

Library

ANNUAL REPORT

TO

COUNTY COMMISSIONERS

WALLA WALLA COUNTY
WELFARE DEPARTMENT

1943

Personnel
County Welfare Department
December 1943

Admission Director	Bernard G. Kirby
Acting Casework Supervisor	Lydia Lowthian
Chief Clerk	May Rider
Caseworkers	Marcel Angell
	Adeline Holman
	Violet Reid
	Lillian Buchanan
	Minerva Williams
Acting Children's Worker	Elizabeth McKelip
Receptionist	Pern Taylor
Clerk	Virginia Robb
Typists	Elaine McKelip
	Robert McKelip
	James

The County Commissioners

Howard Reser, Chairman
Elmer Markham
James Stonecipher

Farm Manager	Theodore Bachmann
Housekeeper	Edna Bachmann
Cooks	Ann Crawford
	Mrs. Withers
Kitchen Helper	Bessie Babcock
Attendance	Ernest Cartwright
	Lavonia Graham
	Martin Jones
	Kitty Langdon
	William Langford
	Edith Morris
	Abbie Smith
	Edna Smith
Laundry Worker	Carl Kinsman
Farm Helper	Paul Westcott

Personnel
County Welfare Department
December 1943

Administrator	Bernard C. Kirby
Acting Casework Supervisor	Myrtle Lowthian
Chief Clerk	Amy Rider
Caseworkers	Mabel Angell
	Adele McEwen
	Violet Reid
	Leila Sutherland
	Minerva Williams
Acting Children's Worker	Elizabeth McKellips
Receptionist	Fern Taylor
Clerk	Virginia Robb
Typists	Hilda McRae
	Ethel Nightingale
Caretaker	Frank Hanan

Personnel
Stone Creek Sanitarium
December 1943

Farm Manager	Theodore Bachmann
Housekeeper	Zella Bachmann
Cooks	Ann Crawford
	Mrs. Withers
Kitchen Helper	Bessie Babcock
Attendants	Ernest Carothers
	Lavenia Graham
	Martha Jones
	Kitty Langdon
	William Langford
	Edith Morris
	Addie Smith
Laundry Worker	Edna Smith
Farm Helpers	Carl Kludas
	Paul Maestretti

Personnel
Blue Mountain Sanatorium
December 1943

Medical Director	Dr. R. W. Smith
Superintendent	Miss A. M. Gillespie
Registered Nurses	Evelyn McMann
	Vivian Cooper (on leave)
Attendants	Iolyn Hug
	Mrs. Foos
	Elizabeth Moulthrop
	Virginia Moulthrop
	Bessie Workes
Clerk	Lila Croxdale
Cooks	Pearl Hollar
	Charlotte Rinaker
Dining Room Helper	Rosa Wright
Kitchen Helper	Donald Kuykendall
Caretaker	Walter Newvine
Assistant Caretaker	Paul Knowles
Engineer	Charles D. Beale

Other Personnel
Medical Program
December 1943

County Physician	Dr. Wallace A. Pratt
Waitsburg	Dr. E. J. Lewis
Prescott	Dr. E. E. Hardy
Consulting Ophthalmologist	Dr. J. T. Rooks
Clinic Nurse	Margaret Lemon

O.A.A. Medical-Dental Board

Dr. Arthur L. Ringle, Chairman	
Dr. C. R. Garrett	Dr. W. G. Hughes
Dr. Harlan P. Kahler	Mr. Bernard C. Kirby

The Old Age Assistance program continues to take a very large part of the time and money of the Welfare Department.

1943 ANNUAL REPORT

The second full year of war has carried to its culmination a trend in public assistance which has been evident for some time. Public assistance once meant relief for the unemployed in orders for groceries, wood, rent payments, or, rarely, cash.

With the disappearance of unemployment, public assistance has become a matter of protection from other hazards. It is security for the aged, for the blind, and for dependent children, and the original stigma has largely vanished. Furthermore, these hazards do not relate very directly to the business cycle and even at the present business peak when employable men do not receive assistance, the program has not fallen off perceptibly.

It is interesting to observe how the public mind has changed its thinking. Many persons who are quite prosperous no longer feel any obligation to care for their dependent parents or other relatives, and indeed would be indignant if because of their own admitted ability to support, the Welfare Department should refuse to make a grant of Old Age Assistance, for example, or of Aid to Dependent Children, or Aid to the Blind. In fact our vocabulary has changed and clients, relatives, public officials, newspapers and sometimes welfare workers call the benefits "pensions" --- Old Age Pensions, Mothers' Pensions or Blind Pensions. But unfortunately, general assistance is still referred to as being "on the county".

OLD AGE ASSISTANCE

The Old Age Assistance program continues to take a very large part of the time and money of the Welfare Department. It accounts for approximately five-sixths of all money spent by the Department, including medical care and institutions. This proportion may be expected to grow even larger as the aged become an ever larger part of the total population, assuming the continuation of present birth and mortality rates.

During the past year, however, prosperity has struck even the relatively stable old age assistance load, giving work opportunities to many of the more vigorous men. The upward trend in number of recipients was not only halted, but it even dipped down slightly, from 1072 Walla Walla County recipients in December 1942 to 1069 in December 1943.

The marked increase in living costs was recognized by legislative appropriation and by increases in the budget guide used to compute grants. Hence the average grant in Walla Walla increased during 1943 from \$33.52 per month to \$36.18. Each figure is slightly below the State average partly because of a number of small grants made to residents of the Odd Fellows Home to cover incidentals and clothing expenses only. Excluding these, the December 1943 average for the county was \$37.09 against the State average of \$37.40.

Suspension of OAA Grants

Senior citizens receiving grants have always been encouraged to accept employment suited to their health. To cut such persons' grants to the extent they earned their own living and needed less assistance has been interpreted as penalizing the employed. Whether or not this is a correct interpretation, such

action is mandatory under the Federal Social Security Act. The ever more acute labor shortage was responsible for a new policy designed to mitigate whatever hardships there might be in cancelling grants of the temporarily employed. Grants may now be suspended rather than canceled; they may later be reinstated if necessary more simply and rapidly. Furthermore, during the period of suspension, the grantee may remain eligible for medical and funeral benefits just as if he were receiving his full grant.

O.A.A. to Non-Residents

The State Department of Social Security during 1943 also moved to liberalize its policy with respect to residence. It is now possible for an aged recipient to move out of the State and continue, if in need, to draw old age assistance until eligibility with respect to residence is established in his new state of residence. This will usually be five years. American traditional freedom of movement is thus restored to the sixty thousand O.A.A. recipients of the state. There is no significant cost to the treasury, for interstate movement largely cancels out, except for a few states which are especially attractive climatically to the aged and infirm.

