and mortar of which it is

made and if it is to develop to the fullest possible limit its total service to the community, the State Advisory Council of the Joint Hospital Survey and Planning Commission has established this Committee to study ways and means of providing such aid.

Experience has shown that small communities ordinarily do not have in their midst their full quota of trained persons and educational resources to enable hospital and medical practice to attain the development reached in large medical centers. How to make better use of the existing resources and how to improve those resources to the maximum utilization of skills and services brings us to the issue.

QUESTION In this interim report only fundamental questions are considered. Is a regional organization with a comprehensive educational and advisory program practicable and desirable? Should such an organization be voluntary or semi-official? What should constitute its membership, if it is to have members? Who shall support the cost of such an organization and on what basis?

BOARD The Committee recommends that each regional council be a non-membership organization, with a board having comprehensive representation, and should be essentially the continuation and extension of the existing regional hospital planning council. Such board should include representatives of voluntary, sectarian and public hospitals; nursing; the medical school; Blue Cross Plans; laboratory services; public health agencies; public welfare; urban and rural representation from medical societies; dental societies; boards of supervisors; officials of municipalities; industry; labor; agriculture; voluntary health and welfare agencies. It is recommended that this board shall establish proper by-laws.

CONFERENCES It is recommended that, as the need becomes evident, temporary working conferences or committees be established to develop educational programs in such fields as hospital trustees, administration, medical professional and nursing.

STAFF To coordinate and direct the activities of the council, it is recommended that a competent executive and assistants be employed and that the former be free to employ and make available the services of consultants within his region.

PROGRAM The program of the regional council should be comprehensively educational, advisory and planning in nature, with the educational program planned for all fields and at all levels for physicians, nurses, medical record librarians, accountants, etc. This important element of council activity should be organized to include:

1. **Administrative and technical institutes.** Short-term institutes for the superintendents and other personnel responsible for the conduct of the small community hospital, making use of the talents and experience of those expert in the field.
2. **Professional postgraduate courses.** Experience has indicated the need for short-term courses for the practicing physician. Teaching panels can be composed of those eminent in the field.
3. **Postgraduate refresher courses for nurses.** Similar short-term courses for the institutional nurse should be conducted and consideration given to establishing fellowships for postgraduate training in ward management, obstetrical and operating room supervision.
4. **Clinical conferences.** Such conferences should be regularly scheduled in the small community hospitals, should include pertinent subject matter, and should be conducted by physicians eminent in the field.
5. **Public education.** A comprehensive program of health education for the general public should be developed by correlating the services and facilities of all allied health agencies.

The advisory program, developed at the professional, administrative and technical levels, should make use of extensive reference material and the talents of experts in the field. As stated above, the council should be free to develop a part-time staff of consultants whose services might be employed for this purpose, as needed.

It is also recommended that the original concept of

utilizing the respective regional planning councils for the long-range planning of hospital facilities, as advisory to the State Hospital Planning Commission, be continued.

COST It is estimated that the total annual budgetary requirement of each council would range from \$50,000 to \$75,000. This sum would provide for the usual expense of salaries, supplies, quarters, educational and advisory services and planning. It is recommended that there be no delay in determining ways and means of providing the sums necessary.

AFFILIATION Since affiliation of hospitals follows as a natural result of the coordination of activities, it is recommended that multi-lateral affiliations be encouraged. Of importance in the development of affiliations is the rotation of interns and residents. For the benefit of both the man and the small hospital, it is recommended that the large urban hospital rotate the man to a small hospital for a two to four month period of his internship or residency. Detailed plans and methods for the supervision and training of such personnel should be carefully worked out before any affiliation is consummated. Equally important is the development of joint professional laboratory, X-ray and other specialized services. The small hospital normally does not afford sufficient material for the trained specialist yet, as a group, small hospitals in an area of the region can, by affiliation, avail themselves of the services of specialists.

Of equal importance is the development and acceptance of improved methods of administrative procedures, such as accounting, record keeping, etc.

As is obvious, this report is general in nature. The type of organization recommended by your Committee will provide the logical sounding board for hospital problems. If it is the pleasure of the State Advisory Council, the work of the Committee can be carried to its local conclusion by developing, as must be done, the details of organization and program.

Respectfully submitted:

ROBERT S. CUNNINGHAM, M.D.

AGNES GELINAS, R.N.

MORRIS HINENBURG, M.D.

REV. FRANCIS P. LIVELY

O. W. H. MITCHELL, M.D.

LOUIS H. PINK

THOMAS J. ROSS

CHARLES M. ROYLE, *Secretary*

ALBERT D. KAISER, M.D., *Chairman*

Standards and Classification of Hospitals

At the meeting on January 15, 1948, the State Advisory Council also requested its Chairman to appoint a Committee on the Standards and Classification of General and Chronic Hospitals. Mr. Carl Wright is the Chairman and Mr. John Kitos the Secretary of this group. The Committee was requested to make proposals for

improving the standards of all hospitals in the State and to devise methods for classifying the scope and quality of services which should be expected of hospitals of various sizes and types. Upon completion, the interim report of this Committee will be published.

Social and Economic Aspects of Hospital Finance

The Commission has considered the various aspects of hospital finance—operating costs, per diem charges to patients and the general financial stability of hospitals. The hospitals, like the general public, have been affected by the increasing costs of food, other supplies and wages. During 1946 and 1947, an increasing number of hospitals reported that their financial situations were critical and that, simultaneously, the public was demanding many new, improved and costly medical techniques and services. Income from contributions, endowments and similar sources was decreasing. Rates for private accommodations were already extremely high and could not be raised further to provide a profit applicable to semi-private and ward deficits. Some hospitals were extending their credit, others feared that they would be forced to suspend service and many, to alleviate their financial dilemma, were requesting increased reimbursement from public welfare agencies for services to indigent patients.

Therefore, the Commission arranged two conferences of representatives of public and private interests in the field of hospital care. Those present, including a number of the active members of the State Hospital Association, urged that the Commission assume leadership in finding a solution for this problem and offered their assistance.

Subsequently, on March 25, 1948, the Commission voted unanimously to secure competent personnel to make a study of hospital finance in the State, including its social, economic and operational aspects. On August 1, 1948, a con-

tract was entered into between the State of New York, through the Joint Hospital Survey and Planning Commission, and the Trustees of Columbia University whereby Columbia University would examine the financial structure of both the public and private hospitals within New York State; the income and other financial resources of different classes of patients; and the relative cost for various types of patients, with emphasis upon the long-time economic and governmental implications arising out of automatic readjustments.

The study is to include a determination of the costs assessed against various pre-payment plans and the principles underlying governmental payment for services provided specific categories of patients, and consideration is to be given to the mounting responsibilities of government for financial aid to hospitals in relation to governmental responsibility for other general welfare activities, such as education and relief. The focus of the study is to be on hospital finance, and only indirectly on the broader questions of total medical care. The contract provides that the payment to Columbia University, not to exceed \$60,000, covers the total costs of all professional and research services required for the study and that the final report thereon be completed by September 30, 1949.

In accordance with the terms of the contract, the director of the study filed an interim report on January 1, 1949, which included the following significant findings:

The New York State Hospital Study Interim Report

IS THERE AN EMERGENCY?

Getting the Facts. At an early meeting with the members of the Joint Hospital Survey and Planning

Commission, the Director of the Study agreed to explore the question of whether the current financial position of the voluntary hospitals was so precarious as to constitute an "emergency" and, if so, what should be done about it.

Although it would have been desirable to review the current position of the State, county, and city hospitals—as well as the voluntary group—this was not considered practical, since the Interim Report was due in January 1949. Moreover, the financial position of governmental hospitals is, in the first instance, a problem in public finance and only incidentally a problem in hospital finance.

It early became evident that it would be difficult to obtain information on which to base a reasonable conclusion as to the existence of an "emergency" in voluntary hospitals. Routine reports to governmental agencies, such as the State Department of Social Welfare, and to voluntary agencies, such as the several Blue Cross Plans or the United Hospital Fund, were inadequate for this purpose, for the data were neither sufficiently specific nor current. It was, therefore, decided to seek the assistance of the seven regional hospital planning councils of the Joint Hospital Survey and Planning Commission in securing pertinent data.

A meeting was held at Columbia University, on November 4, 1948, attended by the executive secretary of each council. The morning session was devoted to a general discussion of whether a financial "emergency" existed. This preliminary discussion indicated that two of the seven regional representatives considered the financial position of the hospitals in their communities so precarious as to warrant the immediate recommendation of governmental support. The others did not deem the situation that urgent, but they were greatly concerned about the basic weakness of the financial structure of the hospitals. However, they looked to fundamental reforms, based on a comprehensive study, not to stop-gap action.

The afternoon session was devoted largely to the preparation of a detailed questionnaire, specifically constructed to obtain reliable information on the financial position of the voluntary hospitals. The heart of the questionnaire dealt with the trend in hospital deficits during the recent past. It was agreed that, in addition to transmitting the replies as received from individual hospitals, the executive secretary of each regional council would forward his summary evaluation of conditions

in his region. It was also agreed that, if the opportunity offered, the problem would be put before the executive committee of each regional council for its appraisal.

The staff, then, could look forward to three bodies of information on which to base its findings of whether an "emergency" existed or threatened: The completed questionnaires of representative hospitals; summary evaluations prepared by the secretary of each regional council; and, where feasible, an expression of the views of the executive committees of each council.

Other sources of information were not neglected. We surmised that certain voluntary and state agencies possessed information and insight into current trends in hospital finances. Written communications were, therefore, sent to these organizations requesting their cooperation. Various organizations were asked to appraise the current economic position of hospitals in New York State, and it is noteworthy that, with one or two exceptions, replies containing much helpful information were received from all.

Criteria. Although the questionnaire covered many aspects of hospital operations, it was recognized from the outset that the key to the "emergency" would be found in the trend of hospital deficits. In theory, a serious emergency in hospital service might exist in the absence of a deficit, since hospitals might refuse admission to patients who could not pay for their own care, if funds for subsidizing their care were not available. Thus, inadequate financial resources might be reflected in large waiting lists, rather than in deficits. However, the replies to our questionnaire indicated that, at present, large numbers of patients are not on waiting lists; if anything, the backlog has been declining. Moreover, since admission to hospitals has never been completely subordinate to financial solvency, serious strains in hospital economics would more probably be revealed in rising deficits than in reduced service.

The primary result emerging from an analysis of the current financial position of voluntary hospitals in New York City and upstate New York is that most hospitals which incurred a deficit in 1948 had the same deficit, or a lower deficit, than in 1947. During the last twelve months, only a small number of hospitals incurred increasing deficits, and very few hospitals are ending this year (1948) with large deficits. To the extent that the existence of a financial "emergency" is ascertainable by the presence of deficits, we are led to conclude that no "emergency" exists.

Additional criteria are relevant for assessing the financial position of voluntary hospitals. The current debt position of an institution sheds light on its liquidity position. Many hospitals, although in an

apparently satisfactory financial position because of large "accounts receivable", may at the same time be heavily in debt because of a need to finance current operations. The data fail to indicate any striking change in the indebtedness of hospitals during 1948. Many are borrowing from their own funds or from outside sources, but this is a long established practice.

Although their deficits did not generally increase in 1948, rapidly rising costs in 1949 could still threaten the financial position of hospitals in the immediate future. This threat from rising costs could be very serious, since it is becoming increasingly difficult to reflect increased costs in higher charges to private patients, prepayment plans, and government. The specific evidence fails to indicate a stabilization of hospital costs, although there is reason to believe that food costs may have begun to level off. But it is labor costs which loom largest. While these will probably continue to mount, there is no reason to anticipate any drastic increase in 1949. We have, therefore, concluded that a crisis in hospital finances is not likely to occur in 1949 by virtue of rapidly rising costs. The implications of continually increasing labor and other costs must, however, be faced in the analysis of the basic trends in hospital financing.

Evaluation. After a careful analysis of their current operating position, it is our considered opinion that the financial position of voluntary hospitals is not so precarious as to warrant immediate governmental assistance. This conclusion is predicated on the finding that, in general, hospital deficits have not been increasing and that the average deficit is not very large. The small number of individuals awaiting admission to hospitals suggests that financial stability of hospitals is not being maintained at the expense of essential services, which reinforces the finding that no "emergency" exists. Further corroboration is furnished by the review of the debt position of hospitals, which indicates no marked change during 1948. Finally, although costs, particularly labor costs, will probably continue to rise, no radical increase in costs need be anticipated in the immediate future.

Additional evidence corroborates the foregoing analysis. In forwarding the summary evaluations of their regions, only one of the seven executive secretaries of the regional hospital councils concluded that an "emergency" exists. The health and welfare organizations that replied to our questionnaire also concluded that no "emergency" exists. Finally, the executive committees of the Hospital Council of Greater New York and the Albany Regional Hospital Planning Council, the only councils which found it practical to hold a meeting, reach the same conclusion.

The Hospital Council of Greater New York stated:

The Board of Directors of the Hospital Council of Greater New York has reviewed your recent communication and questionnaire. The Board of Directors is of the opinion that the financial condition of hospitals at this time does not warrant immediate legislative action. Although this condition may be considered critical, the financial position of hospitals is actually somewhat improved. For that reason, it would be desirable that your complete study be available before recommendations are made for action by the Legislature.

The Albany Regional Hospital Planning Council similarly concluded:

The question of whether the financial situation of hospitals in the State is so acute that immediate stop-gap action by the State is indicated was discussed at length. It was agreed that while the situation is considered precarious and the voluntary hospital system is in great jeopardy, no hasty action should be taken at this time, but rather that the situation be given careful, long thought-out study to avoid the danger and precedent of hasty patchwork legislation.

The finding that at the present time there is no "emergency" in the financial position of voluntary hospitals must be strictly interpreted. To conclude that no "emergency" exists at the end of 1948 simply implies that conditions in 1948 are not substantially worse than those prevailing in 1947, and that the financial situation is not so pressing as to warrant immediate stop-gap governmental assistance. Furthermore, the finding implies that there is nothing in the current situation which would lead one to conclude that, in the normal course of events, a major crisis will be precipitated in 1949.

It should be stressed that our findings are not based on a comprehensive analysis of hospital finances. We have not attempted to analyze the financial position of every voluntary hospital in the State of New York. Undoubtedly, a small number of hospitals in various parts of the State are in an exceedingly stringent financial position. However, the best information at our disposal indicates that the number of these institutions is so small that our general conclusion need not be modified.

Implicit in the finding that there is nothing untoward in the current situation to lead one to anticipate a major crisis during 1949, is the assumption that there will be no marked decline in the level of employment and income of the people of New York—in short, that

there will be no serious business depression. In the eventuality of a depression, hospitals would indeed be in a precarious financial situation.

Finally, it should be stressed that the finding of no "emergency" at this time in no way implies a belief in the soundness of the underlying financial structure of the voluntary hospital. Indeed, the presumption is definitely to the contrary: The data and evaluations submitted to us reflect great uncertainty as to the financial future of the voluntary hospital.

CONCLUSION In addition to answering the question of whether an "emergency" exists in hospital finances at the present time, this Interim Report is intended primarily to serve as an introduction to the Final Report. It seems desirable, therefore, to emphasize at the conclusion of this report a few of the major considerations that are conditioning the progress of our research.

This particular investigation is not a survey of hospital care. The staff possesses neither the competence nor the time to appraise individual hospitals. We are concentrating our resources on an analytical appraisal of the multiple factors that influence the quantity and quality of hospital services.

Furthermore, the Director is not primarily concerned with preparing a specific set of recommendations for legislative action. In accordance with the terms of the contract, he holds that the subtle harmonizing of conflicting attitudes and interest, an essential and desir-

able prerequisite to legislative action, is beyond the scope of his responsibilities.

Unfortunately, the staff cannot seek out the active participation of all interested groups. This limitation is dictated by necessity, not by desire. We sincerely invite interested individuals and groups to take the initiative and place before us in writing or in person evidence which they believe to be relevant to our study.

The staff has benefited during the first months of its work from the exceptional cooperation of State officials, voluntary groups, and private individuals throughout the State—in fact, throughout the country. Although fully aware of the manifold difficulties inherent in this study of hospital economics, the staff views its work with confidence because of the expectation that the cooperation received in the past will continue in the future. This cooperation is the best warranty for the success of the project.

STAFF

ELI GINZBERG, Ph.D., *Director*
 HERBERT E. KLARMAN, Ph.D., *Assistant Director*
 JAMES K. ANDERSON, *Public Administration*
 ALICE MARTINSON YOHALEM, *Medical Economics*
 JEROME ROTHENBERG, *Medical Economics and
 Statistics*
 SARAH PAGE SLOCUM, *Administrative Assistant and
 Secretary*
 MARJORIE GESTRING, *Statistical Clerk and Secretary*

Care of the Chronically Ill

The State Commission to Formulate a Long Range Health Program⁴, submitted to the Legislature the following documents outlining a state-wide program for the care of the chronically ill, exclusive of mental illness and tuberculosis:

Planning for the Care of the Chronically Ill in New York State: Regional Aspects, Legislative Document (1945) No. 78A.

Planning for the Care of the Chronically Ill in New York State: Some Medical-Social and Institutional Aspects, Legislative Document (1946) No. 66A.

A Program for the Care of the Chronically Ill in New York State, Legislative Document (1947) No. 69.

The findings and principles outlined in these reports have received the favorable recognition of many national and international organizations and individuals concerned with this important problem.

With the termination of this Commission on April 30, 1947, the State Joint Hospital Survey and Planning Commission was requested to assume responsibility for the further development of this program. Since the problem of hospital care for the chronically ill is an integral part of hospital care as a whole, the latter Commission has been able to promote some of the recommendations, when appropriate in local planning. The State Hospital Plan includes estimates of the facilities needed for the hospitalization of the chronically ill and recommends that units for this purpose, wherever possible, be

⁴Also known as the New York State Health Preparedness Commission.

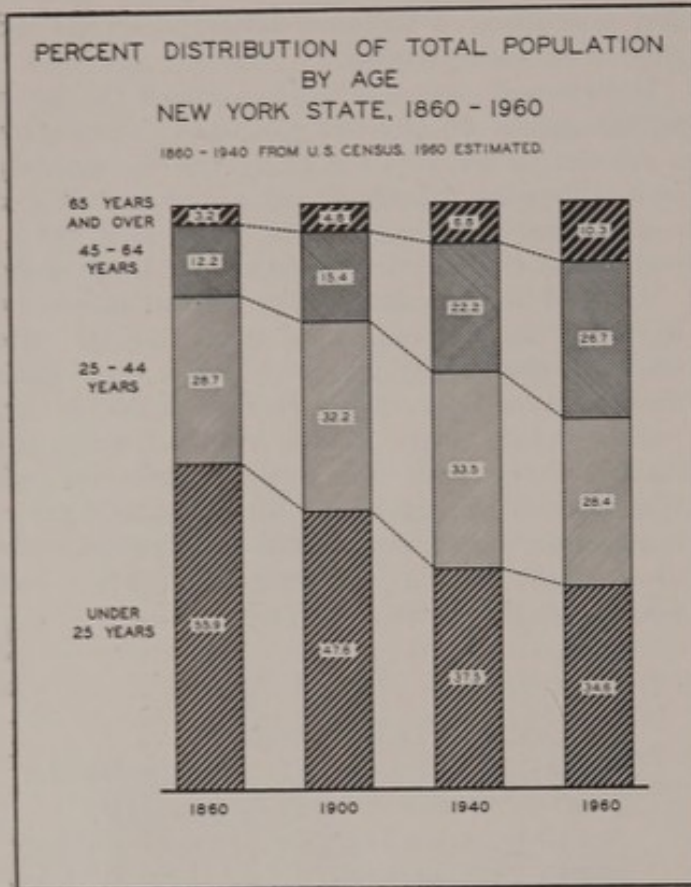


FIGURE 14

developed adjacent to or as an integral part of the community general hospital.

