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DISTRICT OF COLUMBIA APPROPRIATIONS FOR 1964

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HEARINGS

BEFORE THE

SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS UNITED STATES SENATE

EIGHTY-EIGHTH CONGRESS

FIRST SESSION

ON

H.R. 7431

MAKING APPROPRIATIONS FOR THE GOVERNMENT OF THE DISTRICT OF COLUMBIA AND OTHER ACTIVITIES CHARGEABLE IN WHOLE OR IN PART AGAINST THE REVENUES OF SAID DISTRICT FOR THE FISCAL YEAR ENDING JUNE 30, 1964, AND FOR OTHER PURPOSES

VOL. III

Department of Corrections
Courts
Licenses and Inspections
Metropolitan Police
Highways and Traffic
Department of Motor Vehicles
Sanitary Engineering
Washington Aqueduct
Department of Public Health

Printed for the use of the Committee on Appropriations

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[1] Appointed Aug. 22, 1962.

DISTRICT OF COLUMBIA APPROPRIATIONS FOR 1964

SATURDAY, SEPTEMBER 28, 1963

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, D.C.

The subcommittee met, pursuant to recess, at 9 a.m. in room S–126, the Capitol Building, Hon. Robert C. Byrd of West Virginia (chairman of the subcommittee) presiding.

Present: Senator Byrd.

DISTRICT OF COLUMBIA

DEPARTMENT OF CORRECTIONS

STATEMENT OF DONALD CLEMMER, DIRECTOR, DEPARTMENT OF CORRECTIONS; ACCOMPANIED BY THOMAS SARD, ASSISTANT DIRECTOR; AND ROBERT W. COLEMAN, SR., BUSINESS ASSOCIATE

ESTIMATES, FISCAL YEAR 1964

Senator BYRD. The subcommittee will be in order.

The next item concerns the Department of Corrections.

The original estimate for 1964 was $8,366,500. The revised estimate is $8,551,600. The House allowance on the original estimate was $8,241,000. The supplemental estimate requested in Senate Document 32 is $310,600.

The justification filed in support of this item will be placed in the record.

(The justification referred to follows:)

JUSTIFICATIONS

CORRECTIONS

Allotment summary

1962 allotment (including transfer from "Personal services, wage-scale employees")		$7,607,000
1963 allotment (excludes supplemental amount of $107,957, Public Law 88–25)		7,849,500
Deduct nonrecurring items		−2,250
1963 adjusted (1964 base) original estimate		7,847,250
Original budget increases		+519,250
Total budget estimate, original submission to House		8,366,500
Reductions:		
Voluntary	$13,600	
House action	111,900	−125,500
House allowance on original estimate		8,241,000
Additional proposals: Senate Document No. 32		+310,600
Total 1964 estimate requested in Senate		8,551,600

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Executive direction	$64,550	$6,754	$71,304	----------	$71,304	$19,750	$91,054
2. Custody and care of prisoners	5,585,209	467,371	6,052,580	$25,500	6,027,080	261,680	6,288,760
3. Maintenance and operation of institutions	1,397,491	45,125	1,442,616	----------	1,442,616	29,170	1,471,786
4. Support of District prisoners in Federal institutions	800,000	----------	800,000	100,000	700,000	----------	700,000
(Total (general fund)	7,847,250	519,250	8,366,500	125,500	8,241,000	310,600	8,551,600

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for "Corrections," $310,600:

Activity 1. Executive direction, $19,750

Requested in this activity is one deputy assistant director. Major duties of the incumbent would be most importantly to supervise the training and treatment activities in five institutions and to give assistance to the top echelon in the handling of petitions to courts and other officials by inmates. Throughout the Nation in American prisons, a whole new trend has been experienced in which inmates flood the courts with petitions and writs, far in excess to what has been normal over recent decades until 1958 or so. In the Department of Corrections, District of Columbia, for example, over 1,900 legal documents were notarized during the past fiscal year. Whereas many of them are frivolous and some downright fraudulent, the courts have made it clear that no protest by any inmate is to be ignored. The scrutiny and control of these documents requires analysis by a top-ranking employee, and this constitutes one reason for requesting a deputy assistant director. Relatedly, with the court-promoted freedom-of-religion approach, Muslims, Moslems, and other religious sects are permitted to meet, have literature, and practice their religion in ways unheard of until recently. The deputy assistant director would also head up and manage these extra-curricular religious activities, which need constant attention. Also, relatedly, the deputy assistant director would give overall supervision not only to the total religious program in all institutions, but to other phases of the training and treatment and rehabilitation activities. This new assistant would report through the established assistant to the director, relieving these two officials of burdens they have not been able to handle during the "new freedom" inmates have grasped and the courts permitted.

The deputy assistant director, in order to handle necessary paperwork and also give broad management to training and treatment programs, would need the assistance of a full-time secretary, as indicated by the wide scope of the duties for the deputy assistant director noted herein.

A comparison of the 1963 level of operation for the parts of this program which relates to the 1964 increases follows:

	1963 (available)	Increases requested	1964 (total)
Director	1	----------	1
Assistant director	1	----------	1
Deputy assistant director	----------	1	1
Correctional program coordinator	1	----------	1
Secretaries	3	1	4
Total	6	2	8
Supplies and materials	$3,814	$550	$4,364

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-14 deputy assistant director	1	$12,845	$333	$938	$52	$150	$14,318
GS-5 secretary	1	4,576	59	392	5	400	5,432
Total additional proposals	2	17,421	392	1,330	57	550	19,750

Activity 2. Custody and care of prisoners, $261,680

A request is made for 15 new correctional officers. The need is based upon the fact that the ratio between inmates and employees of 29 to 1 during the daylight shift and 60 to 1 during the night shifts is not adequate. To adequately cover correctional officer posts as they should be would require 120 additional employees. Realizing the economic and recruitment problems which would be created by such a large increase, a more feasible request for 15 correctional officers is being made at this time.

Five of the officers would man one additional post at the jail division, every working hour each week. Actually, the jail needs 25 such employees to man 5 posts but, considering necessary economy and feasibility, only 5 are asked for. This additional employee per shift would serve as a patroling officer to reinforce existing employees on assignment in cell blocks and living facilities.

Ten correctional officers would assist in manning the weak spots in the three male reservation institutions. With 10 additional officers, 5 would work Monday through Friday, the daylight hours, and 5 would work Tuesday through Saturday, the evening shift hours, 4 to midnight. These men would not be assigned to one particular institution but would form a "pool" and be dispatched to the institution needing reinforcements more particularly on certain days. Thus, on visiting evenings at the Youth Center, or when special events occur at the reformatory, or for concentrated search purposes, or when tensions are felt in the inmate body, the Director or other top official as designated, would assign these "pool" men where needed. This unannounced and unexpected assignment of "pool" officers, in terms of the psychology of inmate troublemakers, would prove helpful, it is believed, in terms of deterrence of difficulties, control of contraband, and orderliness and safety in special activities.

In February 1963, the Civil Service Commission issued a new standard for correctional personnel (GS–007), the effect of which is to advance most of the correctional personnel one grade. The standards were issued in April and are now in effect, and we are obligated to classify our positions under them within a reasonable period of time.

Our plan is to implement the new standards as of October 1, 1963, therefore, funds will be needed for only three-fourths of the year.

The need for 1 year amounts to	$251,923
Less portion not needed for full year, fiscal year 1964	62,980
Total	188,943
Less amount to be absorbed through possible savings in implementing GS–007	13,943
Need for 9 months, fiscal year 1964	175,000

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-6 correctional officers	15	$75,525	$1,500	$6,135	$145	$3,375	$86,680
Implementation of new GS-007 position standards		161,400		13,600			175,000
Total additional proposals	15	236,925	1,500	19,735	145	3,375	261,680

Activity 3. Maintenance and operation of institutions, $29,170

The Comptroller General and the Internal Audit Office have recommended the strengthening of the internal control of inventories. At present we have one stock control clerk to handle the thousands of entries to the control cards and he is only able to provide partial control. One additional stock control clerk is required to adequately provide the necessary control.

A request is made for $23,810 to provide for a wage-board increase granted per diem employees in fiscal year 1963.

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-5 stock clerk	1	$4,576	$59	$392	$5	$328	$5,360
Wage board increase		23,810					23,810
Total additional proposals	1	28,386	59	392	5	328	29,170

Summary of capital outlay projects (fiscal year 1964)

1963 allocation in annual act $171,000
Original budget estimate for 1964 .....

Additional proposals—S. Doc. 32:

Project number	Priority	Project title	Amount
22-44	1	Addition of 1 250-horsepower boiler, Youth Center heating plant	$57,800
22-9	2	Industrial laundry, Reformatory Division	51,500
22-42	3	Fly ash collection system, Reformatory	19,300
22-47	4	Rehabilitation of electrical, heating, and plumbing systems, District of Columbia Jail	52,000
22-48	5	Sprinkler system, fireproofing, District of Columbia Jail	10,000
22-59	6	Industrial Furniture Repair Annex, Reformatory Division	31,000
22-57	7	Industrial Arts Building, Youth Center	30,000
22-20	8	Rehabilitation of abattoir	59,100
		Total, 1964 estimate requested in Senate (general fund)	310,700

Project title: Addition of one 250-horsepower boiler.
Location: Heating plant, Youth Center, Lorton, Va.

Scope of work: Install one 250-horsepower boiler at Youth Center heating plant.

	Estimated cost	Funds available to date	Requested in budget
Site			
Preliminary survey			
Plans and specifications	$3,800		$3,800
Construction	54,000		54,000
Furniture and equipment			
Total	57,800		57,800

Estimated increases in operating expenses

	1st year cost	Full year recurring cost
Maintenance and operating costs	$3,500	$3,500
Program costs		
Total	3,500	3,500

JUSTIFICATION

In the utilities design for the Youth Center, it was anticipated three 250-horsepower boilers would be required to heat its 15 buildings and 6 guard towers. In the initial phase of construction, only 10 buildings were built and only 2 of the 3 boilers provided for in the heating plant were installed. The present two boilers are not sufficient to meet an emergency breakdown in the heating plant. We have encountered much trouble in the efficiency of the boiler tubes in the two boilers now in use. When the last heating season was over, it was necessary to replace 66 new tubes in the boilers. If one of the boilers should become inoperative, it would mean the loss of 50 percent of the heating capacity. Dormitories and other structures would have to be shut down.

Project title: Industrial laundry.

Location: Reformatory Division, Lorton, Va.

Scope of work: Rebuilding burned laundry annex with Department of Corrections personnel and inmate labor.

	Estimated cost	Funds available to date	Requested in budget
Site			
Preliminary survey			
Plans and specifications	$3,500		$3,500
Construction	25,000		25,000
Furniture and equipment	23,000		23,000
Total	51,500		51,500

JUSTIFICATION

On October 26, 1961, the laundry annex of the Industrial Division was destroyed by fire. The destroyed facility contained approximately 3,600 square feet and housed a unit engaged in processing mops used by the Federal Government in its building maintenance work, grossing approximately $50,000 per year.

It is recommended that the laundry annex be rebuilt of brick, using existing foundations. There is still a lot of salvage value in this building—the foundations, side and end walls are good, and the utility lines to the old building are also in good shape.

Project title: Fly ash collection system.

Location: Reformatory Division, Lorton, Va.

Scope of work: Complete fly ash collection system and additional undergrating air distribution.

	Estimated cost	Funds available to date	Requested in budget
Site			
Preliminary survey			
Plans and specifications	$1,300		$1,300
Construction	18,000		18,000
Furniture and equipment			
Total	19,300		19,300

JUSTIFICATION

A fly ash collection system was partially completed from a 1961 supplemental appropriation. The Bureau of Mines conducted tests in November 1961 which indicated additional undergrating air distribution was needed.

Project title: Permanent improvements.

Location: Jail Division, Washington, D.C.

Scope of work: Rehabilitation of mechanical, electrical, heating, and plumbing systems.

	Estimated cost	Funds available to date	Requested in budget
Site			
Preliminary survey			
Plans and specifications	$21,000	$18,000	$3,000
Construction	337,000	288,000	49,000
Furniture and equipment			
Total	358,000	306,000	52,000

JUSTIFICATION

This is the final phase of a 5-year program, to restore the aging jail to a safe and code-complying condition. This program of rehabilitation follows a survey made of the jail in 1958, and is reported in a memorandum of the Director of the Department of Buildings and Grounds dated February 13, 1958 (file No. 32.1–132).

All items included in that report are now under contract except heating, ventilating, and plumbing in the cell blocks, theeast wing and the administration area. This work will be continued with the 1964 appropriation.

Project title: Sprinkler system, fireproofing.

Location: District of Columbia Jail, Washington, D.C.

Scope of work: To correct certain fire hazards at the District of Columbia Jail.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey	$10,000		$10,000	
Plans and specifications	[1] 11,000			[1] $11,000
Construction	150,000			[1] 150,000
Furniture and equipment				
Total	171,000		10,000	161,000

[1] Subject to refinement and change upon completion of preliminary study.

JUSTIFICATION

The Office of the Fire Marshal, District of Columbia, in June of 1962, together with representatives of the Department of Licenses and Inspections, surveyed the Jail Division, part of which was constructed during the Civil War days. Whereas the Fire Marshal has annually surveyed the jail and found minor fire hazards

which have been corrected, the twin survey of June 1962, in which retroactive use of a revised code was applied, has indicated that in almost 100 respects the Jail Division fails to meet the required standards.

Estimates include sprinkler systems, a large supply of cinder blocks, fire proof ceiling materials, renovation work on grilles and stairwells, a whole new array of fire extinguisher equipment and other related supplies.

Project title: Industrial Furniture Repair Annex.

Location: Reformatory Division, Lorton, Va.

Scope of work: Concrete slab floors, erection of building, utilities, electrical power service, sprinkler system, and necessary equipment.

	Estimated cost	Funds available to date	Requested in budget
Site			
Preliminary survey			
Plans and specifications			
Construction	$30,000		$30,000
Furniture and equipment	1,000		1,000
Total	31,000		31,000

JUSTIFICATION

In August of 1960, with the assistance and encouragement of the General Services Administration and with the approval of the Board of Commissioners, the Department opened a small furniture repair shop to provide furniture refinishing services to Government agencies. Present facilities for this activity consist of a shop building having an area of 6,000 square feet and a small annex of 2,400 square feet, which also includes a small upholstery shop. During the fiscal year 1962, production in this new industry averaged $6,100 per month. We are not able, because of limited facilities, to accept one-quarter of the business which the General Services Administration would like to send to us, and we are being urged to expand our present capacity so that they may more nearly meet the demand being made upon them for quality furniture refinishing.

We obtained a butler-type corrugated building having an original acquisition value of $35,000 from Fort Holabird, Md. This structure was obtained from surplus at no cost to the District government. The building is 50 feet wide by 200 feet long, and has an area of 10,000 square feet.

It is our desire to use 150 feet (7,500 square feet) of this surplus building for a furniture repair annex and the other 50 feet (2,500 square feet) as a storage room for furniture to be repaired and refinished.

The construction will consist of the butler-type building resting on a concrete slab, bricked on both ends and bricked on the inside up to approximately window height for wall protection.

Project title: Industrial Arts Building.

Location: Youth Center Division, Lorton, Va.

Scope of work: Construction of a facility of approximately 21,700 square feet to include two shop wings with portable partitions, three vocational training rooms, two offices, a record office, toilet facilities, and janitor closets.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$30,000		$30,000	
Construction	430,000			$430,000
Furniture and equipment	40,000			40,000
Total	500,000		30,000	470,000

JUSTIFICATION

The program as developed for the Youth Center includes, as a necessary segment thereof, an industrial facility wherein the young offenders who have been committed to this institution may engage in productive work somewhat under the same conditions as they will find in the free community upon their release.

There is already provided for this institution an occupational building. This building is an essential part of the vocational training of the inmates. However, the trades to be taught herein are mostly related to the building trades, such as carpentry, plumbing, sheet metal work, etc.

There is, however, this additional need for a facility wherein the inmates of this institution will be taught additional trade practices and wherein they will be actually engaged in producing commodities in a manner as to be acceptable for purchase by the District or Federal Government.

Under this program the inmates will devote one-half of their workday in the academic and vocational schools and the remaining one-half of their workday in productive work in this industrial facility. It is planned that at least four productive activities will be carried on; namely, shoe repairing, dry cleaning, printing, and upholstering. This facility will be operated as a component of the Industries Division and the products of their efforts will be offered for sale to Government agencies. While engaged in this work, in addition to learning the trade, the inmates will have the opportunity to earn a small income.

Project title: Rehabilitation of abattoir.

Location: Workhouse Division, Occoquan, Va.

Scope of work: To concrete and tile floors, new heating and electrical systems, additional refrigeration, plumbing, and strengthening of exterior walls. To provide additional space and some improved equipment.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$3,900		$3,900	
Construction	55,200		55,200	
Furniture and equipment	15,000			$15,000
Total	74,100		59,100	15,000

Estimated increases in operating expenses

	1st year cost	Full year recurring cost
Maintenance and operating costs	$1,000	$1,000
Program costs		
Total	1,000	1,000

JUSTIFICATION

As the Department moves toward protein farming, we see the need to improve the slaughterhouse where, as of now, 500,000 pounds of pork are slaughtered annually and 65,000 pounds of beef. This old structure, while it has served well, needs improvement for purposes of sanitation and needs improved refrigeration, strengthening of exterior walls, new flooring, and some improved equipment, as well as a false ceiling and improved heating and plumbing.

CONGRATULATORY COMMENT

Senator BYRD. Mr. Clemmer, I say good morning to you.

Mr. CLEMMER. Good morning, sir.

Senator BYRD. I note that you have been unanimously elected president of the American Corrections Association. And that took place at the annual convention at Portland, Oreg., in August.

Your term started in September.

Mr. CLEMMER. Yes, sir.

Senator BYRD. I note that the association is the largest and oldest of U.S. law enforcement organizations. It has some 5,000 members. It is in its 94th year, and it is made up of prison, probational, parole officials, as well as caseworkers, psychologists, physicians, and psychiatrists.

Mr. CLEMMER. Thank you, Mr. Chairman.

Senator BYRD. We certainly compliment you, and we wish you a successful and enjoyable, fruitful tenure in office.

Mr. CLEMMER. Thank you. I wish I were as expert as that implied.

Senator BYRD. I am sure this honor is highly deserved.

POSITIONS IN A BUDGET

Now, in the A budget, were there any additional positions? Did the House allow any additional positions?

Mr. CLEMMER. The House allowed, Mr. Chairman, five female correctional officers to man a new facility for half a year to cost $15,260. Those were the only personnel asked for in the A budget. They are before you now.

Senator BYRD. This addition is to be on a 6-month basis?

Mr. CLEMMER. Six-month basis, January to June.

Senator BYRD. What was the cost on a 6-month basis?

Mr. CLEMMER. $15,260.

Senator BYRD. $15,260?

Mr. CLEMMER. Yes, sir; which includes uniforms and benefits, and so on.

HOUSE ALLOWANCE

Senator BYRD. Did the House allow any additional money over last year for any other items?

Mr. CLEMMER. No, sir. They simply—the pay increases which are automatic, of course, and some annualizations which were mandatory, and some within-grade promotions were all that was allowed. In fact, indeed, we didn't ask for any more.

EXECUTIVE DIRECTION

Senator BYRD. Now, under "Executive direction" the request before the Senate is in the amount of $19,750. I note that you are requesting one deputy assistant director and one secretary.

Now, would you justify these two positions.

Mr. CLEMMER. Mr. Chairman, for many years I have felt, and I know it is shared by my colleagues and other people—that at the head of our Department we do not have enough top echelon strength.

I call your attention, I don't like to make a comparison at all, but the Chief of Police, with all respect, has 10 deputy chiefs of police. I have but one assistant director. The new director of health, I understand, is going to ask for six associate directors.

I simply feel that our executive workload is so demanding and becoming so increasingly demanding that I need some other top level help.

DUTIES OF DEPUTY ASSISTANT DIRECTOR

Now, the duties of this chap would be primarily three in number: One, he would head up and coordinate our training and treatment program, which is expanding all the time and which is certainly in the spirit of the community in terms of crime prevention and the correction of social problems.

Secondly, he would also handle what has come to be the massive business of legal petitions to the court by inmates, which is simply astounding in volume. Some old wardens, I used to know, would turn over in their graves if they knew that inmates were writing 1,900 petitions a year to the courts.

This is sort of the new freedom for prisoners, and, of course, they have constitutional rights. But it takes a lot of really top level scrunity to understand these hundreds of units.

The third job of this new chap would be project assignment as assigned by the assistant director and me.

Another thing, and relatedly, I am fairly close to retirement age, and my health isn't too good, especially lately, and there should be an understudy coming along. The cost out of our $8 million-plus budget is relatively small.

I have a particular employee in mind for the job, and, indeed, we have been grooming him for 7 or 8 years for this utilization.

The Commissioners have approved it, and, as you know, they are not known to be overly generous in spending money at this level. So I defend it rather strongly and hope very much you can approve it.

Senator BYRD. The Commissioners are between a rock and a hard place, as the old saying goes.

Mr. CLEMMER. I mention in here the problems that the new assistant would face; the Muslims and the Moslems, and the petitions to the courts, and so on.

BLACK MUSLIMS' SITUATION

Senator BYRD. Perhaps there you would like to comment a little on the situation involving the Muslims. We talked about this last year.

Mr. CLEMMER. The Muslims, Mr. Chairman, are a continuing problem, and we sort of live with it. I mean things that are annoysome, after a while you live with them. It just happens, and I wasn't trying to be prophetic, but when I saw you last year my closing words were something to the effect that trouble was brewing.

I had no idea, but the very next day we had our little riot at the Youth Center. And as far as riots go, it was fairly petty—no bloodshed. There was $7,000 damage, mostly to window glass. We controlled it without bloodshed, I am happy to say. But it was serious enough.

Now, the 50 Muslims that started it, we could handle them. But we had 250 inmates standing around whose sympathy we really could not gage.

Senator BYRD. Yes.

Mr. CLEMMER. And, consequently, we delayed a little bit and negotiated, and so on, which a few people took to be weakness, but which I contend wasn't weakness but was wisdom, because we settled the riot without bloodshed.

MEETINGS OF BLACK MUSLIMS

The Muslims do meet at the reformatory. They meet three times a week. We are still in court on them.

Now, Malcolm X, their No. 2 man, petitioned to come into our institution. I have refused him. That matter is also in court.

I have not let the Muslims meet at the Youth Center, even though a court order sort of implies they should meet. That too, is in court.

As I say, it is a problem we are living with. I have the impression, as I read the Negro press, that the Muslims' star is declining a little bit.

I hope very much it declines in our prisons.

So far we have control, and I see no immediate trouble ahead.

POSITIONS ADDED, 1963

Senator BYRD. I believe we added a number of positions last year as a result of the Muslim riots.

Mr. CLEMMER. Mr. Chairman, we got last year 10 new officers. I wouldn't say as a result of the riot, because you had approved—no, it was afterward. We put five of them where we needed them at the reservation and five at the jail.

Altogether last year we got 14 new positions: a vocational education teacher, a records clerk, an electrician, a mechanic, plus the 10 officers.

Senator BYRD. I believe the request was for 45.

Mr. CLEMMER. The request was for 45.

Senator BYRD. We allowed 10.

Mr. CLEMMER. That is right.

Senator BYRD. Is that correct?

Mr. CLEMMER. That is correct. My superintendents, and we made a very careful study of our correctional officer needs in terms of hazard, inmate traffic, and so on. My superintendents came up with a request for 105, which I knew to be simply unfeasible.

I went to the Commissioners and asked for 65, and they allowed 45. And when we got through the Congress, we got 10. And we have lived with it, as we must.

Senator BYRD. So the Congress really was not as generous as the Commissioners?

Mr. CLEMMER. That is right, sir. Not in this case.

Senator BYRD. Well, I think the Commissioners have a pretty tough row to hoe. I am sure they do the best they can.

ADDITIONAL SECRETARY

Well, let us move on now. Let's see, why is an additional secretary needed? Is that for the new deputy director?

Mr. CLEMMER. Yes. When you pay a man a grade 14, which is right up there, he needs a helper, and there will be quite a bit of paperwork. There will be a lot of dictation involved.

For example, the Commissioners have an order that inmates may appeal a grievance of any nature to them, and they come in by the dozen.

They are mostly fraudulent or ridiculous, but the inmates have the right to appeal, and we are called up to comment upon such appeals in writing, and that sort of thing.

NO DEPUTY ASSISTANT DIRECTOR AT PRESENT

Senator BYRD. You do not presently have a deputy assistant director?

Mr. CLEMMER. No, sir. Just one assistant, Mr. Sard.

Senator BYRD. And you feel that in view of your own health situation and the fact that you may be wanting to retire before too long——

Mr. CLEMMER. Right.

Senator BYRD. There should be someone developing and coming on?

Mr. CLEMMER. That is right.

Senator BYRD. So the present Assistant Director, if he should become the Director, would need an assistant?

Mr. CLEMMER. Yes, sir.

Senator BYRD. And he should have some experience?

Mr. CLEMMER. Yes.

Senator BYRD. In the meantime?

Mr. CLEMMER. That is right. Plus the duties. We have duties for him.

JUSTIFICATION FOR ADDITIONAL CORRECTIONAL OFFICERS

Senator BYRD. Now, the next request is for $261,680, under "Custody and care of prisoners." You are requesting 15 new correctional officers, Mr. Clemmer. Would you like to justify this request?

Mr. CLEMMER. Mr. Chairman, this goes back to my statement, a moment ago, that in every year we request new correctional officers, because we feel the hazard that is in the prisons. We have had a half dozen officers beaten up by inmate attacks during the last year, one of them seriously. He is going to lose an eye.

DANGEROUS INMATES

A portion of our inmates, maybe 20 percent, not all, but 20 percent, which is still 700 or 800 men, are dangerous and hostile and psychopathic and hard to control.

Senator BYRD. In the case of the inmate who is going to lose an eye, was he attacked by a Black Muslim?

Mr. CLEMMER. No; it happens not. It is an officer who may lose his eye.

Senator BYRD. This was an officer who may lose an eye?

Mr. CLEMMER. Yes. Some Muslims were connected with it, but the particular attack was done not by a Muslim.

CRITERIA OF NEED FOR OFFICERS

The way we measure our need for officers, Mr. Chairman, is sort of by ratio. For example, on the daylight shift, Monday through Friday, we have, for every 1 officer, 28 inmates to watch. On the night shift, 1 employee for every 60 inmates. And the ratio simply should be smaller.

I do not try and compare this with other prison systems, because they are not enough similar. The architecture of our prisons, for one thing, makes the need of officers more than for some other prisons.

And the character—or lack of character—of our inmates makes it necessary.

We have situations like this. At our Workhouse Division—I mentioned this at other hearings—we will have 1,500 misdemeanor inmantes in an institution without walls, bars, or fences, and 16 employees on duty on the night shift.

Now, to be sure, the misdemeanants are theoretically not as dangerous, but among them there are dangerous people.

And at the reformatory, which is our penitentiary, really, we have 1,500 men, and have 35 employees, 8 of whom are in towers, and that sort of thing, on the night shift.

There is real danger, we feel, physical danger, and, of course, danger is part of the prison business, but we simply need to broaden our correctional officer base.

DISTRIBUTION OF 15 OFFICERS REQUESTED

Of these 15, 5 would go to the jail, which is really manning but 1 post, and 10 would form sort of a pool—excuse my laryngitis, Mr. Chairman—a pool at the reservation, and be put where they are needed. One day they would be in one institution, another day in another, depending on tension developing or on certain duties and obligations, and so forth.

We have never really tried a pool idea, and we think it has merit and, also, has some economical value.

So, in substance, these 15 men we request are simply a followup of other years.

Of course, Mr. Chairman, the cost here shown is $86,000. But with a half year, it will be about half that.

Senator BYRD. So this could be cut so as to be applicable to a 6-month period?

Mr. CLEMMER. Yes, sir, $43,000 or $44,000.

PRESENT POPULATION

Senator BYRD. How many inmates do you have at the jail?

Mr. CLEMMER. We had an average there, last year, of 1,208, which is the highest population we have ever had at the jail. That is an average daily population at the jail.

VISIT TO INSTITUTIONS

And I would like to mention, right now, Mr. Chairman, if I may, for the record, that we recall your visit to our institutions on April 19.

In the 19 years I have been director, this is the first time that a Senator or a Congressman has ever been in our institutions, and I want you to know it was stimulating, and we appreciate it.

Senator BYRD. It is the first time he has ever visited you. [Laughter.]

Mr. CLEMMER. You gave us several hours, and you could not see everything, but you got some impressions.

Senator BYRD. I found it very interesting, interesting enough that I want to try to stay out of your institutions.

JAIL POPULATIONS, PREVIOUS YEARS

What was the population the previous year at the jail?

Mr. CLEMMER. The previous year at the jail was 1,125 in 1962; 1,164 in 1961; 1,027 in 1960; 1,028 in 1959.

Senator BYRD. Perhaps you would like to include the chart in the record.

Mr. CLEMMER. Yes, we have a population chart here.

(The chart referred to follows:)

Department of Corrections—average inmate population—1959 through 1963

Year	Reformatory			Workhouse			Women's reformatory			Jail			Youth Center			Department total
	District of Columbia	Federal	Total	District of Columbia	Federal	Total	District of Columbia	Federal	Total	District of Columbia	Federal	Total	District of Columbia	Federal	Total	
1959	1,539	357	1,896	1,234	5	1,239	140	52	202	901	127	1,028				4,365
1960	1,422	408	1,830	1,416	12	1,428	139	62	201	916	111	1,027				4,486
1961	1,311	393	1,704	1,531	9	1,540	145	59	204	987	117	1,104	179	22	201	4,753
1962	1,306	375	1,681	1,366	11	1,377	113	58	171	1,010	115	1,125	249	29	278	4,632
1963:																
July	1,287	363	1,650	1,367	10	1,377	99	60	159	988	113	1,101	380	22	302	4,589
August	1,274	349	1,623	1,450	9	1,459	111	58	169	1,043	108	1,151	225	21	246	4,648
September	1,277	332	1,609	1,458	10	1,468	121	55	176	1,066	104	1,170	223	20	243	4,666
1st quarter	1,279	348	1,627	1,425	10	1,435	110	58	168	1,033	108	1,141	243	21	264	4,635
October	1,262	328	1,590	1,289	9	1,298	115	58	173	1,149	105	1,254	227	20	247	4,562
November	1,365	308	1,673	1,196	7	1,203	111	57	168	1,089	109	1,198	234	18	252	4,494
December	1,206	332	1,538	1,256	10	1,266	112	54	166	1,052	118	1,170	250	15	265	4,405
2d quarter	1,278	323	1,601	1,247	9	1,256	113	56	169	1,097	110	1,207	237	18	255	4,487
January	1,186	333	1,519	1,241	13	1,254	99	51	150	1,081	123	1,204	253	15	268	4,895
February	1,189	316	1,505	1,412	13	1,425	110	53	163	1,119	121	1,240	262	15	277	4,610
March	1,166	332	1,498	1,434	12	1,446	114	56	170	1,151	120	1,271	264	13	277	4,662
3d quarter	1,180	327	1,407	1,362	13	1,375	108	53	161	1,117	121	1,238	260	14	274	4,556
April	1,175	316	1,491	1,572	9	1,581	125	58	183	1,119	134	1,253	272	11	283	4,791
May	1,209	296	1,505	1,433	8	1,441	119	55	174	1,089	130	1,219	269	10	279	4,618
June	1,217	286	1,503	1,458	7	1,465	124	56	180	1,118	137	1,255	271	12	283	4,686
4th quarter	1,200	300	1,500	1,488	8	1,496	123	56	179	1,109	134	1,242	271	11	281	4,698
Annual average	1,234	324	1,558	1,380	10	1,390	113	56	169	1,089	119	1,208	252	16	269	4,598

Department summary

Year	District of Columbia	Federal	Total
1959	3,814	551	4,365
1960	3,893	593	4,486
1961	4,153	600	4,753
1962	4,045	587	4,632
1963	4,068	525	4,593
1964 (estimate)	4,000	475	4,475

RECRUITMENT OF PERSONNEL

Senator BYRD. Did you have any difficulty in recruiting the 10 additional persons last year?

Mr. CLEMMER. No real difficulty, Mr. Chairman. We have, as I read the police testimony, about the same trouble they have. We put out recruitment advertisements and through Civil Service and all, and we will have, say, 200 people apply. By the time they come down to get the written tests, maybe 150 show up. A good portion of them don't pass the written test. Maybe 90. Then we give them the physical exam. That will rule out 30. Then for some reason or other, 10 or 12 don't want to apply.

So for every 200 applicants—and I gave this to you roughly—we may get 30 employees. That is about what I read in the police testimony, too. We weed them out and they weed themselves out.

Senator BYRD. You will have no problem in recruiting the additional 15 officers?

Mr. CLEMMER. No, I don't think so, sir.

TOTAL PRISON POPULATION

Senator BYRD. What is your prison population?

Mr. CLEMMER. For the Department as a whole, Mr. Chairman, in 1963 we averaged 4,593. In 1962, 4,632. In 1961, 4,753. And so on. In other words, we are down a little.

In fact, our population was 132 short of our estimate, below our estimated guess, which, incidentally, Mr. Chairman, we save that money, too.

POOL OF OFFICERS

Senator BYRD. Yes. You spoke last year of formation of a pool.

Mr. CLEMMER. Yes.

Senator BYRD. Of correctional officers. And it is your objective, in getting these 15 that are presently being requested, to formulate this pool?

Mr. CLEMMER. Make a pool out of 10 of them, yes, sir.

AVERAGE DAILY OPERATING COSTS

Senator BYRD. What will the average daily cost of operating the jail and the prison be?

Mr. CLEMMER. Mr. Chairman, the cost for this year was $5.37 per inmate per day. For the year before, it was $5.34 per inmate per day. These costs are quite accurate. I do not defend them, however, to the mill.

Of the costs, the biggest amount is for salaries. For example, out of the $5.37 per inmate per day, $3.75 went for salaries, and 74 cents per inmate per day for food. In other words, three meals cost 74 cents. Clothing, 17 cents per inmate per day. Utilities—light, heat, power, coal, and so forth—27 cents. Building and ground maintenance, 17 cents. And so on.

This is a figure somewhat under the Federal Bureau of Prisons. It is more than some prisons and less than others.

FEDERAL PRISONERS

Senator BYRD. Do you have many Federal prisoners?

Mr. CLEMMER. We have 300-and-some in our custody now. For many years, we had about 500. But it's down somewhat. And the reasons for this are a little bit obscure to us. One reason is, I think, narcotic offenders are being sentenced less frequently.

Mr. Chairman, if I may correct that statement. My first comment was correct. We have around 500 Federal prisoners, not 300. And the Federal institutions have around 300 of ours.

PRISONERS HELPING OTHER INSTITUTIONS

Senator BYRD. Do you have any prisoners out at the National Training School for Boys?

Mr. CLEMMER. No, sir.

Senator BYRD. Have you had any heretofore?

Mr. CLEMMER. No, we never have. We send a cadre out there, Mr. Chairman, to really help them out, of trusty inmates from the jail, 8 or 10 men, or 12, who are supervised by 1 of their officers, so it costs us no money, and they provide the truck service.

And we help the District of Columbia General Hospital very considerably—cleaning and painting, and so on—the same way.

Senator BYRD. As to the average cost per day per prisoner, was that with reference only to the jail?

BREAKDOWN OF COSTS

Mr. CLEMMER. No, sir; that is the Department as a whole. Our Youth Center costs are considerably more. There are fewer inmates and we have more training program. The jail costs are less because there is less program there.

Senator BYRD. Can you give us a chart breaking down these costs?

Mr. CLEMMER. Yes; I have a chart. We have it here in the table and will be glad to submit it for the record.

(The chart referred to follows:)

Department of Corrections consolidated cost by institution, fiscal year 1963

	Men's reformatory	Workhouse	Women's reformatory	Jail	Youth center
Executive direction	0.0437	0.0442	0.0446	0.0410	0.0595
Personal services	4.1962	2.3578	4.7646	2.4989	9.8561
CARE					
Contract food	.7210	.3988	.4529	.5429	.6332
Farm expenses	.1318	.1406	.1277	.0289	.1244
Clothing, bedding, etc	.2105	.1829	.2078	.0654	.3367
Education and welfare	.0185	.0007	.0142	.0025	.0586
Inmate allowances	.0469	.0603	.0527	.0309	.0254
Medical and dental	.0424	.0300	.0759	.0396	.0435
Release clothing and gratuities	.0336	.0163	.0189	.0115	.0821
Custody and training	.0401	.0101	.0137	.0095	.0563
Miscellaneous	.0450	.0136	.0403	.0111	.0597
Total variables	1.2898	.8533	1.0041	.7423	1.4199
MAINTENANCE AND OPERATIONS					
Operations	.0609	.0288	.0450	.0433	.0651
Utilities	.3121	.2420	.5520	.1259	.6488
Transportation	.0219	.0388	.0236	.0009	.0229
Buildings, grounds, maintenance	.2137	.0865	.0735	.0708	.5307
Equipment	.0931	.0708	.0829	.0231	.0586
Total maintenance and operation	.7017	.4669	.7770	.2640	1.3261
Total per capita cost	6.2314	3.7222	6.5903	3.5462	12.6616

Senator BYRD. This is cost per day at the jail and——
Mr. CLEMMER. At all five institutions.
Senator BYRD. At all five institutions?
Mr. CLEMMER. Yes, sir.

SAME MENU AT JAIL

Senator BYRD. Let us see your menu, a sample menu from the jail.
Mr. CLEMMER. I will be glad to do so.
(The sample menu referred to follows:)

MAIN MESS

District of Columbia Jail bill of fare general mess, week beginning September 29, 1963.

SUNDAY

Chilled figs
Creamed hominy grits
Baking powder biscuits
Syrup and oleo
Coffee
Cream and sugar
Dry cereal, milk and sugar for cell blocks 3 and 4

Swiss steak
Vegetable gravy
Mashed potatoes
Spinach with chopped eggs
Creamed carrots and peas
Quartered head lettuce
Jelly layer cake
Bread with oleo
Black coffee

Sliced salami and liverwurst
Mustard
Potato salad
Baked pork and beans
Coleslaw and dressing
Cocoanut pudding
Bread with oleo
Hot tea

MONDAY

Chilled applesauce
Dry cereal
Fresh milk
Scrambled eggs
Bread with oleo
Coffee
Cream and sugar

Grilled hamburgers
Brown gravy
Boiled peeled potatoes
(Fried onions and peppers for cell blocks 3 and 4)

Buttered string beans
Hot biscuits with oleo
Hot tea

Brown beef stew with mixed vegetables
Steamed rice
Cold spiced beets
Chocolate layer cake
Bread with oleo
Black coffee

TUESDAY

Dry cereal
Fresh milk
Strusel cake
Coffee
Cream and sugar
Fried eggs (2) toast and oleo for cell blocks 3 and 4

Creamed dried beef
Mashed potatoes
Buttered peas

Scalloped tomatoes
Lemon cream pudding
Bread with oleo
Black coffee

Spaghetti with meat sauce
Grated Parmesan cheese
Buttered spinach
Shredded cabbage and carrot slaw
Bread with oleo
Hot tea

WEDNESDAY

Dry cereal
Fresh milk
Iced cinnamon buns
Apple butter
Coffee
Cream and sugar

Baked fresh ham
Brown gravy
Mashed potatoes
Buttered corn

Hot spiced beets
Bread
Hot tea

Tuna fish salad on lettuce leaves
Lyonnaised potatoes
Buttered string beans
Lettuce and tomato salad
Bread with oleo
Black coffee

THURSDAY

Dry cereal
Fresh milk
Hot cakes
Syrup and oleo
Coffee
Cream and sugar
Crisp bacon for cell blocks 3 and 4

Cheese omelette
Hash brown potatoes
Lettuce and tomato salad with Russian dressing

Coconut layer cake
Bread with oleo
Black coffee

Vegetable soup, crackers
Baked macaroni with tomatoes, bacon, and cheese
Buttered asparagus
Apple butter
Bread
Hot tea

FRIDAY

Chilled prunes
Creamed oatmeal
(Dry cereal and milk for cell blocks 3 and 4)
French toast
Syrup and oleo
Coffee
Cream and sugar

Fillet of cod
Tartar sauce
Buttered quartered potatoes
Stewed tomatoes and onions

Buttered beets
Lemon cream pudding
Bread
Hot tea

Grilled salmon cakes
Tomato sauce
Blackeyed peas with braised bacon
Buttered spinach
Quartered head lettuce with Russian dressing
Bread
Black coffee

SATURDAY

Dry cereal
Fresh milk
Soft boiled eggs (2)
Toast and oleo and jam
Coffee
Cream and sugar
Fried eggs and link sausage
(2 and 2) for cell blocks 3 and 4

Baked meat loaf with barbecue sauce
Mashed buttered potatoes
Buttered string beans

Coleslaw and dressing
Apple pie and cheese
Bread with oleo
Black coffee

Steamed frankfurters
Prepared mustard
Boiled peeled potatoes
Boiled sauerkraut
Quartered tomatoes
Bread
Hot tea

Respectfully submitted:

L. SHOEMAKER, *Steward.*

Approved:

SAM A. ANDERSON, *Superintendent.*

Senator BYRD. When Mr. Merrick and I made our visit, we thought you were serving pretty good meals.

Mr. CLEMMER. We don't satisfy every inmate, to be sure. And mass cooking is not as tasty as other kinds. But we serve ample portions. I must admit they are rather heavy with starch, and there are not great quantities of meat. But we simply cannot afford it. And people who want to eat with elegance simply should not come to prison.

NO SURPLUS FOODS

Senator BYRD. Do you get a lot of surplus foods?

Mr. CLEMMER. No, sir. There is a law that prohibits prisons somehow or other from doing that. And the American Correctional Association, to which you referred in your opening comments, is working to permit prisons to get surplus food.

We had an opportunity some years ago to get a lot of free butter. I decided against it, because I didn't want to give the inmates butter for a few months that we got free and then cut it off, because that does no good.

COST IF SURPLUS FOOD WAS PERMITTED

Senator BYRD. Do you have any idea as to what the saving would be if you used surplus commodities?

Mr. CLEMMER. It depends on the amount, Mr. Chairman. I would think we could save—we raise on our farms about a third of our needs dollarwise and poundwise. Depending on how much surplus we

could get, we could save a tremendous amount of money, because our food bill is our second biggest bill, over a million dollars a year.

COSTS INVOLVED IN ADDITIONAL REQUEST

Senator BYRD. What would be involved in the additional request over and above the personnel?

Mr. CLEMMER. Well, Mr. Chairman, as the estimate shows here, the Civil Service Commission, stimulated by the Federal Bureau of Prisons, has come about with a rather impressive pay raise for prison people. I must say I supported it, too, though, of course, I did not initiate it.

And what it tends to do is to increase the salary of our correctional officers by one grade. Now, it won't increase the salary of every one of them, to be sure, but those who are qualified—and the standards are rather high. The costs, as we see it, for a full year would be $175,000. But we cannot implement it for the full year. And, say, from January 1, 1964, through June 1, it would come to $117,000.

Senator BYRD. $117,000?

Mr. CLEMMER. Yes. What this does, Mr. Chairman, in substance, is to put the pay of prison officers comparable to the pay of the police officer.

STATUS OF PRISON GUARDS

I have always contended that I think the prison worker should be paid the same as the police officer. With all respect to the police, and they are a fine corps, they deal with criminals, you might say, momentarily—the pursuit and capture, and so on. Our people deal with them 24 hours a day.

To be sure, we have the offenders behind a fence or a wall. But the hazard is quite as great. And the intelligence test that our men must pass that work for us is the same as the police, and they are quite as able men.

There is sort of a stereotyped impression some people have that a prison guard is a hack, and so on. It is not an accurate picture any more.

We expect quite a bit of these men. They engage in sort of a lay type of training or advice to inmates, and, of course, they do their duties.

This would tend to raise their starting salary—well, the starting salary stays the same, which is $5,035. But a good portion of our group will go to a salary of about $6,000, which any more is not too much.

EMPLOYEES "MOONLIGHTING"

But 70 percent of our employees, Mr. Chairman, have outside jobs—moonlighting, so to speak.

Senator BYRD. Have what?

Mr. CLEMMER. They work some other jobs—A. & P., filling stations, what not. They do this simply to get the comforts of life and educate their children, and so on.

Senator BYRD. Most of them are married, I suppose?

Mr. CLEMMER. Most are married, yes, and tend to be a stable group. Quite an honorable group of men altogether.

Senator BYRD. What is the average age level, would you say?

Mr. CLEMMER. Our age level of officers, according to a survey some time ago, is about 41, which means that we have quite a few older chaps who have come on and stay on until retirement.

The job really is an arduous job. On the other hand, as people get old and if they have worked faithfully, you can't boot them out, either.

Senator BYRD. No. Of course, the possibilities of their working elsewhere and earning a little supplemental money decreases as they grow older.

Mr. CLEMMER. As they grow older, yes, sir.

MAINTENANCE AND OPERATION, INSTITUTIONS

Senator BYRD. Under "Activity 3," for "Maintenance and operation of institutions," $29,170 is being requested. You are, I believe, requesting one GS–5 stock clerk. You say one additional. I suppose you have some now?

Mr. CLEMMER. We have one now, sir.

Senator BYRD. Do you have one now?

Mr. CLEMMER. Yes.

ADDITIONAL STOCK CLERK

Senator BYRD. Why do you need an additional stock clerk?

Mr. CLEMMER. The Comptroller General's Office and Internal Audit Office, Mr. Chairman, has found flaws, and I admit them, in some of our inventories. They are not flaws in integrity, by and large, but flaws of carelessness and, I think, some indifference. But by and large, our inventories are kept in pretty good shape, except what we call our engineering supplies.

And these are virtually hundreds of things, including all sorts of bolts, nuts, plumber supplies, and paint and brick, and so forth and so on.

We have an engineering warehouse.

We have had some sort of control on this done by an inmate with supervision. But we want to get what we call bin records more accurate in our engineering warehouse and have every issuance for maintenance and repairs, construction, and so forth, recorded on a stock card and every receipt recorded, too.

And it's simply sound business practice. This will give us better cost accounting, and just fundamental control. We have asked for this clerk for some years. We really need this position.

The other matter, the wage board thing, is automatic and mandatory, $23,800.

CAPITAL OUTLAY, 1963–64

Senator BYRD. Mr. Clemmer, you were allotted $117,000 for capital outlay in 1963.

Mr. CLEMMER. Yes, sir.

Senator BYRD. Did the House appropriate this money?

Mr. CLEMMER. No. The House did not go along with the capital outlay in our capital budget, sir.

Senator BYRD. Now, under capital outlay items, I notice that you have eight items. These are arranged on the sheet before me in order of priority.

The No. 1 item is for a new boiler at the Youth Center heating plant. The amount requested is $58,800. Would you address yourself to that item.

BOILER AT YOUTH CENTER

Mr. CLEMMER. Mr. Chairman, as you know, the Youth Center is a new institution. It is 2 years old now. And originally 3 boilers were planned to heat 15 buildings. However, we only built 10 on account of appropriation matters. And so as an economy measure, they put in but two boilers. Now, if one of them breaks down, as it will sooner or later—we have had to replace the main 66 last winter—50 percent of our heat for the 10 buildings is gone. And our engineers tell us, and we know from commonsense, that we must have a standby boiler.

And, furthermore, we will need it certainly when the additional buildings are provided for the Youth Center.

Senator BYRD. What fuel do you use for heating?

Mr. CLEMMER. This plant happens to use fuel oil. Our other three plants use West Virginia coal.

Senator BYRD. Why will this plant not use West Virginia coal?

Mr. CLEMMER. Well, I don't know. When we planned this, had you been the chairman of the committee, I would have seen it did. This was an engineering decision, of course. It is not any cheaper as a fuel, but it is cheaper in terms of personnel to manage it.

COMPLETION DATE OF PLANS

Senator BYRD. How long will it take you to complete your plans and specifications?

Mr. CLEMMER. I understand not very long, because of a prior plan existing. And space is in the structure, in the building, to put in this boiler.

INDUSTRIAL LAUNDRY, REFORMATORY

Senator BYRD. All right. The next item is for the industrial laundry for the Reformatory Division, and the amount is $51,500.

Mr. CLEMMER. Mr. Chairman, in my administration we have had two fires, one serious and this one. This is bad enough. On October 26, 1961, an auxiliary shacklike building burned down, due partly, I guess, to our fault and inmate carelessness. And this particular annex was where we washed the machinery mops and so on. You wouldn't think the washing of mops for Government buildings would come to a business of $50,000 a year, but it does.

Now, in order to replace this building, we had an estimate made by Buildings and Grounds, and to expand it a little bit, put in a new slab and proper walls, and so on. The cost is $50,000. There is 36,000 square feet.

We have been working, we still wash the mops for the agencies. We have been working overtime, which is costly and, in a way, dangerous.

We feel there is a clear-cut need for this.

Senator BYRD. You will be able to salvage some of the old building, I note.

Mr. CLEMMER. Yes; we can salvage some of it.

REBUILDING BURNED LAUNDRY ANNEX

Senator BYRD. The laundry annex will be built upon the existing foundations.

Mr. CLEMMER. Yes. And this will be done, Mr. Chairman, by us, by our engineers and inmates.

Senator BYRD. How soon would you be able to get construction underway?

Mr. CLEMMER. With the appropriation, we can get construction underway, I would say, by late winter and completion by summer.

FURNITURE AND EQUIPMENT FOR LAUNDRY

Senator BYRD. Would you elaborate on the furniture and equipment item.

Mr. CLEMMER. What is needed here, Mr. Chairman, is a washtub, or an extraction machine, which was ruined. We are now using extractors used for other things. And, also, a washing machine.

This particular type of machine, because mops, of course, are greasy and dirty and take a lot of detergents and heavy use—we need a special type of machine for this.

ANNUAL PROFITS

But as I say, the gross annually here is $50,000. Profits are rather high. And, furthermore, we perform sort of an ugly service for the government in Washington, we have found.

Senator BYRD. I suppose you have been considerably crippled by the destruction of the facility?

Mr. CLEMMER. Yes. As I say, we have improvised in using another laundry and having to work employees and inmates on a night shift to keep the business going.

FLY ASH COLLECTION SYSTEM

Senator BYRD. A third item is for a fly ash collection system, $19,300.

Mr. CLEMMER. Mr. Chairman, at our Reformatory Division, where we have our largest heating plant, the smoke comes out of our stacks very black, on some occasions, and it is complained of by neighbors, and it is clearly unhealthy.

And the standards apparently by the Bureau of Mines are increasing in terms of the recent attention to air pollution. We have had a study made. We do have some fly ash collection now. But our undergrate air distribution system will tend to collect the soot out of the smoke and reduce this hazard quite a bit.

It is simply part of the whole smog picture.

Of course, we are 20 miles from Washington. I doubt if it affects the city, but it does affect our neighbors, and people complain.

Senator BYRD. When would you complete construction?

Mr. CLEMMER. This would not be done by us, but by a contractor. And I understand it's only a 4- or 5-week job.

REHABILITATION OF ELECTRICAL AND HEATING SYSTEMS, JAIL

Senator BYRD. The next item is the rehabilitation of electrical and heating systems at the District of Columbia jail. The amount requested is $52,000.

Mr. CLEMMER. Mr. Chairman, that is a 5-year project, and the $52,000 before us, before you, is the last bit, so to speak of this long-term project.

The jail, as you know and as you saw, is aged, and part of it was built in the late part of the Civil War, and the rest of it in the WPA days of the 1930's.

Furthermore, and more particularly, this money is to replace old ventilating and heating and electrical equipment. Not that the present plant didn't serve pretty well, but it's dangerous. And with the very exacting code requirements now that the fire marshal puts on us and the Department of Licenses and Inspections, these are things we simply have to do.

This particular $52,000 will be used for improving the heating and ventilation in two cell blocks in what we call the east wing, for plumbing improvement and for ventilation.

Now, "ventilation" doesn't mean air conditioning, but simply in a jail, of course, it is simply improved air control. This whole job is a complicated matter, and it has been going on for 5 years.

FUNDS UNDER CONTRACT

The total cost is $306,000. And I understand, in addition to this, there is more still to be done. It is money being put into an old structure which simply has to be done.

Senator BYRD. Funds available to date have amounted to $306,000, as you have indicated.

Mr. CLEMMER. Yes, sir.

Senator BYRD. Has all of this been spent?

Mr. CLEMMER. Yes, I believe so, or very close. It is all under contract.

Senator BYRD. All what?

Mr. CLEMMER. All under contract now.

Senator BYRD. This will complete the 5-year program?

Mr. CLEMMER. Yes.

Senator BYRD. Do I understand you to say that there will be continuing costs?

CONTINUING COSTS

Mr. CLEMMER. Yes, because in addition to the flaws that this 5-year project corrects, the Department of Licenses and Inspections and the fire marshal have now come back with very exacting standards and have found a hundred other things that need to be changed.

We have, on our own, done some partition changing there, for example with fireproof material, and so on. And sprinkler systems are needed.

As a matter of fact, Mr. Chairman, this is a matter of another capital outlay which happens to be the next one.

SPRINKLER SYSTEM, DISTRICT OF COLUMBIA JAIL

Senator BYRD. Yes. Now the next item is, as you point out, for a sprinkler system at the District of Columbia jail. The cost will be $10,000, insofar as this appropriation is concerned.

Mr. CLEMMER. Well, once again, Mr. Chairman, it's the exacting standards to which the District is holding its departments, let alone its citizens. We worry once in a while about the jail in terms of fire, because, of course, we have men locked up and they are extremely crowded and avenues of exit are not good.

Well, there is not too much to burn, and by and large, in a fire, what little fires we have had, inmates will fight them and like to fight them.

But you simply never know. There has been a fire in a jail where several people were burned to death.

This particular sprinkler, Mr. Chairman, is actually not for human protection, but, really, protection of supplies in the warehouse, in the warehousing areas.

Senator BYRD. The estimated balance needed to complete is $161,000. Are we talking about this particular system?

OTHER PROTECTIVE WORK NEEDED AT JAIL

Mr. CLEMMER. That is only part of it. Altogether there are a hundred different matters that the Department of Licenses and Inspections found at the jail. They and the fire marshal, that need correcting.

Some of them we have done ourselves. For example, cinder blocks where we have used fiberboard. We have got to get in fireproof ceiling materials; grilles and stairwells must be enclosed.

As I say, the standards are getting pretty fancy, and more and more the Commissioners are requiring their own department heads to have their own places in shape, let alone citizens.

These estimates, by the way, many of the estimates that I give you come from my Department. This, of course, if not from us, but the Department of Buildings and Grounds.

REEXAMINATION OF ESTIMATE

Senator BYRD. I note that the estimate in this instance is subject to refinement and change upon completion of the preliminary study.

Mr. CLEMMER. Yes. We have a hunch it is too high.

Senator BYRD. You feel it is maybe too high?

Mr. CLEMMER. Yes, we feel it is too high, maybe.

Senator BYRD. The overall program which has been involved and the estimated balance needed to complete would, I suppose, afford some protection, not only to supplies but to prisoners, also?

Mr. CLEMMER. Yes, sir, very much. For example, proper enclosing of stairwells and firedoors, and that sort of thing.

PERIOD OF TIME FOR CONSTRUCTION

Senator BYRD. Over what period of time would that program of construction carry?

Mr. CLEMMER. Mr. Chairman, I imagine that with the planning money this year that it would be a 2-year operation, because the chances are we would do a good deal of it ourselves and contract some of the more complicated things.

INDUSTRIAL FURNITURE REPAIR ANNEX, LORTON

Senator BYRD. The next item is in the amount of $31,000. It is for an industrial furniture repair annex at Lorton.

Mr. CLEMMER. Mr. Chairman, as one of our 13 industries, or manufacturing activities, we have a furniture repair shop. It is an excellent type of activity in which to train inmates, and I might say that many of them like this quite well. Our market is apparently unlimited. Our contact is the GSA in the Federal Government who digs up old Government furniture all over Washington and nearby and sends us all we can do. And our men take off the old varnish, and so on, and repair it and put it in shape, and it is an economy to the Government.

We started off—this is our third year—our first year's gross was $22,000. Last year was $69,000.

This year we are up to close to $80,000. And we make a pretty good profit on it.

EXPECTED INCREASE IN WORK

Now, GSA can give us virtually an unlimited amount of wooden furniture to repair, if we had the space. We have been able to locate a Butler-type building free, military surplus, that has a value of $35,000. And out engineers have gone into the applicability of constructing this and putting in a slab and lighting and heating, and so on. And the cost as noted here is $31,000, which will give us an extra 10,000 square feet of floor space.

And we feel that with that extra floor space, our production here can move up, gradually go to $150,000, maybe $200,000, and help the Government generally along the way.

Senator BYRD. And put more men to work?

Mr. CLEMMER. And put more men to work.

Senator BYRD. How many men do you have working in that shop?

SELECTION OF SHOP EMPLOYEES

Mr. CLEMMER. That shop employs around 40, and we could well use 80 if we had the room.

Senator BYRD. How do you select the 40?

Mr. CLEMMER. They are selected on the basis of—well, we give aptitude tests where we can, and select the men that have a little mechanical knack.

Much of it is sheer labor, simply rubbing off finishes.

And then we train men in simple carpentry, and that sort of thing.

PERCENTAGE OF PROFIT

Senator BYRD. What percent of this would be profit?

Mr. CLEMMER. Our profits tend to run, in this shop, and I will correct it for the record, Mr. Chairman. I ordinarily could give it

to you exact. Our profits tend to run 10 to 15 percent, keeping in mind that we do pay the employees. There is no appropriation for paying these employees. We pay our employees from the profits, and there is an overhead for the whole operation. We pay the inmates, too, and we buy supplies and materials, and so on.

The profits are, as I say, 15 to 20 percent. Our laundry profits are higher than that, and we are still under competitive commercial laundries.

SALARY OF FURNITURE SHOP EMPLOYEES

Senator BYRD. What do you allow the employees in your furniture shop?

Mr. CLEMMER. Well, the employee there gets $6,500. He is a carpenter, a cabinetmaker. And his assistant gets, I believe, $5,035.

The inmates make $9 a month, $7 a month, $5.50, and so on.

Senator BYRD. Is the money turned over to the inmates or is a portion of this saved for them?

Mr. CLEMMER. A portion must be saved after they accumulate so much, when their salary is so much. The smaller salary, you let them spend it all. It starts at $2 a month. But when they get $3 a month or more, they must save some of it.

TABLE SHOWING VOLUME AND PROFIT

Senator BYRD. Would you submit for the record a table showing the volume done in each of your shops and the amount of profit, percentagewise?

Mr. CLEMMER. Yes; we may have it here, Mr. Chairman. But we will put it into the record.

(The chart referred to follows:)

Industries Division, Department of Corrections, District of Columbia

1961

Unit	Sales	Operating expenses	Profit	Percentage of profit on sales
Brick	$78,911.40	$78,612.84	$298.56	0.38
Broom	66,521.24	41,123.40	25,397.84	38.18
Clothing	272,256.83	246,776.21	25,480.62	9.36
Electric	14,589.20	22,694.79	(8,105.59)	(55.56)
Furniture repair	23,871.65	24,836.16	(964.51)	(4.04)
Iron industries	228,271.88	236,264.68	(7,992.80)	(3.50)
Laundry	229,900.85	168,914.48	60,986.37	26.53
Precast	16,704.19	8,539.11	8,165.08	48.88
Print	99,724.17	94,608.15	5,116.02	5.13
Tag and sign	128,787.95	113,866.43	14,921.52	11.59
Total	1,159,539.36	1,036,236.25	123,303.11	10.63

1962

Brick	77,125.45	77,109.69	15.76	0.02
Broom	50,183.42	39,020.10	11,163.32	22.25
Clothing	283,612.80	258,570.44	25,042.36	8.83
Electric	8,465.88	17,055.85	(8,589.97)	(101.47)
Furniture repair	72,679.40	50,393.24	22,286.16	30.66
Iron industries	216,493.18	226,456.85	(9,963.67)	(4.60)
Laundry	238,993.90	188,338.41	50,655.49	21.20
Precast	13,584.67	8,179.01	5,405.66	39.79
Print	101,114.55	88,745.62	12,368.93	12.23
Tag and sign	174,887.27	165,048.11	9,839.16	5.63
Total	1,237,140.52	1,118,917.32	118,223.20	9.56

1963

Brick	95,480.76	90,521.36	4,959.40	5.19
Broom	51,518.55	43,750.25	7,768.30	15.08
Clothing	236,387.24	229,933.69	6,453.55	2.73
Electric	16,424.18	25,556.45	(9,132.27)	(55.60)
Furniture repair	80,518.12	66,109.50	14,408.62	17.90
Iron industries	194,590.85	203,963.77	(9,372.92)	(4.82)
Laundry	249,821.46	197,616.60	52,204.86	20.90
Precast	15,658.64	10,320.16	5,338.48	34.09
Print	120,985.98	95,063.52	25,922.46	21.43
Tag and sign	271,610.31	215,787.33	55,822.80	20.55
Total	1,332,996.09	1,178,622.81	154,373.28	11.58

Senator BYRD. Are all of your shops making a profit?

Mr. CLEMMER. Our brick plant is limping a little bit, because our market for Occoquan brick, so to speak, is declining.

Our shops all make a profit. I think our electrical shop, which is small, breaks even, about, or maybe loses a little.

INDUSTRIAL ARTS BUILDING, YOUTH CENTER

Senator BYRD. The next item is $30,000 for the industrial arts building at the Youth Center.

Mr. CLEMMER Mr. Chairman, as the Youth Center was planned, there were 15 structures in it, and 10 are built. This was an economy measure. And I might say that with the 290 inmates we have there, it has done pretty well.

However, we do need a factory-like building suitable for inmates training.

The $30,000 requested here is for plans and specifications. This would be a large structure—21,000 square feet, Mr. Chairman. And it would be sort of a factory-like building, but hold classrooms, too.

ACTIVITIES UNDER PRESENT PLAN

And our planning, without being too definite now, would be to have shoe repair, drycleaning, printing, and upholstery. These are all activities which we know from experience we can make a profit on, and for which there is a market. And most importantly, in which inmates can learn a trade and carry it with them back to the free community.

We do some work in these trades now, as a matter of fact. But we do it on a limited basis.

For example, our drycleaning, there is no reason at all why we can't do all the drycleaning for all the government elevator operators.

So this building in due time would amortize itself. It would be many years. But meanwhile, we are providing an improved work program for inmates and sort of balancing out our total Youth Center program.

DRYCLEANING

Senator BYRD. How much of the present drycleaning needs do you supply?

Mr. CLEMMER. Precious little. Very little. We do some drycleaning of our own employees' uniforms.

Senator BYRD. You feel that you could develop this drycleaning business?

Mr. CLEMMER. I think we could; yes, it could be developed. We have made studies of it. Equipment costs are not so much. You have no doubt seen these coin-operated drycleaning shops springing up around the communities now.

We feel we could do a good business in drycleaning and shoe repair.

Printing, of course, is the second biggest occupation in Washington after the government.

Senator BYRD. Would this be the first of four facilities which would carry on this drycleaning and shoe repairing work?

TYPE OF BUILDING PLANNED

Mr. CLEMMER. Mr. Chairman, this industrial arts building, as I say, would have movable partitions and we haven't planned that far. But certainly in one quarter of it we would have shoe repair with machinery.

In another quarter or so we would have our drycleaning equipment. And the upholstery and printing in about equal quarters of the building.

Senator BYRD. So this is an initial step in that direction?

Mr. CLEMMER. Yes, sir.

Senator BYRD. Do you have pretty firm plans for pressing on and carrying through on this program?

Mr. CLEMMER. We have studied it, yes, and we have templates and floor plans developed. But we haven't finalized it yet until we get this planning money.

Furthermore, in these fairly technical trades, we will get the advice of commercial people, like commercial drycleaners.

SLAUGHTERHOUSE

Senator BYRD. Now, you need $15,000 for the slaughterhouse, and I believe this will complete your program there. Is that correct?

Mr. CLEMMER. Mr. Chairman, I believe the request is for $59,100. And $15,000 for equipment in this plant. We have this old abattoir slaughterhouse we have been using for many years. It has served its purpose well.

It is sort of a dinky looking place, and once again, it isn't what it ought to be in terms of sanitation, and so on. However, we have never had any meat poisoning or any question of cleanliness. But the authorities that take a look at it, they throw up their hands and say it has got to be improved.

VOLUME OF SLAUGHTERING

We do slaughter about $138,000 worth of pork a year there and $35,000 in beef. And we need refrigeration equipment better than we have, new walls, plumbing, and heating. And some stainless steel equipment.

It is a matter of code compliance and that sort of thing.

Senator BYRD. How many pounds of pork are slaughtered annually?

Mr. CLEMMER. A half million pounds.

Senator BYRD. How many pounds of beef?

Mr. CLEMMER. 40,000 pounds.

Senator BYRD. The justification sheet says $65,000.

Mr. CLEMMER. I may be wrong. $65,000. Our dollar value is closer to $35,000 or $40,000.

Senator BYRD. Do you slaughter any sheep?

Mr. CLEMMER. No sheep, no, sir.

QUESTION OF CONTRACTING OUT SLAUGHTERING

Senator BYRD. Do you think you could contract slaughtering more economically?

Mr. CLEMMER. I doubt it, sir, because of our free labor. A good deal of slaughtering is labor and our inmates do it under supervision, and do it quite well.

We sent our swine manager for a course of instruction at a Baltimore abattoir, and he learned quite a bit.

In looking at the price of meat outside that you pay in a chainstore and what we produce it for, I think we can probably do it better ourselves. We do need improved sanitation.

Senator BYRD. There is no commission slaughterhouse nearby?

Mr. CLEMMER. No, sir.

BEEF AND SWINE HERDS

Senator BYRD. What is the population of your beef and swine herds?

Mr. CLEMMER. Our swine runs 3,000 animals, Mr. Chairman, 2,800 to 3,000. The beef herd is 140 or so.

And our beef, it is an Angus breed, not pure. We take our poor Holsteins, our poor milkers and older milkers and breed them artificially with Angus and get our breed that way. It isn't high class

beef. But our stewards have learned with tenderizers, and so on, to make it very palatable.

And our cost in raising beef is practically nil, because we raise our own forage and we have the pastureland. It takes only part of the time of one employee, and the inmates more or less do it.

Senator BYRD. You raise only beef and pork?

Mr. CLEMMER. Beef and pork.

MILK PRODUCTION

Senator BYRD. What is your milk production?

Mr. CLEMMER. Our milk production, in dollars, comes to $111,000. The poundage is 1,382,000 pounds a year. We have a tuberculin tested herd, and we are inspected and our cream content is about average.