Old Age Medical Program

Medical care for the aged is an additional expense over their monthly grants. Each recipient may call his doctor when ill, like any other citizen, may be given surgical care if needed, or dentures, glasses or other appliances. The fees paid doctors and hospitals follow rather closely the schedule of the State Department of Labor and Industries and are in general quite adequate, especially when one considers the excellent credit standing of the patient!

Doctor's fees for the 1970 recipients averaged some fifteen hundred dollars a month; hospitalization approximately twenty-seven hundred; dentists services about two hundred; and appliances, drugs and other items five hundred. Hospitalization is much higher than the state average, although every effort has been made by cooperating doctors and the screening physician to keep it at a minimum. A number of recipients have been sent to out-of-town specialists for surgery not available here.

CHILDREN'S PROGRAMS

Services and financial assistance may be given to children in their own homes or in foster homes. The former is designated as Aid to Dependent Children, and is one of the three federally reimbursed programs, (along with O.A.A. and Blind Assistance). A family with children which is in need because of the absence, or incapacity of the wage earner will receive a maintenance grant, budgeted in the same manner as other kinds of assistance. An ordinary family, for example, made up of a mother and three small children, without income and paying rent, would probably receive about \$100 a month. The Federal Government would share in only \$42 of such a grant, however, under the Social Security Act, the State paying all the \$58 balance, and \$21 of the \$42.

The budget increase referred to in earlier pages raised A.D.C. grants much more than it did O.A.A. grants which were already fairly adequate. In this county, for example, the average amount per family member increased over the year from \$14.01 to \$21.65.

Families receiving A.D.C. are more likely than the aged to be affected by business conditions. Hence during the past year the number of persons in A.D.C. families in this county

decreased from 283 to 248. It is probable that the lower limit has been reached, and that no amount of prosperity will remove the various reasons for dependency of this remainder.

Child Welfare Services

There are many dependent children who can not live at home, who may be abandoned, whose parents may be institutionalized, or perhaps simply unable to give proper care and guidance to their children. Often they are brought to the attention of the Welfare Department by the juvenile probation officer, or they come directly. During December there were twenty two children in foster homes, under the careful supervision of a children's worker from the Welfare Department. For most of these the Department paid \$25.00 a month to the foster parents. This is not of course a wage for services but simply reimbursement for necessary expenses; the foster parents have given generously of love and affection, time and patience.

Foster homes are selected carefully and are licensed by the State Department of Social Security, upon reports made by the County Welfare Department. Some of them are also covered by the Places of Refuge Act, as are nursing homes for the aged, and must conform to minimum standards of health and fire protection.

The Children's Division of the State Department provides psychological services to the counties, through a traveling psychologist. This county, however, is fortunate to have available the services of Dr. Duane Bown, Professor of Psychology at Whitman College. During 1943 he performed 10 psychometric examinations, and also lectured to the staff on the principles of psychometric testing.

AID TO THE BLIND

At year's end there were seventeen persons receiving Aid to the Blind. Their grants are computed in the same manner as the other types of assistance, and the average was \$35.33. Ameliorative and remedial eye surgery and/or treatment is available to blind persons, at state expense, and during 1943 was actually given to one recipient. Four talking books are in use. These are specially constructed phonographs which play large records, of novels, opera, theater, educational courses, and so forth. Records and machines are supplied by the Federal Government without charge. Although one application for a Seeing Eye dog has been received, none is in use. Ordinarily only persons who are earning their own living or who have their own income can undertake the care and keep of one of these dogs.

The vending stand at the Walla Walla post office was set up under the sponsorship of the Walla Walla Lions Club. Despite shortages in goods to sell, the present blind proprietor is now beginning to earn enough money to care for himself completely.

GENERAL ASSISTANCE

The general home assistance caseload during the past decade has declined close to 90%, from over 800 families in the winters of the middle thirties to possibly one tenth that number during this current winter. No assistance is now given to employable men, and nearly all recipients are handicapped in one way or another. Many are wives, under 65, of recipients of O.A.A.

Corresponding dollar costs have diminished similarly over the decade; however, recent budget increases have this year more than compensated for the decrease in caseload, which was already near rock bottom.

In fact, 1943 was the first year when persons dependent on general assistance were not discriminated against in comparison with recipients under other programs. The amount of the discrimination may be estimated from these figures. In order to equalize treatment total home assistance to these persons was raised from \$24,515.60 in 1942 to \$29,669.28 in 1943, although the average caseload actually decreased slightly. It is not possible to compare average grants or amounts per person with the A.D.C. program because the average A.D.C. family is significantly larger.

G.A. Medical Care

In addition to cash grants for family maintenance general assistance includes the medical program for all public assistance recipients except Senior Citizens. Coverage is complete. Ambulatory patients may receive attention at the clinic operated by the Health Department. The County Physician will make home calls when necessary. Hospitalization, surgery, drugs, appliances and dental care are provided; infirm patients may be cared for either at the county infirmary or in private nursing homes.

There has been no major change in this medical program during 1943, beyond filling in a few holes of inadequate or incomplete care. It compares favorably with any in the state, except that for reasons of economy it does not include the O.A.A. principle of free choice of doctors. That may come in the future, as it has in other counties.

SELECTIVE SERVICE

At year's end there was initiated a new service of the Welfare Department for the local Selective Service Board. Under the new agreement, the name of each selectee is cleared with the Welfare Department. If no pertinent information is on file the clearance form is so marked.

If a record does contain verified information which bears upon the selectee's potential value to the armed forces, it is briefly entered. This information is forwarded to the examining officer at the induction center and is not accessible to the local Selective Service Board. The State of Washington is pioneering in this effort to help Uncle Sam choose his soldiers wisely.

SERVICES

The furnishing of services to its clients is a responsibility of the Department which is as important as the proper and economical administration of large sums of State and Federal money assistance. That is, the Department is a social agency as well as a governmental disbursing body and considers issuance of monthly grants and other financial assistance in the larger context of individual personalized services, that is, social work. In the performance of such services the staff calls upon all available resources, neighbors, local governments, state and local institutions, churches, the Health Department, the Red Cross, the Juvenile probation officer, etc.