At the request of the Governor, a memorandum was prepared in December 1948, outlining proposed initial steps for the development of a statewide program for the care of the chronically ill, as follows:

Initial Steps Proposed for Developing a Statewide Program for the Care of the Chronically Ill, Exclusive of Mental Illness and Tuberculosis

Without dissent, authorities agree that chronic illness is increasing with the rapid aging of the population, but with no age immune; that scarcely a family escapes its ravages; that techniques of prevention and cure are only now, belatedly, being developed; that its relentless destruction of productive manpower is catastrophic; and that, uncontrolled, it will continue viciously to undermine the economic stability and well-being of the family, the community and the State. Today, 2,000,000 persons in New York are suffering from some chronic disease. Half of them are under 45 years old, and 772,000 are disabled for an average of 100 days each

year. In 1900, one-quarter of all deaths in the State were caused by chronic illness, today two-thirds. The trend is clear, the implications ominous.⁵ (Figures 14 through 18.)

The success of any program for the chronically ill in the State, exclusive of the mentally ill and tuberculous, will depend largely upon the use of modern, scientific concepts of prevention, diagnosis, treatment and rehabilitation. Confining the early stages of the program to providing large numbers of hospital beds would presage a costly institutional system and a crushing fiscal burden. Therefore, any comprehensive program should emphasize sound principles of research, proper evaluation of policies and procedures and training of the required medical, nursing, occupational-therapy, physio-therapy and medical-social personnel.

In 1947, the State Health Preparedness Commission, under the chairmanship of the Hon. Lee B. Mailler, proposed a comprehensive program for the care of the chronically ill in New York State, with emphasis on the role of Regional Chronic Disease Hospital Centers as guidance and service units for their respective areas.⁶ These recommendations have been well received by physicians, hospitals, medical schools, voluntary and official health and welfare agencies, farm organizations and the various consumer groups. Upon termination of the Health Preparedness Commission, the present State Joint Hospital Survey and Planning Commission assumed responsibility for the further development of this proposed program and has incorporated many of its features into the official hospital plan for New York State, including New York City.

For the reasons cited above, it is suggested that the State of New York embark upon a comprehensive program for the care of the chronically ill, devoting its initial efforts to the establishment of Regional Chronic Disease Hospital Centers. This would constitute the first phase of a sound, full-scale program. The State's experience in providing care for the mentally ill and tuberculous has demonstrated the desirability, whenever possible, of confining the early stages of this type of program to establishing pilot units for developing techniques and personnel, concurrent with providing a minimum number of hospital beds. Since the major responsibility for the care of the chronically ill does, and should, rest with the local communities, such Centers must aid and assist, not relieve them of the care of such patients.

⁵ New York State Health Preparedness Commission, *A Program for the Care of the Chronically Ill*, Leg. Doc. (1947) No. 69, pp. 20-26.

⁶ *Op. cit.*

FIGURE 15.

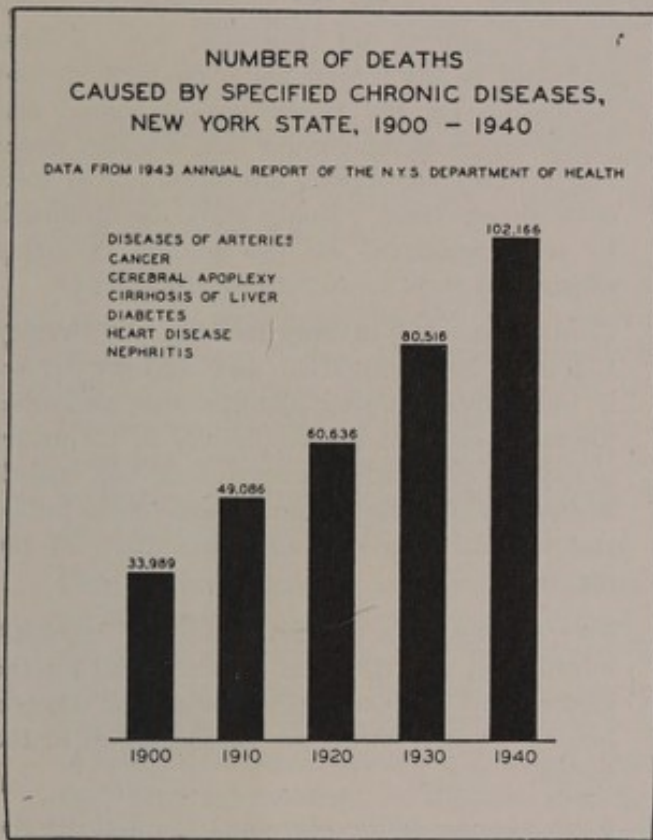


FIGURE 16.

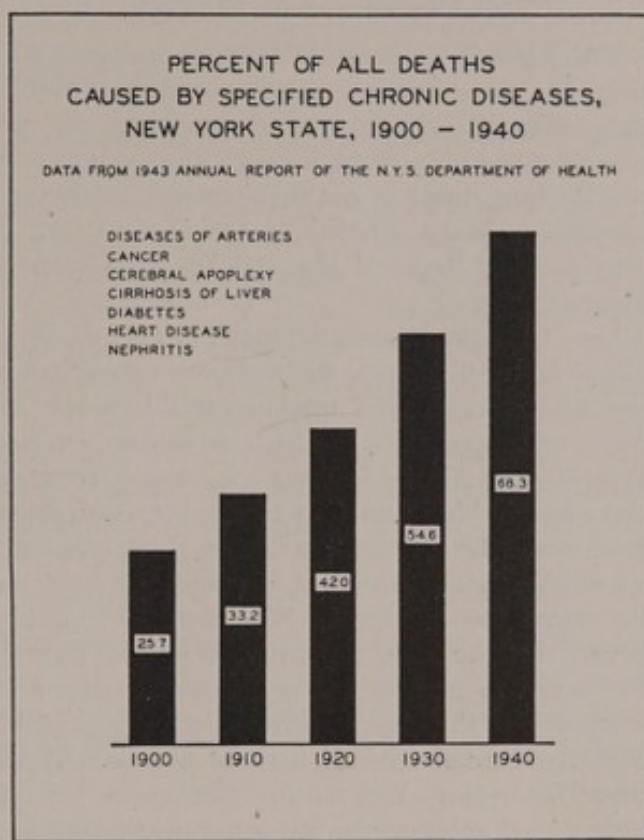


FIGURE 17.

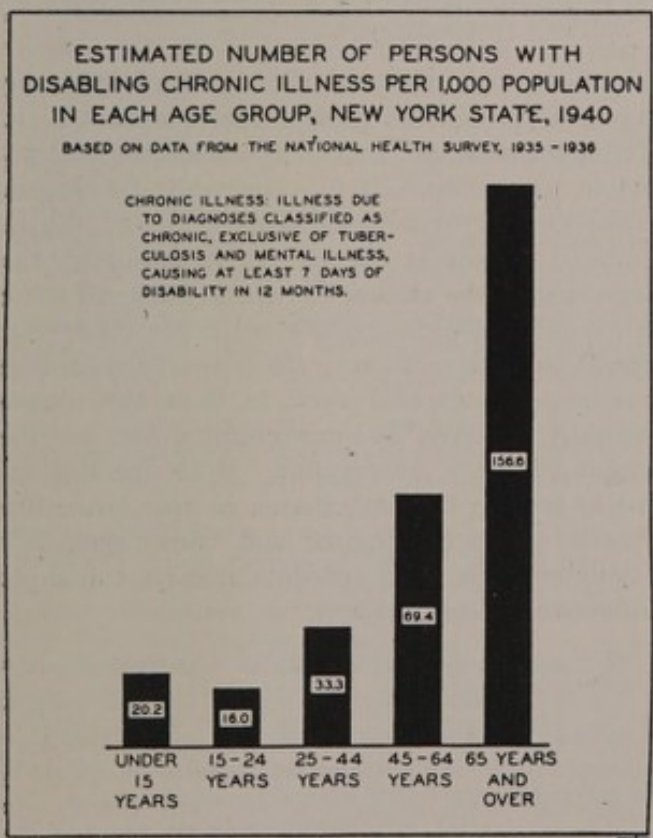
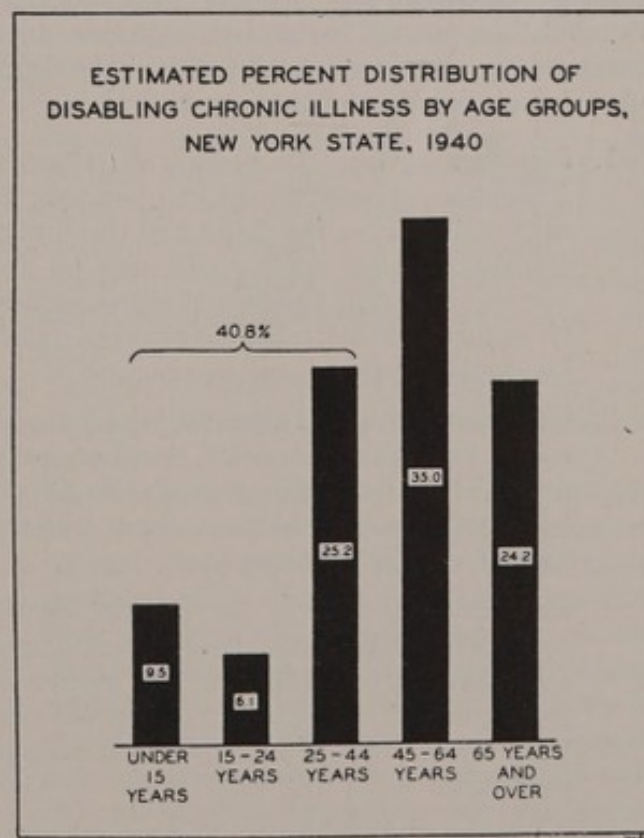


FIGURE 18.



DESCRIPTION OF CENTERS

The regional approach to hospital and health planning has now become a well-accepted method for channelling to less favored communities the sound principles and contributions which the medical schools and teaching hospitals can make toward improving the hospital, medical and health services in the State. (For map showing Regional Hospital Service Centers, see Figure 1, page 11.)

One Chronic Disease Hospital Center of at least 150 beds, together with the necessary out-patient services and research and teaching facilities, should be built and supported by the State at Buffalo, Rochester, Syracuse and Albany to serve their respective regions, and a fifth in New York City for the Suburban Region.⁷ Each would be associated with a teaching hospital and a medical school. Although no proposal is being made for capital construction in New York City, it is suggested that the State support at least 750 beds there for service to be provided in accordance with a plan, acceptable to the State, which would be developed by a body representative of the hospital and medical school interests in New York City. The number of these beds should approximate the aggregate number serving upstate New York.

The legislation establishing such Centers should clearly define their purpose, lest they accede to undue demands, degenerate into custodial institutions and fail to fulfill their primary function as diagnostic, research and teaching centers and service units. The function of each is envisaged as follows:

1. **In-patient service.** To provide short-term hospitalization to selected patients suffering from chronic disease for the purpose of effecting early diagnosis of high quality; treatment for a protracted, exploratory period; and recommendations for further treatment, rehabilitation and follow-up care in the patients' home communities.
2. **Out-patient service.** To provide high quality diagnostic and advisory service to clinic patients referred by either their personal physicians and home-community hospitals located within the region served by the Center.
3. **Research.** To serve as the regional locale for research in the methods of prevention, diagnosis, treatment and rehabilitation and in the social and economic implications of chronic illness. Such research should be coordinated on a state-wide basis.

4. **Education.** To provide graduate and undergraduate courses in medicine and nursing addressed to the newest approved methods and techniques for the prevention, treatment and rehabilitation of the chronic sick, whether under care in hospitals, related institutions or in their own homes. Such training would be invaluable to and appreciated by the private practicing physicians.
5. **Consultation and advisory services.** To develop a systematic consultation and advisory service in the medical, nursing, administrative and other phases of care for the chronically ill to private practicing physicians, general hospitals, public homes, *qualified* nursing homes and similar public and voluntary agencies and institutions in the region.
6. **Fact finding.** To develop a body of technical information and statistical data required for the *gradual* and systematic development of comprehensive services for all the chronically ill in the region.
7. **Evaluation for future planning.** To evaluate the effectiveness of the program of the Center, revise it as necessary and assess the feasibility and timing for implementing the successive recommendations in the comprehensive program outlined by the Health Preparedness Commission.

The basic philosophy of the envisaged long-range program is to provide prompt and proper care for the chronically ill, yet minimize unnecessary and preventable institutionalization, preferably by keeping patients in their own homes when medically, psychologically and socially sound. It is estimated that 85 per cent of the chronically ill can be cared for in this manner while the remaining 15 per cent would generally be cared for in hospitals or related institutions of high quality located close to their own homes. Continuity of service and unrelenting public and professional education are essential. With the Regional Chronic Disease Hospital Center as the cornerstone for each region for guiding and encouraging local developments, the other elements of the eventual program are conceived as follows:

Community general hospitals. Designated wings, wards or floors for the care of chronic patients requiring hospitalization, should be developed in local public and voluntary general hospitals to provide active medical service, not merely custodial or long-term nursing care. This should

⁷ Northern Metropolitan and Long Island Regions, combined.

preclude uneconomical duplication of facilities and personnel and, with consultant service available from the Center, should guarantee a high quality of care. (It should be noted that, although at least 20 per cent of the in-patients of most general hospitals are chronically ill, there are neither specially designated facilities nor intensive organized services for their care.)⁸

Care of the patient in his own home. Essential community services for the care of the chronically ill in their own homes, along with proper patient and family attitudes, should be developed, where feasible and desirable. To be effective, such home care must be under medical supervision and, where necessary, supplemented by part-time visiting nurse and housekeeper service.⁹

Care between hospital and home. Institutions for long-term custodial or professional nursing care should be established to care for patients who, although not requiring hospitalization, are from homes incapable of providing proper care because of family situations. Moreover, it is most desirable that such intermediate institutions have formal working relationships with those neighboring general hospitals which are properly organized and staffed to care for chronic patients.

Continuity of care. The place of care originally selected for each patient will depend largely upon his immediate medical needs. As his changing condition demands, however, he must be transferred from one kind of care to another. Therefore, proper coordination between the various

facilities and services and a continuity of care are essential to the welfare of the patient, minimizing wasteful expenditures, and preventing exacerbations of an illness.

On the basis of the best available medical, hospital and community planning advice, it is reasonable to assume that such a comprehensive plan would tend to reduce dramatically the need for long-term institutional care. It would be dedicated to preventing and checking the insidious onset of chronic disease through early case-finding, prompt and proper diagnosis and immediate treatment. Its rehabilitation service would restore many of the chronically ill to a more normal and productive life, thus conserving manpower in an era when our population is aging and prone to the ravages and disabilities associated with chronic illness.

REASONS FOR ESTABLISHING CENTERS FIRST

The major reasons for establishing the Regional Chronic Disease Hospital Centers as the first of several phases in developing a long-range, comprehensive program for the chronically ill in the State are as follows:

1. To concentrate public expenditures on quality rather than "spread thin" service and to confine the scope of the program to the anticipated supply of available, qualified personnel.
2. To provide a modest base unit of extremely high quality onto which to fuse the succeeding phases of the program envisaged for each region.
3. To initiate the ultimate program on the teaching and research levels to ensure the quality of care essential to the successful operation of the eventual full-scale program. If started on this plane, the succeeding phases of development would be far more likely to be of sound quality, would foster a positive and hopeful approach and would check an insurmountable demand for custodial care.
4. To enlist academic medical interest and guidance as a basis for stimulating the total regional program along sound medical lines.
5. To coordinate the efforts, facilities and personnel and conserve the funds expended by all interested in controlling chronic disease. Today, groups interested in specific chronic diseases are effectively financing and promoting special, isolated, uncoordinated programs for the care of patients suffering from specific chronic diseases—for example, cerebral palsy, infantile paralysis, cancer, arthritis, diabetes, multiple sclerosis and all types of heart disease, including rheumatic heart disease.

⁸Today, a number of general hospitals in the State, cognizant that many chronically ill have been disfranchised from adequate hospital care, are planning capital additions to alleviate this situation. This will facilitate the economical use of the medical and nursing staffs of hospitals for both the acutely and the chronically ill and obviate the need for local hospitals for the chronically ill only. Moreover, if demand for general hospital care should decrease in the future and that for chronic care increase, as seems highly possible, the fact that beds for both types of patients are under one roof would make it possible readily to assign the general (acute) beds for use of chronic patients—insurance for the efficient long-term use of the structure. On the other hand, if this shift in demand from chronic to acute care were to occur in a community having separate general and chronic hospitals, the usage of the former would decrease, the demand on the latter become overwhelming and reassignment of beds almost impossible. This would be poor economy.

⁹Today, Montefiore Hospital for Chronic Diseases, New York City) and the New York City Department of Hospitals are initiating programs for the care of patients in their own homes, thus making earlier hospital discharge possible and/or precluding admission to the hospital in the first place. The fiscal and operating experience of these programs should prove invaluable in planning a similar service for upstate New York.

This is inconsistent with economy, efficiency, the best welfare of the patient and intelligent use of scarce professional manpower and maintenance personnel. Therefore, natural centers for service to such patients should be established prior to the culmination of these intensive efforts for, if they achieve full fruition, they will be costly, will duplicate capital and operating expenditures and foster a piecemeal attack on a serious, generic problem.

PUBLIC POLICY AND ADMINISTRATION

The method conceived for developing the proposed Regional Chronic Disease Centers departs somewhat from the customary governmental policy of New York State, but not without precedent. For example, the early stages of the state mental hygiene and tuberculosis programs were characterized by the mass establishment of institutional beds for the care of individual patients and the retarded application of the results of research and optimum medical knowledge of the period. The intervening years have shown that, if preventive techniques had been known and applied at the outset, the overwhelming bed demand of today would be less severe. On the other hand, the program of the Roswell Park Memorial Institute, devoted to diagnosis, research and short-term care of cancer patients, was initiated on a teaching, research and service-to-selected-patients basis. It has contributed materially to the quality of care for cancer patients and exerted responsible leadership in the development of diagnostic and treatment clinics for tumor cases throughout the State. The proposed Chronic Disease Centers are similar in conception.

The total chronic disease program has innumerable aspects involving State and local, public and voluntary, professional and nonprofessional agencies and individuals in the public health, medical, hospital, social welfare and educational fields. The interest and skills of all must be harnessed into a smoothly running team in each region, if the program is to succeed. Since numerous resources and services in each community must be used, supplemented only where necessary, no standard pattern can universally be applied. It is estimated that it will take two years to coordinate properly these interests and to evolve a sound plan for the development and construction of the Centers.

CONSTRUCTION OF REGIONAL CENTERS The Centers to serve upstate New York should be constructed and equipped by the State, in cooperation with the medical teaching hospital and medical school with which each such Center would be associated. Cooperative planning among these

interests would not only be advisable but essential in considering such factors as site, architectural style and common use of those central facilities already existent in the medical school and its teaching hospitals.