We supply milk for all our institutions. But a drought this summer has made it necessary for the jail to buy milk for a few months. We had a bad drought out there.

Senator BYRD. Ordinarily, you are able to produce enough for your own consumption?

Mr. CLEMMER. Enough milk for our needs, yes.

Senator BYRD. Do you have any problems with hog cholera?

FREQUENCY OF ANIMAL DISEASES

Mr. CLEMMER. No, sir. We have a death now and then from hog cholera. And we have a veterinary consultant that comes in and our men are quite experienced. I think we may run 8 or 10 swine deaths a year.

Senator BYRD. Have you had any epidemics out there among your swine?

Mr. CLEMMER. Many years ago we had, as all farmers did in that part of the woods, a disease that came from uncooked garbage, and it affected part of our herd. We were ordered by the Department of Agriculture to do away with our herd. This was about 1951 or 1952. I have forgotten the name of that disease. Vescular exanthema. Such as a lot of other swine raisers out that way had.

RACIAL COMPOSITION OF JAIL POPULATION

Senator BYRD. What percentage of your jail population is white and what percentage is not white?

Mr. CLEMMER. It varies by day, Mr. Chairman. It's around 75 percent colored and 25 percent white.

Senator BYRD. This is the——

Mr. CLEMMER. General overall. For the Department as a whole. I can give it to you more precisely than that.

For the Department as a whole, we have 23 percent white.

Senator BYRD. Would you break this down as between the jail and the other institutions?

Mr. CLEMMER. Well, for example, at the jail we had on this particular day this little survey was made, 1,196 inmates of whom 25 per-

cent were white. And at the reformatory we had 1,485 inmates, of whom 11 percent were white.

At the workhouse we had a population of 1,499, of whom 38 percent were white. At the Youth Center we had a population of 286, of which 11 percent were white.

POPULATION FIGURE FOR WOMEN

At the Women's Reformatory, we had a population of 184, of whom 24 percent were white.

Senator BYRD. What percent of your total population is women?

Mr. CLEMMER. Seven percent.

EXECUTIONS

Senator BYRD. When did you have your last execution?

Mr. CLEMMER. Six years ago, Mr. Chairman.

Senator BYRD. How many executions have there been in the last 10 years?

Mr. CLEMMER. There have been 14 in my time, in my 18 years, and the last 10 years, I will have to get you. But I would say around seven or eight.

Senator BYRD. Do you presently have any prisoners awaiting execution?

Mr. CLEMMER. Yes, we do. But they are in the process of various appeals to the pardon attorney, the Supreme Court, court of appeals.

Senator BYRD. Well, Mr. Clemmer, our clerk always reminds me that you do a good job. So we compliment you.

Thank you very much for your testimony today.

Mr. CLEMMER. Thank you, sir.

COURTS

JUVENILE COURT

STATEMENT OF HON. MORRIS MILLER, CHIEF JUDGE, ACCOMPANIED BY LOUIS LEVATHES, EXECUTIVE DIRECTOR, AND MRS. LEAH L. FRIEDMAN, CHIEF, OFFICE OF ADMINISTRATION

ESTIMATE, 1964

Senator BYRD. The next item concerns the courts.

The original 1964 estimate was $6,699,500. The revised estimate is $6,916,800. The House allowance on the original estimate was $6,695,000.

The amendment requested in Senate Document 32 is $221,800.

The justification filed in support of this item will be placed in the record.

(The justification follows:)

COURTS

Allotment summary

1962 allotment	$6,065,000
1963 allotment (excludes supplemental amount of $192,971, Public Law 88–25)	6,209,400
Deduct: Nonrecurring items	−11,631
1963 adjusted (1964 base) original estimate	6,197,769
Original budget increases	+501,731
Total budget estimate—Original submission to House	6,699,500
Reductions: House action	−4,500
House allowance on original estimate	6,695,000
Additional proposals: Senate Document No. 32	+221,800
Total 1964 estimate requested in Senate	6,916,800

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Juvenile court	$844,929	$103,571	$948,500	$1,700	$946,800	$151,100	$1,097,960
2. District of Columbia Court General Sessions	1,730,116	113,684	1,843,800	2,500	1,841,300	50,700	1,892,000
3. District of Columbia Court of Appeals	183,434	8,866	192,300		192,300		192,300
4. Tax Court	39,200	1,200	40,400		40,400		40,400
5. U.S. courts	3,400,090	274,410	3,674,500	300	3,674,200	20,000	3,694,200
Total (general fund)	6,197,769	501,731	6,699,500	4,500	6,695,000	221,800	6,916,800

JUVENILE COURT

Allotment summary

1962 allotment	$758,300
1963 allotment (excludes supplemental amount of $28,090, Public Law 88–25)	854,809
Decreases	−9,880
1963 adjusted (1964 base) original submission	844,929
Original budget increases	+103,571
Total budget estimate—Original submission to House	948,500
Reductions: House action	−1,700
House allowance on original estimate	946,800
Additional proposals: Senate Document No. 32	+151,100
Total 1964 estimate requested in Senate	1,097,900

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Judiciary	$101,080	$14,933	$116,013		$116,013		$116,013
2. Social service	443,748	42,964	486,712	$1,700	485,012	$113,244	598,256
3. Clerks office	156,568	36,273	192,841		192,841		192,841
4. Child Guidance Clinic	34,553	2,686	37,239		37,239		37,239
5. Youth guidance project						29,856	29,856
6. Office of Administration	75,160	5,520	80,680		80,680		80,680
7. General operations	33,820	1,195	35,015		35,015	8,000	43,015
Total (general fund)	844,929	103,571	948,500	1,700	946,800	151,100	1,097,900

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for juvenile court, $151,100:

Activity 2. Social Service Division, $113,244

A. *Clerk-receptionist, $5,544.*—One clerk-receptionist's position in the child support probation section of the Social Service Division is requested. There are now two receptionists (GS–4) in this section whose duties consist of receiving adults who have appointments with their probation officers (about 30 a day), maintaining appointment lists, typing correspondence, record cards and running records, and answering telephone inquiries on the section's 4,000 active cases. In 1959 a system of administrative review of delinquent cases was instituted. These reviews are conducted at least one day a week by the chief of the section and require the presence of the defendant and complainant or trustee. The new position being requested would handle all clerical work incident to these reviews—checking with the financial office to ascertain amounts paid and due, getting current addresses of parties concerned, preparing necessary papers, being present at the review to take notes, and preparing final papers for the judge's approval after the review. There are approximately 30 to 40 reviews per week and a substantial amount of clerical work is required after the administrative review to complete the necessary legal papers and forms preparatory to judicial action. Adequate clerical assistance will go far in helping the court collect payments due for support of children born out of wedlock and of ligitimate families.

A comparison of the 1963 level of operation for the parts of the program which relate to the 1964 increase follows:

Clerk-receptionist:

1963 (available)	2
Increase requested	1
1964 (total)	3

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Clerk-receptionist, GS-4	1	4,118	290	282	23	831	$5,544

B. *Social service staff, $107,700.*—The intake and probation staffs, both professional and clerical, cannot carry the increased workload occasioned not only by more rapid hearing and disposition of cases but also by the increased and increasing referral to the court of juvenile cases by the police and adult cases by the corporation counsel. The following tables will illustrate the growth in the court's workload.

I. Delinquency referrals

Fiscal year	Number	Percent increase	Fiscal year	Number	Percent increase
1959	2,498		1963 (11 months)	3,952	
1960	2,934	17.0	1963 (estimated)	4,300	17.0
1961	3,225	9.9			
1962	3,665	13.6	Increase, 1959-63		72.0

II. Cases filed for court hearings

Fiscal year	Juveniles	Adults	Fiscal year	Juveniles	Adults
1959	1,593	993	1962	2,284	1,383
1960	1,725	1,485	1963 (10 months)	2,731	1,037
1961	2,017	1,485	1963 (estimated)	3,200	1,400

III. Judicial actions

Fiscal year	Juveniles	Adults	Fiscal year	Juveniles	Adults
1960	4,163	3,349	1963 (10 months)	6,208	2,816
1961	4,791	4,610	1963 (estimated)	8,000	6,000
1962	5,300	4,842			

The increase in referrals affects, in the first instance, the work of the juvenile intake section which has the same number of intake officers (7) today as it had in 1959. Even in 1959 the workload was considered heavy. Today with our early hearings on delinquency cases, the pressures are terrific.

The growing number of referrals also affects the juvenile probation section which is responsible for social studies and supervising the court-ordered probation of juveniles. The juvenile probation section had 15 probation officers in 1959. Today there are 17. In 1959 the caseload consisting of probationers and social studies was 77 per officer. Today it averages 94 with much more pressure on probation officers to complete social studies in a relatively short time so that reports can be quickly made to the court to assist the judge in deciding proper disposition of juvenile cases.

The child support section's caseload has increased from 3,345 in 1959 to 4,000 today with the addition of only 1 probation officer, from 10 to 11, in that time. In addition to the two probation officers we are requesting for adult work we also are asking for an investigator. A study made of probation officer caseloads during the month of March 1961 revealed that probation officers did not know the whereabouts of 555 of the 2,529 men then on probation to the section. Burdened with high caseloads our present probation staff have not been in a position to search for these missing probationers as persistently or effectively as an investigator could.

There is also a critical need for supporting clerical personnel. At the present time, case filing and transcription are running at least 2 weeks behind schedule. With more probation officers it will be even further behind.

A comparison of the 1963 level of operation for the parts of the program which relate to the 1964 increase follows:

	1963 available	Increase requested	1964 total
Intake officers	7	1	8
Juvenile probation officers	17	6	23
Child support probation officers	10	2	12
Investigator	0	1	1
Clerk-stenographers	5	3	8
Clerk-typists	3	2	5
Total	42	15	57

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS–10 intake officer	1	$7,301	$185	$580	$14	$525	$8,605
GS–10 juvenile probation officers	3	21,903	555	1,740	42	1,575	25,815
GS–9 juvenile probation officers	3	20,031	495	1,611	39	1,575	23,751
GS–10 child support probation officer	1	7,301	185	580	14	525	8,605
GS–9 child support probation officer	1	6,677	165	537	13	525	7,917
GS–7 investigator	1	5,554	115	460	9	975	7,113
GS–4 clerk-stenographer	3	12,354	137	960	12	2,565	16,028
GS–3 clerk-typists	2	7,654	60	598	4	1,550	9,866
Total	15	88,775	1,897	7,066	147	9,815	107,700

Activity 5. Youth guidance project, $29,856

The youth guidance project was begun by the juvenile court of the District of Columbia in September 1960 with a 2-year grant from the Eugene and Agnes E. Meyer Foundation. The goal of the project was to develop it into a laboratory for the investigation of various methods of rehabilitating chronic delinquent boys. After 2 years, a supplemental grant was awarded by the Meyer Foundation to keep the project going for a third year.

Chronic delinquent boys still of public school age are sent to the project after receiving suspended commitments to the Department of Public Welfare or the National Training School for Boys. They attend the project for 2 hours each day immediately following their school day. The "curriculum" of the project consists of remedial education, arts and crafts, gymnasium sports and calisthenics, and group therapy and counseling. Boys are sent to the project for 3 months. If they cause no trouble at home, in school, or in the community for this time, their suspended sentences are vacated and they are placed on probation to the court. If, at any time while in the project, they get into more trouble, they are immediately returned to court and committed.

In the 2½ years of project operation 140 boys have been sent to the project and another 25 are currently enrolled. Sixty-three of the 140 boys or 45 percent, have been in no further community trouble, some of them for over 2 years. The average boy completing the project has stayed out of trouble for over 1 year. Considering that all of them were chronically delinquent prior to going to the project, this is no small feat. While in the project, 80 percent of the boys—even those eventually committed—did well in school in terms of attendance, citizenship, and effort, contrasted with only 33 percent who did well prior to project attendance.

But for this project, 63 boys would have gone to one or another of the training schools at a conservatively estimated cost to the District of Columbia of $2,500 per year per boy, a total of nearly $170,000, yet the budget for the project for this same period of time was $76,000. Money has been saved the District of Columbia. Sixty-three boys have been rehabilitated.

TABLE I.—*Number of months boys have been out of trouble since entering youth guidance project*

Months:	*Number of boys*
25 to 30	7
19 to 24	7
13 to 18	14
7 to 12	17
1 to 6	18
Total	63

Greater potential value lies in the area of research into the treatment of the chronic delinquent. In this area, the effort has but begun. Through knowing this relatively small number of boys well, the project is beginning to learn how to help specific types of boys and is acquiring insight into the type of boy who is most resistant to help. Perhaps the project can best be assessed through the

words of a boy, a chronic truant, a chronic thief, and a chronic fighter who now, though over mandatory school attendance age, is attending school, making good grades, and not fighting: "It showed me somebody cared enough for me to help me keep out of trouble, and it showed me I had heart enough to keep out of trouble myself since I left it."

	1963 (available)	Increase requested	1964 total
Project officer		1	1
Assistant project officer		1	1
Secretary		1	1
Total		3	3
Teachers contracts		$5,400	$5,400
Operational costs		1,400	1,400
Total		6,800	6,800

The total increase requested will be distributed as follows:

Position or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Project officer, GS-11	1	$8,045	$173	$643	$15	$450	$9,326
Assistant project officer, GS-9	1	6,675	168	544	14	450	7,851
Secretary, GS-5	1	4,565	57	402	5	850	5,879
Teachers (contracts)		5,400					5,400
Operational costs						1,400	1,400
Total	3	24,685	398	1,589	34	3,150	29,856

General operations, $8,000.—A total of $8,000 is needed for various increased operating costs. Jurors' fees and lunches are increasing as the court has jury trials 2 or 3 days a week instead of twice a month which was usual. Printing and reproduction costs and repairs to office machines have been increasing. Local travel by probation officers has also increased both because the workload is heavier and because the court is fully staffed. Office machine rental will be increased when the court has its own tabulating machine unit which it must in order to get its quarterly statistics out within a month as required by new legislation. The following table illustrates both actual and anticipated increases:

Fiscal year	Jurors' fees	Jury lunches	Printing and reproduction	Automobile allowance	Machine rental	Repairs to equipment
1958 (actual)	$4,479	$134	$2,687	$1,610	0	0
1959 (actual)	2,443	47	3,012	1,650	$775	$337
1960 (actual)	1,582	11	2,106	1,954	816	1,033
1961 (actual)	2,310	52	2,885	1,745	2,223	649
1962 (actual)	1,600	123	2,703	1,803	4,135	1,114
1963 (estimated)	3,600	250	4,500	2,000	5,300	1,500
1964 (estimated)	6,200	400	5,000	3,000	7,000	2,000

Item	1963 (available)	Increases requested	1964 (total)
Jurors fees	$3,600	$2,600	$6,200
Jury lunches	148	252	400
Printing and reproduction	3,500	1,500	5,000
Local travel	2,000	1,000	3,000
Repairs and maintenance to equipment	1,052	948	2,000
Machine rental	5,300	1,700	7,000
Total	15,600	8,000	23,600

The total increase requested will be distributed as follows:

Position or item	Number requested	Personnel compensation (present rate)	Personnel benefits	Other	Total
Jurors fees		$2,600			$2,600
Jury lunches				$252	252
Printing and reproduction				1,500	1,500
Local travel (auto and bus)				1,000	1,000
Repairs and maintenance of equipment				948	948
Machine rental				1,700	1,700
Total		2,600		5,400	8,000

District of Columbia Court of General Sessions

Allotment summary

1962 allotment	$1,719,300
1963 allotment (excludes supplemental amount of $45,089, Public Law 88–25)	1,731,867
Deduct: Nonrecurring items	−1,751
1963 adjusted (1964 base) original estimate	1,730,116
Original budget increases	+113,684
Total budget estimate—Original submission to House	1,843,800
Reductions: House action	−2,500
House allowance on original estimate	1,841,300
Additional proposals: Senate Document No. 32	+50,700
Total 1964 estimate requested in Senate	1,892,000

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
District of Columbia court of general sessions (general fund)	$1,730,116	$113,684	$1,843,800	$2,500	$1,841,300	$50,700	$1,892,000

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for "District of Columbia Court of General Sessions," $50,700:

Activity 2. District of Columbia Court of General Sessions, $50,700

A. Administrative services, $24,970.—A budget clerk, a procurement clerk, and a time and attendance clerk are urgently needed in the Administrative Department.

The work of the Administrative Department has increased tremendously during the past several years due to the addition of new departments in the court and the appointment of additional judges and personnel and, as a result of insufficient staffing, is behind at many points. It has, therefore, become increasingly difficult to meet the many necessary deadlines imposed by the Budget Office, Procurement Office, Accounting Office, Personnel Office, Internal Audit Office, General Accounting Office, and other departments, and to comply promptly with requests of the 16 judges, the clerk of the court, the department heads, and personnel. Vacations and sick leave make further inroads on the small number of personnel available for this work. The present staff is frequently required to work excessive amounts

of overtime to meet deadlines, which results in accumulation of compensatory time and, therefore, in further absences.

The personnel of the Administrative Department is utilized to the fullest extent, the employees being trained to assist in as many functions as possible. The major types of work handled by the Department, covering all areas of the court, are as follows: Budget, personnel, statistics of all branches, preparation of reports of the chief judge to the Attorney General and District of Columbia Commissioners, reports of the clerk of the court, reports of obligations, procurement, accounting, financial reports, property records, payroll material, leave records, jury payrolls, duplicating, and miscellaneous reports, such as compiling monthly lists of jurors with their ages, addresses, and occupations, preparing vouchers to reimburse the witness fee fund of the clerk of the court, distribution of legislation, Commissioners' orders, police regulations, etc., and keeping files covering the aforementioned functions.

The budget clerk is needed to assist in the preparation of material for submission to the Budget Office, District of Columbia, the Bureau of the Budget, the Commissioners, the House Appropriations Committee, and the Senate Appropriations Committee. This involves the preparation of charts and statements, personal services worksheets, statements relating estimates to current appropriations, analytical data, work plans, apportionments, status of appropriations, appropriation analyses, priority level studies, etc. This employee would also assist in the preparation of reports to the administrative officer concerning the status of object accounts, such as personal services, equipment, communications and travel, various analytical reports and statistics. One GS–5 budget clerk is urgently needed to augment the present complement, consisting of a GS–7 budget assistant, to preclude delays in the preparation of materials required for budgetary purposes and to provide adequate budget controls.

The procurement clerk is needed to assist in the maintenance of inventories, preparation of inventory reports, and control of equipment and supplies; the prompt procurement and distribution of lawbooks and continuances to sets of lawbooks, consisting of new volumes, pocket parts, supplements, and advance sheets for use of the judges and attorney advisors; the preparation of orders for docket cards, various types of specially designed file folders and numerous court forms, rubber stamps, etc., the procurement of repairs and maintenance of office machines and other equipment; the filling of requisitions for supplies, printing, equipment, etc.; and the maintenance of the purchase order journal, receipts, and other records. The increased business of the court makes it necessary to purchase much larger quantities of supplies, dockets, docket cards, and various forms, such as praecipes, subpenas, certificates, monthly reports, case jackets, assignment sheets, certified mailing jackets and cards, certified copies of judgments, summonses, authentication forms, landlord and tenant complaints, writs of attachment, journal sheets, binding of indexes, rebinding of dockets, various types of post card notices and checks. Prompt procurement of lawbooks, dockets, file folders, printed forms, and supplies is essential to the operation of the court. It is considered necessary that the present complement, consisting of one GS–5 procurement clerk, be augmented by one GS–4 procurement clerk to meet the increased workload of the court and provide adequate inventory controls.

The time and attendance clerk is needed to audit and record annual, sick and compensatory leave, leave without pay, and military leave, from timesheets filed in the Administrative Department by all departments of the court, distributed throughout two large buildings. This function is most important in assuring the accuracy of detailed individual reports to the Accounting Office biweekly on each employee of the court, so that paychecks will be issued in the proper amounts, leave without pay will be charged where applicable and employees will be credited with appropriate leave accruals, charged leave as approved and not granted leave which has not been earned or advanced. Reports must be given to employees as to the status of their leave to avert overuse of leave and to permit them to plan their leave requests to avoid loss of annual leave at the end of the year or loss of compensatory leave after expiration of 1 year from the date earned by each employee. Reports must also be submitted to the department heads. Approved applications for leave (form 71) must be checked to determine that they conform with timesheets and must be obtained promptly if not filed, accompanied by doctors' certificates when indicated. A large amount of contact work is involved in handling these details with 197 employees and the department heads. The time and attendance clerk would also assist the payroll clerk and act in the absence of that employee.

The new payroll system adopted by the District of Columbia Accounting Office during the fiscal year 1962 has imposed a terrific burden on the one payroll clerk of the District of Columbia Court of General Sessions due to greater detail required in the preparation of time and attendance reports (form 251) and preparation of permanent change coding sheets (form 262) covering every personnel change; e.g., appointments, promotions, separations, tax withholding exemptions, address, marriage, health benefits, insurance, bond withholdings; etc. In the past few years the work involved in connection with health benefits and group life insurance has also been added to the responsibility of the payroll clerk. Recently another added duty was the receipt and distribution of and accountability for U.S. Government bonds, which were formerly mailed to employees by the Treasury Department. This requires record keeping to be sure bonds are received as paid for by each participant under the plan and preparation and obtaining of receipts.

This employee also prepares jury payrolls and reports, indicating Government and non-Government employees, juror man-days and obligations, receives and distributes salary checks of judges and employees, and performs many other duties relating to payroll work.

One payroll clerk is unable to cope with these increased responsibilities and other employees of the Department are obliged to assist, resulting in backlogs in their functions. It is necessary for the payroll clerk and other employees to work overtime to meet deadlines set by the Accounting Office. The payroll and time and attendance work require the full time of two employees.

There have been only three employees added to the Administrative Department since 1946. The court personnel has increased from 102 in 1946 (92 classified and 10 judges) to 213 in 1963 (197 classified and 16 judges) an increase of 108.82 percent. The appropriation which must be accounted for by the Administrative Department has increased from $385,440 in 1946 to $1,731,867 in 1963, an increase of 349.32 percent (due largely to appropriation for new departments and pay increases). The business of the court has increased from 108,071 cases filed in 1946 to 214,515 in 1962, an increase of 98.49 percent. Since 1954, there have been added to the court the following units: Central Violations Bureau, Domestic Relations Branch, Reciprocal Support Section, and Alcoholic Rehabilitation Section.

These factors result in a corresponding increase in the work of the Administrative Department.

The sum of $6,500 is requested to cover the mounting costs of supplies and materials to meet the increasing workload. In 1962 there were 214,515 cases filed compared with 203,659 in 1960, an increase of 5.33 percent. The cash income from fees, fines, and forfeitures for the same period increased from $3,222,301 in 1960 to $3,495,438 in 1962 or 8.48 percent. In addition, the general average price trend has increased about 1 percent per annum or 3 percent in 3 years. Following are some of the other factors contributing to the need for larger quantities of supplies: The establishment in 1959 of the Alcoholic Rehabilitation Section, for which no appropriation was provided other than for personnel; the procurement of additional docket cards used as a result of the Garnishment Act of 1959; the increasing cost of photocopy paper used primarily for copying court papers and exhibits for use in the preparation of records on appeal; the increased cost of supplies for the Reciprocal Support Section due to a 218.28-percent increase in receipts and disbursements of support payments from $222,063 in 1959 to $706,781 in 1962.

B. Court reporting, $7,750.—An additional court reporter is needed for the following reasons:

(*a*) The number of cases filed in the court increased 19.36 percent from 1956 to 1962.

(*b*) The judges are frequently denied the service of reporters in important cases because of the shortage of reporters.

(*c*) There were 253 cases certified by the U.S. District Court to the District of Columbia Court of General Sessions during the fiscal year 1962.

(*d*) The present staff is overworked and required to perform excessive overtime.

There are only 8 reporters in the court of general sessions who are on call by the 16 judges for service in all branches of the court. Full-time reporting is required in the jury branch and motions branch of the civil division and in the three courts of the domestic relations branch and frequently in the jury branch and U.S. branch of the criminal division and in cases from general assignment in the civil division.

While court reporters are required only occasionally in the traffic, District of Columbia, landlord and tenant, and small-claims branch of the court, the four judges assigned to these branches handle civil jury and nonjury cases from general assignment as soon as their respective calendars are complete, in addition to the five judges currently assigned to general assignment.

The court reporters attend the sessions of the court and record verbatim all proceedings therein and transcribe the same upon order of the judge presiding. Official transcripts of the testimony are helpful to the judge in reaching his decision and settling differences of opinion arising between counsel and the judge as to the exact testimony previously heard. In addition to reading aloud to the judges excerpts from their notes, the reporters are also required in many lengthy cases to read their notes, make excerpts, and write summaries for the judges. The reporters are frequently called upon to furnish "daily copy," i.e., transcription in the evening of the day's proceedings for use the following morning, or transcription over the luncheon recess of portions of the morning's proceedings for use during the afternoon session.

The annual averages of the services performed by the present eight reporters for the 1962 calendar year as compared with the 1961 calendar year are as follows:

	Calendar year 1961 number of pages	Calendar year 1962 number of pages	Percentage of increase or decrease
Take shorthand notes which, if transcribed, would represent	280,400	312,600	+11.48
Average for each reporter	35,050	39,075	+11.48
Transcribe for litigants a total of	24,400	28,200	+15.57
Average for each reporter	3,050	3,525	+15.57
Transcribe for the judges a total of	14,500	16,200	+11.72
Average for each reporter	1,812	2,025	+11.75
Read aloud, at the request of the judges, excerpts from notes to the extent of approximately	9,820	8,200	−16.50
Average for each reporter	1,228	1,025	−16.53

As stated above, the judges are frequently denied the service of reporters in important cases because none are available. One additional reporter granted in 1959 relieved the situation slightly, but, as was stated at that time, four were really needed. The business of the court has continued to increase and the shortage of reporters has become more acute. Unless the additional reporter requested is granted, the judges will continue to be denied the service of reporters in many important cases and transcripts will not be available to attorneys and litigants for use in appeals.

C. Domestic relations branch, $7,600.—Due to a tremendous increase in workload in the domestic relations branch, particularly in the reciprocal support section, there is an urgent need for additional equipment to expedite support payments and accounting and to save manpower. Following are the items of equipment needed: An accounting, posting, and check writing machine at $5,225, a check signing machine at $1,375 and an inserter for inserting checks in window envelopes at $1,000.

The following statistics are submitted in support of this request: Receipts and disbursements of support payments in reciprocal support cases have increased from $222,063 in 1959, the first full year's operation, to $706,781 in 1962, an increase of 218.28 percent. There were 23,392 transactions in 1962. In addition, receipts and disbursements in local support cases under the Domestic Relations Act totaled $660,569 during 1962 in 16,935 transactions. There were 40,327 transactions and a total of $1,367,350 received and disbursed in reciprocal support cases and in local support cases under the Domestic Relations Act during 1962.

In the reciprocal support section receipts and disbursements have steadily increased since the first year's operation, when they totaled $36,000. During 1959 receipts and disbursements totaled $222,063, during 1960 totaled $405,984, during 1961 totaled $559,370, and during 1962 totaled $706,781.

The accounting, posting, and checkwriting machine will be identical to the one now in use. There are two posting clerks, but only one machine available. The fact that the workload has more than doubled from 1959 to 1962 indicates the need for another machine. The check signing machine will save many man-hours of time of high-level employees and the inserter will be a time saver and help to meet the increasing workload.

D. Data processing program, Central Violations Bureau, $10,380.—The court has participated in an intensive study and development of traffic violation notice procedures and the related court processes. New procedures to support requirements of the Police Department for reporting and filing actions dictates changes and addition of certain data processing equipment. Also the increased volume of current business requires additional manning by one position. The requirements are outlined below with specific justification data.

	Recurring increased annual costs
Rental of machines:	
1 Alphameric collator with counting device to replace a numeric collator presently installed	$3,300
1 Alphameric interpreter with repetitive printing and presensing devices (additional)	2,220
2 Alpha summary punch devices to modify the current installed 403 accounting machine	280
Total recurring annual costs of rental of machines	5,800
Equipment required: Equipment costs for card file cabinets (6 at $225)	$1,350

JUSTIFICATION FOR RENTAL OF MACHINES AND EQUIPMENT

An overall savings annually in police manpower of 48,000 hours is anticipated as a result of new procedures planned for installation. The interpreter machine will be used for printing of punchcards that will be machine sorted by the police in the warrant detail of the Central Violations Bureau. Presently they are hand sorting manual records printed on the accounting machine. In addition the interpreter will be used for printing warrant control cards to be used in management reporting to the Deputy Chief of the Traffic Division, Metropolitan Police Department and Chief of the U.S. Park Police. Changes of other equipment for alphabetizing will permit the production of police activity reports by name of officer, multiple violation reports by tag, number, and alpha prefix by violator name to aid in searching and by sheet location activity. The multiple violator (scofflaw) reports will greatly improve efficiency in enforcement by the Police Department, saving many additional man-hours. It is estimated that forfeiture of collateral as a result of stronger enforcement will more than pay for the cost of equipment required.

Personnel required:	*Estimated annual cost*
1 GS–5 electric accounting machine operator, and related costs	$5,203
Fiscal year 1964 costs for 7 months	3,230

JUSTIFICATION

Normal volume increases of parking violations for 1962 were up by 13 percent and current trends for 1963 show an additional increase of approximately 10 percent. This would normally dictate a requirement for three additional personnel. However, by the development of new procedures to be installed in the machine processes, the manpower requirements are held to a minimum. Additional volumes will result from the new traffic violation notice procedures and reporting required by the Police Departments, but the one additional position will be sufficient for fiscal year 1964.

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 requested increase follows:

	1963 (available)	Increase requested	1964 (total)
Administration:			
Administrative officer	1		1
Assistant administrative officer	1		1
Personnel assistant	1		1
Budget assistant	1		1
Budget clerk		1	1
Accounting clerk	2		2
Payroll clerk	1		1
Procurement clerk	1	1	2
Statistical clerk	1		1
Time and attendance clerk		1	1
Miscellaneous duplicating machine operator	1		1
Telephone operator	3		3
Messenger	1		1
Total	14	3	17
Supplies and materials	$25,801	$6,500	$32,301
Court reporting services: Official court reporter	8	1	9
Domestic relations branch: Equipment		$7,600	$7,600
Data processing program, Central Violations Bureau:			
Clerical section supervisor	1		1
Assistant clerical section supervisor	1		1
Electric accounting machine operator	9	1	10
Total	11	1	12
Rental of machines	$16,560	$5,800	$22,360
Equipment		1,615	1,615

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-10, court reporter	1	7,290	192	255	13		7,750
GS-5, budget clerk, administrative	1	4,565	60	310	3	563	5,501
GS-4, time and attendance clerk, administrative	1	4,110	79	360	6	577	5,132
GS-4, procurement clerk, administrative	1	4,110	79	325	6	589	5,109
Equipment						7,600	7,600
Supplies and materials						6,500	6,500
Postage						2,728	2,728
Data processing program, Central Violations Bureau, including 1 GS-5, electric accounting machine operator	1	2,669	63	229	4	7,415	10,380
Total increases from 1963 base	5	23,217		1,511		25,972	50,700

U.S. Courts

Allotment summary

1962 allotment	$3,366,200
1963 allotment—1963 adjusted (1964 base) original estimate (excludes supplemental amount of $117,400, Public Law 88–25)	3,400,090
Original budget increases	+274,410
Total budget estimate—Original submission to House	3,674,500
Reductions: House action	−300
House allowance on original estimate	3,674,200
Additional proposals: S. Doc. 32	+20,000
Total 1964 estimate requested in Senate	3,694,200

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Judiciary	$1,673,400	$150,000	$1,823,400	----------	$1,823,400	----------	$1,823,400
2. Department of Justice	1,290,690	70,010	1,360,700	----------	1,360,700	----------	1,360,700
3. General Services Administration	336,000	44,400	380,400	----------	380,400	----------	380,400
4. Legal Aid Agency	100,000	10,000	110,000	$300	109,700	$20,000	129,700
Total (general fund)	3,400,090	274,410	3,674,500	300	3,674,200	20,000	3,694,200

D. LEGAL AID AGENCY

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for Legal Aid Agency, $20,000:

The Legal Aid Agency for the District of Columbia was created by Public Law 86–531, approved June 27, 1960, to represent indigents in criminal proceedings in the U.S. District Court for the District of Columbia; in preliminary hearings in felony cases, and in cases involving offenses against the United States in which imprisonment may be for 1 year or more in the District of Columbia court of general sessions; in proceedings before the Coroner for the District of Columbia and the U.S. Commissioner; in proceedings before the juvenile court for the District of Columbia, and in proceedings before the Commission on Mental Health of the District of Columbia and proceedings in the courts arising therefrom.

Case workload

	1961	1962	1963	1964 estimated
U.S. District Court	114	133	241	285
U.S. Commissioner	16	246	265	265
Coroner	10	110	124	124
Juvenile Court	18	23	53	75
District of Columbia Court of General Sessions	144	15	10	----------
Mental Health Commission	181	1,366	1,188	1,260
Total caseload	483	1,893	1,881	2,009

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 increase follows:

	1963 (available)	Increases requested	1964 total
Legal Aid Agency:			
Director	1		1
Staff attorneys	4	2	6
Investigators	4		4
Clerical staff	4		4
Total	13	2	15
Travel costs	$2,100	$1,100	$3,200
Equipment	100	1,000	1,100

The increases for 1964 will provide for the following:

	Personnel compensation	Benefits	Other	Total
Additional positions on legal staff	$15,450	$1,150		$16,600
Extra work day and pay costs	1,200	100		1,300
Equipment			$1,000	1,000
Travel			1,100	1,100
Total proposals	16,650	1,250	2,100	20,000

JUVENILE COURT

Senator BYRD. The first witness is Chief Judge Miller of the Juvenile Court.

Good morning, Judge Miller.

Judge MILLER. Good morning, Senator.

Senator BYRD. I believe your 1963 adjusted, 1964 base was $844,929. The original budget increase was for $103,571, making a total budget in the original submission to the House of $948,500.

The House reduced this by $1,700. Were any additional personnel given by the House?

Judge MILLER. In the A budget?

Senator BYRD. Yes.

Judge MILLER. No, sir.

JUDICIARY ACTIVITY

Senator BYRD. So we come down to the first item, "Judiciary." The House allowed $116,013, and I assume this was all made up of mandatory items?

Judge MILLER. Yes, sir.

SOCIAL SERVICE DIVISION

Senator BYRD. There are no additional personnel, of course, requested there. Now, in the No. 2 item, "Social Service," "Social Service Division," $113,244 is being requested. And in this amount there seems to be one clerk-receptionist, GS–4. Is that correct?

Judge MILLER. Yes, sir.

Senator BYRD. All right. Would you like to comment on this item?

Judge MILLER. Mr. Chairman, first, may I ask if you want a brief statement on the entire budget?

Senator BYRD. Yes, you may include that in the record, if you like, Judge Miller, unless you wish to read it.

Judge MILLER. It would give you an overall picture of what we are asking for.

Senator BYRD. If you will present that for the record, and then we will go through it item by item just as we have been doing on every department.

Would this be satisfactory to you?

Judge MILLER. All right, sir.

(The statement referred to follows:)

STATEMENT OF CHIEF JUDGE MORRIS MILLER, JUVENILE COURT OF THE DISTRICT OF COLUMBIA

The juvenile court's A budget request as approved by the House is for basic required items to permit the court to pay the salaries of its present staff. The amounts approved for this purpose are $57,172 for pay raises of October 1962 and January 1964; $10,081 for within-grade advancements; and $34,931 for salaries which were annualized last year because of the late appropriation. The total A budget increase approved by the House is $102,184. There was a cut of $1,387 which we have been required to absorb.

In the year that I have been at the court there are certain matters which have given me great concern. These matters, numbering three, are expressed in our appropriation request contained in the B portion of the budget before you today. The total cost of these items is $151,100.

1. Youth guidance project ($29,856): For the past 3 years the Eugene and Agnes Meyer Foundation has supported a project at the court in which chronically delinquent boys have been allowed, through close supervision and remedial work, to remain in the community. They are sent to our youth guidance project where they report every day after school for 3 months. If they cause no further trouble at home, in school, or in the community they are placed on probation to the court. Our experience with this project has been excellent. A report which I have with me tells the story of the project in detail. Aside from all the social plus factors resulting from this project, I invite your attention to the dollar and cents values. It costs three times as much to maintain a boy in an institution for a day as it does to send him to the project. Furthermore, project cost for a boy is only for 3 months, whereas the institution cost continues for the length of commitment.

2. Additional staff needs in social services ($113,234): The accelerated pace of court hearings coupled with the increased referral of juvenile and adult cases has placed a very heavy burden on the professional and clerical staff of the Social Service Division. Under present work conditions the court cannot do the kind of intake screening or offer the kind of probation services which are required to produce the most effective results in dealing with juveniles and adults.

In juvenile intake the professional staff totals seven, the same as it did in 1959. In the 6 years between 1959 and 1963 the delinquency referrals have increased 72 percent from 2,498 to 4,291 and there appears to be no letup in the increase. July and August 1963 showed 10 percent more referrals than a year ago. We are asking for just one additional intake officer because we have been able to shift some of the intake burden (juveniles already on probation or under study when a new complaint is received) to the juvenile probation staff.

In juvenile probation the professional staff totals 17, 2 more than were there in 1959. Since 1959 the caseload consisting of probationers and social studies has been running 20 to 30 above the national recommended standard of 50 cases per probation officer. Today in addition to having a heavy caesload of probationers and studies, the probation officers also do intake work with complaints on juveniles already on probation or under study. We are asking for six probation officers to allow our staff the time to give adequate service to those juveniles on probation, to make full social studies, and to prepare for court hearings.

In child support probation the professional staff has been increased from 10 to 11 since 1959. Their caseload has increased from 3,345 to 4,000 in the same period. One additional probation officer and an investigator to relieve probation officers of the task of searching for missing probationers will help the officers in this section to give somewhat better service to their clients and to assure more regular payments on their court orders for support.

Supporting clerical services must also be improved. We are asking for three stenographers, two typists, and one additional receptionist to assure the timely preparation of social studies, records, and reports for court hearings.

3. We are also requesting $8,000 for increase in various general operating expenses. The cost of jurors' fees and lunches has increased because we now have more jury days than formerly. Our printing costs, local travel by probation officers, and equipment repairs have increased because of the increased volume of work and the increase in number of staff. The volume of work in our statistical section has also increased to the point that additional machine rental is required to permit timely statistical reporting.

CLERK RECEPTIONIST

Judge MILLER. On this clerk-receptionist, that is $5,544. It is requested for the child support probation section of the Social Service Division.

We have now in that Division two of these receptionists.

I should identify this child support probation section. We have an intake and a probation unit which deal with juveniles, and in our adult jurisdiction division we have a child support probation section.

This particular clerk-receptionist is in that child support. The justification relates to the additional amount of work that has to be handled by the probation officers in the child support probation section.

This new position will handle all the clerical work incident to the reviews which are being made, checking with the financial office to ascertain the amount that has been paid, the amounts that are due, getting current addresses of the parties involved, preparing necessary papers, being present at the review to take notes, and preparing final papers for approval for the judge sitting on adult cases.

There are approximately 30 to 40 reviews per week. And a substantial amount of clerical work is required after the administrative review to complete the necessary legal papers and the forms prefatory to judicial action.

We have been concerned, as I suspect you have, and I know the Commissioners have, about the collections that the court is obligated to make. We believe that the addition of this clerk-receptionist will help us in effecting more collection payments.

Senator BYRD. You presently have two?

Judge MILLER. Yes, sir.

Senator BYRD. You have good reason to believe that the additional position will assist the court in collecting these payments due to support children?

Judge MILLER. Yes, sir; I do. I don't want to leave unsaid, however, the fact that there are other requests relating to the same target, that is, increasing of collections. This is one, however.

ADDITIONAL EMPLOYEES, INTAKE AND PROBATION

Senator BYRD. All right. Let's see now, Judge Miller, the remainder of the $113,244 is for what? Just briefly.

Judge MILLER. For additional employees in the intake and probation staff. We are now speaking of juveniles. And, also, for two additional probational officers in the child support.

Do you want me to address myself to that, Mr. Chairman?

Senator BYRD. Would you wait just a second, please.

TOTAL ADDITIONAL POSITIONS REQUESTED

You are requesting 15 additional positions. I believe you presently have 42; is that correct?

Judge MILLER. Yes, sir.

Senator BYRD. I am forgetting, for the moment, about the one additional receptionist.

Judge MILLER. That makes 15; that is right.

Senator BYRD. Which we have already discussed. But you have 42, I believe. Are all of these filled?

Judge MILLER. All but one.

Senator BYRD. What is the one?

Judge MILLER. In the child support section. That is the probation officer working on the adult cases. There is one vacancy there now.

Senator BYRD. So you have 17 positions with 1 juvenile probation officer position?

Judeg MILLER. The 17 are the juvenile probation officers. The 1 vacancy that I was referring to, Mr. Chairman, was in the adult, which has 11.

Senator BYRD. Oh, I see. Well now, I am looking at your breakdown of 42 present positions, and I am trying to locate the 1 vacancy.

Judge MILLER. Child support, that is the third line.

Senator BYRD. Yes. Instead of 10, you have 9?

Judge MILLER. Yes.

Senator BYRD. And you are requesting two additional child support probation officers?

Judge MILLER. To the full complement of 10.

Senator BYRD. Why has the one position not been filled?

Judge MILLER. The vacancy is not old enough to have filled it. We have the register already received from the Civil Service Commission, from whom we get our probation officers.

Senator BYRD. Did we add any positions last year in this area?

Judge MILLER. No, sir.

ADDITIONAL INTAKE OFFICERS

Senator BYRD. All right. What is the justification for the one additional intake officer?

Judge MILLER. Intake is that unit of the court which reviews every referral from the Youth Aid Division on delinquency cases only. The increase in referrals from the Youth Aid Division has been marked, not only currently, but actually on a year-to-year basis.

INCREASE IN CASES REFERRED TO COURT

For the fiscal year 1963, Mr. Chairman, there were 4,878 juvenile cases referred to the court, which was some 700 more than the preceding year, and a thousand more than the year before that.

I can give you as far back as 1959.

But there has been a steady increase in the amount of referrals. That is on a yearly basis. On a current basis, it is even more marked.

In May of this year, the Youth Aid Division referred 401 cases, which was an alltime high for our court. In September, this current month, there were 378 cases through September 26. That does

not include this weekend, with every weekend being a large source, and also next Monday, September 30.

It is quite clear as of today that September is going to be the new alltime high on referrals.

In actual fact, however, the constituency of the intake section, as such, has not increased much. There were six such people in 1958. There are only seven now.

INFORMATION ON MONTHLY TRENDS

Senator BYRD. Will you supply, for the record, the chart from which you are reading or were reading earlier?

Judge MILLER. The comparison with last year?

Senator BYRD. Annually, yes.

Judge MILLER. If you wait until October, I can give you the actual September figure.

Senator BYRD. Well, perhaps we cannot go too far into October. But if we could have this chart and this recent monthly trends chart.

(The charts referred to follow:)

Juvenile referrals for delinquency and traffic calendar, 1963

	Individual children [1]				Referrals [2]		
	Delinquency	Conbination delinquency and traffic	Traffic	Total children	Delinquency	Traffic	Total
January	334	6	13	353	376	22	398
February	349	3	15	367	372	20	392
March	357	2	16	375	384	19	403
April	327	7	11	345	362	19	381
May	382	5	14	401	406	20	426
June	319	1	24	344	341	26	367
July	336	7	22	365	372	31	403
August	350	2	25	377	377	27	404
September	376	5	30	411	413	35	448

[1] From Juvenile Intake Section records. Individual children are counted only once during the month regardless of how many times referred during the month.
[2] From Statistics Section records.

Juvenile referrals [1] for delinquency and traffic, fiscal years 1959–63

Fiscal year	Delinquency	Traffic	Total
1959	2,498	259	2,757
1960	2,934	312	3,246
1961	3,225	232	3,457
1962	3,665	250	3,915
1963	4,291	290	4,581

[1] From Statistics Section records.

JUVENILE PROBATION OFFICERS

Senator BYRD. Now, the six juvenile probation officers, Judge Miller, would you address yourself to this item?

Judge MILLER. In a large measure, the explanation is the same. The probation officers we are speaking of now are those who are giving supervisory services to those who are put on probation, as opposed

to those who are committed. And, of course, inevitably if you have an increase in referrals, an increase in petitioning, an increase in judicial dispositions, you are going to have an increase in those who are put on probation.

The probation work, however, is for a longer period of time. And the number of juveniles on probation, has, of course, also increased.

CASELOADS OF PROBATION OFFICERS

In 1959 the caseload of these probationers, Mr. Chairman, was 77 per probation officer. Today it is about 90. At the time this submission was made to you, it was 94.

I think it is about 90 now.

Also, there is this: With the additional complement of two judges, there has been more and speedier work of referral to the judges and action by the judges, which increases the rate at which children are placed on probation.

Senator BYRD. Would you give us a chart for the record which would show the trend in this area of our discussion, Judge Miller?

Judge MILLER. Yes, sir.

(The chart referred to follows:)

Juveniles placed on probation

Period:	*Number*
July–September 1962	57
October–December 1962	195
January–March 1963	266
April–June 1963	288

Senator BYRD. How does your caseload compare with that of Federal probation officers?

Judge MILLER. I don't know.

Senator BYRD. Could you supply this for the record?

Judge MILLER. I think we could get that.

(The data referred to follow:)

Comparison of caseloads in District of Columbia juvenile court and U.S. district court for the District of Columbia

	Juvenile court (juveniles only)	U.S. district court
Average number of probationers per officer	85	80
Average number of cases received monthly per officer for pre-sentence investigation	6	5

PRE-SENTENCE INVESTIGATIONS

Senator BYRD. Do the officers conduct presentence investigations?

Judge MILLER. Yes. If you can use the word presentence, but it amounts to that. When an adjudication has been made, that is, when a determination has been made by a judge that a child is within the jurisdiction of the court the next step in the judicial processing is the disposition. If the child has been known to the court before, there is no need for additional social investigation and a disposition can be made immediately after the finding of involvement.

On the other hand, if it is a child whose appearance is first in the court, there is obviously not enough information about the child at that time, and in that case the case is continued for disposition while the social study or, as you refer to it, presentence investigation is being made.

When that is completed, the case is brought back for a hearing on disposition.

Senator BYRD. Did we supply any additional positions in this area last year?

Judge MILLER. No, sir.

CHILD SUPPORT PROBATION OFFICERS

Senator BYRD. We did not. Now, we go to the request for two additional child support probation officers.

Judge MILLER. All right, sir. There again this is a factor of business. In 1959 the caseload was 3,345. It's over 4,200 today.

Since that period of time, there has been one additional child support probation officer. It is again, Mr. Chairman, a question of mathematics of increased load.

INVESTIGATION REQUESTED

Senator BYRD. Now, there is a request for one investigator. You have none at the present time.

Judge MILLER. Yes. That is what I meant when I referred earlier to your comment about the additional clerk-receptionist helping on collections.

We feel that we need an investigator to help in locating the defendants who are behind in their payments.

These defendants we are speaking of, Mr. Chairman, are people who have already been found guilty of either nonsupport or as being the fathers of children born out of wedlock.

They are already known to us in terms of address; otherwise they couldn't have been found guilty. But during the course of their obligation to make payments, they do move. They are not the character of people who are outstanding for their stability. And we do need some help in order to give the probation officers the advantage of knowing where they are. We don't think that it is a good use of professional probation officer's time to be spent in just sheer investigating work.

Senator BYRD. Who does the work now?

Judge MILLER. The probation officers do it to the extent that they have time.

Senator BYRD. Some of it isn't done?

Judge MILLER. It's never not done, but it isn't pursued as vigorously as it might be. It is not that the probation officers are helpless. We have access to other sources of help that we would expect the investigator to resort to.

COOPERATION OF OTHER DEPARTMENTS

The Department of Public Welfare, for example, because many of these families are on public assistance, and they can help locate them.

We utilize the police, we use every resource that we can. But it is still the use of professional time for what ought to be an investigator's

time. And to the extent that they are spending the time, they are immobilized on their professional work.

Senator BYRD. You would say then that it would help to expedite the completion of the cases if you had this investigator?

Judge MILLER. I am certain of that.

ADDITIONAL CLERK-STENOGRAPHERS

Senator BYRD. As to the request for three additional clerk-stenographers, five were shown in the chart as being presently available.

Judge MILLER. That is right, sir.

Senator BYRD. Are the three additional stenographers needed for the additional positions we have been discussing?

Judge MILLER. Yes, for all these probation officers, not just the last group that we are speaking of.

Senator BYRD. Yes. For the probation officers.

Judge MILLER. That is right.

Senator BYRD. You have five clerk-stenographers at the present time, working with 27 probation officers; is that correct?

Judge MILLER. We have more than 27 probation officers.

Senator BYRD. You have 17 juvenile probation officers shown, and you have 10 child support probation officers shown.

Judge MILLER. The intake officers are probation officers, too.

Senator BYRD. That would be 34.

Judge MILLER. Yes, sir.

Senator BYRD. All right. You have three clerk-stenographers for 34. Is that correct?

Judge MILLER. I have five.

Senator BYRD. I beg your pardon. You five have doing the work for 34 probation officers; is that correct?

Judge MILLER. I think it is, yes, sir.

Senator BYRD. Yet, on page 13–A–7, I see five clerk-stenographers and there are 34 probation officers.

WORK BACKLOG REQUIRES ADDITIONAL EMPLOYEES

Now, there is a request for three clerk-stenographers. And there is a request for nine additional probation officers.

If you have presently five doing the work of 34, why would three more be needed to do the additional work of the additional nine probation officers?

I am sure there must be a good explanation for this.

Judge MILLER. I cannot give all the reasons. I can give one reason which is quite obvious. The fact that we have five does not mean that they are current. We are behind on the submissions of the recommendations.

A judge in making his decision, his disposition, will never do it on merely the oral submission of a probation officer. There has to be a written document some place in the social file of that child.

Now, very often we find situations where there has not been an opportunity to transcribe. We will go ahead and make a disposition on the certainty that there will be ultimately inserted in that social file the material which justifies the disposition.

As I say, the fact that there are five to a certain number of probation officers doesn't mean that they are up to date. They are behind, as a matter of fact.

Senator BYRD. Yes. Well, you presently have one clerk-stenographer for every seven probation officers.

The request now is for one clerk-stenographer for every three additional probation officers.

You are justifying this, Judge Miller, by saying that you don't have enough at the present time to handle the work of your present load?

Judge MILLER. That is right. And, of course, a concomitant factor is that we think there is going to be an increase in work.

Senator BYRD. Did we add any clerk-stenographers last year?

Judge MILLER. No, sir.

CLERK-TYPISTS POSITION

Senator BYRD. All right. You are requesting two clerk-typists?

Judge MILLER. Yes, sir; above our three now.

Senator BYRD. And the same explanation would hold?

Judge MILLER. That is right, sir.

INCREASED OPERATING COSTS OF COURT

Senator BYRD. There is a request for $9,000 for increased operating costs in the juvenile court.

Judge MILLER. That is broken up into various items. Jury fees, jurors' lunches, printing, local auto traffic, repairs to equipment, and additional machine rental.

JURY FEES

Now, Mr. Chairman, you will notice that the biggest single item is the jury fees, and its related item of jurors' lunches. Although I think it's a fair statement that the court is fairly current so far as initial hearings on both juvenile and adult cases are concerned, the court is quite far behind on its jury trials.

We have stepped up the jury trials to every Monday, when a year before it had been twice a month. I think beginning with the first of the year we are going to have to increase the jury trials even more frequently.

The original amount that was in earlier budgets for jury fees and for jurors' lunches was geared to two jury cases a month. Now there are four a month, and they will be increased beyond that until at least we catch up on the backlog of jury cases.

Now, in the course of my comment just now on the jury cases being those that are really backlogged, that we are really behind, I had mentioned the fact that we were fairly current in our other cases. I mean in our own definition of being current.

CURRENT IN DEPENDENCY CASES

I don't want to let go by the opportunity of pointing out that so far as the dependency cases are concerned, those that come from the Department of Public Welfare, there we are actually current.

YOUTH GUIDANCE PROJECT

Senator BYRD. All right. Would you like to discuss briefly the youth guidance project, $29,856, as requested here?

Judge MILLER. Yes, sir. The youth guidance project, Mr. Chairman, was begun about 3 years ago. It has been finance by two grants from the Eugene and Agnes E. Meyer Foundation.

The project itself is an additional resource available to the court. It was to be used for those boys who have been chronic delinquents and yet who were going to school, and for whom there was a strong feeling that commitment was not, at least at that point, the indicated disposition.

It was, in effect, a last chance.

WORK ON PROJECT

It is not an easy thing for a boy to work out on the youth guidance project. It is a project which calls for the use of one of the school buildings, which Dr. Hansen has generously made available to us. It is staffed with a project director, who is one of our own probation officers, and a secretary-receptionist. It also had the part-time use of teachers to give a good deal of work and counseling.

It had a gymnasium where the boys can exercise.

The rules of the project required faithful attendance at the school that they were attending, and faithful attendance every afternoon from 3:30 to 5:30 at the project itself.

I should add that any boy sent to the project was under commitment, which was suspended provided he acquitted himself satisfactorily at the project.

He is sent to the project for 90 days. If at the end of the 90 days, there were no adverse reports about his school behavior, his attendance at school was satisfactory, no police complaints had been received about his behavior, and the project director reports faithful attendance without exception every day after school—then a recommendation is made that the suspended commitment be set aside and that the child then be placed on probation.

Our experience with it, since it is only 3 years old, cannot be definitive, but so far as we can tell, in at least half of the cases where the boys have had their commitments set aside and have gone on probation, we have not heard from them again.

We believe that the use of the project carries out the injunction of the Congress, as well as carrying out what is an altogether socially desirably policy, which is, as much as possible, to avoid taking the child away from his family.

But above all those social factors, we also believe that from the point of view of the District, it is infinitely cheaper, since the cost of a child at the project must be at least a third of what the cost would be if that child were at either Laurel or the National Training School.

And, of course, the project is only 90 days, whereas a commitment would last for a year and up.

CURRENT STATUS OF PROJECT

Now, the current status of the project is, well, it is not dead, but it is very, very sick. All of the money that the Meyer Foundation has given us has about been exhausted. We have separated the part-time teachers. There is nobody now actually in the project but the probation officer and secretary. We did not want to scrap the project entirely, because we don't want to go through the process of reorganizing it. So we are keeping it on a skeleton organization pending the disposition of this appropriation.

Senator BYRD. So far as the Congress is concerned, this is a new project.

Judge MILLER. Yes, sir. It is new in Congress; it is not new to the court.

PRIOR APPROPRIATIONS TO PROJECT

Senator BYRD. That is what I say. Now, how much was involved in the first 2 years?

Judge MILLER. $30,000 a year.

Senator BYRD. $30,000 per year?

Judge MILLER. Yes, sir.

Senator BYRD. And the third year was the same?

Judge MILLER. That is right.

Senator BYRD. Where is this located?

Judge MILLER. Is has changed from school to school in the 3-year period. I think currently it is at the Veterans High School. It is in the neighborhood where many of the children go to school regularly.

Senator BYRD. Have efforts been made to get additional grants from the Meyer Foundation?

Judge MILLER. Yes, sir. Their position was that they have thought that the project had tremendous potential. That it was a good moneysaver, and wholly aside from the plus factors, that they were delighted to finance it.

We came back again when we found that we were running out of money, and on an emergency basis they gave us additional money. But we were told quite clearly that this was all they could afford to do on demonstrating the validity of this as a resource of the juvenile court.

POSITIONS PRESENTLY USED IN WORK

Senator BYRD. How many positions have presently been utilized in this work?

Judge MILLER. There was a project officer, an assistant project officer, and a secretary, and then there were some part-time teacher contracts. These were regular schoolteachers who provided remedial help in the afternoon. The total amount, actually, was $29,856.

Senator BYRD. So the amount requested would merely carry on the work as it has been conducted heretofore?

Judge MILLER. That is right.

Senator BYRD. And would continue the positions which have been in existence?

Judge MILLER. That is right.

Senator BYRD. And have been paid for out of fund moneys?

Judge MILLER. That is right.

Senator BYRD. Out of the Meyer Foundation money.

About 25 boys are presently enrolled?

Judge MILLER. Yes, sir. When we get close to 25, we do not allow any new ones to go in there. That means that the new ones who were otherwise commitable would have to be committed if there is no slot in the project for them.

Senator BYRD. I am not sure that you have covered this.

PROCESS OF SELECTING BOY FOR PROJECT

What is the process of selection?

Judge MILLER. I did not cover it. The process of selection is an examination by the probation officer as to a number of factors. One would be that the child would go to school regularly. As I indicated earlier, the project is not available to those who are not going to school. That means even an over 16-year-old boy is available for the project if he will continue to go to school.

The character of his offenses. The family situation. That is whether we can get the help as an anchor of the family. Because he is put on probation and probation won't work unless there is a family who can give him some supervision.

The potential that we get based on examinations and evaluations by the school officials and by our own clinic. These are factors which may indicate commitment is still not the correct thing for that particular child, even though he will be committed if he doesn't observe all the rules of the project.

In addition, the probation officer who will recommend the project will talk over with the project director the potential child who will be going to that project director and get his ideas as to whether that child will work out all right in the project.

ACCOMPLISHMENTS OF THE PROJECT

Senator BYRD. The justification paper says that 63 boys have been rehabilitated. And that in the two and a half years of project operation, 140 boys have been sent to the project. Another 25 are currently enrolled. And 63 of the 140 boys would constitute 45 percent.

The paper says that these 63 of the 140 boys or 45 percent have been in no further community trouble, some of them for over 2 years.

Does this mean that the other 55 percent have been in additional community trouble?

Judge MILLER. Yes. Either that or they have not behaved in the project and they have been committed.

Senator BYRD. The average boy completing the project has stayed out of trouble for over 1 year. What do we mean by "stayed out of trouble?"

Judge MILLER. It means that if a boy has been given a suspended commitment, has attended the project for 90 days, has behaved satisfactorily so that the commitment is set aside, and he is put on probation, that for the year after he has been put on probation we have had no complaints from the school, the police, or his parents.

Senator BYRD. The average boy completing the project has stayed out of trouble for over 1 year?

Judge MILLER. I think the word "average" should not be modifying "boy."

It isn't that we are talking about an average boy. On the average, is what it means.

FEASIBILITY OF PROJECT

Senator BYRD. I am open to further persuasion as to the feasibility of this project. Without the project, do you think real progress has been made here? Would it not be possible or even probable that the average boy would have stayed out of trouble for over 1 year without this project?

Judge MILLER. These boys we are speaking of, Mr. Chairman, are chronic offenders. This is not the first time they have been before the court.

These are committable boys. They are boys who are at the project under a suspended commitment. They are under an order now which says, for example, you go to National Training School. However, we are suspending that commitment on condition that you attend the project.

Senator BYRD. Over half of those who do attend the project apparently get into further trouble within a 2-year period?

Judge MILLER. That is right. But that is true of those who have been committed for 2 years and get out.

Senator BYRD. I beg your pardon?

Judge MILLER. But that would be true even of those who have been committed and get out. And that would be true of those who have been put on probation.

Senator BYRD. Yes. Do you have a progress report?

REPORT ON PROJECT

Judge MILLER. I would like to give you a more detailed evaluation, which is a report that has been prepared by a special committee headed by a local psychiatrist.

Senator BYRD. Yes. We would be glad to have this for the record.

(The information referred to follows:)

THE YOUTH GUIDANCE PROJECT OF THE JUVENILE COURT OF THE DISTRICT OF COLUMBIA

In the District of Columbia, a boy who is found to be delinquent may be committed to the Department of Public Welfare or the National Training School for Boys. Commitment and the subsequent institutionalizing of a boy in this, or any other jurisdiction is expensive and offers no assurance of rehabilitation. Institutionalizing provides an unnatural environment for a boy, in that it separates him from his family, friends, and school and provides as his associates other juvenile delinquents.

In the fall of 1960, with a grant from the Eugene and Agnes E. Meyer Foundation, the juvenile court of the District of Columbia began a study of ways of working with the chronic delinquent boy while he remained in the community with his family and attended school, but under more intensive and extensive court supervision. Boys were referred to this study, called the youth guidance project, in only one way: having by their actions in their home, school, or community earned commitment to the Department of Public Welfare, or the National Training School for Boys, the judge of the juvenile court committed them to one or the other of those institutions. That commitment was then suspended and the boys were to participate for 3 months in the youth guidance project. As long as their behavior conformed to the clear and concise rules of the project, the boys continued to live at home and attend their regular school. If they breached those rules, the suspension of their commitment was vacated and they were sent to the appropriate institution. The rules of the project were simple: (1) attend school and project without fail unless so ill that confinement in the home is

required; (2) be at home by 10 p.m. each evening; (3) demonstrate ability to abide by the rules of home, school, and community.

The project is open to boys under 16 years of age (compulsory school attendance terminates at age 16) who have no continued history of aggressive, assaultive behavior. This latter is to avoid unnecessary risks in the community.

The boys come to the project immediately after their day in school and remain for 2 hours. During this time, they are exposed to a curriculum of remedial school instruction, counseling, arts and crafts, and gymnasium sports and exercises. Aside from the time that the boys are physically present at the project, two other areas of supervision are maintained by the two staff officers of the project. The boy's home is visited, unannounced, several times during his stay in the project at varying times of the day or evening and on weekends. This provides a good picture of the living conditions and environment of the boy, unaltered by a planned-for visit. Supervision in school is a cooperative venture between the boy's school and the project. In addition to visits to the school by one of the staff, the school sends a weekly report on each boy known to them which notes absences and gives the boy a grade on his effort and citizenship for the week.

The full-time staff of the project consists of the project officer, assistant project officer, and a secretary. The part-time staff consists of three teachers from the District of Columbia Public School System who are the teachers of the curriculum elements of the project. The staff of the child guidance clinic of the juvenile court administers psychological examinations to the boys, participates in case conferences held on each boy, and conducts group counseling sessions. A fellow in child psychiatry spends 2 hours per week at the project as a part of his training in child psychiatry.

For the first 9 months of its existence, the project was housed in the Miner Building of the District of Columbia Teachers College. Because of various changes in class schedules, the space allotted to the project became inadequate. The Board of Education of the District of Columbia Public Schools graciously seconded the offer of the Veterans High School Center of its facilities, and on September 1, 1961, the project transferred to that location. There, four rooms are available to the project at all times. The gymnasium and shower facilities are available at the appropriate time. Another feature of no small importance is that this school's locale in relation to public transportation makes it accessible to a wider area of the city and hence has made more boys eligible for participation in the project.

Over extended school holidays (spring vacation, Christmas vacation) and during the summer, the boys attend the project during the morning hours. The basic format remains the same except that during the summer months, the curriculum is augmented by occasional field trips to various attractions and by swimming. These variations seem valuable because the boys and the teachers seem to get to know each other better.

Two and one-half years have passed since the project received its first boy. One hundred and sixty-four others have followed him. Of that number 4 were returned to court as being too immature, and 25 are currently enrolled. This leaves a total of 136 boys who have been given a final opportunity to live in the community and stay out of trouble.

Of the 136 boys, 90, or 66 percent, had their suspended sentences rescinded and were placed on probation. Forty-six, one-third of the boys, were committed from the project.

Of the 90 boys who completed their stay in the project and were returned to probation, 29, or 32 percent, have eventually been committed. Sixty-one boys, 68 percent, are still in the community. Four of these boys have done so well that they have been dismissed from the jurisdiction of the court. These data are summarized in table I.

TABLE I.—*Summary of results*

Number referred	165
Currently enrolled	25
Unsuited	4
Committed from project	46
Returned to probation	90
Committed from probation	29
Still on probation or dismissed from court	61

Instead of being committed to one or another of the rehabilitative institutions available to this court, 136 boys have been given a final chance on suspended probation. Of this 136, 75 have gone ahead to commitment. Sixty-one, however, have been spared that experience to date. Of the 75 boys committed, the majority (46) were committed from the project which suggests that those boys who are least apt to adjust to delinquency-free way of life at this age separate themselves rather soon from the remainder of the boys who have a better chance simply by virtue of staying longer in the project.

Of the boys who have not been committed, eight have remained out of trouble for over 2 years, one of them almost 2½ years. This is rather remarkable considering the frequency with which boys known to this juvenile court are prone to find themselves at odds with the community. The most recent "graduate" of the project has been out of trouble just over 3 months. The average boy has remained out of trouble 13 months.

It is conservatively estimated that the cost of keeping one boy in a juvenile institution for 1 year is $2,500. Using that figure as a basis, if these 61 had been committed, their maintenance for 1 year would have been $152,500. The annual budget for the youth guidance project is just under $30,000.

The schools of the District of Columbia have been very cooperative. The boys who have attended the project have come from 37 different schools: 7 high schools, 2 vocational high schools, 18 junior high schools, 8 elementary schools, and 2 parochial schools. The schools have sent in to the project over 800 weekly reports on boys and they have received project personnel in over 300 visits they have made to the schools. Various teachers, counselors, assistant principals, and principals have participated in numerous case conferences held on the boys and have been active in planning ways to assist each boy in his school and community.

Improvement in these boys' behavior was apparent not only in that most of them avoided further law violations, but in another way which may, in the long run, be more meaningful.

Prior to coming to the project, by far the larger number of these boys caused difficulty in the schools. Many were well known to their teachers and principals as troublemakers, and their scholastic effort was nil. These data were obtained from the court social studies and from the retrospective comments of school personnel. The following data are based on less than the total number because complete data prior to coming to the project were not available on all.

Generally, the delinquent child has little use for school and avoids it as much as he can. This was true of these boys. Of 99 boys, 81 percent were either persistent or occasional truants. While these boys were away from school, they not only were missing the opportunity for learning, but by not being under the supervision of the school, they were available to commit delinquent acts. When these boys were in school, the behavior of the majority was such that the school and the other students might have been better off if the boys had truanted. Of the 95 boys on whom data were available, 66 percent exhibited poor citizenship. Thirty percent were said by the school to behave in the average manner and only 4 percent were "good" citizens in school.

The findings on the boys' academic effort are even more startling. Again, of 95 boys, 83 percent put forth poor academic effort. Sixteen percent put forth average effort and only 1 percent, one boy of 95, tried hard enough that his academic effort was categorized by the school as good.

On the basis of weekly reports, filled out by the boys' teachers, or counselors in the schools and mailed to the project, the following shifts occurred in their behavior in school. Of 99 boys, only 6 percent persisted as truants and those 6 boys were committed from the project. Nine percent showed occasional truancy. Eighty-five percent did not truant at all. Seventy-six percent of 95 boys were average or better in citizenship, only 24 percent continued to demonstrate actively a distaste for school. Seventy percent of 95 boys put forth average or better effort academically, 30 percent put forth poor effort. These data are summarized in table II.