The entire neighborhood, for example had worried for long about old Mr. Hume**, an eccentric, old gentleman who was both blind and crippled. He was extremely suspicious and kept strong locks on his doors to prevent friendly neighbors from helping him. Were a sudden illness to come he would have been helpless, and his blindness made the fire hazard very dangerous. His need for financial assistance was met by a monthly grant of old age assistance. Very gradually the worker from the Department won the confidence of Mr. Hume enough for him to consider her suggestion that he live at Stone Creek Sanitarium, often called the county infirmary or the county farm.

** Fictitious names are used throughout.

Members of the church to which Mr. Hume belonged were unusually helpful, having known him for many years, and also urged him to try the sanitarium. It was they who did finally move him to Stone Creek Sanitarium, where he is well cared for today. The house which was so unsatisfactory for his needs has been thoroughly cleaned and improved and is now the home of a new family in the community.

Mrs. Ranta would have been dependent upon public assistance for the remainder of her life had not a member of the Department staff worked with her understandingly. Her husband recently died, considered by the community to be a total failure. During all his 58 years neither he nor any member of his family had made any contribution to the general good; rather they were a constant drain upon the taxpayer and upon the community's good will. He was ridiculed as lazy and shiftless, although a medical examination found him frail in body and incapacitated by illness. His wife, untrained and unattractive, was likewise a liability. When Mr. Ranta was stricken with his final illness there were none to help him or his wife, for their children had grown away completely. The caseworker did locate the children, however, and in the face of a long existing indifference, awakened their interest in and responsibility for their newly widowed mother. They assumed the cost of burying Mr. Ranta and made their plans to assist their mother.

The family of Mr. and Mrs. Bell have made use of both a state and a county institution to good advantage. The family was dependent upon an A.D.C. grant because Mr. Bell was unable to work. Not only was he physically ill, but mentally ill also. For various and complex reasons he had withdrawn completely from both his family and society and was unable to resume his normal place no matter how he longed to.

After patient and understanding interviews with a worker from the Welfare Department he voluntarily undertook psychiatric treatment at one of the state mental hospitals. When he returned his caseworker was successful in arranging employment for him in an institution operated by a welfare department in another county. There he has become one of their most valuable employees, sends most of his paycheck home to his family, and visits them often.

The Welfare Department is often able to handle adoptions in such a way as to avoid later heartache and disappointment, in the lives of the child, natural parents and adoptive parents. Mrs. Reardon was receiving A.D.C. while her husband was imprisoned at the penitentiary. She became pregnant by another man. In her frantic desire to conceal the facts from her husband she began correspondence with a totally unknown family regarding giving the baby away to them. The prospective parents could know nothing of the kind of child they were proposing to bring into their home, whether it would be healthy and normal, of similar or clashing racial background, nor of its temperament. Nor could the mother have had more than the most cursory idea of the home to which she was committing her yet unborn child. And finally, none of the three parties could have the legal safeguards which were due them.

Mrs. Reardon was told about the child placing agencies of the State, licensed according to law, and acquainted with scores of potential adoptive parents; from these the ones most suitable to her baby could be chosen, after it was born and had lived a short time in the agency's receiving home.

For various and complex reasons he had withdrawn completely from both his family and society and was unable to resume his normal place no matter how he longed for it.

The Welfare Department respected Mrs. Reed's confidence, of course, and of her own choice and in her own time she decided to release her child at birth to one of the child placing agencies, for later adoption.

STONE CREEK SANITARIUM (County Infirmary)

The County Infirmary has cared for more patients during 1943 than any previous year in its history. The plan initiated in 1942 of offering care to old age assistance recipients has been continued, and there are usually about a dozen of that group among the patients. The county receives reimbursement for their care from the Old Age Medical Fund at the rate of \$2.25 per day. There have also been several private patients who pay for their care from their own resources, exactly as if they were in a private nursing home.

The increase in population has increased costs of course, although partly offset by increased income. However, cost per patient-day has increased decidedly; from \$176 in 1942 to \$2.24 in 1943. The increase is due to three factors: the generally higher cost of materials and wages; improvement in service; and necessary repairs and capital investment.

The initial salary of an attendant has increased from \$100 in 1937 to \$115 minimum and \$140 maximum in 1943; in each case subject to deductions for maintenance. In 1937 three attendants served 34 patients. Now six attendants serve 38 patients. One can appreciate the difference this makes to a bedridden patient, who requires 24-hour attention, seven days a week, must be bathed, turned over in bed, rubbed down, have his temperature and pulse taken, his tray brought to him.

This is still well below minimum standards established for infirmaries.

It is particularly unfortunate that it has been so far impossible to obtain a registered nurse who might serve as nurse supervisor. There is not and has not been a signal registered nurse on the staff which serves 35 to 40 sick patients. Under the circumstances the attendants have done remarkably well, and several of them have had many years of experience in practical nursing. The help of the nurse whom this department shares with the Health Department has been invaluable in advice and frequent consultation.

Shortage of labor and materials has prevented rewiring of buildings as directed by the Walla Walla Fire Department. Other fire prevention measures have been taken, however, particularly with respect to the water supply, and the fire hazard has been reduced to the lowest point in many years.

Nothing short of complete rebuilding can ever make the infirmary and farm buildings anything like satisfactory or adequate for their purposes. The separation of the four main buildings from each other makes it impossible to organize efficiently such varied duties as attendance on patients, preparation and distribution of food, dishwashing, or recreation. Few of the rooms are light and cheerful, ventilation and heating are often incompatible, and antiquated construction makes for antiquated standards of cleanliness. The isolation ward is so far from other buildings as to make economical operation impossible. In short, the infirmary, although a tremendous improvement over the old "poor farm" still needs as much improvement again before we can be proud of it. Postwar building plans for this community must by all means include the construction of a new infirmary.

Rather heavy expense for repairs and upkeep has been incurred during 1943. In addition to some \$1500 incurred at the end of 1942 for pump and well repairs, it became necessary to replace old piping with new at a cost of over \$2000, to install a zone control heating system together with other furnace repairs, at a cost of \$650 and to paint the exterior of all buildings at a cost of over \$800.

BLUE MOUNTAIN SANATORIUM

In accordance with 1943 Legislation, the Welfare Department surrendered its jurisdiction over the Tuberculosis Sanatorium on July 1, 1943 after the Commissioners had appointed the Health Officer as Administrator. Shortage of funds in the State Health Department made it necessary the following month to return the administrative responsibility to the Welfare Department for the remainder of 1943.

The most outstanding event of the Sanatorium's year was the installation of a modern powerful X-ray machine, to replace one out-of-date and much inferior. The present machine has a maximum capacity of 500 milli-amperes. "Snapshots" may now be taken of patients' chests, printing clear pictures, unblurred by tissue movements.

