

Mr. SISK. Thank you, Dr. Grant.

Mr. Moyer, do you have a statement or any comments you wish to make?

Mr. MOYER. No. I would like to point out the District's position is stated in our most recent letter of May 31, 1968, which you have included in the hearing record.

Mr. SISK. Do you have a statement, Dr. Ferrer?

Dr. FERRER. No, sir, no statement.

Mr. SISK. To clarify your statement, Dr. Grant, the Senate bill as written actually authorizes a sum not to exceed \$36,227,000, while the House bill is an open-ended authorization, and what you propose is an amendment to raise the authorization by \$4.2 million, is that correct?

Dr. GRANT. Yes, sir.

Mr. SISK. I am not sure I followed the first part of your statement. What is your specific reason for such increase at this time?

Dr. GRANT. Basically, Mr. Sisk, the construction costs for hospitals and other medical facilities are continuing to rise. We have revamped our estimates of what we believe would be the construction costs, and we believe the figures that we have outlined in our statement are the best estimates we can make as to the construction costs of this program.

BEDS AVAILABLE

Mr. SISK. I notice you discuss at some length the relationship between bed occupancy in the District as compared to the national average, which would indicate it is somewhat higher in the District than the national average and would indicate some additional need for hospital beds in the District. Let me ask you whether or not you have figures indicating the number of hospital beds available for M & S—I am talking now about medical and surgical beds—the average number of such beds available per capita in the District of Columbia compared to the national average?

Dr. GRANT. I do not have that immediately available. We can supply that for the record. Our estimate of occupancy rate for those beds in the District would be higher than the national average, and part of this is related to the fact some 40 percent of the beds are occupied by residents outside the District of Columbia. While this is a situation that obtains in other metropolitan areas as well, I would say our average occupancy in the District of Columbia in the medical and surgical beds is higher than the national average.

Mr. SISK. What I was trying to determine, for example, as I understand when applications by States are pending for funds under the provisions of the Hill-Burton Act—or now the Hill-Harris Act—they first go into an area and make an examination of a variety of things, as, specifically, the number of beds compared to per capita population in that area. As I understand, your statement is that use of District of Columbia hospital beds is being made by residents of Maryland and Virginia. So apparently in these two States, particularly in the suburban areas, there is a substantial need for additional hospitals to take care of the residents of those States?

Dr. GRANT. We believe that is true. Those States are attempting gradually to build up hospital beds but we think this is a great need.