TABLE II.—*School behavior prior to and during project attendance*

	Before		During	
	Number	Percent	Number	Percent
Truancy:				
None	19	19	84	85
Occasional	30	30	9	9
Persistent	50	51	6	6
Citizenship:				
Good	4	4	36	38
Average	28	30	36	38
Poor	63	66	23	24
Effort:				
Good	1	1	26	27
Average	15	16	41	43
Poor	79	83	28	30

Merely getting a child back in school is not enough if he continues to be disruptive in the classroom and if he does not attempt to avail himself of the opportunity to learn. The above data are based on school reports, not on the judgment of the project. They indicate that while in the project, these delinquent boys returned to school, generally behaved themselves, and put forth academic effort.

After 2½ years experience with the youth guidance project, we believe that it has proven valuable. One hundred sixty-five boys who would have been sent to the Department of Public Welfare, or to the National Training School for Boys were sent instead to the project. For 75 of these boys, the project was simply a brief pause on their way to an institution. For 90 boys, it has been something more. For 28 boys, it has been the start of a period of over a year (for 9, 2 years and more) that they have been out of trouble.

It can be argued, and quite sensibly so, that by chance alone, this many boys would be able to stay out of further trouble. However, without the youth guidance project, they would not have had the opportunity to give chance a chance—they would have been institutionalized.

Almost certainly some of the boys who have not been committed yet will be in the future. Even so, some capacity for change, if not growth, has been demonstrated in this group of boys. Of the large number who were chronic truants, all but six returned to school on a regular basis. Most of them put forth greater academic effort, most became better citizens in the schools.

For the most part, they acceded to authority in that they stayed in or close to their homes in the evening and, at any rate, were off the streets and in their homes by 10 p.m. Many of them began to avoid their old associates with whom they had been in trouble in the past.

Some of them seemed to realize, perhaps for the first time, that adults could be honest, fair, and reliable. Some of the boys, with no particular urging or prodding, brought realistic problems to staff members of the project and seemed to work diligently at finding solutions to these problems.

The project has learned that some boys present problems of behavior that it has not been able to handle successfully. Paramount among these is the boy who is a chronic truant with no other type delinquent activity. He does not return to school in the project. This is opposed to the chronic delinquent who is also a chronic truant. He will return and more often than not have perfect attendance.

A boy who is extremely angry and bitter, often rendered so by circumstances of his life, and who does not talk and who enters only superficially into the activities of the project, generally gets into more trouble and is committed from the project.

Perhaps the project can best be assessed in the words of a boy dismissed 6 months ago: "It showed me somebody cared enough for me to help me keep out of trouble, and it showed me I had heart enough to keep out of trouble myself since I left it."

APPENDIX I

D. R., A BOY WHO FAILED IN THE PROJECT

D. R. was born, raised and attended school in the District of Columbia. He was the younger by 7 years of his parents' two children, both boys. Apparently his birth and early development were unremarkable.

His father, a painter, was described variously as "moody," "abusive," "promiscuous," "alcoholic," and "not a good provider." His mother was described as "a good woman who was abused by her husband." The parents had been "at odds" for at least 2 years before D. became known to this court. During an argument, Mr. R. shot his wife, D's mother. D. was upstairs, heard the shot, came downstairs and finding his mother injured, called his aunt. Mrs. R. died the next day. Mr. R. was placed in a mental hospital, where he remains.

When his immediate family disintegrated so precipitously, D. went to live with his aunt. She became concerned about his behavior at once. The night before his mother's funeral, he went to a party, and on the day of the funeral, he was out playing and "forgot" and was almost late for the service. In the days after the funeral, he began staying in his room for long periods of time with the door closed and the blinds drawn. According to his aunt and some of his teachers, he became withdrawn, solitary and secretive, and his school work slumped from superior to failing. Four months after his mother's death, his aunt took D. to a psychiatrist, but D. would not cooperate, but was placed on tranquilizers which he refused after a short time.

At this same time, D. and a friend broke into a neighborhood grocery store and took money and merchandise with a total value of about $25. Three days after his 14th birthday, he was committed to the Department of Public Welfare, this commitment was suspended and he was sent to the youth guidance project.

In the project, D. was "amenable," "affable," "mannerly," and "cooperative" with the teachers, however, the project officer observed what "seemed to be a hostile, resentful attitude" but with no verbal expression of it. The psychologist noted: "Hostile and contrary attitude barely kept under his control. Slumps in chair; attempted to reject (the Rorschach)." D's failures in school continued, he was truant 1 day and tardy 7; his weekly grades in citizenship and effort were D or F. In his aunt's home, he did not keep the hours expected of him, nor would he tell her where he was going.

In a final effort to salvage this boy, he was referred to the court's psychiatric consultant who reported in part: "to go on, but it is my impression that much of David's energy is spent in trying to keep this overwhelming subject out of his mind. When he has it under control, he is capable of behaving in a lethargic, but rather cooperative fashion and when it is nearer the surface, he becomes somewhat detached and unable to be even aware of, much less interested in, complying with the ordinary demands of life, such as obedience or studying. He is doing very poorly in school and gives the vague excuse that the teacher didn't give him any books, but it seems more likely that he is simply incapable of trying to study."

Five weeks after his referral to the project, D. and an older companion broke into the same store and took merchandise and money totaling $4.40. D's suspended commitment was vacated and he was committed to the Department of Public Welfare.

APPENDIX II

J.C., A BOY WHO SUCCESSFULLY COMPLETED HIS TERM OF REFERRAL TO THE PROJECT, BUT LATER VIOLATED COMMUNITY LAWS AND WAS COMMITTED

J. was the second of his parents' three children. He has an older brother and a younger sister. His parents separated shortly after the birth of the youngest child and all the children were raised by their maternal grandparents in southwestern Virginia. J. and his older brother came to the District of Columbia about 2 years ago to live with their father. In the home, also, is a woman whom the father calls a cousin and J. calls stepmother. His natural mother reportedly lives in the District, but their relationship is at best extremely casual.

Mr. C. was described as "casual and disinterested in his children until there has been a flagrant act of disobedience, then he becomes rigid and inflexible." He spoke of stern and even cruel discipline. We have no information about the attitude or manner of the cousin or stepmother.

Regarding his home life, J. said his clothing supply was inadequate, there were no entertainment facilities in the home, and that neither his father nor stepmother cared where he went, what he did, nor when he returned.

Shortly before the beginning of the school year, J. and a companion broke into a store in an attempt to get school clothing. They were apprehended while in the store. One month later, J. and five other boys broke into a jewelry store and removed merchandise in the total value of $1,500. He said he particularly wanted a radio so that he could have something at home that belonged to him. All the property was recovered.

On the basis of these complaints, J. was committed to the Department of Public Welfare. That commitment was suspended and he was referred to the youth guidance project.

With few exceptions, the project's teachers reports about J. were positive. The only negative comments were that he was boisterous, talkative, playful, but never to the extent of disrupting the classes. In public school he missed only one-half day because of illness, and his effort and citizenship grades were consistently A or B.

The project's staff worked with J's father who seemed to take some interest in J., in that his supervision of him during the evening hours improved and he was cooperative in reporting on J's behavior to the project.

Because of J's response to the project as reflected in better school behavior, no more community trouble, and apparent improvement of the relationship between him and his father, the project recommended that J's commitment be set aside and that he be returned to probation to the court.

One month later, J. ran away from home. His father did not report this to the court or to the police. On month following this, J. was apprehended in a neighboring community, shoplifting. J. said he could not continue living with his father and stepmother so he left.

Since he had gotten into further community difficulty and was dissatisfied living with his father, J. was committed to the Department of Public Welfare.

Appendix III

P.M. A boy who successfully completed the youth guidance project and remained trouble-free thereafter

P. is the fifth of seven children. The parents separated about 2 years ago and the family's income consists of infrequently paid support from the father and a public assistance grant. The income is barely sufficient for food and shelter.

The father was described as an irresponsible alcoholic who has never shown interest in the welfare of his children. The mother was described as warm and pleasant, a good manager and very cooperative with the court and representatives of other agencies who have an interest in the family.

P., his siblings and his parents were born and have lived their lives in the District of Columbia.

P. was first known to this court 3 years ago when he and two others broke into a store and took merchandise valued at $33. A year later, he and a companion damaged coin boxes while attempting to steal their contents. The year following, he was accused of having accepted money, knowing it to be stolen, and a month later, it was alleged that he took money by force and violence. He was committed to the Department of Public Welfare. That commitment was suspended and he was referred to the youth guidance project.

P. was slow and cautious in adjusting to the project. He enjoyed the sports, but was less drawn to the arts and crafts projects. Although his academic grades had been D's and C's prior to the project, his reading was adequate so he participated seldom in the remedial reading program.

His attendance at his public school was perfect and he received high marks in citizenship and effort. At home, he kept regular hours, informed his mother of his whereabouts and was generally helpful around the house.

Because his overall adjustment showed such a marked improvement, he was returned to the court in 3 months, his suspended commitment was set aside and he was placed on probation. His good adjustment in the community continued. In school his grades continued to improve to the point that he was placed on the school honor roll and later, his grades and citizenship netted him the national honor roll. He has been in no more community trouble.

Judge Miller. It is based on an actual field investigation. He spent some time there.

Senator BYRD. I think this will be helpful.

Judge MILLER. Here are copies for every member of the committee.

Senator BYRD. Thank you. One will be included in the record, Judge Miller.

I assume we will get from this report some further information which will be helpful to us in evaluating this request.

PROBLEM OF NEW PROJECTS

This is a knotty problem, I know. I suppose if we begin this project, of course, there will be no end to it, and there will be additional requests for enlarging it, and then I would imagine that in the future we might be expected to initiate a youth guidance project for delinquent girls.

I am not saying this is bad or that it is good. But when we consider a new project, and it is new as far as congressional appropriations are concerned, we, I suppose, are naturally a little hesitant. But we will give this careful consideration.

Judge MILLER. Well, Mr. Chairman, if you want to look at it just in terms of dollars and cents——

Senator BYRD. We don't just look in terms of dollars and cents.

Judge MILLER. I am only speaking about dollars and cents now.

Senator BYRD. I understand.

Judge MILLER. I have tried to emphasize, and that is what the psychiatrist's report does, the social factor.

Senator BYRD. I think it will be helpful to us.

Judge MILLER. It is true that if the idea works, then it ought to be expanded.

If there is any validity to it, then it shouldn't be confined just to boys.

Senator BYRD. I am not saying this would be good or bad. I am not taking any position at this point. And I am not saying that we are only interested in dollars and cents.

But it must be a factor, and a very considerable factor in our evaluation of not only new projects but also of going projects. And we will consider this item carefully and the report that you have submitted.

It will be carefully studied.

Thank you, Judge Miller. Sorry we had to trouble you on Saturday.

Do you hold court on Saturdays?

Judge MILLER. No. You couldn't have picked a better time for me than today.

Senator BYRD. Thank you very much.

COURT OF GENERAL SESSIONS

STATEMENT OF HON. JOHN LEWIS SMITH, JR., CHIEF JUDGE OF DISTRICT OF COLUMBIA COURT OF GENERAL SESSIONS; ACCOMPANIED BY WALTER F. BRAMHALL, CLERK OF THE COURT; AND ANNA L. CALLAHAN, ADMINISTRATIVE OFFICER

GENERAL STATEMENT

Senator BYRD. Now, the next item relates to the request for the District of Columbia court of general sessions.

Judge Smith, good morning to you.

Judge SMITH. Good morning, sir.

Senator BYRD. Would you like to submit for the record a prepared statement, or would you prefer to read it?

Judge SMITH. Mr. Chairman, it is a very brief statement.

Senator BYRD. All right. Then we would like to have you proceed.

Judge SMITH, Mr. Chairman, first I would like to introduce Mr. Walter F. Bramhall, on my left, the clerk of the court; and Miss Anna L. Callahan, who is the administrative officer.

Senator BYRD. We are very pleased to have these people with you this morning.

REQUEST, 1964

Judge SMITH. Mr. Chairman, we respectfully request the committee's consideration of a proposed appropriation for the District of Columbia court of general sessions for 1964 in the amount of $1,892,000.

This is an increase of $161,884, or 9.34 percent over our 1963 appropriation. Of this amount, the sum of $111,184 falls in the category of required operating costs, as follows: $83,161 for the pay raise and related benefits for existing classified positions, $25,000 for within-grade advancements, and $3,023 for annualization of 1963 reductions because of late appropriations.

PERSONNEL INCREASE REQUESTS

Other increases, totaling $47,972, are due to the increasing workload of the court in various programs, and consist of the following:

In the administrative department three additional employees and funds for supplies and materials; for court reporting service, one additional employee; for the domestic relations branch, additional equipment for use in the reciprocal support section; and for the central violations bureau, additional data processing equipment and one employee.

The sum of $2,728 in the category of increased costs covers additional funds needed for postage.

NEW CASES FILED

The volume of new cases filed in the court has increased 19.36 percent, from 179,718 cases in 1956 to 214,515 cases in 1962. There was a further increase of 4.77 percent in 1963.

INCOME OF COURT

During this same period, the cash income from fees, fines, and forfeitures deposited in the U.S. Treasury to the credit of the District of Columbia increased from $2,356,992 in 1956 to $3,495,439 in 1962, or 48.30 percent, and a further increase in 1963 of 14.63 percent.

At this point I should like to submit for the record a copy of the annual report of the court for the fiscal year 1963.

Senator BYRD. Very well. The report will be inserted in the record.

(The report referred to follows:)

DISTRICT OF COLUMBIA COURT OF GENERAL SESSIONS—CHAMBERS OF CHIEF JUDGE JOHN LEWIS SMITH, JR.

JULY 30, 1963.

The Honorable the ATTORNEY GENERAL,
Washington, D.C.

DEAR MR. ATTORNEY GENERAL: I have the honor to submit herein the Annual Report of the District of Columbia Court of General Sessions for the fiscal year July 1, 1962, through June 30, 1963. The report contains statistical data for the fiscal year, together with a report of the work of the court for the last half of the year. Under date of February 15, 1963, a report was submitted for the first 6 months of the fiscal year.

The business of the court continued in an upward trend during 1963, the total number of new cases filed having increased by 10,228 or 4.77 percent. Fees, fines, and forfeitures totaled $4,006,910.83—an increase of $511,471.87 or 14.63 percent over the previous fiscal year. During the past 10 years, 1953–63, there has been an increase of 56,257 cases or 33.39 percent in the number of cases filed in the court.

Cases filed in the Small Claims Branch during 1963 increased 9.60 percent, while class M and class GS [1] cases decreased 4.24 percent due to the enactment of Public Law 87–203, 87th Congress, increasing the jurisdiction of the Small Claims and Conciliation Branch from $50 to $150. However, there was a significant increase in the number of class GS cases filed during the last 6 months of the fiscal year—11,327 such cases were filed as compared with 9,738 class M cases during the preceeding 6 months and 10,035 in the third and fourth quarters of the previous fiscal year. This increase is due largely to the passage of Public Law 88–60, 88th Congress, effective January 1, 1963, increasing the civil jurisdiction of the court from $3,000 to $10,000; 1,245 of the class GS cases filed from January 1, 1963 to June 30, 1963, involved more than $3,000.

The U.S. District Court for the District of Columbia certified 290 cases of the Court of General Sessions for trial as compared with 253 in the fiscal year 1962.

There has been a marked increase in the number of jury cases in the Civil Division pending July 1, 1963, as compared with the number on July 1, 1962. There were 1,434 civil jury cases pending as compared with 974 at the beginning of the previous fiscal year. Criminal jury cases were being scheduled for hearing within 1 month after request for jury trial. Also, during the fiscal year 1963, civil nonjury cases were being scheduled for trial within 1 month after joinder of issue. Civil jury cases were being scheduled for pretrial conference within 1 to 2 months after joinder of issue, but the time between pretrial conference and trial had lengthened to several months. In view of the large number of jury cases pending on the Ready Calendar, it is anticipated that the delay between joinder of issue, pretrial conference and trial will continue to increase.

Again I should like to acknowledge the fine cooperation of the judges and employees in expediting the tremendous volume of business of the Court. The competence and loyalty of Court employees have contributed immeasurably to the Court's stature and growth. The work of the Office of the Clerk is current and all docketing, indexing and filing is on a daily basis.

In accordance with Public Law 512, 77th Congress, section 3(c), photostatic copies of the monthly reports of the judges for the period January 1, 1963, through June 30, 1963, are transmitted herewith. The originals of these reports are on file in the Office of the Clerk of the Court and are available for public inspection.

A duplicate of this report is being submitted to the Commissioners of the District of Columbia.

Respectfully submitted.

JOHN LEWIS SMITH, JR., *Chief Judge.*

[1] Effective Jan. 1, 1963, the designation of civil cases over $150 was changed from class M to class GS, in accordance with the increased jurisdiction and changed name of the court.

STATISTICAL SUMMARY OF THE BUSINESS OF THE DISTRICT OF COLUMBIA COURT OF GENERAL SESSIONS COVERING THE FISCAL YEAR JULY 1, 1962, THROUGH JUNE 30, 1963 AND A COMPARISON WITH THE FISCAL YEAR JULY 1, 1961, THROUGH JUNE 30, 1962

TABLE I.—*Number of new cases filed during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963	Percentage of increase or decrease
Criminal Division:			
District of Columbia	36,059	38,367	+6.40
United States	8,501	9,533	+12.14
Traffic	26,058	28,797	+10.51
Total	70,618	76,697	+8.61
Civil Division:			
Class M and class GS	21,998	21,065	−4.24
Class C (small claims)	25,078	27,486	+9.60
Landlord and tenant	92,103	94,690	+2.81
Domestic relations	4,718	4,805	+1.84
Total	143,897	148,046	+2.88
Total cases (criminal and civil)	214,515	224,743	+4.77
Monthly average of new cases	17,876	18,729	+4.77

TABLE II.—*Comparison of number of new cases filed during fiscal year July 1, 1962, through June 30, 1963, with number filed during fiscal year July 1, 1952, through June 30, 1953, exclusive of the intervening years*

	July 1, 1952 ,to June 30, 1953	July 1, 1962, to June 30, 1963	Percentage of increase or decrease
Criminal Division:			
District of Columbia	29,318	38,367	+30.86
United States	9,168	9,533	+3.98
Traffic	18,897	28,797	+52.39
Total	57,383	76,697	+33.66
Civil Division:			
Class M and class GS	29,090	21,065	−27.59
Class C (small claims)	21,774	27,486	+26.23
Landlord and tenant	60,239	94,690	+57.19
Domestic relations [1]		4,805	
Total	111,103	148,046	+33.25
Total cases (criminal and civil)	168,486	224,743	+33.39
Monthly average of new cases	14,041	18,729	+33.39

[1] Percentage of increase not indicated since Domestic Relations Branch did not begin operations until Sept. 17, 1956.

TABLE III.—*Number of new cases filed during first 6 months as compared with last 6 months of fiscal year, July 1, 1962, through June 30, 1963*

	1st and 2d quarters, previously reported, July 1 to Dec. 31, 1962	3d and 4th quarters, Jan. 1 to June 30, 1963	Percentage of increase or decrease
Criminal Division:			
District of Columbia	19,957	18,410	−7.75
United States	4,555	4,978	+9.29
Traffic	14,029	14,768	+5.27
Total	38,541	38,156	−1.00
Civil Division:			
Class M and class GS	9,738	11,327	+16.32
Class C (small claims)	13,072	14,414	+10.27
Landlord and tenant	46,805	47,885	+2.31
Domestic relations	2,420	2,385	−1.45
Total	72,035	76,011	+5.52
Total cases (criminal and civil)	110,576	114,167	+3.25

TABLE IV.—*Cash income of the court during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963	Percentage of increase or decrease
Criminal Division, fines and forfeitures:			
District of Columbia	$474,917.90	$510,323.00	+7.45
United States	44,517.35	46,540.10	+4.54
Traffic	2,642,982.13	3,111,692.32	+17.73
Total	3,162,417.38	3,668,555.42	+16.00
Civil Division, fees:			
Class M and Class GS	73,548.12	70,553.28	−4.07
Class C (small claims)	29,907.01	32,871.50	+9.91
Landlord and tenant	193,177.40	198,793.79	+2.91
Domestic relations	36,254.55	36,026.34	−.63
Total	332,887.08	338,244.91	+1.61
Registration of attorneys	134.50	110.50	−17.84
Total cash income (criminal and civil)	3,495,438.96	4,006,910.83	+14.63

TABLE V.—*Cash income of the court during first 6 months as compared with last 6 months of fiscal year July 1, 1962, through June 30, 1963*

	1st and 2d quarters, previously reported, July 1, 1962, to Dec. 31, 1962	3d and 4th quarters, Jan. 1, 1963, to June 30, 1963	Percentage of increase or decrease
Criminal Division, fines and forfeitures:			
District of Columbia	$256,728.05	$253,594.95	−1.22
United States	24,957.90	21,582.20	−13.53
Traffic	1,469,703.92	1,641,988.40	+11.72
Total	1,751,389.87	1,917,165.55	+9.47
Civil Division, fees:			
Class M and Class GS	31,195.88	39,357.40	+26.16
Class C (small claims)	15,558.00	17,313.50	+11.28
Landlord and tenant	98,353.25	100,440.54	+2.12
Domestic relations	18,186.90	17,839.44	−1.91
Total	163,294.03	174,950.88	+7.14
Registration of attorneys	56.50	54.00	−4.42
Total cash income (criminal and civil)	1,914,740.40	2,092,170.43	+9.27

TABLE VI.—*Criminal jury cases during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963
Criminal jury trials pending July 1	337	711
Total jury trials demanded in criminal cases during fiscal year	4,670	5,092
Total criminal jury cases requiring disposition	5,007	5,803
Disposed of during fiscal year	4,296	5,220
Criminal jury cases pending June 30	711	583
Breakdown of pending criminal jury cases as of June 30:		
Assigned for trial on specified dates	711	583
Unassigned		
Monthly average of criminal jury trials demanded	389	424
Monthly average of criminal jury case dispositions	358	435
Time within which trial scheduled after demand made, as of June 30	(1)	(1)

[1] Month.

TABLE VII.—*Summary report of GS cases [1] filed during the period Jan. 1, 1963, through June 30, 1963, as compared with M cases filed during the period Jan. 1, 1962, through June 30, 1962*

	Number of M cases filed Jan. 1, 1962, to June 30, 1962	Number of GS cases filed Jan. 1, 1963, to June 30, 1963	Number of GS cases involving more than $3,000, Jan. 1, 1963, to June 30, 1963	Cases certified from District Court Jan. 1, 1962, to June 30, 1962	Cases certified from District Court Jan. 1, 1963, to June 30, 1963
January	1,821	1,846	205	5	15
February	1,437	1,810	221	6	12
March	1,651	1,791	226	54	2
April	1,591	1,916	208	15	18
May	1,783	2,137	191	7	92
June	1,752	1,827	194	17	42
Total	10,035	11,327	1,245	104	181

[1] New jurisdiction effective Jan. 1, 1963.

TABLE VIII.—*Civil jury cases during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963
Civil cases in which jury demands were filed pending July 1	946	974
New demands for civil jury trials filed during fiscal year	1,761	2,191
Total civil jury cases requiring disposition	2,707	3,165
Disposed of by trial, settlement, etc	1,469	1,341
Jury demands withdrawn, cases dismissed under rule, etc., prior to being placed on ready calendar	264	390
Total cases disposed of during fiscal year	1,733	1,731
Civil jury cases as of June 30:		
On ready calendar	606	1,027
Not at issue	368	407
Balance pending June 30	974	1,434
Monthly average of civil jury trials demanded	147	183
Monthly average of civil jury case dispositions	144	144

TABLE IX.—*Status of civil trial calendars during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963
A. Civil jury trial calendar:		
Cases pending on ready calendar July 1	545	606
New cases on ready calendar during fiscal year	[1] 1,530	[1] 1,762
Total cases on ready calendar	2,075	2,368
Cases disposed of during fiscal year	1,469	1,341
Balance pending on ready calendar, June 30	606	1,027
B. Civil nonjury trial calendar:		
Cases pending on ready calendar July 1	641	543
New cases on ready calendar during fiscal year	3,290	2,730
Total cases ready on calendar	3,931	3,273
Cases disposed of during fiscal year	3,388	2,780
Balance pending on ready calendar, June 30	543	493
Time within which trial could be had, after case was placed on ready calendar, as of June 30	[2]	[2]

[1] See following table:

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963
Includes cases certified from District court	253	290
Time within which trial could be had after pretrial, as of June 30	[a]	[b]

[a] 1 month.
[b] 4 months.
[2] 1 month.

TABLE X.—*Summary of the work of the domestic relations branch during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963
A. Number of new cases filed and disposition thereof:		
Pending July 1:		
Class D [1]	1,570	1,835
Class A [2]	255	269
Habeas corpus	4	5
Reciprocal support	834	860
Total	2,663	2,969
New cases filed:		
Class D [1]	2,870	2,882
Class A [2]	742	715
Habeas corpus	7	8
Reciprocal support	1,099	1,200
Total	4,718	4,805
Total pending and filed	7,381	7,774
Dispositions:		
Class D [1]	2,605	2,887
Class A [2]	728	755
Habeas corpus	6	5
Reciprocal support	1,073	1,033
Total	4,412	4,680
Cases pending June 30:		
Class D [1]	1,835	1,830
Class A [2]	269	229
Habeas corpus	5	8
Reciprocal support	860	1,027
Total	2,929	3,094

See footnotes at end of table, p. 2335.

TABLE X.—*Summary of the work of the domestic relations branch during fiscal year July 1, 1962, through June 30, 1963, as compared with fiscal year July 1, 1961, through June 30, 1962*—Continued

	July 1, 1961, to June 30, 1962	July 1, 1962, to June 30, 1963
B. Status of pending class D cases:		
Number of cases pending June 30	1,835	1,830
Not at issue	1,401	1,076
At issue	434	754
Contested	324	609
Uncontested	110	145
C. Support payments in class D cases:		
Number of cases in which payments were made	2,227	2,748
Amount received and disbursed by the court	$660,568.97	$806,018
D. Cases for support payments under reciprocal support act:		
Number of cases filed:		
As initiating State	331	339
As responding State	768	861
Total	1,099	1,200
Amount received and disbursed by the court:		
Cases in which payments were made:		
Initiated by District of Columbia	905	1,054
Initiated by other States	1,846	2,397
Total	2,751	3,451
Amount of payments received and disbursed:		
By District of Columbia as initiating State	$184,398.07	$202,504.76
By District of Columbia as responding State	522,383.20	625,516.10
Total	706,781.27	828,020.86

[1] Class D—Actions for divorce, annulment, local support of wife and/or children, custody of children, etc.
[2] Class A—Adoptions.

TABLE XI

District of Columbia court of general sessions, Central Violations Bureau, work performed during fiscal year July 1, 1962, through June 30, 1963

Traffic violation notices	District of Columbia	Maryland	Virginia	Elsewhere	Total
Received from Police Department					[1] 494,782
Number on which collateral was posted via mail	109,274	57,943	40,047	17,034	224,298
Number on which collateral was posted in person	51,645	13,585	7,361	3,606	76,197
Total number on which collateral was posted	160,919	71,528	47,408	20,640	300,495
Number returned to precinct and Police Department statistical bureau					497,635
Number on which diplomatic immunity was claimed					57
Investigation of records (listings)	67,253	50,823	28,659		146,735
Number of intent to issue warrant mailed	67,295	51,031	29,665	145	148,136
Number on which collateral was posted after notice of intent to issue warrant was mailed	20,240	14,211	8,217	39	42,707
Number of trials requested	729	229	139	42	1,139
Number of notice of intent to issue warrant returned because of insufficient address, etc					7,151
Number of warrants issued					90,214
Number of "No Papers" by corporation counsel					4,023
Number of withdrawals by precincts					33,739
Amount of collateral posted at Central Violations Bureau					$1,619,075
Amount of collateral posted at precincts on notices processed at Central Violations Bureau					22,556
Total amount of collateral posted on notices processed at Central Violations Bureau					1,641,631

[1] Includes 22,377 courtesy traffic violation tickets received for processing.

Comparison of work of the Central Violations Bureau during fiscal year July 1, 1962 through June 30, 1963 with fiscal year July 1, 1961 through June 30, 1962

	July 1, 1961–June 30, 1962	July 1, 1962–June 30, 1963
Total number of notices for nonmoving traffic violations received from the Police Department	[1] 443,635	[2] 494,782
Average per month	36,970	41,232
Number on which collateral was posted	272,089	300,495
By District of Columbia violators	148,761	160,919
By out-of-State violators	123,328	139,576
Total collateral posted	$1,311,186	$1,641,631
Number of trials requested	972	1,139

[1] Includes 17,514 courtesy traffic violation tickets received for processing.
[2] Includes 22,377 courtesy traffic violation tickets received for processing.

TABLE XII.—*Summary of data from monthly reports of the judges to the chief judge, July 1, 1962, through June 30, 1963*

	Number of days leave taken		Number of days at court	Time at courthouse [1]		
	Annual	Sick		Total, hours	On bench, hours	In office, hours
A. July–December 1962:						
Total for all judges	338.50	82.00	1,621.50	11,872:10	7,093:00	4,779:10
Average per judge (16 judges)	21.61	5.13	101.34	742:00	443:18	298:42
Average per judge per day				7:19	4:22	2:57
B. January–June 1963:						
Total for all judges	77.00	64.50	1,835.00	13,228:50	7,928:25	5,300:25
Average per judge (16 judges)	4.81	4.03	114.69	826:49	495:32	331:17
Average per judge per day				7:12	4:19	2:53
C. Fiscal year, 1962–63:						
Total for all judges [2]	415.50	146.50	3,456.50	25,101:00	15,021:25	10,079:35
Average per judge (16 judges)	25.97	9.16	216.03	1,568:49	938:50	629:59
Average per judge per day during the year				7:16	4:21	2:55

[1] Exclusive of lunch hours and time spent in attending meetings held away from court and after court hours.
[2] This does not include 36 days served by Hon. George D. Neilson (retired).

COURT ACTIVITY

Judge SMITH. During the year 1963 the court disposed of 1,731 civil jury trials and 5,220 criminal jury trials.

Since the passage of Public Law 88–60, 88th Congress, effective January 1, 1963, increasing the civil jurisdiction of the court from $3,000 to $10,000, there has been a significant increase in the number of class GS cases filed.

During the last 6 months of the fiscal year 1963, 11,327 GS cases were filed as compared with 9,738 class M cases during the preceding 6 months and 10,035 in the last 6 months of the previous fiscal year. One thousand two hundred and forty-five of the class GS cases filed from January 1 to June 30, 1963, involved more than $3,000.

During the fiscal year 1963 the U.S. District Court for the District of Columbia certified 290 cases to the court of general sessions for trial as compared with 253 in the previous fiscal year.

There were 1,434 civil jury cases pending on July 1, 1963—a marked increase over the 974 pending at the beginning of the previous fiscal year.

During 1963, civil jury cases were being scheduled for pretrial conference within 1 to 2 months after joinder of issue, but the time between pretrial conference and trial had lengthened to several

months. In view of the large number of jury cases pending on the ready calendar, it is anticipated that the delay between joinder of issue, pretrial conference, and trial will continue to increase.

Criminal jury cases were being scheduled for hearing within 1 month after request for jury trial. Civil nonjury cases were being scheduled for trial within 1 month after joinder of issue.

ADMINISTRATIVE SERVICES

Senator BYRD. That is a very good statement. Under "Administrative service," I believe three positions are requested—a budget clerk, a procurement clerk, and a time and attendance clerk. Is that correct?

Judge SMITH. That is correct, Mr. Chairman.

Senator BYRD. Now, would you justify these three positions, Judge Smith.

WORKLOAD INCREASE

Judge SMITH. The work of the administrative department has increased considerably during the past several years. This is due to the addition of several new departments in the court. We have a new Central Violations Bureau—all of these added since 1954—a domestic relations branch, a reciprocal support section, and an alcoholic rehabilitation section.

Now, since 1946 only three employees have been added to the administrative department of the court. Since 1946 the court personnel overall has increased from 102 to 213, so you can see the proportionate increase is very small. With the increasing caseload of the court, the addition of new judges and new departments, the workload on the administrative department has become very heavy.

Senator BYRD. Did we add any similar positions last year?

Judge SMITH. No; we did not.

Senator BYRD. Did you request them last year, do you recall?

Mr. BRAMHALL. May I suggest to the Senator that your committee did approve a budget clerk but it lost out in conference last year.

Miss CALLAHAN. We requested two last year.

Mr. BRAMHALL. We requested two and your committee approved one and it was lost after it left you folks.

Senator BYRD. This again was what item?

Mr. BRAMHALL. The budget clerk.

Senator BYRD. You did not request a procurement clerk or a time and attendance clerk, Mr. Bramhall, last year?

Mr. BRAMHALL. I believe the procurement clerk was requested but not the time and attendance. That is new.

TOTAL AMOUNT FOR THREE POSITIONS

Senator BYRD. What is the total amount for the three new positions?

Judge Smith. The total amount is $24,970.

Miss CALLAHAN. That includes supplies and materials of $6,500.

Senator BYRD. So the amount for the new positions would be?

Judge SMITH. $18,000.

Miss CALLAHAN. $18,470.

Senator BYRD. This is on a 12-months basis?

Judge SMITH. Yes, sir.

Senator BYRD. Now, Miss Callahan, you mentioned the item of supplies and materials.

Miss CALLAHAN. $6,500 for supplies and materials. That is also due to the increased workload.

Senator BYRD. I see. What was the amount you had last year for this item?

Miss CALLAHAN. For supplies last year, we had $25,801; and that would bring it to $32,301.

ADDITIONAL COURT REPORTERS

Senator BYRD. Judge Smith, there is a request for an additional court reporter.

Judge SMITH. Actually, Mr. Chairman, we could use four additional court reporters. With the increase in jurisdiction to $10,000, effective last January, issues in the cases being tried are much more complex. Almost all attorneys are requesting court reporters.

At the present time, we have 8 reporters serving 16 judges; 3 of those are permanently assigned to the domestic relations branch, which means that we have 5 court reporters for 13 judges.

And there are many cases which cannot be tried until court reporters become available.

REQUEST FOR DOMESTIC RELATIONS BRANCH

Senator BYRD. Did we allow any additional reporters last year?

Judge SMITH. They were requested, but not allowed.

Mr. BRAMHALL. They were requested, but not allowed.

Senator BYRD. In the domestic relations branch, there were no positions requested but certain items of equipment only. Is this right, Miss Callahan?

Miss CALLAHAN. That is correct.

Senator BYRD. How much did we appropriate for this item last year?

Miss CALLAHAN. Do you mean all of our equipment for the court? We had $17,794 last year, and we have a decrease of nonrecurring items of $1,751. And the increase requested is $10,944. That would be all nonrecurring too. But it would bring it, for this year, to $26,987.

DATA-PROCESSING PROGRAM

Senator BYRD. Would you like to address yourself briefly to the next item, $10,380 for the data-processing program?

Judge SMITH. I might say on that, Mr. Chairman, experience has proven that this equipment will more than pay for itself in a very short time.

Mr. BRAMHALL. Mr. Chairman, might I inject, at that point, that I think it was last year we asked for about $2,100 for a machine-rental item, and I forecast that, as a result of better enforcement, that we would probably be able to realize, in penalties or forfeitures, about $25,000. But to my surprise, the amount of forfeitures increased by over $300,000 last year.

And if this equipment is provided for us by Congress, I would venture that it will pay for itself 10 times over.

FEES AND FORFEITURES

Judge SMITH. During the past fiscal year 1963 the court received over $4 million in fees, fines, and forfeitures.

OPERATOR FOR CHECK ACCOUNTING MACHINE

Senator BYRD. One additional GS–5 electric accounting machine operator would be needed in conjunction with this program?

Mr. BRAMHALL. Yes, sir.

Judge SMITH. Yes, sir.

CASELOAD STATISTICS

Senator BYRD. You might file, for the record, some caseload statistics, Judge Smith, in further support of the request.

Judge SMITH. Those statistics are attached to my annual report to the Attorney General. I have additional copies, Mr. Chairman. I have furnished the reporter a copy.

Senator BYRD. One will be placed in the record.

(The statistics referred to appear on p. 2335:)

Senator BYRD. All right, Judge Smith, thank you very, very much.

Judge SMITH. Thank you.

DISTRICT OF COLUMBIA COURT OF APPEALS AND TAX COURT

STATEMENTS OF HON. ANDREW M. HOOD, CHIEF JUDGE AND HON. JO V. MORGAN, JUDGE

GENERAL STATEMENT

Senator BYRD. The next two items relate to the District of Columbia Court of Appeals and the District of Columbia Tax Court.

I note there are no additional funds requested over the House allowances.

Judge Hood and Judge Morgan are present, I believe.

I want to welcome you both.

Do you care to make any comments?

Judge HOOD. Unless there are any questions which you would like to ask, I don't think it is necessary that I make any statement, sir.

INCREASES MANDATORY

Senator BYRD. I think the increases that are requested over last year are mandatory increases.

Judge HOOD. That is correct.

Senator BYRD. We are sorry to inconvenience you. We appreciate your presence. We would like for you to stay longer, if you care to.

Judge MORGAN. Senator, I would like to say our caseload has increased 60 percent, and we need some equipment, but we are not asking any increase.

Senator BYRD. Thank you very much.

U.S. COURTS, LEGAL AID AGENCY

STATEMENT OF JAMES FRANCIS REILLY, CHAIRMAN, BOARD OF TRUSTEES; ACCOMPANIED BY CHARLES B. MURRAY, DIRECTOR

GENERAL STATEMENT

The next witness is Mr. James Francis Reilly, who is appearing in connection with the request for $20,000 for the Legal Aid Agency.

Mr. Reilly, do you have any statement?

Mr. REILLY. First, Mr. Chairman, I would like to express the appreciation of myself and my six colleagues on this board for the opportunity of appearing before you here, and to particularly express our appreciation to the very fine clerk, professional staff member of this committee, for the courtesy extended to us.

I am accompanied by Mr. Charles B. Murray, who, for 25 years, was the assistant U.S. attorney for the District of Columbia, and then was Assistant Attorney for the United States in charge of the Criminal Division, under Attorney General McGranery.

The other day, in an endeavor to save the time of this committee, I submitted a prepared statement of our justification, and attached to that was a short biographical statement of the members of the board of trustees, which I feel that I would appreciate if it were made part of my remarks.

JUSTIFICATION

Senator BYRD. These will be included as a part of your remarks.

(The statements referred to follow:)

PREPARED STATEMENT OF LEGAL AID AGENCY FOR THE DISTRICT OF COLUMBIA, WASHINGTON, D.C.

The increase in the 1964 budget for the Legal Aid Agency is necessary in order to keep its present staff operating.

Program justification, page 2; page 13–A–5–4

1. Additional positions on legal staff. Two additional attorneys were placed upon the staff to provide against the breakdown in Agency services which occurred in 1962 by reason of the sudden departure of three members of the staff. During that year the Agency handled only 133 District court cases. After these additions were made to the staff, the staff unexpectedly remained intact during the fiscal year 1963. However this staff was needed in order to handle one-third of all assigned cases still leaving the burden for two-thirds of the cases on outside attorneys. The Agency handled in fiscal 1963, 241 cases which was almost double what it handled in 1962 when the legal staff was suddenly depleted.

2. Extra workday and pay costs. In fiscal 1964 there will be two extra workdays. This will cost the Agency $900 plus $50 benefits. The $350 difference is pay costs over and above the pay costs that were set out to justify the $10,000 addition in the A budget.

3. Equipment, $1,000. Two manual typewriters costing $500 will need to be purchased. The remaining $500 is the estimated cost to replace equipment which will be more than 3 years old before the year is over.

4. Travel, $1,100. This item is based upon increase in travel costs due to the larger number of cases handled by the Legal Aid staff attorneys whose work in morgue and mental health cases as well as in the District court criminal cases requires frequent trips to the jail and hospitals. The item of $1,100 is based upon increased costs during the last half of the fiscal year 1963 which amounted to $550.

BOARD OF TRUSTEES OF DISTRICT OF COLUMBIA LEGAL AID AGENCY
(ESTABLISHED JUNE 27, 1960; PUBLIC LAW 86–531 (1960))

Pursuant to Legal Aid Act, the trustees are appointed for 3-year terms by the Chief Judges of the United States Court of Appeals for the District of Columbia

Circuit, the United States District Court for the District of Columbia, the District of Columbia Court of Appeals, the District of Columbia Court of General Sessions and the Juvenile Court, and the president of the District of Columbia Board of Commissioners.

Frederick A. Ballard was born in 1907 in Penn Yan, N.Y., attended the Penn Yan public schools, Hamilton College (A.B. 1928), and Harvard Law School (LL.B. 1931). He was admitted to the District of Columbia Bar in 1932, and has since been in active general and trial practice. He is a member of the firm of Kilpatrick, Ballard & Beasley. He is a captain in the U.S. Naval Reserve, and during World War II served on carriers in the Atlantic and Pacific. He is married, has three children, and resides in Fairfax County.

He has been active in the American and District Bar Associations, and in 1959–60 served as president of the latter association. He is a fellow of the American Bar Foundation and a trustee of the Legal Aid Agency of the District of Columbia.

He has at various times been a professor at the Washington College of Law, visiting lecturer at the University of Virginia Law School, and adjunct professor of law at Georgetown University. He was the first president of the Harvard Law School Association of the District of Columbia, and has served on the council of the national Harvard Law School Association. He belongs to the honorary fraternities Phi Beta Kappa, Delta Sigma Rho, and Pi Delta Epsilon, and is an honorary member of the legal fraternity Sigma Delta Kappa. He is a member of the panel of arbitrators of the American Arbitration Association, a member and past Chairman of the District of Columbia Advisory Board of the Salvation Army, and belongs to the American Legion, Military Order of the Carabao, and the American Law Institute.

A. Kenneth Pye: Born 1931, New York, N.Y.

Education: Primary and secondary schools, Richmond, Va.; Charleston, S.C., Buffalo, N.Y. A.B. summa cum laude, University of Buffalo, 1951. LL.M. Georgetown University, 1955. Member, Government Appellate Division, Office of the Judge Advocate General of the Army, prosecuting appeals from general courts-martial (1953–55). Professor of law, Georgetown University since 1955; of counsel, Chase & McChesney, Washington, D.C. 1956–59; director, legal internship program, Georgetown University 1960–61; associate dean since 1961.

Professional organizations and service: Phi Beta Kappa; Phi Delta Phi; member, American Bar Association (section on criminal law); International Law Association; American Society for International Law; District of Columbia Bar Association; International Association of Criminal Law; chairman, Committee To Supervise Conduct of Attorneys, District of Columbia Court of General Sessions (since 1961); chairman, Judicial Conference for the District of Columbia Circuit, Committee on Federal Rules of Criminal Procedure (1963); president, board of trustees, District of Columbia Bar Foundation (1960–63). Appeared as an expert witness before committees of U.S. Senate on subject of procedural aspects of insanity defense in criminal trials (1961); constitutional rights of servicemen (1962); proposed legislation permitting detention of material witnesses (1963). Member, board of trustees, District of Columbia Legal Aid Agency, 1963.

Publications, books, and monographs:

"The Actual Operation of Article VII of the Status of Forces Agreement," monograph (with Rev. Joseph N. Snee, S.J.) (Georgetown University Press) (1956).

"Status of Forces Agreement: Criminal Jurisdiction" (with Rev. Joseph N. Snee, S.J.) (Oceana Press) (1957).

"A Preliminary Survey of the Federal Probation System," monograph (with Father Snee and George W. Shadoan) (1963).

Articles:

"The Legal Status of the Korean Hostilities," 45 Geo. L.J. 45 (1957).

"Due Process in Criminal Proceedings: A Comparison of Two Systems," 21 Ohio State L.J. 467 (1960) (with Father Snee).

"The Legal Internship Program at Georgetown," 49 ABA J. (June 1963).

"The Effect Within the United States of Foreign Criminal Judgments" (to be presented to the annual meeting of the Association of International Criminal Law at The Hague in 1964 and published simultaneously as a part of a symposium in the University of Kansas City Law Journal).

"The Case for More Liberal Discovery in Criminal Cases" (presented May 1963 to Judicial Conference for District of Columbia Circuit, to be published in Federal Rules Decisions (1963).

Book Reviews: Journal of Legal Education, Howard Law Review.

Courses previously taught: Criminal procedure, criminal law, agency, legislation, civil procedure, introduction to civil procedure, partnerships, conflict of laws, family law.

Administrative duties: Principal responsibility for admissions, scholarships, and undergraduate and graduate curriculum in third largest law school in the United States since 1961.

Military status: Captain, U.S. Army Reserve, Judge Advocate General's Corps.

Travel: One to three months spent in countries of Europe and Near East—1956, 1959, 1961, 1962, 1963.

Miscellaneous: Visiting professor, Johann Wolfgang Goethe University, Frankfurt-am-Main, 1959. Listed in Who's Who in America (1964).

James Francis Reilly, chairman, board of trustees, District of Columbia Legal Aid Agency. Born, Pittsburgh, Pa., 1908; resident of District of Columbia since 1928. Attended Mount St. Mary's College, Emmitsburg, Md., 1929–31, honorary LL.D. degree 1959. Graduated Columbus University (now Catholic University) School of Law, LL.B. 1935; professor, Catholic University, 1946. Assistant Corporation Counsel for District of Columbia, 1938–40; Examiner, Civil Aeronautics Board, 1940–44; Executive Assistant to Chairman, Civil Aeronautics Board, 1944–45; member, Public Utilities Commission of District of Columbia, by appointment by President Franklin D. Roosevelt, confirmed by U.S. Senate, 1944–45. Chairman, District of Columbia Armory Board, 1961. Member, board of trustees, District of Columbia Legal Aid Agency, 1960– and chairman, 1963–. Member, Admissions and Grievances Committee, U.S. District Court for the District of Columbia, 1962–. Member, Post Office Department Advisory Board, by appointment of President John F. Kennedy, and confirmed by U.S. Senate, 1961–, Acting Chairman 1962–. Member, Judicial Conference, U.S. Court of Appeals for District of Columbia Circuit, 1961–. Member, advisory board of branches, the Riggs National Bank. Director, First National Bank of Vienna, Va. Member, American Bar Association, District of Columbia Bar Association, Federal Bar Association, the Barristers, and the Counsellors. Private practice of law, 1945 to date.

C. Frank Reifsnyder, born September 6, 1920, Ottumwa, Iowa. Educated in public schools, Ottumwa, Iowa; A.B. the George Washington University, Washington, D.C., 1944; LL.B. the George Washington University, 1946; Deputy Clerk, U.S. District Court for the District of Columbia, 1943–44; secretary to Judge T. Alan Goldsborough, U.S. District Court for the District of Columbia, 1945; law clerk to Chief Judge Bolitha J. Laws, U.S. District Court for the District of Columbia, 1946–47; Assistant U.S. attorney for the District of Columbia, 1947–51; Special Assistant to the Attorney General of the United States, 1950–51; associate, law firm of Hogan & Hartson, Washington, D.C., 1951–58; partner, law firm of Hogan & Hartson, Washington, D.C., 1959 to date. Chairman, Junior Bar Section, Bar Association of the District of Columbia, 1954–55; director, Bar Association of the District of Columbia, 1955–56; national vice chairman, American Bar Association Junior Bar Conference, 1955–56; secretary, Section of Judicial Administration, American Bar Association, 1955 to date; chairman, Judicial Conference Committee on Determination of Indigency, 1961; trustee, Legal Aid Agency for the District of Columbia, 1960 to date. Member Phi Delta Phi Legal Fraternity, American Bar Association, Bar Association of the District of Columbia, Federal Bar Association, Federal Power Bar Association, the Barristers.

Roger Robb, born Bellows Falls, Vt., July 7, 1907; admitted to bar, 1931, District of Columbia. Preparatory education, Yale University (A.B., 1928); legal education, Yale University (LL.B., 1931). Fraternity: Phi Beta Kappa. Assistant U.S. attorney, District of Columbia 1931–38; associate counsel, Special Committee of House of Representatives To Investigate National Labor Relations Board, 1939–40. Member, Committee on Admissions and Grievances of the U.S. District Court for the District of Columbia, 1953–. Consultant, Atomic Energy Commission, February–August 1954. Member, board of trustees, Legal Aid Agency for the District of Columbia. Member, Bar Association of the District of Columbia (member, board of directors, 1950–53; vice president, 1953–54); American Bar Association; the Barristers (president, 1946–47); Lawyers Club, American Judicature Society; American College of Trial Lawyers.

William Sylvester Thompson: Vital statistics: Born in Mebane, N.C., November 21, 1914, moved to the District of Columbia in September 1929, and has been a continuous resident thereof ever since; married Audrey Waller, January 4, 1947; father of one child, William Waller Thompson, age 14, presently a student at the Gordon Junior High School.

Education: Graduate of St. Augustine's High School, June 1929, now known as St. Augustine's College, Raleigh, N.C.; graduate of Howard University with B.S. degree in commerce and finance, 1934; graduate of Robert H. Terrell Law School, June 1939, with L.L.B degree; graduate studies at City College, New York, N.Y.

Military: Entered the Army of the United States August 3, 1942, and was honorably discharged November 27, 1944.

Business activities and affiliations: Admitted to the bar of the Commonwealth of Kentucky February 26, 1943: Admitted to the bar of the District of Columbia, June 16, 1944; in continuous general law practice in Washington, D.C., from January 1945 to date, with offices at 511 Sixth Street NW.; admitted to practice before the Supreme Court; former member of Counsel for Law Enforcement for the District of Columbia; member of Washington Bar Association, and president of the organization from 1954 to 1956; member of American Bar Association; member, Special Committee on World Peace Through Law; trustee of Robert H. Terrell Law School until it closed; general practice includes active trial work in the U.S. district court, municipal court, courts of appeals and the Supreme Court; member of the Bar Association of the District of Columbia; member of Association of Claimants' Attorneys; member of National Association of Claimants' Attorneys; member of board of trustees of Legal Aid Agency; president of the National Bar Association, 1957–59; former member of President's Committee on Government Contracts.

Civic and other affiliations: Former legal adviser to Petworth Parent-Teachers Association; former vice president of Petworth Parent-Teachers Association; legal adviser to Northwest Boundary Civic Association; member of Draft Board No. 10, from 1945 to present; member of Kappa Alpha Psi Fraternity; member of Elks Columbia Lodge, No. 85; member of F. & A.M. Fidelity Lodge No. 20, Mason; president of Bachelor-Benedicts Club, Inc., 1957–58; president of National Guardsmen, Inc., 1956–58; president of Washington Guardsmen, Inc., 1938–42 and 1955–56; member of Pigskin Club, Inc., and legal adviser.

Religion: Episcopalian. Senior warden of St. George's Episcopal Church located at Second and U Streets NW., Washington, D.C.

Mr. Howard C. Westwood is a partner of Covington & Burling and has been continuously with that firm since September 1934 except for 18 months' service in the Marine Corps during World War II. He was born in 1909 in Cedar Falls, Iowa, and grew up in Tecumseh, Nebr. After public schooling in Tecumseh, he attended the John Burroughs Schools, St. Louis, Mo., Swarthmore College at Swarthmore, Pa., and Columbia Law School in New York. After receiving his LL.B. in 1933, he served for 1 year as a law clerk to Mr. Justice Harlan F. Stone of the U.S. Supreme Court and has made his home in Washington since that time.

He has taught law courses at Howard University and at the University of California in Los Angeles. He has written numerous law review articles.

Mr. Westwood has served on the board of directors of the District of Columbia Bar Association and, in 1956, was appointed to membership on the association's legal aid commission established to study and make recommendations concerning legal aid in the District of Columbia.

Since 1955 he has been a vice president of the board of trustees of the Legal Aid Society. He has been on the board of trustees of the Legal Aid Agency since its establishment in 1960.

Other local activities have included membership on the board of governors of St. Albans School for Boys (1952–57); the board of trustees of the House of Mercy (1948–54); and on the Juvenile Court Citizens Advisory Committee (1958), heading a special study on the protection of the legal rights of children.

He is a member of the Metropolitan Club, Chevy Chase Club, the City Tavern Association, and Burning Tree Club.

LEGAL STAFF OF DISTRICT OF COLUMBIA LEGAL AID AGENCY

Charles B. Murray, born September 13, 1899, Washington, D.C. Attended parochial schools, St. John's College High School, business high school, Georgetown University. LL.B. Georgetown 1923. Office of the U.S. attorney for the District of Columbia: clerk, May 15, 1920; chief clerk; assistant U.S. attorney, July 1927 to June 1952. July and August 1952, special assistant to the Attorney General of the United States; August 1952 to February 1953, Assistant Attorney General of the United States in charge of the Criminal Division; 1952–60 private practice with the firm of Burkinshaw, Maher & Murray, 1001 Connecticut Avenue NW., Washington, D.C.; Bar Association of the District of Columbia: director; treasurer; president 1954–55; member of committees including chairman, Judicial

Selection Committee 1960–61, chairman, District of Columbia Judicial Conference Committee on Capital Punishment, 1961. Member of the Committee on Admissions and Grievances of the U.S. District Court for the District of Columbia 1956–60. Lecturer; Columbus University Law School moot court and civil proceduer. Lecturer, National University Law School, criminal law. Member of House of Delegates, American Bar Association. Member of Barristers, the Lawyers Club, American College of Trial Lawyers; president of Catholic Youth Organization, and Home Plate Club; member of Serra Club. Director and budgeteer, Legal Aid Agency for the District of Columbia, appointed director, October 25, 1960.

Edward E. O'Neill, born January 23, 1909, Biddeford, Maine. Educated public schools Biddeford and Saco, Maine; Thornton Academy, Saco; Calvert Hall College, Baltimore, Md.; Georgetown University, LL.B. 1935. Member District of Columbia Bar since October 1935. Employed in clerical positions with Treasury Department, Federal Bureau of Investigation. Law clerk, junior attorney, special attorney, assistant attorney, associate attorney, and attorney 1942–43; Lands Division, Department of Justice. Assistant corporation counsel, 1943–45. Special attorney, Department of Justice, 1945–47. Private practice 1947–52. Trial attorney, Civil Division, Department of Justice, 1952–54. Business manager and general counsel to the Seneca Nation of Indians, 1954–59. Legal Aid Agency attorney, temporary March–June 1961; reemployed as permanent staff attorney, October 1961.

Phillip A. Hubbart, born November 8, 1936, Rock Island, Ill. Public schools Rock Island; Rock Island Senior High School, 1954; A.B. Augustana College, Rock Island, 1958, magna cum laude, Phi Beta Kappa. LL.B. Duke University, 1961. Participated in 223 intercollegiate debates. West Point national debate tournaments, West Point, N.Y., top-ranking speaker, 1956–57. Top-ranking speaker in other tournaments 1956–58. Managing editor, Duke Law Journal; member Duke Law School Judicial Board. Winner American College of Trial Lawyers Award for best oral argument 1959–60. E. Barrett Prettyman Fellow, Georgetown University Law Center 1961–62. LL.M. 1962 and certificate of proficiency in trial advocacy. Employed as staff attorney, Legal Aid Agency, August 20, 1963.

Gary Bellow, born Brooklyn, N.Y., June 9, 1933. Graduated Lawrence High School, Lawrence, N.Y., 1953, first in class of 275; president, senior class; president honor society; participated in basketball, tennis, and baseball. B.A. (history) Yale, 1957, 100 in class of 900; secretary of senior class; fraternity president; deans list. LL.B. Harvard, 1960, cum laude; 33 in class of 476; Harvard Legal Aid Society. LL.M. Northwestern University School of Law, 1961; graduate research in criminal law discovery; occasionally taught first year criminal law class, 1959–60, worked for Prof. Sheldon Glueck assembling materials for a seminar in "The Administration of Criminal Justice." Law clerk and associate New York law firms. Employed Legal Aid Agency, April 16, 1962. (Originally employed as investigator, changed to staff attorney upon admission to District of Columbia Bar.)

Thomas R. Jones, born June 8, 1932, Appleton, Wis., Newton High School, Newtonville, Mass., June 1950; Harvard University A.B., 1954; LL.B., 1959, University of Wisconsin Law School. Legal Aid Society, University of Wisconsin 1958–59. Trial attorney, Bureau of Inquiry and Compliance, Interstate Commerce Commission, 1959–62. Employed as staff attorney Legal Aid Agency, April 16, 1962.

Paul R. Kramer, born June 6, 1936, Baltimore, Md. Forest Park High School, Baltimre,; Md. honor societies, vice president junior and senior, student judge, year representative, other school and class offices, varsity sports. American University, Washington, D.C., 1959, B.A.; American University; LL.B., Washington College of Law, 1961. Kappa Phi Kappa National Educational Honor Society; Nu Beta Epsilon National Law Fraternity, vice chancellor; American Society for Legal History, national chairman of student recruiting; Boy Scouts of America. Employed by Covington & Burling, Washington, D.C., as messenger September 1959–February 1960; law clerk, legal research, February 1960–January 1962. Employed, Legal Aid Agency staff attorney January 15, 1962.

Paul Eugene Miller, born September 19, 1935, Cincinnati (Lockland) Ohio. Dunbar High School, Dayton, Ohio, June 1953. B.A., Central State College, Wilberforce, Ohio, 1958. LL.B., Howard University, Washington, D.C., 1961; 1961, law clerk trainee, Federal Communications Commission; law clerk trainee, Federal Trade Commission. Part-time employment as clerk in stores, postal clerk, playground director, janitor, and waiter. High school football, basketball, manager of track. College: student council defense attorney. Employed as staff attorney, Legal Aid Agency, July 2, 1962.

STATEMENT OF MR. REILLY

Mr. REILLY. If the chairman knew me better, he would know I am not the most humble man in the District of Columbia. And while I do not think my colleagues on the Board would like to appear before committees of Congress, this is my chore, and I would like to show they also serve on the Board of Trustees.

Senator BYRD. They also serve who only stand and wait; is that correct?

Mr. REILLY. That is correct.

And I certainly will not try to match the distinguished gentleman from West Virginia in connection with the Bible.

I will always assent to what you say, Mr. Chairman.

Now, the statement I gave to Mr. Merrick the other day I thought was an excellent statement. He called me on the phone and asked where I got the figures. I told him I got it from our staff, and he told me I better get some new ones.

Mr. Chairman, it develops insofar as the end result is concerned, the figures are within a couple of hundred dollars of each other. And watching the distinguished chairman this morning, he is rather concerned about $200, and we are going to try to straighten that out for you, Mr. Chairman.

I have handed to Mr. Merrick this morning, and I assume has given to you, this copy of the justification which Mr. Murray has read. And if you will turn to the blue sheet—if the chairman will bear with me, I will read this justification, if I may, and respectfully ask the Chair to follow me.

I usually follow the distinguished Senator. But in this occasion I ask him to follow me.

Senator BYRD. I shall be glad to follow you.

Mr. REILLY. Thank you, sir.

NEW JUSTIFICATION

No. 1 of the justification here—we really have, as a preface—we already have these two positions through the House Appropriations Committee under the distinguished gentleman from Kentucky, Mr. Natcher, who concurred in the $19,000 which we were given in the supplemental appropriation.

As I understand, we hired these two people.

Let me read this statement. And then I will try to, with the assistance of Mr. Murray, answer your questions

ADDITIONAL ATTORNEYS

1. Additional positions on legal staff. Two additional attorneys were placed upon the staff to provide against the breakdown in agency services which occurred in 1962 by reason of the sudden departure of three members of the staff.

I may say that was for promotion to other agencies.

During that year the agency handled only 133 District court cases. After these additions were made to the staff, the staff unexpectedly remained intact during the fiscal year 1963. However, this staff was needed in order to handle one-third of all assigned cases still leaving the burden for two-thirds of the cases on outside attorneys. The

agency handled in fiscal 1963, 241 cases which was almost double what it handled in 1962 when the legal staff was suddenly depleted.

Do you care to ask us anything there?

NUMBER OF ATTORNEYS ON STAFF

Senator BYRD. You have presently how many attorneys on the staff?

Mr. REILLY. We have six.

Senator BYRD. And two were added last year, or the year before?

Mr. MURRAY. They were added—the last addition was made Mr. Chairman, in August 1962.

Senator BYRD. And you are requesting two more?

Mr. REILLY. That is right.

Mr. MURRAY. Requesting that those two be kept.

Mr. REILLY. In fiscal 1964, on a priority basis.

Senatro BYRD. Yes.

EXTRA WORKDAY AND PAY COSTS

Mr. REILLY. No. 2 item, extra workday and pay costs. In fiscal 1964 there will be 2 extra workdays. This will cost the Agency $900 plus $50 benefits. The $350 difference is to pay costs over and above the pay costs that were set out to justify the $10,000 addition in the A budget.

EQUIPMENT AND TRAVEL ITEMS

3. Equipment, $1,000. Two manual typewriters costing $500 will need to be purchased. The remaining $500 is the estimated cost to replace equipment which will be more than 3 years old before the year is over.

4. Travel, $1,100. This item is based upon increase in travel costs due to the larger number of cases handled by the Legal Aid staff attorneys whose work in morgue and mental health cases as well as in District court criminal cases requires frequent trips to the jail and hospitals. The item of $1,100 is based upon increased travel costs during the last half of the fiscal year 1963 which amounted to $550.

TREND IN CASE NUMBERS

Senator BYRD. Mr. Reilly, you might wish to present for the record a table which would indicate the trend in the growing number of cases to which you have alluded.

Mr. REILLY. We will do that, Mr. Chairman.

SEPTEMBER 30, 1963.

Hon. ROBERT C. BYRD,
Chairman, Senate Subcommittee on Appropriations for the District of Columbia, Washington, D.C.

MY DEAR SENATOR BYRD: In compliance with your request on Saturday morning, September 28, 1963, when James Francis Reilly, chairman of the board of trustees of the Legal Aid Agency, appeared before your committee in support of the Agency's B budget, I take pleasure in attaching a table of cases handled by the Legal Aid Agency in each of the 3 years of its operation.

Respectfully yours,

CHARLES B. MURRAY, *Director.*

Legal Aid Agency for the District of Columbia, caseload for fiscal years 1961–63

	1961	1962	1963
U.S. district court [1]	[2] 114	[3] 133	241
U.S. commissioner	16	246	265
Coroner	10	110	124
Juvenile court	18	23	53
District of Columbia Court of General Sessions	144	15	10
Mental Health Commission	181	1,366	1,188
Total caseload	483	1,893	1,881

[1] The major part of the Agency's operation is in connection with cases in the U.S. District Court for the District of Columbia.
[2] 1961: this covers the period from November 1960 to June 1961. The agency began operations in November 1960.
[3] 1962: this low caseload was due to the sudden loss of 3 members of the legal staff.

Senator BYRD. Well, Mr. Reilly, I lean upon my faithful clerk a great deal, as you have already referred to him, and he tells me this is a good item, and we shouldn't ask you any more questions.

Mr. REILLY. Well, I should quit when I am ahead, Mr. Chairman, but I am going to make this statement.

WORK OF BOARD

I believe this uncompensated board is doing a really fine job and working hard at it to effectuate the purpose of the Legal Aid Act of 1960. I think we are trying to keep the funds to be expended, to be expended economically and firm. And I think, and I want to say to the chairman, that I am very happy you are here, because we know, or Mr. Murray will know and his staff will know, that we have got to come up here and face you, and to prove to you we are using these funds to effectuate the purpose of Congress.

Senator BYRD. Well, I think you are doing a good job, Mr. Reilly. If I didn't think so, I would ask further questions.

We hope we can be helpful to you. We will give careful consideration to your requests.

Mr. REILLY. Thank you, sir.

I hope sometime you will visit our quarters and see the kind of job our people are doing that are under the very able direction of Mr. Murray.

Senator BYRD. I would like to do that. Thank you.

LICENSES AND INSPECTIONS

STATEMENT OF J. J. ILGENFRITZ, DIRECTOR, DEPARTMENT OF LICENSES AND INSPECTIONS; ACCOMPANIED BY R. DONALD KINNEY, DEPUTY DIRECTOR; F. E. ROPSHAW, CHIEF, OFFICE OF ADMINISTRATION; AND FREDERICK W. MALLON, SUPERINTENDENT OF HOUSING DIVISION

BUDGET ESTIMATE

JUSTIFICATION

Senator BYRD. The next item concerns licenses and inspections.

The 1964 original estimate was $3,014,500. The revised estimate is for $3,031,300.

The House allowance on the original estimate was $3,900,000.

The amendment requested in Senate Document 32 is in the amount of $22,300.

The justification filed in support of this item will be placed in the record.

(The justification referred to follows:)

LICENSES AND INSPECTIONS

Allotment summary

1962 allotment (including transfer from "Personal services, wage-scale employees")	$2,787,593
1963 allotement (excludes supplemental amount of $32,342, Public Law 88-25)	2,784,000
Deduct nonrecurring items	−862
1963 adjusted (1964 base) original estimate	2,783,138
Original budget increases	+231,362
Total budget estimate, original submission to House	3,014,500
Reductions: House action	−5,500
House allowance on original estimate	3,009,000
Additional proposals: S. Doc. No. 32	+22,300
Total 1964 estimate requested in Senate	3,031,300

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Administration	$293,643	$22,161	$315,804	----------	$315,804	$6,207	$322,011
2. Inspection	1,123,491	114,354	1,237,845	$5,500	1,232,345	4,300	1,236,645
3. License and Permit	368,145	29,948	398,093	----------	398,093	1,875	399,968
4. Housing	725,338	47,187	772,525	----------	772,525	9,568	782,093
5. Zoning	170,373	12,307	182,680	----------	182,680	187	182,867
6. Condemnation of insanitary buildings	102,148	5,405	107,553	----------	107,553	163	107,716
Total (general fund)	2,783,138	231,362	3,014,500	5,500	3,009,000	22,300	3,031,300

PROGRAM JUSTIFICATION

FOR AN ADDITIONAL AMOUNT, FISCAL YEAR 1964, FOR DEPARTMENT OF LICENSES AND INSPECTIONS, $22,300

Activity 1. Administration, $6,207

Additional funds for increased equipment rental and one-time installation costs are required to replace the electrical accounting machine now in use with a faster and more versatile electrical accounting machine. It is necessary to the efficiency of the Department's operations that new and improved work controls and communication, report, and processing systems be established. In view of manpower limitations such improvement can only be accomplished by development of additional machine processing procedures.

The present accounting machine and the auxiliary items of equipment which have remained virtually unchanged were installed in fiscal year 1956 for license issuance only. Since that time there has been a sizable addition to the automatic data processing workload.