Blue Mountain Sanatorium buildings are relatively new and it has not been necessary to engage in any extensive repairs or upkeep. Early spring of 1943 saw the construction of a new fire escape and upper balcony to the nurses quarters. The fire escape was suggested by the city fire department who kindly inspected the buildings, and it was easy to enlarge the necessary platform to provide a little space for recreation, breeze and mountain view, away from the patients.

The following table shows the number of special treatments and processes given patients during the year:

3	Thoracoplastys
1	Phrenic
314	X-rays
198	Fluoroscopic Examinations
198	Pneumothorax
23	Pneumoperitoneum
301	Sputum Examinations
60	Chest Examinations
136	Urinalysis
8	Dental Examinations
3	Throat Examinations
49	Ultra violet ray treatment throat
68	Ultra violet ray treatment general
137	Clinic patients from Health Department

It is appropriate that Blue Mountain Sanatorium be administered by the Health Officer rather than the Welfare Department, for among other reasons, many of the patients are "private pay patients" at no expense to the county, and many others who pay little or nothing, are still not in need of public assistance. Tuberculosis treatment is coming to be considered a legitimate public expense, like schooling for the young or state hospitalization for the mentally ill. Hence patients are expected to pay as much as they can afford, but their families are not expected to sacrifice all their savings, educational plans or their standard of living for hospitalization. Happiness and freedom from worry are important therapeutic agents.

STAFF

Like every other business concern or public office, this department has had a great deal of difficulty keeping staffed. At any one time during the year there were generally from three to six vacancies. The gasoline shortage and lack of bus service has made it particularly hard to keep the two institutions staffed, for they are three miles from town. Also since October 1942 the office has been without a childrens worker, although the work has been carried on in part by the Casework Supervisor and in part by one of the caseworkers.

There have been too many changes of personnel at the institutions to record here. At the Welfare Office, however, there have been the following resignations and appointments:

Mrs. Helen Rea resigned as caseworker in order to be at home with her husband.

Mrs. Barbara Hughes Atherton resigned as Casework Supervisor to be with her husband who is in the armed forces.

Mr. F. R. Gillett resigned as caseworker to become Administrator of the Pacific County Welfare Department.

Mrs. Violet Reid appointed as caseworker.

Mrs. Adele McEwen appointed as caseworker.

Mrs. Margaret Lemon, whose services this Department shares with the Health Department, appointed as nurse.

During the winter and spring of 1943 a committee appointed by Governor Langlie labored to make uniform the salary schedules of all Departments of the State Government. The Department of Social Security and hence the local Welfare Departments, come under the new master compensation plan, and nearly all employees received a salary adjustment upwards.

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The December 1943 salary schedule for positions in the Walla Walla Department, including institutions, was as follows:

* Caretaker E	\$100 - \$120
Casework Supervisor A	190 - 220
Children's Worker B	160 - 190
Clerk C	140 - 160
Clerk Typist C	140 - 160
Clerk Typist D	120 - 140
County Administrator I	220 - 250
Visitor B	160 - 190
Visitor C (caseworker)	140 - 160
Attendant	115 - 140
Attendant (Tuberculosis)	120 - 150
Caretaker II	100 - 120
Cook II	125 - 150
Clerk-Stenographer C	120 - 140
Farm Manager	140 - 170
Farmer II	100 - 120
Head Nurse (Tuberculosis)	160 - 200
Institution Nurse Mgr.	180 - 225
Institution Worker	100 - 120
Laundry Worker	110 - 130
Registered Nurse (Tuberc.)	145 - 180
* Physician II	450 - 550

*Persons holding these positions are working only part time; salary given is for full time.

Departments of the State Government. The Department of Social Security and hence the local Welfare Departments. come under the new master compensation plan, and nearly all employees received a salary adjustment upwards.

PROSPECTS

There is considerable apprehension about the liberalization of public assistance. Initiative 141, setting up the present Old Age Assistance (Senior Citizens Grant) program was of course highly controversial, and was not supported by many persons within and without the welfare departments. However, as modified by the necessity to conform to federal matching regulations, O.A.A. is not so liberal or expensive but that most of its benefits have been gradually made available to persons receiving Aid to Dependent Children, Aid to the Blind, and, to a less extent, General Assistance. They may not continue if present efforts by certain groups to amend the law are successful, and O.A.A. is liberalized further.

This touches upon a fundamental issue, whether all persons in need of assistance should be treated alike, or whether a persons should by reason of his sixty-fifth birthday, be entitled to more liberal benefits, either earned or not, and with or without a means test. We can anticipate that as more employed family heads accumulate credits under the federal Old Age and Survivors' Insurance program and become eligible to earned benefits, there will be less need for Old Age Assistance. Unfortunately, Old Age and Survivors' Insurance does not cover large groups of farm workers, domestic servants, public employees, the self-employed, and employees of non-profit institutions. Until the Social Security Act is amended these and others must look to Old Age Assistance if need should arise.

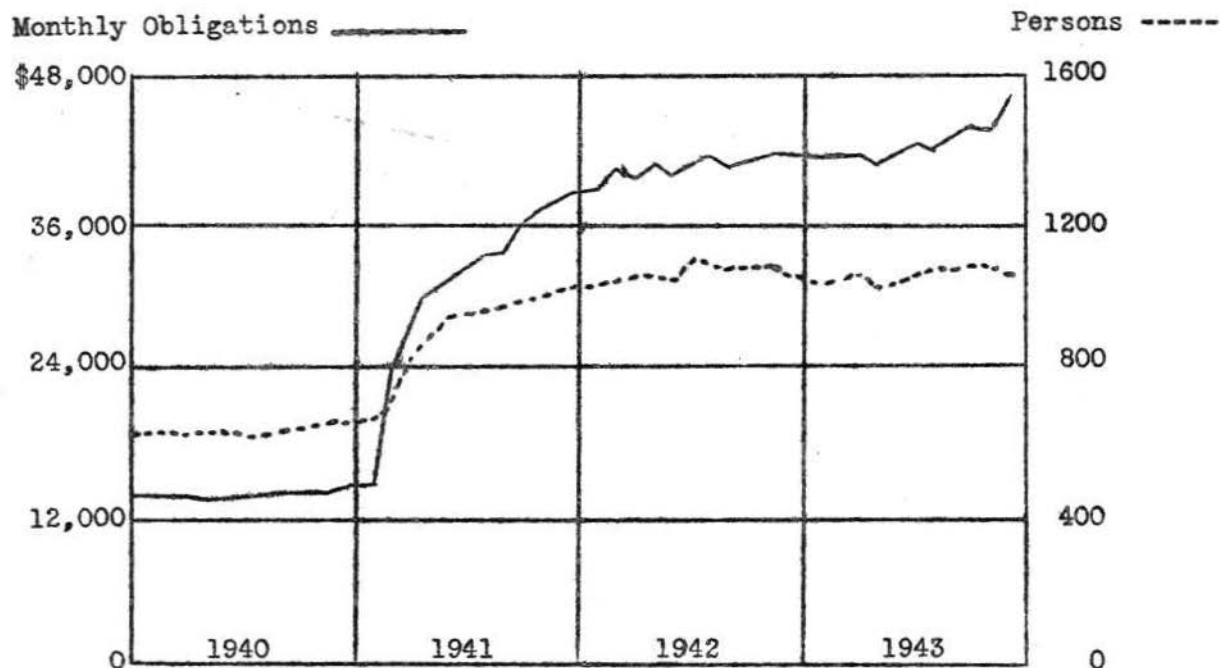
We must also hope that the Social Security Act will be amended to permit federal matching of all public assistance. At present for example, state and/or county treasuries pay for all medical care given to recipients; approximately 70% of A.D.C. costs are borne by the state, rather than 50%; and any increase in O.A.A. and Blind Assistance grants over \$40 would be borne entirely by the state. Finally, all General Assistance costs are borne by the county, with state aid if necessary, but with no federal sharing at all.