The design for each such Center should be consistent with the most modern, accepted concepts of chronic disease hospital planning, and should incorporate such features as ramps to facilitate maximum mobility of the handicapped, space for the efficient operation of rehabilitation programs, lounge areas to obviate unnecessary restriction of patients to their rooms, and dining rooms for the ambulant and semi-ambulant.

The comparable facilities to serve New York City would be those already existent, which would be designated for this purpose in the plan to be developed for the City and approved by the State.¹⁰

AGREEMENTS Agreements should be made by the State with both the parent teaching hospital and medical school at each Regional Center to ensure efficient administration and operation of in-patient and out-patient services, research and teaching activities. The general purpose of such agreements would be to protect the public interest, the academic and professional freedom of the medical schools and hospitals concerned and the investment to be made by the State of New York.

Agreement with teaching hospital. The agreements between the State and each teaching hospital should include consideration of administrative procedures. They should ensure the maintenance of high standards in the selection of staff personnel, equitable service to all sections of the hospital service region, admission policies consistent with the aims and purposes of the Center, and proper relationships between the private practicing physicians and the medical staff of the Center. All are necessary to provide continuity of care and follow-up procedures conducive to the best interest of the patient and the research aims of the institutions.

Agreement with medical school. In general, the agreement with each of the medical schools associated with the operation of a Chronic Disease Hospital Center would include consideration of methods for providing both in-patient and out-patient medical services at the Center, conducting research and making available limited consultative and advisory service to the various communities within each region, upon request.

Such a service would not, and should not, imply the practice of medicine by the hospital or medical school, but would simulate the type of medical organization and services now provided at Mount Sinai Hospital in

¹⁰ See previous text under "Description of Centers", page 56.

New York City. The latter, which has been so well received by the public and practicing physicians, provides diagnostic services to ambulatory patients, with subsequent consultation with the private physician referring the patient in the first instance.

In general, the items of such an agreement would cover the following:

1. Methods of selection, assignment and remuneration of full- and part-time medical and research personnel at the Center.
2. Designation of medical school officials responsible for these operations.
3. Relationship of personnel to the medical school and the governing board of the Center.
4. Functions of personnel selected:
 - a. Type and volume of services to be rendered to in-patients and out-patients and responsibility of Center staff to referring physician and/or community hospital.
 - b. Responsibility for follow-up of discharged patients.
 - c. Responsibility for establishing requirements for admission.
 - d. Responsibility for organizing and conducting courses, demonstrations and other educational media for the training of medical and nursing personnel.
 - e. (1) General purpose and types of research to be conducted and designation of channels for application of findings.
(2) Methods for coordinating research projects among Centers and with other similar public and non-public endeavors in the State and nation.
 - f. Methods and conditions for providing extra-Center consultation and advisory services to patients, professional personnel, hospitals, related institutions and agencies in communities located in the service region of the Center.
5. Frequency and general content of progress reports and recommendations for improvement of services.

ESTIMATED COST

The uncertain costs of labor and material make it difficult to present an accurate estimate for the construction of the five proposed Chronic Disease Hospital Centers to serve upstate New York and for the operation of these and a comparable program in New York City. However, on the basis of the most reliable data and experience and the advice of qualified persons, it is believed that the following form a reliable guide:

1. Construction of five 150-bed Chronic Disease Centers to serve upstate New York @ \$15,000 per bed \$11,250,000

This figure assumes that, although each Center will make use of some of the existing central services of the parent hospital, each will include special facilities for the care of the chronically ill, such as an out-patient department, diagnostic laboratory, units for preparation of special diets, conference rooms for teaching purposes, rehabilitation facilities and office space for the Center staff and the medical-social and public health nursing personnel assigned to the Center.²²

2. Annual operating deficit for in-patient service, exclusive of medical services through contract with teaching hospitals. Five Centers in upstate New York @ \$295,376 each, and an equal deficit of \$1,476,880 in New York City \$2,953,760

Computed on basis of (a) \$13.00 per diem cost per patient; (b) 83 per cent occupancy of beds; and (c) one-third of patients paying full, one-third half, one-third none of the cost of care. In brief, the average income per day per occupied bed is estimated at \$6.50.

3. Annual operating cost of in-patient and out-patient medical services, research and teaching, and consultative and advisory field service to localities of service region, through contract with medical schools. Five Centers in upstate New York @ \$200,000 each, and an equal volume of service in New York City at \$1,000,000 \$2,000,000

Volume of out-patient service. It is assumed that the out-patient department at each upstate Center could serve 15 new and 60 returning patients Mondays through Fridays, that each new patient would receive a two-hour workup and that each clinic visit would include diagnostic and therapeutic services. Experience indicates a possibility of recovering at least 15 per cent of gross clinic costs from patients, returnable to the State. Thus, each upstate Center could serve approximately 3,900 individual out-patients per year (19,500 clinic visits). Therefore, the five Centers outside New York City could serve approximately 19,500 patients (100,000 clinic visits), and New York City an equal number.

²² Considerable savings can be effected through arrangements with each parent hospital for as extensive use as possible of its central services, such as heat, light, power, operating room, food preparation and storage facilities.

INITIATING THE PROGRAM

Volume of in-patient service. It is assumed that, on the basis of 83 per cent occupancy and an average stay of 21 days per patient, each Center in upstate New York could serve 2,164 patients (45,442) days of care and the five Centers 10,820 patients (227,212 days of care) per year. An equal number, on the same basis, could be hospitalized in New York City.

- 4. Annual cost of state planning, supervision and administration..... \$100,000
(Minimum)

In summary, the estimated cost of one Regional Chronic Disease Hospital Center would be as follows:

Construction of 150-bed Chronic Disease Center	\$2,250,000
Annual operating deficit for in-patient service at Center, exclusive of medical services	\$295,376
Annual cost of in-patient and out-patient medical services, research, teaching and consultative and advisory services to the hospital service region	\$200,000

In order that a limited, basic and effective attack might be launched against chronic disease, it is respectfully suggested that the planning and negotiations necessary to develop these Centers be initiated now. Substantial evidence of the State's interest should be demonstrated. Postponement would continue to penalize the chronically ill and sanction the relentless corrosion of productive manpower, as well as provide an open sesame for groups interested in specific chronic diseases and those deploring inadequate medical care generally to realize piecemeal, uncoordinated, ineffectual and uneconomical programs.

The ideal program envisages statewide coverage of the medical teaching centers in upstate New York and an equal number of hospital beds to be designated in New York City for the provision of similar services there. However, if full realization of these recommendations is not practical and feasible at this time, at least one Chronic Disease Hospital Center should be developed as soon as possible at one of the medical teaching centers in the State.

These are among the special problems which the State Joint Hospital Survey and Planning Commission has considered and studied during the year. As the program develops, the Commission, its State Advisory Council and the seven regional hospital planning councils will give increasing attention to many of the other aspects of hospital planning. With the continued cooperation of all and the actual construction of facilities, a sound foundation will be laid for the realization of a coordinated hospital plan for the State in its progress from blueprint to reality.

HOSPITALS IN NEW YORK STATE

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HOSPITALS IN NEW YORK STATE

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ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949

Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION		Hospital Service Region	Medical Type ¹	Ownership or Control ²
	City or Village	County			
NEW YORK STATE, EXCLUSIVE OF NEW YORK CITY					
A. Barton Hepburn	Ogdensburg	St. Lawrence	Syracuse	Gen.	NPA
Adam Memorial — See J. N. Adam Memorial					
Afton	Afton	Chenango	Syracuse	Gen.	Ind.
Albany	Albany	Albany	Albany	Gen.	NPA
Albany Hospital for Incurables	Albany	Albany	Albany	Chronic	NPA
Albert Lindley Lee Memorial	Fulton	Oswego	Syracuse	Gen.	City
Alice Hyde	Malone	Franklin	Syracuse	Gen.	NPA
Amsterdam City	Amsterdam	Montgomery	Albany	Gen.	NPA
Anderson Home — See Elizabeth Milbank Anderson Home					
Anthony N. Brady Maternity Hospital	Albany	Albany	Albany	Mat.	Ch.
Arietta Crane Reed Farm	Brewster	Putnam	Northern Metropolitan	Conv.	NPA
Arietta Crane Rest Home — See Arietta Crane Reed Farm					
Arnold Gregory Memorial	Albion	Orleans	Rochester	Gen.	NPA
Arnot Ogdan Memorial	Elmira	Chemung	Rochester	Gen.	NPA
Astor Home for Children — See Col. John J. Astor Home for Children					
Auburn City	Auburn	Cayuga	Syracuse	Gen.	NPA
Aurelia Osborn Fox Memorial	Oneonta	Otsego	Albany	Gen.	NPA
Bainbridge	Bainbridge	Chenango	Syracuse	Gen.	Ind.
Barber — See E. J. Barber					
Barton Hepburn — See A. Barton Hepburn					
Bassett — See Mary Imogene Bassett					
Bath Memorial	Bath	Steuben	Rochester	Gen.	NPA
Bathgate	Stamford	Delaware	Albany	Gen.	NPA
Beacon Hill	Beacon	Dutchess	Northern Metropolitan	N & M	Prop.
Bellevue Maternity Home	Schenectady	Schenectady	Albany	Mat.	Ind.
Benedict Memorial	Ballston Spa	Saratoga	Albany	Gen.	NPA
Benedictine	Kingston	Ulster	Northern Metropolitan	Gen.	Ch.
Bethesda	North Hornell	Steuben	Rochester	Gen.	NPA
Biggs Memorial — See Hermann M. Biggs Memorial					
Bikur Cholim	Mt. Vernon	Westchester	Northern Metropolitan	Conv.	NPA
Binghamton City	Binghamton	Broome	Syracuse	Gen.	City
Binghamton State	Binghamton	Broome	Syracuse	N & N	State
Blythedale Home	Valhalla	Westchester	Northern Metropolitan	Conv.	NPA
Bowne Memorial — See Samuel W. Bowne Memorial					
Bowne Sanitarium — See Samuel and Nettie Bowne Sanitarium					
Brady Maternity — See Anthony N. Brady Maternity					
Brigham Hall	Canandaigua	Ontario	Rochester	N & M	Corp.
Broadacres Sanatorium	Utica	Oneida	Syracuse	Tbc	State
Brooks Memorial	Dunkirk	Chautauqua	Buffalo	Gen.	NPA
Broome County Tuberculosis	Chenango Bridge	Broome	Syracuse	Tbc	Co.
Brown Nursing Home	Adams Center	Jefferson	Syracuse	Gen.	Ind.
Brunswick General	Amityville	Suffolk	Long Island	Gen.	Corp.
Buffalo Columbus	Buffalo	Erie	Buffalo	Gen.	NPA
Buffalo Eye and Ear Hospital & Wetlaufer Clinic	Buffalo	Erie	Buffalo	EENT	NPA
Buffalo General	Buffalo	Erie	Buffalo	Gen.	NPA
Buffalo Hospital of the Sisters of Charity	Buffalo	Erie	Buffalo	Gen.	Ch.
Buffalo State	Buffalo	Erie	Buffalo	N & M	State
Butterfield Memorial — See Julia L. Butterfield Memorial					
Burke Foundation Convalescent Home	White Plains	Westchester	Northern Metropolitan	Conv.	NPA
Callicoon	Callicoon	Sullivan	Northern Metropolitan	Gen.	Ind.
Canastota Memorial — See Lenox Memorial					
Cardinal Hayes Convalescent Home	Millbrook	Dutchess	Northern Metropolitan	Conv.	Ch.
Carthage	Carthage	Jefferson	Syracuse	Gen.	Ind.
Central Islip State	Islip	Suffolk	Long Island	N & M	State
Central Suffolk	Riverhead	Suffolk	Long Island	Gen.	NPA
Chaffee	Springville	Erie	Buffalo	Gen.	Corp.
Charity Eye, Ear, & Throat Hospital of Erie County	Buffalo	Erie	Buffalo	EENT	NPA
Champlain Valley	Plattsburg	Clinton	Albany	Gen.	NPA
Charles S. Wilson Memorial	Johnson City	Broome	Syracuse	Gen.	NPA
Chase Memorial	New Berlin	Chenango	Syracuse	Gen.	NPA
Chemung County Sanatorium	Elmira	Chemung	Rochester	Tbc	Co.
Chenango Memorial	Norwich	Chenango	Syracuse	Gen.	NPA
Children's	Buffalo	Erie	Buffalo	Child.	NPA
Children's Hospital Home	Utica	Oneida	Syracuse	Child.	NPA
Child's	Albany	Albany	Albany	Child.	Ch.
City	Salamanca	Cattaraugus	Buffalo	Gen.	City
City	Syracuse	Onondaga	Syracuse	Isol.	City
Clifton Springs Sanitarium & Clinic	Clifton Springs	Ontario	Rochester	Gen.	NPA
Clifton-Fine General	Star Lake	St. Lawrence	Syracuse	Gen.	Town
Cohoes	Cohoes	Albany	Albany	Gen.	NPA
Col. John J. Astor Home for Children	Rhinebeck	Dutchess	Northern Metropolitan	Conv.	Ch.
Columbia Memorial — formerly Hudson City	Hudson	Columbia	Albany	Gen.	NPA
Columbia Sanatorium	Philmont	Columbia	Albany	Tbc	Co.
Community	Chatham	Columbia	Albany	Gen.	Ind.
Community	Elizabethtown	Essex	Albany	Gen.	NPA
Community	West Carthage	Jefferson	Syracuse	Gen.	Ind.
Conklin Sanitarium	Ithaca	Tompkins	Syracuse	Gen.	Ind.
Conomore Nursing Home	Bainbridge	Chenango	Syracuse	Mat.	Ind.
Convalescent Home for Children	Rochester	Monroe	Rochester	Gen.	NPA
Corinth	Corinth	Saratoga	Albany	Gen.	NPA
Corning	Corning	Steuben	Rochester	Gen.	NPA
Cornwall	Cornwall	Orange	Northern Metropolitan	Gen.	NPA
Cortland County	Cortland	Cortland	Syracuse	Gen.	NPA
Craig House	Beacon	Dutchess	Northern Metropolitan	N & M	Corp.
Croton Manor	Croton-on-Hudson	Westchester	Northern Metropolitan	N & M	Prop.
Crouse-Irving	Syracuse	Onondaga	Syracuse	Gen.	NPA
Cuba Memorial	Cuba	Allegany	Rochester	Gen.	NPA

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION		Hospital Service Region	Medical Type ¹	Ownership or Control ²
	City or Village	County			
NEW YORK STATE, EXCLUSIVE OF NEW YORK CITY — (Continued)					
Dansville Memorial	Dansville	Livingston	Rochester	Gen.	NPA
Deaconess	Buffalo	Erie	Buffalo	Gen.	NPA
DeGraff Memorial	North Tonawanda	Niagara	Buffalo	Gen.	NPA
Delhi	Delhi	Delaware	Albany	Gen.	NPA
Deposit Private	Deposit	Broome	Syracuse	Gen.	Ind.
Dobbs Ferry	Dobbs Ferry	Westchester	Northern Metropolitan	Gen.	NPA
Doctor Keller's	Westhampton	Suffolk	Long Island	Gen.	Prop.
Doctor King's	Bay Shore	Suffolk	Long Island	Gen.	Ind.
Doctor Lyon's Sanitarium	Binghamton	Broome	Syracuse	N & M	Prop.
Doctor Scheyer's	Potsdam	St. Lawrence	Syracuse	Gen.	Ind.
E. J. Barber	Lyons	Wayne	Rochester	Gen.	Ind.
Eastern Long Island	Greenport	Suffolk	Long Island	Gen.	NPA
Eastern New York Orthopedic Hospital School	Schenectady	Schenectady	Albany	Chronic	NPA
Edgewood State	West Brentwood	Suffolk	Long Island	N & M	State
Edith Hartwell Clinic	LeRoy	Genesee	Buffalo	Chronic	NPA
Edward J. Meyer Memorial	Buffalo	Erie	Buffalo	Gen.	Co.
Edward John Noble Hospital of Alexandria Bay — See Noble Foundation					
Edward John Noble Hospital of Gouverneur	Gouverneur	St. Lawrence	Syracuse	Gen.	NPA
Elizabeth A. Horton Memorial	Middletown	Orange	Northern Metropolitan	Gen.	NPA
†Elizabeth Milbank Anderson Home	Chappaqua	Westchester	Northern Metropolitan	Conv.	NPA
Ellis	Schenectady	Schenectady	Albany	Gen.	NPA
Elmholtz	Cobleskill	Schoharie	Albany	Gen.	Ind.
Emergency Hospital of the Sisters of Charity	Buffalo	Erie	Buffalo	Gen.	Ch.
Emma Lang Stevens	Granville	Washington	Albany	Gen.	NPA
Empet Maternity Home	Sidney	Delaware	Albany	Mat.	Ind.
Estelle and Walter C. O'Dell Memorial Sanatorium	Newburgh	Orange	Northern Metropolitan	Tbc	Co.
Falkirk-in-the-Ramapos	Central Valley	Orange	Northern Metropolitan	N & M	Corp.
Faxon	Utica	Oneida	Syracuse	Gen.	NPA
Fillmore — See Millard Fillmore					
Floral Park Sanitarium	Floral Park	Nassau	Long Island	Gen.	Ind.
Four Winds	Katonah	Westchester	Northern Metropolitan	N & M	NPA
Fox Memorial — See Aurelia Osborn Fox Memorial					
Franklin Manor	Saranac Lake	Essex	Albany	Tbc	Ind.
Frederick Ferris Thompson	Canandaigua	Ontario	Rochester	Gen.	NPA
Freeport Sanitarium	Freeport	Nassau	Long Island	Gen.	Corp.
General	Syracuse	Onondaga	Syracuse	Gen.	NPA
General Hospital of Saranac Lake	Saranac Lake	Franklin	Syracuse	Gen.	NPA
Genesee	Rochester	Monroe	Rochester	Gen.	NPA
Genesee Country Memorial	Fillmore	Allegany	Rochester	Gen.	NPA
Genesee Memorial	Batavia	Genesee	Buffalo	Gen.	NPA
Geneva General	Geneva	Ontario	Rochester	Gen.	NPA
Gilmore Maternity Home	Baldwinsville	Onondaga	Syracuse	Mat.	Ind.
Glens Falls	Glens Falls	Warren	Albany	Gen.	NPA
Good Samaritan	Suffern	Rockland	Northern Metropolitan	Gen.	Ch.
Good Shepherd — See Hospital of the Good Shepherd					
Goshen	Goshen	Orange	Northern Metropolitan	Gen.	NPA
Gowanda State Homeopathic	Helmuth	Erie	Buffalo	N & M	State
Grasslands	Valhalla	Westchester	Northern Metropolitan	Gen.	Co.
Gray Oaks	Yonkers	Westchester	Northern Metropolitan	Tbc	City
Greene	Greene	Chenango	Syracuse	Gen.	Corp.
Greenmount-on-Hudson	Ossining	Westchester	Northern Metropolitan	N & M	Prop.
Greenport — See Eastern Long Island					
Halycon Rest	Rye	Westchester	Northern Metropolitan	N & M	Ind.
Hamilton Avenue	Monticello	Sullivan	Northern Metropolitan	Gen.	Ind.
Hancock	Hancock	Delaware	Albany	Gen.	Ind.
Harlem Valley State	Wingdale	Dutchess	Northern Metropolitan	N & M	State
Hartwell Clinic — See Edith Hartwell Clinic					
Herkimer Memorial	Herkimer	Herkimer	Syracuse	Gen.	NPA
Hermann M. Biggs Memorial	Ithaca	Tompkins	Syracuse	Tbc	State
Highland	Beacon	Dutchess	Northern Metropolitan	Gen.	NPA
Highland	Rochester	Monroe	Rochester	Gen.	NPA
Homestead Sanatorium	Middle Grove	Saratoga	Albany	Tbc	Co.
Hoosick Falls Health Center	Hoosick Falls	Rensselaer	Albany	Gen.	NPA
Horton Memorial — See Elizabeth A. Horton Memorial					
Hospital of the Good Shepherd	Syracuse	Onondaga	Syracuse	Gen.	NPA
House of the Good Samaritan	Watertown	Jefferson	Syracuse	Gen.	NPA
House of Rest at Sprain Ridge	Yonkers	Westchester	Northern Metropolitan	Tbc	NPA
†House of St. Giles Convalescent Home and School	Garden City	Nassau	Long Island	Conv.	Ch.
Hudson City — See Columbia M Memorial					
Hudson River State	Poughkeepsie	Dutchess	Northern Metropolitan	N & M	State
Huntington	Huntington	Suffolk	Long Island	Gen.	NPA
Ideal Hospital of Endicott	Endicott	Broome	Syracuse	Gen.	City
Ilion	Ilion	Herkimer	Syracuse	Gen.	NPA
Interpines	Goshen	Orange	Northern Metropolitan	N & M	Ind.
Iola Sanatorium	Rochester	Monroe	Rochester	Tbc	Co.
†Irvington House	Irvington	Westchester	Northern Metropolitan	Conv.	NPA
J. F. Meyers	Sodus	Wayne	Rochester	Gen.	Corp.
J. N. Adam Memorial	Perrysburg	Cattaraugus	Buffalo	Tbc	State
Jamestown General	Jamestown	Chautauqua	Buffalo	Gen.	City
Jefferson County Sanatorium	Watertown	Jefferson	Syracuse	Tbc	Co.
†Jewish Home for Convalescents	Grand View	Rockland	Northern Metropolitan	Conv.	NPA

