in cities the size of the District;[1] and more than half of these corporate gifts come from manufacturing corporations. The District, however, has only about 14 percent of the per capita potential of metropolitan areas of comparable population for receiving contributions from manufacturing corporations.

Another reason for the difficulty experienced by project sponsors in the District in securing funds to meet the non-Federal share of the cost of construction of hospitals and other medical facilities is that, although the average income in the District is among the highest in the country, a large proportion of those on the upper part of the income scale are temporary residents who do not feel an obligation to support capital improvement drives to the same extent that permanent residents here or elsewhere do, or indeed, to the extent that these same temporary Washington residents feel in relation to their "home" communities. This factor has made it difficult to raise money for these facilities in the amounts which might be expected if the average income alone were used as a guide.

Likewise, unique medical facility utilization and construction problems exist in the District because of the large number of patients from nearby Maryland and Virginia who occupy general hospital beds in the District. A survey conducted in 1958 showed that approximately 40 percent of the patients in District hospitals came from outside the District, primarily from the Maryland and Virginia counties in the metropolitan area.

A study of the residence of patients admitted to general hospitals in the District during the week of February 25–March 3, 1962, showed similar results: only 58 percent of those patients were District residents. If District of Columbia General and Freedman's Hospitals, which are operated locally by the District and Federal Governments, respectively, were excluded from this latter study, a significantly higher percentage of patients in all District of Columbia hospitals from outside the District would be found, ranging up to nearly 60 percent in the case of Georgetown University Hospital. The Hill-Burton, mental retardation and community mental health center construction legislative provisions do not recognize this factor in the allocation of funds. As compared with other States, a wider disparity exists in the District of Columbia between Federal funds available for health facilities construction and the need and demand for such funds.

NEED FOR LEGISLATION

Your committee believes that this legislation is not only a necessary substitute for the outdated Hospital Center Act but in addition, it includes legislative features which (1) take advantage of advances made in recent years in the planning, design, and construction of health facilities; and (2) provide an orderly mechanism for consideration of construction proposals by local, District of Columbia, and Federal officials who are skilled in the planning, design, and construction of hospitals and other health facilities, prior to consideration of such construction proposals by the Congress.

Presently in the District of Columbia, there is a total of 4,879 general hospital beds, with additional facilities for 200 more at George Washington University and Georgetown University Hospitals.

Statistics supplied to the committee by the Health Facilities Planning Council for Metropolitan Washington showed that the total hospital beds in the District of Columbia have an annual utilization rate of 84.7 percent. which means that on a given day of the year an average of 4,147 beds is being utilized and of these, at least 40 percent, or 1,659 beds, are being used by residents of nearby Maryland and Virginia, leaving 2,488 beds for use by District residents. Furthermore, the average length of stay for a patient in any one of these beds is 8.1 days.

Obviously, the Maryland and Virginia residents either prefer the medical facilities located in the District of Columbia or such facilities are not as readily available in their States of residence. Whatever the reason, the District's hospitals face a greater patient influx than would be the case if the District were not the unique geographic and governmental unit it is.

Presently, excessive occupancy of acute hospital beds within the District must continue until such time as sufficient nursing home beds become available. Estimates place this need in the Washington metropolitan area at 3,000 beds of which

[1] "Survey of Municipal Hospital Facilities," by J. B. Steinle (1957), indicating that industrial and commercial concerns account for 70 to 80 percent of all private donations to hospitals.