Utilization of present electrical accounting machine

[Percent]

Period	Average utilization [1]	High month	Low month	Comment
Fiscal year 1957	[2] 75.0			Licenses only.
Fiscal year 1959	99.0			Added: Housing statistical procedures.
Fiscal year 1962	105.0	112	92	Added: Property and personnel records and controls, occasional one-time data service for other departments.
1st half, fiscal year 1963	107.5	138	102	Added: Works in process controls, communications, and reporting of all functions of the Enforcement Branch.

[1] Utilization over 100 percent is achieved by staggering work hours.
[2] Estimate.

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 increases follows:

	1963 (available)	Increases requested	1964 (total)
Administration:			
ADP machine rental	$16,170	$6,000	$22,170
Postage	750	207	957

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade and title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Postage (operations)						$207	$207
ADP machine rental						6,000	6,000
Total, additional proposals						6,207	6,207

Activity 2. Inspections, $4,300

Additional equipment is essential for the efficient and safe inspection by this activity of bulk fuel oil and bulk gasoline storage facilities. At the present time a 500 gallon prover for testing oil and gasoline metering devices is installed on a four-wheel trailer which is attached to a regular passenger vehicle. However, the size and weight of the equipment in relation to the limited capacity of a passenger vehicle is such as to render this device extremely hazardous because of the backlash which causes the vehicle to be pushed forward when the brakes are applied. The safety of inspectors and of the public is endangered by this condition. The possibility of extensive claims against the District for loss of life or limb is obvious. Not only is it unsafe to continue the use of the trailer but it is uneconomical. The new truck would also carry a 200 gallon oil truck meter prover thereby reducing wear and tear on the lighter weight truck now being operated.

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 requested increases follows:

	1963 (available)	Increases requested	1964 (total)
Inspection and engineering review:			
Postage	$1,200	$300	$1,500
Equipment	8,862	4,000	12,862

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade and title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Postage						$300	$300
Equipment (truck)						4,000	4,000
Total, additional proposals						4,300	4,300

Activity 3. License and permit, $1,875

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 requested increases follows:

	1963 (available)	Increases requested	1964 (total)
Licenses and permit issuance and enforcement services: Postage	$7,500	$1,875	$9,375

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade and title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Postage						$1,875	$1,875
Total additional proposals						1,875	1,875

Activity 4. Housing, $9,568

Funds are requested for two additional positions in "Activity 4—Housing." One clerk-typist position is necessary to assist in processing the present clerical backlog of correction orders, inspection records, and other necessary actions related to Housing Code enforcement. Seven additional inspector positions were authorized for fiscal year 1962. However, clerical support was not provided for these. An attempt to absorb the additional work emanating from increased inspectional activity and the previous backlog through overtime and compensatory work time is being made. This is not a satisfactory solution on a permanent basis.

In addition, one clerk-typist position is required to provide secretarial and clerical assistance to the Chief of the Inspection Section who supervises a staff of more than 80 housing inspectors. Experience has demonstrated that a secretarial position would increase the efficiency of the Section. There is no Assistant Chief position and the Chief must necessarily spend a significant portion of his time in the field. A secretary is required to answer the telephone, dispose of many inquiries, and take messages. There are many calls made to this Section by residents and owners of the buildings inspected. Also, the efficiency would be increased by having one person responsible for preparing the Chief's correspondence, and reports, maintaining records, and performing the variety of clerical details required in such an operation.

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 requested increases follows:

	1963 (available)	Increases requested	1964 (total)
Processing and recording (provides clerical services for the Field Inspection Branch staff):			
Section Chief	1		1
Housing inspector	2		2
Supervisory clerk	1		1
Clerk-typist	11	1	12
Storekeeping clerk	1		1
Telephone operator	1		1
	17	1	18
Inspection:			
Section Chief	1		1
Supervisory housing inspector	6		6
Housing inspector	76		76
Clerk-typist (secretary)		1	1
	83	1	84
Housing improvement: Operations, postage	$1,650	$412	$2,062

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade and title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-4 clerk-typist	2	$8,213	$108	$581	$40	$214	$9,156
Postage						412	412
Total additional proposals	2	8,213	108	581	40	626	9,568

Activity 5. Zoning, S187

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 requested increase follows:

	1963 (available)	Increases requested	1964 (total)
Zoning: Postage	650	187	837

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade and title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Postage						$187	$187
Total additional proposal						187	187

Activity 6. Condemnation of insanitary buildings, $163

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 requested increases follows:

	1963 (available)	Increases requested	1964 (total)
Condemnation of insanitary buildings: Postage	750	163	913

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade and title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Postage						163	163
Total additional proposal						163	163

ADDITIONAL POSITIONS

Senator BYRD. Did the House allow any additional positions, Mr. Ilgenfritz?

Mr. ILGENFRITZ. No, sir. We did not request any in our budget.

Senator BYRD. Under administration, the request amounts to $6,207.

Is there a position involved?

Mr. ILGENFRITZ. No, sir, there is not.

Senator BYRD. Would you justify the item?

INCREASE FOR ADMINISTRATION

Mr. ILGENFRITZ. We are asking under activity 1, "Administration," an increase of $6,000 for rental of a new electric accounting machine in our machine tabulating unit. This is the basic machine that all our items are fed into finally. We are working that machine 100 percent of its time right now, and are intending to increase its use by developing other procedures that will be fed into it.

ELECTRIC ACCOUNTING MACHINE

The additional cost that we are requesting is for rental of a new and larger and more up-to-date machine than the one we have.

Senator BYRD. You presently have one machine?

Mr. ILGENFRITZ. Yes, sir.

Senator BYRD. What is the age of the machine?

Mr. ILGENFRITZ. We acquired that machine in 1956.

Senator BYRD. And you feel that this item cannot be delayed another year.

Mr. ILGENFRITZ. I think it would be unwise to delay it. Naturally, this machine accounting section saves us a lot of money, and the more we can utilize it throughout the department, the more economical we can operate.

Now, we also had, in activity 1, an additional fee for postage. We have requested, in this budget, a blanket 25-percent increase for all of our postage all the way through the Department.

INSPECTIONS

Senator BYRD. The next item concerns inspections. This is in the amount of $4,300.

Are there any additional positions involved?

Mr. ILGENFRITZ. No, sir, there are none.

Senator BYRD. Would you like to address yourself, briefly, to this request?

NEW TRUCK FOR WEIGHTS AND MEASURE

Mr. ILGENFRITZ. What we are asking for under this activity is authority to purchase a new truck for the weights and measures section of that division.

At the present time we have an old four-wheel trailer that we hook onto a passenger car, and on this trailer are our large 500-gallon proofers for bulk oil plant metering.

This is a very unsafe piece of apparatus to have on the roads, and, in fact, I have forbidden it to go out, except in emergency cases, for that reason.

We would like to purchase this truck so that we could mount our large proofers, both our 500-gallon and our 200-gallon proofers on this truck, together with their necessary equipment, so that we could make proper inspections of our bulk plants and our truck meters.

There are about 113 bulk plants and 300 truck meters that we have to inspect yearly.

TOTAL VEHICLES IN DEPARTMENT

Senator BYRD. How many vehicles do you now have?

Mr. ILGENFRITZ. In the entire department, Mr. Chairman, do you mean?

Senator BYRD. Yes.

Mr. ILGENFRITZ. We have nine passenger vehicles and two trucks.

Senator BYRD. You have two trucks?

Mr. ILGENFRITZ. Yes, sir.

Senator BYRD. And in this section you have how many?

Mr. ILGENFRITZ. In this section we have the two trucks. But one of these trucks is a light carryall, not much more than a station wagon.

SENATOR BYRD. What is the age of each of the two trucks in this section?

Mr. ILGENFRITZ. The carryall is a 1960 Chevy, and the other truck is a 1947. That is a very heavy duty truck, an autocar truck, 1947, that we carry the large weights for checking the larger scales throughout the District.

MILEAGE ON VEHICLES

Senator BYRD. Mr. Ropshaw, do you have the mileage for each of the trucks on your chart?

Mr. ROPSHAW. Yes, I do. The Chevrolet carryall, dated 1960, has a mileage of 10,210 miles.

The Autocar, the heavy truck, vintage of 1947, has a mileage of 15,056.

I would like to explain to you the low mileage on the truck that we have used ever since 1947.

The truck has the hydraulic equipment which is needed for the moving of heavy weights and things of that nature. Very frequently, that truck will make a short trip to the site where the tests are conducted. But once there, the motor runs all day long in order to provide the hydraulic power to keep the equipment in operation.

The speedometer mileage is low, but the actual mileage on the motor running is tremendous.

The reason we have not applied the 6-year rule for replacement of this equipment—let it go ever since 1947—is that replacement of that truck at this time would be in the neighborhood of $35,000 to $40,000, just for that one piece of equipment.

Senator BYRD. Yes. All right.

LICENSES AND PERMITS

Now, we go to the next item, activity 3, "Licenses and permits"; $1,875 constitutes the request.

No position is involved?

Mr. ILGENFRITZ. No positions, Mr. Chairman, and that is, again, a 25-percent increase for postage.

ADDITIONAL POSITION FOR HOUSING

Senator BYRD. The next item is "Housing," $10,568.

You are requesting funds for two additional positions in activity 4, Housing.

One clerk-typist position, and one—I believe two clerk-typist positions.

Mr. ILGENFRITZ. Yes, sir; that is correct.

Senator BYRD. All right.

Would you proceed to justify this request?

Mr. ILGENFRITZ. Mr. Chairman, these are requested for our field inspection office of the Housing Division. One of the positions is to supplement our pool that does the clerical work for our inspectors in the field. There are some 77 inspectors doing this particular type of work, and generating the paperwork that will go the these clerks.

We have not been able to get out the paperwork as rapidly as desirable. This creates a problem, because if a case lays too long the inspection that was made on it, of course, becomes obsolete particularly on housing items, which changes very rapidly from day to day.

NEED FOR CLERICAL ASSISTANCE

Two years ago we were given seven additional housing inspectors for this group, but received no clerical assistance for them. And this has been hurting us for 2 years.

We asked for this position last year and we were denied, and we again ask for it this year.

Senator BYRD. When did we last allow an additional position of this type?

Mr. ILGENFRITZ. In 1961—two clerks.

Senator BYRD. If the Congress were to appropriate money for but one of the two, which would be preferred?

Mr. ILGENFRITZ. I would prefer the one I was just speaking of—the clerk that would be utilized in the pool to service the paperwork of the 77 inspectors.

The other clerk we requested for the use of the section chief of that particular section. At the present time his work has to be done by this same pool, which, again cuts down the work that they can actually do for the inspectors.

Last year we had some 48,000, almost 49,000 cases that had to be processed by this section we are talking about.

MANDATORY ITEMS

Senator BYRD. I believe the other items are required items.

Mr. ILGENFRITZ. The remaining items are merely our increased postage again. These are the only two personnel.

HOUSING INSPECTION PROGRAM

Senator BYRD. Give the committee some specifics as to the housing inspection program, the caseload, delays in filing deficiency notices, and so on.

Mr. ILGENFRITZ. Yes, I believe I can do that.

Last fiscal year we had 48,852 cases, of which 46,984 were cleared. These cases represented a total of 162,102 violations.

Fifty-three percent of those cases were brought to completion in less than 30 days. Eighty-seven percent of those cases were brought to completion in less than 90 days and only 5 percent took 6 months or longer.

They were the hard-core cases, for various reasons.

BACKLOG OF CASES

We do have a backlog of cases which for noncompliance should be referred to Corporation Counsel for possible prosecution. The reason for the backlog is that the Corporation Counsel's enforcement office cannot handle the volume that we are turning out at the present time.

We are trying to develop some steps right now to correct this situation. We have submitted to the Commissioner a proposal of some six or seven items which we hope will correct this.

There is one item we are trying to develop which is a system of collateral tickets that the housing inspector could hand out in the field for predetermined minor type of cases, with the idea that this would possible draw off 3,000 or 4,000 cases that now is normally handled by the Corporation Counsel, thereby enabling that Office to proceed with the larger more drastic cases. That is just one item; and this is a bottleneck at the present time.

But I think we can better it, and we are trying to, right now.

Senator BYRD. Do you have a statement you would like to file for the record?

STATEMENT ON ITEMS REQUESTED

Mr. ILGENFRITZ. Yes, Mr. Chairman. I have a brief statement that covers the items in general, and I would like to file that for the record.

Senator BYRD. All right. It will be included in the record.
(The statement referred to follows:)

Mr. Chairman, the 1964 budget request presented to the House Appropriations Committee, as you know, was limited to the minimum required personal service costs. Within the framework of the budget now under consideration by Congress I am requesting funds for operating needs which are essential to the current programs of the Department for a total additional cost of $22,300.

These are:

All activities: For increased postage	$3, 144
Activity 1: For additional rental for an electrical accounting machine	6, 000
Activity 2: For a weights and measures truck	4, 000
Activity 4: For 2 housing clerk-typist positions	9, 156
Total	22, 300

Postage costs are, of course, a mandatory increase of 25 percent over the amount expended in fiscal year 1963. We have allocated these costs by activities based on the volume of mail during the preceding 12 months.

The electrical accounting machine is the key machine in the machine data processing section. It is presently utilized more than 100 percent of the time based on a 40-hour workweek. This is accomplished by staggering work hours. Even so, we are not meeting the data processing requirements of the Department. The machine, for which additional funds are requested, would provide a 50-percent increase in productivity and greater operating versatility than the present equipment. As a result a higher degree of operating efficiency will be possible throughout the Department.

The amount requested for the truck is essential not only for the efficient inspection of bulk fuel oil and bulk gasoline storage facilities, but more importantly it is essential to the safe conduct of this function. At the present time a 500-gallon prover for testing oil and gasoline metering devices is installed on a four-wheel trailer which is attached to a regular passenger vehicle. However, the size and weight of the equipment in relation to the limited capacity of the passenger vehicle is such as to make this device extremely hazardous on the highways. Both the safety of inspectors and of the public is endangered by this condition and the possibility of extensive claims against the District for loss of life or limb is obvious. Not only is it unsafe to continue the use of the trailer but it is uneconomical. The new truck would also carry a 200-gallon oil-truck meter prover thereby reducing wear and tear on the lighter weight truck now being used for this purpose.

My request for authorization of two clerical positions in activity 4, housing, is the only personal service item additional to the required costs in the A budget. These positions are to support exisitng programs in housing code enforcement. The backlog in clerical processing is a contributing factor to some of the problems encountered in this program for the inability to process cases promptly not only weakens the impact of enforcement actions but also necessitates additional inspector time. The Housing Code due to its retroactive nature is a particularly difficult code to administer and attaining compliance involves the efforts of several operating divisions of the Department of Licenses and Inspections, and in many cases the efforts of the Corporation Counsel, the courts or the Board of Appeals and Review. Unlike the scheduling of surveys and inspections, the scheduling of compliance is not entirely within the Department's control. In many cases full compliance is highly expensive and all the delaying tactics legally possible are resorted to by the owners of the affected buildings. But even under these difficulties the Department during the past year has brought over 30,000 residential buildings throughout the District into compliance with the Housing Code and this is in addition to our routine duties of issuing over 75,000 miscellaneous licenses and 75,000 permits and certificates annually. Due to this volume of work it is imperative that the clerical processing of each case be kept current.

Senator BYRD. Is there anything in addition you would like to say?

Mr. ILGENFRITZ. I think we have covered everything, unless you have additional questions, sir.

Senator BYRD. All right.

ARTICLE ON ENFORCED BUILDING CODES

We will include in the record an item which appeared in the May 4 edition of the Evening Star with reference to hearings slated on enforcing building codes.

(The article referred to follows:)

[From the Evening Star, May 16, 1963]

HEARING SLATED ON BUILDING CODES—CITY REVIEWS LAG INVOLVING 70 OF FIRM'S PROPERTIES

(By Charles D. Pierce, Star staff writer)

A representative of John D. Neumann Properties has been summoned to appear at the Corporation Counsel's office in the court of general sessions for a hearing next Wednesday.

The hearing at 2 p.m. is in connection with deficiency notices filed by the Department of Licenses and Inspections on 70 buildings owned by Neumann Properties.

A lag in enforcement of the housing and certain other city codes in cases involving some of the approximately 400 buildings owned by Neumann Properties was disclosed yesterday.

J. J. Ilgenfritz, Director of the Department of Licenses and Inspections, said today that he is making an intensive review of all deficiency notices involving the firm's properties. He said there are no other large property owners whose inspection records are undergoing similar scrutiny at this time.

"SWAMPED" BY WORKLOAD

Mr. Ilgenfritz said yesterday that there has been a breakdown in enforcement of some of the deficiency notices served by city inspectors on buildings owned by Neumann Properties.

"The trouble is that Neumann Properties owns so many buildings that we just got a little swamped," Mr. Ilgenfritz said.

The summons for the hearing next Wednesday was served yesterday on George Smith, property manager for Neumann Properties.

"We will go out and correct any of these deficiencies on these buildings immediately," Mr. Smith said. "We'll do it like greased lightning. We are not trying to get out of anything, and we are not trying to fight the District government.

"We are not trying to bleed our properties. We spent approximately $100,000 this year fixing up our buildings.

"SOME DESTRUCTIVE

"We have got some good tenants, but there are others who just can't be controlled and who destroy and tear up buildings just as soon as we fix them up."

At present, the Department of Licenses and Inspections has in its files deficiency notices against 150 buildings owned by Neumann Properties.

They involve a maze of housing, building, electrical, plumbing, and other city codes. However, under various policies set up by the department, many of these deficiencies are in low-priority categories not yet being generally enforced

Senator BYRD. We are sorry to inconvenience you on a Saturday morning. We appreciate your testimony.

Mr. ILGENFRITZ. That is perfectly all right, sir.

Thank you.

METROPOLITAN POLICE DEPARTMENT

STATEMENT OF MAJ. ROBERT V. MURRAY, CHIEF, METROPOLITAN POLICE DEPARTMENT; ACCOMPANIED BY DEPUTY CHIEF JOHN B. LAYTON, CHIEF OF DETECTIVES; AND CAPT. JERRY V. WILSON, PURCHASING AND ACCOUNTS OFFICER

BUDGET ESTIMATE

Senator BYRD. The next item relates to the Metropolitan Police Department.

The 1964 original estimate was in the amount of $30,478,000. The revised estimate is $31,087,120.

The House allowance on the original estimate, $30,402,220.

The amendment requested in supplemental estimate Senate Document 32 is $684,900.

The justification filed in support of this item will be placed in the record.

(The justification referred to follows:)

JUSTIFICATION OF PROPOSED LANGUAGE CHANGES

Delete: "Purchase of fifty-four passenger motor vehicles including forty-four for replacement only for police-type use without regard to the general purchase price limitation for the current fiscal year (but not in excess of $100 per vehicle above such limitation) and ten for other replacement purposes;".

Insert: Purchase of seventy-one passenger motor vehicles (including sixty for police-type use without regard to the general purchase price limitation for the current fiscal year but not in excess of $100 per vehicle above such limitation) of which seventy are for replacement purposes."

The 1964 bill, as approved by the House, included authority for the purchase of 54 passenger motor vehicles. Of this total, 44 were for replacement purposes for police-type use. This language is necessary to increase the total purchase to 71 of which 60 are for police-type use—1 additional and 59 replacements.

ALLOTMENT SUMMARY

1962 allotment	$26, 261, 534
1963 allotment (excludes supplemental amount of $1,405,065, Public Law 88-25)	26, 901, 900
Deduct: Nonrecurring items	−36, 000
1963 adjusted (1964 base) original estimate	26, 865, 900
Original budget increases	+3, 612, 100
Total budget estimate—Original submission to House	30, 478, 000
Reductions: House action	−75, 780
House allowance on original estimate	30, 402, 220
Additional proposals: Senate Document No. 32	+684, 900
Total 1964 estimate requested in Senate	31, 087, 120

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Administration	$430,068	$33,411	$463,479		$463,479	$16,759	$480,238
2. Prevention and detection of crime	20,732,832	2,336,689	23,069,521	$75,780	22,993,741	578,141	23,571,882
3. Policemen's pension and relief	5,703,000	1,242,000	6,945,000		6,945,000	90,000	7,035,000
Total	26,865,900	3,612,100	30,478,000	75,780	30,402,220	684,900	31,087,120

Analysis by funds

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
General fund	$23,554,900	$3,612,100	$27,167,000	$75,780	$27,091,220	$684,900	$27,776,120
Highway fund, regular	3,200,000		3,200,000		3,200,000		3,200,000
Highway fund, motor vehicle parking account	111,000		111,000		111,000		111,000

PROGRAM JUSTIFICATION

FOR AN ADDITIONAL AMOUNT, FISCAL YEAR 1964, FOR "METROPOLITAN POLICE DEPARTMENT," $684,900

Activity 1. Administration, $16,759

A. Office of the Chief of Police, $4,465.—Requested as an increase in this program for 1964 is one additional clerk-typist for the Police Personnel Office. That position is needed to offset the increased workload resulting from increased number of police personnel (an increase of 32 percent since 1956 and of 20 percent since 1959) and increased clerical work required under the more complex salary schedules, retirement benefits, and personnel appeal procedures which have become effective during the last decade. Some of the increase has been absorbed by installation of modern records equipment and by revision of clerical procedures, but an increase of one employee is still required to maintain the efficient operation of the Office.

A comparison of the 1963 level of operation for the part of this program which relates to the 1964 requested increase is as follows:

	1963 (available)	Increases requested	1964 (total)
Police administration:			
Lieutenant	1		1
Sergeant	1		1
Personnel clerk (stenography)	1		1
Clerk-stenographer	2		2
Clerk-typist	0	1	1
Total	5	1	6

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS–4 clerk-typist	1	$4,110	$51	$301	$3	.....	$4,465
Total additional proposals	1	4,110	51	301	3	.....	4,465

Other objects, $12,294.—This program provides funds in activity 1 for costs of travel and automobile allowances of officials, for rental of office machines in the Statistical Bureau, and for cost of printing and binding for the Department. Included as increases for 1964 are funds to offset increased cost of rental of office machines and increased cost of printing and binding. Also included is an additional increase in printing and binding to offset the cost of additional printing and reproduction needed to distribute material to the larger number of personnel and of additional printing in connection with the increased emphasis on all phases of training for departmental personnel.

A comparison of the 1963 level of operation for the part of this program which relates to the 1964 requested increase is as follows:

	1963 (available)	Increases requested	1964 (total)
Printing and binding	$30,000	$11,646	$41,646
Rental of office machines	5,200	648	5,848
Total	35,200	12,294	47,494

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Toral
Increased costs of printing and binding and office machines				$10,294	$10,294
Increase in printed material needed				2,000	2,000
Total additional proposals				12,294	12,294

Activity 2. Prevention and detection of crime, $578,141

A. Patrol Division, $328,350.—Included in these estimates as additional increases for this program for the fiscal year 1964 are funds for 100 additional police positions on a part-year (6 months) basis to provide by July 1, 1964, the full authorized strength of 3,000 officers and members established by the Congress, and for an increase of the Canine Corps from 75 to 100 man-dog teams. Also included are funds to increase the number of uniform lieutenants by 10 in lieu of 10 existing positions of uniform sergeant. This program also includes an increase in total personnel benefits to offset present shortages in those accounts as a result of underestimation in the past of amounts required for those mandatory items.

A comparison of the 1963 level of operation for the part of this program which relates to the 1964 requested increase is as follows:

	1963 (available)	Increases requested	1964 (total)
Patrol officials and personnel:			
Lieutenant	48	10	58
Sergeant	105	(−10)	95
Private	1,781	100	1,881
Total	1,934	100	2,034
Canine Corps: Man-dog teams	75	25	100

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wage board positions (15)		$941	$59		$1,000
Increase in personnel benefits to match costs			14,500		14,500
Increase of lieutenants in lieu of sergeants	10	9,000			9,000
Additional police privates	100	286,000	4,400		290,400
Increase in Canine Corps man-dog teams	25	13,450			13,450
Total additional proposals	135	309,391	18,959		328,350

B. Traffic Division, $13,100.—Included in this program as increases for 1964 are funds to provide (on a 7-month basis) five civilian clerical positions to relieve police officers from clerical duties in connection with the processing of traffic warrants. This increase is requested in connection with the proposed overhaul of traffic violation notice and traffic warrant procedures of the District as recommended by the ad hoc committee established by a request of the Traffic Coordinating Committee.

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A comparison of the 1963 level of operation for the parts of this program which relates to the 1964 increase is as follows:

	1963 (available)	Increases requested	1964 (total)
Police personnel:			
Sergeant		(1)	1
Private (acting sergeant)	1		1
Private (motorcycle)	3	(1)	
Private	3	(1)	10
Civilian personnel:			
Secretary		1	1
Clerk		4	4
Total, warrant detail	7	5	17

1 Changes in police personnel will be absorbed by the department.

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-4 Clerk-typist	5	$11,984	$262	$839	$15		$13,100
Total additional proposals	5	11,984	262	839	15		13,100

C. Detective division, $66.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wage board position (1)		$62	$4		$66
Total additional proposals		62	4		66

E. Youth Aid Division, $689.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wage board positions (4)		$647	$42		$689
Total additional proposals		647	42		689

F. Supporting services, $18,460.—Included in this program as increases for 1964 are funds to provide on a permanent basis two positions of clerk-stenographer now established on a temporary basis in the Internal Investigations Unit.

A comparison of the 1963 level of operation for the part of this program which relates to the 1964 requested increase is as follows:

	1963 (available)	Increases requested	1964 (total)
Internal Investigations Unit:			
Deputy Chief of Police	1		1
Captain	2		2
Lieutenant	1		1
Clerk-stenographer	[1] (2)	2	2
Total	6	2	6

[1] Authorized on a temporary basis in 1963.

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-5 clerk-stenographer	2	$9,130	$120	$666	$9	.....	$9,925
Pay increase for existing wage board positions (30)	.....	7,988		547		.....	8,535
Total additional proposals	2	17,238		1,222		.....	18,460

Other objects, $217,476.—This program provides funds for financing of all other object expenditures for all programs within activity 2. A number of important increases are requested in this program for 1964.

Funds are requested in this program to provide uniforms for the 100 additional police privates, to provide funds for dog food and veterinary care in conjunction with the requested increase in the Canine Corps, and to provide other objects increases in connection with the proposed revision of traffic violation notice procedures.

A new concept of operation included in this program is the provision of funds for hiring of privately owned tow cranes for impounding and towing of illegally parked vehicles to privately owned garages for storage. This concept was first recommended by the Traffic Coordinating Committee in late 1961. A pilot program of the concept was established during May and June 1962 with good results. Public Law 87–691 provides for the charging of fees to reimburse the District for the cost of taking into custody and storing property (including motor vehicles); therefore, it may be possible for this program to operate, at least initially, without any real cost to the city. On the other hand, it is important to recognize that this program is likely to be one of diminishing returns in terms of fees collected; presumably, as the public becomes aware of the increased impounding program, there will be fewer and fewer violations and thus, fewer impoundments in relationship to hours of tow crane service.

Also requested are funds to offset increased costs for postage, meals for prisoners, automobile repair parts, ammunition and tear gas, passenger vehicles, motorcycles, and patrol wagons, and funds to offset costs of increased workload such as meals for prisoners (up 5,000 meals at 51 cents each), and photographic supplies necessary to maintain the level of past performance in identification work and records maintenance.

Another category of increase in this program will provide funds to offset increased cost of telephone service as a result of increased workload and increased personnel of the Department over the past several years. This increase will

also provide for an expansion of the central telephone switchboard, which will be absolutely necessary within the next year or two and will provide interdepartmental through dialing to and from the police switchboard and other District and Federal agencies.

This program contains funds in 1964 to provide expansion of the footman radio system into 1 precinct, which will be provided a complete system with main station transmitter and 10 individual sets.

An item of major importance included in this program will provide an increase from 44 to 59 in the number of automobiles replaced annually by this Department. This change will reduce the average mileage of replacement from the present 89,000 miles to approximately 67,000 miles, which even then will be higher than the generally accepted ideal and the need indicated by our experience. Because of the lag in our trade-in program, the overall condition of our fleet is extremely poor even at the beginning of the year after old vehicles have been surveyed. We anticipate that this increase will offset some increases in maintenance costs which have resulted from increased mileage and maintenance programs.

This program will provide for one additional truck to be used in mobile crime laboratory work by the Identification Bureau. With the increase in crime over the past several years there has been a corollary increase in the calls for fingerprint and identification work in the field. Because of these increases, there is a pressing need for additional transportation facilities to enable that unit to answer calls promptly.

This program also includes provision of one additional scout car for the 13th precinct. Serious crime has more than doubled in the 13th precinct since 1957 with the result that the radio vehicles of that unit now carry the heaviest workloads in the city. To some extent it has been possible to absorb this increased workload by directing units from other areas into that precinct, but this practice is generally unsatisfactory because of time loss in going from one area to another and in responding to emergency calls in unfamiliar area.

A comparison of the 1963 level of operation for the part of this program which relates to the 1964 requested increase is as follows:

	1963 (available)	Increases requested		1964 (total)
		Costs	Workload	
Increased costs and workload:				
Postage	$3,000	$750	----------	$3,750
Meals for prisoners	30,000	2,776	$5,000	37,776
Automobile repair parts	41,500	3,000	----------	44,500
Ammunition and tear gas	14,000	5,000	----------	19,000
Photographic supplies	12,000	----------	10,000	22,000
Automobiles and motorcycles	97,400	5,900	----------	103,300
Trucks and tractors	13,275	3,000	----------	16,275
Telephone service	59,500	----------	7,000	66,500
Total	270,675	20,426	22,000	313,101

	1963 (available)	Increase requested	1964 (total)
Footman radio system:			
Main station transmitters	1	1	2
Footman sets in service	17	10	27
Automobile purchase and replacement:			
Total number of automobiles	156	1	157
Annual replacement program	44	15	59
Average replacement mileage	89,455	----------	66,712
Identification trucks: Total number of vehicles	1	1	2
Scout car, No. 13 precinct: 13th precinct scout cars	2	1	3
Warrant detail:			
Office expenses	0	$1,700	$1,700
Motorcycle transportation	0	$3,200	$3,200

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Increase for uniforms and equipment				$55,000	$55,000
Canine Corps				5,550	5,550
Crane program				63,000	63,000
Increased cost in other objects				20,426	20,426
Increased cost in workload				15,000	15,000
Increased telephone service				7,000	7,000
Increased footman radio system				15,000	15,000
Increased automobile replacement program				24,000	24,000
Additional identification truck				3,000	3,000
Additional scout car				4,600	4,600
Warrant detail				4,900	4,900
Total, additional proposals				217,476	217,476

Activity 3. Policemen's pension and relief, $90,000

Other objects, $90,000.—Included in this program for 1964 are funds to offset increases in refunds of retirement contributions. Those increases have resulted from a combination of the higher number of resignations with a larger police force together with a much greater refund because of the greater amount contributed by each man under the higher percentage withheld (increased from 5 to 6.5 percent by the act effective October 1, 1956) and the greater amount being contributed by each man under increasing salary scales.

A comparison of the 1963 level of operation for the part of this program which relates to the 1964 requested increase is as follows:

	1963 (available)	Increases requested	1964 (total)
Refunds of retirement deductions	$50,000	$90,000	$140,000
Availability including supplementals	140,000		140,000

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Increase of retirement refunds			$90,000		$90,000
Total additional proposals			90,000		90,000

GENERAL STATEMENT

Mr. MURRAY. Mr. Chairman, I have with me this morning Deputy Chief Layton, chief of detectives; and Captain Wilson.

Senator BYRD. We are glad to have Deputy Chief Layton and Captain Wilson join you.

Did you have a prepared statement, Chief Murray?

Mr. MURRAY. Yes, Mr. Chairman. May I read it for the record?

Senator BYRD. Yes, we will be glad to hear it.

1964 ESTIMATES

Mr. MURRAY. These estimates to the Senate include requests totaling $31,052,052, an increase of $4,186,152 or 16 percent from the 1964 base, and an increase of $649,832 or 2 percent from the amount allowed by the House after its consideration of the A budget.

Senator BYRD. Were any positions allowed by the House in the A budget, Chief Murray?

Mr. MURRAY. I don't think we asked for any in the A budget.

MUCH OF INCREASES MANDATORY

From the foregoing statement it will be obvious that the majority of our total increases for 1964 were included in the so-called mandatory items presented to the House in the initial budget submission. The increases in that initial A submission totaled $3,536,320, 84 percent of all 1964 increases requested, and included funds for pay increases, within-grade advances, pay in excess of the 52-week base, pension, and relief expenditures, and annualization of police positions authorized on a part-year basis in the 1963 appropriation. All of these increases were necessary to provide funds for expenditures required to comply with existing laws. Other increases needed to fulfill statutory requirements in 1964, but not included in the A budget, were increases for retirement refunds ($90,000) and for personnel benefits ($14,500) and for wage board salary increases ($10,290.)

HOUSE AUTHORIZATION

The budget as approved by the House provides authorization for a force of 2,900 policemen for fiscal year 1964, but the absorption of the required increases not included in that submission and the absorption of personnel funds requested but disallowed for 1964 would make it necessary for us to reduce our average operating strength for the year to about 2,850 men to stay within funds included in that approval.

FUNDS FOR ADDITIONAL POSITIONS

Senator BYRD. Then if we hope to reach a level of 3,000 policemen, we are, in essence, going to have to appropriate money really for 150 positions.

Mr. MURRAY. Yes, sir.

Senator BYRD. Rather than for an additional 100 positions. Is this a fair statement?

Mr. MURRAY. Yes, sir.

From that base of 2,850 policemen, 232 civilian employees, and related support expenses approved by the House, these estimates presented to this subcommittee contemplate provision of $114,790 for retirement refund, personnel benefit, and salary increase costs and of $345,400 for 100 additional police positions on a part-year basis.

Senator BYRD. Is this for 6 or 8 months or what?

Mr. MURRAY. For 6 months.

These two items, which comprise 71 percent of the total B budget increases will, in effect, increase our average funded police strength for the year to 2,920 and will enable us to reach the strength of 3,000 policemen in the last month of the fiscal year.

On this point, I want to make it clear that, although our requested increases for 1964 were originally intended to provide 100 additional men to bring the force to 3,000 policemen for the last 6 months of the year, our absorption of some within-grade advances and some salary increase costs, as well as absorption of unbudgeted expenses for the "Rally for Jobs and Freedom," will result in our having to operate at about 30 positions below that budgeted level.

NO PROBLEM WITH RECRUITMENT

I want to emphasize to the subcommittee that the department is having absolutely no problem with recruitment at the present time As you know, we did experience some difficulty in this area during the last half of fiscal year 1963, and because of that problem we found it advisable in March of this year to send recruiting teams into areas of substantial labor surplus in surrounding States to advertise our need for manpower and to explain to potential applicants the benefits of our employment. As a result of that drive the U.S. Civil Service Commission received a great number of applicants and we have found it possible to operate at full authorized strength since the end of July. We currently have every authorized police position filled, and I have no doubt that we will be able to recruit for every position for which funds are available in this fiscal year.

I hope that this subcommittee will agree with me that these increases in manpower recommended for the police force for 1964 are necessary to the safety and security of our citizens.

ITEMS TO IMPROVE OPERATIONS

Also included as increases for 1964 are a number of important, but less expensive, items which will improve the operation and effectiveness of this Department. Major items included are an increase of the canine corps to 100 man-dog teams, an increase in the footman radio system, an increase in our automobile replacement program, an improvement in our violation notice warrant procedures, and increases in other objects because of costs and workload. We have briefly explained all these items in the written budget submission and will expand those justifications to the extent the subcommittee desires.

Mr. Chairman, these increases for 1964 are requested and are necessary to provide personnel and equipment tools for a modern police force. I believe that all of these requests warrant your favorable consideration and approval.

LEGISLATION TO REMOVE RESTRICTIONS

Mr. Chairman, I want to reiterate, in this opening statement to your Appropriations Subcommittee, my frequently made statement to the Congress that, in addition to increases in manpower and equipment as requested in these estimates, this Department and the District badly need legislative action by the Congress to remove from the police force some of the restrictions which are hampering us in the investigation of crimes and arrest of offenders.

On this point I would like to repeat to this subcommittee my statement to the House subcommittee regarding various proposals which have been made to increase the Metropolitan Police Force to 3,500 men—if the recent restrictions placed on this Department are removed, and if the diversions of manpower are lessened, we can do a good job with 3,000 men; and if the restrictions are not removed, and the diversions are not lessened, I doubt that a 3,500-man police force would be even nearly adequate to make the District of Columbia the model Capital City which it should be.

Senator BYRD. Thank you, Chief Murray.

The Appropriations Committee cannot, of course, provide the legislative action that you have requested. I can only state that I think you are justified in commenting on the point here.

And I personally feel that you are right.

MAN-DOG TEAMS

You presently have 75 man-dog teams, do you?

Mr. MURRAY. Yes, sir.

Senator BYRD. Do you feel that the contribution of an additional 25 dogs would be forthcoming?

Mr. MURRAY. I think it would be very helpful if we could get 25 more dog-man teams.

Senator BYRD. You think you would have no problem getting the dogs contributed?

Mr. MURRAY. No, sir, I do not.

CONTRIBUTIONS OF DOGS

Senator BYRD. Who contributes the dogs, Chief Murray?

Mr. MURRAY. Well, mostly citizens contribute a dog, a single dog to us, and he is taken to the Canine Corps, and they find out if he may be a suitable dog.

Of course, not all of them are kept. A lot of them turn out to be not what we want in this type of work, and are given back.

We can have five dogs that were purchased by ladies in the Soroptomist Club about January a year ago. They sent to Frankfurt, Germany, and bought five dogs and presented them to me. But all the dogs we have have been presented to us without cost.

Senator BYRD. What percent of the dogs that are presented to you do you have to reject?

Mr. MURRAY. I don't have the figure, but I would say that out of the five that were presented, two had to be rejected, and were returned to the givers.

Senator BYRD. Well, I was very favorably impressed during my visit to your training grounds.

I noticed in particular one of the dogs, I believe his name was Midnight, or something to that effect.

Mr. MURRAY. The one that jumped those barriers? His name is Maverick.

Senator BYRD. Well, Midnight might be a good name for him.

Mr. MURRAY. Maybe there is one by that name. I am not sure.

Senator BYRD. Well, Maverick, at that time I was there, scaled a——

Mr. MURRAY. Eight-foot three-inch barrier.

Senator BYRD. An 8-foot 3-inch fence. This is something similar to a door, is it not?

Mr. MURRAY. Yes, sir. Well, up near the top it has places where he can grab onto and climb over if he cannot clear it in one jump. I don't think any of them can clear it in one jump. They have to climb a part of the way after they get near the top.

That same dog, a couple of days later, caught a holdup man that was fleeing from the scene of a holdup over in Northeast.

Senator BYRD. I noted that you had a man stationed behind the door, and the dog was with his officer approximately 50 yards away, and the man who was stationed behind the door emerged, and started to run, and the dog did not run until the officer said, "Go." And then the dog started after the man who was behind the door, and who had then begun to run. And then the officer, when the dog had cut down the distance by about half, I believe, said "No," and the dog immediately returned to the officer.

Then this procedure was followed again, and the officer did not, however, call the dog back, and the man who was running began to discharge a pistol into the ground. The dog, however, appeared to pay no attention to this, but came on. The man had, of course, padding around his right arm and the dog seized the padding. The man simply was unable to shake the dog loose. And the dog retained his grip upon the man's padded arm until the officer commanded the dog to let go.

Mr. MURRAY. Obedience training with those dogs is very important and, of course, they are trained not to bite anyone, but to grab them by the arm and hold onto them.

In most cases, they pull them to the ground and hold onto them. But they are not trained to bite anyone.

Senator BYRD. Well, I noted that. I was standing nearby, but the dog paid no attention to me, or to any of the other persons standing there.

I asked the officer what I might do to encourage the dog to attack me. And he simply said that if I made some threatening gesture or spoke threateningly to the officer, the dog would possibly show me more attention.

Mr. MURRAY. If anyone pulls a gun out, they will grab them by the arm, too. They are trained to do that.

Senator BYRD. Well, it was very impressive.

I have always been a supporter of this operation. But I am now more so than ever. I think it is really a remarkable training display.

Mr. MURRAY. A great many other city departments are taking up this canine program. They can be very useful in many situations.

CLERK-TYPIST POSITION

Senator BYRD. You are requesting one additional clerk-typist for the police Personnel Office, Chief. I believe you have no positions of this type at the moment.

Mr. WILSON. There are two in that office now, Senator, and this would add one additional.

Senator BYRD. The two that you have now are clerk-stenographers.

Mr. WILSON. Yes, sir.

Senator BYRD. You have no clerk-typist now is that correct?

Mr. WILSON. Yes, sir. That is correct.

Senator BYRD. And you need one.

You have presently a lieutenant, a sergeant, one personnel clerk, and two clerk-stenographers.

Mr. WILSON. Yes, sir.

Senator BYRD. Why do you need a clerk-typist?

Mr. WILSON. To handle the increasing workload. As we pointed out in the justification, the number of police personnel has increased

32 percent since 1956, and 20 percent since 1959. And we also had increases in the clerical work because of the complex salary schedules and retirement benefits, and personnel appeal procedures.

We actually would have preferred to have asked for a clerk-stenographer for the job, but, frankly, we found we are unable to hire stenographers as a rule. It is very difficult to find them.

So we are trying to convert to typists. This is for the general clerical work of the office. And we have found it necessary from time to time to detail police officers in there to take care of major details, such as the rally for freedom.

Senator BYRD. Did we allow an additional clerk-stenographer last year?

Mr. WILSON. There hasn't been an increase in the personnel in this office since 1951 that I know of, Senator. And I don't believe there have been any since 1946.

Senator BYRD. All right.

OTHER OBJECTS

The next item is for the $12,294, under "Other objects."

Would you address your justification to this item, Captain?

Mr. WILSON. This, Senator, is a result of increased costs and increase in need for printed material and for office machines. This is actually a case primarily of increasing costs for printing material, which we have no control over. In addition the increased need for printed material is in connection with our training programs. We try to distribute the orders and the decisions of the courts to every member of the force in recent years, and, of course, we have a greater number of men to distribute this material to.

Our printing costs have increased over the past few years, and our rental of office machines has increased.

RENTAL OF MACHINES

Senator BYRD. How much of an increase has there been in the rental of office machines in the past year?

Mr. WILSON. The actual increase in our IBM equipment was from $4,572 per annum to $5,220 per annum. This was an increase of $648.

Senator BYRD. All right.

PATROL DIVISION

The next item is the Patrol Division, under activity 2, and the request is for $328,350. I believe this includes your 100 additional police positions on a 6-month basis, which will provide by July 1, 1964, the full authorized strength of 3,000 officers and men, and for an increase of the canine corps from 75 to 100 man-dog teams.

This year, when I was down visiting with you, along with Mr. Merrick, I believe you had reached your 2,900-man level.

Mr. MURRAY. Yes, sir. We still have full authorized strength of 2,900.

Senator BYRD. You do today?

Mr. MURRAY. Yes, sir.

Senator BYRD. Well, I want to compliment you, Chief Murray. I was wondering whether or not at the time I was down there and asked a question as to how many men you had—whether you would be able to state to the Congress when you came this year before the committee that you had had no recruitment problem which had proved to be insurmountable.

Mr. MURRAY. I think this is one of the few times, if not the only time, in the 12 years I have been in the office that we do have some applications standing by.

LIEUTENANT POSITIONS

Senator BYRD. Now, in connection with the 100 positions, you would need 10 lieutenants.

Mr. MURRAY. Yes, sir; we need those lieutenants now, because most of the precincts only have three lieutenants. And to have a lieutenant in charge on the tours of duty that the captain is not there—they work 5 days a week—and with leave and sick leave, we actually need four for each precinct instead of three.

Senator BYRD. Perhaps at this point you would like to tell us something about the crime picture at the last reading.

NATIONWIDE CRIME SITUATION

Mr. MURRAY. Senator, I would like to put into the record that from 1950 to 1960, the nationwide crime increased 98 percent, according to the FBI reports.

During those same years in the District the total number of offenses increased by only 11 percent—in fact, I think it was just a little under 11 percent.

However, a pertinent point in this respect is that the great increase in crime in this city has occurred since 1957. Prior to that year, the District was experiencing a sharp downward movement of its crime rates, which has served to offset the later extreme upward movement.

I have brought with me today a chart which graphically reflects a comparison of the District of Columbia crime rate with average crime rates of other cities in our population group.

This chart demonstrates a gradual upswing in crime of other cities over the past decade as compared with the sharp downward movement of crime in this city from 1953 through 1957–58 and a sharp upward trend in this city, thereafter.

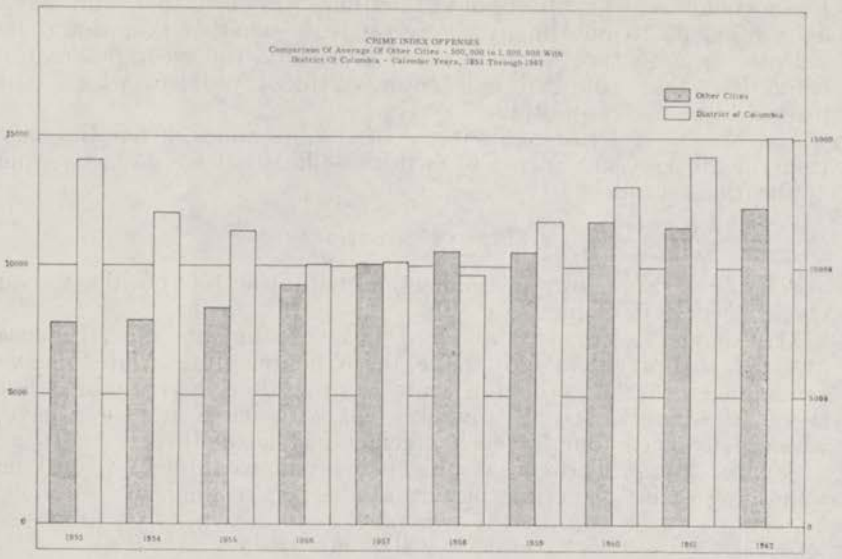
I might add, at the end of August our rate of part 1 offenses stood at 54.2 percent above the low point of June of 1957, and was 1 percent below the alltime high of December of 1952.

Senator BYRD. Do you have an extra chart we can insert in the record?

Mr. WILSON. You may keep that one, Senator, and we can furnish another for the record.

Senator BYRD. All right. Suppose you furnish another for the record.

(The chart referred to follows:)



STANDING OF DISTRICT OF COLUMBIA CRIME RATE

Senator BYRD. What is the present ranking of the District crime rate as compared with the crime rates of other cities of similar size?

Mr. MURRAY. Well, in a group of 16 cities, populations of 500,000 to 1 million, at the end of June of 1963, we were eighth in the amount of crime, eighth highest of the rate per 1,000 population.

We were sixth in murder, if you would like me to put this in the record.

Senator BYRD. Yes.

Mr. MURRAY. We were 6th in the crime of murder, 9th in the crime of rape per 1,000 population, 2d in robbery, 1st in aggravated assault, 7th in housebreaking, 12th in larceny $50 and over, and 9th in auto theft.

Senator BYRD. We will include this in the record.

(The chart referred to follows:)

Crime index offenses: January through June 1963—Cities of 500,000 to 1,000,000 population

City	Population, 1960 census	Total offenses	Murder	Rape	Robbery	Aggravated assault	House-breaking	Larceny, $50 and over	Auto theft
Baltimore	939,024	8,115	58	61	552	923	2,396	2,456	1,669
Boston	697,197	7,962	23	41	380	407	1,911	1,174	4,026
Buffalo	532,759	4,507	9	15	133	153	2,047	965	1,185
Cincinnati	502,550	2,790	11	47	114	319	1,125	711	463
Cleveland	876,050	4,777	44	23	715	284	1,727	559	1,425
Dallas	679,684	5,204	55	30	202	414	2,469	587	1,447
Houston	938,219	11,188	48	121	489	1,227	5,727	1,944	1,632
Milwaukee	741,324	3,905	14	23	101	194	1,007	1,477	1,089
New Orleans	627,525	7,173	32	25	438	532	2,544	1,367	2,235
Pittsburgh	604,332	6,563	10	34	466	213	2,387	1,545	1,908
St. Louis	750,026	11,331	45	115	850	1,004	5,430	1,598	2,289
San Antonio	587,718	6,655	21	40	137	397	3,432	1,859	769
San Diego	573,224	4,187	10	17	131	148	1,499	1,764	618
San Francisco	740,316	10,289	24	52	761	732	4,089	1,440	3,191
Seattle	557,087	5,068	13	35	262	95	2,402	1,270	991
Washington	763,956	8,168	38	40	820	1,425	3,078	1,403	1,364
Rank order—Washington:									
Actual number	4th	4th	6th	8th	2d	1st	5th	8th	10th
Rate per 1,000 population	----------	8th	6th	9th	2d	1st	7th	12th	9th

PRECIPITOUS RATE INCREASE IN DISTRICT OF COLUMBIA

Senator BYRD. While the city ranks as you have indicated in comparison with other cities of similar size throughout the country, the chart which you inserted into the record earlier would indicate that the crime trend in the District of Columbia is increasing more precipitously than that of other cities.

Mr. MURRAY. Quite a bit more, Mr. Chairman.

Since 1957, as I mentioned, it started to climb, until now it is about 50 percent higher than it was in 1957. And it seems to be going up each month.

Senator BYRD. The average for other cities, might I say, since 1957 has also been going up. But the average for the District of Columbia has been increasing in that same period considerably more rapidly.

I think I should point out that the average for other cities has been maintaining a steady increase—not alone from 1957, but all the way from 1953—and 1953 is as far back as this chart goes. But in the District of Columbia, there was a very radical decrease from 1953 to 1957, and then an equally radical increase from 1957 through 1962.

Is that a fair statement?

Mr. MURRAY. Yes, sir.

LAW ENFORCEMENT HAMPERED

Mr. Chairman, it was at low point in June of 1957. In that same month is when a court decision came along that we feel has hampered law enforcement a great deal.

I would like to let you look at that, and put one in the record, if you desire.

Senator BYRD. Yes.

I think this is just a different type of graph, really, from that to which we have previously addressed our remarks. It would indicate considerable support for what you have said.

Mr. MURRAY. Yes, sir.

Well, Mr. Chairman, when this *Mallory* decision was handed down in June of 1957, I testified before the Judiciary Committee in the House and stated, at that time, that I felt that it would have a severe adverse effect on law enforcement in the District of Columbia.

And I feel that unhappily I can say that it has; it did just that.

If I may, I would like to mention this. We have some figures here of cities of the same population group, 500,000 to 1 million.

In 1948, Washington ranked 1st in part 1 offenses per thousand population; in 1953 they ranked 3d; and in 1957, they ranked 12th, of the 16 cities.

Now, in 1962, down to seventh.

Senator BYRD. Chief, we will have that included in the record.

(The document referred to follows:)

GOVERNMENT OF THE DISTRICT OF COLUMBIA—METROPOLITAN POLICE DEPARTMENT

The following tables show the rank order of the District of Columbia in number and rate per 1,000 population of crime index offenses among the 16 cities in the 1960 population group of 500,000 to 1 million.

ACTUAL NUMBER OF OFFENSES—RANK ORDER OF DISTRICT

	Calendar years			
	1948	1953	1957	1962
Murder	3d	4th	5th	4th
Robbery	2d	4th	7th	2d
Aggravated assault	1st	1st	1st	1st
Housebreaking	2d	6th	10th	5th
Larceny ($50 and over)	1st	2d	11th	10th
Auto theft	7th	7th	11th	10th
Total	1st	2d	8th	5th

OFFENSES PER 1,000 POPULATION—RANK ORDER OF DISTRICT [1]

Murder	7th	6th	4th	3d
Robbery	2d	3d	7th	2d
Aggravated assault	1st	1st	1st	1st
Housebreaking	3d	6th	11th	9th
Larceny ($50 and over)	2d	8th	12th	11th
Auto theft	10th	10th	15th	7th
Total	1st	3d	12th	7th

ACTUAL OFFENSES REPORTED—DISTRICT OF COLUMBIA

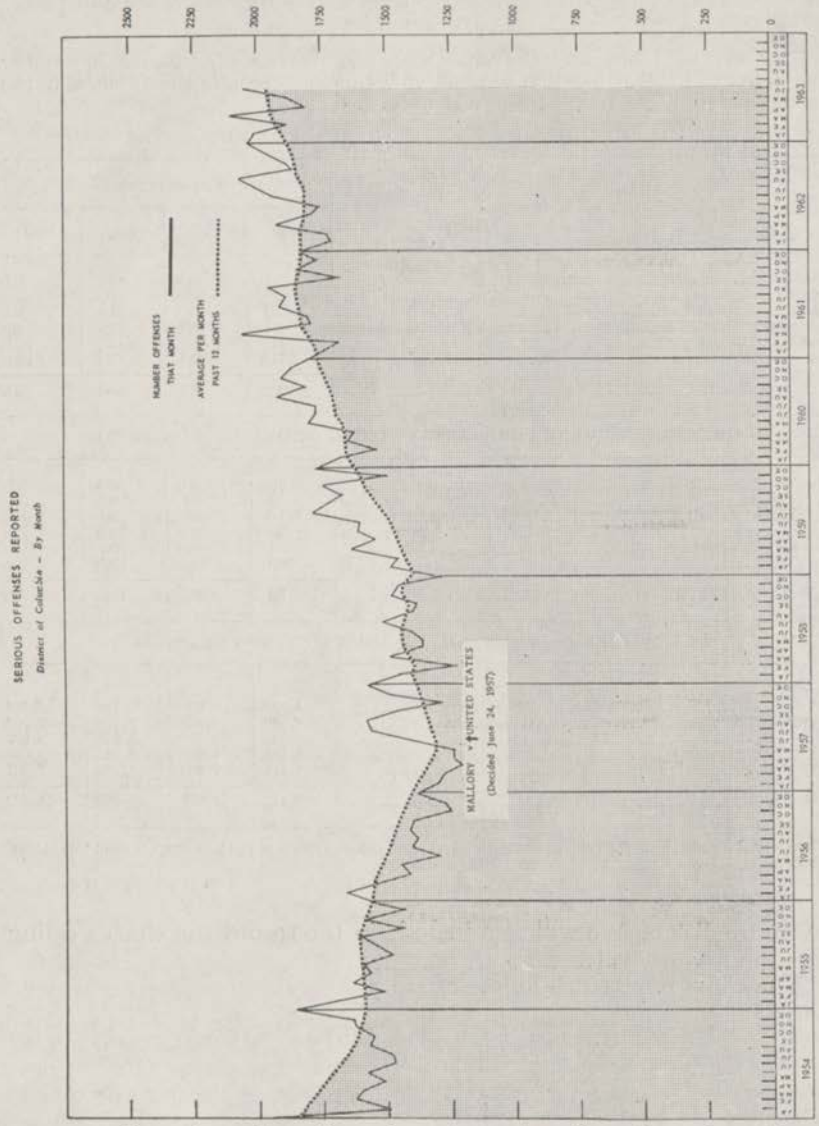
Murder	73	74	78	91
Robbery	1,023	904	718	1,572
Aggravated assault	4,049	4,521	2,708	3,005
Housebreaking	4,543	4,580	3,058	5,022
Larceny ($50 and over)	1,993	1,939	1,849	2,666
Auto theft	1,438	2,060	1,758	2,581
Total	13,119	14,078	10,169	14,937

[1] Rape was omitted from FBI reports on individual cities prior to 1957 and is, therefore, omitted from these comparisons.

MALLORY RULE

Senator BYRD. We will also include in the record the chart dealing with the *Mallory* rule.

(The chart referred to follows:)


SERIOUS OFFENSES REPORTED
District of Columbia — By Month
NUMBER OFFENSES THAT MONTH
AVERAGE PER MONTH PAST 12 MONTHS
MALLORY v. UNITED STATES
(Decided June 24, 1957)
2500
2250
2000
1750
1500
1250
1000
750
500
250
0
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963

Senator BYRD. Well, I certainly would have to agree that there is something to be said at least for this position that you take.

I feel that possibly there could be other factors which would also contribute.

There are undoubtedly people who would disagree with you that the *Mallory* decision has had any impact upon this situation at all.

I happen to be one who feels that it has.

But as I say, there may have been other factors. I assume you would agree to that.

Mr. MURRAY. Well, Senator, there have been some people who are not in law enforcement, but are on the sidelines, who have said all along that the *Mallory* decision should help us in law enforcement.

ADVERSE EFFECT OF MALLORY RULE

Well, I don't think you will find anyone engaged in law enforcement that would say that it has helped us—when crime has gone up about 50 percent since 1957.

I think it has had a very adverse effect.

For instance, we arrested a group just recently for a particularly atrocious crime, and to meet the requirements, the very exacting requirements of this *Mallory* decision, we have to keep in touch with the U.S. attorney's office, no matter what hour of the day or night.

Of course, any time in the night we have a list of his assistants who are on call.

And when an arrest has been made for homicide or a rape case, we call this assistant who may be on call, and then we follow his advice of what should be done.

I am not criticizing this. I think they have been very helpful to us, in helping to meet these restrictions of the Court decision.

But in this particular case, these five confessed when they were were first brought in. And he, of course, had to advise us to put them in the cell block and don't talk to them any further—this is after we had the confession.

Don't talk to them, even about other crimes.

Well, we feel these men are involved in other crimes. We have reason to believe they are very serious crimes. But we are in a position we cannot even talk to them about the crimes.

And I don't think this is in the public interest.

Senator BYRD. Well, I share your view in that regard, Chief Murray—although this committee, as I say, is not the committee which would deal with this item.

As a member of the committee, I certainly support your position.

I don't think you are saying that criminals come to the District because they are fully aware of the *Mallory* decision, or the facts involved in the case.

But I assume you mean to imply that there is a general impression around and about that criminals are not dealt with too strictly in the District of Columbia.

Mr. MURRAY. Mr. Chairman, I feel that there are some that even come here because they know that the restrictions that we work under, the Federal Rules of Criminal Procedure, do not exist in State courts—that they will take a chance on committing a crime, where they might be a little bit more cautious in another city.

For instance, we had a man here in the spring who was passing through, I think he just got out of prison down in Virginia, and he held up two young ladies at 10th and G Streets on a Saturday night, forced them into the car at the point of a gun. These young ladies were from out of town and had just attended a theater. He drove them around the town and eventually raped one, trussed them up. He made his getaway. He went over to Philadelphia. He attempted to hold up two candy stores over there. He had been drinking at that time. He wasn't successful in holding them up—just attempted. The police picked him up on the street. He told the police, after he had been identified in the candy stores, that he had shot and killed a woman here in Washington, thrown her body into the river.

Well, we sent our victims and detectives over to Philadelphia, where they viewed him in the line up, and identified him.

And he told substantially the same story that the two girls had told.

And they asked him then why he had admitted to shooting and killing the woman, throwing her body in the river. And he said:

Well, I felt that I could get off easier in Washington than I could in Philadelphia.

So I think—in fact, I know from long years of experience that the criminal element follows court rulings, court decisions, and anything else that might be favorable to them, far more than the law-abiding citizen.

The law-abiding citizen may read of a court decision in the press, and just pass over it.

But the criminal is quite interested in that.

And I think he takes it into account when he commits crimes. A great many of them do.

PRISONERS LEARN OF LEGAL TECHNICALITIES

Senator BYRD. I think Mr. Clemmer indicated something that would tie in with what you just said when he presented his statement to the committee earlier this morning.

It seems more and more of these people who are in prison are learning more and more about certain legal technicalities, and they are certainly trying to take advantage of them.

I don't think that your position is unreasonable at all.

Was this a West Virginia boy in the instance to which you just referred?

Mr. MURRAY. No, sir; he had been serving time in Roanoke, Va., I believe. He wasn't a native.

We have had holdupmen that came in here and were caught, and they would tell us after they were caught, that even if caught they felt they had a better chance of going free because of the court rulings.

As I mentioned a minute ago, they follow court decisions very closely.

Senator BYRD. I think it does continue to be a problem, certainly, to your law enforcement effort.

Now, we have seen standings that have been cited invarious newspapers and other publications with regard to the crime situation.

These seem to indicate that despite the increases in crime in this city in recent years, the crime situation here is not really so bad when it is ranged alongside that of other cities.

But I think you have indicated by your graphs this morning that, although this city may range in various positions as you have pointed out, depending upon what crime is involved, there has been not only an increase, but a radical increase in the crime trend in this city, and that the increase is far more dramatic and emphatic that that of other cities, thoughout the country.

Mr. MURRAY. There is no question about that.

CLEARANCE OF CASES

And also, Mr. Chairman, clearance of cases are affected, too.

We took great pride in the fact that our Department consistently had a record for clearing about twice the national average as carried by the FBI.

But since these restrictions have been placed on us, the clearance of cases has fallen off, too.

Now, I think that in a great many of the cases that are sensational cases that are carried in the paper, where there was some physical evidence, such as fingerprints left on the scene, that our Department has done an outstanding job on those cases.

But unfortunately, in the bulk of the cases, no physical evidence is left, there is no eyewitness, and they don't leave fingerprints, such as crimes on the street. It is pretty difficult to clear those cases up.

And this we have been faced with over the last several years.

Senator BYRD. Does the Captain have some supporting statistics?

Mr. MURRAY. Back in 1957 the percentage of clearance for part 1 offenses was 57.9 percent.

The national average—although I don't have it here—usually runs about 24 to 27 percent.

Now, this has gone down, and at the present time it is 44.6 percent, clearance of part 1 offenses.

And we think it would be much higher than that—I mean if the restrictions were not placed on the Department—because we have added since this decision in 1957, in round figures, about 350 policemen, we have added canines to the Department, we have added additional cars and equipment. We have added about 17 two-way radios for footmen.

All these things should be very helpful in deterring crime, and also in the clearance of crimes.

But with these restrictions, it still continues to climb.

Senator BYRD. May we have the chart for the record?

(The chart referred to follows:)

PART 1 FELONIES[1] IN THE DISTRICT OF COLUMBIA—APPARENT RELATIONSHIP OF MALLORY DECISION

Part 1 felonies in the District of Columbia reached a record low of 9,155 offenses for the fiscal year ending June 1957. Since that month there has been a relatively steady increase in those offenses to a high of 15,191 for the fiscal year 1963.

The following table reflects the number and percent of part 1 felonies reported and cleared for past fiscal years:

Fiscal year	Number reported	Number cleared	Percent cleared
1952	14,066	8,197	58.3
1953	15,251	7,798	51.1
1954	11,917	6,989	58.6
1955	11,488	7,453	64.9
1956	10,048	5,996	59.7
1957	9,155	5,304	57.9
1958	9,895	5,746	58.1
1959	10,163	6,167	60.7
1960	11,714	6,311	53.9
1961	12,948	6,647	51.3
1962	13,274	6,493	48.9
1963	15,191	6,770	44.6

As the total number of offenses has increased, the total number cleared has also increased, but the proportion of clearance has, in general, fallen behind. The reasons for this are readily obvious: A general increase in total offenses at first brings with it a large number of crimes which are cleared on the scene when the report is made or which are relatively easy to clear; however, as the increase continues, the overwhelming workload begins to affect the number and proportion of clearances possible with a given number of personnel.

It is significant that, even with increased emphasis on detection operations, this Department has not been able to attain in recent years either the number or proportion of clearances attained during the high crime years prior to 1957.

Senator BYRD. Well, I know that you have certainly been consistent in your position.

I think one should be consistent if he feels that he is right. And I am sure you feel you are right.

On the basis of your broad experience, you certainly are in a position to evaluate your problem.

Mr. MURRAY. Mr. Chairman, in this case I am positive I am right.

Deputy Chief Layton, who is in charge of detectives, he is confronted almost daily with situations where these restrictions affect us—where someone is brought in, perhaps for a robbery or a housebreaking, and you have to charge him, take him over for arraignment.

You lose custody of him right away. And it doesn't give you the opportunity as in past years to go into any multiple cases, or to recover property, like we have done in years gone by, where a housebreaker would work until he was caught.

I think most of them will do that now. They don't just commit one isolated case and are arrested for it, as a rule. Usually they keep right on working until they are caught.

The same applies in robbery cases. Yoke robberies on the street, purse snatchings, or holdups.

If we get a man, or maybe two or three men, that are involved, it is a pretty good bet they have been involved in a good many other cases.

[1] Part 1 felonies includes all offenses in the part 1 classification except negligent homicide and attempted housebreaking (which together usually comprise only about 1 percent of the part 1 classification) and petit larceny (which usually comprises about 40 percent of the part 1 classification).

And we feel that here again we are handicapped by not being able to go into those cases.

Where a number of houses have been broken into—until that case is cleared up, the resident there has some apprehension that a criminal may come back—even if nothing was taken from the home.

Of course, where property was taken from the home the owner is interested in getting that back. He wants to know what has been done to recover his personal property.

And there again we are handicapped.

BAN ON INVESTIGATIVE ARRESTS

Senator BYRD. Last year at the hearings we discussed the proposed ban in the District on investigative arrests.

The Board of Commissioners issued an order barring such arrests.

Would you comment, Chief Murray, on whether or not that ban has had a noticeable effect on Police Department operations?

Mr. MURRAY. Yes, I am sure it has. I feel that that figure of clearance of cases is directly tied in with that.

Now, the committee that made this survey for the Commissioners made a report to the Commissioners that they felt that arrests for investigation was not constitutional.

And a prior committee, back in 1947, made a similar survey. They were appointed by the bar association. They made just about the same kind of a report.

And I think there was one dissent on that committee. So we are not critical.

If these arrests are not constitutional, then we feel we should have something in the way of alternative legislation as has been passed by the House, which is the Uniform Arrest Act, which would permit the Police Department to bring in anyone who is suspected of a felony crime, and to question them, or investigate the case up to 6 hours. At the expiration of that 6 hours, the person would either have to be charged with a crime or would have to be released with no recording made that he had been brought in at all.

There would be nothing on the arrest records against him.

And we have to have something of this sort, because I have checked with other police departments, and last October, when they had the police chiefs conference in St. Louis, the chief there, whom I have known for a great many years, he was complaining because he had only a 24-hour holding period, as he called it—he could only bring them in for 24 hours.

So I told him, I said, "I am trying hard to get 4 or 6 hours—we don't have any time now."

But a great many of the police departments in the States do have substantial time to bring a suspect in to question—some as high as 24, 48, and 72 hours.

Well, we are not asking for that. We are asking just for the Uniform Arrest Act, which would give us 6 hours.

Senator BYRD. Did we include this chart in the record?

Let's include it in the record.

