

This pressure, reinforced by the difficulty of introducing machinery and automation to replace personal services, will increase costs of hospital care by an estimated 5 percent annually for many years in the future.⁵¹

TABLE 10.—*Hospital personnel and payroll costs*

	Number ¹	Number ¹ per 100 patients	Hospital payroll per patient-day	Hospital expense per patient-day
All hospitals, total:				
1946.....	829,000	73	\$2.93	\$5.21
1948.....	938,000	76	3.60	6.35
1950.....	1,057,000	84	4.79	7.98
1952.....	1,118,000	84	5.63	9.14
1954.....	1,245,000	93	6.83	10.67
1956.....	1,374,000	101	7.98	12.16
1957.....	1,401,000	107	8.72	12.96
1958.....	1,465,000	111	9.63	14.74
Voluntary, short term general hospitals:				
1946.....	361,000	156	\$5.11	\$10.04
1948.....	427,000	173	7.57	14.06
1950.....	473,000	191	9.40	16.89
1952.....	485,000	184	11.22	19.55
1954.....	567,000	207	13.67	22.78
1956.....	638,000	213	15.23	24.99
1957.....	680,000	218	16.14	26.81
1958.....	720,000	224	17.71	29.24

¹ Full-time personnel plus full-time equivalents of part-time personnel. Excludes resident physicians, interns and students.

Source: "Hospitals: Guide Issue," J.A.H.A., Aug. 1, 1959, vol. 33, pt. 2, hospital statistics table 1.

Hospital construction

The Hill-Burton Federal aid program to stimulate construction of hospitals and other medical facilities was approved by Congress in 1946. Since that time, spending for hospital construction has ranged from about \$650 million to \$950 million a year. Hill-Burton funds helped to finance about 25 percent of all non-Federal construction of health facilities, particularly in rural Southern States previously having serious shortages of hospital facilities. (See table 11.)

Hospital construction, slowed by the depression of the 1930's and by World War II, has been tremendously expanded by the Hill-Burton program, which aided construction of 135,000 new hospital and nursing home beds plus 750 units for outpatient care such as public health centers, clinics, and diagnostic centers during the first 10 years of the program.⁵² It is worth noting that this program, relying on State plans, provides Federal aid without regard to the public or private nature of the ownership of the projects to be aided, but requires that the operation of facilities be nonprofit.

This is believed to be the first major example of Federal assistance to non-public groups, for public ends. Such action was found essential to a comprehensive program, because of the dual nature of the existing hospital system, which has evolved to a large degree under private auspices.⁵³

Such an approach is a frank recognition of the semipublic nature of privately owned medical facilities.

Some indication of future hospital construction needs can be found in the estimates of State agencies concerning specific projects to be

⁵¹ Ray E. Brown, "The Nature of Hospital Costs." Reprinted from Hospitals, J.A.H.A., Apr. 1, 1956, p. 1.

⁵² "The Nation's Health Facilities," p. 19.

⁵³ Ibid., p. 15.