

indicate that there is, and will continue to be, need for additional health care facilities in the following areas: Public Health Community Centers; Diagnostic and Treatment Centers; Rehabilitation Facilities; facilities for the Mentally Retarded; and Community Mental Health Centers within the District of Columbia. Toward the satisfaction of this need, the Department of Public Health has, in the planning stage, a health care facility for the near Northwest Area of the District which will include all the facilities listed. This health care facility will be the prototype for similar facilities in other areas of the City.

The District is also at a disadvantage in the allocation of funds under the Hill-Harris Program because of the formula method used which distributes the funds according to the per capita income and population of a given State. The District of Columbia has one of the highest average per capita incomes in the U.S. but as such it does not reflect the large proportion of the population at or below accepted medically indigent income levels. Also, when classified as a "State" for the allocation of Hill-Harris Federal Funds, population-wise the District is one of the smallest "States" of the Union. Because of the absence of heavy industry in the area, philanthropic contributions are not commonly available to help finance the construction of needed health care facilities. Government, as the major source of employment in the District, must replace the absence of this philanthropic base.

At the present time, the District of Columbia is eligible for approximately \$1 million a year for hospital and medical facility construction as a result of existing Federal legislation. These bills being considered today would enable the District of Columbia to receive additional funds urgently needed for the construction of health care facilities. Our estimated needs for these purposes through June 30, 1971, are reflected in the attached chart. This document indicates that, over the next few years, more than \$90 million may well be needed for health care facility construction in the District of Columbia, and that, of this amount, only a little over \$2 million will be available through existing legislation. We are hopeful, Mr. Chairman, that the bill being considered here today will make available an additional \$40 million in Federal funds, still leaving approximately \$48 million to be secured through other sources.

In summary, Mr. Chairman, we recommend enactment of S. 1228 with the following amendments:

1. In Section 2, the figure of \$36,227,000 should be changed to \$40,434,000.

2. Section 2 should be further amended to provide that these funds shall be available for *construction* as well as for *modernization* of hospitals and other medical facilities.

(The following chart was submitted by Dr. Grant for the record:)