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION			Medical Type ¹	Ownership or Control ²
	City or Village	County	Hospital Service Region		
NEW YORK STATE, EXCLUSIVE OF NEW YORK CITY — (Continued)					
John T. Mather Memorial.....	Port Jefferson.....	Suffolk.....	Long Island.....	Gen.	NPA
Julia L. Butterfield Memorial.....	Cold Spring.....	Putnam.....	Northern Metropolitan..	Gen.	NPA
Keene Valley Neighborhood House and Hospital.....	Keene Valley.....	Essex.....	Albany.....	Gen.	NPA
Keller's — See Doctor Keller's					
King's — See Doctor King's					
Kings Park State.....	Kings Park.....	Suffolk.....	Long Island.....	N & M	State
Kingston.....	Kingston.....	Ulster.....	Northern Metropolitan..	Gen.	NPA
Lafayette General.....	Buffalo.....	Erie.....	Buffalo.....	Gen.	NPA
Lake Avenue.....	Rochester.....	Monroe.....	Rochester.....	Gen.	Ind.
Lake Placid General.....	Lake Placid.....	Essex.....	Albany.....	Gen.	City
Lakeside Memorial.....	Brookport.....	Monroe.....	Rochester.....	Gen.	NPA
Lawrence.....	Bronxville.....	Westchester.....	Northern Metropolitan..	Gen.	NPA
Lenox Memorial.....	Canastota.....	Madison.....	Syracuse.....	Gen.	City
Leonard.....	Troy.....	Rensselaer.....	Albany.....	Gen.	NPA
Lewis County General.....	Lowville.....	Lewis.....	Syracuse.....	Gen.	Co.
Lindley Lee — See Albert Lindley Lee					
Little Falls.....	Little Falls.....	Herkimer.....	Syracuse.....	Gen.	NPA
Lockport City.....	Lockport.....	Niagara.....	Buffalo.....	Gen.	City
Loeb Memorial Home — See Solomon and Betty Loeb Memorial Home for Convalescents					
Long Beach.....	Long Beach.....	Nassau.....	Long Island.....	Gen.	NPA
Long Island Home.....	Amityville.....	Suffolk.....	Long Island.....	N & M	Corp.
Louden-Kniekerbocker Hall.....	Amityville.....	Suffolk.....	Long Island.....	N & M	Ind.
Louise De Marillac — See Buffalo Hospital of the Sisters of Charity					
Lyons.....	Lyons.....	Wayne.....	Rochester.....	Gen.	Corp.
Lyons Sanitarium — See Doctor Lyon's Sanitarium					
Mahopae Emergency.....	Mahopae.....	Putnam.....	Northern Metropolitan..	Gen.	NPA
Maimonides.....	Liberty.....	Sullivan.....	Northern Metropolitan..	Gen.	NPA
Main Street.....	Oneida.....	Madison.....	Syracuse.....	Gen.	Ind.
Manhasset Medical Center.....	Manhasset.....	Nassau.....	Long Island.....	Gen.	Prop.
Marcy State.....	Marcy.....	Oneida.....	Syracuse.....	N & M	State
Margaretville.....	Margaretville.....	Delaware.....	Albany.....	Gen.	NPA
Marshall Sanitarium.....	Troy.....	Rensselaer.....	Albany.....	N & M	Prop.
Martha and Milbank Home.....	Valhalla.....	Westchester.....	Northern Metropolitan..	Conv.	NPA
Mary Harkness Home.....	Port Chester.....	Westchester.....	Northern Metropolitan..	Conv.	NPA
Mary Imogene Bassett.....	Cooperstown.....	Otsego.....	Albany.....	Gen.	NPA
Mary McClellan.....	Cambridge.....	Washington.....	Albany.....	Gen.	NPA
Massena Memorial.....	Massena.....	St. Lawrence.....	Syracuse.....	Gen.	City
Mather Memorial — See John T. Mather Memorial					
McCosker-Hersfield Cardiac Home, Inc.....	Hillburn.....	Rockland.....	Northern Metropolitan..	Conv.	NPA
Mendowbrook.....	Hempstead.....	Nassau.....	Long Island.....	Gen.	Co.
Medina Memorial.....	Medina.....	Orleans.....	Rochester.....	Gen.	NPA
Memorial.....	Albany.....	Albany.....	Albany.....	Gen.	NPA
Memorial Hospital of Green County.....	Catskill.....	Greene.....	Albany.....	Gen.	Co.
Memorial Hospital of William F. and G. F. Jones.....	Wellsville.....	Allegany.....	Rochester.....	Gen.	City
Mercy.....	Auburn.....	Cayuga.....	Syracuse.....	Gen.	Ch.
Mercy.....	Buffalo.....	Erie.....	Buffalo.....	Gen.	Ch.
Mercy.....	Watertown.....	Jefferson.....	Syracuse.....	Gen.	Ch.
Mercy General.....	Rockville Centre.....	Nassau.....	Long Island.....	Gen.	Ch.
Meyer Memorial — See Edward J. Meyer Memorial					
Meyers — See J. F. Meyers					
Middletown Sanitarium and Hospital.....	Middletown.....	Orange.....	Northern Metropolitan..	Gen.	Part.
Middletown State Homeopathic.....	Middletown.....	Orange.....	Northern Metropolitan..	N & M	State
Milbank Home — See Elizabeth Milbank Anderson Home					
Millard Fillmore.....	Buffalo.....	Erie.....	Buffalo.....	Gen.	NPA
Mineville.....	Mineville.....	Albany.....	Albany.....	Gen.	NPA
Montefiore — Tuberculosis Unit.....	Bedford Hills.....	Westchester.....	Northern Metropolitan..	Chronic	NPA
Montgomery Sanatorium.....	Amsterdam.....	Montgomery.....	Albany.....	Tbc	Co.
Monticello.....	Monticello.....	Sullivan.....	Northern Metropolitan..	Gen.	NPA
Moses Ludington.....	Ticonderoga.....	Essex.....	Albany.....	Gen.	Corp.
Mount Morris Tuberculosis.....	Mt. Morris.....	Livingston.....	Rochester.....	Tbc	State
Mount St. Mary's.....	Niagara Falls.....	Niagara.....	Buffalo.....	Gen.	Ch.
Mount Vernon.....	Mt. Vernon.....	Westchester.....	Northern Metropolitan..	Gen.	NPA
Mountain Clinic Hospital.....	Olean.....	Cattaraugus.....	Buffalo.....	Gen.	Part.
Municipal.....	Niagara Falls.....	Niagara.....	Buffalo.....	Isol.	City
Municipal Sanatorium.....	Otisville.....	Orange.....	Northern Metropolitan..	Tbc	City
Nassau.....	Mineola.....	Nassau.....	Long Island.....	Gen.	NPA
Nassau County Tuberculosis.....	Farmingdale.....	Nassau.....	Long Island.....	Tbc	Co.
Nassau Suffolk General.....	Copiapue.....	Suffolk.....	Long Island.....	Gen.	Part.
Nathan Littauer.....	Gloversville.....	Fulton.....	Albany.....	Gen.	NPA
Neustadter Home — Affiliated with Mount Sinai, New York City.....	Yonkers.....	Westchester.....	Northern Metropolitan..	Conv.	NPA
New Rochelle.....	New Rochelle.....	Westchester.....	Northern Metropolitan..	Gen.	NPA
New York — Psychiatric Division.....	White Plains.....	Westchester.....	Northern Metropolitan..	N & M	NPA
New York State Rehabilitation.....	West Haverstraw.....	Rockland.....	Northern Metropolitan..	Orth. & Rehab.	State
Newark.....	Newark.....	Wayne.....	Rochester.....	Gen.	Ind.
Newton Memorial.....	Cassadaga.....	Chautauqua.....	Buffalo.....	Tbc	Co.
Niagara Falls Memorial.....	Niagara Falls.....	Niagara.....	Buffalo.....	Gen.	NPA
Niagara Sanatorium.....	Lockport.....	Niagara.....	Buffalo.....	Tbc	Co.
Noble Foundation.....	Alexandria Bay.....	Jefferson.....	Syracuse.....	Gen.	City
Noble Hospital of Gouverneur — See Edward John Noble Hospital of Gouverneur					

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION			Medical Type ¹	Ownership or Control ²
	City or Village	County	Hospital Service Region		
NEW YORK STATE, EXCLUSIVE OF NEW YORK CITY — (Continued)					
North Country Community	Glen Cove	Nassau	Long Island	Gen.	NPA
Northern Dutchess Health Service Center	Rhinebeck	Dutchess	Northern Metropolitan	Gen.	NPA
Northern Westchester	Mt. Kisco	Westchester	Northern Metropolitan	Gen.	NPA
Northwood Sanatorium	Saranac Lake	Franklin	Syracuse	Tbc	NPA
Nunda	Nunda	Livingston	Rochester	Gen.	Ind.
Nyack	Nyack	Rockland	Northern Metropolitan	Gen.	NPA
Oceanside Garden Sanitarium	Oceanside	Nassau	Long Island	N & M	Prop.
O'Dell Memorial Sanatorium — See Estelle and Walter C. O'Dell Memorial Sanatorium					
Ogden Memorial — See Arnot Ogden Memorial					
Olean General	Olean	Cattaraugus	Buffalo	Gen.	NPA
Oneida City	Oneida	Madison	Syracuse	Gen.	City
Oneida County	Rome	Oneida	Syracuse	Gen.	Co.
Oneida County Hospital of Utica	Utica	Oneida	Syracuse	Gen.	City
Onondaga General	Syracuse	Onondaga	Syracuse	Gen.	NPA
Onondaga Sanatorium	Syracuse	Onondaga	Syracuse	Tbc	State
Ossining	Ossining	Westchester	Northern Metropolitan	Gen.	NPA
Oswego	Oswego	Oswego	Syracuse	Gen.	NPA
Oswego County Sanatorium	Richland	Oswego	Syracuse	Tbc	Co.
Our Lady of Lourdes Memorial	Binghamton	Broome	Syracuse	Gen.	Ch.
Our Lady of Victory	Lackawanna	Erie	Buffalo	Gen.	Ch.
Our Lady of Victory Sanitarium — See Benedictine					
Owens Private Sanatorium	Saranac Lake	Franklin	Syracuse	Tbc	Ind.
Park Avenue	Rochester	Monroe	Rochester	Gen.	NPA
Pawling Sanatorium	Wynantskill	Rensselaer	Albany	Tbc	Co.
Peekskill	Peekskill	Westchester	Northern Metropolitan	Gen.	NPA
†Pelham Home for Children	Pelham	Westchester	Northern Metropolitan	Conv.	NPA
People's	Syracuse	Onondaga	Syracuse	Gen.	NPA
Physicians	Plattsburg	Clinton	Albany	Gen.	NPA
Pilgrim State	West Brentwood	Suffolk	Long Island	N & M	State
Pine Crest Sanatorium	Salisbury Center	Herkimer	Syracuse	Tbc	Co.
Pinewood	Katonah	Westchester	Northern Metropolitan	N & M	Part.
Placid Memorial — See Lake Placid General					
Potsdam	Potsdam	St. Lawrence	Syracuse	Gen.	NPA
Private — See Deposit Private					
Ray Brook State Tuberculosis	Ray Brook	Essex	Albany	Tbc	State
Reconstruction Home	Ithaca	Tompkins	Syracuse	Chronic	NPA
Reed Farm — See Arietta Crane Reed Farm					
†Rest for Convalescents	White Plains	Westchester	Northern Metropolitan	Conv.	NPA
Rhinehart	Silver Creek	Chautauqua	Buffalo	Gen.	Ind.
Riverhead — See Central Suffolk					
Rochester General	Rochester	Monroe	Rochester	Gen.	NPA
Rochester Municipal — See Strong Memorial-Rochester Municipal					
Rochester State	Rochester	Monroe	Rochester	N & M	State
Rockland State	Orangeburg	Rockland	Northern Metropolitan	N & M	State
Rocky Crest Sanatorium	Olean	Cattaraugus	Buffalo	Tbc	Co.
Rome Hospital & Murphy Memorial	Rome	Oneida	Syracuse	Gen.	City
Rosary Hill	Hawthorne	Westchester	Northern Metropolitan	Chronic	Ch.
Rose	Rome	Oneida	Syracuse	Gen.	Ind.
Roslyn Park	Roslyn Heights	Nassau	Long Island	Gen.	Prop.
Roswell Park Memorial Institute	Buffalo	Erie	Buffalo	Cancer	State
St. Agnes	White Plains	Westchester	Northern Metropolitan	Gen.	Ch.
†St. Andrew's Convalescent	Poughkeepsie	Dutchess	Northern Metropolitan	Conv.	Ch.
St. Anthony's	Warwick	Orange	Northern Metropolitan	Gen.	Ch.
St. Charles Hospital for Crippled Children	Port Jefferson	Suffolk	Long Island	Chronic	Ch.
St. Clare's	Schenectady	Schenectady	Albany	Gen.	Ch.
†St. Eleanor's Home for Convalescents	Tuckahoe	Westchester	Northern Metropolitan	Conv.	Ch.
St. Elizabeth's	Utica	Oneida	Syracuse	Gen.	Ch.
St. Elizabeth's Home for Convalescent Women — See St. Vincent De Paul Convalescent Home					
St. Francis	Olean	Cattaraugus	Buffalo	Gen.	Ch.
St. Francis	Poughkeepsie	Dutchess	Northern Metropolitan	Gen.	Ch.
St. Francis	Buffalo	Erie	Buffalo	Gen.	Ch.
St. Francis	Port Jervis	Orange	Northern Metropolitan	Gen.	Ch.
St. Francis Sanatorium for Cardiac Children	Roslyn	Nassau	Long Island	Chronic	NPA
St. James Mercy	Hornell	Steuben	Rochester	Gen.	Ch.
St. Jerome	Batavia	Genesee	Buffalo	Gen.	Ch.
†St. John's Home	Mamaroneck	Westchester	Northern Metropolitan	Conv.	Ch.
St. John's Riverside	Yonkers	Westchester	Northern Metropolitan	Gen.	NPA
St. Joseph's	Elmira	Chemung	Rochester	Gen.	Ch.
St. Joseph's	Syracuse	Onondaga	Syracuse	Gen.	Ch.
St. Joseph's Maternity	Yonkers	Westchester	Northern Metropolitan	Gen.	Ch.
St. Lawrence State	Troy	Rensselaer	Albany	Mat.	Ch.
St. Luke's	Ogdensburg	St. Lawrence	Syracuse	N & M	NPA
St. Luke's Home & Hospital	Newburgh	Orange	Northern Metropolitan	Gen.	NPA
St. Mary's	Utica	Oneida	Syracuse	Gen.	Ch.
St. Mary's	Rochester	Monroe	Rochester	Gen.	Ch.
St. Mary's	Amsterdam	Montgomery	Albany	Gen.	Ch.
St. Mary's	Troy	Rensselaer	Albany	Gen.	Ch.
St. Mary's Maternity Hospital & Children's Home	Syracuse	Onondaga	Syracuse	Mat.	Ch.
St. Peter's	Albany	Albany	Albany	Gen.	Ch.
†St. Vincent De Paul Convalescent Home	Spring Valley	Rockland	Northern Metropolitan	Conv.	Ch.
St. Vincent's Retreat	Harrison	Westchester	Northern Metropolitan	N & M	Ch.
Salvation Army Home & Hospital	Buffalo	Erie	Buffalo	Mat.	NPA