Always in our planning must be the need to prepare for post-war conditions. Will private industry be able to make good its hopes and promises to give work to millions of the demobilized, as well as to more millions of ex-war workers? If not, will we ever again allow mass unemployment, or will we have state guaranteed employment? Would such employment be subject to a means test like the late lamented W.P.A.? Will tax supported government move into the business of public medical care? What other better ways are there to connect patient and doctor? Will presently employed handicapped persons lose out in the heat of competition, and either the able-bodied or the new war-handicapped take their places?

No one knows the answers to these questions, but just as surely as they will arise, must we begin working on them now.

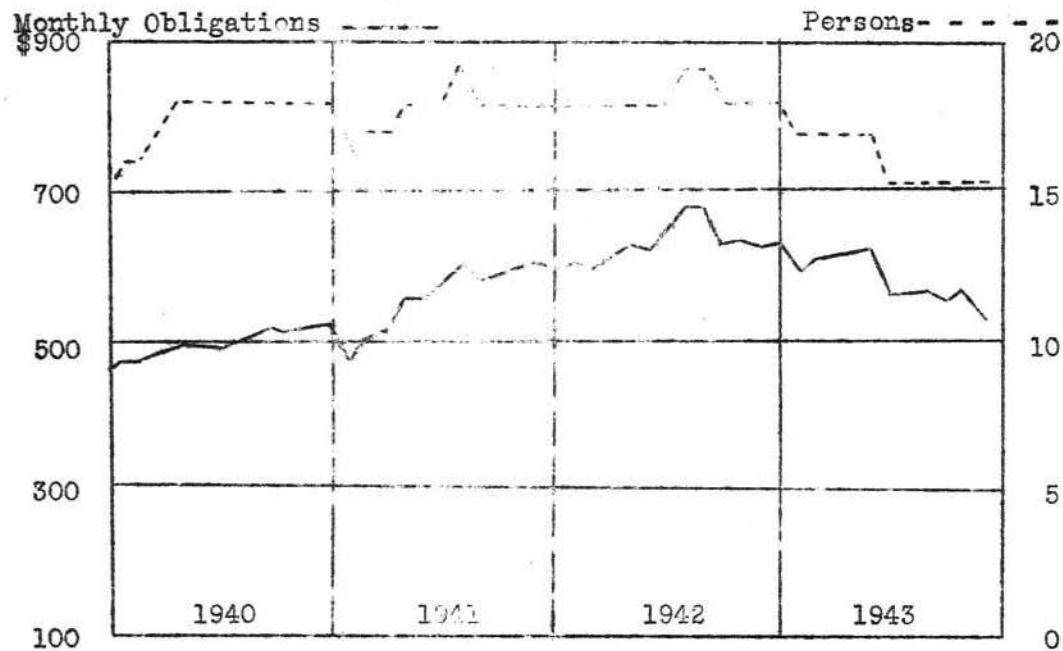
The Walla Walla County Welfare Department has its own tiny place in the big picture. Here and now is its present responsibility, to some eleven or twelve hundred families. Most pressing possibly are needs at the county infirmary. Here, if anywhere, are the county's forgotten men and women, often friendless, often without relatives, and many of them with pain for their only constant companion. The devotion of the infirmary staff and the generosity of the county commissioners with improvements have made the infirmary a pleasant home in many respects. But it is still absolutely essential that an experienced nurse supervisor be found; that out-moded, inconvenient and crowded buildings be replaced with new construction and that as soon as possible, a trained recreational and occupational therapist be procured, to be shared with neighboring Blue Mountain Tuberculosis Sanatorium.

