

general care do not even exist on minimum requirement levels. The map of the nine census areas shows the average number of community beds per thousand population in 1992, ranging from 2.57 in the Pacific zone (as compared to 4.5 under Hill-Burton), to 4.79 in the West North Central states (5.5 under Hill-Burton).

Within the states in each census area, there is also a wide disparity of availability of community hospitals.

During this same time, facilities and logistics for other health care services have also been cut back below levels needed for minimum national health security. There now exists an acute shortage of general practitioners for primary care. Nationwide administration of standard childhood vaccinations is no longer routine, as it used to be under Hill-Burton.

The cumulative result of this began asserting itself in the early 1980s, as increasing crowds of people began to show up at hospital emergency rooms.

The results of the build-down in health infrastructure are also evident in the growing spread of AIDS, and in the resurgence of tuberculosis and other diseases. Even if facilities and treatment patterns had been up to par, mutations and new outcrops of microbes would require new R&D breakthroughs for successful health care, because continued use of the same antibiotics has reached the outer limits of effectiveness—as shown, for example, by the hantavirus outbreak in the Southwest over the past year.

The most dramatic example, however, is the appearance of drug-resistant tuberculosis, which is now hitting the United States on an epidemiologically significant scale. As of 1991, according to a survey reported in the February 1994 *Journal of the American Medical Association*, the proportion of TB cases resistant to standard treatment drugs is now at the 13% level in New York, 6.6% in New Jersey, 4.9% in Florida, 4.3% in Hawaii, and significant levels in nine other states. In the United States overall, the proportion of drug-resistant TB cases was 3.5%.

Recommendations

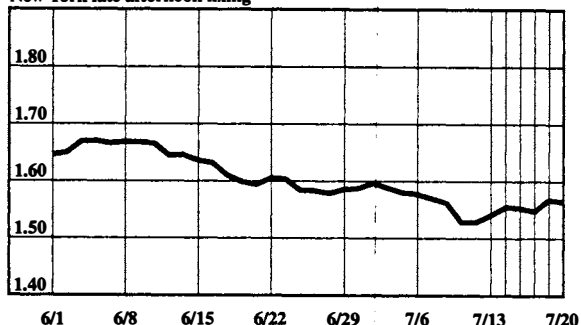
As the TB and AIDS prevalence shows, a return to the Hill-Burton method of setting standards for facilities, and then building them to those standards, is the only way to approach the task of restoring health to the nation. The graph of specialty hospital beds per 1,000 people should be made to swing upward over the remainder of the 1990s to reflect construction of special facilities for treating AIDS and TB cases. Specialists recommend that separate facilities must be built on a crash basis to handle this caseload—pending breakthroughs in treating the HIV virus—because it is medically undesirable to handle these diseases in proximity to general-care facilities.

The community general-care bed ratios should be improved overall, and region-by-region, in order to meet current standards of treatment for each age bracket, as the age pyramid profile dictates from place to place.

Currency Rates

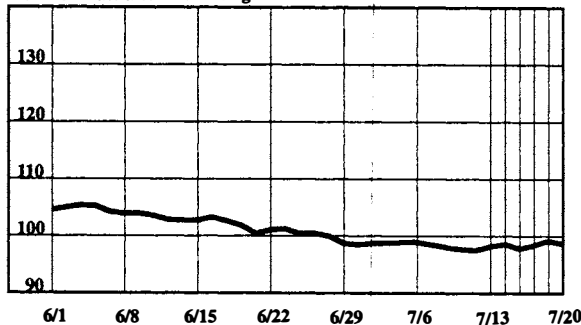
The dollar in deutschmarks

New York late afternoon fixing



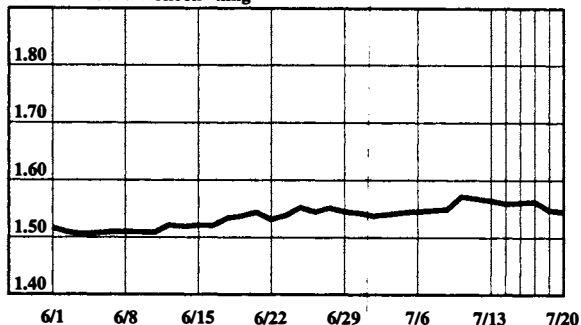
The dollar in yen

New York late afternoon fixing



The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing

