

**STATEMENT OF DR. F. G. BURKE, MEDICAL DIRECTOR, HOSPITAL
FOR SICK CHILDREN (FORMERLY CHILDREN'S CONVALESCENT
HOSPITAL)**

DR. BURKE. Mr. Chairman, I am Dr. Frederic Gerard Burke, Medical Director of the Hospital for Sick Children, formerly the Children's Convalescent Hospital in Washington, D.C. I appreciate the privilege of appearing before this committee to support your favorable consideration of the proposed legislation (HR 6526) to provide supplemental aid for modernization of hospitals in the District of Columbia. We are particularly in support of those parts of the proposed legislation that identify the needs for extended hospital care facilities.

The Hospital for Sick Children, formerly the Children's Convalescent Hospital in Washington, D.C., is the only intermediate stay pediatric facility providing multidisciplinary hospital care for children suffering from a variety of illnesses in the Washington Metropolitan area. The patients admitted to this thirty to ninety day, with extensions, hospital are largely referred from the several acute short stay hospitals in the area.

The medical needs and programs for children afflicted with long-term sicknesses are considerably different from those provided in acute short stay hospital units and are the basic therapeutic thrust of our hospital staff. These deal with the important psychologic and socio-behavioral needs besides the medical and surgical ones.

The Hospital for Sick Children is now in its 85th year of operation and recently changed its name from the Children's Convalescent Hospital in order to comply with the semantics suggested by the Blue Cross Association in order to obtain a hospital contract with that prepay organization. The word "convalescence" has become associated with nursing homes in current times and ours is a licensed intermediate stay and rehabilitation hospital.

Under the Hill-Burton program we are just completing an eighty bed addition to the hospital which will help us meet the extended hospital care needs of this community's small children. Because of shortage of Hill-Burton funds when this building program finally got underway, the modernization and renovations of the older structures and other sharp curtailments of our building plans had to occur.

Specifically, the lack of sufficient funds to modernize and replace the old and decrepit beds and facilities resulted in elimination of beds for thirty to forty adolescent children. In addition, the proposed ambulatory and rehabilitation facilities for outpatients suffering from chronic illness was eliminated. It is estimated that approximately three million dollars will be required to modernize the existing hospital to accomplish this building program.

In addition to meeting the specific medical needs of these sick children, with chronic heart, lung, bone and neurologic diseases to name a few, the reduced medical costs and opportunities for training of medical and paramedical personnel must be stressed in a pediatric extended care facility. The costs are generally one-third those of acute short-stay hospitals, a not inconsiderable savings. Pre and post doctoral training programs are conducted for physicians, and nursery, and other hospital aids are trained to help meet the medical manpower