Dr. GRANT. Yes, these are predominantly pay patients and they themselves are required to pay or pay through third parties.

Mr. WALKER. So it would not make any difference to them if they were using District of Columbia hospitals or suburban hospitals as far as these funds are concerned?

Dr. GRANT. I am not sure I understand your question, but what I think you are getting at is this: In terms of the development of hospital and medical care facilities, if we were to expand these facilities in the District of Columbia—and we believe this is logical at this time—it would be important for us to take into consideration that we will continue for an indefinite time in the future to serve residents of Maryland and Virginia, and the monies we are requesting therefor would go into the construction of these facilities in the District of Columbia.

Mr. WALKER. I am still a little curious. If the Federal Government furnished these funds to all States, I am curious as to why Maryland and Virginia wouldn't develop their own facilities to provide for their own needs?

Dr. GRANT. They have attempted to do so and are building hospitals and medical care facilities but the population has risen at such a rapid rate it has been impossible for Maryland and Virginia to keep up with this rise to meet the needs under the Hill-Harris Act.

Mr. WALKER. The population in the District of Columbia has risen too?

Dr. GRANT. The population of the District of Columbia has increased greatly. We are continuing to try to furnish hospital beds.

Mr. WALKER. I am not fighting the proposal. I am merely trying to clarify the matter.

Dr. GRANT. I understand.

Mr. SISK. Will the gentleman yield? You mentioned something about the number of Maryland residents using District of Columbia hospitals. Do you have a record of District of Columbia residents who may be using hospitals in Maryland and Virginia? I assume there are some.

Dr. GRANT. We do have some but it is very little. The move is in the opposite direction.

Mr. SISK. Thank you. The gentleman from Maryland, Mr. Gude.

Mr. GUDE. Thank you, Mr. Chairman.

Dr. Grant, with regard to the average length of stay in hospital isn't 8.1 days an excessively high figure?

Dr. GRANT. No, sir. I don't know what it is for the country as a whole but I believe it is about seven for the country as a whole, so we are a little high but not too much.

Mr. GUDE. Does the lack of aftercare homes contribute to this lengthy stay in hospitals?

Dr. GRANT. I think the lack or paucity of aftercare facilities does contribute to this situation.

PATIENT COSTS

Mr. GUDE. What is the cost of keeping a patient in an aftercare facility compared to a regular hospital?

Dr. GRANT. The cost of hospitalization in the acute general hospital in the District of Columbia varies from $38 to $83 a day, depend-