(The chart referred to follows:)

Crime clearance rates—By month, calendar years 1960, 1961, 1962, and 1963

CRIME INDEX OFFENSES [1]

Month	Calendar year			
	1960	1961	1962	1963
January	51.5	61.1	51.4	44.2
February	60.8	61.0	46.3	46.3
March	69.1	42.1	45.1	54.7
April	65.3	42.8	48.8	51.0
May	62.8	53.4	52.3	39.8
June	78.0	45.8	49.6	43.7
July	58.7	48.7	48.6	39.4
August	62.1	59.8	38.5	36.5
September	52.7	57.8	46.0	
October	59.7	46.3	47.3	
November	54.2	46.2	38.1	
December	40.2	49.1	33.1	
Total	59.4	51.0	45.0	

PART I OFFENSES [2]

January	45.6	59.7	57.3	44.0
February	50.8	58.0	46.8	46.8
March	57.2	41.7	46.1	50.1
April	52.5	40.5	45.7	47.6
May	49.1	49.0	48.1	39.6
June	56.0	45.0	46.2	42.3
July	54.1	46.2	44.8	39.4
August	38.9	50.2	36.9	35.5
September	48.8	54.0	47.7	
October	53.4	43.3	47.8	
November	50.1	40.3	39.3	
December	40.1	47.8	36.9	
Total	49.7	47.8	45.0	

[1] Includes murder, nonnegligent manslaughter, forcible rape, robbery, aggravated assault, housebreaking, larceny ($50 and over), and auto theft.
[2] Includes all crime index offenses and also negligent homicide, carnal knowledge, and petit larceny.

NOTE.—The foregoing data clearly indicates the effects on crime clearance of the changing policies toward investigative arrests since the examination of those policies was begun in March 1961.

COMMISSIONERS' ORDER

Senator BYRD. Let's also include in the record the Commissioners' order, if we may have it for the record.

(The order referred to follows:)

[Memorandum Order No. 15—Series, 1963]

METROPOLITAN POLICE DEPARTMENT

MARCH 12, 1963.

Subject: Manual of the Metropolitan Police Department amended, re arrests for investigation.

To the force:

The following Commissioners' order amending the Manual of the Metropolitan Police Department to prohibit arrests for investigation is published for your information and guidance:

[February 28, 1963—C.O. 63-581]

"Ordered: That, effective at 12:01 a.m. on March 15, 1963, sections 8 and 10, chapter XXXIII of the Police Manual are amended to read as follows:

"SEC. 8. Any member of the police force may legally arrest without a warrant in the following cases.

"(*a*) When a felony has been committed or when the officer has reason to believe that a felony has been committed, whether in his presence or not, and the officer

in good faith has reasonable grounds for believing from facts within his knowledge or from facts communicated to him by a reliable informant that the person to be arrested has committed the felony.

"(*b*) For breaches of the peace, such as assaults and batteries, affrays, riots, unlawful assemblies, and forcible entry and detainer, committed in his presence, and for all violations of municipal ordinances or police regulations when committed in the presence or view of the officer.

"A vague belief in the officer's mind, suggested by his own thoughts, is, under no circumstances, probable cause. There should be reasonable grounds for suspicion, supported by circumstances sufficient to warrant a cautious man to believe that the party is guilty of the offense. Arrests shall not be made for investigation.

"SEC. 10. A police officer may legally break and enter a building to make an arrest without a warrant where all of the following circumstances exist:

"(*a*) When a felony has been committed or when he has probable cause to believe that a felony has been committed; and

"(*b*) When he has probable cause to believe that the person believed to have committed the felony is within the building involved; and

"(*c*) After he has identified himself, stated the nature of his business, demanded entrance and entrance has been refused; and

"(*d*) Where the circumstances of the case are such that to attempt to secure a warrant would, in all probability, enable the person believed to have committed the felony to flee and prevent the officer from making the arrest. In all cases where it is possible for the officer to secure a warrant he should do so before attempting to break and enter and arrest without a warrant.

"By order of the Board of Commissioners, District of Columbia:

F. L. TIMMONS, Jr.,
Acting Secretary to the Board."

Members of the force are directed to immediately familiarize themselves with the contents of this order and to place the copy distributed to them in their manual at page 130 until revised page 130 is received for distribution.

By direction of the Chief of Police:

HOWARD V. COVELL,
Deputy Chief of Police, Executive Officer.

Index subjects:
Arrests for investigation-prohibited.
Investigation, arrests for, prohibited.
Manual, amended—prohibiting arrests for investigation.

[Memorandum]

METROPOLITAN POLICE DEPARTMENT

MARCH 12, 1963.

Subject: Memorandum Order No. 15, Series 1963, amendment to Police Manual re arrests for investigation.

To All Commanding Officers:

Commanding officers shall bring the provisions of Memorandum Order No. 15, Series 1963, to the attention of the members of their command at rollcalls. In addition, an alphabetical list shall be prepared, and each officer shall be required to acknowledge by his signature that he has received and is familiar with the contents of this order. The date of receipt and the initials of the issuing official shall also be noted opposite the officer's name. This should be accomplished prior to the effective date of the order if the officer is in a duty status. If off duty at the time of distribution, it shall be accomplished prior to entry on his first tour of duty after the effective date of the order.

It should be noted that the grounds for arrest in the case of either a felony, a misdemeanor, or a municipal regulation has not been changed by this order except that arrests for investigation are prohibited.

The importance of a clear understanding of the law of arrest, probable cause, and investigative procedures to establish probable cause prior to arrest, is emphasized. Commanding officers are directed to give these topics particular attention, providing for ample and adequate instruction and allowing for full discussion in

the unit level inservice training program provided for in memorandum dated December 4, 1962.

By direction of the Chief of Police:

HOWARD V. COVELL,
Deputy Chief of Police, Executive Officer.

Index subjects:
Amendment to Police Manual re arrests for investigation.
Arrests for investigation—Amendment to Police Manual.

HORSKEY REPORT

Senator BYRD. And perhaps if the Horskey report is not too voluminous.

Mr. MURRAY. It is very voluminous.

But I will send a copy for reference.

Mr. Chairman, I have been accused in some quarters of being critical of the Supreme Court because of the *Mallory* decision, and of the Commissioners because of their ban on investigative arrests.

And I think I should state now that I am not critical of the Supreme Court or the Commissioners. I am only looking for some alternative in the way of legislation that will help us do the job I am sure our Department can do.

Senator BYRD. I think your position is understandable in this regard. You want to do a good job, and you feel that this is an impediment. And I share your view. I shared your view last year at the hearing.

Commissioner Tobriner later talked with me and indicated that legislation would be recommended which would provide some alternative, and I agreed with the Commissioner that if legislation could be enacted which would provide an alternative, and which would come within the constitutional requirements, perhaps this was the route we should travel.

The Commissioners, I think, did recommend a substitute proposal in the way of legislation.

The House I believe has passed it. But it remains to be seen as to whether or not the Senate will pass it.

I think if this legislation is passed, then you would have your hands made free again, so to speak.

Mr. MURRAY. Yes, sir.

Senator BYRD. If we could do this by legislation, then it would obviate the constitutional problem I think which plagued Commissioner Tobriner and the other Commissioners.

So I hope the legislation passes.

Mr. MURRAY. I hope so, too, Senator.

And I might say that it has been suggested to me in some quarters—not any one we have mentioned here today. They say: "Why do you raise an issue about the Mallory decision and the ban on investigative arrests?"

Well, I am in my 34th year in the Police Department, I could just coast along, I guess, and say this is a court decision, but I want to do a better job for the law-abiding citizen.

Senator BYRD. Yes. Well, I commend you, and I think the law-abiding citizens generally commend you, Chief Murray. It would be easy for many of us to take no stand whatsoever on anything, and just go along with the crowd in many situations and take the line of least resistance.

But I think we have a duty to take a stand. And you have done this in this regard, and you are to be complimented.

Mr. MURRAY. Thank you, sir.

SUPPORT FOR POSITION

Senator BYRD. My pastor once told me that boys don't throw rocks ordinarily at trees that have no apples on them—they throw rocks at the trees that have fruit on the limbs. So maybe you get a few rocks thrown at you. But you have a lot of people who support you.

Usually your detractors are most vocal, and your supporters don't say anything.

But there are a lot of us who support you who don't say much, but we are with you when the chips are down.

Mr. MURRAY. Thank you, sir.

Senator BYRD. I recall that immediately after the order banning investigative arrests was issued, there was a newspaper report of a suspect of a crime who refused to talk to the investigating officer.

Now, what was the basis for his refusal?

Mr. MURRAY. Well, as I mentioned earlier, the people who are engaged in criminal activities do follow very closely any court decisions or any orders that might affect efficient operations of the Police Department.

In this particular case, this fellow apparently read all about the ban on investigative arrests, because he stated to the detective that he didn't even have to give him his name, and mentioned the fact that that very day, March 15, was the day that this order became effective.

Then he walked on off. He knew the policeman couldn't pick him up because he didn't have evidence to charge him at that time.

But after they went into the case, it developed he had been involved in housebreakings and some robberies, even some robberies where he trussed up people in their home, and stole television sets, radios, or cash, anything he could get his hands on.

TRENDS IN OFFENSES

Senator BYRD. Has the overall trend in offenses been in all types of crime, or concentrated in certain categories?

Mr. MURRAY. In robberies, street crimes, and housebreakings you have your most substantial increases.

Senator BYRD. We discussed at some length last year the possible advantages in the use of civilian employees to relieve policemen from clerical and technical assignments.

Are there any new civilian positions in the estimates for that purpose?

TRAFFIC WARRANTS

Mr. MURRAY. There is a request for five civilians in connection with the Central Violations Bureau operations, and the service of traffic warrants.

The five men that are detailed there have to do a lot of clerical work, filing, phone calls, and so forth.

And therefore they did not have ample opportunity to be out on the street serving traffic warrants.

Because of that, we have got a tremendous backlog of traffic warrants.

TRANSFER OF LICENSES AND INSPECTION

Senator BYRD. One of the recommendations of the task force appointed by the Board of Commissioners to study your Department was that licensing functions performed by your precincts be transferred to the Department of Licenses and Inspections.

Has any action been taken on the recommendation?

Mr. MURRAY. Mr. Chairman, the recommendation was made some years back that this be done by the general administration.

And we would welcome this change. We would like to have the license inspection take over this duty. It would give us these policemen to put back on the street.

COMPENSATION OF OFF-DUTY POLICE OFFICERS

Senator BYRD. In your report for the joint hearings before the Senate and House Committees on the District of Columbia, you recommended the enactment of legislation to provide for utilization and compensation of off-duty police officers on detail in connection with special events and emergencies.

Would you explain the gist of the problem you are encountering with these details and the way in which your proposed solution would alleviate the situation?

Mr. MURRAY. Yes, sir. Over the years we have had many occasions to take all the footmen off the street, maybe on the busiest nights of the week, a Friday or Saturday night even, when some special event was going on—it may be a Presidential detail, visiting head of state, or some other function. And I don't feel that the men should be stripped from the street.

I do think we should furnish the police services as we have in the past.

But I think it should be done from off-duty volunteers, pay for them at straight hourly rates.

Mr. Chairman, there have been some nights, as I mentioned—and this goes back over the years, it is not anything new—where all the footmen were taken off the street, and, of course, this is an invitation for a criminal to operate. If he doesn't see any policemen around, except maybe a scout car here and there, he is going to operate.

Senator BYRD. The committee will stand in recess until 1 o'clock.

(Whereupon, at 12:30 p.m., the committee recessed until 1 p.m. of the same day.)

(AFTERNOON SESSION, 1:35 P.M., SATURDAY, SEPTEMBER 28, 1963)

POSITIONS FOR WHITE HOUSE POLICE

Senator BYRD. We discussed last year the anticipated effect on your Department as a result of its having to provide recruits to staff the newly authorized positions in the White House Police force.

Last year you testified that you anticipated requests for 43 men from your force for that purpose in fiscal 1963.

Did that estimate prove to be an accurate one?

Mr. MURRAY. That was 45, Senator.
Senator BYRD. Was that the estimate, 45?
Mr. WILSON. Forty-three was the estimate.
Mr. MURRAY. We actually estimated 43, and they called on 45.
Senator BYRD. Does your Department or the District bear the expense of training these men and the transfer to the White House force without reimbursement to the District?
Mr. MURRAY. That is correct.
Senator BYRD. What is the estimated cost of training a new recruit?
Mr. MURRAY. The recruitment and training would be about $1,900 for each man.
Senator BYRD. About $1,900.
Mr. MURRAY. Yes, sir.

NUMBER OF POLICE TRANSFERS

Senator BYRD. What do you anticipate will be the transfer requirements to the White House for fiscal year 1964?
Mr. MURRAY. Twelve men is estimated.
Senator BYRD. Do you feel this will constitute a drain on your resources?
Mr. MURRAY. Well, ordinarily it would, but since we fill all of our vacancies and have applications on file, I don't think it will.
Senator BYRD. You don't think this will add to your recruiting problem?
Mr. MURRAY. No, sir; not to any large degree.

CURRENT TOTAL POSITIONS FILLED

Senator BYRD. You are currently authorized 2,900 police positions. How many do you now have filled?
Mr. MURRAY. All 2,900.
Senator BYRD. I thought you had more than 2,900 the day I was down.
Mr. MURRAY. I believe that we run as much as 12, 15 over, to take care of the separations, retirements, and other separations each month.
Senator BYRD. You don't anticipate any difficulty in filling the 3,000 positions?
Mr. MURRAY. No, sir; not at all.

APPLICANTS NEEDED FOR 100 POSITIONS

Senator BYRD. How many applicants do you find that you need in order to fill 100 police positions?
Mr. MURRAY. I think we need about 16 applicants for each man that is finally brought into the department.
Senator BYRD. So you need 1,600 applicants.
Mr. MURRAY. Yes, sir.

TIME TO FILL POSITIONS

Senator BYRD. Now as to the new positions that are to be filled in 1964, are the estimates therefor considered to be on a 6-month basis?
How long do you anticipate it will take you to fill these positions after approval of the act?

Did you indicate that by June 30, 1964, you would have them filled?

Mr. MURRAY. Yes, sir; I think we would have them filled within 1 month of the end of the fiscal year.

Senator BYRD. In other words, by May 31.

Mr. MURRAY. Yes, sir.

LAPSED FUNDS

Senator BYRD. Will the delay in filling these positions result in the accrual of any substantial lapsed money in fiscal year 1964?

Mr. MURRAY. No, sir; we have been carrying over in excess of 2,900.

Senator BYRD. Last year we talked about the rather sharp increase in police resignations in recent years.

Does this continue to present a problem?

Mr. MURRAY. I think resignations have dropped off quite a bit since last year.

Mr. Chairman, here is a chart.

Senator BYRD. Yes. Do you have a chart you could supply for the record?

Mr. MURRAY. Yes, sir.

(The chart referred to faces this page:)

Senator BYRD. To what do you attribute this drop?

Mr. MURRAY. I think when we got the pay raise, which went into effect last January 6, I think that helped to cut down on the resignations.

A great many men went to other departments, and went into business for themselves.

A great many left without giving any reason why.

RECRUIT TRAINING PROGRAM

Senator BYRD. Last year you reported that you had a large group of men who had not completed the full recruit training program.

Would you bring us up to date on the current status of the program?

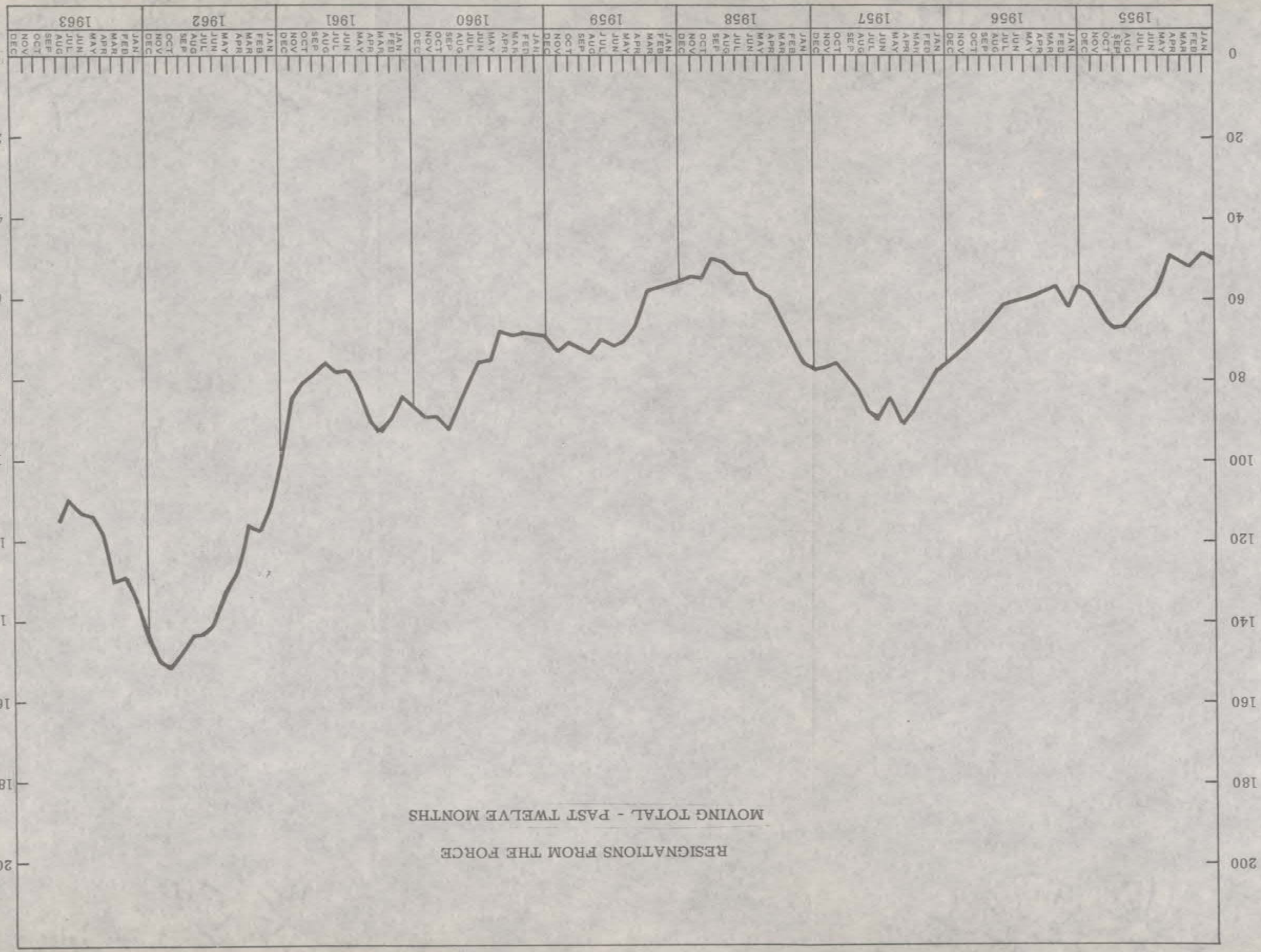
Mr. MURRAY. We have 100 in training now. I think we have graduated 100 since last spring.

And there will be about 272 who have partial training.

Of course, those men in the precincts who have had just a short period of training in the recruit training school, are put in the precinct and put out with older men. And they have training on the precinct level.

In 1963 there have been 22,490 man-hours on training on precinct level, which we think will be very helpful.

They will still go back in school and complete their full training course.


RESIGNATIONS FROM THE FORCE
MOVING TOTAL - PAST TWELVE MONTHS
0
20
40
60
80
100
120
140
160
180
200
1955
1956
1957
1958
1959
1960
1961
1962
1963
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SPACE FOR SCHOOL LIMITED

Senator BYRD. Is your training school severely limited in space?

Mr. MURRAY. Yes, sir, it is and has been for some time.

We usually try to have a double class, which makes up about 88 of our own men, and take a few men from other departments in the District.

Senator BYRD. I believe I was present this year when you had your men assembled.

Mr. MURRAY. Yes, sir.

Senator BYRD. And you indicated at that time that you were cramped for space.

Mr. MURRAY. Yes. We need space very badly.

Senator BYRD. Is there any proposal underway to provide adequate space?

Mr. MURRAY. I think in our public work program that for 1969 they are planning a training facility in a location now occupied by the Training School for Boys, and the present plans are for it to be completed in 1969.

Senator BYRD. I believe your police academy is presently inactive, is it not?

Mr. MURRAY. Yes, sir, it is.

Senator BYRD. Are you filling the gap to as great an extent as possible by the inservice training program?

Mr. MURRAY. Yes, sir, by training on all levels, and at every precinct each month a report is made of the subjects that men have been trained or had instructions on for the month.

REQUIREMENTS FOR APPOINTMENT TO FORCE

Senator BYRD. What are the current requirements with regard to age, height, and education for appointment to the force?

Mr. MURRAY. They must be 21 years of age, and not have passed their 28th birthday. They must be at least 5 feet 8 inches, and not over 6 feet 5 inches. Educational requirements are the equivalent of a high school education. They must pass the test given by the Civil Service Commission.

Senator BYRD. What are the weight requirements?

Mr. MURRAY. A minimum of 145, I believe.

Senator BYRD. That is getting down pretty small, isn't it?

Mr. MURRAY. Yes, sir. They usually pick up quite a bit after coming in the Department.

Senator BYRD. Don't you think that ought to be increased a little bit?

Mr. MURRAY. Well, I believe, Senator, that a large percentage of the men are much heavier and larger than the 145 pounds. In looking over the latest class of recruits, we had a lot of men in there over 6 feet tall, and pretty big men.

Senator BYRD. Looking over some of your prisoners, people in the lineup, I wondered if it might not be best to have a minimum weight of something like 190 to 200 pounds.

Mr. MURRAY. That would be very desirable—and also to be 6 feet 2 or 6 feet 4, if we could get them. But we cannot at this time.

STRICTNESS IN PHYSICAL REQUIREMENTS

Senator BYRD. There have been some suggestions that the Department should be less strict in its physical requirements for appointment.

What has been your reaction?

Mr. MURRAY. I don't feel that we should lower the standards in any way. I feel that we should have as strict standards as we now have.

POLICE CADET CORPS

Senator BYRD. There have been suggestions that the Department have a police cadet corps.

What would you say on that?

Mr. MURRAY. Well, I would be in favor of that, Senator. Back in 1955 there was a group appointed to make an administrative survey of the Police Department.

One of the things they mentioned and recommended was that program. And it is in use by some of the other departments.

I feel that it would be helpful to us in that we would get a young man when he came out of high school, age 18, and then he would have to have all the qualifications of a policeman—the height, the weight, character investigation. Then he would be used in nonenforcement capacity, work at the various units in the Police Department.

And I think at the end of the 3 years, that he would be well based in police service, and then could be brought into the Police Department.

I think that would be a good reservoir for recruitment.

PROMOTION OF NEGROES

Senator BYRD. Some time ago I read a newspaper account of a meeting of an organization that advocated the promotion of Negroes to top positions in the Police Department.

And I got the impression that there was support for the idea of promoting these men solely on the basis of race.

It was also indicated that someone in the group stated that the organization could prove long-standing discrimination against Negroes by the promotional system.

Mr. MURRAY. Yes, that statement was made.

And I would like to repeat here what I said to this group, and that is that the books are open for inspection and can be examined with a microscope, and I feel that they will then say that—they would have to say that it is as fair a system as can be devised for getting at the right and most qualified man.

And I would not go along with any promotions of that kind. I think that they would have to establish their place in the civil service register, and at the top of the civil service register before they would be promoted.

That applies to all members of the Police Department.

Senator BYRD. In other words, you take the position that Negroes should advance on the basis of merit, just as should a white individual.

Mr. MURRAY. I do and I think they are advancing and will advance.

Senator BYRD. You think this can be said of the promotional system in your Department?

Mr. MURRAY. Yes, sir.

Senator BYRD. I agree to that. Advancement should be made on merit. And if a Negro has proved by the merits of his case that he is qualified for advancement, I think he should be given that opportunity—he should not be held back because of his race.

But at the same time I don't think he should be advanced simply on the basis of his color over the white individual who may have merit in his favor.

Mr. MURRAY. Well, I have discussed this with Commissioner Tobriner. I am certain he feels the same way, that they must be qualified before they can be promoted.

And we do have some men coming up that are well qualified.

Senator BYRD. In other words, you don't advocate discrimination, but you also do not advocate it in reverse.

Mr. MURRAY. No, sir.

Senator BYRD. Well, I think that is a proper position.

I believe similar alegations were made several years ago, concerning your promotional policy.

Mr. MURRAY. Yes, sir. And it was proved at public hearings at that time that our present system is as fair as any system can be devised.

Senator BYRD. I understand that an order was recently issued to the force reemphasizing your policies against nondiscrimination.

Mr. MURRAY. Yes, sir. It was. There had been some thought that Negro members had been to some extent denied some assignments, such as in scout cars, and in some precincts, not in all precincts.

And that order was directed to the force—to the extent we want to give the men assignments who are best qualified for them, regardless of color or race.

NONDISCRIMINATION POLICY

Senator BYRD. I think I referred to your policies against nondiscrimination. I meant your policy against discrimination.

Would you furnish for the record a copy of that order?

Mr. MURRAY. Yes, sir.

(The order referred to follows:)

[Memorandum]

METROPOLITAN POLICE DEPARTMENT

JULY 19, 1963.

Subject: Policy order regarding nondiscrimination.

To the Force:

Events and statements which have gained public circulation as well as comments regarding alleged beliefs and policies of the Chief of Police make it appropriate to set forth clearly for the benefit of the members of the force the policies to be followed in assignments and other personnel actions involving Police Department personnel, including beats and scout cars.

First, attention is directed to the contents of Memorandum Order No. 51, Series 1962, issued July 31, 1962, which sets forth for the information and guidance of the force, Commissioners' Order 62–1217 of July 17, 1962, setting out the policy order of the District of Columbia Government regarding nondiscrimination.

Members of the force are reminded that as members of the department we are subject to the orders and policies of the Board of Commissioners as well as the public policy of the Federal Government. These orders and policies are therefore to be carried out with complete impartiality.

While it is evident that marked progress has been made toward eliminating areas and appearances of alleged discrimination because of race in the department, and recognizing that harmony in any unit is important to its best performance and service to the community, Commanding Officers are directed to encourage harmonious joint efforts by all members of their commands, regardless of their race, religion, color, ancestry or national origin.

In the spirit of the order cited above, it is pointed out that in making personnel assignments, race, color, religion or national origin alone is not a valid basis for decision.

ROBERT V. MURRAY,
Chief of Police.

Index subjects:
Nondiscrimination, policy order regarding.
Personnel, assignments without regard to race, religion, color or national origin alone.

[Memorandum order No. 51, series 1962]

METROPOLITAN POLICE DEPARTMENT

JULY 31, 1962.

Subject: Policy Order of the District of Columbia Government regarding nondiscrimination.

To the Force:

The following order of the Commissioners, District of Columbia, relative to the subject matter, is published for your information and guidance:

[G.F. 1-000; July 17, 1962; C.O. 62-1217]

"POLICY ORDER OF THE DISTRICT OF COLUMBIA GOVERNMENT REGARDING NONDISCRIMINATION

"Whereas the public policy of the United States requires that all citizens shall have equality of opportunity with respect to employment in the Government and the use of Government facilities and services without regard to their race, religion, color, ancestry, or national origin; and

"Whereas adherence to these principles by the government of the District of Columbia is of particular importance because the District of Columbia is the Capital of our Nation, and a symbol of democracy in the eyes of the world; and

"Whereas the Commissioners believe that adherence to these principles will increase the efficiency of the government of the District of Columbia by helping achieve the maximum utilization of its facilities and of the abilities of its personnel, and will promote cooperation and harmony in the affairs of the government of the District of Columbia.

"Now, therefore, it is hereby ordered that:

"1. *Scope and application of this order.*—This order shall be effective immediately and shall apply to the following departments, agencies, and instrumentalities of the District of Columbia, and the constituent units thereof, which constitute all the departments, agencies, and instrumentalities over which the Commissioners have administrative authority pursuant to Reorganization Plan No. 5 of 1952: Alcoholic Beverage Control Board; Department of Buildings and Grounds; Office of Civil Defense; Office of the Coroner; Office of the Corporation Counsel; Department of Corrections; District Unemployment Compensation Board; Executive Office of the Board of Commissioners; Fire Department; Department of General Administration; Department of Highways and Traffic; Department of Insurance; Department of Licenses and Inspections; Metropolitan Police Department; Minimum Wage and Industrial Safety Board; Department of Occupations and Professions; Board of Parole; Department of Public Health; Department of Public Welfare; Department of Sanitary Engineering; Office of Surveyor; Department of Motor Vehicles; Department of Veterans' Affairs.

"2. *Nondiscrimination in employment.*—(*a*) Policy: Every official and employee under the supervision of the District Commissioners in any department, agency, or instrumentality, or any of its constituent units subject to this order shall base all personnel actions taken or ordered by him, solely on merit and fitness of the individual without regard to race, religion, color, ancestry, or national origin. The term 'personnel actions' shall include the making of, or the refusal to make, an appointment, assignment, promotion, demotion, suspension, removal, or performance rating, as well as training services, treatment, and any other action with respect to any employee, official, or applicant for employment in the respective department, agency, or instrumentality, or any of its constituent units subject to this order.

"(*b*) Complaints of violation: Any employee or applicant for employment who has reason to believe that the policy of this section has not been adhered to may file a complaint, in writing, with the appropriate supervisory official in accordance with the established grievance procedure for the District of Columbia government. The complainant may also send copies to the Secretary of the Board of Commissioners and to the Commissioners' Council on Human Relations. The complainant shall set forth specifically and in detail the facts of the alleged violation. The employee or applicant shall submit his complaint without delay and, in any event, within 1 month after he becomes aware of the action giving rise to his grievance. An extension in filing time may be granted upon an acceptable showing of extenuating circumstances which prevented timely filing of the complaint.

"3. *Nondiscrimination in use of facilities and services.*—(*a*) Policy: Every official and employee under the supervision of the District Commissioners in any department, agency, or instrumentality, or any of its constituent units subject to this order shall act without regard to race, religion, color, ancestry, or national origin in all matters relating to the use and enjoyment of, or assignment or entitlement to, any public facility, accommodation, service, or treatment subject to his control, authority, or supervision unless specifically required by statute to do otherwise.

"(*b*) Complaints of violation: Any person who has been aggrieved because the policy of this section has not been adhered to may, within 10 days, file with the Secretary of the Board of Commissioners, and with the Commissioners' Council on Human Relations, a written statement of the facts of the matter. The Commissioners will thereafter cause an investigation to be made and, in the event that the complaint is justified, will take appropriate action.

"4. *Reports.*—The heads of departments, agencies, and instrumentalities to which this order is immediately fully effective shall include in their annual report to the Commissioners what steps have been taken to effect compliance herewith.

"Further ordered, that Commissioners' Order LS–6514B, dated November 25, 1953, as amended, and Commissioners' Order No. 61–830, dated May 4, 1961, as amended, are hereby rescinded."

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

By direction of the Chief of Police:

HOWARD V. COVELL,
Deputy Chief of Police, Executive Officer.

Rescind memorandum order No. 29, series 1961.
Index subjects:
Policy order of District of Columbia government re nondiscrimination.
District of Columbia government, policy order of, re nondiscrimination.
Nondiscrimination, policy order of District of Columbia government re.

REPLACEMENT OF AUTOMOBILES

Senator BYRD. What is included in the 1964 budget respecting the replacement of the automobiles in the Police Department?

Mr. MURRAY. Before the House Appropriations Committee we asked for 44 replacements. We would like to increase that to 59, because of the amount of mileage on a lot of the cars. The average mileage on replacement vehicles is 90,391 miles.

And if we have these additional replacements, it would bring the mileage down to a 67,410-mile average for replacements.

Senator BYRD. What is the total of your fleet?

Mr. MURRAY. 156 automobiles.

Senator BYRD. And you intend to replace how many?

Mr. MURRAY. Well, the replacement program now in effect is to replace 44 cars each year, and we feel that it would not be too much additional money if we could replace 59 instead of 44, because a lot of cars would still have that mileage, around 90,000 miles.

And on September 26, the average mileage was 37,000, and the highest mileage was 120,000.

SCOUT CARS, DISTRICT OF COLUMBIA GENERAL HOSPITAL AREA

Senator BYRD. How many scout cars do you have operating in the District of Columbia General Hospital area?

Mr. MURRAY. One.

Senator BYRD. Do you think this is sufficient coverage under existing conditions?

Mr. MURRAY. No, sir. We made a survey since the House hearings, House appropriations hearings, and we found out—1959 to 1963—there has been a 34 percent increase in daily radio runs—that is for the entire city.

There are several precincts where an additional car would help a lot, because I think they average about 125 runs a day over the city—where cars are sent into another precinct maybe they are not too familiar with the area to handle emergency runs because the cars in those precincts are already tied up on radio runs.

Senator BYRD. Would any additional personnel be required?

Mr. MURRAY. No, sir; we did not intend to ask for any additional personnel.

HOUSE VEHICLE ALLOWANCE

Senator BYRD. The House passed bill includes funds for 44 cars.

Mr. MURRAY. Yes, sir.

Senator BYRD. For replacement. The purchase of 54 passenger motor vehicles, including 44 for replacement only for police type use. Is that correct?

Mr. MURRAY. Yes, sir.

Mr. WILSON. The other 10, Senator, are for other District departments in the public safety group.

Senator BYRD. Ten for other replacement purposes; yes.

How much money is in the budget for rental of cranes in cases of emergency?

Mr. MURRAY. There is none at the present time. I think that program was in effect on a trial basis last year for a couple of months.

Mr. WILSON. We are requesting this year, Senator, $42,000 to implement a tow crane rental program on a basis of four tow cranes for rush hour service each day, and four tow cranes 1 hour daily for precinct service.

This will be part year funding. The total program will require $63,000 annually.

But since we are this late in the year, we are only asking $42,000 for this fiscal year.

CRANE RENTAL

Senator BYRD. How many crane trucks do you have?

Mr. MURRAY. We have seven.

Senator BYRD. Is it cheaper in the long run to rent cranes rather than purchase additional cranes for use in the Department?

Mr. WILSON. Yes, sir; because of the employee problem. You have to work them on a split shift to get any sort of utilization out of them.

And the private contractor is able to furnish his people on a better basis than we can furnish our own.

We don't advocate doing away with our present tow crane service. Some of them are helpful where we can work a man a full tour of duty.

But on rush hour duty where you only need the crane for 2½ hours in the morning and 2½ hours in the evening, it is very difficult to arrange personnel schedules.

ABANDONED OR SEIZED AUTOMOBILES

Senator BYRD. To what extent are the cranes used in the matter of abandoned or seized automobiles?

Mr. WILSON. To a great extent, Senator. We have had a great problem in recent years with abandoned automobiles.

In 1946 we had 31 automobiles sold by the property clerk as abandoned.

And in 1963, we had 1,248. We made a survey in June of this year, and we found that there were at that time 4,242 automobiles abandoned in the city of Washington, and the precincts estimated that 4,300 were abandoned each year.

I have given you the figure for the fiscal year 1963. We removed and sold 1,248, and we have 701 in custody now.

And since July we have stimulated private property owners to have cars removed by junk dealers, and have gotten rid of 940 more.

Senator BYRD. Are these District of Columbia automobiles generally?

Mr. WILSON. I haven't any figures on registration, Senator. Most of them remain on private property.

The registrations are usually expired. But a number of them are out of town.

We try to some extent to locate the owners, and get rid of them. But, generally, it is much cheaper to the District to impound and sell the car, than it is to try to find the owner.

The type of person who abandons an automobile changes address frequently, and is very difficult to find.

We do have a new lot at Blue Plains assigned to us by the Commissioners which has been of great help in relieving our storage problem. We were located at Sixth and O Streets NW., and did not have room to conduct sales or accommodate vehicles.

RETURN FOR IMPOUNDING AND SELLING CARS

Senator BYRD. In terms of dollars, how do you come out on this operation of impounding and selling the cars?

Mr. WILSON. The automobiles for the fiscal year 1963 brought in $27,000 in revenue. I don't have any real cost on the program, because so many people are involved in the precincts. The city doesn't make any money on the program, I am certain.

I don't have any estimate as to the total amount of manpower involved, because the officer in the precinct does a lot of the work, and the crane does a lot of work. We don't have any one unit that handles the whole operation.

But all in all, the city does not make money on the program.

On the tow crane program which we are requesting for the coming year, the city would receive revenues, at least initially, from the collateral.

But we anticipate and hope, of course, that the rush hour program will stop the rush hour violations, and consequently, you do reach a point of diminishing returns.

The idea there is enforcement, and not revenue.

PURCHASE OF WALKIE-TALKIES

Senator BYRD. How much is in the 1964 budget for the purchase of walkie-talkies?

Mr. MURRAY. $15,000.

Senator BYRD. How many do you have on hand?

Mr. MURRAY. We have 17 on hand, and 51 men use the 17 sets. Each tour of duty turns the sets over to the men going on duty.

Senator BYRD. What is the cost of each unit?

Mr. MURRAY. $800.

Senator BYRD. You said this to me when I was down to see you.

And I thought afterward that this was a very high cost. Can you comment on this?

Mr. MURRAY. Well, I think they put out bids to several companies, and this was the best bid we could get.

PRICE OF WALKIE-TALKIES

Mr. WILSON. I might interject, Senator. This question came up when the program was first presented to the Congress, as to why these sets cost so much, in view of the fact that you can buy a transistor radio over the counter for $6. But the problem here is that these have selective calling, for one thing.

As you know, they push the button and the individual man is called.

Another thing is that with the transistor you buy over the counter, you tune it to a station, but you don't know what station you are going to get. You might get that station, if you are in a suitable location, but you may have to go to another station.

Here, of course, you have the one station that you have to get, or the radio is of no value to you.

These things are on bids, and this is the best pricec that we have been able to get.

The concept is new. And so the radios are not in mass production to any great extent. There are no other cities in the country that I know of that have two-way footmen communication.

Senator BYRD. Do you recall whether or not you had several bids on this equipment?

Mr. WILSON. I believe we did.

I would have to put that into the record, Senator. Of course the District Procurement Office handled the purchase of them. They certainly went out on bids.

(The information requested follows:)

BIDDERS OF FOOTMAN RADIOS

The District of Columbia Procurement Office solicited bids on the equipment from 20 potential bidders. The sole bid received was from Motorola Communications & Electronics, Inc., which is the only firm presently manufacturing a small two-way radio suitable for the needs of the Metropolitan Police Department.

A conclusion regarding the appropriate level of the price for footman radios may be drawn from costs of two-way radios for automobiles. In the last purchase of these units, two bids (from Motorola and from Radio Corp. of America) were received. Those units, which do not involve the problems of miniaturization of footman sets, cost $750 each.

Senator BYRD. Is this a situation in which one or two companies have a monopoly on the production of the item?

Well, it seems to be a pretty high price.

But I certainly thing that the walkie-talkie program is a good thing.

Mr. MURRAY. I think it is a very good program. And if the sets were cheaper, we would like to in time supply all the footmen with them.

Senator BYRD. They have proved to be effective?

Mr. MURRAY. Yes, sir.

Senator BYRD. You have had 2 years in which to judge their effectiveness.

Mr. MURRAY. Yes, sir.

Senator BYRD. How many precincts use these?

Mr. MURRAY. They are used in No. 1 precinct at the present time.

If appropriations for these additional sets goes through, they will be used in No. 2.

DIFFICULT PRECINCTS

Senator BYRD. Which are the half dozen of your most difficult precincts?

Mr. MURRAY. Well, in amount of crime I would say 2, 9, 10, 13, and 1. I don't know whether in that order exactly. No. 10 is, I think, first, and then you have Nos. 2, 13, 1, and 9.

Senator BYRD. Why do you use the walkie-talkie in No. 1, when it is down fourth or fifth in the crime ranking? Was it No. 1 when you instituted it?

Mr. MURRAY. We initiated the program there. And we have the tower for the transmitter on top of the headquarters building.

SITUATION AFTER INSTITUTING RADIO PATROL

Senator BYRD. Since instituting this program there, have you seen any improvement in the situation in No. 1?

Mr. MURRAY. Well, there have been times when No. 1 was first in number of crimes, but at the present time they are not. They are down the list a little bit.

In 1961, 1962, and 1963 there hasn't been any increase in amount in this precinct in those 3 years.

Senator BYRD. Have there been any population changes in those 3 years, or has the overall situation remained about what it was in No. 1?

Mr. MURRAY. It remained just about what it was.

NEW PRECINCT HOUSE CONSTRUCTION

Senator BYRD. I believe funds have been appropriated for the construction of new precincts for Nos. 1 and 13; is that right?

Mr. MURRAY. Nos. 3 and 13.

Senator BYRD. Nos. 3 and 13.

What is the estimated completion date for each project?

Mr. MURRAY. Well, in No. 3 we expect to complete it about July of 1964, and No. 13 in January of 1964.

Senator BYRD. What is the overall cost of each facility, and how does it compare with the estimate?

Mr. WILSON. We don't have that. We can furnish it for the record.

Senator BYRD. All right.

(The information referred to follows:)

Construction costs of Nos. 3 and 13 precinct stations—Current cost compared to original estimate

	Originally estimated (appropriated)	Current cost estimate, September 1963	Estimated savings
Construction of No. 3 precinct	440,000	375,000	65,000
Construction of No. 13 precinct	485,000	421,000	64,000

Senator BYRD. Tell us how it compares with the sum estimated for each project.

AIR CONDITIONING IN NEW HOUSES

Has provision been made in the facilities for air conditioning?

Mr. MURRAY. I think that air-conditioning ducts have been put in, but I don't think there are any funds for air conditioning itself.

Senator BYRD. What is the position of the Commissioners with respect to installation of air conditioning in such facilities?

Mr. TOBRINER. We would be in favor of it, Mr. Chairman.

Senator BYRD. Thank you, Mr. Tobriner.

It is my understanding that cooling machinery for each of the stations will cost about $25,000; is that correct?

Mr. MURRAY. That is the figure we have; yes, sir.

QUARTERS FOR CANINE OPERATIONS

Senator BYRD. The canine corps headquarters is now in some old buildings, which, I understand, were originally barns of the National Training School for Boys.

Do you have plans underway for the construction of new facilities for the canine operations?

Mr. MURRAY. Well, the present plans are for 1969, and that is to be located at the National Training School for Boys. The completion is planned for 1969, at a total cost of $554,000.

Senator BYRD. Where will these facilities be located?

Mr. MURRAY. On the same grounds as they are now.

Senator BYRD. Will the transfer of the National Training School to another location affect your decision in this instance?

Mr. MURRAY. We would like to have the same location. I think property there is owned by the U.S. Government.

Senator BYRD. But you are not sure, in view of the change in location of the school, as to what will happen to this property?

Mr. MURRAY. If they move, we would ask that we be permitted to construct the building there.

Senator BYRD. You don't know whether or not such permission would be forthcoming, do you?

Mr. MURRAY. No, sir; we do not.

LIEUTENANTS TO REPLACE SERGEANTS

Senator BYRD. You have requested an increase of 10 uniformed lieutenants to replace 10 positions of uniformed sergeants. Can you indicate where these positions would be utilized?

Mr. MURRAY. Some of the precincts actually need four to have a lieutenant on duty around the clock, owing to days off, and leave and sick leave—three men cannot handle it around the clock.

COST OF COMPLETE FOOTMEN RADIO INSTALLATION

Senator BYRD. What would be the total cost for eventually installing the footmen radio system in all precincts of the city?

Mr. MURRAY. At the present cost of those sets, it would be $154,800.

Senator BYRD. How many additional sets will be provided by the $15,000 that you are requesting?

Mr. MURRAY. Ten sets, and a transmitter that would be needed to be installed at the second precinct.

Senator BYRD. How many sets did you say you already have?

Mr. MURRAY. Seventeen. Two of those sets, Senator, were donated by the ladies in the Soroptomist Club.

Senator BYRD. What was the cost of the original 15?

Mr. MURRAY. $19,000.

Senator BYRD. So you are getting the next 15 at a somewhat reduced cost?

Mr. WILSON. This doesn't lend itself to direct mathematics, Senator, because in the first 15 we had 1 base transmitter. This adds a cost of $4,000 to the total. And to bring it throughout the city, our radio technicians have estimated they will need five base transmitters in addition to the one we already have. This first one is serving No. 1 precinct and the 15 sets. But for the remainder of the city, we would need five base transmitters, eight consoles. Two precincts, in some instances, can work from 1 base transmitter. We would need 156 footmen radio sets. I have the mathematics here.

Senator BYRD. But for the second installment, will you need an additional base transmitter?

Mr. WILSON. Yes, sir.

Senator BYRD. Well, are you going to get it within the $15,000?

Mr. WILSON. Yes, sir.

Senator BYRD. Then your first 15, plus your base transmitter cost $19,000?

Mr. WILSON. Yes, sir.

Senator BYRD. And the second 15 plus your transmitter will cost $15,000; is that right?

PRESENT INSTALLATION OF FOOTMEN RADIOS

Mr. WILSON. The first—the very first installation was a base transmitter and 10 sets, which cost us $14,000.

Then last year we bought five sets, which cost us $5,000 more—$19,000. This contemplates an increase of $15,000, which would provide 1 base transmitter and 10 sets.

The $15,000 was put in as a recurring item by the Budget Office, with the understanding that we would apply it as needed throughout the city on a gradual basis, depending on the crime situation and how our precincts were situated.

In some years we would buy a base transmitter and 10 sets, and in others we would buy just additional sets to place in a precinct which already had a base transmitter.

Senator BYRD. Your first transmitter and 10 sets cost $14,000. This transmitter and 15 sets will cost $15,000.

Mr. WILSON. Ten sets. We had only contemplated 10 additional sets.

Senator BYRD. Oh, yes.

So your first transmitter and 10 sets cost $14,000, and this transmitter and 10 sets will cost?

Mr. WILSON. $15,000.

Senator BYRD. So the price has gone up.

Mr. WILSON. The price has gone up.

Or if it had not—the point I was trying to get across was that we were not contemplating a definite cost on this. If the cost for a base station and 10 sets was less than $15,000, then we would buy 11 sets. The idea was that we would get $15,000 annually to program in the equipment and radio system as the cost fell in each particular fiscal year, and as the needs fell with regard to base transmitters, or consoles or footman units.

Senator BYRD. You do recommend installing it throughout the city?

Mr. MURRAY. Yes, when money is available.

TIME TO COMPLETE INSTALLATIONS

Senator BYRD. So this would take 8 or 10 years?

Mr. MURRAY. It would take several years at the rate we are going now.

Senator BYRD. If you got $15,000 every year?

Mr. MURRAY. Yes, sir.

Senator BYRD. Well, is there any feature of the program, other than the appropriation, which limits you to adding 10 per year?

Mr. MURRAY. No, sir; that is the sole reason why it has not been extended—lack of funds to do it.

Senator BYRD. Can you state the current average mileage for replacement of an automobile?

Mr. MURRAY. It is roughly 90,000 miles; 90,391 miles, of the 44 that have been assigned for replacements.

Senator BYRD. I don't believe I asked for the text of the regulation authorizing the impounding of parked vehicles. Will you supply that for the record?

Mr. WILSON. Yes, sir.

(The document referred to follows:)

[Excerpt from traffic and motor vehicle regulations]

PART I. RULES OF THE ROAD

SECTION 91. VEHICLES MAY BE IMPOUNDED FOR VIOLATIONS

Any unattended vehicle found parked in violation of any traffic regulation, except overtime parking of less than 24 hours, may, by or under the direction of a member of members of the metropolitan police force, either by towing or otherwise, be removed or conveyed to any street where parking is not prohibited except for more than 24 hours or be removed or conveyed to and impounded in or at the police precinct station of the police precinct in which said vehicle may be found or any other place designated by the Commissioners of the District of Columbia (C.O. No. 57-1086).

It shall be the duty of the Police Department to inform as soon as practicable the owner or other person in charge of an impounded vehicle, or claiming the same, of the nature and circumstances of the traffic violation herein provided for, and for which, or on account of which, such vehicle was impounded.

The owner of such impounded vehicle, or other duly authorized person, shall be permitted to repossess the same upon the posting of the collateral required for his appearance in the municipal court (criminal division) to answer for said traffic violation.

TRUCK FOR IDENTIFICATION BUREAU

Senator BYRD. You are requesting one additional truck to be used by the Identification Bureau.

Mr. MURRAY. Yes, sir.

The reason for that, Senator—identification is necessary in many cases on the crime scene where it must be processed for evidence, fingerprints and so on, and they have made some wonderful cases on fingerprint evidence in the last year or so.

And we feel that the Identification Bureau will be called upon more and more.

In other words, if the truck is out on one case, the next case that comes along has to wait until they finish that first case before they can respond.

We feel that two trucks would be very helpful. I think that two would be a great deal of help in covering these crime scenes.

For instance, in 1949 we had 1,269 crime scenes that were visited, and 325 automobiles that were processed for fingerprints. In 1961, 3,057 crime scenes, and 579 autos fingerprinted.

1962, 3,349 crime scenes processed, and 745 automobiles processed.

1963, 3,641 crime scenes, and 911 automobiles.

So it is climbing up each year.

Senator BYRD. You apprehended the butcher knife bandit through fingerprints, didn't you?

Mr. MURRAY. Yes, sir; we did.

On his last crime he had a butcher knife, and a silk stocking that covered his face in all the cases. And there were partial prints, three fingerprints on the blade, and from that identification was made. And

also on the case of the stabbing over here in the church, while fingerprints were not raised, latent prints were not found on that scene, they were found, a thumbprint was found on two rape scenes that connected this same individual. And all four cases were cleared because of identifying by fingerprints.

Senator BYRD. You have plans, I believe, for future increases in civilian clerical help and in technical advances, such as color photography for your Identification Bureau.

Mr. MURRAY. Yes, sir.

ADDITIONAL SCOUT CAR

Senator BYRD. You requested one additional scout car for assignment in the 13th precinct. How many scout car runs do you receive each year?

Mr. MURRAY. They are also picking up each year, Senator.

Fiscal year 1959, 228,415 scout car runs; 1960, 233,224; 1961, 268,490; 1962, 304,308; and 1963, 305,530.

Senator BYRD. Does one of your problems arise from having to send a scout car from one precinct to another where the driver might not be familiar with the streets and locations?

Mr. MURRAY. Yes, sir; we average about 125 runs each day where a car has to go into another precinct where they may not be familiar with all the streets.

Senator BYRD. Aside from the 13th precinct, do you have a problem in connection with the Capitol Hill area?

Mr. MURRAY. We feel that we need another scout car for No. 5 precinct. And that is in the budget.

It is not in the 1964. It is in the 1965 budget.

Senator BYRD. This is the No. 5 precinct?

Mr. MURRAY. Yes, sir.

COST OF SCOUT CAR

Senator BYRD. What is the total cost of each additional scout car?

Mr. MURRY. It is $4,600 for the first year of operation, including recurring cost of $2,000 for operation, maintenance, and gasoline.

PRECINCT STATION REPLACEMENT SCHEDULE

Senator BYRD. I believe I visited your 13th precinct station house, did I not?

Mr. MURRAY. Yes, sir.

Senator BYRD. You have other replacements in the planning stage, other than the two we talked about earlier?

Mr. MURRAY. Yes, sir. No. 9 precinct located at 13th and I Streets Northeast, and that is in our future planning. No. 11 precinct, located 1300 block of Virginia Street Southeast.

The first one is planned for the fiscal year of 1968. That is No. 9 precinct. No. 11 is planned for fiscal year 1969.

The training facility we mentioned is planned for 1969. The Canine Corps for 1969. No. 5 precinct station is on our agenda for replacement after 1969, but the details have not been determined.

No. 2 precinct, construction and additional purchase of added land after 1969.

No. 10 precinct, purchase of additional land after 1969.

All those station houses are very old, Mr. Chairman.

Senator BYRD. You have a problem in that your headquarters offices seem to be crowded, too. What are your plans to relieve this situation?

Mr. MURRAY. Well, a survey indicates the need to increase from 80,000 square feet, which we now have, to 108,000 square feet, or an additional 35 percent in space.

Senator BYRD. All right.

METHODS OF REDUCING PAPERWORK

There was a recent news account on a survey conducted by you concerning possible methods of reducing paperwork in your Department. Is it too early for you to have developed any firm plans based on results of the study?

Mr. MURRAY. Yes, Senator. But paperwork seems to be increasing all the time. It is a matter that is of concern to us.

We felt that perhaps we might shift some of the workload to recording machines, and perhaps civilian employees.

TRANSFERS AT FIRE DEPARTMENT

Senator BYRD. I understand you have had some men transferred from your Department to the District of Columbia Fire Department in this past fiscal year, is that true?

Mr. MURRAY. Yes, we had six that transferred last year. That is the most that we have had in the last several years. We had one in 1958, 1959, and 1960, 1961—1959, 1960, 1961 we didn't have any, and in 1962 we had one man. In 1963 we have six.

Senator BYRD. What explanation do you have?

Mr. MURRAY. I could not say why they transferred. No reason was given in any of these cases.

Senator BYRD. Do you think that the work hours had anything to do with it?

Mr. MURRAY. Well, the firemen have long hours. Although I think the number of hours per week has been reduced recently. But it is a different type of work.

OVERTIME AND OFF-DUTY COURT WORK

Senator BYRD. Could you give us an idea of the amount of overtime and off-duty court time worked by officers and members of the force?

Mr. MURRAY. In fiscal year 1962, 134,923 hours on record overtime. 66,760 hours were returned, and 68,163 hours were lost. Off-duty court time, 45,944 hours were lost.

Mr. Chairman, I would like to mention that in connection with the overtime work, the associations of the police department and the fire department have been holding meetings with District Government officials, Corporation Counsel's office, personnel office, and others, and are working on this problem now, and are going to make some sort of a recommendation on the overtime.

RESIGNATIONS FROM DEPARTMENT

Senator BYRD. Are most of the men resigning from the Department the younger men recently appointed?

Mr. MURRAY. Yes, sir.

Senator BYRD. Do you have any information that would indicate that some of these men leave your Department because of harassment from outside pressure groups?

Mr. MURRAY. No, I don't think that. I think perhaps a few of them may have been discouraged by the restrictions that we have on the Department.

I might mention a number of men—last year 60 had less than 1 year's service, 20 had 1 year's service, and the bulk of the men had less than 3 years' service in the department.

Senator BYRD. Last year I made reference to a situation in which a West Virginian who was working as a policeman in the District of Columbia, and who had arrested a Nigerian, was subjected to some considerable harassment from the State Department. A request emanated from that Department that disciplinary action be taken against him, that he apologize and so forth. This led me to ask you whether or not you may be getting some harassment.

Mr. MURRAY. No, sir, not of that type. I don't think there has been any other case just like that.

I mentioned over here at that time that if a man deserved—or needed—charges or discipline enforced against him, that I would do that and always have in the past. But, at the same time, I am not going to discipline any man because some complaint is made against him, if I don't think it is right.

Senator BYRD. I support you in that.

I think most of the members would.

In this instance, the officer was doing his duty.

Mr. MURRAY. Yes, sir. And I think that he is turning out to be a good officer. He was president of his class in training school. I think he is coming along very well.

Senator BYRD. He is still with you, then?

Mr. MURRAY. Yes, sir.

Senator BYRD. He would have been rather disillusioned, I should think, and so would have the other officers, had he been required to apologize to an individual who had been arrested by him and had disciplinary action been taken against the officer for fulfilling the responsibilities incumbent upon him.

Mr. MURRAY. I think it would have been harmful to morale, and I think that when complaints of that kind are made that they must be gone into very carefully before any action is taken.

Senator BYRD. Well, it just so happened that I had my attention called to this situation, because the man was from West Virginia.

But the fact that he was from West Virginia did not influence me in the matter. I very strongly objected to Mr. Sanjuan in the State Department because of his attempts to bring pressure in this instance. And I would do so again, whether it would be an officer from West Virginia or somewhere else. As long as he is doing his duty and is carrying out his responsibilities and acts properly, I don't think this is a thing that would be countenanced by you or by the Commissioners or by those upstanding and law-abiding citizens in the community.

Mr. Sanjuan and I had a little discussion about the matter in my office at that time.

INVESTIGATION OF COMPLAINTS

Do you have a policy that every complaint made to your office must be investigated personally by a high official of the Department?

Mr. MURRAY. Yes, sir.

Senator BYRD. I suppose that such may be damaging to the morale, especially when the police officer is accused and harassed by pressure groups for some action taken in the performance of his duty.

Mr. MURRAY. I think it does hurt the morale of that officer, and also takes up a tremendous amount of time of high officials inspector, or deputy chief, who investigates these cases. And 9 out of 10 of these cases are unfounded—there is no basis whatsoever.

Senator BYRD. You are not taking the position that complaints should never be made?

Mr. MURRAY. No, sir. I think we should screen them out. And I think the people who make the complaints—and I said this to a group last week—should go into the complaint a little bit before they file a complaint with me, because, as I mentioned, 9 out of 10 of them are unfounded; they are false.

The one case that I speak of was where a man made an affidavit that he had been abused by the police—they called it in the paper "brutality." He had one rib broken and had a cut on his head.

Well, it developed from two civilian witnesses who had no interest in the Police Department that he was in a fight with his common law wife. They had both been drinking. She kicked him across the room, cut his head, and broke his rib. And when the policemen arrived on the scene they just picked him up, took him to the hospital for treatment, and took him to the precinct. But they made a complaint just the same.

And this group, after they saw the file on this complaint agreed it was baseless and without any foundation.

Senator BYRD. Well, of course, I suppose to speak harshly in some instances is considered police brutality.

Mr. MURRAY. To arrest him is in a lot of instances.

Senator BYRD. They don't want to be arrested.

Mr. MURRAY. No, sir; I have not found many of them that wanted to be arrested.

DISCIPLINING OFFICERS

Senator BYRD. You do not take the position that a police officer should not be disciplined for wrongdoing?

Mr. MURRAY. No, sir. And I think that it has been my unhappy experience to have to take more men to the trial board than any other chief of police that has ever served in this position.

Senator BYRD. I think that false charges of police brutality, as well as broad, poorly based allegations of police brutality in general are very nearly as reprehensible and damaging to the community as is police brutality itself.

Mr. MURRAY. In this case that I mentioned, this man was taken to court and the judge fined him $300, 90 days in jail for making a false report.

AVERAGE LENGTH OF POLICE SERVICE

Senator BYRD. What is the average age and the average length of police service of the officers and members of your force?

Mr. MURRAY. The average age of the men presently in the Department is 35 years 2 months. And we have—the average length of service is 10 years and 1 month.

GEOGRAPHICAL SOURCES OF POLICE

Senator BYRD. Are most of the officers and members of your Department from the District of Columbia?

Mr. MURRAY. Well, there are more men in our Department from the District of Columbia than from any State. Next in line is the State of Pennsylvania. In the latter part of April of this year, of the 2,843 men, we had 598 from the District of Columbia, and 491 from the State of Pennsylvania, 267 from the State of New York, and 267 from the State of Virginia. From West Virginia, we had 117.

Senator BYRD. I often hear the allegation that your Department obtains a majority of its men from deep Southern States.

Mr. MURRAY. No, this is not true. We don't have too many from Southern States. Or what they call the Deep South.

The States south of Kentucky and Virginia—we recruited 15 in 1961. In 1962, 13 were recruited.

Senator BYRD. May we have that for the record?

Mr. MURRAY. Yes, sir.

(The information referred to follows:)

Appointments by States of prior residence—States appointees are from who were appointed to the Metropolitan Police Department position of private, for the period, calendar years 1961–62

	1961	1962		1961	1962
Alabama	4	1	Missouri	1	
California		2	New Hampshire		1
Connecticut	1	4	New Jersey	5	3
Delaware	1	1	New York	28	12
District of Columbia	126	76	North Carolina	1	3
Florida		2	Ohio	30	15
Georgia	2	1	Oklahoma	1	
Illinois	2	1	Pennsylvania	96	69
Indiana	11	1	South Carolina	1	2
Iowa	1		Tennessee	6	2
Kentucky	3	5	Texas		1
Louisiana	1	1	Virginia (metropolitan area)	28	8
Maine	1		Virginia	7	5
Maryland (metropolitan area)	33	18	Washington		2
Maryland	7	6	West Virginia	18	15
Massachusetts	11	14	Wisconsin		1
Michigan	5	9			
Minnesota	1	2	Total	432	283

JUVENILE OFFENDERS

Senator BYRD. What proportion of your arrests for serious offenses are juvenile offenders?

Mr. MURRAY. Last year about 27 percent—27.7 of the part 1 arrests were juvenile.

Senator BYRD. For the record, would you explain what you mean by part 1 offenses?

Mr. MURRAY. That is a yardstick used by the FBI in conjunction with our uniform crime reporting system of the International Association of Chiefs of Police. It takes in offenses of criminal homicide,

rape, robbery, aggravated assault, housebreaking, grand larceny, petty larceny, and auto thefts.

Senator BYRD. Do you wish to make a further comment on the chart you have before you?

Mr. MURRAY. This is broken down as to number of particular offenses.

Senator BYRD. We will include that in the record.

(The chart referred to follows:)

Arrests of juveniles, fiscal year 1963

Type of offenses	Total arrests	Number of juvenile arrests	Percent of juvenile arrests
Criminal homicide	120	11	9.2
Rape	169	34	20.1
Robbery	1,641	436	26.6
Aggravated assault	2,575	156	6.1
Housebreaking	2,007	801	39.9
Grand larceny	432	82	19.0
Petit larceny	2,861	993	34.7
Auto theft	952	469	49.3
Total	10,757	2,982	27.7

RACIAL COMPOSITION OF JUVENILE OFFENDERS

Senator BYRD. Does it also give a breakdown as between white and nonwhite?

Mr. MURRAY. We have that. I don't think we have that on the one card.

For the fiscal year 1963, there was 16-percent white in the offenders, juvenile offenders, and of that number 88 percent were boys.

In the nonwhite, 84 percent part 1 offenses, 12 percent were girls.

Senator BYRD. May we have that for the record?

Mr. MURRAY. Yes, sir.

(The document referred to follows:)

Juvenile offenders, fiscal year 1963

	Nonwhite	White	Total
Boys	2,118	264	2,382
Girls	239	61	300

NOTE.—Includes 8 girls on noncriminal charges.

	Percent
Nonwhite	84
White	16
Boys	88
Girls	12

JUVENILE PROPORTION OF TOTAL ARRESTS

Senator BYRD. Have you found that the juvenile proportion of total arrests has been increasing since the upward crime trend began in this city?

Mr. MURRAY. Well, of course, Senator, we can only count the juveniles arrested for an offense. In other words, many of these offenses I have mentioned, unless we make an arrest, we cannot tell whether

they were committed by a juvenile or an adult. But in the arrests in those particular offenses, it stayed pretty level there, from 1957 up to 1962—it stayed around 26 to 28 percent.

TOTAL JUVENILE DELINQUENTS

Senator BYRD. Do you have any estimate of the total number of juvenile delinquents in this city?

Mr. MURRAY. The estimate given by our Youth Aid Division, in conjunction with our records in juvenile court is about 2 percent of the total juvenile population are delinquent or have had contacts with the police in juvenile court.

About 2 percent of the total.

Senator BYRD. May we have that for the record?

Mr. MURRAY. Yes, sir.

(The document referred to follows:)

Total number of juveniles referred to juvenile court, fiscal year 1963

Number	2,674
Percent of total juvenile population	2

D.C. RANK AMONG OTHER CITIES

Senator BYRD. How does this compare with some of the other cities?

Mr. MURRAY. I think nationwide they say less than 3 percent of the juveniles are in adverse contact with the police and juvenile courts.

Senator BYRD. So this city would not have a bad ranking as far as the national picture is concerned?

Mr. MURRAY. No, sir; it would be at least as low as any of the other cities.

Senator BYRD. It would be at least as low as any of the other cities?

Mr. MURRAY. In the number involved.

GANG PROBLEMS

Senator BYRD. There seems to be no serious juvenile gang problem here in this city.

Mr. MURRAY. No, sir; I talked with Deputy Winters on that. As a matter of fact, we had him over before the subcommittee on the House side. And he testified at some length on that matter.

Senator BYRD. Have you had any such problem in recent years or in former years?

Mr. MURRAY. No, sir, we have not.

PROPORTION OF NEGRO SERIOUS CRIMES

Senator BYRD. Now, in discussing serious crimes, committed by adults, what is the proportion of Negroes reported for serious crimes in this city as compared with the rest of the Nation?

Mr. MURRAY. We are speaking of part 1 offenses? The total figure is 85.5 for the District of Columbia, and 35.8 for the nationwide cities. And this is from the "FBI Uniform Crime Reports for 1962."

Senator BYRD. 85.5 of the overall number of arrests for part 1 offenses?

Mr. MURRAY. Yes, sir.

Senator BYRD. Were committed by Negroes?

Mr. MURRAY. Yes, sir.

Senator BYRD. In this city. And for the Nation as a whole it is 35.8?

May we have that for the record?

(The document referred to follows:)

Negroes arrested for part I offenses by percentage of total, calendar year 1962

Classification	District of Columbia	Nationwide city arrests [1]
Murder and nonnegligent manslaughter	89.2	60.5
Manslaughter by negligence	52.2	20.4
Forcible rape	93.6	51.0
Robbery	89.2	57.7
Aggravated assault	90.0	59.4
Burglary	88.5	33.4
Larceny, theft	80.7	31.6
Auto theft	76.6	24.9
Total	85.5	35.8

[1] FBI Uniform Crime Reports 1962, table 23.

PROPORTION OF NEGRO VICTIMS

Mr. WILSON. Could I insert that chart when the transcript comes?

Senator BYRD. Yes.

Mr. MURRAY. Mr. Chairman, I would like to mention one other thing. I think that you would like to know that about 85 percent of the victims in these serious crimes—that is, speaking of homicide, rape, and aggravated assault, assaults against the person, 85 percent of the victims are Negro. And when we add the fourth category of robbery, then 70 percent of those four categories, the victims are Negroes.

Senator BYRD. Of course that is probably to be explained by virtue of the fact that these situations occur in certain precincts, mostly, don't they?

Mr. MURRAY. For the most part, yes, sir. I think your aggravated assaults are confined for the most part to a few precincts.

Senator BYRD. Can you tell us something about the situation as it pertains to males and females?

FEMALE VIOLATION

Mr. WILSON. In answer to the question regarding sex, Senator, for the fiscal year 1962, we had 10,672 part 1 arrests, and of those, 1,298 were female.

Senator BYRD. How does this compare with the situation nationwide?

Mr. WILSON. I don't have that data with me.

Mr. MURRAY. We will have to get that, Senator.

(The information referred to follows:)

Females arrested for part I offenses by percentage of total, calendar year 1962

Classification	District of Columbia	Nationwide city arrests [1]
Murder and nonnegligent manslaughter	18.6	23.8
Manslaughter by negligence		12.6
Forcible rape	1.1	
Robbery	4.6	5.4
Aggravated assault	18.6	17.3
Burglary	1.8	3.7
Larceny, theft	18.0	24.3
Auto theft	1.6	4.0
Total	11.5	13.9

[1] FBI Uniform Crime Reports, 1962, table 22.

