assist them in the construction of a new hospital. Obviously they would have to find funds from other sources to match the funds available under this bill.

AVAILABLE FUNDS

Mr. SISK. One final question: What is the total sum, or approximate sum, that will be made available to the District under existing law for medical and hospital needs from the Federal Government?

Dr. GRANT. We receive approximately $1 million a year at the present time from all sources from existing Federal legislation. Through June 30, 1971, we will have a little over $2 million available to us from all these sources for new construction.

Mr. SISK. Thank you.

The gentleman from New Mexico.

Mr. WALKER. Thank you, Mr. Chairman.

I have a couple of questions. In S. 1228, on page 1, line 7, I would assume the reason we have the date June 30, 1968, is that was fixed as the date when this legislation was started in the last session. I would think now you would change that to 1969.

Mr. SISK. Yes. That is a technical change we would want to make.

Mr. WALKER. I am not questioning the bill. It is a technical point.

Also, Dr. Grant, I notice you have left out of your list of hospitals with construction needs, the D.C. General Hospital, yet you have included the Glenn Dale Hospital in the program. For the record I wonder if you will point out why Glenn Dale is included and not D.C. General?

Dr. GRANT. This is primarily because we have recently completed a rather large construction and expansion program at D.C. General Hospital, and while it is true we have in mind certain additional construction activities at D.C. General Hospital, I would doubt these would be consummated before June of 1971, which is the date we are discussing. I would assume it would be after that date that we would be making further construction at D.C. General.

NON-RESIDENT PATIENTS

Mr. WALKER. You presented figures showing the number of patients from the suburbs treated in the District of Columbia hospitals. Will you clarify why so many people from the suburbs use the District of Columbia hospitals rather than their own hospitals? Aren't there hospitals in the suburbs?

Dr. GRANT. There are some hospitals in the suburbs, but this relates to a general question applicable to all metropolitan areas. There is a tendency for patients residing in the suburbs to have doctors in the cities, and the doctors are connected with City hospitals and for that reason the patients are placed in one of the City hospitals. In addition to that, there are not enough hospital beds in the suburbs at the present time to accommodate these patients, and until such time as this situation is modified, there would be no alternative than for them to continue to use hospital facilities in the District of Columbia.

Mr. WALKER. The people coming in from the suburbs to use the District of Columbia hospitals contribute something?