Mr. GUDE. My point was whether the fact that in some areas you have general hospitals which do not have facilities for intensive heart care, for example, which are to be found in nearly every hospital in the District—

Dr. GRANT. I really do not think that is the major factor involved. The major factor involved here, I think, is the effect of the Federal Civil Service salary structure upon the salaries of clerical staff, particularly, which tends to be higher in the Washington area than in other areas of the country. That is true of some of the lower G.S. staffs. Our salaries tend to be a little higher than in some other areas but we have to maintain these levels in order to maintain our competitive situation in the Washington area.

Mr. GUDE. Has your Department been able to evaluate the exact cost of a private patient as opposed to the cost of a patient who is on welfare? You have paying patients at D. C. General and then you have patients who are under public care?

Dr. GRANT. That is correct, but we make no distinction between these patients and therefore the per diem cost is identical for both.

Mr. GUDE. Have you ever attempted to evaluate whether the cost is greater in the case of a public patient as opposed to a private patient?

Dr. GRANT. I don't know how we can do that. As an example, we do not even know in most cases whether in fact the patient is a public patient or a private patient until after we have seen them, examined them, made the diagnosis and often treated them. We often do not know that until we have made our financial determination which in many cases is not made until substantially some time after the patient has been admitted, and in some cases even after the discharge. There is no essential difference in the way we handle these patients.

Mr. GUDE. It was my understanding from some of the work I have seen in Maryland that generally the cost of caring for a public patient is greater than that of a private patient.

Dr. GRANT. I think what you are saying is that if we use the well-known dictum that the lower you go down the social economic ladder the higher the prevalence of disease, if you use that, the point is well taken; namely, the tendency would be for the stay to be greater on the part of public patients than private patients for that reason. This point may well be a good one.

Mr. WALKER. I have no questions.

Mr. SISK. Dr. Grant, you have made an excellent witness this morning and we appreciate your statement.

At this time I believe we have witnesses from the Department of Health, Edcation, and Welfare.

Dr. Graning, I see you have a statement. You may read the statement or you may extemporize.

STATEMENT OF DR. HARALD M. GRANING, DIRECTOR OF DIVISION OF HOSPITAL AND MEDICAL FACILITIES, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ACCOMPANIED BY JOHN MOSCATO, SPECIAL ASSISTANT

Dr. GRANING. Thank you. By way of introduction I have responsibility for the construction of Hill-Burton facilities. I have with me Mr. John Moscato, Special Assistant to me.