Old Age Assistance

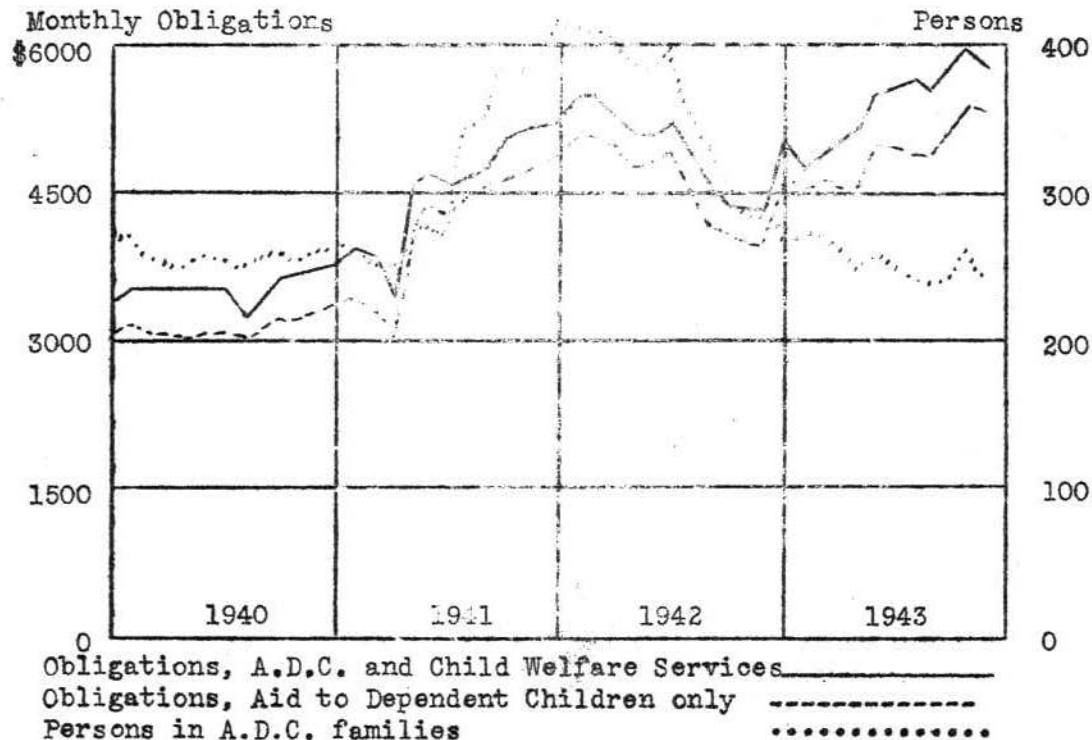


Including Old Age Medical Care and Old Age Funerals

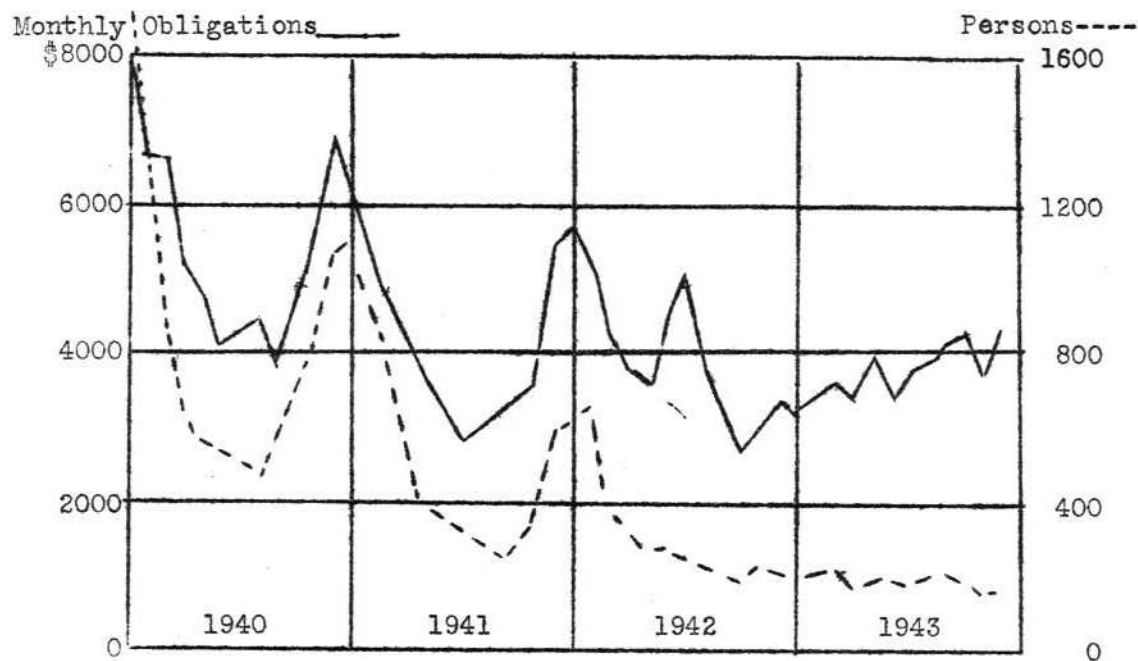
Aid to the Blind



Children's Program



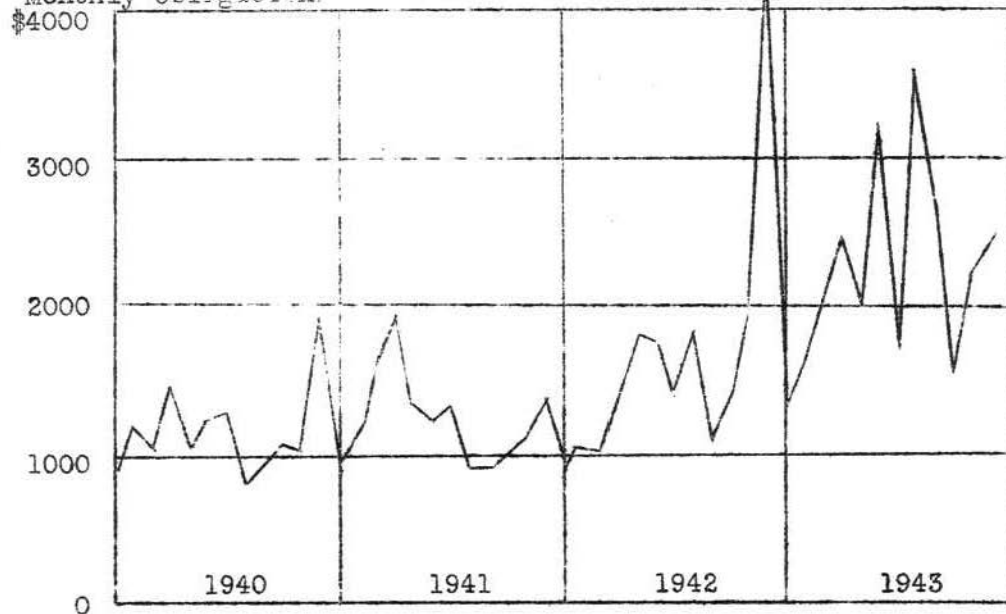
General Assistance*



*Including all medical care except Old Age Assistance.