NEGROES CONVICTED

Senator BYRD. Would you say that the high proportion of arrests involving Negroes is also reflected in the convictions?

Mr. MURRAY. Yes, sir. That figure of population at Lorton—it runs about 85 percent.

Senator BYRD. I shall include in the record at this point a comparative statement of the requests and appropriations for the Metropolitan Police Department over the years 1955 through fiscal year 1964.

(The information referred to follows:)

Comparative statement of requests and appropriations, 1955–1964

	Requested	Appropriated	Supplementals
1955	$12,810,000	$12,757,520	$120,000
1956	12,829,000	12,808,000	1,080,300
1957	13,673,000	13,773,000	758,100
1958	18,201,000	18,150,000	1,128,000
1959	18,549,000	18,460,000	2,616,800
1960	21,792,000	21,750,000	406,000
1961	23,800,000	23,517,000	1,189,000
1962	26,287,000	26,261,534	
1963	26,999,800	26,901,900	
1964	[1] 31,071,600		

[1] Total requested in President's budget—of this amount $594,000 is proposed for separate transmission upon approval of additional revenues.

ACTIVITIES AFFECTING OPERATIONS BELOW BUDGET LEVEL

Senator BYRD. In your statement, you made reference to the fact that you would have to operate at about 30 positions below the budgeted level in 1964 because of various things, one of which was the absorption of some within-grade advances, and some salary increases, increased costs and so on. Another was the absorption of unbudgeted expenses for the rally for jobs and freedom. How did the rally affect your Department in this regard?

Mr. MURRAY. Well, Mr. Chairman, we had to ask the Commissioners to declare August 28 an emergency, so no days off or leave were granted on that day. And when an emergency is declared we have to pay the men for working on their assigned days off.

Now, that doesn't take into account the men who work two tours of duty. Most all of our men worked 14 or 15 hours, including the men on their day off. But I don't think we have any appropriation for that.

Mr. WILSON. The cost, Senator, for out-of-pocket items was $22,366, for days off and other objects.

Senator BYRD. How does this affect your inability to operate at your full budgeted level in 1964?

Mr. WILSON. Inasmuch as this cost must come from appropriated funds that were not requested, or must be absorbed by the Department, this means that to this extent we must reduce our operating strength for the fiscal year to provide in effect lapses which would be applied to this cost.

Senator BYRD. To what extent are we talking here?

Mr. WILSON. This would be—$22,000 would be four positions, four police positions.

Senator BYRD. Carried across the entire 6 months?

Mr. WILSON. The entire year.

Senator BYRD. Twelve months?

Mr. WILSON. Yes, sir.

Senator BYRD. So, for the 6 months period—and I think that is really what we are talking about—what would it mean?

Mr. WILSON. It would mean eight positions for the 6 months period.

Senator BYRD. Well, I think you did a remarkable job during the march, Chief Murray. You supplied various reports from time to time. You reported on the conferences that you were holding and your effort to take every precaution to insure the safety, not only of the people of the District of Columbia who were not marching but also of the marchers themselves. You did a commendable job, as did the others who worked with you.

REPORTS ON MARCH

I will include in the record at this point reports which you supplied to my office at frequent intervals during the day.

In these memorandums you gave almost a minute-by-minute report of developments that were taking place in various areas of the city.

I want to include these so that others may see the good work that was done.

I think this reflects commendably upon your people, Chief.

(The reports referred to follow:)

[Rally for Jobs and Freedom, press release No. 1]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the First Division at 6:53 a.m., by Deputy Chief Wallrodt: Buses are coming in slowly: there are very few people on the Monument Grounds at this time: Rockwell is present with about 150 men, and says he will have about 1,500, but Deputy Chief Wallrodt doubts this statement.

The report from the Third Division at 7:10 a.m., by Deputy Chief Johnson: There are no buses present in this area; there are no people present in this area; he does see people milling around on the Monument Grounds in the First Division area.

The report from the Traffic Division at 7:05 a.m., by Sergeant Liskey: Reports that there have been about 35 cars impounded as of 6:30 a.m.; estimates by people in the field indicate that about 40 more automobiles will be impounded.

The report from the Fourth Division at 7:12 a.m., by Lieutenant Nolan: Reports no buses and no people at the Capitol Grounds.

The report from the Fourth Division at 7:16 a.m., by Deputy Chief Heflin: Reports no buses and no people at the Capitol Grounds.

The report from the Traffic Division at 7:16 a.m., by Sergeant Liskey: Reports that the traffic helicopter reports traffic lighter than normal and very few buses are in evidence.

The report from the Fifth Division at 7:21 a.m., by Lieutenant Skinner: Reports that everything at that Division is OK, and was instructed by Deputy Chief Covell to give a second report giving number of trains coming in and traffic conditions.

The report from the Traffic Division at 7:25 a.m., by Inspector Wright: Reports 27 buses parked in the Ellipse area; reports Union Station traffic light; reports rush hour traffic in other areas lighter than usual, but picking up.

The report from the Second Division at 7:25 a.m., by Deputy Chief Embrey: Reports 50 to 75 buses in his area and about 2,000 people.

The report from the Detective Division at 7:28 a.m., by Deputy Chief Layton: Reports three trains canceled, one from Chicago, one from Jacksonville, one from Savannah; reports the bus terminals seem normal; reports that he has received a report from the terminal police of some disorder on one of the regular trains from New York, but no details.

The report from the Morals Division at 7:35 a.m., by Deputy Chief Blick: He reports his men on duty; he has on duty three privates, one captain, and himself; there is no information from the Morals Division at this time.

The report from the Fifth Division at 7:40 a.m., by Lieutenant Skinner: Reports that no special trains as yet—they understand that one is due at 7:30, but is delayed until about 7:55; the regular trains have carried about 750 extra passengers; the shuttle buses have had no passengers as yet; there are no charter buses in the Union Station area at this time.

The report from the Youth Aid Division at 7:41 a.m., by Deputy Chief Winters: Reports his men on duty; no reports have been received from his men in the field; he was instructed by Deputy Chief Covell to obtain specific information on conditions as his field units report in.

The report from the Patrol Division at 7:46 a.m., by Inspector Douglass: He reports that his captains in the precincts report all normal in the districts and precincts; traffic seems to be below normal; he was instructed by Deputy Chief Covell to give specific details and statistics in future reports.

The report from the Health Department at 7:52 a.m., by Doctor Heath: Reports that his units report no unusual difficulties; they have given out a couple aspirins for headaches, but no illnesses in the area reported so far.

The report from the First Division at 7:59 a.m., by Deputy Chief Wallrodt: He reports the National Guard has arrived; that the crowd is now beginning to assemble, but is increasing slowly; he reports that Rockwell's group remains about the same; he reports that everything so far is peaceful and quiet.

The report from the Traffic Division at 8:01 a.m., by Sergeant Liskey: He reports that the traffic helicopter advises that traffic is light throughout the entire District.

The report from the third division at 8:05 a.m., by Deputy Chief Johnson: He reports that there is no activity in his division area, but he reports that there are quite a few sightseers.

[Rally for Jobs and Freedom, press release No. 2]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the Fourth Division at 8:16 a.m. by Lieutenant Nolan: He reports that there are no buses and no crowds at the Capitol Grounds.

The report from the Second Division at 8:17 a.m. by Deputy Chief Embrey: He reports that the people are building up rapidly in the Second Division area and that buses are now moving in in larger numbers; he reports that there are now about 3,000 people in the Second Division area.

The report from the Fifth Division at 8:30 a.m. by Lieutenant Skinner: He reports that two special trains have arrived bringing about 1,150 people total; he reports that regular trains have brought in about 600 additional; he reports that a special bus from Miami unloaded at the Union Station about 60 people; he reports that the shuttle buses are operating and carrying passengers and are jammed at this time with people.

The report from the Traffic Division at 8:31 a.m. by Inspector Wright: He reports that 110 buses are in the Ellipse; he reports that New York Avenue traffic is a little heavier than normal; he reports that a small number of cars are following buses into the area and creating some problem; he reports that traffic off New York Avenue is normal or a little below normal.

The report from the Morals Division at 8:36 a.m. by Deputy Chief Blick: He reports all normal.

The report from the Detective Division at 8:32 a.m. by Deputy Chief Layton: He reports that roll call is over and everything is normal in the Detective Division thus far.

The report from the Youth Aid Division at 8:40 a.m. by Deputy Chief Winters: He reports everything is normal in the Youth Aid Division, there are very few children in evidence thus far.

The report from the Patrol Division at 8:50 a.m. by Inspector Douglass: The five districts report everything normal.

[Rally for Jobs and Freedom, press release No. 3]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the Fifth Division at 9 a.m. by Lieutenant Skinner: He reports that 16 shuttle buses carrying 760 people have left the Union Station for the Monument Grounds; that many people entered the buses and paid their fares but were told by the leaders of the march to dismount from the buses and have started walking toward the Monument Grounds, a large group of people are walking to the Monument Grounds from Union Station.

The report from Traffic Division at 9 a.m. by Sergeant Liskey: Reports that traffic is light everywhere except on Constitution Avenue between 15th Street and 17th Street; he reports that thus far 46 automobiles have ben impounded.

The report from the court liaison office at 9:02 a.m. by Captain Creech: He reports that 17 police officers are in court this morning, 2 for the U.S. branch of the court of general sessions, 2 for the traffic branch, and 13 for the District of Columbia branch.

The report from the Chief of Police at 9:05 a.m.: Reports that 11 trains are reported to be in, that 235 buses are reported to be in, and that an estimated 10,000 are reported to have come into the city thus far. He reports that everything in the rally area is calm and there have been no incidents.

The report from Mr. Townsend at 9:10 a.m.: Reports that report from New York Police Department informs him that 459 buses have left New York City between 5 and 6 a.m. headed for the District of Columbia.

The report from the Fourth Division at 9:14 a.m. by Lieutenant Nolan: He reports that 19 men went to the U.S. Capitol in a body from Union Station, stating they had appointments with Congressmen; he reports that Martin Luther King and a group of 25 persons arrived at 8:45 a.m. and went to the office of Senator Mansfield.

The report from the Health Department at 9:20 a.m. by Doctor Heath: He reports that as of this time there have been no reports of any casualties from any of the hospitals as a result of the rally.

The report from the Traffic Division at 9:25 a.m. by Inspector Wright: He reports that 180 buses are now parked in the ellipse area and that they are now beginning to park buses on 17th Street and on C Street NW.

The report from Deputy Chief Covell at 9:30 a.m.: He reports that he has information that there are now 22,800 participants of the rally in the District of Columbia and that about 10,500 of those are on the Washington Monument Grounds.

The report from the Detective Division at 9:35 a.m. by Deputy Chief Layton: He reports that a train from Pittsburgh brought in about 750 people, that a train from Cincinnati brought in about 750 people, that about 300 people have arrived at the bus terminal, and that all railroad train schedules are running late.

The report from the Chief of Police at 9:45 a.m.: He reports that there are about 25,000 people now at the Monument Grounds and that Rockwell is present with a group of about 50.

The report from the Traffic Division at 9:46 a.m. by Sergeant Liskey: He reports that the leaders of the march are now on their way to Senator Dirksen's office at the Capitol; that after leaving his office they will go to the office of

Speaker McCormick of the House; that they are scheduled to leave the Capitol Grounds at 10:45 a.m.

The report from the Youth Aid Division at 9:50 a.m. by Deputy Chief Winters: He reports that his men have noted an increasing number of children between the ages of 7 and 17 in the crowd, but that these are apparently unescorted local children.

The report from the Patrol Division at 9:51 a.m. by Inspector Douglass: He reports that everything is operating normally in the precincts and no reports of unusual incidents.

The report from the First Division at 9:53 a.m. by Deputy Chief Wallrodt: He reports that at his area there are about 40,000 people and that people are now arriving in great numbers—everything is running peacefully and no unusual incidents.

[Rally for Jobs and Freedom, press release No. 4]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the court liaison office at 10:07 a.m. by Captain Creech: He reports 33 men are in the District of Columbia court of general sessions as of 10 a.m.

The report from the Third Division at 10:05 a.m. by Deputy Chief Johnson: He reports that there are no buses or people in his own area but that they have observed about 2,000 participants marching along Constitution Avenue toward the Monument Grounds.

The report from the Second Division at 10:10 a.m. by Deputy Chief Embrey: He reports that traffic is very heavy in his area and many persons are passing through his area to the Monument Grounds.

The report from the Fourth Division at 10:15 a.m. by Lieutenant Nolan: He reports one bus of 50 people visiting a Congressman from Michigan at the House Office Building.

The report from the Fifth Division at 10:18 a.m. by Lieutenant Skinner: He reports that, during the last hour 6 special trains have brought in 5,960 people, that 3 regular trains have brought in about 100 extra people, that 60 shuttle buses have taken about 3,000 people to the Monument Grounds, and that 37 charter buses have taken about 2,590 people to the Monument Grounds.

The report by the Traffic Division at 10:27 a.m. by Deputy Chief Liverman: He reports that 260 buses have been parked thus far; that traffic seems very light uptown; he reports that the people are very cooperative.

The report from the Health Department at 10:30 a.m. by Doctor Heath: He reports that District of Columbia General has treated three of the participants in the rally for usual illnesses; he states that the first aid tents report no unusual incidents or illnesses.

The report from the Detective Division at 10:33 a.m., by Deputy Chief Layton: He states that Inspector Sullivan estimates a total of 50,000 people now at the Monument Grounds; Detective Division reports that 4 groups of participants have gone to the Capitol for scheduled appointments; Detective Division reports 8,400 people have arrived at Union Station by train and that 100 have arrived at the bus stations.

The report from the Youth Aid Division at 10:45 a.m., by Deputy Chief Winters: Reports that his men report everything peaceful; they have observed a large number of children in the crowd, apparently local children, and a few children who seem to be out-of-towners; that the Youth Aid Division reports a group of college students assembled in the U Street area, who are peaceful.

The report from the Patrol Division at 10:48 a.m., by Inspector Douglass: He reports everything quiet in the precincts; he reports 60 marchers on foot coming in by New York Avenue.

The report from the Traffic Division at 10:50 a.m., by Sergeant Liskey: He reports 65 buses on New York Avenue are now being escorted into the District.

The report from the First Division at 10:54 a.m., by Deputy Chief Wallrodt: He reports that everything is peaceful in his area.

[Rally for Jobs and Freedom, press release No. 6]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the Second Division at 12:10 p.m., by Deputy Chief Embrey: He reports that everything is relatively quiet in his area.

The report from the Third Division at 12:11 p.m., by Deputy Chief Johnson: He reports that they are now beginning to park buses in bus zone 4 on Adams Drive, but that the area is not full; he reports that a large number of people are walking along Constitution Avenue, apparently from Union Station to the Monument Grounds.

The report from the Fourth Division at 12:12 p.m., by Lieutenant Nolan: He reports that everything is routine at the Capitol; there are the usual number of routine sightseers.

The report from the Youth Aid Division at 12:25 p.m., by Deputy Chief Winters: He reports that there is one child who cannot find its parents now in the hands of the Youth Aid Division; the march leaders have been advised that the child will be taken to the Woman's Bureau if its parents cannot be found and that the Woman's Bureau will be the central point for all children who have been separated from their parents.

The report from the Chief of Police at 12:25 p.m.: He reports that the crowd is still moving out from 16th and Constitution Avenue toward Lincoln Memorial and that there are still several thousand people present on the Washington Monument Grounds.

The report from the Health Department at 12:26 p.m., by Dr. Heath: He reports that six persons have been taken to District of Columbia General Hospital; two of them were injured in falling over tent pegs.

The report from the Detective Division at 12:27 p.m., by Deputy Chief Layton: He transmits a report from Inspector Felber that buses are backing up on Wisconsin Avenue; we have a report that Deputy Chief Liverman is clearing that up.

The report from the Traffic Division at 12:35 p.m. by Deputy Chief Liverman: He reports that he still has spaces in zone 4, in zone 3, and in West Potomac Park; a total of 375 spaces remaining in those 3 areas; he advises that if necessary he will park buses on the Mall from Seventh Street to Third Street NW. We have a report on traffic that buses are backed up at the toll gates at the Baltimore Tunnel and are backed up through the tunnels.

The report from the Fifth Division at 12:40 p.m. by Lieutenant Skinner: He reports that as a consolidated report there have been a total of 22,300 passengers conveyed by charter and by shuttle buses from the Union Station to the Monument Grounds; he reports in addition many other participants have walked, taken taxis, and taken regular buses; he reports that the Union Station is now just as it is on a Sunday morning.

The report from the Second Division at 12:50 by Deputy Chief Embrey: He reports the arrest of Edward Schell, of 4661 36th Street South, Arlington, Va., who was arrested for going into the street, taking a sign away from a participant and breaking it up.

The report from the First Division at 12:50 by Deputy Chief Wallrodt: He reports that there are still several thousand people on the Washington Monument Grounds and that people are stilll arriving; he reports that he estimates the crowd now at about 110,000.

The report from the District of Columbia court of general sessions at 12:56 p.m. by Captain Creech: He reports tha Karl Allen, of the Rockwell group, was charged with "making a speech in the park without a permit" and that the case was continued to August 30 and he is held on $300 bond.

[Rally for Jobs and Freedom, press release No. 7]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the Traffic Division at 1:26 p.m. by Inspector Wright: He reports that as of that time they had parked 1,100 to 1,150 buses; he reports that they know of only 4 additional coming in by New York Avenue as of that time.

The report from the Fourth Division at 1:15 p.m. by Lieutenant Nolan: All quiet on the U.S. Capitol Grounds; only a few tourists in evidence.

The report from the Third Division at 1:11 p.m. by Deputy Chief Johnson: He reports that they are still putting buses into his area and that 14th Street at that time was blocked because of people crossing from his area buses into the Monument Grounds.

The report from the Fifth Division at 1:20 p.m. by Lieutenant Skinner: He reports that everything is quiet at Union Station and that up to that time a total of 16 regular and 21 special trains had brought participants into the District.

The report from the Detective Division at 1:33 p.m. by Deputy Chief Layton: He report that the station was clear at that time.

The report from the Patrol Division at 1:48 p.m. by Inspector Douglass: He reports that no unusual occurrences are reported by the various precincts.

The report from the Second Division at 2:05 p.m. by Deputy Chief Embrey: He reports that people are still arriving at the rally through his area.

The report from the Fourth Division at 2:16 p.m. by Lieutenant Nolan: He reports that all quiet on the Capitol Grounds.

The report from the Fifth Division at 2:20 p.m. by Lieutenant Skinner: He reports everything quiet at Union Station.

[Rally for Jobs and Freedom, press release No. 8]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the Traffic Division at 2:30 p.m. by Lieutenant Waters: He reports a total of 1,514 buses for a final count. He reports that he is at 17th and Constitution Avenue and that the pedestrian traffic there is now moving eastward with the majority of people seeming to be headed for the shuttle buses and for Union Station.

The report from the Fifth Division at 2:50 p.m. by Lieutenant Skinner: He reports that 17 buses with about 900 people have returned to Union Station; he interviewed several of the participants and the general consensus was that they were tired and were unable to get close enough to the Lincoln Memorial to hear what was going on so they decided to return to the Union Station and await their trains.

The report from the Patrol Division at 2:50 p.m. by Inspector Douglass: He reports all quiet in the precincts.

The report from the Communications and Records Bureau at 2:50 p.m. by Lieutenant McLeod: He reports that the report of the bomb at Lincoln Memorial has been checked out and nothing was found.

The report from the First Division at 2:44 p.m. by Lieutenant Wolf: He reports for Deputy Wallrodt that people are now moving out in large groups from the Lincoln Memorial and heading back toward the Washington Monument Grounds; Deputy Chief Wallrodt is moving his post back to 15th Street and Madison Drive.

The report from the Second Division at 3:05 p.m. by Deputy Chief Embrey: He reports that the crowds are now beginning to leave the Lincoln Memorial and head back toward the Washington Monument Grounds.

The report of the Chief of Police at 3:12 p.m.: Directed that the Traffic Division be notified that Federal Government employees were being relieved in order that traffic homeward bound might be expedited.

The report from the Third Division at 3:15 p.m. by Deputy Chief Johnson: He reported that all is quiet in his division; he was notified of the release of Government employees and of the movement from the memorial toward the buses and Union Station.

The report from the Fourth Division at 3:20 p.m. by Lieutenant Nolan: He reported all quiet at the Capitol Grounds; he was notified of the beginning of dispersal of participants at the memorial.

The report of the Communications and Records Bureau at 3:21 p.m. by Lieutenant McLeod: He reported that radio message had been sent regarding release of Government employees and that the message was being sent by metropolitan teletype for information of surrounding jurisdictions.

[Rally for Jobs and Freedom, press release No. 9]

METROPOLITAN POLICE DEPARTMENT

AUGUST 28, 1963.

The report from the Traffic Division at 3:26 p.m. by Inspector Wright: He reports that people are leaving the Lincoln Memorial area.

The report from the Fifth Division at 3:26 p.m. by Lieutenant Skinner: He reports at Union Station that 34 buses carrying about 50 persons each, a total of 1,700 persons, have arrived at Union Station and are awaiting their trains; the station is keeping the gates closed until 30 minutes before train time and the people are unable to board the trains at this time.

The report from the Detective Division at 3:31 p.m. by Deputy Chief Layton: He reports the people are moving out from the Monument Grounds; Deputy Chief Covell informed him of the problem at Union Station and asked him to send as many men as possible from his unit to the east end of Union Station to assist in any potential problems.

The report from the Third Division at 3:33 p.m. by Deputy Chief Johnson: He called and was advised by Deputy Chief Covell of the problems at Union Station and were directed to send some of his men to Union Station as soon as practicable.

SUMMARY OF POLICE PLANNING FOR RALLY

Mr. MURRAY. Mr. Chairman, I have here the summary of police planning for the rally, and it breaks down each phase of the operation. And I pass that along to you, if you would like to have it in the record.

Senator BYRD. Yes.

(The document referred to follows:)

POLICE PLANNING FOR RALLY FOR JOBS AND FREEDOM, WASHINGTON, D.C., AUGUST 28, 1963

I. PREFACE TO A PROBLEM

A. In early July the Chief of Police was advised that a demonstration was planned to be held in the Capital during the late summer.

B. Initial information regarding the purposes, scope, and organization of the affair was conflicting and sketchy.

C. Fears were expressed by citizens and accusations made by opponents that the demonstration was planned to harass and coerce the Congress; fears were expressed that the demonstrators would resort to massive sit-ins and to transportation stoppages.

II. INITIAL GOVERNMENT PLANNING

A. The Chief of Police met with the Board of Commissioners and interested officials of other Government departments likely to be involved.

B. Broad outlines of Government policies were formulated; preliminary plans were made to augment the Metropolitan Police force with added active personnel from other agencies.

C. Policy was adopted to have Federal troops available for standby use if conditions progressed to a state of disorder beyond civil control.

III. COORDINATION WITH DEMONSTRATION LEADERSHIP

A. Chief of Police, with his executive officer and other Deputy Chiefs, met with demonstration leadership on July 11, to discuss the proposed event, potential problems, and possible tactics of control.

B. Meeting was opened by statement of Chief of Police (Attachment 1).

C. Demonstration leadership advised that they planned to bring 100,000 to 150,000 participants to this city, that they would be taken to various churches for addresses by their Congressmen, and then would be transported to the rally area. They emphasized that that event would be peaceful.

D. Demonstration leadership was advised of the timing problems they would encounter with this plan, and subsequently decided to eliminate the addresses at the churches.

E. Meeting was concluded by introducing various Deputy Chiefs and permitting them to discuss with demonstration leadership the various problems within their own specific areas of responsibility.

F. To provide efficient communication between the police headquarters and the demonstration leadership, a police lieutenant was assigned to the Executive Office for the duration of the planning and was designated liaison officer to the rally leadership.

G. The demonstration leadership decided that formal designation of the event would be "Rally for Jobs and Freedom."

IV. PLANNING OPERATIONS

A. Decision by Chief of Police that only one major demonstration could be handled on the specified date.

B. Decision made that police planning would provide for operations to handle maximum potential problems which conceivably could arise.

C. Chief of Police recommended that days off be canceled and leave restricted for policemen and firemen; that firemen thus made available for duty be assigned with the Metropolitan Police, District of Columbia; that District of Columbia National Guard be activated and assigned with Metropolitan Police, District of Columbia; that police reserve corps be activated for duty with Metropolitan Police, District of Columbia. These recommendations were approved by Board of Commissioners.

D. Chief of Police designated a Deputy Chief of Police to act as liaison officer to Military District of Washington.

E. Arrangements were made to issue a special police press pass to out-of-town news representatives covering the rally. In all, the 1,200 regular press passes and 1,900 special press passes were valid and issued for coverage of the event.

F. A special pressroom facility was established in a corridor of police headquarters to accommodate the extra press representatives.

G. Meeting was held with all chiefs of police of the Washington metropolitan area to discuss and agree regarding interjurisdictional problems which might arise during the rally.

H. Agreement was reached that all forces working within the District of Columbia and assigned with the Metropolitan Police, District of Columbia on the day of the rally would be under control and command of Chief of Police Murray.

I. Executive Officer of Metropolitan Police, District of Columbia sent to brief officers of District of Columbia National Guard at Armory, at Andrews Field, and at training camps in Pennsylvania and Wisconsin.

J. Decision made to utilize police reserve corps and District of Columbia firemen on precinct patrol duty to relieve policemen for special details.

K. Board of Commissioners appointed National Guardsmen and firemen working with police as "special privates in the Metropolitan Police Department," beginning 12:01 a.m., August 28, and terminating upon Commissioners' order.

L. Special police badges (printed on paper and worn in plastic envelopes pinned to outer garments) issued to extra forces, together with batons loaned by National Guard and patrol box keys obtained from men sent from precincts to the special details.

M. Temporary reorganization of entire Department ordered by Chief of Police for day of the rally:

1. Executive Officer established command center in police headquarters to assist Chief in coordination and control of details.

2. Downtown area likely to be involved in rally operations was divided into five command divisions.

(*a*) First division deemed most critical, included primary rally area.

(*b*) Second division included the White House Grounds and the ellipse.

(*c*) Third division, on Mall between rally area and Capitol, held reserve forces to assist first two divisions if needed.

(*d*) Fourth division included area surrounding Capitol Grounds.

(*e*) Fifth division included Union Station and surrounding area.

3. Traffic Division assigned traffic control outside command division areas and on arterial streets within those areas (summary of traffic plan included under part N of this outline).

4. Detective Division responsible for detailing personnel to railway and bus terminals and first-aid stations to be alert for criminal activities and to take necessary reports of a police nature.

(*a*) Chief of Police ordered more than 100 detectives returned to uniform duty under Chief of Detectives to provide protection at banks, savings and loan institutions, and business establishments.

5. Morals Division responsible for coverage of travel terminals and rally area for alert to morals offenses.

(*a*) Because of limited scope of Morals Division responsibility in connection with rally, majority of personnel from that division returned to uniform duty at direction of Chief of Police to fill necessary details.

6. Youth Aid Division assigned 10 cruisers, each manned by 1 detective, 1 uniformed policeman, and 1 policewoman, to strategic points on perimeter of rally area.

(*a*) Policewomen were assigned to Union Station to cope with any special problems in connection with the heavy travel.

(*b*) Department of Public Welfare assigned personnel to Woman's Bureau to assist persons lost or separated from their groups.

7. Patrol Division remained in normal organization into 15 precincts and 5 inspection districts.

(*a*) Inspector of Training designated District Inspector at Large for date of rally.

(*b*) One captain assigned to command each of the five districts.

(*c*) One lieutenant left on duty in each precinct with a skeleton force of policemen, reinforced by police reserves, firemen and National Guardsmen.

8. The Civil Disturbance Unit placed under direct control of Chief of Police and maintained on standby at three locations adjacent to rally area.

9. Communications and Records Bureau established a special communications center and given responsibility for all police communications except the direct lines to command center. Included were:

(*a*) Regular police radio network.

(*b*) Eleven extra autos loaned by General Services Administration (with radios on separate frequency).

(*c*) Twenty-eight jeeps loaned by National Guard.

(*d*) Forty walkie-talkies and three communication jeeps loaned by National Guard for work with five command divisions.

(*e*) Fifteen Metropolitan Police, Distirct of Columbia walkie-talkies and two communications trucks.

(*f*) Thirteen Highway Department walkie-talkies on loan to Traffic Division.

(*g*) Police traffic helicopter.

N. Special traffic plans were formulated for date of the rally:

1. Chief of Police ordered that bus parking areas adjacent to the rally area be set aside.

2. Control points and escorts were established to direct and escort incoming buses to proper parking areas.

3. Plans were made to maintain, at the master control point, a central registration of the locations of various buses.

4. Recommendation was made to Commissioners to prohibit parking in a large part of the downtown area. Instructions were issued prohibiting policemen from bringing personal automobiles on details within the restricted area.

5. Rally leadership was advised that parking could not be provided for private automobiles bringing participants to the event, and was requested to advise their participants to come to the city by common carrier.

6. Rally leadership was furnished maps and directions for finding fringe parking areas for those participants who might disregard warnings about lack of parking within city.

7. Chief of Police directed establishment of booths at city entrances to direct private automobiles bringing participants to city to the fringe parking areas.

8. Traffic Division coordinated with transit companies to arrange rerouting of transit buses.

9. Traffic Division obtained approval of Interstate Commerce Commission for detour of through truck traffic around the area for August 28.

O. Special detail arrangements:

1. Additional scout cars, each manned by a police sergeant and a police reserve, were stationed at main entrances to city to observe and report traffic conditions and any other problems.

2. Details were arranged to locate boats, manned by harbor precinct personnel, under the bridges in or leading into the District.

3. Precinct commanders were directed to make arrangements to protect public utilities to prevent disruption of service through sabotage.

(*a*) Lists of metropolitan area public utilities were sent to chiefs of police of appropriate departments.

P. Prisoner-handling arrangements:

1. Arrangements were made with courts to utilize the court cell blocks in case of mass disorder and mass arrests.

2. Additional patrol wagons and buses loaned by the National Guard were stationed at strategic locations for transportation of prisoners if needed.

3. Courts made arrangements for immediate hearing of charges if large number of arrests became necessary.

Q. Feeding arrangements were made to feed box lunches and box dinners to personnel on duty with the Department who could not be relieved for meals.

R. Additional small cranes for impounding automobiles and large cranes for removing disabled buses were obtained from private contractors and from National Guard.

S. Department of Public Health arranged for temporary first aid and ambulance stations, for establishment of mobile comfort stations and chemical toilets.

1. Arrangements were made to provide drinking water for participants from bubblers attached to fire hydrants and from water trucks.

2. Advice was given to participants regarding types of food they could bring without danger of spoilage.

3. Food contractor selling food and soft drinks in rally area was requested and agreed to serve soft drinks in paper containers.

T. Courtesy was emphasized by Chief of Police in all talks with officials and was reiterated in orders to the force. A final order on courtesy was issued by Chief on day before rally to keep this subject foremost in the minds of the men.

U. Final briefing meeting arranged for August 21, 1 week before the rally, to bring Police Department and other Government officials, and members of the press, up to date on arrangements (statement of Chief, attachment 1).

V. FINAL PRECAUTIONS

A. Chief of Police recommended ban by Commissioners on sale of alcoholic beverages for 24-hour period of date of the rally.

B. Chief of Police urged the early release of Federal employees on date of rally to avoid conflicting traffic patterns at conclusion of rally.

C. Chief of police requested officials of the Washington Ball Club to postpone two baseball games scheduled for August 28 to avoid conflicting traffic patterns and diversion of police manpower from rally details to ball park events.

VI. EXECUTION OF PLANS

A. A total of 2,914 Metropolitan Policemen, 1,631 National Guardsmen, 355 District of Columbia firemen, 242 reserve policemen, and 75 Park Policemen were on duty with Metropolitan Police, District of Columbia, on day of rally.

B. Buses began arriving at the rally area at about 6:30 a.m.; by 3 p.m. an estimated 210,000 persons were at the rally; by 3 p.m. some participants were beginning to leave the rally area and were proceeding toward their homeward transportation; by 9 p.m. only a few stragglers remained in the city.

C. All available police personnel were on active duty during the rally.

1. Board of Police and Fire Surgeons was requested to return to duty as many of the men on sick leave as could perform light duty of any nature.

2. The midnight section, which reported for duty at 11:30 p.m., August 27, was relieved by the day section at 5 a.m. in order that those men might rest before reporting for details at 10 a.m. Most of these men were relieved at about 6 p.m. in order that they might rest before returning for duty at 11:30 p.m. (hours worked, 13½).

3. The day section reported for duty at 5 a.m. in the precincts (some were directed to report to early details at 5:30 a.m. and 6 a.m.). Those men from this section scheduled for details were relieved by firemen and National Guardsmen beginning at 7:15 a.m. in order that they could proceed to the detail areas. These men were the last relieved from details; the average relief time was 8 p.m. (hours worked, 15).

4. The evening section reported for duty on details beginning at 8 a.m. These men remained on their details until relieved (at about 6 p.m.) and returned to the precincts for their regular tour of duty ending at midnight (hours worked, 16).

D. Only two arrests were made in connection with the rally.

1. A lieutenant of Rockwell's American Nazi Party was arrested and charged with attempting to make a speech without a permit.

2. A nonparticipating bystander was arrested after he grabbed and destroyed a sign carried by a participant and was charged with disorderly conduct.

PRINCIPAL STATEMENTS OF CHIEF OF POLICE ROBERT V. MURRAY IN CONNECTION WITH THE RALLY FOR JOBS AND FREEDOM, WASHINGTON, D.C., AUGUST 28, 1963

1. Statement opening meeting with rally leadership, July 11, 1963

First, I wish to welcome you to this meeting concerning the proposed civil rights march to be held in Washington, D.C., on August 28, 1963.

Further, I wish to inform you that, as Chief of Police, you may be assured that the officials and members of the Metropolitan Police Department will cooperate with you, as leaders of the march, fully, to the end that your people will come to their Nation's Capital, participate in an orderly demonstration concerning their civil rights and depart from our city with the satisfaction of knowing that they have acquitted themselves in the eyes of their fellow citizens in such a manner that their visit here will be remembered as an orderly and peaceful demonstration.

To that end, I promise we will work with you and extend to you every reasonable cooperation.

2. Statement regarding ban on counterdemonstrations

Due to the amount of police services needed in connection with the proposed march in Washington on August 28, 1963, parade permits will not be issued to any other organization on that date. However, any organizations that request a parade permit for any other day will receive consideration if they qualify.

3. Statement opening final briefing session, August 21, 1963

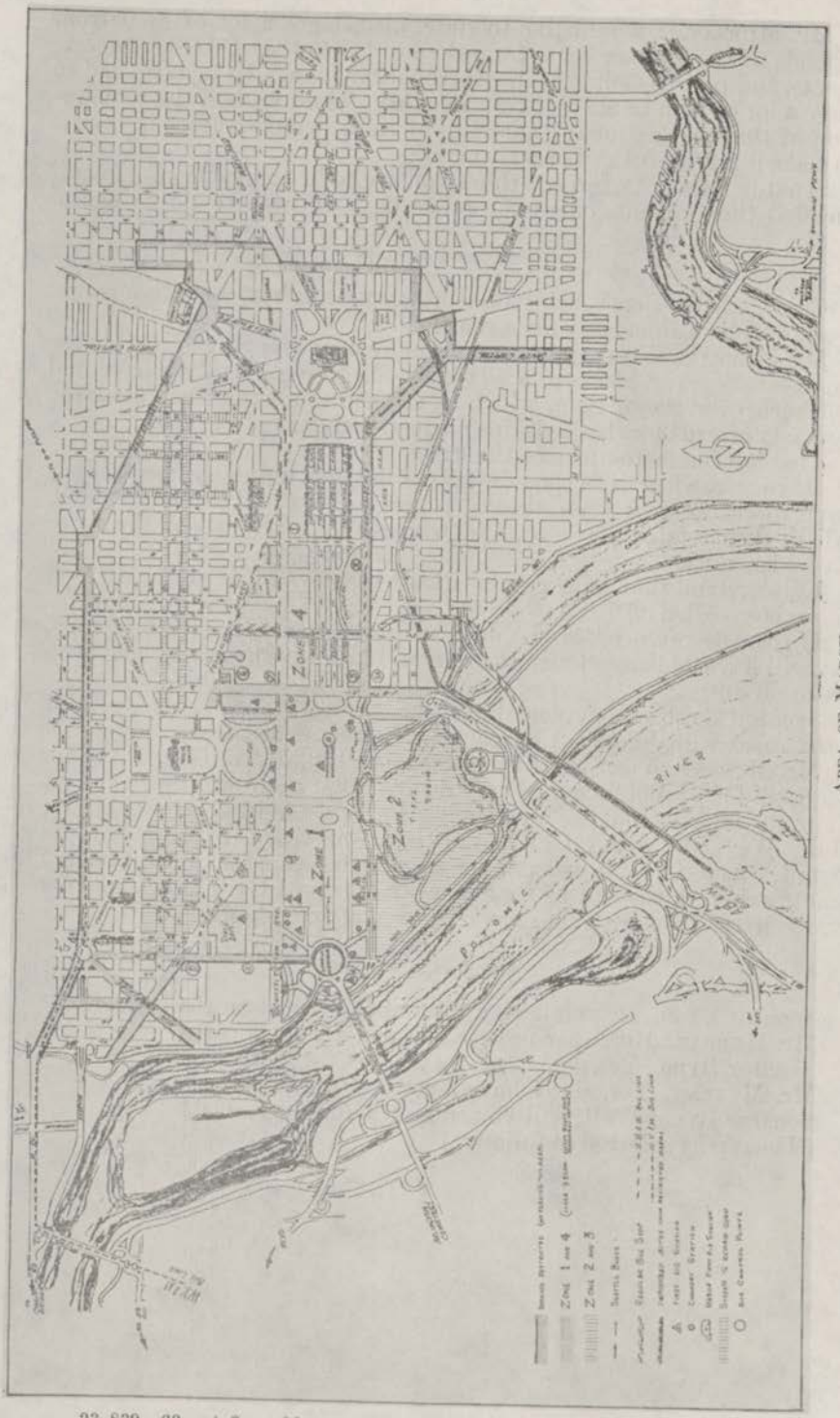
We do not expect any trouble at all on the 28th. However, there will be a very large crowd and we intend to be able to meet any situation and to protect the right of all persons to participate peacefully in this demonstration.

I am not only using my police and reserve police, but also members of the Fire Department, the Park Police, and the District of Columbia National Guard to assist in traffic control and in guiding the large number of people who will be in Washington for the march. In addition, at our request, the Defense Department will make 4,000 military personnel available if needed. Of these, about 1,000 already are on duty in military posts in the Washington area. The other 3,000 will come from posts at Meade, Quantico, and Belvoir early on August 28 and they will be located in Anacostia and Fort Myer.

We believe it is prudent to take these precautions in view of the large crowd. However, again, let me stress that we have every indication that the march will be orderly and dignified.

POLICE MAP—AREA OF MARCH

AREA OF MARCH



AREA OF MARCH

COOPERATION OF ALL OFFICIALS

Mr. MURRAY. I would like to state, also, I got a lot of help from officials of our Department, from the heads of other District Departments, and police officials in the metropolitan area. In fact, we had to have a lot of help to make it run smoothly. And we had the cooperation of the local national leadership of these demonstrators in trying to make it a peaceful and orderly march.

Senator BYRD. As I say, I think you are to be commended. I commended the Commissioners the other day. I wish to do so again.

PREVENTION OF RIOTS

Chief, what action is being taken to prevent as best you can a recurrence of the stadium riot of last year?

Mr. MURRAY. We are going to put more men over there. Of course last year, Senator, it was a holiday, Thanksgiving. And we have had 190 men over there, then, which is 20 men more than are used for capacity crowds for the Redskins professional games.

That left but 90 footmen on the street.

Of course, when calls came in telling us these fights had broken out over there, we sent then about 60 men in cars and motor vehicles, which then totaled 250 men, and which was nearly all of the force we had on duty.

I understand that same game will not be played this year. I think it has been called off.

If there is any need, if we can foresee any need for additional men, we will have additional men there, even if we have to bring them back from off duty.

Senator BYRD. Don't you think such a need would be foreseen, at least to some degree, in the light of what happened last year?

Mr. MURRAY. Yes, sir. If these same teams play, of course, I think we would need more men. But I do not think there was much at that time to indicate that we were going to have the kind of trouble we did. We had Deputy Chief Wallrodt over there in charge of the detail. And I think everything went along all right until about 7 minutes before the end of the game when one of the Eastern players was rejected from the game, and that seemed to set it off.

REPORT ON STADIUM RIOT

Senator BYRD. Do you have a copy of the report on the incident?

Mr. MURRAY. By the committee that made the report?

Senator BYRD. Yes.

Mr. MURRAY. Yes, sir; I have a copy at the office.

Senator BYRD. Well, will you submit it for the record?

(The report referred to follows:)

REPORT TO THE SUPERINTENDENT OF SCHOOLS OF THE DISTRICT OF COLUMBIA FROM SPECIAL COMMITTEE ON GROUP ACTIVITIES, DR. SHANE MACCARTHY, CHAIRMAN, WASHINGTON, D.C., JANUARY 1963

[Letter from Special Committee on Group Activities of the District of Columbia, Washington, D.C.]

JANUARY 8, 1963.

DR. CARL F. HANSEN,
Superintendent of Schools, Public Schools of the District of Columbia, Franklin Administration Building, Washington, D.C.

DEAR DR. HANSEN: Attached is the report of the Special Committee on Group Activities established by you to investigate thoroughly the incidents and disorders which arose out of the city championship football game on Thanksgiving Day 1962.

While Thanksgiving 1962 will be remembered long as a dismal day for many, those most grievously affected plead—not for revenge—but for action, so that an affair of this kind will not occur again. In essence this is the challenge you have placed before this committee, and I assure you that every member has worked assiduously to face up to it.

In responding to your invitation to be chairman of this committee, I had little appreciation of the depth and enormity of the problems involved.

Since you had confidence in selecting me as chairman of this committee and in allowing me the liberty to choose the members of the committee, I feel you should receive from me the frank statement of my own views which are contained in this transmittal letter. Clearly do I recall your mandate to me personally to "lay it on the line."

To consider the Thanksgiving Day disorders as beginning and ending with the referees' whistles would be to ignore the pleading of the injured and to minimize the fundamental factor that behavior at one sports contest—in this instance a football game—follows the pattern of conduct at other similar events and in the daily surroundings of the schools. Thus the tragic happenings at the District of Columbia Stadium may beget good and lasting results if they awaken the public mind and shock responsible persons into assessing the discipline of students in our public schools. This serious theme—the urgent need for both group and self-discipline—runs throughout the report. The brutal display of irresponsibility and lack of self-discipline must be examined in the context of normal living among average law-abiding citizens. Not a single teacher to whom I have spoken in the past few weeks was surprised that the outbreak took place. Uniformly came the response: "Why should we be? We live with this brand of conduct every day in the schools."

Your written invitation, Mr. Superintendent, to all teachers to speak with me directly, buttressed by a meeting of principals in your office, brought little response. This is attributable to two reasons:

(*a*) Lack of followthrough by many principals; and

(*b*) Fear on the part of the teachers lest frankness would jeopardize their positions.

Some very conscientious teachers did accept our invitation to come before the committee. Many talked to me alone, not wishing to disclose themselves further. What they said in vivid detail corroborated the information the committee already received about the discipline problems in the public schools at all levels—elementary, junior high, and high—and the inability of teachers to teach under such conditions. With a tolerated policy to keep youngsters off the street and in the schools, many teachers too often become mass babysitters for the young and wardens for the older groups. It is virtually impossible for an instructor to put over a subject when some students talk, walk around the room, curse, throw objects, remain in the halls for inordinately long periods, resent any mandate, and at times even ridicule and threaten the teacher. The lack of respect for the teacher is causing many dedicated persons to either bide their time to retirement or seek occupation in other fields. Teacher frustration under such difficult circumstances is an all too common disease.

Teachers find it difficult to live with their consciences when too many pupils are passed upward from grade to grade, not because they have the academic

ability, but only because they are getting older. Teachers are heartbroken under these conditions.

In all my discussions with persons in the schools there was reflected the dedication of heart, mind, and physical effort in the interest of all of the children of all the people. The eagerness of school personnel to succeed in this overwhelming task deserves and requires the help of the entire Washington community.

It is only in this full context that the District of Columbia Stadium conduct of students, school dropouts, and neighborhood hoodlums can be understood and analyzed for corrective action. The format becomes apparent when we realize how little educational and behavior benefit some pupils are capable of accepting in the classroom. Nevertheless, these children go to higher grades until they attain the compulsory attendance age of 16 and then go out to face the world. Many among them cannot read and write and are unable to get jobs. Crime, with its ever-ready appeal of ease, too often supplies an answer to joblessness, frustration, and boredom. Unfortunately, examples of criminal conduct crop up too often within some schools, jeopardizing pupil safety and influencing other students. Not unusual are organized extortion rings where older boys take lunch money from younger boys and girls; stealing of clothes, radios, books, and balls; molesting of students in corridors and threats of violence. Much of this happens without public notice because those affected are coerced by threats not to tell, and many school officials choose to live with what they have come to regard as inevitable rather than notify the police. Too often, when the police are brought in and the culprit remanded to justice, he returns to school within a few days, having been told by court authorities to be a "better boy."

It is no wonder that widespread rumors persisted in the public schools before the Thanksgiving Day game that there would be trouble if St. John's won. Because of this, hundreds of boys and girls in the public schools did not go to the football game and do not go to the basketball games at the present time.

Many of the behavior problems occur in the basic groups at the high schools because those pupils have little interest or desire to advance. They can be easily led or misled. Irresponsibility and lack of self-discipline are all too prevalent in this section of the schooling process. But the roots of this problem go back to the early grades of elementary school where the fundamental skills of the 3 R's have not been acquired by these pupils. Lecturing to these unfortunate children about the correlation between rights and responsibilities or the necessity of respect for persons and property means nothing. They simply are unprepared to accept abstract ideas of this kind. Their behavior patterns in and around the schools reflect this ignorance and indifference. If irresponsibility is their daily norm, the charged atmosphere of stadium tension is a natural environment for irresponsible explosion.

Since 1954, the date of integration, many students, both white and colored, have found the training of our District of Columbia public schools an adequate and often exemplary base for immediate positions in the business world or for advanced education. However, the rapid growth in numbers of Negro pupils, many with low mental ratings, coupled with increasing crowding of facilities, neutralized the academic standards of the education system in the District of Columbia.

Placing the Negro children with the white 8 years ago was desegregation, not integration. Only too prevalent was the pattern of the Negroes and the whites continuing to segregate themselves within the same school. In undertaking any process, there are two methods: the easy and the hard; usually the first is the less effective. So it appears to have been with the laudable step to blend the races in our American schools.

Integration is a most complicated undertaking. It is not accomplished simply by opening classroom doors. It is not brought about by a paper decision to recognize the rights of fellow citizens. It is not achieved by an emotional urge that follows the prodding of the heart rather than the leadership of the head. We do a grave disservice to boys and girls of both races when we direct them to integrate and thrust them into indiscriminate mingling without the thorough preparation which is a mandate for success in any undertaking. The unique difficulties which many teachers face today and which too often rock their morale in teaching basic students and in controlling classroom discipline illustrate the need for prior training and preparation essential to achieve good results. We must now acknowledge the existence of current school disciplinary problems resulting in large measure from the lack of such teacher preparation and resolve to take drastic measures to cope with existing conditions.

For the colored as well as the white, it must be acknowledged that lawbreaking anywhere—at school, in the street, or in a stadium—is not the result of being underprivileged. Breaking the law results from a fundamental lack of self-discipline. Social background unquestionably affords some of the reasons for malcontent, but persons, if they are to be contributive citizens, must learn to rise above their environment. While inequities of citizenship can never be condoned, it must be recognized that sometimes it takes years and years to remove them. In the meantime, those so affected must learn to control themselves. Our American society at every stage of its development has been marked by the patience and perseverance of individuals and ethnic groups. Our own Negro leaders of today, typified by those on this committee, are splendid examples of men and women who have coped with difficult social circumstances in their own youth and have risen above them.

Racial hatred of fellow Americans is intolerable whether it be white against Negro or Negro against white. We are all American citizens. As our Negro citizens develop social maturity they must differentiate between those who would exploit their condition for proximate or ultimate political purposes and the white citizens who want them to enjoy the full and unhampered benefits of American citizenship. Negroes must have confidence in the latter. With this approach, Negro achievements will be notable and lasting. Without this, suspicion and bitterness inevitably continue.

Mutual confidence of this kind between the races was exhibited in all our committee discussions. In fact, our common labors to assess the meaning of "what happened" and "why" clearly show how much better conditions at District of Columbia Stadium on Thanksgiving Day 1962 would have been if planning such as this had taken place ahead of time.

The committee members join me in thanking you for the honor you have done us in requesting that we serve you on this difficult assignment. From the beginning of our deliberations until the end you have carefully refrained from interfering in the slightest degree. Through you we received a great quantity of pertinent written information from all the public schools, and your immediate staff attended to all our housekeeping needs.

We earnestly trust the report, when acted upon, will help those who need assistance most—the boys and girls of our public schools in the National Capital. The attributes that have made our country great—truth, courage, determination, and moral integrity—must combine to foster a behavior pattern among all our young people of such essential worth that another Thanksgiving riot cannot happen. With the current stress on the physical aspect of fitness, let's always remember that true fitness involves even more important factors—the muscles of the mind and the fibers of the will.

With the submittal of this report, the Special Committee on Group Activities is disbanded.

Respectfully submitted.

(S) Shane MacCarthy,
DR. SHANE MACCARTHY,
Chairman.

MEMBERS OF SPECIAL COMMITTEE ON GROUP ACTIVITIES OF THE DISTRICT OF COLUMBIA

Chairman: Dr. Shane MacCarthy, director of community programs, National Lumber Manufacturers Association.
Special consultant: Judge Stephen S. Jackson, Deputy Assistant Secretary of Defense.
Committee members:
Simeon S. Booker, Jr., chief, Washington bureau, Johnson Publishing Co., Inc.
Mrs. Henry Grattan Doyle, past president, Board of Education.
Arnold Fine, director of public relations, the Hecht Co.
Philip Larner Gore, president, Security Storage Co.
Lt. Gen. Lewis B. Hershey, Director of Selective Service.
Col. John V. Hinkel, vice president, Kelly-Sanders-Hinkel, Inc., public relations.
Mrs. Jehu L. Hunter, second vice president, League of Women Voters of the District of Columbia.
Dr. E. Franklin Jackson, minister, John Wesley AME Zion Church.
Alphonse "Tuffy" Leemans, past president, Touchdown Club.
Sterling Tucker, executive director, Washington Urban League.

SUBCOMMITTEES

Citizen Responsibilities:
Chairman: Simeon S. Booker, Jr.
Members: Philip Larner Gore, Lt. Gen. Lewis B. Hershey, Dr. E. Franklin Jackson.
School Responsibilities for Sports:
Chairman: Mrs. Henry Grattan Doyle.
Members: Arnold Fine, Mrs. Jehu L. Hunter.
Interschool Competitions:
Chairman: Sterling Tucker.
Members: Col. John V. Hinkel, Alphonse "Tuffy" Leemans.
Drafting of Report:
Chairman: Simeon S. Booker, Jr.
Members: Mrs. Henry Grattan Doyle, Sterling Tucker.

OPENING STATEMENT OF DR. SHANE MACCARTHY, CHAIRMAN TO THE SPECIAL COMMITTEE ON GROUP ACTIVITIES

The concept of champions is an ancient one. Champions were chosen to represent kingdoms and states as exemplars of the finest virtues of the people they represented. The philosophy of championship contests has survived. It is regretful, indeed, that such a contest was the setting for a grim spectacle on Thanksgiving Day.

An American sports event, played in an American stadium, on an American holiday, in the National Capital, came to a close with a grandstand performance of ill will and irresponsibility with too many of those in attendance playing the leading roles. The show that ensued blasted loud and vengeful in and around the District of Columbia Stadium. It was real, and it was painful. The riotous conduct was the part of the afternoon that won immediate and lasting wide attention.

Few Americans can recount the score of that game—many can probably not even identify the winning team. But the shame of the fighting and the bloodshed is remembered well, to the detriment of our city, our District citizens, and indeed to our Nation.

The savagery at the District of Columbia Stadium was participated in and witnessed by more than 48,000 Americans; reports of it were simultaneously broadcast to countless other thousands; it has occupied pages of newspaper and magazine space in far distant places as well as at home; and numerous commentaries have been made, with and without the facts. The eyes of the Nation and of the world are watching to see how the citizens of the Capital City of the world's most respected Nation undertake to restore the dignity of that Capital and its people.

The Special Committee on Group Activities has the important duty of analyzing this grave and critical situation. It is necessary, before proceeding with the study, to make sure that all members of the committee think alike about the seriousness and significance of the circumstances. To appreciate the full intent of the project at hand, each member of the committee will need to become thoroughly informed. Reports from responsible persons in the school system, police reports, press accounts of the violence, individual and group feeling as expressed in letters to the committee and to the editors of the newspapers, TV, radio reports, films, and personal interviews with those who saw, or were a part of, the actual violence are the principal sources being used in acquiring this information. The committee will be looking at facts, not hearsay; finding ways to correct the situation, not giving excuses; bringing to light reasons for the breakdown in personal responsibility; not seeking a scapegoat.

The primary purpose of the committee, then, will be to investigate these sources to find out just exactly what did happen at the District of Columbia Stadium on Thanksgiving Day, to find out why it happened, and to formulate recommendations to help prevent a recurrence of mob violence at a high school athletic contest.

Ever cognizant of the variety of factors that contribute to violent outbreaks of uncontrolled behavior—for example, housing conditions, economic, social, and religious differences—the Special Committee on Group Activities will be able to consider at this time only those facts pertinent to the stadium altercations. Should facts come to light that indicate a need for further study and more intensive investigation, such tasks will not be the responsibility of this committee. In these instances the committee will be a direction indicator.

Therefore in approaching our task let us each withhold decisions until we have examined the facts thoroughly. Orbiting in generalities or attempting to use this committee as a platform to espouse causes or to deny problems will not help us achieve our purpose. So with objectivity and impartiality let us avoid the useless process of manufacturing excuses and strive instead to find the reasons and the answers.

I have confidence in the ability of this group to attack the grave problem before us with thoroughness, efficiency, and understanding and to move with steady pace to the completion of a report within 3 weeks.

In this endeavor we pray God's help.

DECEMBER 5, 1962.

REPORT OF THE SPECIAL COMMITTEE ON GROUP ACTIVITIES

INTRODUCTION

On Thanksgiving Day, 1962, an estimated 50,000 persons viewed the annual schoolboy competition at the District of Columbia Stadium featuring the public school champions, Eastern, and the Catholic League winners, St. John's. One of the largest crowds ever to see an athletic contest in the stadium witnessed a thriller but also saw a disgraceful climax of lawlessness, rioting, and mass misbehavior on the part of a small percentage of spectators. What started out as the football season finale, the highlight of an athletic character-building program, degenerated into a shameful exhibition of poor sportsmanship and misconduct which was widely publicized. The reputation of the Capital City of the world's greatest democracy was tarnished and its citizens were shocked and chagrined.

What happened? Why did it happen? What flaws in planning the contest set the stage for the riots? What are the basic causes of incidents such as the stadium outbreaks? What are the preventatives, particularly in definition of the school's responsibilities?

To assume the heavy responsibility of analyzing the causes of the Thanksgiving Day lawlessness and suggesting ways to prevent a recurrence of such incidents in the city, the Superintendent of the District of Columbia Public Schools, Dr. Carl F. Hansen, established a Special Committee on Group Activities and named as chairman, Dr. Shane MacCarthy, a former White House aid (under President Eisenhower) who directed the President's Council on Youth Fitness. The chairman set up a 10-person committee with "outside" impartiality—none of whom were from any part of the school system nor from the School Board, nor from any segment of the government of the District of Columbia.

Dr. Hansen's command was specific: "Our wish is to have from you a frank and unrestricted evaluation of what happened at the stadium, why it happened, and what should be done to prevent anything like this from happening again. Let us know what our failures were and what we need to do as a school system to do a better job."

For almost 5 weeks, the committee members examined available data, materials, letters from school officials and students, letters from families and individuals who attended or who had relatives who attended the game, police reports, injury lists supplied by the Catholic and public schools, regulations, and reports of various public officials. In closed hearings, the group discussed with school officials and citizens various aspects of the Thanksgiving game. The committee herewith records its appreciation to those persons who cooperated fully with the committee. Carefully assessing and interpreting the information supplied by guest speakers, the collected materials, the committee to the best of its abilities, concluded with this report:

The game: What happened?

The 1961 city schoolboy championship game, in which Eastern toppled St. John's by a 34 to 14 margin, attracted 49,690 spectators, the largest sports crowd ever assembled in the Nation's Capital. In 1962, the schoolboy classic was "sold out" days before the game and the attendance figure threatened to pass the old record as the result of promotion. In fact, a newspaper created a stir by printing an article which inferred the stadium was "oversold." School officials later denied the story.

Police reported[1] the gates opened at 9 a.m. and the majority of the early arrivals were "youngsters between 9 and 18 years of age, most of whom were un-

[1] Full police report is exhibit A in addendum.

accompanied by an adult." As the crowd gathered nearer the 11 a.m. game time, several persons reported young adults "scalping" tickets on the outside of the stadium. Several appeared to have an ample supply of the ducats.

Just before the start of the game, when the national anthem was played, hundreds of young adults were seen retaining hats on their heads or sitting in their seats. Reports indicated that as the first half of the game progressed many aisles were filled by "restless spectators" who moved to and fro and there were a few complaints of roving gangs attacking individual fans.

At half time, when many adults left their seats in the lower level nearest the playing field, police report youngsters in the upper levels moved down into their seats, causing confusion. There were reports of several fights in the stands and some altercations in restrooms, as well as the bootleg sale of liquor. A police officer reported the presence of "known thugs" in unruly groups. It was also near this time, the attendance was announced 50,033, a new record.

Most of the observers, including game officials considered the game clean, hard-fought and well played up until the last quarter. However, the Eastern coach mentioned that he tried to complain about illegal blocking on the part of some St. John's players but during the half time break he did not take the opportunity to register an official protest.

The turning point of the action on the field took place in the final quarter. A review of the film clips showed hard blocking on the part of both teams. On one such play the elbow of a St. John's player, Jay Calabrese, caught Harris on the right side of his face. When Harris drew back to throw a punch, an official saw him and ejected him from the game. The official did not see illegal use of hands by Calabrese. An Eastern player, Calvin Harris, was ejected from the game for attacking a St. John's player, Jay Calabrese, following a play a few yards from the Eastern bench. Seconds afterward, the Eastern coach entered the playing area, according to him, "to see what was the matter." While on the playing field, he gestured defiantly at the officials and registered a sense of disgust which was noticeable to many fans. While the Eastern coach was on the field, an action which was not sanctioned by officials, Harris raced back onto the field and began attacking St. John's players. Players from the Eastern bench then ran onto the field, apparently to restrain Harris but in the mixup, new fights broke out between members of the two teams. During the melee, police on the sidelines were forced to hold back scores of spectators on the Eastern side of the field, while at the same time, the St. John's coach restrained his team members from crossing the field and becoming engaged in the disorder.

When order was restored, Harris, restrained by his own teammates, was strapped to a stretcher and carried from the field. There was no announcement concerning his condition nor an explanation via the microphone of the activity on the field.

In explaining the gridiron action, veteran Referee Raymond J. Wrenn, wrote in part, this statement to the committee:

"The game had been going along without any problems for more than three quarters. The boys did not present any problems and there were no remarks between players. As an example, no official had to penalize a player until late in the third quarter and this foul was a simple holding one.

"With about 6 minutes left in the game, there were still no problems and it was a good game until it was necessary to put an Eastern player out of the game for hitting a St. John's player. At this time there was an injured Eastern player on the field. The coach, Mr. Richard Mentzer, instead of attending to the injured player took this opportunity to complain to the officials about the rough and unsportsmanlike fouls being committed by the St. John's players. He made gestures of the type of fouls and directed his remarks to the St. John's players. After I marched off a 15-yard penalty against Eastern, making it first down and 25 yards to go, we were ready to run off another play. I saw an Eastern player run off the bench and go up behind the St. John's middle linebacker and hit him behind the head with his fist. This same player was the one ejected from the game. Many of the Eastern players on the bench charged on the field and a fight took place. The 11 St. John's players had to fight off the attack and were in danger of serious injury.

"I believe that if the Eastern coach and his assistants had restrained their reserve players instead of coming on the field with the players from the bench the one Eastern player could have been restrained by the four officials. This would be a routine game procedure.

"Again Mr. Mentzer, and Mr. Bristor, assistant coach, made remarks about the St. John's players playing illegally and not being penalized. Again gestures were made by Mr. Mentzer about the type of illegal fouls being committed.

"Because of the unsportsmanlike foul relating to the player who came back onto the field, it was necessary to add another 15 yard penalty. I asked him to please leave the field.

"The game was continued and it was necessary to remove another Eastern player for hitting with an elbow. There were several more fouls but all of them on routine plays associated with the game of football.

"The gestures made about illegal play and the threatening to make the game movies available to point out the officials' mistakes was not in keeping with coaching ethics. It is a known fact that problems on the field reflect themselves in the stands."

From the outbreak of fighting on the field, tensions rose, a factor which many spectators seemed to notice. Many admitted that they bundled children and began leaving the stadium apprehensive of trouble to come. The police summed up the situation in this way:

"Several of the persons interviewed expressed a feeling of rising tensions in the crowd as the game progressed. To what extent the events on the field had in creating tension or adding to that which existed, if any, is not known. Some persons expressed the view that these occurrences were a factor in the trouble that developed."

Another segment of the police report states:

"After the melee on the field the spectators in the Eastern High School section became restless and noisy, and tension appeared to increase. Fights in the stands increased and police officers had to restrain some persons from going onto the field."

Officers stationed at the Eastern stands reported that a few seconds before the game ended, the fans started a "countdown" and there were cries of "Let's fight" and "Let's get them."

Continuing with the police report, an evaluation of summaries submitted by 242 police officials, it states:

"Immediately after the game was over there was a rush of several thousands of persons from the Eastern stands toward the St. John's stands. Officers reported it was physically impossible to stem the rush. Police officers were ordered to escort the St. John's team and band off the field. Other officers proceeded to exits and ramps where numerous attacks were taking place.

"Many officers reported attacks on white persons by Negroes in and out of the stadium and seeing a number of white persons injured. They stated, in a number of cases, that they went to the assistance of the injured persons. They repeatedly stressed the difficulty of identifying the assailants and the fact that one assault after another occurred with the assailants disappearing into the crowd. The officers concentrated on assisting the injured and dispersing the crowds.

"They reported the extreme difficulty encountered in efforts to control the crowd.

"Bottles and debris were thrown at the St. John's band and at several police officers.

"Officers reported that a large number of persons exited at gate E on the north side of the stadium. The crowd was yelling, cursing and generally in wild disorder. Three priests, as yet unidentified, were assaulted by a group of Negroes. One priest was bleeding about the face or head. There were reports of unprovoked attacks on white persons by Negroes. The attacks in this area extended to parking lot 7 located north of the stadium.

"It was estimated that approximately 3,000 persons were involved in the incidents at gate E. Police officers reported the impossibility of making arrests because of the size and temper of the crowd and the numerous assaults taking place simultaneously.

"There was some trouble at gate D and on the southeast side of the stadium but most of the trouble occurred at gate E, parking lot 7 and on the streets north and northwest of the stadium.

"Many thousands of persons left by the main entrance. These persons were orderly and no trouble was encountered except for heavy pedestrian and vehicular traffic.

"The disorder and assaults spread northward. The worst of these were at 18th and D Streets NE., and 21st Street and Benning Road NE. Several arrests were made at these locations. There was also trouble at 21st and E Streets NE. There were hundreds of persons at these locations. There were fights in the groups and numerous reports of rocks being thrown.

"It was reported that Negro residents of the neighborhood viewed the occurrences as disgraceful. Some of these Negro families opened their homes to white persons to protect them from the mob.

"Inside the stadium one officer reported he was assisted by two Negro male adults in breaking up a group of Negroes who had attacked a white girl.

"One officer reported his motorcycle was overturned by a group of Negroes. He was calling for assistance and just managed to get off the motorcycle before it was overturned.

"At gate E and at 21st and E Streets NE., dogs were used to bring the crowd under control. At 21st and Benning Road NE., a police dog was kicked by a Negro male who also struck at the officer. When the officer attempted an arrest he was jumped on by others and struck on the head and kicked. Rocks and bottles were thrown at the officer.

"At Oklahoma Avenue and Benning Road NE., a police dog was kicked by a Negro male. At 21st and Benning Road NE., an officer was pursuing a Negro male who had a rock in his hand. He was pushed down a hill and his police dog was kicked. The dog was snapping back but the officer does not know if anyone was bitten.

"At all of the locations mentioned there were reports of large crowds fighting, cursing, and throwing rocks and bottles.

"One officer was spit upon. Four were struck by thrown bottles. One was struck on the head by some object."

In another section of the police report, a study was conducted of residents in an adjoining neighborhood of the stadium. It is printed in full:

"The general area north of District of Columbia Stadium was the scene of many fights and assaults. To obtain information residents in the 400 block of 21st Street NE., 500 block of 21st Street NE., 2000 block of E Street NE., 600 block of 20th Street NE., and the 600 block of 21st Street NE., were interviewed. This was apparently the area in which the worst of the rioting took place. These residents are Negroes.

Total residences visited	106
Number of families interviewed	83
Not at home during canvass or during trouble	30
Did not see anything—just normal football crowd	27

"A number of persons interviewed could furnish no useful information but many expressed the view that the occurrences that took place were disgraceful.

"Practically all of the persons interviewed saw the large groups of persons. Ten persons stated they saw Negroes attacking white persons. Eleven stated they saw Negroes, mostly juveniles, jumping on automobiles and running up on porches. A number saw fights taking place.

"Several of the residents had attended the game. One stated he saw an Eastern player striking St. John's players and another Eastern player kicking a St. John's player. They stated they left the game early because they felt trouble coming. One saw sporadic fighting among Negroes during the game. Another stated he saw juveniles drinking from whisky bottles in the men's restroom.

"Two persons stated a Negro neighbor opened her home to several injured white boys. Another Negro stated he told several white boys to come up on his porch but they ran away and he saw them attacked by Negroes. Another Negro resident permitted white boys to stay on her porch. One stated she went to the assistance of a white boy who had been assaulted by Negroes.