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION			Medical Type ¹	Ownership or Control ²
	City or Village	County	Hospital Service Region		
NEW YORK STATE, EXCLUSIVE OF NEW YORK CITY — (Concluded)					
Samaritan	Troy	Rensselaer	Albany	Gen.	NPA
Samuel & Nettie Bowne Sanitarium	Poughkeepsie	Dutchess	Northern Metropolitan	Tbc	NPA
Samuel W. Bowne Memorial	Poughkeepsie	Dutchess	Northern Metropolitan	Tbc	Co.
Sanatorium Gabriels	Gabriels	Franklin	Syracuse	Tbc	Ch.
Saratoga	Saratoga Springs	Saratoga	Albany	Gen.	NPA
Saratoga County Tuberculosis — See Homestead Sanatorium					
Schenectady City	Schenectady	Schenectady	Albany	Isol.	City
Schenectady County Tuberculosis	Schenectady	Schenectady	Albany	Tbc	Co.
Scheyer's — See Doctor Scheyer's					
Schryver Nursing Home	Omar	Jefferson	Syracuse	Mat.	Ind.
Seneca Falls Town	Seneca Falls	Seneca	Rochester	Gen.	City
Shepard Relief	Montour Falls	Schuyler	Rochester	Gen.	NPA
Sidney — See The Hospital					
Silver Creek	Silver Creek	Chautauqua	Buffalo	Gen.	Ind.
Smith	Walton	Delaware	Albany	Gen.	Ind.
Smithville Flats	Smithville Flats	Chenango	Syracuse	Mat.	Ind.
Soldiers & Sailors Memorial	Penn Yan	Yates	Rochester	Gen.	NPA
Solomon and Betty Loeb Memorial Home for Convalescents	East View	Westchester	Northern Metropolitan	Conv.	NPA
South Nassau Communities	Rockville Centre	Nassau	Long Island	Gen.	NPA
Southampton	Southampton	Suffolk	Long Island	Gen.	NPA
Southside Hospital of Suffolk County	Bay Shore	Suffolk	Long Island	Gen.	NPA
Springer Private	Johnson City	Broome	Syracuse	Mat.	Ind.
State Institute for Malignant Diseases — See Roswell Park Memorial Institute					
Stevens	Walton	Delaware	Albany	Gen.	Ind.
Stony Lodge	Ossining	Westchester	Northern Metropolitan	N & M	Prop.
Stony Wold	Lake Kushaqua	Franklin	Syracuse	Tbc	NPA
Strong Memorial-Rochester Municipal	Rochester	Monroe	Rochester	Gen.	NPA & City
Suffolk Sanatorium	Brookhaven	Suffolk	Long Island	Tbc	Co.
Summit Park Sanatorium	Ramapo	Rockland	Northern Metropolitan	Tbc	Co.
Sunset Nursing Home	Constableville	Lewis	Syracuse	Gen.	Ind.
Syracuse Memorial	Syracuse	Onondaga	Syracuse	Gen.	NPA
Syracuse Psychopathic	Syracuse	Onondaga	Syracuse	N & M	State
Tarrytown	Tarrytown	Westchester	Northern Metropolitan	Gen.	NPA
The Hospital	Sidney	Delaware	Albany	Gen.	City
Thompson — See Frederick Ferris Thompson					
Tioga County General	Waverly	Tioga	Syracuse	Gen.	NPA
Tompkins County Memorial	Ithaca	Tompkins	Syracuse	Gen.	NPA
Townsend	Gowanda	Cattaraugus	Buffalo	Gen.	NPA
Tri-County — See Townsend					
Troy — See St. Mary's Hospital, Troy					
Trudeau Sanatorium	Trudeau P. O.	Essex	Albany	Tbc	NPA
Tuxedo Memorial	Tuxedo Park	Orange	Northern Metropolitan	Gen.	NPA
Twin Elms	Syracuse	Onondaga	Syracuse	N & M	Part.
Ulster County Tuberculosis	Kingston	Ulster	Northern Metropolitan	Tbc	Co.
United	Port Chester	Westchester	Northern Metropolitan	Gen.	NPA
Utica Memorial	Utica	Oneida	Syracuse	Gen.	NPA
Utica State	Utica	Oneida	Syracuse	N & M	State
Vassar Brothers	Poughkeepsie	Dutchess	Northern Metropolitan	Gen.	NPA
Vernooey Sanitarium	Cortland	Cortland	Syracuse	Gen.	Ind.
Veterans Memorial	Ellenville	Ulster	Northern Metropolitan	Gen.	NPA
Waterloo Memorial	Waterloo	Seneca	Rochester	Gen.	NPA
Wayland	Wayland	Steuben	Rochester	Gen.	Ind.
Westfield Memorial	Westfield	Chautauqua	Buffalo	Gen.	NPA
Westmount Sanatorium	Glens Falls	Warren	Albany	Tbc	Co.
Wettlaufer Clinic — See Buffalo Eye & Ear Hospital & Wettlaufer Clinic					
White Maternity Home	Beonville	Oneida	Syracuse	Mat.	Ind.
White Plains	White Plains	Westchester	Northern Metropolitan	Gen.	NPA
Wieting Johnson Memorial	Syracuse	Onondaga	Syracuse	Child.	NPA
Will Rogers Memorial	Saranac Lake	Essex	Albany	Tbc	NPA
Willard State	Willard	Seneca	Rochester	N & M	State
Wilson Memorial — See Charles S. Wilson Memorial					
Woman's Christian Association	Jamestown	Chautauqua	Buffalo	Gen.	NPA
Workmen's Circle Sanatorium	Liberty	Sullivan	Northern Metropolitan	Tbc	NPA
Wyoming County Community	Warsaw	Wyoming	Buffalo	Gen.	Co.
Yonkers General	Yonkers	Westchester	Northern Metropolitan	Gen.	NPA
Yonkers Professional	Yonkers	Westchester	Northern Metropolitan	Gen.	Corp.

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
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Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION			Hospital Service Region	Medical Type ¹	Ownership or Control ²
	City or Village ⁴	County				
NEW YORK CITY						
Adelphi	Brooklyn	Kings	New York	Gen.	NPA	
Astoria Sanatorium	Long Island City	Queens	"	Gen.	Ind.	
Bay Ridge	Brooklyn	Kings	"	Gen.	Corp.	
Beach Haven Convalescent Home for Cardiac Children	Far Rockaway	Queens	"	Conv.	NPA	
Beekman-Downtown	New York	New York	"	Gen.	NPA	
Bellevue	New York	New York	"	Gen.	City	
Beth Abraham Home for Incurables	Bronx	Bronx	"	Chronic	NPA	
Beth David	New York	New York	"	Gen.	NPA	
Beth El	Brooklyn	Kings	"	Gen.	NPA	
Beth Israel	New York	New York	"	Gen.	NPA	
Beth Moses — See Maimonides						
Bethany Deaconess	Brooklyn	Kings	"	Gen.	Ch.	
Booth Memorial — See William Booth Memorial						
Boulevard	Long Island City	Queens	"	Gen.	Corp.	
Bradford	Brooklyn	Kings	"	Gen.	Corp.	
Bronx	Bronx	Bronx	"	Gen.	NPA	
Bronx Eye & Ear Infirmary	Bronx	Bronx	"	EENT	NPA	
Bronx Maternity & Woman's Hospital	Bronx	Bronx	"	Mat.	NPA	
Brooklyn	Brooklyn	Kings	"	Gen.	NPA	
Brooklyn Doctors	Brooklyn	Kings	"	Gen.	Corp.	
Brooklyn Eye and Ear	Brooklyn	Kings	"	EENT	NPA	
Brooklyn Hebrew Home and Hospital for the Aged (Hospital Division)	Brooklyn	Kings	"	Chronic	NPA	
Brooklyn Jewish Home for Convalescents	Far Rockaway	Queens	"	Conv.	NPA	
Brooklyn State	Brooklyn	Kings	"	N & M	State	
Brooklyn Thoracic	Brooklyn	Kings	"	Tbc	NPA	
Brooklyn Women's	Brooklyn	Kings	"	Mat. & Gyn.	NPA	
Bushwick	Brooklyn	Kings	"	Gen.	NPA	
Caledonian	Brooklyn	Kings	"	Gen.	NPA	
Cancer Institute — See New York Cancer Institute						
Carson C. Peck Memorial	Brooklyn	Kings	"	Gen.	NPA	
Charles B. Towns	New York	New York	"	N & M	Corp.	
City	New York	New York	"	Gen.	City	
Columbus	New York	New York	"	Gen.	Ch.	
Coney Island	Brooklyn	Kings	"	Gen.	City	
Creedmoor State	Queens Village	Queens	"	N & M	State	
Crown Heights	Brooklyn	Kings	"	Gen.	Corp.	
Cumberland	Brooklyn	Kings	"	Gen.	City	
Deaconess — See Bethany Deaconess						
See Evangelical Deaconess						
Doctors — See Brooklyn Doctors						
Doctors	New York	New York	"	Gen.	NPA	
Doctors Hospital of Queens	Jamaica	Queens	"	Gen.	Corp.	
Endaural	New York	New York	"	EENT	Corp.	
Evangelical Deaconess	Brooklyn	Kings	"	Gen.	Ch.	
Ewing — See James Ewing						
Fifth Avenue — See Flower Fifth Avenue						
Fitch Sanitarium	Bronx	Bronx	"	Gen.	Corp.	
Flower Fifth Avenue	New York	New York	"	Gen.	NPA	
Flushing	Flushing	Queens	"	Gen.	NPA	
Fordham	Bronx	Bronx	"	Gen.	City	
Francis Delafield	New York	New York	"	Cancer	City	
Francis Shervier Home and Hospital (Hospital Division)	Bronx	Bronx	"	Chronic	Ch.	
French	New York	New York	"	Gen.	NPA	
Goldwater Memorial	New York	New York	"	Chronic	City	
Gotham Sanitarium	New York	New York	"	Gen.	Corp.	
Gouverneur	New York	New York	"	Gen.	City	
Greenpoint	Brooklyn	Kings	"	Gen.	City	
Harbor	Brooklyn	Kings	"	Gen.	NPA	
Harlem	New York	New York	"	Gen.	City	
Harlem Eye and Ear	New York	New York	"	EENT	NPA	
Hebrew Convalescent Home	Bronx	Bronx	"	Conv.	NPA	
Hebrew Home and Hospital for the Aged — See Brooklyn Hebrew Home and Hospital for the Aged						
Hebrew Home and Hospital for Chronic Sick	Bronx	Bronx	"	Chronic	NPA	
Hillside	Bellerose	Queens	"	N & M	NPA	
Hospital of the Holy Family	Brooklyn	Kings	"	Gen.	Ch.	
Hospital for Joint Diseases						
Main Unit	New York	New York	"	Gen.	NPA	
County Home	Far Rockaway	Queens	"	Conv.	NPA	
Home and Hospital of the Daughters of Jacob, exclusive of acute unit	Bronx	Bronx	"	Chronic	NPA	
Home for Incurables — See St. Barnabas						
Horace Harding	Jackson Heights	Queens	"	Gen.	Prop.	
Hospital for Special Surgery	New York	New York	"	Orth.	NPA	
Hospital of the Rockefeller Institute for Medical Research	New York	New York	"	Gen.	NPA	
House of Calvary	Bronx	Bronx	"	Sk. & C.	Ch.	
House of St. Giles the Cripple	Brooklyn	Kings	"	Orth.	Ch.	
House of the Holy Comforter	Bronx	Bronx	"	Chronic	NPA	
Hunt's Point	Bronx	Bronx	"	Gen.	Corp.	

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
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Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION			Medical Type ¹	Ownership or Control ²
	City or Village ⁴	County	Hospital Service Region		
NEW YORK CITY — (Continued)					
Irwin Sanitarium.....	St. Albans.....	Queens.....	New York.....	Gen.	Ind.
Israel Zion — See Maimonides					
Jamaica.....	Jamaica.....	Queens.....	" "	Gen.	NPA
James Ewing.....	New York.....	New York.....	" "	Cancer	City
Jewish Home for Convalescents — See Brooklyn Jewish Home for Convalescents					
Jewish Hospital of Brooklyn.....	Brooklyn.....	Kings.....	" "	Gen.	NPA
Jewish Memorial.....	New York.....	New York.....	" "	Gen.	NPA
Jewish Sanitarium and Hospital.....	Brooklyn.....	Kings.....	" "	Chronic	NPA
Kew Gardens General.....	Kew Gardens.....	Queens.....	" "	Gen.	Corp.
Kings County.....	Brooklyn.....	Kings.....	" "	Gen.	City
Kingston Avenue.....	Brooklyn.....	Kings.....	" "	Isol.	City
Kingsway.....	Brooklyn.....	Kings.....	" "	Gen.	Ind.
Knickerbocker.....	New York.....	New York.....	" "	Gen.	NPA
Lebanon.....	Bronx.....	Bronx.....	" "	Gen.	NPA
Leff-Central Maternity.....	Bronx.....	Bronx.....	" "	Mat.	Ind.
Lenox Hill.....	New York.....	New York.....	" "	Gen.	NPA
Le Roy Sanitarium.....	New York.....	New York.....	" "	Gen.	Corp.
Lexington.....	New York.....	New York.....	" "	Gen.	Prop.
Lincoln.....	Bronx.....	Bronx.....	" "	Gen.	City
Long Island City — See St. John's Long Island City					
Long Island College.....	Brooklyn.....	Kings.....	" "	Gen.	NPA
Lutheran.....	Brooklyn.....	Kings.....	" "	Gen.	Ch.
Lutheran Hospital of Manhattan.....	New York.....	New York.....	" "	Gen.	NPA
Madison Park.....	Brooklyn.....	Kings.....	" "	Gen.	Corp.
Maimonides					
Beth Moses.....	Brooklyn.....	Kings.....	" "	Gen.	NPA
Israel Zion.....	Brooklyn.....	Kings.....	" "	Gen.	NPA
Manhattan Eye, Ear, Nose and Throat.....	New York.....	New York.....	" "	EENT	NPA
Manhattan General.....	New York.....	New York.....	" "	Gen.	Corp.
Manhattan State.....	New York.....	New York.....	" "	N & M	State
Mary Immaculate.....	Jamaica.....	Queens.....	" "	Gen.	Ch.
Medical Arts Center.....	New York.....	New York.....	" "	Gen.	Corp.
Memorial Hospital for Treatment of Cancer.....	New York.....	New York.....	" "	Sk. & C.	NPA
Memorial Hospital of Queens.....	Jamaica.....	Queens.....	" "	Gen.	Ind.
Methodist.....	Brooklyn.....	Kings.....	" "	Gen.	Ch.
Metropolitan.....	New York.....	New York.....	" "	Gen.	City
Midtown.....	New York.....	New York.....	" "	Gen.	NPA
Midwood.....	Brooklyn.....	Kings.....	" "	Gen.	Corp.
Misericordia.....	New York.....	New York.....	" "	Gen.	Ch.
Montefiore.....	Bronx.....	Bronx.....	" "	Chronic	NPA
Mount Sinai.....	New York.....	New York.....	" "	Gen.	NPA
Morris Park — See Mount Morris Park					
Morrisania.....	Bronx.....	Bronx.....	" "	Gen.	City
Mother Cabrini Memorial.....	New York.....	New York.....	" "	Gen.	Ch.
Mount Eden.....	Bronx.....	Bronx.....	" "	Gen.	Ind.
Mount Morris Park.....	New York.....	New York.....	" "	Gen.	Corp.
New York.....	New York.....	New York.....	" "	Gen.	NPA
New York City Cancer Institute.....	New York.....	New York.....	" "	Sk. & C.	City
New York Eye & Ear Infirmary.....	New York.....	New York.....	" "	EENT	NPA
New York Infirmary.....	New York.....	New York.....	" "	Gen.	NPA
New York Polyclinic Medical School and Hospital.....	New York.....	New York.....	" "	Gen.	NPA
New York Postgraduate Medical School and Hospital — See University Hospital					
Norwegian Lutheran Deaconesses Home and Hospital.....	Brooklyn.....	Kings.....	" "	Gen.	Ch.
Park.....	St. Albans.....	Queens.....	" "	Gen.	Corp.
Park Avenue.....	New York.....	New York.....	" "	N & M	Ind.
Park East.....	New York.....	New York.....	" "	Gen.	Ind.
Park West.....	New York.....	New York.....	" "	Gen.	Ind.
Parkechester General.....	Bronx.....	Bronx.....	" "	Gen.	Ind.
Parkway.....	New York.....	New York.....	" "	Gen.	NPA
Parsons.....	Flushing.....	Queens.....	" "	Gen.	Corp.
Peck Memorial — See Carson C. Peck Memorial					
Physicians.....	Jackson Heights.....	Queens.....	" "	Gen.	Corp.
Polyclinic — See New York Polyclinic Medical School and Hospital					
Postgraduate — See University Hospital					
Presbyterian.....	New York.....	New York.....	" "	Gen.	NPA
Prospect.....	Bronx.....	Bronx.....	" "	Gen.	Ind.
Prospect Heights.....	Brooklyn.....	Kings.....	" "	Gen.	NPA
Psychiatric Institute & Hospital.....	New York.....	New York.....	" "	N & M	State
Queens General.....	Jamaica.....	Queens.....	" "	Gen.	City
Queens Village Sanitarium.....	Queens Village.....	Queens.....	" "	Gen.	Ind.
Regent.....	New York.....	New York.....	" "	Gen.	Ind.
Richmond Borough.....	Staten Island.....	Richmond.....	" "	Isol.	City
Richmond Hill.....	Richmond Hill.....	Queens.....	" "	Gen.	Part.
Richmond Memorial Hospital.....	Prince Bay.....	Richmond.....	" "	Gen.	NPA
River Crest Sanitarium.....	Astoria.....	Queens.....	" "	N & M	Corp.
Rockaway Beach Hospital and Dispensary.....	Rockaway Beach.....	Queens.....	" "	Gen.	NPA
Rockefeller Institute for Medical Research — See Hospital of the Rockefeller Institute for Medical Research					

ALPHABETICAL LIST OF HOSPITALS IN NEW YORK STATE, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Concluded)

Also See List of Hospitals, Arranged by Location, and Roster of Federal Hospitals

HOSPITAL	LOCATION			Hospital Service Region	Medical Type ¹	Ownership or Control ²
	City or Village ⁴	County				
NEW YORK CITY — (Concluded)						
Roosevelt.....	New York.....	New York.....	New York.....		Gen.	NPA
Royal.....	Bronx.....	Bronx.....	" "		Gen.	Corp.
St. Anthony's.....	Woodhaven.....	Queens.....	" "		Tbc	Ch.
St. Barnabas.....	Bronx.....	Bronx.....	" "		Chronic	Ch.
St. Catherine's.....	Brooklyn.....	Kings.....	" "		Gen.	Ch.
St. Charles Hospital and Orthopedic Clinic.....	Brooklyn.....	Kings.....	" "		Orth. & EENT	Ch.
St. Clare's.....	New York.....	New York.....	" "		Gen.	Ch.
St. Elizabeth's.....	New York.....	New York.....	" "		Gen.	Ch.
St. Francis.....	Bronx.....	Bronx.....	" "		Gen.	Ch.
St. John's Episcopal.....	Brooklyn.....	Kings.....	" "		Gen.	Ch.
St. John's Long Island City.....	New York.....	Queens.....	" "		Gen.	Ch.
St. Joseph's.....	Far Rockaway.....	Queens.....	" "		Gen.	Ch.
St. Joseph's Hospital for Chest Diseases.....	Bronx.....	Bronx.....	" "		Tbc	Ch.
St. Luke's.....	New York.....	New York.....	" "		Gen.	NPA
St. Mary's.....	Brooklyn.....	Kings.....	" "		Gen.	Ch.
St. Mary's Hospital for Children.....	New York.....	New York.....	" "		Conv.	Ch.
St. Peter's.....	Brooklyn.....	Kings.....	" "		Gen.	Ch.
St. Rose's Free Home for Incurable Cancer.....	New York.....	New York.....	" "		Sk. & C.	Ch.
St. Vincent's.....	New York.....	New York.....	" "		Gen.	Ch.
St. Vincent's Hospital of Borough of Richmond.....	West New Brighton.....	Richmond.....	" "		Gen.	Ch.
Samaritan Hospital of Brooklyn.....	Brooklyn.....	Kings.....	" "		Gen.	Ch.
Sea View.....	Staten Island.....	Richmond.....	" "		Tbc	City
Seton.....	Bronx.....	Bronx.....	" "		Tbc	City
Shore Road.....	Brooklyn.....	Kings.....	" "		Gen.	Corp.
Staten Island.....	Tompkinsville.....	Richmond.....	" "		Gen.	NPA
Sunnyside.....	Staten Island.....	Richmond.....	" "		Gen.	Corp.
Swedish Hospital in Brooklyn.....	Brooklyn.....	Kings.....	" "		Gen.	NPA
Sydenham.....	New York.....	New York.....	" "		Gen.	City
Terrace Heights.....	Hollis.....	Queens.....	" "		Gen.	Corp.
Towns — See Charles B. Towns						
Triboro.....	Jamaica.....	Queens.....	" "		Tbc	City
Union Hospital Association of Bronx.....	Bronx.....	Bronx.....	" "		Gen.	NPA
Unity.....	Brooklyn.....	Kings.....	" "		Gen.	NPA
University.....	New York.....	New York.....	" "		Gen.	NPA
University Heights Sanitarium.....	Bronx.....	Bronx.....	" "		Gen.	Corp.
Victory Memorial.....	Brooklyn.....	Kings.....	" "		Gen.	NPA
Wade.....	Brooklyn.....	Kings.....	" "		Gen.	Ind.
Wadsworth.....	New York.....	New York.....	" "		Gen.	Corp.
West Hill Sanitarium.....	Bronx.....	Bronx.....	" "		N & M	Ind.
Westchester Square.....	Bronx.....	Bronx.....	" "		Gen.	Corp.
Wickersham.....	New York.....	New York.....	" "		Gen.	Part.
Willard Parker.....	New York.....	New York.....	" "		Isol.	City
William Booth Memorial.....	New York.....	New York.....	" "		Gen.	Ch.
Williamsburgh Maternity.....	Brooklyn.....	Kings.....	" "		Mat.	Ind.
Woman's.....	New York.....	New York.....	" "		Gen.	NPA
Wyckoff Heights.....	Brooklyn.....	Kings.....	" "		Gen.	NPA

† Although located outside New York City, facility is sponsored by New York City organization. Admission is largely limited to New York City residents.
¹ Ch.—Church. City—City. Corp.—Corporation. Co.—County. Ind.—Individual. NPA—Nonprofit Association. Part.—Partnership.
² Prop.—Proprietary. State—State.