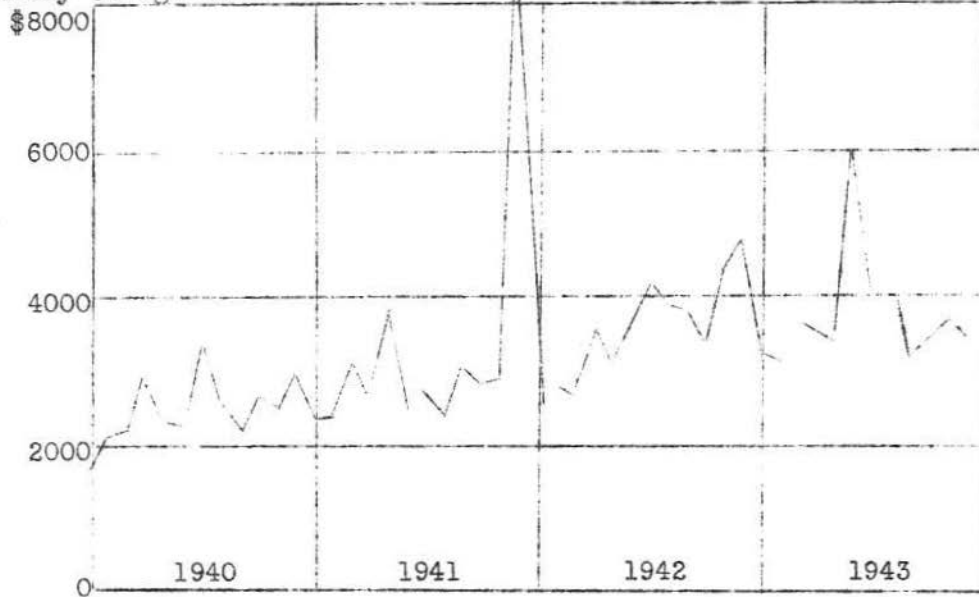
Stone Creek Sanitarium
County Infirmary and Farm

Monthly Obligations



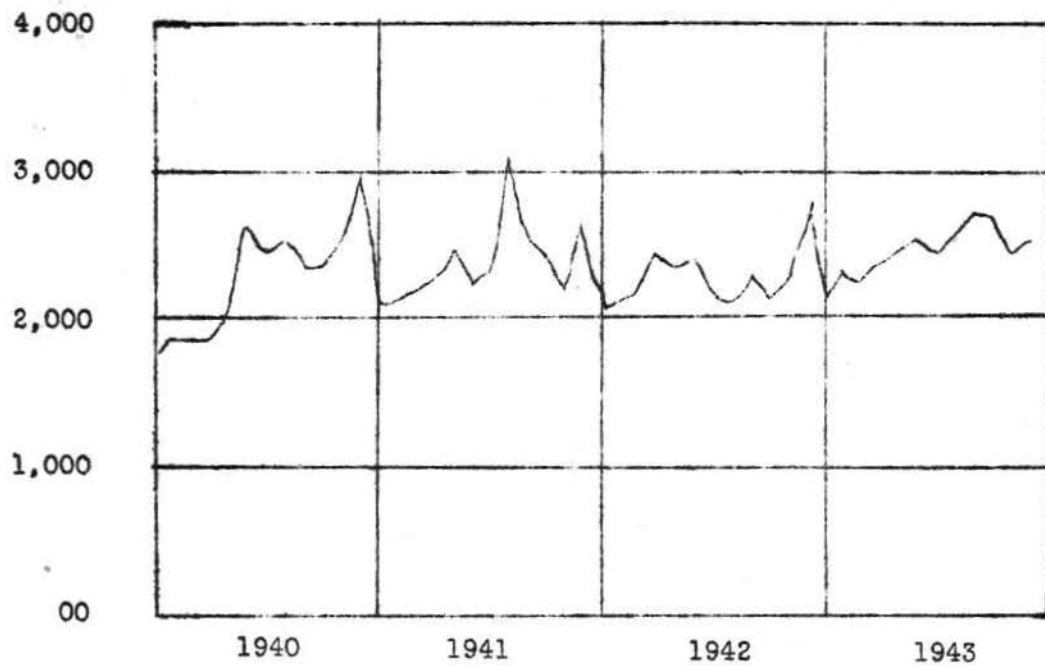
Blue Mountain Tuberculosis Sanatorium

Monthly Obligations



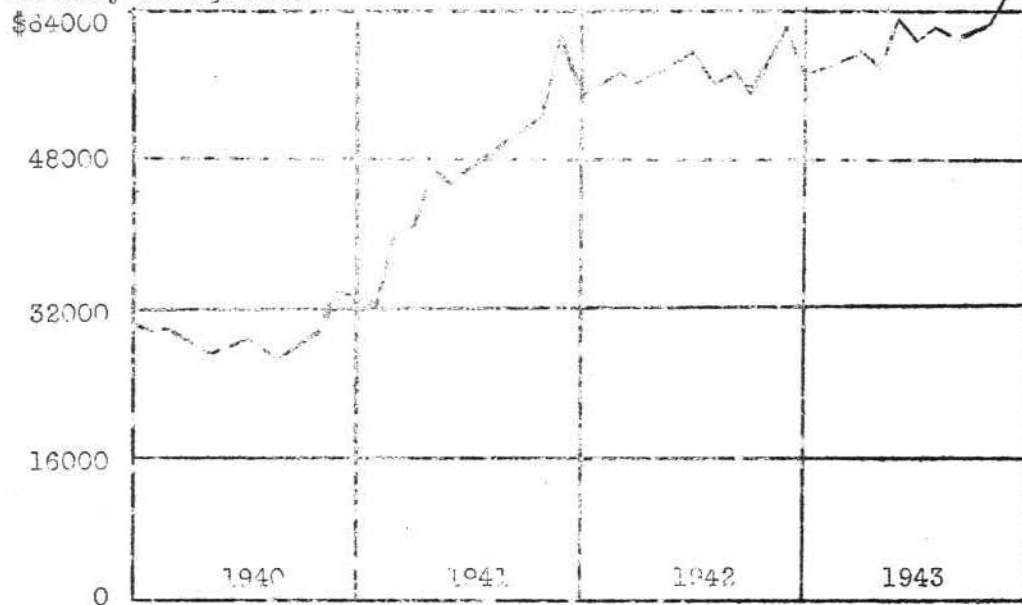
Expenditures for Administration
January 1940 - December 1943

