

As the volunteer president of a Volunteer Board we lose each year one and a half million dollars taking care of charity and welfare patients for whom we either get no pay at all or inadequate pay because we operate under an 1870 charter which requires us to give service to anyone who comes to our door without regard to race, creed, color, or ability to pay.

We have seen this happen year in and year out. How do we do this? First we go to the community and we raise about \$700,000 a year in voluntary contributions. The rest of it comes from unearmarked bequests that people give us. If a bequest is earmarked for some purpose our trusteeship will not spend that on operating expenses, but we are somewhat in the same position here. We have been spending money that should be going into capital funds. These bequests we get should have gone either into an endowment or building fund and we have been taking care of our charity loads.

I would like to make one more comment. The idea of the Washington hospitals, all of them that are included, or virtually all of them included in this bill, work on what is known as the regional concept. It is the new concept in the delivery of medical care.

The regional concept adds something to medical care. It also takes into account a standard of excellence, a striving for excellence. I am not saying that all hospitals do not give good care but some hospitals do give specialized care. I think Children's veers toward the life and death type case. If anyone troubles to read my seven-minute statement he will see it is pretty much a tear-jerker, but it is not out of bounds.

In North Carolina you have two regional centers, one at Durham-Duke and one at Chapel Hill.

These centers got funds outside of the Hill-Burton structure. The people in Mr. Whitner's district do go to those centers when they need open heart surgery and they will continue to go there even after their new hospital, I daresay, is built with this \$10 million bond issue.

Washington is an unusual situation. Every metropolitan center in the country faces the problem of regionalization. Here we face it doubly because of the unique District of Columbia boundary. You can no more run economic quality health care facilities in the Washington metropolitan area without a regional concept than you could run the airports and the seaport of the New York area without the New York Port Authority compact. This is what we are here for.

Give me one minute more for the sick kids. We talk about \$40 million. If this bill were passed we get \$11 million in grants. If we were lucky enough to get the loan authority it would be \$22 million. If we sold our current property we would have five. 22 and 5 are 27. There is \$13 million shy. Here is a lay board of just interested citizens who are in effect willing to undertake to try to raise, in spite of all that we are told you cannot raise it in the District of Columbia, \$13 million. We hope to get it nationally because of this regional concept.

We will talk about treating patients, yes, from as far south as North Carolina. By taking a regional approach to the fund-raising we hope we will be able to raise the rest of the money necessary to do a job for the community of Washington.

Thank you, Mr. Chairman.

Mr. SISK. Thank you, Mr. Werble.