"One Negro resident stated a Negro youth brought a white youth to her door. Both had been beaten. At the same time four other white youths ran up and she took all six into her home. They too had been beaten. They remained there until the police arrived. Another Negro neighbor went to the assistance of this resident and both of them went into the street to assist white persons.

"None of the persons interviewed could identify any of the attackers. From the residents in this neighborhood, however, the following views were expressed:

"1. The assaults were unprovoked and committed by one segment of Negroes on white persons and on other Negroes who came to their aid.

"2. There appeared to be considerable drinking.

"3. Many were angry because Eastern lost the game.

"4. A group of Spingarn students attempted to stop the assaults and aid the victims.

"5. The majority of the disorderly crowd were not students.

"6. The residents deplored this behavior and will discuss the matter with their civic associations.

"7. They were complimentary of the action taken by police officers. Additional information on the rioting compiled by police included:

"Statements were obtained from two bus drivers which described the disorder created on the buses by large numbers of Negro teenagers and the damage inflicted on the buses.

"Also one report of an assault which occurred on parking lot 7 in which a white female was attacked by 15 to 20 Negro females. She received only home treatment for minor injuries."

Eleven reports were received from members of the U.S. Park Police.

Three U.S. Park Police officers were detailed to the parking lots at District of Columbia Stadium. One of these officers reported a large group of possibly 1,500 teenagers on lots 7–A and 7–F with several groups fighting in the center of the crowd. He witnessed six or seven Negroes beating up two white boys and went to their assistance. He tried to break up several other fights and was encompassed by the crowd. The crowd pushed the assailants away and prevented apprehension. He stated the crowd surged on and numerous fights continued.

Another saw fighting on the parking lot. He saw one Negro male bleeding from the nose. The officer was struck in the chest by a thrown rock. He also saw a white male bleeding. He tried to disperse the crowd. He also investigated the complaint of a Negro female that she injured her hand when struck by an automobile occupied by several white females. The Assistant Corporation Counsel refused to issue papers in this case.

Another officer who was assigned to parking lot 8 responded to parking lot 7. The heavy traffic delayed his arrival and when he did arrive he saw a large group of persons, mostly Negro, running up the parking lot bank. He saw no fighting at that time.

One officer saw no fighting on arrival but took custody of two lost children.

Another went to 21st and D Streets NE., and assisted the Metropolitan Police in taking three white males and two white females to their cars because they had been threatened by Negroes. He also assisted the Metropolitan Police at 21st and Benning Road NE., in dispersing large groups.

One officer went to the East Capitol Street Bridge where large groups of teenagers were running down the middle of the roadway blocking traffic. He restored traffic movement and then assisted in dispersing large groups on lot 7.

Five U.S. Park Police officers responded, with special equipment, from their headquarters. They arrived at lot 7 and found no disturbances. Also responded to lot 6 and found no trouble. They patrolled the area but the gathering of groups had subsided.

Eye witness accounts from letters

A father wrote:

"I attended the game with my whole family, i.e., wife and four children, ages 9 to 14, and sat in the upper stands, near the goal line. I observed the following incidents:

"1. During the half, in the men's room, a white boy, about 6 feet, 16 years of age, was slugged about the head, by about eight colored youths, about 15 to 17. A police officer appeared about 2 minutes thereafter, but all parties had dispersed.

"2. After the game, coming down the upper ramp and looking directly down about two ramps, a white youth, about 15 to 16, was struck to the ground, and while lying doubled up, he was kicked many times in the back, by a group of colored youths also descending for the exits. The boy was crying all the while, and kicking stopped only when some white people reached that place. The boy had a red St. John's jacket on.

"3. A totally unwarranted attack. A 6 feet St. John's boy, about 160 pounds, wearing a greyish St. John's jacket, was waiting inside a car in the parking lot area (7, I believe). The St. John's boy was getting ready to open the car door and was looking down at the handle of the door. I had two of my chil-

dren by the hands, and my wife had the other two, and was about 20 yards from the happening. Suddenly, a group of about 10 to 12 colored youths, about 15 to 20 years of age, apparently spotted this St. John's boy and ran around the particular car and struck the boy in the face. The third or fourth blow struck the boy's jaw on the left side of the boy's face and almost knocked his head off. Many other raining blows followed in quick succession. The boy somehow retained his feet, and then escaped to the area of another car about 20 yards away, all the time holding his jaw. The group of colored youths then took off, like a pack of wolves, and seeking more prey. The initial approach of this same group of colored youths was also like running a pack of wolves. The boy apparently did not even see the gang approaching. Police were directing street traffic about 100 yards away.

"I personally saw each of the above.

"4. In addition, another white parent I know, was sitting in the lower stands by the St. John's band, when the Eastern fans swarmed across the field immediately after the game was struck in the face and his glasses knocked from his face and broken, although his son successfully ducked another intended blow."

From a lawyer:

"In the lower stand section (St. John's side) individual fights took place before and during the early part of the game. At the end of the game, an assistant manager trailing behind the unmolested St. John's football squad was beaten to the ground and cuffed. My party on leaving the stadium, although deliberately pushed and shoved, walked with eyes straight ahead to avoid the obvious reaction sought by Eastern wolfpack supporters (in the age group of 15 to 25). On boarding one of the chartered St. John's buses, most of the middle-aged women were in tears to the point of hysteria. Within the stadium vicinity stones and debris were thrown at our bus by Eastern supporters. Upon safe return to the St. John's grounds, there was no feeling of elation or victory. The large group of men and women, boys and girls, shared a mixed feeling—bewilderment, humiliation, shame, and sadness. The football players were subdued and quiet. Some shared the obvious sadness and clearly shown in the faces of Jim Francis and Rick Malcolm."

(Editor's note: Francis and Malcolm are colored boys on St. John's team).

From a parent:

"This is the story of what happened to our family on Thanksgiving afternoon at District of Columbia Stadium. We were sitting in the row back of the crosswalk (lower deck). In baseball this is the first row of unreserved grandstand seats. We chose these seats deliberately so the little boys could see better. It was during the fourth quarter after play had been resumed on the field. I had been watching the field intently when suddenly I realized that a Negro man was beating my husband who was sitting to my left. Before I could move, a tall light skinned Negro struck me a blow on my right temple with his knuckles, and knocked my glasses to the ground.

"There were about 10 Negroes each of which turned and attacked the occupant of the seat opposite them. Our row (all white) consisted (approximate ages) of a 9-year-old boy and his 14-year-old brother; a 9-year-old daughter; a 30-year-old man, his 4- and 5-year-old sons; a 15-year-old boy and his mother.

"The technique employed by this group of 18- to 22-year-old Negroes was to suddenly hit without warning their assigned victims on the temple. The last Negro in the row (these men are walking or standing, of course) would start hitting the occupant of the seat opposite him; the person sitting to the right of the one attacked would turn to see what was the commotion and he would be hit (by a different person, of course) and so up the row.

"I screamed for the police but the cheering at the play on the field masked my screams; then several of the Negroes turned and began hitting my husband again for he too was yelling, 'police.' The Negroes then turned and disappeared down the walk. My husband went for a policeman.

Several Negroes (not the ones who attacked us) crowded the policeman and he was powerless to do anything. They disappeared into what was then a mass of people. The policeman took my name (he had lost his notebook and pen in the hassle) after I gave him pencil and paper.

"Our little boys had seen the attackers and jumped back in their seats so their blows missed the boys. The people in the row in back of us pulled them into their row for safety.

"The hot dog vendor had put his stand down in front of our daughter and that protected her.

"My husband had turned toward me (at the time of the attack) and the blow, intended for his temple, got him over the eyebrow. He had a bump and soreness.

"My doctor insisted that I have skull X-rays since I was hit in the temple. Fortunately, there is no permanent damage although the lump is still there and that side is generally sore to the touch.

"The last youngster on the row had an enormous swelling on his temple almost immediately.

"About a minute before the game was over, the policeman returned and said, 'You'd better go, I'm afraid there is going to be trouble that we can't control.' At this announcement, I could only fear for my children's safety. Luckily we were able to clear the stadium by the east entrance and dodge the mob, but as we drove out there was fighting in every direction."

From a spectator:

"From that point (Harris on stretcher in field) tension began to grow. You could feel it. The crowd became restive. A police official had a conference with 20 to 25 officers back of the St. John's bench. What word was passed around I do not know but later events showed this particular group was only effective in shunting away the mob from the immediate area of the St. John's band. Toward the close of the game no word came over the loudspeaker pleading for order or sportsmanship.

"Then at the final gun the mob started out on the field and charged across it. The police made little or no effort to stop them. I could hardly believe my eyes; was this mob, practically unhindered, rushing across the field to the St. John's section with assault in mind or were they just seeking the nearest exit to the parking lot? I knew when I saw the pushing and punching and kicking. There was no fighting in the area I was in but coming down the ramp one could see the mobs outside going back and forth looking for trouble."

From a father:

"The facts are that a large number of young Negroes (estimated at 3,000 by the press) charged across the field and into the stands on the St. John's side of the field. During the latter part of the game packs of young Negroes charged through the stands causing minor trouble and incidents in the process. Admittedly there were a number of adult Negroes involved, i.e., in the early twenties, but in my opinion over 70 percent of those Negroes were teenage boys with a sprinkling of teenage girls. Disgraceful and brutal beatings of whites without regard to age or sex were administered by these Negroes. Any quid pro quo was strictly in an effort of self defense. The vandalism in the parking lots was again the work of the same unruly Negroes."

From another correspondent:

"Another reason that mass hysteria, fear, and tension swept through the stands immediately after the battle among the players, was that when the fight started on the gridiron, the announcer over the loudspeaker system stopped in midsentence, and complete silence prevailed for about 8 minutes, it seemed. During this period while the injured player was being treated and carried off the field in a stretcher not only was the loudspeaker system silent but so were two bands. This complete stoppage of all activity caused great excitement and anger to sweep the stands where we were seated. Had the announcer kept some patter going and the bands kept playing, as theatrical people do when a crisis is pending, the crowd would have been kept in a more jovial mood."

SCOPE OF INJURIES

From disturbances which took place at and following the game for a period of several hours, a reported 554 cases of personal or property damage are known. Police estimate there are many others. In letters to the committee, more instances of violence and attack are described, making the toll of victims of the Thanksgiving Day game a nightmare to decent citizens. Officials of St. John's told the committee that their students are covered by insurance. However, there will be others, parents and young adults, who are not.

Police

Police reported a total of 42 persons officially recorded as having been injured. Investigation disclosed two additional injuries, the police brought out, emphasizing that "There is no doubt that there were many assaults which were not reported to the police."

Here is a section of the police report dealing with the injured:

Investigators questioned 36 of those persons reported injured. From these persons and the reports on those not interviewed, injuries were sustained in the following manner:

Struck by fists or kicked	28
Struck by umbrella	2
Thrown object	3
Cut—sharp instrument	4
Unknown	3
Choked	1
Struck by chain	1

One person stated he saw a chain—another saw a knife. There was one report of a tree branch 4 feet long and 1 inch wide being used.

Of the 36 persons interviewed, 6 were injured during the game. The others were injured after the game over: 3 in stands, 6 at the exits or on the ramps, 11 on the street leaving the stadium, 10 on parking lots.

Of the seven Negros injured, one was struck by a Negro on the street after the game. He stated this was caused by his being with a girl and had no connection with the game. Two were injured by objects during the game which were thrown by unknown persons; two were cut on the buttocks while leaving the stadium; one thought the assailant was a Negro male, but the other stated the assailant was unknown. One was struck by a Negro male during the game, and the other injury was sustained during an altercation with a group of Negroes during the game.

Of the 35 white persons injured, 32 of them stated they were attacked by Negroes, mostly in groups. Three were unable to specify the color of their attackers nor give any description.

Catholic school survey

In a survey of injured students and relatives, and listing of property damage suffered by them, Msgr. John S. Spence, director of education, archdiocese of Washington, reported a grand total of 485 cases. The survey is exhibit B in the addendum.

Public schools

A public school survey of injured students listed 27 from 9 schools. The list is exhibit C in the addendum.

In a followup to the public school report, police interviewed 25 of the students, most of whom were Negro, and found instances of whites attacking Negroes, at the stadium.

The following is a brief summary of the statements made as to how these injuries were received:

1. Seven Negroes, male and female, were pushed or knocked down by the rush of the crowd and did not know who was responsible.
2. One Negro male was accidentally kicked by an unknown person.
3. One Negro female was struck by a bottle thrown by a white boy.
4. One Negro male was slapped by an unknown person.
5. One white male had an argument with a Negro male and they squared off. Before any blows were struck the white male was struck in the face by an unknown Negro male.
6. One Negro male had his fingers burned by two Negro males while on a parking lot.
7. One Negro male was struck in the face by a white male.
8. Four Negroes, male and female, were struck by thrown objects such as stones, bottles, or beer cans—did not know who threw same.
9. One Negro male was tripped and had hand stepped on by unknown persons.
10. One Negro male was accosted by two white males and then struck by them. This occurred at a refreshment stand.
11. One Negro female was struck by a rock which had been thrown at a police officer by a Negro male.
12. One Negro female was pushed by a Negro adult and then threatened with a knife. The knife was not used but she was injured when pushed.
13. One Negro male was accosted on a ramp by six white males wearing St. John's jackets. One hit him on the back of the neck and then the others pushed him.

14. One Negro female states she was struck by a white police officer's blackjack when he was attempting to break up a fight between Negro youths. She stated it was accidental and the officer was just trying to do his job.

Enforcement

In the official report, Deputy Chief of Police, George R. Wallrodt, detailed the game preparations:

"On Thursday, November 22, I was working 8 a.m. to 5 p.m. as Acting Chief of Police. I responded to the District of Columbia Stadium just before the opening of the gates at 9 a.m. to check the details and observe conditions. A total of 104 policemen (6 plainclothesmen from juvenile squad) were assigned to police the inside, gates, and walks immediately adjacent to the stadium under the command of Capt. John J. Kinney. A total of 92 police officers were detailed outside the immediate vicinity of the stadium for traffic control under the command of Inspector Louis B. Peters. These traffic control officers were directed to report inside the stadium after the game started to supplement the men inside the stadium. They returned to their traffic assignments at the end of the third quarter of the football game.

"Inspector Peters and Captain Kinney submitted their details and plans to me for approval several days before the game. After a briefing by these two officials and a careful study of the overall picture, I concurred in their arrangements, which under ordinary circumstances would have proved more than adequate. Prior to leaving headquarters on the morning of November 22, I directed the Acting Captain of the Communications and Records Bureau that in the event of any disturbance, to bring into immediate proximity of the stadium all mobile units in the 5th, 9th, 11th, and 14th precincts. This was done as evidenced by the transcript of radio calls submitted in the report of Captain Kinney."

Later, in the police report, Deputy Chief John E. Winters, Youth Aid Division, wrote:

"In preparation for the 1962 contest several meetings were held by the committee handling all of the details. Police officials having a direct responsibility for providing police service for the game were in constant touch with this committee. A realistic evaluation had to be made on the basis of the racial makeup of the two schools involved. Eastern High School has a predominantly Negro enrollment and St. John's is predominantly white. One fact that was considered was the Eastern victory in 1961 and the absence of incidents following that game in which the same two schools participated. Eventualities that might occur from a St. John's victory in this game were considered. From the opinions expressed by a number of persons interviewed during this investigation, this factor had a bearing on the events that happened after the game as will be shown later on in this report.

"The police detail inside the stadium was accordingly increased by 20 officers over that detailed in 1961. There were 81 officers detailed inside the stadium, 19 were stationed outside at entrances and walkways. Four additional officers were brought in from the foot patrol of the fifth precinct. In addition there were 92 police officers assigned to traffic control.

"Several points of information are inserted here: for example, capacity crowds at the Redskins games, 71 police officers are detailed inside; at the public high school championship game on November 12, attended by 22,000 persons, 33 police officers were detailed inside and there were no major incidents reported; at one point during the disorder at District of Columbia Stadium, on November 22, approximately two-thirds of the entire police force on duty was on the scene."

Arrests

Police reported 14 adult arrests made in connection with the game and its aftermath. Six of these arrests were made during the game, three for intoxication and three for disorderly conduct. Seven persons were arrested on the street after the game. One juvenile was arrested for throwing stones at automobiles. He stated he did so because he was angry over Eastern losing the game. All of the persons arrested, except one, were Negroes.

CAUSES OF VIOLENCE

In examining what it considered a chain of events which triggered such a frightful uprising, the committee found no incident which could singly be blamed for touching off the riot. If there were one that seemed to fit the requirement, it probably was the disgraceful conduct of the Eastern coach and his ousted

player. To charge this pair with sole guilt for touching off such an awesome climax would, perhaps, take out of context their unfortunate role and make them the scapegoat for a shocking laxity of the sponsors, the Washington Post, the Touchdown Club, and those school officials in both public and Catholic leagues who served as members of the championship game committee. These parties showed an amazing lack of awareness of the flammable potential as illustrated by the uncivilized behavior.

This insensitiveness was unfortunate because for the past several years misconduct has plagued athletic events of the public schools—and even the schoolboy classic as far back as 1956. During the intervening years, school officials have done little to curb this type of violence at school athletic contests. Unable to cope with the misconduct problem at smaller games, school officials nonetheless approved a citywide game drawing more than 50,000 spectators, unpicked and unknown, and under "outside" auspices. Several guests mentioned that a committee should have been named several years ago to probe violence and misconduct at school athletic events.

As recent as the 1961 Thanksgiving Day game, the first high school game at the stadium, police reported difficulties of an alarming degree. Almost 50,000 attended the game between St. John's and Eastern. According to police, one student was beaten on a parking lot after the game and there was considerable vandalism to the stadium during the game. At the close of the annual Turkey Day game in 1959, spectators rushed onto the field, according to police. A player was stabbed. Another person was struck by a chain. Seventeen other incidents were reported to police.

Despite this experience, sponsors and school officials with knowledge of the Police Department promoted the 1962 gridiron battle without formulating a system of sound safeguards and prevention. Here are some of the important factors the committee believes produced the charged atmosphere and tension which set the stage for violence:

1. *Overcommercialization.*—For the past decade, the game has grown into an unwieldy institution with a sportsmanship theme but of necessity a commercial promotion. In urging the public to purchase tickets, promoters used the gimmick of "a grudge battle" which created a climate according to many students and officials, of an intense and passionate desire for victory. There were reports that principals were required to sell at their school buildings certain amounts of tickets to the game—even to outsiders who entered their buildings and interfered with normal school programing. One public high school principal claimed he was "exhorted" to sell 5,000 tickets by superiors. Even with many of the principals opposing the game as contrary to the best educational standards, they distributed and sold tickets in any desired amounts to all takers, regardless of their reputation. The low-cost admission and in the indiscreet ticket sales attracted the most undesirable elements and made it possible for an unruly element to destroy all evidence of a character building program. There is much doubt, however, in the minds of some committee members how much character building there is in the school athletic program. At the present time, the public school athletic program does not enforce standards of eligibility ironclad enough to prevent undesirables from participating in the sports program. This probably is due to the overemphasis of interscholastic athletics to the detriment of developing a strong and widespread intramural sports programing.

2. *Inadequate planning.*—With thousands of students, many without parents or adults, teenagers and a hanging-on following of numerous dropouts, delinquents, and gang members on hand to watch a game which easily could excite a basic emotion, there were these inadequacies:

(*a*) Complete confusion in the stands: There was no usher system, except where least needed within the very limited reserve seat section where dignitaries sat, or a pattern of each school delegation sitting together under the supervision of a teacher (as called for in the official school regulation on athletic events). There were no assigned seats which could have put an orderliness into the picture. When some left their seats to go to the restrooms or refreshment stands others moved into them. There was, according to many observers, a continual clogging of aisles, a restlessness, and frequent standing, all evidences of mass confusion which contribute to wide disorder in time of trouble.

(*b*) Disorganization in arrangement: At the time of crisis, no one occupied a position of authority to put into operation a fast-moving prevention plan. As it happened, when fighting broke out on the field, the announcer fell silent, the bands were not instructed to play, and there was no program to sidetrack growing tensions. Even the police were caught short.

(c) Lack of good will theme: For a predominantly Negro gathering, the sponsors and school officials showed little concern for developing a wholesome racial climate. As police report, the matter of a predominantly white team versus a predominantly Negro team was discussed in prior meetings. But there was no sign of a constructive step in that direction. There was no plan to invite as a sponsoring group the Pigskin Club, a predominantly Negro sports organization of some 600 professional men interested in character building in the Nation's Capital. There was no attempt to invite headline Negro sports stars or performers. Utilization of Negroes in preparation for the game possibly could have produced more constructive results than using them after the game to find out what went wrong.

(d) Element of racism: There was evidence of racial prejudice among attackers during the stadium riot. Remarks, profanity, and utterances heard by some spectators carried the bitterness of racial hatred. Despite the several references, the committee found no link with the uprising to the Black Muslim movement. In a statement issued shortly after the riot, leaders who represent the great majority of Negroes, condemned the "unsportsmanship conduct and rowdyism," contending that it can "neither be excused nor tolerated." The leaders pointed to "a release of pent-up emotions built around the championship game" and mentioned "that aspect of the fracas reflects ominous overtones and mirrors the challenge of much of America's unfinished businessfull participation in all aspects of community life and the exercising of total responsibility in community affairs." Whether there is a gulf of hatred between whites and Negroes in the Nation's Capital certainly cannot be judged on the basis of the riot. The hoodlums who went on the rampage at the stadium would have attacked supporters of any victorious team, including a predominantly Negro one, as they have in the past without interference. Yet bolstered by the hoodlums, a very small minority of the city's Negro population, the stadium fracas loomed as a serious racial conflict, pitting angry Negroes against whites and it impaired the city's community relations. Violence is no answer to any problem and offenders should be dealt with severely.

(e) Atmosphere of lawlessness: Testimony before the full committee developed an awareness of administrative lack of control over hoodlum elements in the school system and a deteriorating condition in mass audience events outside of the school buildings. Violence, assaults, disrespect of teachers, are acts of an undesirable element of students. An atmosphere of "permissiveness" has discouraged the personnel of many schools and caused a citywide lessening of discipline standards. Fear rages through many school buildings which have become tramping grounds for outside influences, including thugs, hoodlums, and persons of the lowest character. The school administration has difficulty in coping with this situation. The morale of many teachers has suffered and the percentage of resignations and transfers has increased. Nevertheless, school officials fail to cooperate with police and report violations of the law nor do they maintain a citywide reporting system of incidents of misconduct. With such a climate in the school system, students receive little discipline, little guidance, and little incentive to develop strong citizenship qualities in far too many cases and the result has been a steadily worsening misconduct problem in the public schools. Conduct at athletic games—including the recent stadium contest—is symptomatic of the school conditions the committee discovered as it probed into the cause of one of the city's worst racial flareups in many years. Alarming were the reports that many public school children and officials decided not to attend the game because of the fear of violence. Staggering was the testimony of various individuals and police as to the stockpiling of weaponry—umbrellas with sharp points, broken bottles, rocks, knives, and chains—which are used in public schools and in some instances were displayed at the stadium. There was wide belief that the stadium violence was preplanned and organized in some quarters but the committee found no basis for this. The committee did find that many students and teachers considered Eastern supporters "poor losers" and many of its adherents being persons of undesirable qualities. That such a disciplinary problem would reach such proportion in our school system should be a matter of great concern to all citizens. Even more so, the situation should shock all leadership, both Negro and white, into immediate action to insist on better training and better standards for all schoolchildren and wage a relentless campaign to improve their conduct. Negro leadership faces a particularly important challenge in this regard, because of its greater ability to identify with, and gain the confidence of, a large segment of the public school population.

(*f*) Inadequate policing:

Special note

In discussing this area, it must be disclosed that although the Police Department furnished the committee its stadium report, the police turned down an invitation to appear before the committee to explain the report and answer pertinent questions. The Police Department failed to wholeheartedly cooperate with the committee. For a major city, such a sign of disunity is distressing and points up the need for greater cooperation between various agencies and departments in the Nation's Capital. Refusing to discuss the stadium developments, police sent representatives to elaborate on junvenile misconduct conditions. But there was always the suspicion why they refused to discuss the stadium patrolling, especially in view of the committee's objective desire to probe deeply into the situation.

Throughout the testimony and in many letters were words of praise for individual policemen who performed with a courage and devotion during a trying experience. Certainly no one can blame the police performing any way but their best under difficult circumstances but there were many areas in which it can be advanced that the Department needed to be much more concerned. Here are the areas the committee wanted much to probe:

Human relations: During the committee's first meeting, a police officer, on a tour of the stadium told the group that he noted "no rise in tensions" at the game. Another officer while talking to the committee chairman reported he spotted "known hoodlums" in the crowd. An expert in mass behavior wondered why a police officer specializing in riot control didn't give leadership in the crisis. There were comments that the police Youth Aid Division, with officers familiar with "the school's problem children and young adults wasn't used more extensively at the game.

Enforcement: During the game, many spectators complained of open drinking, gambling, scalping of tickets, and bootleg sale of liquor in restrooms. All of these were illegal. There were few arrests for these offenses. One police officer said most of the offenders were escorted from the stadium. This allowed the buildup on the outside, a nucleus of a discontended grouping.

In high school games in other years and only a few weeks before the Thanksgiving Day contest, student crowds rushed onto the playing field. The procedure has become routine. At the Thanksgiving game, the onrush onto the field provoked disorders. A police officer said his men had no orders to stop the crowd after the game as they did when fighting broke out during the game. In the police report, it is mentioned that the crowds were too big to halt. The committee was left without a clear picture. Certainly, there is a need for enforcement of a policy barring onfield rushes after a game, even with penalties.

Another confusing situation developed when it was brought out that the large number of police who circled the field at the end of the game were inactive while fighting broke outside of the stadium. Because of the lack of mobile equipment, there was no communication between the full police staffing. The committee could not probe into this situation.

Also, in his report, Deputy Chief of Police George R. Wallrodt reported that "During the entire game I kept a close surveillance on the entire crowd and did not observe any roving group or gang which I felt was agitating trouble." Later, he wrote, "Neither did I personally observe any person with any instrument which could be classified as a weapon." This was not in keeping with reports the committee received from spectators but the police officer would not discuss the matter.

Officers of the Juvenile Division of the Police Deartment reported that there exists a strained relationship with school officials growing out of some principals' failing to report juvenile crimes. There are few meetings or conferences between the top officials to discuss the matter. Police officers of the Juvenile Division who appeared before the committee deplored the situation and are anxious to help clean it up, but they claim they cannot get the full cooperation of school officials.

No city or community can peacefully exist without law and order, and respect for law and order. The citizens of the Nation's Capital have a responsibility to develop a working relationship among all departments and agencies and certainly the Police Department will be a key agent in any all-out effort to end lawlessness and violence. The Department deserves the help, support, and cooperation of every citizen.

RECOMMENDATIONS

The championship game

While in its initial effort, of central concern to the committee were questions related to—

1. Whether or not the city championship game should be played; and
2. If so, under what circumstances and auspices.

As the investigation progressed, it was clear that the questions, issues, and problems related were much more broad and more deep than suggested by these questions. It became clear that the first question did not readily lend itself to a "Yes" or "No" type answer. The answer to such question, in view of the information examined by this committee, must necessarily be punctuated with qualifiers such as "if," "when," and "unless."

With reference to the game itself, this committee believes that both the public and Catholic school systems should first take a close, hard look at the activity to determine whether or not it has educational value. This is, we believe, a reasonable yardstick by which a school function might be measured. There was considerable testimony on both sides of this question and this committee believes that the answer to this issue must come from those persons charged with the administration of the school systems. If it is concluded by the educators that the answer is "No," then this committee believes that the game should be discontinued.

On the other hand, if it is decided that there is educational value in this athletic contest, then we recommend that the game be continued when it has been established that:

1. High-powered promotional and commerical aspects of the game have been eliminated;
2. Broader representation of school personnel and the general public is present on the planning committee;
3. Ticket sales are under rigid control and supervision;
4. Only students may purchase tickets in the schools with a limit of two or three tickets per student upon presentation of identification card and signature;
5. Continuation of the game receives the support of the association of principals;
6. Adequate police and auxiliary services will be provided;
7. All seats in the stadium will be assigned. Student bodies will be seated together with teacher personnel assigned to sections with their students and identified by school name and school colors;
8. Uniformed ushers (whether paid or volunteer) are assigned throughout the stadium;
9. No team will be permitted to participate in 2 consecutive years in the championship game—patterned after the Big Ten Rose Bowl rule;
10. Head coaches will be rotated between public schools on an equitable and systematic basis so that dynasty-building will be discouraged;
11. Eligible rules will require an average of grade C in order to participate in interhigh school athletics for the reporting period prior to the championship game;
12. Fans should be barred from entering the playing field and this policy should be announced and enforced;
13. Loudspeakers at the game should be manned by announcers qualified to handle crowd emergencies;
14. The use of alcoholic beverages be absolutely prohibited, with violators being arrested on the spot.

But these proposals deal only with the game, and what happened on Thanksgiving Day was but a serious sympton of a larger problem. A riot, shameful as it was, and frustrating to thousands of ambitious schoolchildren, jarred Washingtonians to the frightful conditions that abound in our city, not really our city but the capital of a nation which is operated absentee fashion by Congress. Much can be written about the need for home rule. Much can be written about the need for funds to enlarge and expand the services in our community. Much can be written about the discrimination pattern in employment and apprenticeship training which limits the future of many graduates of our school system. The committee recognizes the vastness of the problems faced by the city fathers and the officials of the school system. That is an area of special concern.

Realizing the predicament, our committee was interested in finding out whether school officials used to best advantage the tools, the funds, and the know-how which they now possess. In a school system which President Eisenhower once said that he wanted to become the model of integration in education, the committee found areas in which improvements can be made:

1. A failure of the school administration to establish a system of developing well-disciplined students, who hold respect for a code of conduct and sportsmanship. Because of the fear of criticism, educators too long have covered up serious deficiencies in conduct and failed to seek the help of the Police Department to insure an enforced atmosphere of peace and harmony. The District of Columbia school system needs an "Amidon Code of Conduct," as one authority suggested, to allow teachers to return again to the field of teaching instead of fulfilling the role of policemen. This wave of lawlessness does not spring from the schools, but the schools are caught in the web, and must halt the invasion onto their properties. The increase of vandalism and nonrespect for the law needs serious attention, too.

2. In the last few years, the system's basic track system has become the dumping ground for hundreds of Negro youth, who are consigned to inferior instruction, far too large classes, and a complete lack of training to fit them to become employable citizens of tomorrow. Some of these youngsters graduate from high school without acquiring the ability to read and write and later meet rejection when they apply for jobs. Many others, discouraged at being tossed into a scrap heap, lose interest in schooling and become dropouts, the members of a large grouping who form the social dynamite to haunt our community in the months to come. A workable system has not been developed to train, equip, and inspire every student, no matter his skill or brainpower, to perform a role in society. This ignoring of a problem has done much to build a climate of despair and helplessness—but yet school officials are caught in a vise—they have no money to do the things they know need doing.

3. With the steady accumulation of unfavorable conditions, teachers have become martyrs in a sometimes hopeless struggle. Many have given up but others, more courageous, remain to valiantly carry on. Of this group, Washingtonians should feel proud, and give them every assistance. Citizens should work to make their job of teaching the most important in the months to come. The same feeling should apply to administrators. Harsh as it is, criticism should be constructive. Willing to face up to his responsibilities and seek the answers, School Superintendent Hansen asked for honest opinions. He is to be commended and certainly our committee shares with him the concern to develop an adequate school system. Problems are staggering but not too staggering for citizens of Washington, Negro and white, to work shoulder to shoulder to eliminate. Our city is the most important city in America to demonstrate that Negro and white can work together, live together, and play together as a symbol of democracy to nations throughout the world. We can do this even though there are some in Congress who believe the highlighting of our weaknesses is an admission that integration of public schools cannot work. School integration can work but it requires the help of responsible leaders, parents, citizens, and children.

Here are our major recommendations:

1. The District Commissioners, Superintendent of Schools, and Chief of Police should issue immediately a strong and unequivocal statement making it unmistakably clear that any students or hangers-on engaging in delinquent or other forms of unlawful activity will be subject to disciplinary action.

In addition to others, this policy position should cover such activity as loitering on and near school buildings, attacks on teachers and other school personnel, rowdyism, and gang actions.

2. Any problem which might be interpreted as a law violation should be reported immediately to the Youth Aid Division of the Police Department.

This committee has been informed that where lawless activity in and around schools has been reported immediately, the problem is quickly brought under control and patterns of lawlessness are broken. Strict adherence to such procedure by school personnel will relieve teachers and administrators of police duties, permitting more time for teaching—their primary responsibility.

3. The Superintendent of Schools and the Board of Education should revise the current policy governing disciplinary measures which may be taken by teachers. This committee believes that teachers should be given more authority and protection in their efforts to maintain standards of deportment in our public schools.

While the rights of students must surely be protected, the welfare and responsibility of teachers must also be considered.

4. The Superintendent of Schools should take immediate steps to insure proper conduct on the field of play citing the behavior of Calvin Harris as the type which cannot and will not be condoned.

Richard Mentzer, the Eastern coach, should be severely disciplined by the school authorities. His example, in front of his players and before nearly 50,000 spectators, most of whom were charged with tension, was deplorable and inexcusable.

Those who are varsity players and their coach are expected to exemplify all of the best qualities of behavior and sportsmanship. To have these serious offenses go unpunished lends gall to the undisciplined and encouragement for wrongdoing to the indifferent.

5. Regulations governing participation in the high school cadet program of the public schools should be enforced rigidly and uniformly.

In years gone by, the cadet program was an area of activity which provided opportunity for building and strengthening codes of discipline and standards of conduct. In recent years, administration of the program has been relaxed to the extent that it has become easy for students to gain excuse or exemption from this activity.

6. There must be more strict police enforcement of laws relative to drinking in public places, such as the stadium.

7. There should be established in the Police Department a race relations detail as exists in other metropolitan centers. This highly trained unit would discover and remain alert to tension areas so as to be prepared to offer quick and positive actions to prevent violence.

8. A captain's advisory council of citizens in each police precinct should be implemented, as recommended by the Commissioner's Crime Council.

Effective functioning of such groups can be useful in building community-police relations, thus serving to reduce antipolice feelings now present in the District—particularly among a large segment of the Negro population.

9. A citywide citizenship program should be organized by the Commissioners' Council on Human Relations with active cooperation from all media of communication. This program would emphasize such things as proper attitudes and actions in public places under different kinds of circumstances.

This citizenship program might—

(*a*) Develop a series of open forums of community groups to develop communication and understanding.

(*b*) Urge greater exchange programs among religious, civic, and business groups.

(*c*) Urge planning of an annual citizenship day event observance with high schoolers taking over the duties of municipal and Federal officers for a day.

(*d*) Urge greater contribution of finances and personnel to existing organizations engaged in character building and job opportunity programs.

It might serve well to follow the lead of the advertising industry and constantly focus attention on our desired product—good citizenship.

10. A close, hard look should be given the track plan of the public schools and its effectiveness—particularly as related to the basic track.

Even though this program is designed to find a place in the curriculum for every child at a level of his ability to learn and perform, the dropouts remain high and threaten to continue upward unless some specific steps are taken to curtail this trend.

While students in the basic track often need special attention, most teachers, particularly the more experienced, feel demoted when assigned to such classes. In such instances both the children and the teacher suffer.

We believe that many of these children are basic only in description—not in potential, and this potential will go undeveloped except that a proper atmosphere of instruction and learning is provided this group.

11. A full-time administrative position on human relations should be established in the public school system for coordinating and developing human relations activities in the schools. This staff person would carry the additional responsibility for school-community relations in matters of human relations, and would coordinate his efforts with other agencies of government and the community.

12. The District of Columbia Congress of Parents & Teachers should re-emphasize their programs of parent attitudes on school matters.

The home must be tied closely into the school if cooperation and follow-through are to be achieved.

13. Personnel of all public agencies who provide field services to under-privileged homes should be given special training in human relations.

This can serve to build a better understanding of the people they serve, which in turn can help reduce hostilities toward the service by those directly benefiting from it.

14. All schools should keep records of discipline problems including their nature and disposition. Such records should be forwarded to the Superintendent on a regular basis.

15. The rules and regulations on athletic activities should be reviewed annually and rigidly enforced. Violations should not be treated lightly or casually. If administrators of such programs act in disregard to regulations, what, then, can be expected of the youth they lead?

16. Lines of authority should be clearly spelled out and observed. Our investigation reveals that patterns of authority have been built up in the athletic programs which do not conform to lines of authority as chartered administratively. This, we believe, makes for confusion, misplaces responsibility, and throttles communication.

17. The athletic, health, and physical education program of the District of Columbia public schools should receive an immediate, thorough examination and evaluation.

These areas in education can have a marked impact on the discipline and behavior pattern of the indifferent and resentful student with consequent benefits to other areas of education.

18. A Youth Conservation Corps or some similar program should be established for the District of Columbia. The program should give priority consideration to applications of dropouts. The activity should also be geared to providing training and experiences which will improve employment prospects and facilitate adjustment of the recruits upon their return to "civilian" life.

19. The District Commissioners and Superintendent of schools should use every possible means available to them in seeking to open the doors of apprenticeship and other on-the-job training programs to Negro youth. Negro students are heavily enrolled in the vocational schools but find little opportunity of finding employment in the field of their training under existing practices of some labor unions—particularly the building trades. This represents a serious problem for the District since the construction industry here is second only to the Federal Government in the number of persons it employs.

The District government, including the public schools, should not participate in any programs which are not open on an equal basis to all qualified applicants.

20. More remedial work should be given a sizable group of our public school children. Teachers should be specially trained to teach that group of students who suffer culturally, academically, and economically.

Wholesale exodus of white students from public schools leaves an unbalanced rather than normal-type school population. Teacher selection and training should take this into account.

21. More counselors and social workers are badly needed throughout the public school system. Here, again, such personnel should have a special understanding of the problems of the students with whom they work. These people ought to be well-trained to give counsel and aid which will guide youths toward attainable goals.

22. While many hours have been devoted to investigation of the stadium fracas and school problems by this committee, we have been severely limited by time and expertise in our attention to some of the broader considerations of this matter.

The indication is clear that more assistance should be given to school officials in the problems they face in providing the best educational atmosphere possible for the children they serve.

The committee requests the Superintendent of schools to present this report to the Board of Education with the committee's strong recommendation that the Board take immediate action to implement those suggestions that are within its jurisdiction.

GUIDE TO RECOMMENDATIONS

Recommendations relating to—
Game: See page 17, recommendations 1–14.
Schools: See page 18, recommendations 1, 3, 4, 5, 11, 13, 14, 16, 17, 18, 19, and 22.
District Commissioners: See pages 18–20, recommendations 1, 6, 12, and 22.
Police Department: See pages 18–19, recommendations 1, 2, 7, 8, and 9.
Community: See pages 19–20, recommendations 6, 10, 12, 14, and 15.
White House: See pages 19–20, recommendations 6 and 16.
Congress: See page 20, recommendation 21.

ADDENDUM

EXHIBIT A

POLICE REPORT ON INVESTIGATION OF THE INCIDENTS AND DISORDER THAT OCCURRED AT THE DISTRICT OF COLUMBIA STADIUM ON THURSDAY, NOVEMBER 22, 1962

[Letter from Walter N. Tobriner, president, Board of Commissioners, the District of Columbia]

WASHINGTON, *December 26, 1962.*

DR. SHANE MACCARTHY,
Washington, D.C.

DEAR DR. MCCARTHY: I enclose herewith copies of the last police report on the stadium incident. I assume that it will be made part of the report of your committee, otherwise the Commissioners would feel compelled to release it themselves.

Sincerely yours,

WALTER N. TOBRINER,
President, Board of Commissioners, D.C.

[Letter from Special Committee on Group Activities of the District of Columbia, Washington, D.C.]

DECEMBER 26, 1962.

HON. WALTER N. TOBRINER,
President, Board of Commissioners, the District of Columbia,
Washington, D.C.

DEAR MR. COMMISSIONER: I've received from you today a copy of "the last police report on the stadium incident."

Your assumption is correct. We will make it a part of the factual section of our report. As such, it will not be released to the public until the report of this special committee is completed and submitted to the Superintendent of Schools.

By copy of this letter, the members of this special committee are being notified of this official position. I give you their assurance of complying with every syllable of your wishes.

Thank you four your cooperation.

Respectfully and cordially,

Shane MacCarthy,
DR. SHANE MACCARTHY, *Chairman.*

[Exact copy]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
METROPOLITAN POLICE DEPARTMENT,
December 11, 1962.

To: The Chief of Police.
Through: The Executive Officer.
Subject: Report on assignments and conditions at District of Columbia Stadium, Thursday, November 22, 1962, for the interhigh school football game.

On Thursday, November 22, 1962 (Thanksgiving Day), I was working 8 a.m. to 5 p.m. as Acting Chief of Police. I responded to the District of Columbia

Stadium just before the opening of the gates at 9 a.m. to check the details and observe conditions. A total of 104 policemen (6 plainclothesmen from juvenile squad) were assigned to police the inside, gates, and walks immediately adjacent to the stadium under the command of Capt. John J. Kinney. A total of 92 police officers were detailed outside the immediate vicinity of the stadium for traffic control, under the command of Inspector Louis B. Peters. These traffic control officers were directed to report inside the stadium after the game started to supplement the men inside the stadium. They returned to their traffic assignments at the end of the third quarter of the football game.

Inspector Peters and Captain Kinney submitted their details and plans to me for approval several days before the game. After a briefing by these two officials and a careful study of the overall picture, I concurred in their arrangements, which, under ordinary circumstances, would have proved more than adequate. Prior to leaving headquarters on the morning of November 22, 1962, I directed the Acting Captain of the Communications and Records Bureau that, in the event of any disturbance, to bring into immediate proximity of the stadium, all mobile units in the fifth, ninth, 11th, and 14th precincts. This was done, as evidenced by the transcript of radio calls submitted in the report of Captain Kinney.

The stadium gates opened promptly at 9 a.m. The majority of the early arrivals were youngsters, between 9 and 18 years of age, most of whom were unaccompanied by any adult. Their tickets entitled them to any seat in the stadium, with the exception of certain enclosed boxes on the second level. They naturally went to the seats on the lower level, nearest the playing field. At half time, when many adult people left their seats in the lower level to visit refreshments stands and restrooms, the youngsters in the upper levels moved down into their seats.

The stadium was filled in orderly fashion by game time at 11 a.m. The first half of the game progressed without any serious incident. At half time there was the usual milling about of persons visiting the refreshment stands and restrooms. The third quarter was finished without any noticeable trouble. Up until this time, the crowd which, was posted on the board as 50,033, was enthusiastic but orderly. In the middle of the fourth quarter a fight started between the players on the field. One Eastern player was ejected from the game. The Eastern coach then went on the field and made a vigorous protest. The ejected player then returned to the field and struck a St. John's player. Further fighting ensued between the players and the ejected Eastern player was removed on a stretcher. Order was restored, and the game continued.

This flare-up between the players and the action of the Eastern coach seemed to inflame the hundreds of male and female Negro youngsters seated in the lower stands in the south and west sections of the stadium.

Immediately upon conclusion of the game, an estimated 2,000 of these youngsters ranging in age from 9 to 18 years, swarmed over the rail onto the playing field and headed for the north stands which were then being vacated by St. John's rooters and made their exit through the ramps leading from these stands. While this group of youngsters were racing across the playing field, they seemed to have lost all sense of reasoning, and I observed Negroes striking and fighting other Negroes, but I did not personally see any white person assaulted within the stadium. When the police were escorting the St. John's band from the stadium to their bus, parked on the south side of the stadium, several young Negroes from 9 to 12 years of age, threw debris from the stands and mudballs from the field at the band and police.

During the entire game, I kept a close surveillance on the entire crowd, and did not observe any roving group or gang which I felt were agitating trouble. At all such games, many people and groups move about in their visits to refreshment stands and restrooms. Neither did I personally observe any person with any instrument which could be classified as a weapon.

I did not personally observe any of the assaults which occurred outside the stadium. This information is contained in the report of Deputy Chief John E. Winters.

GEORGE R. WALLRODT,
Deputy Chief of Police.

[Exact copy]

METROPOLITAN POLICE DEPARTMENT,
YOUTH AID DIVISION,
December 12, 1962.

To: The Chief of Police.
Through: The Executive Officer.
Subject: Report on the investigation of the incidents and disorder that occurred at the District of Columbia Stadium on Thursday, November 22, 1962.

On Thursday, November 22, 1962, the football game for the city high school championship was played at the District of Columbia Stadium between Eastern High School representing the public high schools, and St. Johns High School, representing the Catholic high schools. The game started at 11 a.m., before a crowd, reported at over 50,000 persons. Stadium officials, however, stated the attendance was 48,500, of which 40,000 to 42,000 were Negroes.

This investigation had the purpose of attempting to obtain factual information concerning relevant events that happened during the game and the disorder that developed after the game. The comments to be made at the conclusion of this report are based on those phases of the disorder which are supported by a preponderance of evidence.

To attain the objective sought, a number of interviews were held with persons reported injured—students, and others who attended the game. Reports were submitted by police officers who were detailed thereto, and those who responded. There is no doubt that many hundreds of observations, comments, and opinions could have been obtained, but, as the investigation progressed, it became apparent that many of these would have been repetitious, and would have served no useful purpose.

It was considered pertinent to include in this report a brief history of prior games.

In 1956 a game was played for the public high school championship at Griffith Stadium between Cardozo and Anacostia High Schools. Approximately 9,500 persons attended. During the game there was considerable moving about by the spectators and several fights were reported. Immediately following the game spectators rushed onto the field but no incidents were noted. The crowd moved out of the main entrance and when the police made an arrest for an assault in the 2000 block of Georgia Avenue NW., several persons in the crowd attempted to effect the release of the prisoner. This triggered an eruption of general disorder throughout the crowd. Fights broke out, objects were thrown at police officers, street cars and buses were damaged. Fights and damage to private property were reported several blocks removed from the stadium.

A week or 10 days after this game, St. Johns High School and Anacostia High School played at Griffith Stadium for the city high school championship. There were no incidents.

In 1957 St. John's High School played Anacostia High School for the city high school championship and in 1958 St. Johns High School played Eastern High School for the same championship. There were no significant incidents at either of these games. Both were played at Griffith Stadium.

In 1959 the game was played at 8 p.m. at Griffith Stadium between Eastern High School and Gonzaga High School. Approximately 18,000 persons attended. At the close of the game spectators rushed onto the field. A Gonzaga player was stabbed. Another person was struck by a chain. Seventeen other incidents were reported. These incidents were responsible for changing the game back to daytime.

In 1960 the game was held at 11 a.m. at Griffith Stadium between John Carroll and Eastern High Schools. A crowd of 24,000 attended. Only a few incidents were reported on this occasion.

In 1961 the game was moved to District of Columbia Stadium and again held at 11 a.m. Almost 50,000 persons attended this game between St. Johns and Eastern High Schools. One student was reported beaten on a parking lot after the game and there was considerable vandalism to the stadium during the game. There were no other significant incidents reported.

In preparation for the 1962 contest several meetings were held by the committee handling all of the details. Police officials having a direct responsibility for providing police service for the game were in constant touch with this committee. A realistic evaluation had to be made on the basis of the racial

makeup of the two schools involved. Eastern High School has a predominantly Negro enrollment and St. Johns is predominantly white. One fact that was considered was the Eastern victory in 1961 and the absence of incidents following that game in which the same two schools participated. Eventualities that might occur from a St. Johns' victory in this game were considered. From the opinions expressed by a number of persons interviewed during this investigation, this factor had a bearing on the events that happened after the game as will be shown later on in this report.

The police detail inside the stadium was accordingly increased by 20 officers over that detailed in 1961. There were 81 officers detailed inside the stadium, 19 were stationed outside at entrances and walkways. Four additional officers were brought in from the foot patrol of the fifth precinct. In addition there were 92 police officers assigned to traffic control.

Several points of information are inserted here: for expected capacity crowds at the Redskin games, 71 police officers are detailed inside; at the public high school championship game on November 12, 1962, attended by 22,000 persons, 33 police officers were detailed inside and there were no major incidents reported; at one point during the disorder at District of Columbia Stadium, on November 22, 1962, approximately two-thirds of the entire police force on duty was on the scene.

It is recognized that disputes on the field during football games and occasional brawls among the players are accepted as part of the game as they are in any contact sport. In the view of a number of persons, however, the events that did occur during this game had some bearing on the incidents that followed. For that reason they are included herein.

The game itself, according to game officials and many others, was clean, hard fought, and well played during the first half. The second half also progressed normally until a few minutes before the end of the game. At that point an Eastern player was ejected by a game official. There was also an injured Eastern player on the field. The Eastern coach came on the field and, according to the referee and others, made remarks and gestures toward the officials and St. Johns' players. His manner, actions, and gesticulations were clearly discernible throughout the stadium. As the teams prepared for the next play, the ejected Eastern player ran back onto the field and struck a St. Johns' player. Many of the Eastern reserve players rushed onto the field and a melee ensued. It was stated that the St. Johns' reserve players remained on their bench. After the game officials and the police restored order, the game continued to its end without further trouble. It is worthy of note to state that films of the game showed some Eastern players attempting to restrain their teammates.

Several of the persons interviewed expressed a feeling of rising tension in the crowd as the game progressed. To what extent the events on the field had in creating tension or adding to that which existed, if any, is not known. Some persons expressed the view that these occurrences were a factor in the trouble that developed.

Immediately after the game was over there was a surge of several thousands of people onto the field from the west and southwest sections of the stadium. These sections had been occupied by Eastern High School students and their supporters. They went to the northeast lower stands which were being vacated by St. Johns' supporters. Most of this crowd were of high school age according to the majority of the persons interviewed.

In an attempt to gain as factual a picture as possible as to what then occurred, persons reported injured were questioned. A total of 40 persons were officially recorded as having been injured. Investigation disclosed two additional injuries. Of the 42 persons so reported, 35 were white and 7 were Negro. There is no doubt that there were many assaults which were not reported to the police.

Investigators questioned 36 of those persons reported injured. From these persons and the reports on those not interviewed, injuries were sustained in the following manner:

Struck by fists or kicked	28
Struck by umbrella	2
Thrown object	3
Cut, sharp instrument	4
Unknown	3
Choked	1
Struck by chain	1

One person stated he saw a chain, another saw a knife. There was one report of a tree branch 4 feet long and 1 inch wide being used.

Of the 36 persons interviewed, 6 were injured during the game. The others were injured after the game was over: 3 in the stands; 6 at the exits or on the ramps; 11 on the street leaving the stadium; 10 on parking lots.

Of the seven Negroes injured, one was struck by a Negro on the street after the game. He stated this was caused by his being with a girl and had no connection with the game. Two were injured by objects during the game which were thrown by unknown persons; two were cut on the buttocks while leaving the stadium, one thought the assailant was a Negro male but the other stated the assailant was unknown. One was struck by a Negro male during the game and the other injury was sustained during an altercation with a group of Negroes during the game.

Of the 35 white persons injured, 32 of them stated they were attacked by Negroes, mostly in groups; 3 were unable to specify the color of their attackers nor give any description.

During the interviews some of these persons made the following statements:

1. Several observed the drinking of alcoholic beverages during the game.
2. Four stated they had a feeling of impending trouble.
3. Many observed fights in the stands during the game.
4. Fourteen stated they believed the loss of the game by Eastern was a factor.
5. One blamed the fight that occurred on the field; one was critical of the Eastern coach; two stated the trouble was racial and one believed there would have been trouble regardless of which team won the game.

As a part of this investigation it was deemed pertinent to obtain the observations, comments, and points of view of students who attended the game as well as others associated with the schools.

At Eastern High School interviews were held with eight students in the presence of the principal. Various opinions were expressed as to the cause of these disorders including the presence of school dropouts; lack of proper supervision; inadequate police protection; the sale of tickets to adults, etc. Several of the students stated they did not believe more than a few of the Eastern students were involved. Two students stated they had heard several days before the game was played that a fight would occur.

At St. John's School, Brother Bernardine, the director, stated the game had grown into a contest of white versus Negro. He said his school would not participate in future games and the disorder was racial in character. The coach, Joseph Gallagher, stated it was a good football game except for the conduct of the Eastern High School coach and his lack of control over his players. Five of the students interviewed stated they believed the disorder was the result of Eastern's loss of the game. One student blamed the Eastern coach and the loss of the game.

Students at Carter Woodson Junior High School stated the loss of the game by Eastern was the main factor. One student stated he had heard a rumor of trouble before the game was played.

Students at Sousa Junior High School stated they believed the loss of the game by Eastern, the desire to support the Eastern team, and the fight on the field were factors. One student felt there would have been trouble regardless of the victor. The president of the student council blamed older boys.

At St. Cecilia's Girls High School the majority of the students interviewed stated the loss of the game was the major factor. One girl stated she was warned by a friend not to attend the game because there were rumors of trouble beforehand.

Anacostia High School sudents also attributed the loss of the game as being the principal factor. One student stated Eastern supporters became angry because Eastern was losing the game. Other students were critical of Eastern students.

Two students at Notre Dame Academy were the victims of assaults. One was attacked by three Negro females, one of whom had an umbrella, on a parking lot, and the other was struck by a female Negro, also on a parking lot. Both believed the loss of the game was the principal factor.

All of the students interviewed at Gonzaga High School placed the blame for the disorder on the loss of the game by Eastern High School. They described some of the attacks:

1. One student was struck, by an unknown object, during the game. He was assisting a St. John's student who was being assaulted by several Negroes.

2. One student was struck by a brick thrown from a group of Negroes while on his way to a parking lot.

3. One girl with them was struck by a Negro female.

4. Two other students were attacked by several Negroes while on the way to a parking lot.

5. One student said he saw assaults with umbrellas and that the boy with him was attacked by a Negro.

Several other students told of attacks upon white boys by Negroes. One student stated he saw a gun protruding out of the pocket of a Negro male who appeared to be 18 to 20 years of age.

A number of the students stated they saw the drinking of alcoholic beverages in the stands during the game.

Two naval officers, a vice admiral and a captain, who accompanied children to the game, made the following comments:

1. The vice admiral had a feeling of impending trouble during the game. A boy who was with him was attacked by a group of Negroes. He saw white persons being attacked by Negro groups. He was critical of the conduct of the Eastern coach on the field.

2. The captain saw roving groups of Negroes during the game. A girl with him was slapped by a female Negro and kicked by another. He saw Negro groups attacking white persons on a parking lot. He also had a feeling of rising tension during the game. He was also critical of the Eastern coach.

Police investigators read 22 letters received by the chairman of the committee appointed by the Superintendent of Schools. Five of these letters were from out of town and two had no address. Writers of five letters were interviewed. Three of them had nothing further to add to the information contained in their letters. One stated it was a "black and white" affair. The other person, who had a comment, blamed the Eastern coach.

There were 14 adult arrests made in connection with the game and its aftermath. Six of these arrests were made during the game—three for intoxication and three for disorderly conduct. Seven persons were arrested on the street after the game. One juvenile was arrested for intoxication after the game. One juvenile was arrested for throwing stones at automobiles. He stated he did so because he was angry over Eastern losing the game. All of the persons arrested, except one, were Negroes.

Written reports were obtained from 242 police officials and officers who were either detailed to the District of Columbia Stadium on November 22, 1962, or responded thereto as a result of being summoned. Each of these reports has been read and carefully evaluated. The following is a summary of these reports:

11. There were a number of fights in the stands during the game which were broken up by police officers.

22. After the melee on the field the spectators in the Eastern High School section became restless and noisy, and tension appeared to increase. Fights in the stands increased and police officers had to restrain some persons from going onto the field.

3. Officers stationed at the Eastern stands reported that a few seconds before the game ended, the fans started a "countdown" and there were cries of "Let's fight" and "Let's get them."

4. Immediately after the game was over there was a rush of several thousands of persons from the Eastern stands toward the St. John's stands. Officers reported it was physically impossible to stem this rush. Police officers were ordered to escort the St. John's team and band off the field. Other officers proceeded to exits and ramps where numerous attacks were taking place.

5. Many officers reported attacks on white persons by Negroes in and out of the stadium and of seeing a number of white persons injured. They stated, in a number of cases, that they went to the assistance of the injured persons. They repeatedly stressed the difficulty of identifying the assailants and the fact that one assault after another occurred with the assailants disappearing into the crowd. The officers concentrated on assisting the injured and dispersing the crowds. They reported the extreme difficulty encountered in efforts to control the crowd.

6. Bottles and debris were thrown at the St. John's band and at several police officers.

7. Officers reported that a large number of persons exited at gate E on the north side of the stadium. The crowd was yelling, cursing, and generally in wild disorder. Three priests, as yet unidentified, were assaulted by a group of Negroes. One priest was bleeding about the face or head. There were reports of unprovoked attacks on white persons by Negroes. The attacks in this area extended to parking lot No. 7 located north of the stadium.

8. It was estimated that approximately 3,000 persons were involved in the incidents at gate E. Police officers reported the impossibility of making arrests because of the size and temper of the crowd and the numerous assaults taking place simultaneously.

9. There was some trouble at gate D and on the southeast side of the stadium but most of the trouble occured at gate E, parking lot No. 7, and on the streets north of the stadium.

10. Many thousands of persons left by the main entrance. These persons were orderly and no trouble was encountered except for heavy pedestrian and vehicular traffic.

11. The disorder and assaults spread northward. The worst of these were at 18th and D Streets NE., and 21st Street and Benning Road NE. Several arrests were made at these locations. There was also trouble at 21st and E Streets NE. There were hundreds of persons at these locations. There were fights in the groups and numerous reports of rocks being thrown.

12. It was reported that Negro residents of the neighborhood viewed the occurrences as disgraceful. Some of these Negro families opened their homes to white persons to protect them from the mob.

13. Inside the stadium one officer reported he was assisted by two Negro male adults in breaking up a group of Negroes who had attacked a white girl.

14. One officer reported his motorcycle was overturned by a group of Negroes. He was calling for assistance and just managed to get off the motorcycle before it was overturned.

15. At gate E and at 21st and E Streets NE. dogs were used to bring the crowd under control. At 21st and Benning Road NE., a police dog was kicked by a Negro male who also struck at the officer. When the officer attempted an arrest he was jumped on by others and struck on the head and kicked. Rocks and bottles were thrown at the officer.

16. At Oklahoma Avenue and Benning Road NE. a police dog was kicked by a Negro male. At 21st and Benning Road NE. an officer was pursuing a Negro male who had a rock in his hand. He was pushed down a hill and his police dog was kicked. The dog was snapping back but the officer does not know if anyone was bitten.

17. At all of the locations mentioned there were reports of large crowds fighting, cursing, and throwing rocks and bottles.

18. One officer was spit upon. Four were struck by thrown bottles. One was struck on the head by some object.

CONCLUSIONS

These conclusions are based on reports received and interviews with witnesses where there is sufficient evidence to substantiate the conclusion.

1. There were roving groups in the stands and numerous fights during the game.

2. There appeared to be considerable drinking of alcoholic beverages.

3. The fight on the field among the players and the actions of the Eastern coach appeared to cause a rise in tension and seemed to have an emotional effect on Eastern supporters.

4. There was a surge of humanity across the field from the Eastern stands to the St. John's stands.

5. There were some preliminary indications of trouble.

6. Most of these persons and those engaged in the assaults were of high school age.

7. There were a number of unprovoked attacks on white persons, in and out of the stadium, by individual Negroes and groups of Negroes.

8. Hundreds of shouting, cursing, and riotous persons continued fighting, assaulting, and throwing rocks and bottles in areas north of the stadium. Several police officers were attacked.

9. It was the opinion of many that the loss of the game by Eastern High School triggered the trouble that followed.

10. Although there were reports and rumors of numerous weapons being brought into the stadium, this could not be substantiated either by witnesses or

by the way most of the injuries were inflicted. There were some weapons used.

11. Seven Negroes were reported injured. Two were attacked by Negroes. Four could not state who the assailants were. One received an injury not connected with the game.

12. Thirty-five white persons were reported injured. Thirty-two stated they received their injuries as a result of attacks by Negroes. Three did not know who the attackers were.

13. From the reports received of the numerous fights and assaults, there is no doubt that there were many others who were attacked or injured to some degree but did not report the attack or injury.

COMMENT

In reading and evaluating the reports received from the police officers and in conversations with persons who attended the game, I was impressed with the herculean task with which these officers were confronted and the way they met that responsibility. The physical odds, the temper of the crowd, the widespread and simultaneous fights and assaults that occurred would have been a severe test for a force much larger than that available. The fact that most of the injuries were minor in nature speaks well of the police efforts to protect victims of assaults in this trying situation.

RECOMMENDATION

It is recommended that this report be made available to the Special Committee on Group Activities of the District of Columbia headed by Dr. Shane McCarthy.

JOHN E. WINTERS,
Deputy Chief, Youth Aid Division.

[Exact copy]

METROPOLITAN POLICE DEPARTMENT,
YOUTH AID DIVISION,
December 20, 1962.

To: The Chief of Police.
Through: The Executive Officer.
Subject: Supplemental report of the incidents and disorder at District of Columbia Stadium on November 22, 1962.

In the original report submitted on December 12, 1962, a total of 42 persons were listed as being officially reported injured as a result of the disorder at District of Columbia Stadium on November 22, 1962. It was stated at that time that there was no doubt that many more were assaulted and that injuries of varying degrees were not reported to the police.

Subsequent to the original report, a survey was conducted by school officials at both public and Catholic schools. This survey has been made available to the Police Department.

Msgr. John Spence, director of the Catholic schools, reported the results of the survey of those schools. He did not identify individuals, submitting only total statistics. He stated to investigators that he does have the names of those persons responding to the questionnaire but that he does not wish to divulge those names.

The following is the result of this survey:

St. John's Students

Struck with stick	5
Struck with rocks	26
Struck with umbrella	2
Struck with bottle	6
Struck with pipe	2
Struck in face (no weapon)	52
Thrown and kicked	15
Cut—sharp instrument	8
Broken nose (how injured not stated)	2
Broken jaw (how injured not stated)	1
Total	119

Friends of St. John's Students

Struck by rocks and bottles	7
Struck with sticks	7
Struck with pipe	2
Struck with umbrella	23
Cut—sharp instrument	8
Thrown and kicked	11
Broken nose (how injured not stated)	11
Struck in face (no weapon)	21
Teeth knocked out (how not stated)	4
Black eyes (how not stated)	19
Total	113

Relatives of St. John's Students

Struck with rocks and sticks	6
Struck with bottles	5
Thrown to ground and kicked	3
Struck in face (no weapon)	4
Black eye (how not stated)	1
Struck with umbrella	2
Cut eyes (how not stated)	4
Total	25

According to this report the totals are as follows:

Struck with sticks, bottles, and rocks	62
Struck with umbrella	27
Struck with pipe	4
Struck in face (no weapon mentioned)	77
Thrown down and kicked	29
Cut—sharp instrument	16

The following injuries were reported but it was not stated how they were received:

Broken nose	13
Broken jaw	1
Teeth knocked out	4
Black eyes	20
Cut eyes	4

This makes a total of 257 injuries reported as far as St. John's students, friends, and relatives are concerned. Due to the fact that the identity of these persons is not known, there is a possibility that some of the injuries are included in the original 42 reported.

In addition to these reports, the following information was also included: These are all Catholic schools:

School:	*Information supplied*
John Carroll	2 boys jumped.
Notre Dame	1 girl struck on head.
Gonzaga	4 boys struck, 3 parents struck.
Immaculata	2 girls hurt.
Immaculate Conception	1 girl knocked down.
St. Anselm	2 struck, 1 jostled.
St. Anthony	1 girl slapped.
St. Patrick	4 struck, 1 girl struck with umbrella, 1 scratched.
De Matha	1 broken jaw.

In the miscellaneous category from all these schools, there were 145 reports of being jostled, pushed around, shoved, and slapped.

The following property damage was also reported:

Torn clothing	6
Car damage	66
Purses snatched	5
Band instruments dented	4
Bus windows smashed	2
Raincoat stolen	1
Blanket stolen	1
Air filter stolen from car	1
License plates removed	1

A report was received from the public schools which listed 27 additional injuries to students of those schools. Two of these had been previously reported and interviews had been held. Two of these students were not available. Twenty-three were interviewed at the following schools:

Browne Junior High School.
Carter Woodson.
Western High School.
Langley Junior High School.
Banneker Junior High School.
Eastern High School.

The following is a brief summary of the statements made as to how these injuries were received:

1. Seven Negroes, male and female, were pushed or knocked down by the rush of the crowd and did not know who was responsible.
2. One Negro male was accidentally kicked by an unknown person.
3. One Negro female was struck by a bottle thrown by a white boy.
4. One Negro male was slapped by an unknown person.
5. One white male had an argument with a Negro and they squared off. Before any blows were struck the white male was struck in the face by an unknown Negro male.
6. One Negro male had his fingers burned by two Negro males while on a parking lot.
7. One Negro male was struck in the face by a white male.
8. Four Negroes, male and female, were struck by thrown objects such as stones, bottles, or beer cans—did not know who threw same.
9. One Negro male was tripped and had hand stepped on by unknown persons.
10. One Negro male was accosted by two white males and then struck by them. This occurred at a refreshment stand.
11. One Negro female was struck by a rock which had been thrown at a police officer by a Negro male.
12. One Negro female was pushed by a Negro adult and then threatened with a knife. The knife was not used but she was injured when pushed.
13. One Negro male was accosted on a ramp by six white males wearing St. John's jackets. One hit him on the back of the neck and then others pushed him.
14. One Negro female states she was struck by a white police officer's blackjack when he was attempting to break up a fight between Negro youths. She stated it was accidental and the officer was just trying to do his job.

The first reports of whites attacking Negroes were developed in these latter interviews. There were three such reports.

Most of these students blamed the trouble on the loss of the game by Eastern. Several stated there was talk of trouble before the game was played, corroborating several such reports on previous interviews.

The general area north of District of Columbia Stadium was the scene of many fights and assaults. To obtain further information, residents in the 400 block of 21st Street NE., 400 block of 20th Street NE., 500 block of 21st Street NE., 2000 block of E Street NE., 600 block of 20th Street NE. and the 600 block of 21st Street NE., were interviewed. This was apparently the area in which the worst of the rioting took place. These residents are Negroes.

Total residences visited	106
Number of families interviewed	83
Not at home during canvass or during trouble	30
Did not see anything—just normal football crowd	27

A number of the persons interviewed could furnish no useful information but many expressed the view that the occurrences that took place were disgraceful.

Practically all of the persons interviewed saw the large groups of persons. Ten persons stated they saw Negroes attacking white persons. Eleven stated they saw Negroes, mostly juveniles, jumping on automobiles and running up on porches. A number saw fights taking place.

Several of the residents had attended the game. One stated he saw an Eastern player striking St. John's players and another Eastern player kicking a St. John's player. Three stated they left the game early because they felt trouble coming. One saw sporadic fighting among Negroes during the game. Another stated he saw juveniles drinking from whisky bottles in the men's restroom.