Obligations

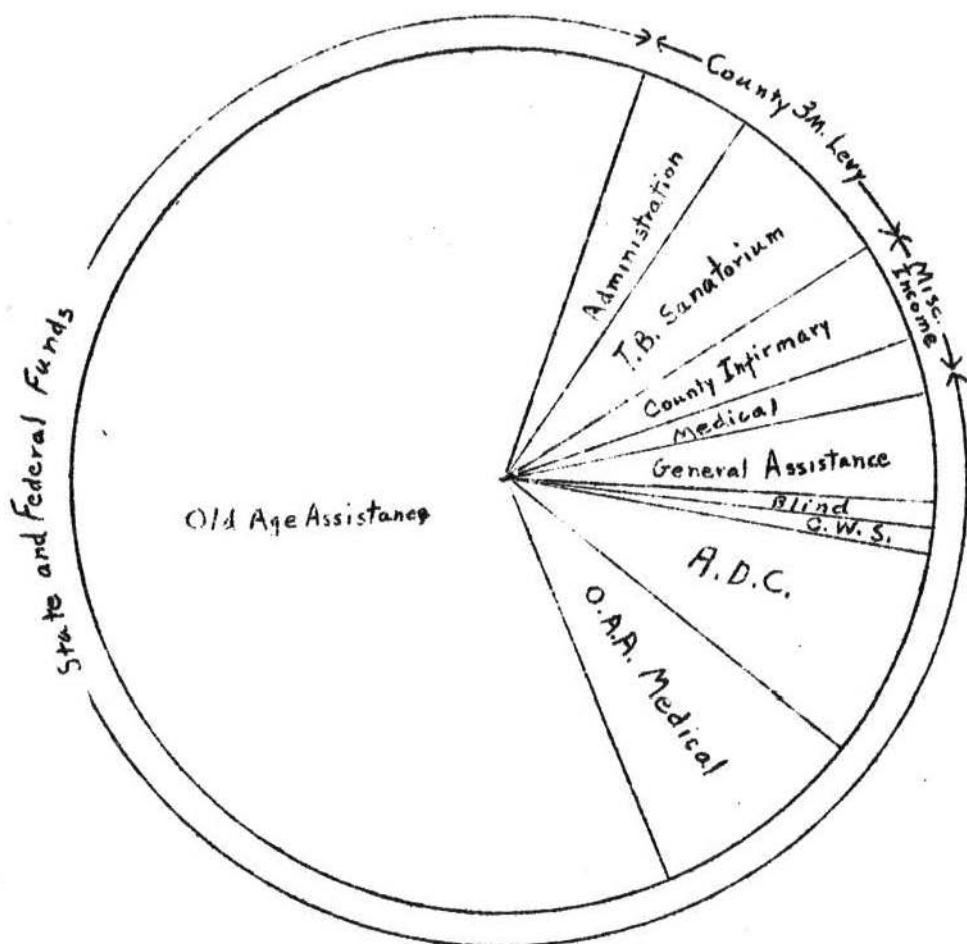


Total Obligations Walla Walla County Welfare Dept.

Monthly Obligations



Analysis of Expenditures
and
Source of Funds
1943



Old Age Assistance	\$448,886.00	61.70%
Old Age Medical	59,410.36	8.17
Aid to Dependent Children	58,940.00	8.11
Child Welfare Services	6,631.09	.91
Aid to the Blind	6,992.00	.96
General Assistance	29,699.28	4.08
Medical other than O.A.A.	15,208.46	2.09
County Infirmary	27,281.34	3.75
Blue Mountain Sanatorium	45,204.27	6.21
Administration	29,298.56	4.02
Total	\$727,521.76	100.00%

	Total All Programs	O.A.A. Incl. Medical & Funerals	A.D.C. & C.W.S.	Blind	General Assistance & Medical	County Infirmery	Blue Mt. Sanatorium	Administra- tion
1940 Total	347,316.90	164,633.75	42,430.66	5,888.00	65,354.62	13,773.25	30,473.89	24,762.73
1941 Total	542,612.67	350,737.46	53,707.90	6,660.00	48,736.17	14,997.07	39,319.24	28,454.83
1942								
January	55,202.42	38,009.64	5,289.41	600.00	5,719.95	917.13	2,568.77	2,097.52
February	55,754.99	38,621.78	5,406.62	603.00	5,048.13	1,080.66	2,878.27	2,116.53
March	57,260.88	41,185.95	5,423.85	598.00	4,126.54	1,050.64	2,693.38	2,182.52
April	56,454.11	39,401.82	5,279.83	612.00	3,693.96	1,355.41	3,638.97	2,472.12
May	57,314.88	40,779.21	5,160.20	624.00	3,541.22	1,766.70	3,113.70	2,329.85
June	58,089.03	39,903.23	5,157.48	622.00	4,495.25	1,750.00	3,752.96	2,408.11
July	59,174.33	40,427.65	5,267.13	646.00	5,073.12	1,366.41	4,208.85	2,185.12
August	56,962.97	39,757.68	4,912.49	672.00	3,701.85	1,830.29	3,976.94	2,111.72
September	57,020.79	41,034.80	4,671.29	672.00	3,347.72	1,117.60	3,869.80	2,307.60
October	55,255.03	40,548.41	4,492.07	626.00	2,673.57	1,397.16	3,401.63	2,116.19
November	58,067.46	41,346.36	4,423.25	631.00	2,967.38	2,011.90	4,479.06	2,208.51
December	62,253.99	41,915.37	4,403.61	626.00	3,347.83	4,413.49	4,783.03	2,764.66
1942 Total	688,810.88	482,931.90	59,887.23	7,532.00	47,736.57	20,057.39	43,365.34	27,300.45
1943								
January	56,906.22	41,276.17	5,118.11	629.00	3,171.98	1,317.65	3,233.15	2,160.16
February	57,212.62	41,123.97	4,994.57	595.00	3,397.47	1,630.93	3,194.68	2,276.00
March	57,978.18	40,559.67	5,095.16	605.00	3,546.70	2,206.92	3,713.19	2,251.54
April	59,340.88	41,879.65	5,140.60	605.00	3,386.49	2,492.92	3,543.52	2,292.70
May	58,227.83	40,418.91	5,242.85	613.00	3,973.52	2,092.06	3,407.92	2,479.57
June	62,760.43	41,447.92	5,576.18	620.00	3,330.78	3,240.87	6,031.60	2,513.08
July	60,592.58	42,557.43	5,557.43	561.00	3,725.74	1,716.53	4,069.62	2,404.97
August	62,215.88	41,917.10	5,627.15	561.00	3,863.72	3,636.18	4,059.62	2,551.11
September	61,666.69	42,822.70	5,513.87	561.00	4,157.97	2,661.21	3,221.61	2,728.33
October	61,876.47	43,635.33	5,744.53	552.00	4,235.84	1,596.41	3,419.23	2,693.13
November	62,427.49	43,776.54	6,063.24	560.00	3,641.32	2,212.95	3,745.66	2,427.78
December	66,316.49	46,880.97	5,897.54	530.00	4,446.21	2,477.11	3,564.47	2,520.19
1943 Total	727,521.76*	508,296.36	65,571.09	6,992.00	44,877.44	27,281.75	45,204.27	29,298.56

* This includes payments of \$8,816.95 from the Old Age Medical Fund to the County Treasurer for care given O.A.A. recipients at the County Infirmery. Without this duplication the grand total becomes \$718,704.81.