³ Cancer—Cancer. Child—Children. Chronic—Chronic. Conv.—Convalescent. EENT—Eye, Ear, Nose & Throat. Gen.—General.
 Isol.—Isolation. Mat.—Maternity. N & M—Nervous and Mental. Orth.—Orthopedic. Sk. & C.—Skin & Cancer. Tbc.—Tuberculosis.

⁴ Sponsored by New York City. Admission is largely limited to New York City residents.

⁵ For New York City, the community (neighborhood) of location as popularly known is specified where applicable rather than the name of the city.

LIST OF HOSPITALS IN NEW YORK STATE, BY LOCATION, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949

Also See Alphabetical List and Roster of Federal Hospitals

Hospital Service Area (County)	HOSPITAL	City or Village	Ownership or Control ¹	Medical Type ²	BED CAPACITY, BY TYPE OF SERVICE ³					Basinets	New Construction ⁴
					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
STATEWIDE											
Broome	Binghamton State	Binghamton	State	N & M	2,360				2,360	0	Adding 769 beds.
Cattaraugus	J. N. Adam Memorial	Perryburg	State	Tbc	482			482		0	
Dutchess	Harlem Valley State	Wingdale	State	N & M	3,972				3,972	0	
	Hudson River State	Poughkeepsie	State	N & M	4,021				4,021	0	Adding 992 beds.
Erie	Buffalo State	Buffalo	State	N & M	1,942				1,942	0	Adding 658 beds.
	Gowanda State Homeopathic	Helmuth	State	N & M	2,228				2,228	0	
	Roswell Park Memorial Institute	Buffalo	State	Cancer	101	101				0	
Essex	Ray Brook State Tuberculosis	Ray Brook	State	Tbc	350			350		0	
Kings	Brooklyn State	New York	State	N & M	2,603				2,603	0	
Livingston	Mount Morris Tuberculosis	Mount Morris	State	Tbc	250			250		0	
Monroe	Rochester State	Rochester	State	N & M	2,740				2,740	0	
New York	Manhattan State	New York	State	N & M	3,048				3,048	0	
	Psychiatric Institute and Hospital	New York	State	N & M	200				200	0	
Oneida	Broadacres Sanatorium	Utica	State	Tbc	182			182		0	
	Marcy State	Marcy	State	N & M	2,140				2,140	0	
	Utica State	Utica	State	N & M	1,468				1,468	0	
Onondaga	Onondaga Sanatorium	Syracuse	State	Tbc	228			228		0	
	Syracuse Psychopathic	Syracuse	State	N & M	60				60	0	
Orange	Middletown State Homeopathic	Middletown	State	N & M	2,742				2,742	0	
Otsego	Homer Folks Tuberculosis	Oneonta	State	Tbc	250			250		0	
Queens	Creedmoor State	New York	State	N & M	4,142				4,142	0	
Rockland	New York State Rehabilitation	West Haverstraw	State	Orth. & Rehab.	250		250			0	
	Rockland State	Orangeburg	State	N & M	5,768				5,768	0	
St. Lawrence	St. Lawrence State	Ogdensburg	State	N & M	1,721				1,721	0	
Seneca	Willard State — Main unit	Willard	State	N & M	2,431				2,431	0	
	— Sampson Division	Willard	State	N & M	1,500				1,500	0	
Suffolk	Central Islip State	Islip	State	N & M	7,007				7,007	0	
	Edgewood State	West Brentwood	State	N & M	2,300				2,300	0	
	Kings Park State	Kings Park	State	N & M	5,390				5,390	0	
	Pilgrim State	West Brentwood	State	N & M	8,483				8,483	0	
Tompkins	Hermann M. Biggs Memorial	Ithaca	State	Tbc	250			250		0	

BUFFALO REGION

Cattaraugus	City	Salamanca	City	Gen.	53	53				12	
	Mountain Clinic Hospital	Olean	Part.	Gen.	30	30				6	
	Olean General	Olean	NPA	Gen.	85	85				25	
	Rocky Crest Sanatorium	Olean	Co.	Tbc	41			41		0	
	St. Francis	Olean	Ch.	Gen.	80	80				24	Remodeling to add 20 beds.
	Townsend	Gowanda	NPA	Gen.	26	26				10	*Being replaced by 51-bed, 12-basinet Tri-County Memorial Hospital.
Chautauqua	Brooks Memorial	Dunkirk	NPA	Gen.	112	112				25	
	Jamestown General	Jamestown	City	Gen.	109	109				22	
	Newton Memorial	Cassadaga	Co.	Tbc	184			184		0	
	Rhinehart	Silver Creek	Ind.	Gen.	26	26				6	
	Silver Creek	Silver Creek	Ind.	Gen.	16	16				5	
	Westfield Memorial	Westfield	NPA	Gen.	19	19				10	Adding 30 beds.
	Woman's Christian Association	Jamestown	NPA	Gen.	102	102				28	
Erie	Buffalo Columbus	Buffalo	NPA	Gen.	108	108				12	
	Buffalo Eye and Ear Hospital and Wettlaufer Clinic	Buffalo	NPA	EENT	14	14				0	
	Buffalo General	Buffalo	NPA	Gen.	431	431				30	
	Buffalo Hospital of the Sisters of Charity	Buffalo	Ch.	Gen.	335	335				100	
	Chaffee	Springville	Corp.	Gen.	25	25				14	
	Charity Eye, Ear and Throat Hospital of Erie County	Buffalo	NPA	EENT	9	9				0	
	Children's	Buffalo	NPA	Child.	262	262				72	
	Deaconess	Buffalo	NPA	Gen.	277	277				52	
	Edward J. Meyer Memorial	Buffalo	Co.	Gen.	825	475		312	38	32	
	Emergency Hospital of the Sisters of Charity	Buffalo	Ch.	Gen.	172	172				0	
	Lafayette General	Buffalo	NPA	Gen.	63	63				17	
	Mercy	Buffalo	Ch.	Gen.	161	161				60	Adding 164 beds, 15 basinets.
	Millard Fillmore	Buffalo	NPA	Gen.	473	473				107	
	Our Lady of Victory	Lackawanna	Ch.	Gen.	131	131				60	
	St. Francis	Buffalo	Ch.	Gen.	53	53				0	
	Salvation Army Home and Hospital	Buffalo	NPA	Mat.	12	12				12	
Genesee	Edith Hartwell Clinic	Le Roy	NPA	Chronic	44			44		0	
	Genesee Memorial	Batavia	NPA	Gen.	66	66				17	*Entire plant being replaced by new 119-bed, 28-basinet structure. (100 beds for general and 19 for chronic care.)
	St. Jerome	Batavia	Ch.	Gen.	75	75				18	*Renovating and expanding plant to provide 100 general beds, 20 chronic beds and 20 basinets.
Niagara	De Graf Memorial	North Tonawanda	NPA	Gen.	87	87				37	
	Lockport City	Lockport	City	Gen.	142	142				30	
	Mount St. Mary's	Niagara Falls	Ch.	Gen.	185	185				40	

LIST OF HOSPITALS IN NEW YORK STATE, BY LOCATION, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See Alphabetical List and Roster of Federal Hospitals

Hospital Service Area (County)	HOSPITAL	City or Village	Ownership or Control ¹	Medical Type ²	BED CAPACITY, BY TYPE OF SERVICE ³					Bassinets	New Construction ⁴
					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
BUFFALO REGION — (continued)											
Niagara	Municipal	Niagara Falls	City	Isol.	38	38				0	
"	Niagara Falls Memorial	Niagara Falls	NPA	Gen.	234	234				35	
"	Niagara Sanatorium	Lockport	Co.	Tbc	200			200		0	
Wyoming	Wyoming County Community	Warsaw	Co.	Gen.	99	99				20	
ROCHESTER REGION											
Allegany	Cuba Memorial	Cuba	NPA	Gen.	14	14				10	*Adding 36 beds.
"	Genesee Country Memorial	Fillmore	NPA	Gen.	15	15				6	
"	Memorial Hospital of William F. & G. F. Jones	Wellsville	City	Gen.	42	42				10	
Chemung	Arnot Ogden Memorial	Elmira	NPA	Gen.	194	194				32	
"	Chemung County Sanatorium	Elmira	Co.	Tbc	41			41		0	
"	St. Joseph	Elmira	Ch.	Gen.	253	253				38	
Livingston	Dansville Memorial	Dansville	NPA	Gen.	38	38				15	*Replacing 29, adding 28 beds.
"	Nunda	Nunda	Ind.	Gen.	13	13				5	
Monroe	Convalescent Hospital for Children	Rochester	NPA	Conv.	52	52				0	
"	Genesee	Rochester	NPA	Gen.	203	203				36	
"	Highland	Rochester	NPA	Gen.	204	204				60	
"	Iola Sanatorium	Rochester	Co.	Tbc	350			350		0	
"	Lake Avenue	Rochester	Ind.	Gen.	42	42				6	
"	Lakeside Memorial	Brockport	NPA	Gen.	16	16				6	Being replaced by new 28-bed plant.
"	Park Avenue	Rochester	NPA	Gen.	84	84				20	
"	Rochester General	Rochester	NPA	Gen.	324	324				63	
"	St. Mary's	Rochester	Ch.	Gen.	325	325				65	
"	Strong Memorial — Rochester Municipal	Rochester	NPA & City	Gen.	673 ³	627			46	84	
Ontario	Brigham Hall	Canandaigua	Corp.	N & M	79				79	0	
"	Clifton Springs Sanitarium & Clinic	Clifton Springs	NPA	Gen.	330	65	265			10	
"	Frederick Ferris Thompson	Canandaigua	NPA	Gen.	101	101				20	
"	Geneva General	Geneva	NPA	Gen.	98	98				25	
Orleans	Arnold Gregory Memorial	Albion	NPA	Gen.	24	24				11	*Being replaced by new 50-bed, 10-bassinet plant.
"	Medina Memorial	Medina	NPA	Gen.	31	31				10	
Schuyler	Shepard Relief	Montour Falls	NPA	Gen.	37	37				12	
Seneca	Seneca Falls Town	Seneca Falls	City	Gen.	31	31				12	*Being replaced by new 100-bed Seneca County Hospital.
"	Waterloo Memorial	Waterloo	NPA	Gen.	25	25				8	
Steuben	Bath Memorial	Bath	NPA	Gen.	59	59				10	
"	Bethesda	North Hornell	NPA	Gen.	41	41				10	
"	Corning	Corning	NPA	Gen.	103	103				25	*Replacing 21, adding 42 beds. Adding 5 bassinets.
"	St. James Mercy	Hornell	Ch.	Gen.	108	108				23	*Replacing 21, adding 37 beds.
"	Wayland	Wayland	Ind.	Gen.	19	19				4	
Wayne	E. J. Barber	Lyons	Ind.	Gen.	26	26				4	
"	J. F. Meyers	Sodus	Corp.	Gen.	40	40				8	
"	Lyons	Lyons	Corp.	Gen.	21	21				6	
"	Newark	Newark	Ind.	Gen.	26	26				10	
Yates	Soldiers & Sailors Memorial	Penn Yan	NPA	Gen.	50	50				10	
SYRACUSE REGION											
Broome	Binghamton City	Binghamton	City	Gen.	464	464				34	
"	Broome County Tuberculosis	Chenango Bridge	Co.	Tbc	92			92		0	
"	Charles S. Wilson Memorial	Johnson City	NPA	Gen.	289	289				50	Adding 135 beds.
"	Deposit Private	Deposit	Ind.	Gen.	18	18				3	
"	Doctor Lyon's Sanitarium	Binghamton	Prop.	N & M	10				10	0	
"	Ideal Hospital of Endicott	Endicott	City	Gen.	90	90				30	
"	Our Lady of Lourdes Memorial	Binghamton	Ch.	Gen.	67	67				22	
"	Springer Private	Johnson City	Ind.	Mat.	25	25				4	
Cayuga	Auburn City	Auburn	NPA	Gen.	201	201				47	
"	Mersey	Auburn	Ch.	Gen.	80	80				14	
Chenango	Afton	Afton	Ind.	Gen.	8	8				2	
"	Bainbridge	Bainbridge	Ind.	Gen.	17	17				6	
"	Chase Memorial	New Berlin	NPA	Gen.	18	18				8	
"	Chenango Memorial	Norwich	NPA	Gen.	60	60				18	
"	Conamore Nursing Home	Bainbridge	Ind.	Mat.	3	3				3	
"	Greene	Greene	Corp.	Gen.	18	18				6	
"	Smithville Flats	Smithville Flats	Ind.	Mat.	3	3				3	
Cortland	Cortland County	Cortland	NPA	Gen.	128	128				26	
"	Vernoy Sanitarium	Cortland	Ind.	Gen.	17	17				8	
Franklin	Alice Hyde	Malone	NPA	Gen.	78	78				18	
"	General Hospital of Saranac Lake	Saranac Lake	NPA	Gen.	50	50				10	
"	Mersey General	Tupper Lake	Ch.	Gen.	30	30				10	
"	Northwood Sanatorium	Saranac Lake	NPA	Tbc	26			26		0	
"	Owens Private Sanatorium	Saranac Lake	Ind.	Tbc	28			28		0	
"	Sanatorium Gabriels	Gabriels	Ch.	Tbc	160			160		0	
"	Stony Wold	Lake Kushaqua	NPA	Tbc	145			145		0	

LIST OF HOSPITALS IN NEW YORK STATE, BY LOCATION, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See Alphabetical List and Roster of Federal Hospitals

Hospital Service Area (County)	HOSPITAL	City or Village	Ownership or Control ¹	Medical Type ²	BED CAPACITY, BY TYPE OF SERVICE ³					Bassinets	New Construction ⁴
					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
SYRACUSE REGION — (continued)											
Herkimer.....	Herkimer Memorial.....	Herkimer.....	NPA	Gen.	52	52	.....	.....	.....	18	.....
"	Ilion.....	Ilion.....	NPA	Gen.	67	67	.....	.....	.....	18	.....
"	Little Falls.....	Little Falls.....	NPA	Gen.	75	75	.....	.....	.....	19	.....
"	Pine Crest Sanatorium.....	Salisbury Center.....	Co.	Tbc	63	.....	.....	63	.....	0	.....
Jefferson.....	Brown Nursing Home.....	Adams Center.....	Ind.	Gen.	12	12	.....	.....	.....	3	.....
"	Carthage.....	Carthage.....	Ind.	Gen.	30	30	.....	.....	.....	6	.....
"	Community.....	West Carthage.....	Ind.	Gen.	24	24	.....	.....	.....	4	.....
"	House of Good Samaritan.....	Watertown.....	NPA	Gen.	162	162	.....	.....	.....	33	*Replacing 136, adding 32 beds.
"	Jefferson County Sanatorium.....	Watertown.....	Co.	Tbc	40	.....	.....	40	.....	0	.....
"	Mercy.....	Watertown.....	Ch.	Gen.	137	137	.....	.....	.....	23	.....
"	Noble Foundation.....	Alexandria Bay.....	NPA	Gen.	13	13	.....	.....	.....	4	*Being replaced by new 29-bed, 7-bassinets Edward John Noble Hospital of Alexandria Bay.
"	Schryver Nursing Home.....	Omar.....	Ind.	Mat.	3	3	.....	.....	.....	3	.....
Lewis.....	Lewis County General.....	Lowville.....	Co.	Gen.	40	40	.....	.....	.....	18	.....
"	Sunset Nursing Home.....	Conestogville.....	Ind.	Gen.	6	6	.....	.....	.....	3	.....
Madison.....	Lenox Memorial.....	Canastota.....	City	Gen.	21	21	.....	.....	.....	5	.....
"	Main Street.....	Oneida.....	Ind.	Gen.	20	20	.....	.....	.....	4	.....
"	Oneida City.....	Oneida.....	City	Gen.	80	80	.....	.....	.....	10	*Adding 68 beds.
Oneida.....	Children's Hospital Home.....	Utica.....	NPA	Child.	40	40	.....	.....	.....	0	.....
"	Faxton.....	Utica.....	NPA	Gen.	118	118	.....	.....	.....	27	.....
"	Oneida County.....	Rome.....	Co.	Gen.	215	215	.....	.....	.....	5	.....
"	Oneida County Hospital of Utica.....	Utica.....	City	Gen.	128	128	.....	.....	.....	12	.....
"	Rome Hospital and Murphy Memorial.....	Rome.....	City	Gen.	118	118	.....	.....	.....	28	.....
"	Rose.....	Rome.....	Ind.	Gen.	25	25	.....	.....	.....	2	.....
"	St. Elizabeth.....	Utica.....	Ch.	Gen.	140	140	.....	.....	.....	28	.....
"	St. Luke's Home and Hospital.....	Utica.....	Ch.	Gen.	123	123	.....	.....	.....	27	.....
"	Utica Memorial.....	Utica.....	NPA	Gen.	77	77	.....	.....	.....	16	.....
"	White Maternity Home.....	Boonville.....	Ind.	Mat.	3	3	.....	.....	.....	3	.....
Onondaga.....	City.....	Syracuse.....	City	Isol.	75	75	.....	.....	.....	0	.....
"	Crouse-Irving.....	Syracuse.....	NPA	Gen.	203	203	.....	.....	.....	40	.....
"	General.....	Syracuse.....	NPA	Gen.	129	129	.....	.....	.....	43	.....
"	Gilmore-Maternity Home.....	Baldwinsville.....	Ind.	Mat.	3	3	.....	.....	.....	3	.....
"	Hospital of the Good Shepherd.....	Syracuse.....	NPA	Gen.	195	195	.....	.....	.....	0	.....
"	Onondaga General.....	Syracuse.....	NPA	Gen.	75	75	.....	.....	.....	10	.....
"	People's.....	Syracuse.....	NPA	Gen.	28	28	.....	.....	.....	6	.....
"	St. Joseph.....	Syracuse.....	Ch.	Gen.	200	200	.....	.....	.....	45	Adding 160 beds.
"	St. Mary's Maternity Hospital and Children's Home.....	Syracuse.....	Ch.	Mat.	28	28	.....	.....	.....	29	.....
"	Syracuse Memorial.....	Syracuse.....	NPA	Gen.	270	270	.....	.....	.....	58	.....
"	Twin Elms.....	Syracuse.....	Part.	N & M	18	.....	.....	.....	18	0	.....
"	Wieting Johnson Memorial.....	Syracuse.....	NPA	Child.	35	35	.....	.....	.....	0	.....
Oswego.....	Albert Lindley Lee Memorial.....	Fulton.....	City	Gen.	61	61	.....	.....	.....	17	.....
"	Oswego.....	Oswego.....	NPA	Gen.	78	78	.....	.....	.....	13	*Replacing 48, adding 28 beds. Replacing 13, adding 9 bassinets.
"	Oswego County Sanatorium.....	Richland.....	Co.	Tbc	105	.....	.....	105	.....	0	.....
St. Lawrence.....	A. Barton Hepburn.....	Ogdensburg.....	NPA	Gen.	157	157	.....	.....	.....	30	.....
"	Clifton-Fine General.....	Star Lake.....	Town	Gen.	.....	.....	.....	.....	.....	.....	*New 29-bed, 8-bassinets plant under construction.
"	Edward John Noble Hospital of Gouverneur.....	Gouverneur.....	NPA	Gen.	19	19	.....	.....	.....	12	*Being replaced by new 64-bed, 12-bassinets plant.
"	Massena Memorial.....	Massena.....	City	Gen.	46	46	.....	.....	.....	12	.....
"	Potsdam.....	Potsdam.....	NPA	Gen.	66	66	.....	.....	.....	25	.....
Tioga.....	Tioga County General.....	Waverly.....	NPA	Gen.	48	48	.....	.....	.....	15	*Adding 63 general and 14 chronic beds.
Tompkins.....	Conklin Sanatorium.....	Ithaca.....	Ind.	Gen.	15	15	.....	.....	.....	0	.....
"	Reconstruction Home.....	Ithaca.....	NPA	Chronic	96	.....	96	.....	.....	0	.....
"	Tompkins County Memorial.....	Ithaca.....	NPA	Gen.	122	122	.....	.....	.....	28	.....
ALBANY REGION											
Albany.....	Albany.....	Albany.....	NPA	Gen.	519	365	.....	120	34	30	*Adding 128 beds.
"	Albany Hospital for Incurables.....	Albany.....	NPA	Chronic	90	.....	90	.....	.....	0	.....
"	Anthony N. Brady Maternity.....	Albany.....	Ch.	Mat.	62	62	.....	.....	.....	86	.....
"	Child's.....	Albany.....	Ch.	Child.	60	60	.....	.....	.....	0	.....
"	Cohoes.....	Cohoes.....	NPA	Gen.	61	61	.....	.....	.....	12	.....
"	Memorial.....	Albany.....	NPA	Gen.	80	80	.....	.....	.....	18	.....
"	St. Peter's.....	Albany.....	Ch.	Gen.	281	281	.....	.....	.....	0	.....
Clinton.....	Champlain Valley.....	Plattsburg.....	NPA	Gen.	106	106	.....	.....	.....	15	.....
"	Physicians.....	Plattsburg.....	NPA	Gen.	250	250	.....	.....	.....	26	.....
Columbia.....	Columbia Memorial (formerly Hudson City Hospital).....	Hudson.....	NPA	Gen.	101	101	.....	.....	.....	18	*Replacing 81, adding 24 beds. Replacing 18, adding 6 bassinets.
"	Columbia Sanatorium.....	Philmont.....	Co.	Tbc	72	.....	.....	72	.....	0	.....
"	Community.....	Chatham.....	Ind.	Gen.	35	35	.....	.....	.....	5	.....

LIST OF HOSPITALS IN NEW YORK STATE, BY LOCATION, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
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Also See Alphabetical List and Roster of Federal Hospitals

Hospital Service Area (County)	HOSPITAL	City or Village	Ownership or Control ¹	Medical Type ²	BED CAPACITY, BY TYPE OF SERVICE ³					Bassinetts	New Construction ⁴
					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
ALBANY REGION — (continued)											
Delaware	Bathgate	Stamford	NPA	Gen.	20	20				6	
"	Delhi	Delhi	NPA	Gen.	16	16				6	
"	Empet Maternity Home	Sidney	Ind.	Mat.	3	3				3	
"	Hancock	Hancock	Ind.	Gen.	12	12				5	
"	Margaretville	Margaretville	NPA	Gen.	52	52				10	
"	Smith	Walton	Ind.	Gen.	16	16				4	
"	Stevens	Walton	Ind.	Gen.	11	11				3	
"	The Hospital Community	Sidney	City	Gen.	29	29				12	Adding 22 beds.
Essex	Franklin Manor	Elizabethtown	NPA	Gen.	12	12				6	
"	Keene Valley Neighborhood House & Hospital	Saranac Lake	Ind.	Tbc	14			14		0	
"	Lake Placid General	Keene Valley Lake Placid	NPA City	Gen. Gen.	11 20	11 20				5 6	*Being replaced by new 50-bed, 10-bassinet Placid Memorial Hospital.
"	Mineville	Mineville	NPA	Gen.	18	18				1	
"	Moses Ludington	Ticonderoga	Corp.	Gen.	85	85				12	
"	Trudeau Sanatorium	Trudeau, P.O.	NPA	Tbc	225			225		0	
"	Will Rogers Memorial	Saranac Lake	NPA	Tbc	125			125		0	
Fulton	Nathan Littauer	Gloversville	NPA	Gen.	129	129				30	
Greene	Memorial Hospital of Greene County	Catskill	Co.	Gen.	50	50				15	
Hamilton	No hospital in county										
Montgomery	Amsterdam City	Amsterdam	NPA	Gen.	87	87				20	
"	St. Mary's	Amsterdam	Ch.	Gen.	194	194				30	
Otsego	Aurelia Osborn Fox Memorial	Oneonta	NPA	Gen.	69	69				17	
"	Mary Imogene Bassett	Cooperstown	NPA	Gen.	88	88				10	
Rensselaer	Hoosick Falls Health Center	Hoosick Falls	NPA	Gen.	14	14				5	
"	Leonard	North Troy	NPA	Gen.	138	138				36	
"	Marshall Sanitarium	Troy	Prop.	N & M	63			63		0	
"	Pauling Sanatorium	Wynantskill	Co.	Tbc	118			118		0	
"	St. Joseph's Maternity	Troy	Ch.	Mat.	32	32				24	
"	St. Mary's	Troy	Ch.	Gen.	250	250				24	
"	Samaritan	Troy	NPA	Gen.	167	167				32	
Saratoga	Benedict Memorial	Ballston Spa	NPA	Gen.	22	22				6	
"	Corinth	Corinth	NPA	Gen.	17	17				6	
"	Homestead Sanatorium	Middle Grove	Co.	Tbc	100			100		0	
"	Saratoga	Saratoga Springs	NPA	Gen.	79	79				16	
Schenectady	Bellevue Maternity Home	Schenectady	Ind.	Mat.	50	50				54	
"	Eastern New York Orthopedic Hospital School	Schenectady	NPA	Chronic	35			35		0	
"	Ellis	Schenectady	NPA	Gen.	331	331				82	
"	St. Clare's	Schenectady	Ch.	Gen.							New 200 bed, 24-bassinet hospital under construction.
"	Schenectady City	Schenectady	City	Isol.	33	33				0	
"	Schenectady County Tuberculosis	Schenectady	Co.	Tbc	131			131		0	
Schoharie	Elmholt	Cobleskill	Ind.	Gen.	14	14				8	
Warren	Glens Falls	Glens Falls	NPA	Gen.	250	250				50	
"	Westmount Sanatorium	Glens Falls	Co.	Tbc	48			48		0	
Washington	Emma Lang Stevens	Granville	NPA	Gen.	22	22				6	
"	Mary McClellan	Cambridge	NPA	Gen.	97	97				12	

NORTHERN METROPOLITAN REGION

Dutchess	Beacon Hill	Beacon	Prop.	N & M	39				39	0	
"	†Cardinal Hayes Convalescent Home	Millbrook	Ch.	Conv.	68	68				0	
"	Craig House	Beacon	Corp.	N & M	80				80	0	
"	†Col. John J. Astor Home for Children	Rhinebeck	Ch.	Conv.	44	44				0	
"	Highland	Beacon	NPA	Gen.	50	50				11	
"	Northern Dutchess Health Service Center	Rhinebeck	NPA	Gen.	30	30				14	
"	†St. Andrew's Convalescent Hospital	Poughkeepsie	Ch.	Conv.	23	23				0	
"	St. Francis	Poughkeepsie	Ch.	Gen.	89	89				25	
"	Samuel W. Bowne Memorial	Poughkeepsie	Co.	Tbc	131			131		0	
"	Samuel & Nettie Bowne Sanitarium	Poughkeepsie	NPA	Tbc	50			50		0	
"	Vassar Brothers	Poughkeepsie	NPA	Gen.	204	204				43	Remodeling to add 31 beds.
Orange	Cornwall	Cornwall	NPA	Gen.	66	66				15	
"	Elizabeth A. Horton Memorial	Middletown	NPA	Gen.	90	90				16	
"	Estelle & Walter C. O'Dell Memorial Sanatorium	Newburgh	Co.	Tbc	50			50		0	
"	Falkirk-in-the-Ramapos	Central Valley	Corp.	N & M	40				40	0	
"	Goshen	Goshen	NPA	Gen.	38	38				12	
"	Interpines	Goshen	Ind.	N & M	65				65	0	
"	Middletown Sanitarium and Hospital	Middletown	Part.	Gen.	50	50				9	
"	†Municipal Sanatorium	Otisville	City ⁴	Tbc	420			420		0	
"	St. Anthony's	Warwick	Ch.	Gen.	50	50				14	
"	St. Francis	Port Jervis	Ch.	Gen.	58	58				11	
"	St. Luke's	Newburg	NPA	Gen.	186	186				32	
"	Tuxedo Memorial	Tuxedo Park	NPA	Gen.	33	33				7	
Putnam	†Arietta Crane Reed Farm	Brewster	NPA	Conv.	20	20				0	
"	Julia L. Butterfield Memorial	Cold Spring	NPA	Gen.	45	45				5	
"	Mahopac Emergency	Mahopac	NPA	Gen.	10	10				8	
Rockland	Good Samaritan	Suffern	Ch.	Gen.	82	82				16	
"	†Jewish Home for Convalescents	Grand View	NPA	Conv.	100	100				0	
"	†McCooker-Hersfield Cardiac Home, Inc.	Hillburn	NPA	Conv.	38	38				0	
"	Nyack	Nyack	NPA	Gen.	89	89				20	
"	†St. Vincent DePaul Convalescent Home	Spring Valley	Ch.	Conv.	25	25				0	
"	Summit Park Sanatorium	Ramapo	Co.	Tbc	86			86		0	

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Hospital Service Area (County)	HOSPITAL	City or Village	Ownership or Control ¹	Medical Type ²	BED CAPACITY, BY TYPE OF SERVICE ³					Bassinets	New Construction ⁴
					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
NORTHERN METROPOLITAN REGION — (continued)											
Sullivan	Callicoon	Callicoon	Ind.	Gen.	18	18				5	
"	Hamilton Avenue	Monticello	Ind.	Gen.	25	25				4	
"	Maimonides	Liberty	NPA	Gen.	35	35				6	
"	Monticello	Monticello	NPA	Gen.	20	20				5	
"	Workmen's Circle Sanatorium	Liberty	NPA	Tbc	80			80		0	
Ulster	Benedictine	Kingston	Ch.	Gen.	92	92				18	*Adding 108 beds. Replacing 18, adding 16 bassinets.
"	Kingston	Kingston	NPA	Gen.	118	118				22	
"	Ulster County Tuberculosis	Kingston	Co.	Tbc	56			56		0	
"	Veterans Memorial	Ellenville	NPA	Gen.	17	17				8	
Westchester	Bikur Cholim	Mt. Vernon	NPA	Conv.	78	78				0	
"	Blythedale Home	Valhalla	NPA	Conv.	60	60				0	
"	Burke Foundation Convalescent Home	White Plains	NPA	Conv.	197	197				0	
"	Crichton House	Harmon-on-Hudson	Prop.	N & M	24				24	0	
"	Croton Manor	Croton-on-Hudson	Prop.	N & M	94				94	0	
"	Dobbs Ferry	Dobbs Ferry	NPA	Gen.	46	46				10	
"	Elizabeth Milbank Anderson Home	Chappaqua	NPA	Conv.	104	104				0	
"	Four Winds	Katonah	NPA	N & M	37				37	0	
"	Grasslands	Valhalla	Co.	Gen.	800	456		275	69	15	
"	Gray Oaks	Yonkers	City	Tbc	45			45		0	
"	Greenmount-on-Hudson	Ossining	Prop.	N & M	19				19	0	
"	Halycon Rest	Rye	Ind.	N & M	52				52	0	
"	House of Rest at Sprain Ridge	Yonkers	NPA	Tbc	76			76		0	
"	Irvington House	Irvington	NPA	Conv.	100	100				0	
"	Lawrence	Bronxville	NPA	Gen.	104	104				0	Adding 95 beds.
"	Martha & Milbank Home	Valhalla	NPA	Conv.	83	83				20	
"	Mary Harkness Home (affiliated with Presbyterian)	Port Chester	NPA	Conv.	50	50				0	
"	Montefiore (Tuberculosis Unit)	Bedford Hills	NPA	Tbc	230			230		0	
"	Mount Vernon	Mt. Vernon	NPA	Gen.	199	199				40	
"	Neustadter Home (affiliated with Mount Sinai)	Yonkers	NPA	Conv.	56	56				0	Adding 30 beds.
"	New Rochelle	New Rochelle	NPA	Gen.	310	310				60	
"	New York (Psychiatric Division)	White Plains	NPA	N & M	301				301	0	
"	Northern Westchester	Mt. Kisco	NPA	Gen.	140	140				20	
"	Ossining	Ossining	NPA	Gen.	60	60				12	
"	Peekskill	Peekskill	NPA	Gen.	76	76				20	
"	Pelham Home for Children	Pelham	NPA	Conv.	20	20				0	
"	Pinewood	Katonah	Part.	N & M	86				86	0	
"	Rest for Convalescents	White Plains	NPA	Conv.	68	68				0	
"	Rosary Hill	Hawthorne	Ch.	Chronic	100		100			0	
"	St. Agnes	White Plains	Ch.	Gen.	134	134				45	
"	St. Eleanor's Home for Convalescents	Tuckahoe	Ch.	Conv.	24	24				0	
"	St. John's Home	Mamaroneck	Ch.	Conv.	28	28				0	
"	St. John's Riverside	Yonkers	NPA	Gen.	188	188				32	
"	St. Joseph's	Yonkers	Ch.	Gen.	218	198	20			24	
"	St. Vincent's Retreat	Harrison	Ch.	N & M	200				200	0	
"	Solomon & Betty Loeb Memorial Home for Convalescents	East View	NPA	Conv.	100	100				0	
"	Stony Lodge	Ossining	Prop.	N & M	32				32	0	
"	Tarrytown	Tarrytown	NPA	Gen.	57	57				13	
"	United	Port Chester	NPA	Gen.	182	182				32	
"	White Plains	White Plains	NPA	Gen.	188	188				30	
"	Yonkers General	Yonkers	NPA	Gen.	139	139				36	
"	Yonkers Professional	Yonkers	Corp.	Gen.	164	114	50			36	
LONG ISLAND REGION											
Nassau	Floral Park Sanitarium	Floral Park	Ind.	Gen.	24	24				16	
"	Freeport Sanitarium	Freeport	Corp.	Gen.	33	33				20	
"	House of St. Giles Convalescent Home and School	Garden City	Ch.	Conv.	60	60				0	
"	Long Beach	Long Beach	NPA	Gen.	60	60				6	
"	Manhasset Medical Center	Manhasset	Prop.	Gen.	60	60				0	
"	Meadowbrook	Hempstead	Co.	Gen.	258	258				24	
"	Mercy	Rockville Centre	Ch.	Gen.	136	136				60	
"	Nassau	Mineola	NPA	Gen.	224	224				52	
"	Nassau County Tuberculosis	Farmingdale	Co.	Tbc	357			357		0	
"	North Country Community	Glen Cove	NPA	Gen.	104	104				20	
"	Oceanside Gardens Sanitarium	Oceanside	Prop.	N & M	19				19	0	
"	Roslyn Park	Roslyn Heights	Prop.	Gen.	48	48				16	
"	St. Francis Sanatorium for Cardiac Children	Roslyn	Ch.	Chronic	157		157			0	Adding 50 beds.
"	South Nassau Communities	Rockville Centre	NPA	Gen.	116	116				40	
Suffolk	Brunswick General	Amityville	Corp.	Gen.	90	90				20	
"	Central Suffolk	Riverhead	NPA	Gen.							*New 59-bed, 24-bassinet hospital under construction.
"	Dr. Keller's	Westhampton	Prop.	Gen.	24	24				0	
"	Dr. King's	Bay Shore	Ind.	Gen.	40	40				NR	
"	Eastern Long Island	Greenport	NPA	Gen.	47	47				13	*Replacing 19, adding 15 beds. Replacing 13, adding 3 bassinets.

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Hospital Service Area (County)	HOSPITAL	City or Village ?	Ownership or Control ¹	Medical Type ²	BED CAPACITY, BY TYPE OF SERVICE ³					Bassinets	New Construction ⁴
					Total	General, Allied Special	Chronic	Tuber-culosis	Mental		
LONG ISLAND REGION — (continued)											
Suffolk	Huntington	Huntington	NPA	Gen.	85	85				22	
*	John T. Mather Memorial	Port Jefferson	NPA	Gen.	61	61				20	
*	Long Island Home	Amityville	Corp.	N & M	207				207	0	
*	Louden-Kniekerbocker Hall	Amityville	Ind.	N & M	175				175	0	
*	Nassau Suffolk General	Copiatague	Part.	Gen.	40	40				6	
*	St. Charles Hospital for Crippled Children	Port Jefferson	Ch.	Chronic	175		175			0	
*	Southampton	Southampton	NPA	Gen.	123	123				24	
*	Southside Hospital of Suffolk County	Bay Shore	NPA	Gen.	81	81				24	*Adding 30 beds.
*	Suffolk Sanatorium	Brookhaven	Co.	Tbc	156			156		0	
NEW YORK CITY											
Bronx	Beth Abraham Home for Incurables	Bronx	NPA	Chronic	318		318			0	
*	Bronx	"	NPA	Gen.	329	329				84	
*	Bronx Eye & Ear Infirmary	"	NPA	EENT	54	54				0	
*	Bronx Maternity and Woman's Hospital	"	NPA	Mat.	30	30				40	
*	Fitch Sanitarium, Inc.	"	Corp.	Gen.	72	72				28	
*	Fordham	"	City	Gen.	414	414				32	*Adding 32 premature bassinets.
*	Francis Shervier Home and Hospital (Hospital Division only)	"	Ch.	Chronic	190		190			0	
*	Hebrew Convalescent Home	"	NPA	Conv.	81	81				0	
*	Hebrew Home and Hospital for Chronic Sick Home and Hospital of the Daughters of Jacob (excl. acute unit)	"	NPA	Chronic	70		70			0	Adding 76 beds.
*	House of Calvary	"	NPA	Chronic	158		158			0	
*	House of the Holy Comforter	"	Ch.	Sk. & C.	146	146				0	
*	Hunt's Point	"	NPA	Chronic	91		91			0	
*	Lebanon	"	Corp.	Gen.	90	90				31	
*	Left-Central Maternity Hospital	"	NPA	Gen.	207	207				29	
*	Lincoln	"	Ind.	Mat.	39	39				39	
*	Lincoln	"	City	Gen.	391	391				66	*Adding 10 premature bassinets.
*	Montefiore	"	NPA	Chronic	632		544	88		0	
*	Morrisania	"	City	Gen.	466	466				45	
*	Mount Eden	"	Ind.	Gen.	39	39				17	
*	Parkchester General	"	Ind.	Gen.	137	137				36	
*	Prospect	"	Ind.	Gen.	39	39				0	
*	Royal	"	Corp.	Gen.	102	102				25	
*	St. Barnabas (formerly Home for Incurables)	"	Ch.	Chronic	371		371			0	
*	St. Francis	"	Ch.	Gen.	350	350				45	
*	St. Joseph's Hospital for Chest Diseases	"	Ch.	Tbc	300			300		0	
*	Seton Hospital	"	City	Tbc	526			526		0	
*	Union Hospital Association of Bronx	"	NPA	Gen.	104	104				12	
*	University Heights Sanitarium	"	Corp.	Gen.	65	65				0	
*	West Hill Sanitarium	"	Ind.	N & M	114				114	0	
*	Westchester Square	"	Corp.	Gen.	175	175				60	
Kings	Adelphi	Brooklyn	NPA	Gen.	160	160				50	
*	Bay Ridge	"	Corp.	Gen.	83	83				34	
*	Beth El	"	NPA	Gen.	232	232				100	Adding 100 beds.
*	Bethany Deaconess	"	Ch.	Gen.	90	90				22	
*	Bradford	"	Corp.	Gen.	66	66				0	
*	Brooklyn	"	NPA	Gen.	356	356				55	
*	Brooklyn Doctors	"	Corp.	EENT	92	92				44	
*	Brooklyn Eye & Ear	"	NPA	EENT	167	167				0	
*	Brooklyn Hebrew Home and Hospital for the Aged (Hospital Division only)	"	NPA	Chronic	444		444			0	
*	Brooklyn Thoracic	"	NPA	Tbc	125			125		0	
*	Brooklyn Women's	"	NPA	Mat. & Gyn	43	43				45	
*	Bushwick	"	NPA	Gen.	101	101				26	
*	Caledonian	"	NPA	Gen.	100	100				30	
*	Carson C. Peck	"	NPA	Gen.	107	107				39	
*	Coney Island	"	City	Gen.	270	270				30	
*	Crown Heights	"	Corp.	Gen.	144	144				31	
*	Cumberland	"	City	Gen.	284	284				34	
*	Evangelical Deaconess	"	Ch.	Gen.	88	88				36	
*	Greenpoint	"	City	Gen.	296	268	28			32	
*	Harbor	"	NPA	Gen.	75	75				0	
*	Hospital of the Holy Family	"	Ch.	Gen.	119	119				0	
*	House of St. Giles the Cripple	"	Ch.	Orth.	44	44				0	
*	Jewish Hospital of Brooklyn	"	NPA	Gen.	515	515				135	
*	Jewish Sanitarium & Hospital	"	NPA	Chronic	541		541			0	
*	Kings County	"	City	Gen.	2,509	1,952		172	385	90	Adding 570 Tbc beds. *Adding 60 premature bassinets.
*	Kingston Avenue	"	City	Isol.	415	139	72	204		0	
*	Kingsway	"	Ind.	Gen.	20	20				7	
*	Long Island College	"	NPA	Gen.	381	381				47	Adding 16 beds.
*	Lutheran	"	Ch.	Gen.	110	110				28	
*	Madison Park	"	Corp.	Gen.	163	163				37	
*	Maimonides — Beth Moses	"	NPA	Gen.	182	182				30	
*	Maimonides — Israel Zion	"	NPA	Gen.	332	332				120	*Adding 45 premature bassinets.

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					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
NEW YORK CITY — (continued)											
Kings	Methodist	Brooklyn	Ch.	Gen.	456	456				85	
"	Midwood	"	Corp.	Gen.	56	56				27	
"	Norwegian Lutheran Deaconesses' Home & Hospital	"	Ch.	Gen.	206	206				53	
"	Prospect Heights	"	NPA	Gen.	159	159				39	
"	St. Catherine's	"	Ch.	Gen.	287	287				57	
"	St. Charles Hospital & Orthopedic Clinic	"	Ch.	Orth & EENT	60	60				0	
"	St. John's Episcopal	"	Ch.	Gen.	232	232				32	
"	St. Mary's	"	Ch.	Gen.	237	237				77	
"	St. Peter's	"	Ch.	Gen.	183	183				30	
"	Samaritan Hospital of Brooklyn	"	Ch.	Gen.	85	85				27	
"	Shore Road	"	Corp.	Gen.	79	79				20	
"	The Swedish Hospital in Brooklyn	"	NPA	Gen.	88	88				20	
"	Unity	"	NPA	Gen.	226	226				57	
"	Victory Memorial	"	NPA	Gen.	52	52				23	
"	Wade	"	Ind.	Gen.	20	20				0	
"	Williamsburgh Maternity	"	Ind.	Mat.	52	52				52	
"	Wyckoff Heights	"	NPA	Gen.	169	169				23	*Adding 169 beds, 52 bassinets.
New York	Beekman-Downtown	New York	NPA	Gen.	100	100				0	
"	Bellevue	"	City	Gen.	3,074	1,941		503	630	58	*Adding 35 premature beds.
"	Beth David	"	NPA	Gen.	167	167				29	
"	Beth Israel	"	NPA	Gen.	450	450				80	
"	Charles B. Towns	"	Corp.	N & M	50				50	0	
"	City	"	City	Gen.	765	628	113	24		40	
"	Columbus	"	Ch.	Gen.	257	257				40	
"	Doctors	"	NPA	Gen.	272	272				70	
"	Endaursal	"	Corp.	EENT	33	33				0	
"	Flower Fifth Avenue	"	NPA	Gen.	399	399				82	
"	Francis Delafield	"	City	Cancer							New 306 bed plant under construction.
"	French	"	NPA	Gen.	251	251				62	
"	Goldwater Memorial	"	City	Chronic	1,500		1,500			0	
"	Gotham Sanitarium	"	Corp.	Gen.	101	101				25	
"	Gouverneur	"	City	Gen.	172	172				0	
"	Harlem Eye & Ear	"	NPA	EENT	38	38				0	
"	Harlem	"	City	Gen.	676	628		48		129	*Adding 30 premature bassinets.
"	Hospital For Joint Diseases	"	NPA	Gen.	280	280				0	
"	Hospital of the Rockefeller Institute for Medical Research	"	NPA	Gen.	50	50				0	
"	Hospital for Special Surgery	"	NPA	Orth.	235	235				0	
"	James Ewing	"	City	Cancer							New 300 bed plant under construction.
"	Jewish Memorial	"	NPA	Gen.	185	185				44	
"	Knickertbocker	"	NPA	Gen.	187	187				0	
"	Lenox Hill	"	NPA	Gen.	552	531		21		68	
"	LeRoy Sanitarium	"	Corp.	Gen.	51	51				20	
"	Lexington	"	Prop.	Gen.	79	79				25	
"	Lutheran Hospital of Manhattan	"	NPA	Gen.	120	120				30	
"	Manhattan Eye, Ear, Nose & Throat	"	NPA	EENT	210	210				0	
"	Manhattan General	"	Corp.	Gen.	400	250		150		50	
"	Medical Arts Center	"	Corp.	Gen.	141	141				0	
"	Memorial Hospital for Treatment of Cancer	"	NPA	Sk & C	262	262				0	
"	Metropolitan	"	City	Gen.	1,060	751		309		40	
"	Midtown	"	NPA	Gen.	61	61				0	
"	Misericordia	"	Ch.	Gen.	181	181				55	
"	Mother Cabrini Memorial	"	Ch.	Gen.	170	170				30	
"	Mount Morris Park	"	Corp.	Gen.	50	50				0	
"	Mozart Sinai	"	NPA	Gen.	837	815			22	0	Adding 104 bassinets. *Adding 40 premature bassinets.
"	New York City Cancer Institute	"	City	Sk & C	210	210				0	
"	New York Eye & Ear Infirmary	"	NPA	EENT	169	169				0	
"	New York	"	NPA	Gen.	1,201	1,065		26	110	121	
"	New York Infirmary	"	NPA	Gen.	124	124				40	
"	New York Polyclinic Medical School and Hospital	"	NPA	Gen.	374	374				37	
"	Park Avenue	"	Ind.	N & M	8				8	0	
"	Park East	"	Ind.	Gen.	119	119				30	
"	Park West	"	Ind.	Gen.	77	77				16	
"	Parkway	"	NPA	Gen.	71	71				10	
"	Presbyterian	"	NPA	Gen.	1,372	1,372				144	*Adding 20 bassinets.
"	Regent	"	Ind.	Gen.	22	22				0	
"	Roosevelt	"	NPA	Gen.	410	410				0	
"	St. Clare's	"	Ch.	Gen.	449	449				65	
"	St. Elizabeth's	"	Ch.	Gen.	175	175				33	
"	St. Luke's	"	NPA	Gen.	520	520				0	
"	St. Mary's Hospital for Children	"	Ch.	Conv.	77	77				0	
"	St. Rose's Free Home for Incurable Cancer	"	Ch.	Sk & C	89	89				0	
"	St. Vincent's	"	Ch.	Gen.	440	440				80	Adding 230 beds, 30 bassinets.

LIST OF HOSPITALS IN NEW YORK STATE, BY LOCATION, EXCLUSIVE OF FEDERAL FACILITIES, MARCH 1949
— (Continued)

Also See Alphabetical List and Roster of Federal Hospitals

Hospital Service Area (County)	HOSPITAL	City or Village ¹	Ownership or Control ²	Medical Type ³	BED CAPACITY, BY TYPE OF SERVICE ⁴					Bassinets	New Construction ⁵
					Total	General, Allied Special	Chronic	Tuber- culosis	Mental		
NEW YORK CITY — (concluded)											
New York	Sydenham	New York	City	Gen.	214	214				42	
"	University	"	NPA	Gen.	404	404				0	
"	Wadsworth	"	Corp.	Gen.	54	54				19	
"	Wickersham	"	Part.	Gen.	108	108				0	
"	Willard Parker	"	City	Isol.	433	313		120		3	
"	William Booth Memorial	"	Ch.	Gen.	47	47				24	
"	Woman's	"	NPA	Gen.	220	220				100	
Queens	Astoria Sanatorium	Long Island City	Ind.	Gen.	28	28				9	
"	Beach Haven Convalescent Home for Cardiac Children	Far Rockaway	NPA	Conv.	26	26				0	
"	Boulevard	Long Island City	Corp.	Gen.	125	125				36	
"	Brooklyn Jewish Home for Convalescents	Far Rockaway	NPA	Conv.	98	98				0	
"	Doctors Hospital of Queens	Jamaica	Corp.	Gen.	50	50				0	
"	Flushing	Flushing	NPA	Gen.	266	266				110	
"	Hillside	Bellerose	NPA	N & M	88				88	0	Adding 82 beds.
"	Horace Harding	Jackson Heights	Prop.	Gen.	154	154				44	
"	Hospital for Joint Diseases—Country Home	Far Rockaway	NPA	Conv.	60	60				0	
"	Irwin Sanitarium	St. Albans	Ind.	Gen.	10	10				10	
"	Jamaica	Jamaica	NPA	Gen.	185	185				40	*Adding 36 beds.
"	Kew Gardens General	Kew Gardens	Corp.	Gen.	166	166				58	
"	Mary Immaculate	Jamaica	Ch.	Gen.	283	283				60	
"	Memorial Hospital of Queens	Jamaica	Ind.	Gen.	75	75				9	Adding 25 beds.
"	Park	St. Albans	Corp.	Gen.	18	18				5	
"	Parsons	Flushing	Corp.	Gen.	60	60				20	
"	Physicians	Jackson Heights	Corp.	Gen.	135	135				44	
"	Queens General	Jamaica	City	Gen.	705	651	54			52	*Adding 24 premature bassinets.
"	Queens Village Sanitarium	Queens Village	Ind.	Gen.	12	12				0	
"	Richmond Hill	Richmond Hill	Part.	Gen.	16	16				0	
"	River Crest Sanitarium	Astoria	Corp.	N & M	115				115	0	
"	Rockaway Beach & Dispensary	Rockaway Beach	NPA	Gen.	100	100				16	
"	St. Anthony's	Woodhaven	Ch.	Tbc	375		375			0	
"	St. John's Long Island City	Long Island City	Ch.	Gen.	230	230				39	
"	St. Joseph's	Far Rockaway	Ch.	Gen.	126	126				36	
"	Terrace Heights	Hollis	Corp.	Gen.	37	37				0	
"	Triboro	Jamaica	City	Tbc	557		557			0	
Richmond	Richmond Borough	Castleton Corners	City	Isol.	36	36				0	
"	Richmond Memorial Hospital	Prince Bay	NPA	Gen.	107	107				12	
"	St. Vincent's Hospital of Borough of Richmond	West New Brighton	Ch.	Gen.	208	208				35	
"	Sea View	West New Brighton	City	Tbc	1,394		1,394			0	
"	Staten Island	Tompkinsville	NPA	Gen.	230	230				62	
"	Sunnyside	West New Brighton	Corp.	Gen.	24	24				7	

¹ Although located outside New York City, facility is sponsored by New York City organization. Admission is largely limited to New York City residents.

² Asterisk indicates those projects approved to receive federal assistance.

³ Ch.—Church. City—City. Corp.—Corporation. Co.—County. Ind.—Individual. NPA—Nonprofit Association. Part.—Partnership.

⁴ Prop.—Proprietary. State—State. Cancer—Cancer. Child—Children. Chronic—Chronic. Conv.—Convalescent. EENT—Eye, Ear, Nose & Throat. Gen.—General.

⁵ Isol.—Isolation. Mat.—Maternity. N & M—Nervous and Mental. Orth.—Orthopedic. Sk & C—Skin & Cancer. Tbc.—Tuberculosis.

⁶ Capacity is the number of beds which can be set up for in-patients, based upon space intended for such use, but excludes those in such areas as corridors, solaris, day rooms, emergency rooms, recovery rooms, etc. With some exceptions, data relating to general allied special and chronic hospitals have been secured from the various institutions, while those for tuberculosis and mental hospitals were submitted by the State Departments of Health and Mental Hygiene, respectively.

⁷ Includes all projects approved to receive federal grants-in-aid for construction and those for which contracts have been let, although not receiving federal aid.

⁸ Asterisk (*) indicates those projects approved to receive federal assistance.

⁹ Capacity of Strong Memorial Hospital (NPA) is 322 and of Rochester Municipal Hospital (City) 305.

¹⁰ Sponsored by New York City. Admission is largely limited to New York City residents.

¹¹ For New York City, the community (neighborhood) of location as popularly known is specified where applicable rather than the name of the city.

LIST OF FEDERAL HOSPITALS LOCATED IN NEW YORK STATE, MARCH 1949¹

Hospital Service Area (County)	HOSPITAL	City or Village ²	Ownership or Control ³	Medical Type ⁴	BED CAPACITY, BY TYPE OF SERVICE					Beds	New Construction
					Total	General, Allied Special	Chronic	Tuberculosis	Mental		
Albany	Veterans Administration	Albany	Vet.	Gen.	.....	.....	.....	.....	.....	.....	New 1,000-bed general hospital, including a 240-bed mental unit, under construction.
Brook	Veterans Administration	Kingsbridge, New York City	Vet.	Gen.	1,670	1,670	.....	.....	.....	0	.....
Dutchess	Veterans Administration	Castle Point	Vet.	Tbc	619	.....	.....	619	.....	0	.....
Erie	United States Marine ⁵	Buffalo	USPHS	Gen.	76	76	.....	.....	.....	0	.....
"	Veterans Administration	Buffalo	Vet.	Gen.	.....	.....	.....	.....	.....	.....	New 1,000-bed general hospital, including a 240-bed mental unit, under construction.
Franklin	Veterans Administration	Sunmount	Vet.	Tbc	564	.....	.....	564	.....	0	.....
Genesee	Veterans Administration	Batavia	Vet.	Gen.	294	294	.....	.....	.....	0	Construction to convert 294 general beds to 200 tuberculosis beds.
Kings	Fort Hamilton Station	Fort Hamilton, New York City	Army	Gen.	272	272	.....	.....	.....	0	.....
"	Veterans Administration	Fort Hamilton, New York City	Vet.	Gen.	.....	.....	.....	.....	.....	.....	New 1,000-bed general hospital including a 240-bed mental unit, under construction.
"	Veterans Administration ⁶	Sheepshead Bay, New York City	Vet.	Gen.	400	400	.....	.....	.....	0	.....
Nassau	Station	Mitchell Field, New York City	USAF	Gen.	250	250	.....	.....	.....	10	.....
New York	Station	Governors Island, New York City	Army	Gen.	350	350	.....	.....	.....	0	.....
"	United States Marine	Ellis Island, New York City	USPHS	Gen.	454	454	.....	.....	.....	0	.....
"	Veterans Administration	New York City	Vet.	Gen.	.....	.....	.....	.....	.....	.....	Construction of new 1,250-bed general hospital, including a 360-bed mental unit, pending.
Onondaga	Veterans Administration	Syracuse	Vet.	Gen.	.....	.....	.....	.....	.....	.....	Construction of new 500 or 1,000-bed general hospital pending.
Ontario	Veterans Administration	Canandaigua	Vet.	N & M	1,742	.....	.....	.....	1,742	0	.....
Orange	Station	Newburgh	USAF	Gen.	118	118	.....	.....	.....	6	.....
"	Station	West Point	Army	Gen.	253	253	.....	.....	.....	15	.....
Queens	Totten General	Fort Totten, New York City	Army	Gen.	100	100	.....	.....	.....	20	.....
"	United States Marine ⁷	Rockaway Beach, New York City	USPHS	Tbc	300	.....	.....	300	.....	0	.....
"	United States Naval	St. Albans, New York City	Navy	Gen.	1,500	1,500	.....	.....	.....	25	Adding 606 beds which may be expanded to 1,000 beds.
Richmond	United States Marine	Stapleton, New York City	USPHS	Gen.	1,033	1,033	.....	.....	.....	17	.....
"	Veterans Administration ⁸	Staten Island, New York City	Vet.	Gen.	1,500	850	.....	350	300	0	.....
Saratoga	Veterans Administration	Saratoga Springs	Vet.	Gen.	50	50	.....	.....	.....	0	.....
Steuben	Veterans Administration	Bath	Vet.	Gen.	466	466	.....	.....	.....	0	.....
Suffolk	Veterans Administration	Northport	Vet.	N & M	*2,714	.....	.....	.....	.....	0	.....
Westchester	Veterans Administration	Peekskill	Vet.	N & M	.....	.....	.....	.....	.....	.....	New 1,984-bed mental hospital under construction.

¹ Except for new facilities under or pending construction, all data are from *Journal of the American Medical Association*, American Medical Association, Vol. 140, No. 1 ("Hospital Number"), May 7, 1949.

² For New York City, the community (neighborhood) of location as popularly known has been specified, where applicable.

³ Army — United States Army. Navy — United States Navy. USAF — United States Air Force. USPHS — United States Public Health Service.

Vet. — Veterans Administration.

⁴ Gen. — General. N & M — Nervous and Mental. Tbc. — Tuberculosis.

⁵ Under consideration for closing June 1949.

⁶ Temporary hospital on loan from United States Public Health Service.

⁷ On lease from New York City.

⁸ On lease from the State of New York.

* In addition, hospital has 1,476 beds for domiciliary care.