Two persons stated a Negro neighbor opened her home to several injured white boys. Another Negro stated he told several white boys to come up on his porch but they ran away and he saw them attacked by Negroes. Another Negro resident permitted white boys to stay on her porch. One stated she went to the assistance of a white boy who had been assaulted by Negroes.

One Negro resident stated a Negro youth brought a white youth to her door. Both had been beaten. At the same time four other white youths ran up and she took all six into her home. They too had been beaten. They remained there until the police arrived. Another Negro neighbor went to the assistance of this resident and both of them went into the street to assist white persons.

None of the persons interviewed could identify any of the attackers. From the residents in this neighborhood, however, the following views were expressed:

1. The assaults were unprovoked and committed by one segment of Negroes on white persons and on other Negroes who came to their aid.
2. There appeared to be considerable drinking.
3. Many were angry because Eastern lost the game.
4. A group of Spingarn students attempted to stop the assaults and aid the victims.
5. The majority of the disorderly crowd were not students.
6. The residents deplored this behavior and will discuss the matter with their civic associations.
7. They were complimentary of the action taken by the police officers.

In addition to the foregoing, statements were obtained from two busdrivers which described the disorder created on the buses by large numbers of Negro teenagers and the damage inflicted on the buses.

Eleven reports were received from members of the U.S. Park Police. Also one report of an assault which occurred on parking lot No. 7 in which a white female was attacked by 15 to 20 Negro females. She received only home treatment for minor injuries.

Three U.S. Park Police officers were detailed to the parking lots at District of Columbia Stadium.

One of these officers reported a large group of possibly 1,500 teenagers on lots Nos. 7–A and 7–F with several groups fighting in the center of the crowd. He witnessed six or seven Negroes beating two white boys and went to their assistance. He tried to break up several other fights and was encompassed by the crowd. The crowd pushed the assailants away and prevented apprehension. He stated the crowd surged on and numerous fights continued.

Another saw fighting on the parking lots. He saw one Negro male bleeding from the nose. The officer was struck in the chest by a thrown rock. He also saw a white male bleeding. He tried to disperse the crowd. He also investigated the complaint of a Negro female that she injured her hand when struck by an automobile occupied by several white females. The Assistant Corporation Counsel refused to issue papers in this case.

Another officer who was assigned to parking lot No. 8 responded to parking lot No. 7. The heavy traffic delayed his arrival and when he did arrive he saw a large group of persons, mostly Negro, running up the parking lot bank. He saw no fighting at that time.

All other U.S. Park Police officers who submitted reports were dispatched to the scene by radio, some of them from considerable distances.

One officer saw no fighting on arrival but took custody of two lost children.

Another went to 21st and D Streets NE. and assisted the Metropolitan Police in taking three white males and two white females to their cars because they had been threatened by Negroes. He also assisted the Metropolitan Police at 21st and Benning Road NE. in dispersing large groups.

One officer went to the East Capitol Street Bridge where large groups of teenagers were running down the middle of the roadway, blocking traffic. He retsored traffic movement and then assisted in dispersing large groups on lot No. 7.

Five U.S. Park Police officers responded, with special equipment, from their headquarters. They arrived at lot No. 7 and found no disturbances. Also responded to lot No. 6 and found no trouble. They patroled the area but the gathering of groups had subsided.

One officer went to the lot No. 7 and saw large groups running toward 21st and C Streets NE. and Oklahoma Avenue and Benning Road NE. He then responded to an accident scene.

Three other officers responded but the disorders had ceased upon arrival.

JOHN E. WINTERS,
Deputy Chief, Youth Aid Division.

EXHIBIT B

The Catholic schools report of injuries sustained at District of Columbia Stadium, Thanksgiving Day football game:

Survey results—Personal injury or personal damage of property to St. John's students

Personal injury:	
Head:	
Struck with stick	5
Struck with rocks	26
Struck by umbrella	2
Struck with bottle	6
Struck with pipe	2
Struck in face	52
Thrown on the ground and kicked	15
Cut with a knife	8
Broken nose, facial cuts	2
Broken jaw	1
Total	119
Personal property damage:	
Band instruments dented	4
Buses—windows smashed	2
Fenders dented	7
Car windows smashed	10
Trenchcoats ripped	2
Trousers ripped	1
Pair glasses broken	1
Raincoat and blanket stolen	1
Air filter removed from car	1
Set license tags removed	1
Set car tires slashed	1
Total	31

Students almost universally reported being pushed or shoved out of way.

The following listed injuries to members of the students' families and friends were obtained from selected questionnaires:

Injured friends of St. John's High School students:	
Hit in head with rocks and bottles	7
Hit with sticks	7
Hit with pieces of pipe	2
Hit with umbrellas	23
Cut with knives or razors	8
Thrown to ground and kicked	11
Broken nose	11
Struck in face	21
Teeth knocked out	4
Black eyes	19
Torn clothing	3
Car damage	44
Miscellaneous: jostled, pushed around, shoved, slapped, etc	132
Purses snatched	3
Total	295
Injured relatives of St. John's High School students:	
Hit in head with rocks and sticks	6
Hit with bottles	5
Thrown to ground and kicked	3
Struck in face	4
Car damage	4
Black eye	1
Hit with umbrellas	2
Purses snatched	2
Cut eyes	4
Miscellaneous (jostled, punched, pushed around, slapped, etc)	13
Total	44
Overall total injuries:	
St. John's students	119
Friends	295
Relatives	44
Total	458
Other miscellaneous injuries:	
Carroll: 2 boys jumped	2
Notre Dame: 1 girl hit on head	1
Gonzaga: 4 boys struck; 3 parents struck	7
Immaculata: 2 girls hurt	2
Immaculate Conception: 1 girl knocked down	1
Mackin: 1 boy jumped by boys	1
St. Anselm: 1 hit in mouth; 1 jostled; 1 punched	3
St. Anthony: 1 girl slapped; 1 boy and his mother pushed and shoved	3
St. Patrick: 1 girl hit with umbrella; another scratched on chin; 4 punched	6
DeMatha: 1 boy broken jaw	1
Total	27
Grand total	485

EXHIBIT C

The District of Columbia public schools report of students injured at District of Columbia Stadium Thanksgiving Day football game:

Browne

1. Boy, ankle injured.
2. Boy, knee injured.
3. Boy, leg injured.
4. Boy, leg injured.

Eastern

1. Boy, leg skinned and scabbed.
2. Boy, left leg skinned.
3. Boy, struck and knocked down.
4. Boy, struck and knocked down.
5. Boy, trampled on by crowd causing pains in back.
6. Boy, struck in back with brick.
7. Girl, bruised on head, on neck, hurt back, and threatened with knife.
8. Girl, policeman attempting to hit boy with club hit girl because boy ducked.

Woodson

1. Girl, slapped on previously burned face.

Langley

1. Girl, leg injured; treated at District of Columbia General Hospital.

Wilson

1. Boy, knocked unconscious, teeth loosened, nose and back of head injured.

Western

1. Boy, hit between jaw and ear.

Banneker

1. Boy, hit in mouth.
2. Boy, swollen hand.
3. Girl, hit by beer bottle.
4. Boy, hit with bottle on back.
5. Boy, hit by rock.
6. Boy, struck by whisky bottle.
7. Boy, hit by splattering glass splinters.
8. Boy, struck by beer can.

Douglass

1. Boy, burnt fingers and cut on thumb by glass.
2. Boy, knocked down and hit nose on rail of seat.

Deal

1. Boy, dislocated jaw.

SUPERINTENDENT OF SCHOOLS,
Washington, D.C., January 25, 1963.

DR. SHANE MACCARTHY,
Program Director,
National Lumber Manufacturers Association,
Washington, D.C.

DEAR DR. MACCARTHY: The findings of the Citizens' Committee will lead to improvement in the education of the youth of this city. The committee has made a series of recommendations which deserve very careful study and possible early implementation. The school staff is currently engaged in a study of the recommendations. When this is complete, a full report will be made to the Board of Education for its review and further instructions.

The Citizens' Committee was asked to be completely candid in assessing the causes of the stadium riots. The chairman and committee were asked to spare no punches. This they have done, and, despite my personal conviction that the judgments made are in some cases out of balance, even, perhaps, superficial, and, as to overall pupil behavior, too highly generalized, the report

has already been of great value as a stimulus to an aggressive attack upon school problems.

Any public organization must be willing to undergo review by the citizens it serves, to look at itself as others do, to probe deeply into problems in order to avoid complacency with what can be substantially improved. I believe the Citizens' Committee has demonstrated that dedicated and concerned volunteers can make reports that have meaning and are realistic and useful. Therefore, despite the areas of disagreement with aspects of the committee work, I am nevertheless convinced that the committee has made a significant contribution to the common good and in this spirit I wish to thank the chairman and the members of the committee for accepting and carrying out the difficult assignment I asked them to undertake.

Yours very sincerely,

CARL F. HANSEN,
Superintendent of Schools.

Senator BYRD. Do you also have a copy of the report on the investigation submitted to you?

Mr. MURRAY. Yes, sir.

Senator BYRD. I will insert my own report. That is a copy of the report you gentlemen gave to me.

(The report referred to follows:)

NOTE.—The report of Deputy Chief Winters is included in entirety in the report of the special committee. (See p. 2447.)

REMARKS OF MR. B. N. MCKELWAY

Senator BYRD. I will insert in the record at this point a copy of the remarks of Mr. B. N. McKelway before the Citizens Crime Commission dinner at the Shoreham Hotel in Washington, December 10, 1962.

(The report referred to follows:)

REMARKS BY MR. B. M. MCKELWAY, CITIZENS' CRIME COMMISSION DINNER, SHOREHAM HOTEL, WASHINGTON, D.C., DECEMBER 10, 1962

I am not a spokesman for the public. I am here merely as a humble member of at least that portion of the Washington public which is becoming conscious of the frightening loss of certain rights hitherto regarded as unalienable—the right to walk in safety on the public streets of this city and the right to security in our homes or places of business.

These rights are being constantly violated in Washington. And one of the most insidious dangers accompanying the loss of these rights is that the loss may become taken for granted as inevitable, and regarded merely as the symptom of the diseases of poverty, ignorance, and environment.

It may be true that alarming forms of singularly depraved, vicious, and even sadistic crimes against the public are merely the symptom of a disease that afflicts our urban society. It may be true that it is more important to attack the disease than to become too much concerned with the symptoms.

But if this philosophy becomes widely accepted; if the commission of vicious crime against innocent people is rationalized and even condoned as merely the symptom of a disease, and that it is futile to attack the symptom as long as the disease remains, we face yet another danger, for the symptom may become more fatal to our society than the disease diagnosed as producing it.

In fighting disease, the medical profession does not fail to treat the symptoms with all available knowledge and vigor merely because the prevention or cure of the disease is yet to be discovered.

But in crime we are sometimes advised to take the opposite course. We are told, in connection with some outrageous crime, that its commission is not really the fault of the criminal but the fault of society, or of the community. I doubt the wisdom of this generalization, or that it is supported by the truth. It is a negative and self-defeating approach to the problem of violent crime. It implies a readiness to condone crime as long as others among the numerous ills that beset mankind remain unremedied.

The logical fruit of this tacit condonation of crime is acceptance of the idea that crime is the unavoidable product of conditions for which the criminal is not responsible. That idea encourages crime, by persuading those inclined to commit crime that they are, in effect, blameless, having been forced by society to go out on the streets and rob or maim the first person who comes along.

At any rate, the doctrine of public responsibility for violent and unprovoked crime produces an interesting anomaly.

We are members of a society which has seen fit to compensate the victims of destitution and unemployment; to lighten, by provision of cash, the burdens of the blind and unemployable; to recompense the worker who, through no fault of his employer, is injured on the job; to pay the disabled veteran for his sacrifice; to reimburse the farmer who sticks to assigned allotments and refrains from planting more than his Government tells him to plant. We spend substantial sums (as Mr. Clemmer has indicated) in attempts to rehabilitate criminals and return them to normal life. Much of the time of our civil courts is occupied in fixing damages due to the victims of mishaps, in which provable negligence by somebody else has played a part.

The really forgotten men and women of this same society are those innocent and law-abiding citizens who, through no fault of their own, are robbed, raped, beaten, or murdered in cold blood on the streets, in their homes—or even in church. If they survive, sometimes carrying their injuries to the grave, they must get along as best they can. If financially able to do so they must pay the hospital expense for treatment of their injuries. After brief notice in the press of what happened to them, they drop from public notice and are forgotten.

But if the community, rather than the criminal, is held responsible for their misfortune, should not the community be held financially liable for its negligence?

The question is rhetorical. Yet the discrimination against victims of unprovoked attack is a realistic condition. The existence of this condition is leading to a growing belief, by laymen as well as able lawyers and judges, that something seems to have gone awry in adjusting the delicate balance of justice, and that a growing preoccupation with the rights of the criminal has been accompanied by a growing neglect of the rights of the public.

Now I suppose that at this point I should offer the trite observation that the rights of the criminal are rights that also extend to decent, law-abiding citizens, and that to ignore the rights of the criminal is to endanger as well the rights of decent citizens.

The observation is true and I do not debate it.

It may also be necessary to remind ourselves that this question of balancing the rights of the accused as against the rights of the public has been under debate for at least two centuries by able and conscientious judges, all of them searching for the truth that must support the administration of evenhanded justice.

It is dangerous for a layman to trespass too far into these sacred precincts reserved for learned men of the law, such as our able U.S. attorney.

But while laymen may be incompetent to join in discussion of those philosophical and legal concepts and principles which are the root of this continuing debate over the balancing of rights, some of the immediate conclusions reached by judicial majorities in the District of Columbia should be challenged by the laymen who must live with those conclusions. One of those conclusions appears to be, to use an old expression, that we should punish the constable for what some judges may regard as the constable's misconduct in the investigation of crime, leaving the misconduct of the criminal as a secondary consideration.

It is high time that more laymen got down to cases on what is taking place here in the District of Columbia, and indignantly echo the classic pronouncement of Mr. Bumble, that—"If the law supposes that, the law is a ass, a idiot * * *"

We find our upright judges hopelessly split among themselves. They stop at the edge of name calling. But some of them accuse their brethren of such grave offenses as striking "a grievous blow at the administration of criminal justice"; of rendering futile, by their decisions, the rights of society to protect itself; of going beyond what the Supreme Court or the statutes have ever meant or said, and of writing new law to conform to their personal predilections.

If this acrimonious dispute between our highly-placed judges were merely academic, if the judges were only indulging in some rarefied form of intellectual recreation such as trying to decide which ought to have come first, the hen or the egg, the public could go happily about its own business and leave the judges to stew in a juice of their own making.

But the dispute is not academic. It involves hard realities affecting law enforcement. An indirect, or perhaps a direct result, is that one of the cleanest police departments in the country finds itself on the defensive.

It is condemned by implication as practicing methods associated with the inquisition, of persecuting citizens on whimsical suspicion, of deliberately trampling on the individual rights of defenseless people.

Is it any wonder that there is thus created a public psychology, or state of mind, which regards the Metropolitan Police Department as public enemy No. 1, rather than as the thin blue line of courageous men who stand between the public and the depredations of vicious desperadoes?

The confusion of the police under conflicting opinions as to what constitutes legal and illegal procedure is shared to a lesser if more sophisticated extent by some of the trial judges and the prosecutors. If you doubt that, ask them. The precise location of the line dividing legal and illegal investigation of crime seems not to depend, as it should, upon the circumstances in each particular case, but upon the identity of the judges assigned to survey it.

This unhappy condition is not conducive to good law enforcement at a time when failure or inability to enforce the law has become an intolerable menace to public safety. Nor is it conducive to respect for the courts, an element that is essential in an orderly society.

Some of the confusion stems from broadened interpretations of a rule of evidence or procedure in the Federal courts—rule 5(a). It was recommended to the Supreme Court by an advisory committee some 16 years ago and approved by Congress.

The need for its clarification became evident several years ago and an attempt to amend the rule in Congress failed—not because the votes were lacking to amend it—the votes were there. A lone Senator's threat to filibuster, in the closing hours of a Congress ready to adjourn, prevented completion of congressional action.

The Citizens' Crime Commission should take the lead in mustering community support for two undertakings in the next Congress.

One is to amend rule 5(a), to clarify its intent and its meaning. Mr. Acheson may be against this. He may be right. But rule 5(a) has been interpreted by the courts to an extent that was never contemplated by those who drafted it.

Whatever the remedy for existing conditions, we need the accommodation that Mr. Acheson so correctly says is needed.

The other is to be sure that when the Horsky Committee recommendations to abolish the practice of arrest for investigation are adopted, the abolition of the practice be accompanied by more precise laws or regulations, spelling out the valid procedures available to police investigation of crime.

Attainment of these objectives is desirable, even if there is no guarantee that any substantial decrease in crime would quickly follow.

But something else seems to be needed, which, if supplied, might reduce crime. The overwhelming majority of citizens of Washington are law abiding. They are frightened and dismayed by ugly crime. They share a common danger. What seems to be lacking is a spirit that will bind this majority together as a whole; a spirit which finds us all united in awareness of the fact that this is our community, and that, beset as it may be by various forms of distress, including the rancor of old grievances and injustice, it is still our community and our community is now threatened by anarchy that finds expression in violent crime.

If that spirit is lacking, if we must delay a greatly needed, all-out war on crime until we can perfect a society that is agreeable to everybody, we are sunk.

COMMENDATION OF CHIEF

Senator BYRD. Chief, do you have anything further?

Mr. MURRAY. No, sir, I don't have anything further.

Senator BYRD. Well, I think you are to be complimented on the excellent job you are doing. You are doing an excellent job. I note that I get criticized by the Afro-American for complimenting you. But it doesn't concern me any. I think you are doing a good job, and you have a difficult job to do. And I shall continue to support you in every way that I can as a Member of the Senate, and as a member of this committee, as long as you do do a good job.

I also want to compliment Mr. Tobriner, the Commissioner under whose supervision your Department operates.

Mr. MURRAY. Thank you, sir.

Senator BYRD. Do you have any comment, Mr. Tobriner?

Mr. TOBRINER. Other than joining you, sir, in your commendation of the Chief, not of myself.

Senator BYRD. Captain, anything further?

Mr. WILSON. No, sir.

DEPARTMENT OF HIGHWAYS AND TRAFFIC

STATEMENT OF H. L. AITKEN, DIRECTOR, DEPARTMENT OF HIGHWAYS AND TRAFFIC; ACCOMPANIED BY THOMAS F. AIRIS, DEPUTY DIRECTOR; WILLIAM LISSEK, CHIEF, OFFICE OF BUSINESS ADMINISTRATION; GEORGE M. BOYNTON, ASSISTANT CHIEF, OFFICE OF BUSINESS ADMINISTRATION; AND ALBERT A. GRANT, CHIEF, OFFICE OF PLANNING AND PROGRAMING

BUDGET ESTIMATE

Senator BYRD. All right. The next item concerns the Department of Highways and Traffic. The original 1964 estimate was for $10,241,500. The revised estimate is $10,476,100. The House allowance on the original estimate was $10,152,700. The amendment requested in Senate Document 32 is $322,400.

The justification filed in support of this item will be placed in the record.

(The justification referred to follows:)

JUSTIFICATIONS

HIGHWAYS AND TRAFFIC

Allotment summary

1962 allotment (including transfer from "Personal services, wage-scale employees")	$9,204,600
1963 allotment	9,624,500
Deduct nonrecurring items	−50,074
1963 adjusted (1964 base) original estimate	9,574,426
Original budget increases	+667,074
Total budget estimate—Original submission to House	10,241,500
Reductions:	
Voluntary	44,000
House action	44,800
Total reductions	−88,800
House allowance on original estimate	10,152,700
Additional proposals: S. Doc. 32	+323,400
Total 1964 estimate requested in Senate	10,476,100

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Administration	$420,224	$52,158	$472,382	$11,171	$461,211	$199	$461,410
2. Design, engineering, and research	144,744	9,146	153,890	1,912	151,978	----------	151,978
3. Construction and maintenance	4,479,675	424,405	4,904,080	74,717	4,829,363	122,742	4,952,105
4. Traffic engineering and operations	4,525,783	181,365	4,707,148	1,000	4,706,148	200.459	4,906,607
5. Planning and programing	4,000	----------	4,000	----------	4,000	----------	4,000
Total	9,574,426	667,074	10,241,500	88,800	10,152,700	323,400	10,476,100

Analysis by funds

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
General fund	$3,733,050	$40,950	$3,774,000	$1,000	$3,773,000	$194,400	$3,967,400
Highway fund	2,641,376	626,124	3,267,500	87,800	3,179,700	129,000	3,922,700
Highway fund (motor vehicle parking account)	3,200,000	----------	3,200,000	----------	3,200,000	[1] 614,000 [1]—614,000	2,586,000
Total	9,574,426	667,074	10,241,500	88,800	10,152,700	323,400	10,476,100

[1] Transfer in funding only.

JUSTIFICATION OF PROPOSED LANGUAGE CHANGES

Delete: "(Including $3,418,300 from the motor vehicle parking account)".

Insert: "(including $2,804,300 from the motor vehicle parking account)".

This change is necessary to reduce the amount of street and bridge maintenance work and related mobile equipment which is to be charged to the motor vehicle parking account. In the President's budget, $3,200,000 was to be charged to this account. Subsequent to the original submission it has been determined that a surplus should be provided in this account for pending legislation authorizing capital projects. A surplus of $532,000 will result for future use if this change is approved.

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for "Highways and traffic," $323,400:

Activity 1. Administration, $199

A. Administrative services, $199.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Highway fund total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Pay increase for existing wage board positions (1)	----------	$187		$12		----------	$199
Total additional proposals	----------	187		12		----------	199

During the past 2 years a task force composed of employees of the Department of Highways and Traffic, headed by a representative of the Department of General Administration, has been making a study to determine the feasibility of utilizing a computer for various operations of the Department. The task force has recommended the rental of a small computer of the same type as the IBM 1620.

The proposed computer will be used initially for the solution of engineering design and traffic problems. States where the computer has been used extensively in design work, have realized significant savings in construction cost through the consideration of alternate designs and through the use of design refinements. In the areas of supply accounting, cost accounting, and equipment cost analysis, use of a computer will provide valuable reports to top management that are difficult and cumbersome to prepare by manual accounting methods. Recently we have been renting computer time on an off-shift basis from Federal agencies and private firms to solve design and traffic problems. The potential usage for the proposed computer is in excess of 2,000 hours per year.

The following staff will be required for the automatic data processing installation:

One GS–14 section chief.
Two GS–12 programers.
One GS–5 secretary.

The cost of the staff, site preparation, and machine rental will be financed from our capital outlay appropriations for highway planning and research, and various construction projects, and will be partially reimbursed by the Bureau of Public Roads. The estimated amount of District of Columbia funds required in project 28–3, highway planning research, to finance the automatic data processing installation is $17,889.

Activity 3. Construction and maintenance, $122,743

A. Maintenance of streets, $23,015.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Highway fund, total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Pay increase for existing wage board positions (95)	----------	$21,541		$1,474		----------	$23,015
Total additional proposals	----------	21,541		1,474		----------	23,015

B. Maintenance of bridges, $13,555.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Pay increase for existing wage board positions (50)	----------	$12,688		$867		----------	$13,555
Total additional proposals	----------	12,688		867		----------	13,555

C. Maintenance of trees and landscaping, $31,570.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Highway fund total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Pay increase for existing wage board positions (116)		$29,551		$2,019			$31,570
Total additional proposals		29,551		2,019			31,570

D. Procuring and maintaining mobile equipment, $54,602.—An additional amount of $12,000 is requested for the replacement of eight general fund passenger cars 6 years or older.

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	General fund total	Highway fund total	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase				
Pay increase for existing wage board positions (159)		$39,878		$2,724			$2,001	$40,601	$42,602
Replacement of passenger vehicles						$12,000	12,000		12,000
Total, additional proposals		39,878		2,724		12,000	14,001	40,601	54,602

Activity 4. Traffic engineering and operations, $200,459

A. Traffic planning and design, $199.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Highway fund total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
Pay increase for existing wage board positions (1)		$187		$12			$199
Total additional proposals		$187		$12			$199

B. Electrical services, $200,260.—An increase of $140,000 is requested in the general fund for the increased cost of street lighting, and for metered service for additional underpasses and tunnels that will be in service in 1964. Street lights are being installed in connection with the highway and street light improvement programs and it is necessary that funds be provided to light them after they are installed. Of the funds requested $85,000 is required to place the lights installed in 1963 on an annual basis, and $50,000 to energize lights to be installed in 1964 for one-half year. To cover the cost of metered service for the additional underpasses and tunnels to be lighted in 1964, $5,000 is requested.

An increase of $23,500 is requested in the general fund to cover the cost of telephone service. This increase over the base of $225,697 is to cover the cost of additional trunklines, dial equipment, rentals, moves, etc., as well as the increase in message costs which is occasioned by the increased use of the tele-

phone in conducting the business of the government of the District of Columbia. The increase requested is to provide telephone service for Washington Action for Youth, cover the cost of moving telephone facilities in the Third Police Precinct, schools, and other agencies of the District government. The increase will also cover the cost of adding 50 additional (in dial) trunks and the necessary dial equipment which will reduce the impact on the NA–8–6000 trunks during the tax and tag rushes and other periods when the trunks are loaded to capacity. The in-dial trunks will make it possible for those who know the branch numbers of the persons being called to make a direct call and materially improve the telephone service.

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	General fund total	Highway fund total	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase				
Pay increase for existing wage board positions (125)			$34,407		$2,353		$16,899	$19,861	$36,760
Electricity:									
Fiscal year 1963 lights						85,000	85,000		85,00
Fiscal year 1964 lights						50,000	50,000		50,000
Metered service						5,000	5,000		5,000
Telephone						23,500	23,500		23,500
Total additional proposals			$34,407		$2,353	163,500	180,399	19,861	200,260

Summary of capital outlay projects (fiscal year 1964)

1963 allocation in annual act	$9,978,525
Original budget estimate submitted to House	11,785,500
Reductions:	
Voluntary	17,889
House action	1,030,111
Total	1,048,000
House allowance on original estimate	10,737,500

Additional proposals, Senate Document No. 32, $525,000:

Project No.	Priority	Project title	Amount
28–2		Street lighting and communications improvements (general fund)	$525,000
28–3	2	Highway planning, programing, and research (highway fund)	17,900
		Total additional proposals	542,900
		Total estimate for 1964	11,280,400

Analysis by funds

	1963	1964
General fund	$650,000	$525,000
Highway fund	9,328,525	10,755,400
Total	9,978,525	11,280,400

CAPITAL OUTLAY PROJECT SCHEDULE, FISCAL YEAR 1964

Department: Highways and traffic.
Project title: Street lighting and communications improvements.
Location: Various locations.

Scope of work: Improvements to street lighting, installation of fire alarm and police call boxes, and necessary cable extensions and replacements within the District of Columbia.

Fund: General.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$525,000		$525,000	
Furniture and equipment				
Total	525,000		525,000	

JUSTIFICATION OF INCREASES

Project 28–2, $525,000, electrical improvements.—Funds are requested for the following electrical improvement programs:

A. Street lighting	$331,000
B. Transfer and rearrangement of traffic signals on street light poles	19,000
C. Police patrol box installation	27,500
D. 5-alarm box installation	14,800
E. Cable replacement and extensions	132,700
Total, electrical improvements	525,000

A. *Street lighting.*—The estimated amount of $331,000 is requested for the fiscal year 1964 for the purchase of street light standards, brackets, luminaires, and other equipment necessary to continue the modernization of existing street lights to conform to the improvement program and for the lighting of streets scheduled for improvement under the highway program.

The areas to be relighted and improved consist of—

(1) Streets and alleys bounded by South Capitol Street, C Streets SE., Pennsylvania Avenue SE., Water Street SE., 12th Street and M Street SE.

(2) Streets and alleys bounded by M Street SW., Canal Street SW., the Anacostia River, and First Street SE.

B. *Transfer and rearrangement of traffic signals on street light poles.*—The amount of $19,000 is requested to cover the cost of transferring and rearranging traffic signals located on street lighting poles. These moves are made necessary by street lighting improvements and installations of new lighting.

C. *Police patrol box installations.*—The amount of $27,500 is requested for installing new precinct police patrol boxes at 19 locations, designated by the Chief of Police. Continued growth and development of the city requires these additional boxes, providing the foot patrolman with the means of contacting his precinct with the least delay. The proposed locations are:

Precinct No.	Location	Estimated cost
2	4th and L Sts. NW	$1,345
6	Blair Rd. and Tuckerman St. NW	949
6	6th and Butternut Sts. NW	1,186
7	Loughboro Rd. and Maud Pl. NW	1,042
8	34th St. and Woodley Rd. NW	1,508
8	Utah Ave. and Rittenhouse St. NW	893
9	Mount Olivet Rd. and Holbrook St. NE	578
9	17th and C Sts. NE	1,564
9	18th St. and Maryland Ave. NE	6,380
9	16th and F Sts. NE	2,080
11	16th and Erie Sts. SE	453
11	Naylor Rd. and Fairlawn Ave. SE	1,568
12	7th and Monroe Sts. NE	1,058
12	22d and Taylor Sts. NE	2,800
12	4th and Channing Sts. NE	682
12	9th and Evarts Sts. NE	779
14	51st and F Sts. SE	828
14	46th and G Sts. SE	745
14	Ridge Rd. and D St. SE	1,062
	Total	27,500

D. *Fire alarm box installations.*—The amount of $14,800 is requested for the installation of new fire alarm boxes at 10 locations, designated by the Chief of the Fire Department. These locations are chosen after surveys made by the various battalion chiefs. Serious hazards are diminished when the distances between existing alarm boxes are lessened. The proposed locations are:

Section	Location	Estimated cost
Northeast	15th and W Sts.	$1,768
Do	330 V St.	1,103
Southeast	Barnaby Rd. and Darrington St.	848
Northwest	13th St. and Leegate Rd.	1,322
Do	14th and Locust Sts.	995
Do	Morningside Dr. and Iris St.	1,562
Do	45th and Ellicott Sts.	1,368
Do	49th and Fulton Sts.	1,793
Do	2800 block of Chain Bridge Rd.	3,304
Do	3100 block of Chain Bridge Rd.	737
	Total	14,800

E. Cable extensions and replacements.—The amount of $132,700 is necessary for the replacement of defective cables as well as to provide new cable extensions to our fire alarm, police patrol, telephone, and radio.

(1) Two hundred thousand feet of 6 conductor, No. 14 rubber insulated, neoprene jacketed cable, $15,000: This cable to be used for the replacement of aerial laterals now being fed to fire alarm and police boxes, where tree growth has impaired the efficiency of telephone and fire alarm service. Also for use in connection with fire alarm and police box installations.

(2) Fifteen thousand feet of 10-pair combination (5 pairs No. 14, 5 pairs No. 19) neoprene jacketed, rubber insulated cable, $16,500: This cable to be used for replacement of defective cables and laterals to schools, libraries, firehouses, etc.

(3) Twelve thousand four hundred and fifty feet of 25-pair combination (20 pairs No. 19, 5 pairs No. 14) neoprene jacketed, rubber insulated cable, $28,100: This cable to be used for the replacement of cables that are defective and for the replacement of existing 10-pair laterals where no pairs are available.

(4) No. 17 and No. 12 duplex wire, $8,000: To be used for aerial telephone, police patrol box circuits, and fire alarm circuits, relocation on a temporary basis of telephone lines and fire alarm circuits in advance of construction work.

(5) Thirteen thousand five hundred feet of 25-pair combination No. 19 and No. 14 rubber insulated, neoprene jacketed cable, $26,100: This amount is necessary to purchase 13,500 feet of 25-pair combination cable (15 pairs No. 19 AWG, 10 pairs No. 14 AWG) rubber insulated, neoprene jacketed, to be installed between the terminal at 25th Street and Good Hope Road SE., and No. 25 Engine Company at Nichols Avenue and Esther Place SE. The existing cable is over 60 years old and the sheath is crystallized and trouble is occurring so frequently that there is danger of disruption of service to the police and fire alarm circuits. Additional circuits are also badly needed in this area for school telephones, police patrol and fire alarm.

(6) Six thousand one hundred feet of 50-pair combination (30 pairs No. 19 AWG, 20 pairs No. 14 AWG) rubber insulated, neoprene jacketed cable, $16,000: This cable to be installed between the Ketcham School at 15th and U Streets SE., and the cable terminal at Alabama Avenue and Naylor Road SE. The existing lead jacketed cable is old and filled to capacity. The old cable has been in service for over 50 years and additional conductors are badly needed in this area for fire alarm, police, and school telephone facilities.

(7) Eight thousand eight hundred and nine feet of 50 pair No. 19 AWG signal and telephone neoprene jacketed cable, $23,000: This cable is to be installed between No. 11 Police Precinct at Nichols Avenue and Chicago Street SE., and No. 25 Engine Company in the 3200 block of Nichols Avenue SE. The present cable is old, having been in service for approximately 50 years. The existing lead sheath is crystallized and maintenance is difficult due to many breaks. The existing cable is also filled to capacity. Additional conductors are badly needed to service additional fire alarm, police, and telephone facilities of the schools in this area.

Total, $132,700.

SENATE RESTORATION REQUEST, $17,900

Department: Highways and Traffic.
Project title: Highway planning, programing, and research.
Location: Various locations.
Scope of work: Establishment and operation of ADP installation.
Fund: Highway.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey	$58,500		$17,900	
Plans and specifications				
Construction				
Furniture and equipment				
Total	[1] 58,500		17,900	

[1] Federal aid participation.

JUSTIFICATION

Project 28–3, $17,900—Highway planning, programing, and research

The additional proposal is requested to cover the District of Columbia share of the cost of the staff, site preparation and machine rental required for the establishment and operation of the ADP installation justified in activity 1, administration.

THREE SISTERS BRIDGE

Senator BYRD. Mr. Aitken, it is good to see you again. We had quite lengthy hearings last year in connection with the Three Sisters Bridge. I wonder if you would like to go into this matter at this time?

Do you have a statement prepared? Would you like to comment on Three Sisters?

Why don't you proceed in any manner you wish, in an effort to cover whatever ground you think we will have to survey.

REQUESTS GEARED TO FEDERAL FUNDS

Mr. AITKEN. Senator, I do not have a prepared statement. I have some general figures and comments I would like to offer.

In the past, the scope of our request for appropriation of District of Columbia funds has been geared to the availability of Federal funds.

From 1956, which was, of course, the start of the interstate highway program, to date, approximately $175 million has been apportioned to the District of Columbia for the interstate highway program.

In 3 days—that is, on October 1—we expect to receive about $10.9 million additional. Between now and the end of the fiscal year, we will receive about 3 times 9.4 or about $28 million, of additional interstate money.

Therefore by July 1 next year the District of Columbia will have had apportioned to it approximately $200 million of interstate highway money. As of August 31, 1963, we had obligated approximately $120 million of this sum.

During the past fiscal year, 1962–63, we obligated a total of approximately $35 million—I will verify that figure—$36 million.

PROJECTS COMPLETED

Since we met with you last year, we have completed a number of major projects.

Now, sir, I would like to have someone refer to the map. Can you see that map all right, sir? Is the light all right?

Senator BYRD. Yes.

Mr. AITKEN. We have completed Anacostia Freeway from Chesapeake Street to the District of Columbia Line.

Senator BYRD. Will you have a similar map for the record?

Mr. AITKEN. Yes, sir.

(The map referred faces the page.)

Mr. AITKEN. We have completed Anacostia Freeway from East Capitol Street to Pennsylvania Avenue. We have completed and opened to traffic the 12th Street Expressway, from the Southwest Freeway to Constitution Avenue. We have opened to traffic the Washington Channel Bridge.

Incidentally, Senator, with reference to the Washington Channel Bridge and the Southwest Freeway and 12th Street, the traffic inbound divides almost equally between the old 14th Street to the north, and 12th Street and the freeway to the east. The traffic both ways on the 14th Street Bridge last month averaged approximately 130,000 vehicles per day.

We also completed K Street from Connecticut Avenue to 25th Street, including the underpass under Washington Circle.

We completed Seventh Street from Pennsylvania Avenue to G Street, Independence Avenue from First Street SW. to Second Street SE., Monroe Street NE., from 12th to 18th Streets, and the Southwest Freeway from Washington Channel Bridge to the center leg. This latter section of freeway was opened to traffic on August 26, and within 2 days it was carrying approximately 32,000 vehicles per day.

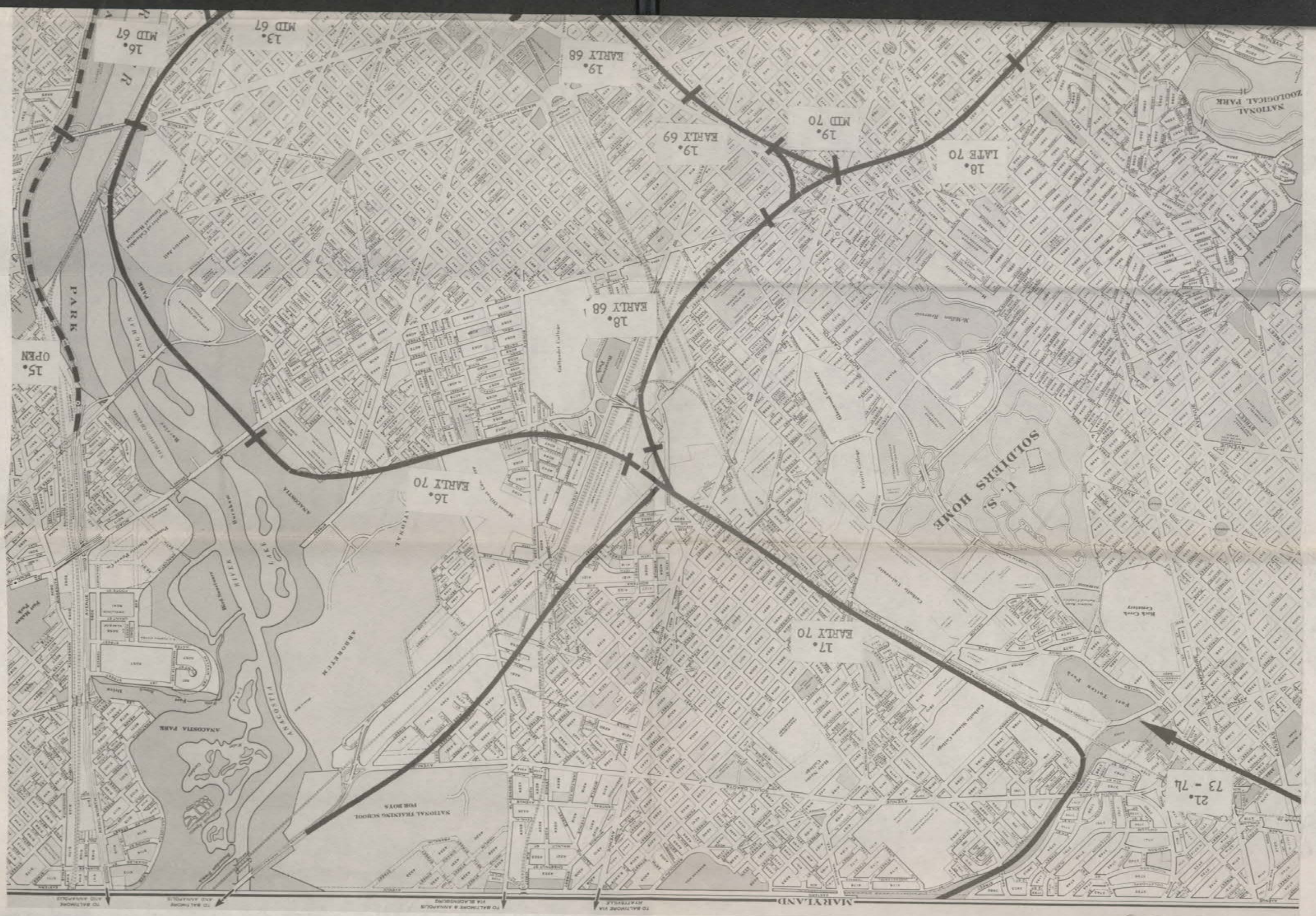
We expect to complete the freeway between the center leg and South Capitol Street about May 1964.

PROJECTS DUE IN NEAR FUTURE

The Southeast Freeway from South Capitol to Sixth Street SW., should be completed approximately a year later by June 1965. The Potomac River Freeway from E Street to the K Street interchange should be completed late in 1965. The Theodore Roosevelt Bridge and some approaches on both sides should be open to traffic early in 1964.

The 11th Street Bridge, that is, the east structure, should be completed early in 1965. The Anacostia Freeway from Pennsylvania Avenue now to Chesapeake Street, which is the remaining portion of this facility, should be completed in May 1964. This will be another major accomplishment of an important public works project that we have had underway for a number of years to help relieve traffic in the downtown areas. Traffic that is more or less going past Washington, traveling on a north-south route, should be able to come from Shirley via the beltway to Woodrow Wilson Bridge and thence through this facility on to the northeast without coming into the city proper.

The E Street Expressway from 23d Street to 19th Street is under construction and should be completed late in 1965, and Rhode Island Avenue, from Fourth Street NW., to Eighth Place, including the new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13. MID 67
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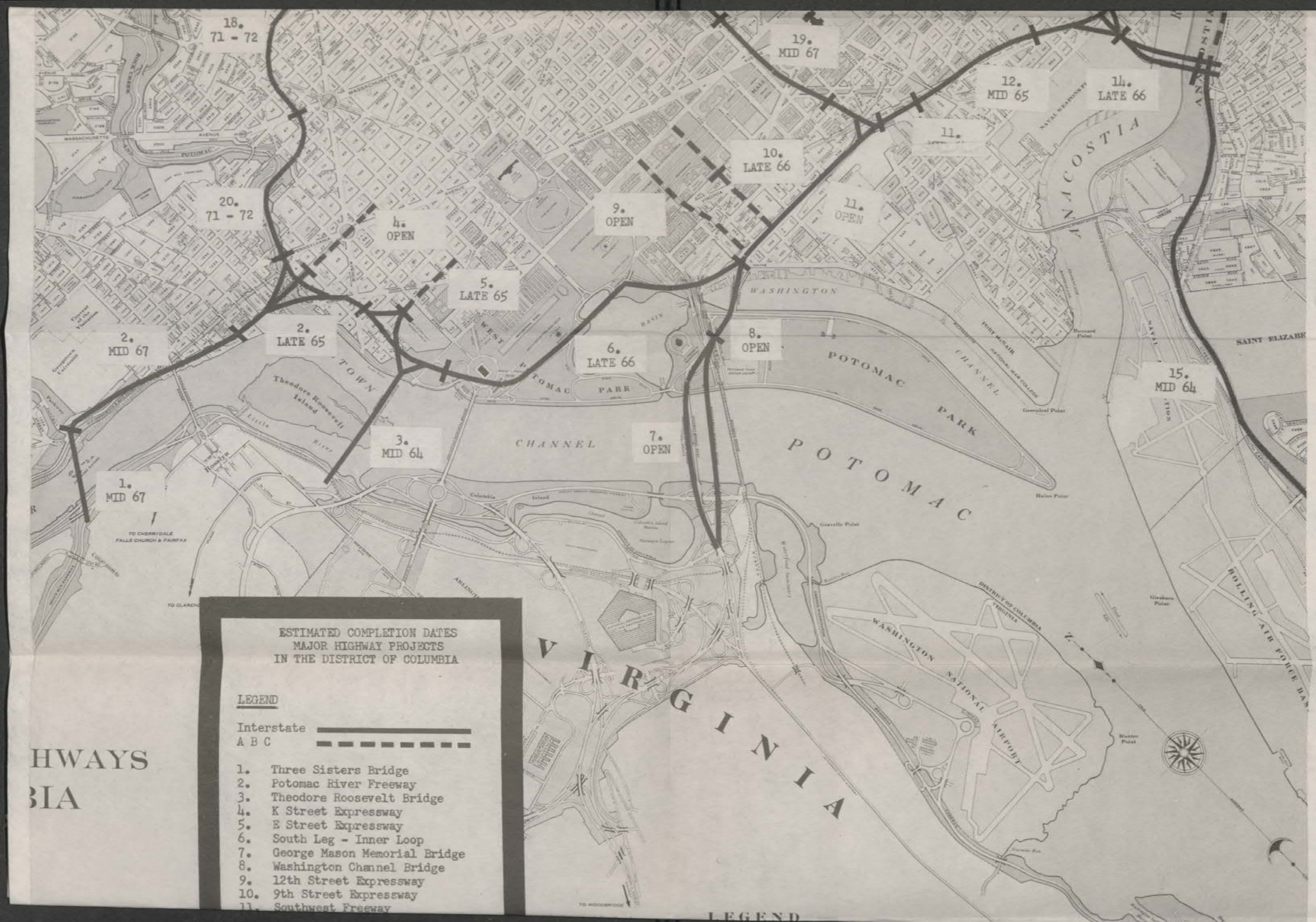
21. 13 - 74
PARK
ANACOSTIA PARK
ANACOSTIA
NATIONAL ZOOLOGICAL PARK
U. S. SOLDIERS HOME
NATIONAL TRAINING SCHOOL FOR BOYS
MARYLAND
TO BALTIMORE AND ANNAPOLIS
TO BALTIMORE & ANNAPOLIS VIA BLADENSBURG
TO BALTIMORE VIA HYATTSVILLE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MID 64
7.
OPEN
1.
MID 67
TO CHERRYDALE
FALLS CHURCH & FAIRFAX
TO CLARENDON
TO WOODBRIDGE
WASHINGTON
POTOMAC PARK
CHANNEL
ANACOSTIA
NAVAL
SAINT ELIZABE
WASHINGTON NATIONAL AIRPORT
DISTRICT OF COLUMBIA
VIRGINIA
BOLLING AIR FORCE BAS
Theodore Roosevelt Island
Little River
Columbia Island
Arlington Memorial Bridge
Fort Myer
Arlington National Cemetery
Fort Lesley J. McNair
National War College
Buzzard Point
Greenleaf Point
Gravelly Point
Haines Point
Giesboro Point
Hunter Point
Potomac River Freeway
Three Sisters Bridge
Memorial Avenue
Massachusetts Avenue
Potomac Avenue
Virginia Avenue
Constitution Avenue
Independence Avenue
Pennsylvania Avenue
Maine Avenue
Water Street
Canal Street
Virginia Ave. Tunnel
Center of the Washington Monument
Georgetown Reservoir
Parkway
Key Bridge
Francis Scott Key Bridge
Roosevelt Bridge
Theodore Roosevelt Bridge
Columbia Island Marina
Potomac Park Levee
Navy Yard
Navy Yard Annex
Naval Weapons Station
Naval Station
Naval Hospital
Anacostia Naval Station
Anacostia Freeway
Anacostia River
Anacostia Station
Anacostia Park
Anacostia Park Circle
Anacostia Freeway
Anacostia Drive
Anacostia Avenue

HWAYS
BIA

ESTIMATED COMPLETION DATES
MAJOR HIGHWAY PROJECTS
IN THE DISTRICT OF COLUMBIA

LEGEND

Interstate
A B C

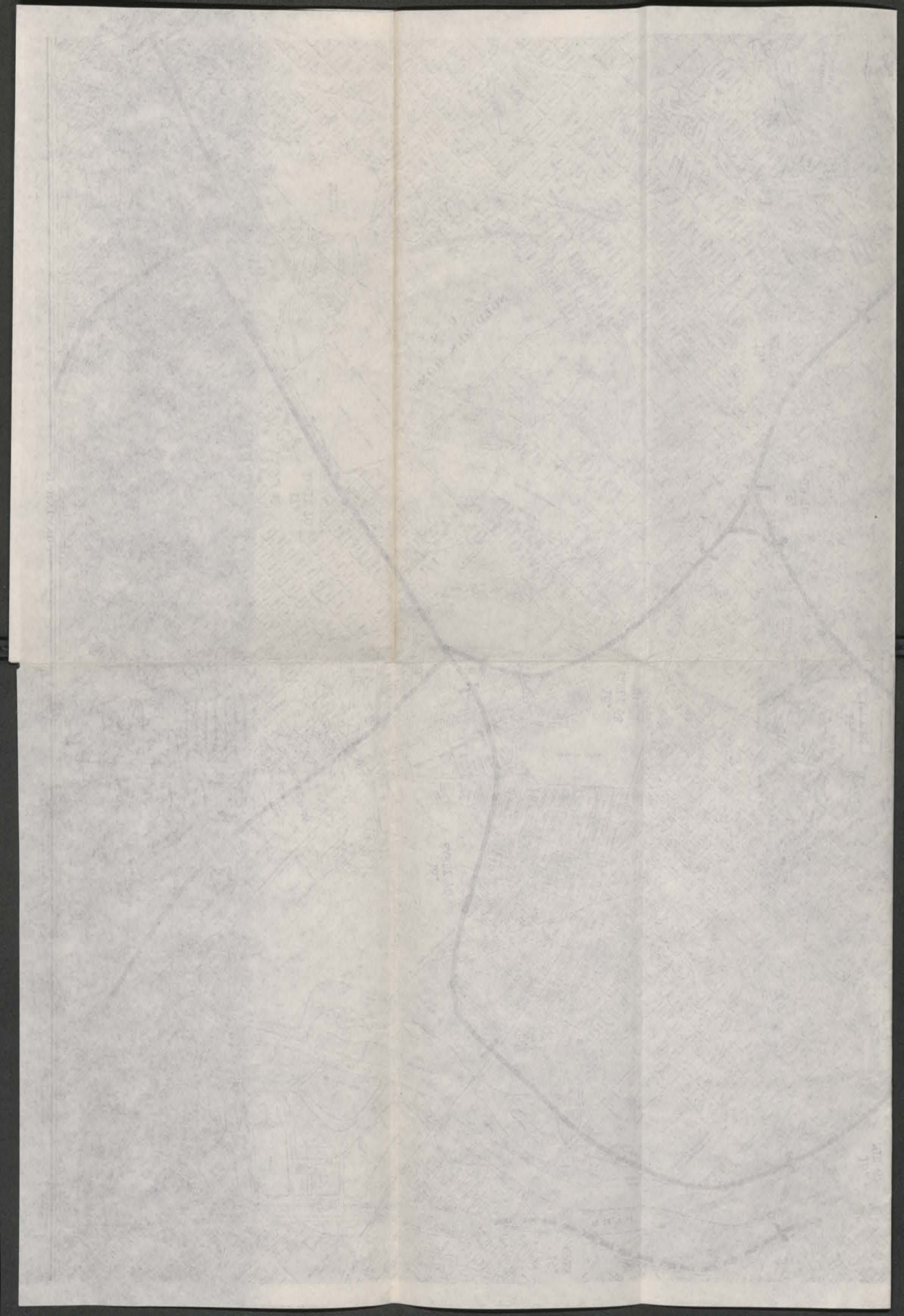
1. Three Sisters Bridge
2. Potomac River Freeway
3. Theodore Roosevelt Bridge
4. K Street Expressway
5. E Street Expressway
6. South Leg - Inner Loop
7. George Mason Memorial Bridge
8. Washington Channel Bridge
9. 12th Street Expressway
10. 9th Street Expressway
11. Southwest Freeway
12. Southeast Freeway
13. Interchange C
14. 11th Street Bridge
15. Anacostia Freeway
16. East Leg - Inner Loop
17. Northeast Freeway
18. North Leg - Inner Loop
19. Center Leg - Inner Loop
20. West Leg - Inner Loop
21. North Central Freeway

APRIL 1963

2. MID 67
LATE 65
6. LATE 66
OPEN
15. MID 64
3. MID 64
7. OPEN
1. MID 67
TO CHERRYDALE, FALLS CHURCH & FAIRFAX
TO WOODBRIDGE
POTOMAC PARK
CHANNEL
POTOMAC
VIRGINIA
WASHINGTON NATIONAL AIRPORT
ROLLING AIR FORCE BASE
Theodore Roosevelt Island
Columbia Island
Gravelly Point
Hains Point
Greenleaf Point
Giesboro Point
Hunter Point

LEGEND

EXISTING HIGHWAYS
PROPOSED HIGHWAYS
PUBLIC PARKS
OTHER PUBLIC PROPERTY



EXISTING
PROPOSED
PUBLIC PARKS
PUBLIC PARKWAY
OTHER
PROPOSED HIGHWAYS

structure under the tracks of the B. & O. Railroad should be completed late in 1964.

NO APPEAL FROM HOUSE ACTION

Mr. Chairman, we are not making any appeal from the appropriations that were granted by the House of Representatives. We are asking, of course, that consideration be given to the B budget which, as you indicated in your opening remarks, is a request for $323,400.

REQUESTS IN B BUDGET

Of this sum, $194,400 is from the general fund and the remainder is from the highway fund. The money from the General Fund is for electricity, lights, telephone service, and wage board increases. In fact, the amount shown on page 24–A–9, $180,399 is for service.

THREE SISTERS BRIDGE

Mr. Chairman, in the past we have described the location of the proposed Three Sisters Bridge. You took time to go out with us one day and look at the site of this proposed structure. Under the reexamination which is now underway by the Policy Advisory Committee in response to the President's letter of June 1, 1963, to the Board of Commissioners, there is a possibility that the site of that bridge may be shifted to another location. I am hopeful that, if this takes place, it will be agreeable to you and to the Congress so that we might proceed with that structure without waiting for another fiscal year. I do not know whether it is realistic to get this request on the record but I am hopeful that such would be the case.

Senator BYRD. Where would the alternate location be?

Mr. AITKEN. We now have two alternate locations being examined. One would be below Key Bridge, which would cross from just downstream from the Virginia approach of the Key Bridge, more or less in a northeasterly direction to the Georgetown waterfront area.

Senator BYRD. It would be between the Key Bridge and Theodore Roosevelt?

Mr. AITKEN. That is one location, sir, that is being examined. However, the location that seemed to warrant the most merit at the present time and the plan which is being reviewed in detail in my Department and by the Virginia Department of Highways is a location about 800 feet upstream from Key Bridge. And at this site, the bridge would be more or less parallel to Key Bridge and approximately midway between Key Bridge and the Three Sisters Bridge site.

One advantage of this site is that, it avoids the issue with reference to Spout Run in Virginia and it avoids the issue of concern with respect to Glover Archbold Parkway.

QUESTION OF ALTERNATE LOCATION

Senator BYRD. Last year we marched up this hill in the face of considerable fire. Why was it you permitted your troops to go up the hill and get shot at? We held out for the old location for the Three Sisters Bridge and now you come up with what you say is a more desirable location than that one.

Mr. AITKEN. Well, sir, I do not mean to argue with you. I do not mean to imply it is a better location. I think, in terms of service, the Spout Run location at Three Sisters is better. If it appears that it is impossible to build that bridge, then we are trying to find a second best.

Senator BYRD. I see. You still maintain that the old location is the best of the three?

Mr. AITKEN. Yes, sir.

Senator BYRD. So we were not fighting for a vain cause at that time, were we?

Mr. AITKEN. No, sir. As I see it, the Three Sisters Bridge and the approaches we could provide to that structure would provide much better service to Northwest Washington than the other site. We can get service at the new site but it will not be as good.

INTERCHANGE C AND NORTHEAST FREEWAY

Senator BYRD. All right. Last year the House, I believe, eliminated funds for interchange C, together with the Northeast Freeway and the east leg.

Mr. AITKEN. Yes, sir. That is correct.

SOUTHEAST FREEWAY DELETION

Senator BYRD. For those items. And then the Senate deleted $760,000 for the Southeast Freeway between 13th Street SW. and Barney Circle, and the Department indicated that that project could be deferred until such time as the interchange C is constructed. Would you gentlemen point out these items on the map?

Mr. AITKEN. Yes, sir. They do not show on that map as it is now drawn, Senator, but where Mr. Grant is pointing is the approximate location of the old interchange C. The east leg, at the time you are referring to, followed the line between 10th and 11th Streets NW. and SW.

Senator BYRD. Those two items were eliminated?

Mr. AITKEN. Yes, sir. The Southeast portion that you referred to connected interchange C to Sousa Bridge.

Senator BYRD. That was eliminated by the Senate?

Mr. AITKEN. Yes, sir.

Senator BYRD. What is the picture in 1964 on these items, Mr. Aitken?

Mr. AITKEN. You mean in a detailed sense, sir, or in a general way?

Senator BYRD. Well, you can do it in a general way and then submit something in a detailed sense for the record.

BEHIND IN OBLIGATING FEDERAL FUNDS

Mr. AITKEN. As I indicated in my opening remarks, we are behind in terms of obligation of Federal funds. In a total sense it appears that we will have unobligated something in the order of $60 million at the end of this fiscal year. That is $60 million of Federal-Interstate money that has been apportioned to the District of Columbia that we cannot obligate.

In a total sense, we now have relatively few contract plans on the shelf. In fact, we are practically out of work. Our estimated obli-

gation for the remainder of this fiscal year is a rough estimate. It is still dependent upon the planning process. In other words, if we can firm up our planning so that we can proceed with engineering and acquisition of right-of-way, the obligation rate could step along at a pretty lively rate.

If the planning decisions cannot be obtained, then it is strictly a guess as to what we can acquire, and as to what we can do. Consequently, because of these planning problems and planning hurdles, our request for appropriations in fiscal 1964 are less than we would have asked for if we could have gone ahead with construction on a reasonable schedule.

In other words, I am trying to explain the difference between our request, the Federal funds available and what we think we can do. The budget we submitted to the House includes a request for money for the north leg, as indicated by Mr. Grant, the north leg is between the interchange of 27th and K Streets NW. and continues on over to the Northeast, near the old Harmony Cemetery site. The money requested was for engineering and right-of-way.

EAST LEG, INNER LOOP

The request for money for the east leg of the inner loop again is for engineering and right-of-way at the location indicated by Mr. Grant. This would extend between the old interchange C site easterly and northeasterly and northwesterly along the western bank of the Anacostia River to the old Harmony Cemetery site. We requested money for the 11th Street Bridge and approaches, Southeast. That is one project, Senator, where we have plans and can proceed with construction as soon as other construction steps get out of the way.

The money we requested for interchange C in the House was deleted, with our concurrence, because we already had money appropriated for interchange C which we felt would meet our requirements for this fiscal year.

Senator BYRD. So, you will be able to proceed.

Mr. AITKEN. Yes, sir.

To explain that a bit, we are making the budget now, say, for 1965. We have to estimate where we are likely to be a year later and consequently if we get caught and cannot do it, we will certainly tell you so.

CENTER LEG, INNER LOOP

The next major project is a request for money for the center leg of the inner loop. This project extends from the interchange near Second and D Streets SW., northerly to a connection with the north leg of the inner loop. At the present time, the interchange just south of Second and D SW., which was opened to traffic on August 26, is tied in temporarily with the street system. Traffic from First, Second, and Third Streets, and the traffic on C Street has an opportunity to use the freeway to the west. That is a temporary connection.

NORTHEAST FREEWAY

The last major freeway project is the Northeast Freeway, and we are requesting funds for engineering and right-of-way. Therefore,

in a summary sense, Senator, our requests for fiscal year 1965 in the interstate highway program, except for the 11th Street Bridge, are for engineering and right-of-way requirements.

NINTH STREET EXPRESSWAY

One other major project is not interstate. It is 50/50, that is, will be financed with 50 percent District of Columbia and 50 percent Federal aid dollars. It is the Ninth Street Expressway. This is the part necessary to serve southbound traffic and goes with the 12th Street Expressway, northbound.

Just 2 days ago we reached agreement with the Smithsonian people on how to get past the old Smithsonian Institution, and I think now that we can proceed with that project vigorously in the months ahead.

THREE SISTERS BRIDGE, POTOMAC FREEWAY, INNER LOOP

Senator BYRD. The Senate report last year urged that you proceed without further delay on the Three Sisters Bridge, and the Potomac Freeway and the north leg of the inner loop.

You have been unable to proceed on any of these, right.

Mr. AITKEN. That is correct, sir, in this sense. For the purpose of our budget description and budget submission to the Congress, the Potomac River Freeway begins at about 25th and G Streets NW. as Mr. Grant is referring to it with his pencil. The Potomac River Freeway in our budget description extends northerly through the intersection at 27th and K and up the Potomac River to the river crossing.

With reference to the interchange at 27th and K and, as far west as 31st Street, this has not been in dispute and we have been proceeding this year in the award of contracts on it.

Senator BYRD. There has been a delay in that section of the Potomac Freeway?

Mr. AITKEN. No, sir, but the section from 31st Street to the west has been held up pending the decision on the river crossing.

Senator BYRD. We have appropriated some moneys for the Three Sisters Bridge and for the Potomac River Freeway beyond where you are now working, have we not?

THREE SISTERS BRIDGE SITUATION

Mr. AITKEN. Yes, sir. Congress appropriated $30,000 in fiscal year 1962 for design of the Three Sisters Bridge, and $300,000 last year for the District of Columbia share of the substructure. None of that money has been obligated. Approximately $1½ million has been appropriated, that is, District of Columbia dollars, for the District share of the Potomac River Freeway that have not yet been obligated.

Senator BYRD. This is all 90–10 money, is it not?

Mr. AITKEN. Yes, sir. Just as soon, Senator, as decisions can be made on these matters, we would like to proceed as expeditiously as we can in order to comply with your request of a year ago.

Senator BYRD. When do you foresee the possibility that decisions will be made and that some movement can follow?

Mr. AITKEN. Well, Senator, the President's letter to the Board of Commissioners asked that this reexamination cover the Three Sisters Bridge and the north leg of the inner loop and related projects which naturally affects the Potomac River Freeway. Since General Duke is Chairman of that Committee, I would like, if it is agreeable to you and if it is agreeable to General Duke, to ask him to advise you on this point because he is timing the situation and so forth.

Senator BYRD. Yes, General Duke, we would like you to say something on this point.

POLICY COMMITTEE FOR REPLY TO PRESIDENT

General DUKE. I would be delighted to, Mr. Chairman. As you know and as Mr. Aitken has already said, the Board of Commissioners has been asked by the President to reexamine these projects and to report back to him after coordinating this review with the principal agencies here in the District involved in this problem.

In keeping with this coordination requirement, we have organized a committee which we call the Policy Advisory Committee to advise the Board of Commissioners on what action should be taken and what action should be reported to the President.

I might identify for the record and for your information, also, the composition of that Committee. It is composed of myself, as Chairman of the Committee, as Mr. Aitken said. Serving with me are the Administrator of the National Capital Transportation Agency, Mr. Stolzenbach; the Federal Highway Administrator, Mr. Whitton; the Chairman of the National Capital Planning Commission, Mrs. Rowe; the Chairman of the Commission of Fine Arts, Mr. Walton; the Assistant Administrator for Transportation of the Housing and Home Finance Agency, Mr. Kohl; and the Director of the National Park Service, Mr. Wirth. This makes a committee of seven people. We also have a representative of the Bureau of the Budget sitting in on each meeting as an observer.

We have held several meetings to date and at the moment we are involved in two simultaneous studies, one having to do with the possibility of relocating the Three Sisters Bridge. This is postponing, in effect, the discussion or consideration of the requirement for the bridge because we feel that, to a certain degree, the requirement would be tied in to the decision on the north leg itself. But we recognize full well that considerations other than strictly engineering considerations play a vital role in the decision on this project and, as mentioned by Mr. Aitken a while ago, two alternate sites are being considered in an endeavor to try to resolve what one might call the other-than-engineering considerations.

ALTERNATIVE PROPOSALS FOR NORTH LEG

With respect to the north leg, itself, we are considering several alternative proposals that have been submitted by the various members of the Committee. Actually, these proposals fall into three general categories. At one end of the spectrum, having to do with the class of project that would carry the most traffic, we are considering eight-lane freeways—two different proposals, in fact. One has a minimum of right-of-way taking, and the other what the planners consider to

be an "optimum" taking of right-of-way. This would be an eight-way freeway and would have a sizable capacity for handling traffic.

At the other end of the spectrum we are considering a couple of proposals having to do with advancement of one-way streets only, with grade separations at various streets to enhance the carrying capacity as much as possible. Of course, this is on the side of minimum relocation, because under such conditions, there would be practically no relocation problem involved.

OTHER PROPOSALS

Then in the middle, which amounts to somewhat of a compromise between these two solutions, the Committee is reviewing a proposal which has to do with the separation of the two types of traffic involved. The through traffic would be passed underneath the streets in a tunnel-type arrangement and the local traffic would be carried above the tunnel on a one-way street with controlled lighting. This would separate the local traffic, in other words, from the route traffic.

Without indicating any relative merits of the proposals at this time, I just would like to indicate that these are the three general types of proposals that are being considered. In large measure, this is indicative of the interplay of these various factors that must be brought to bear in the ultimate decision—the engineering factors, the traffic-bearing requirement for such facility, the social factors of relocation (and since this is such a densely populated urban area, these social factors, of course, are extremely important), and also the factor that might be called the esthetic factor, having to do with the resultant beauty of the environment.

We are keeping in mind as we go through this study, that all of these factors have their part to play in the ultimate decision and we are trying to blend these to the greatest extent possible, keeping in mind that this project, as an engineering accomplishment, will be here for an awfully long time. We must solve all of the problems that bear on this facility as they come up in the most practical manner.

OBLIGATION OF COMMISSIONERS

The Board of Commissioners is obligated at the moment to send in our report to the President by the end of December of this year. Incidentally, the Committee is not ruling in an authoritative manner on these proposals—we are merely discussing the items and developing the consensus of the various members of this Committee in order that I, as a member of both the Board and the Committee, may advise my fellow Commissioners as to the feeling of the Committee. We are hopeful that I can get the feeling of the members in such time that we can advise the President in a manner that will meet with acceptance.

Senator BYRD. And until this action has been taken and a further decision reached, as I understand it, Mr. Aitken, the committee can do nothing in the matter except approve the appropriations as made by the House, and I understand this is your request.

Mr. AITKEN. Yes, sir.

Senator BYRD. You are not appealing anything?

Mr. AITKEN. No, sir.

Senator BYRD. And you still stand in the same position that you so valiantly defended last year, to wit, that another bridge is needed over the Potomac River, I suppose?

Mr. AITKEN. Yes, sir; I certainly do.

INCREASE IN TRAFFIC BY YEARS

Senator BYRD. And, incidentally, would you include for the record a chart showing the increase in traffic over the past 10 or 15 years?

Mr. AITKEN. I have a monthly report in my pocket. We will submit it for the last 10 years.

Senator BYRD. Did you say you have something on a monthly basis for the last year?

Mr. AITKEN. Yes, sir. During the last year—this is from August 1962 to August 1963. In August 1962, 5 Potomac River bridges including Woodrow Wilson carried 315,742 vehicles each workday.

In August 1963 and adding 13,093 for Cabin John Bridge, the river bridges carried 329,826. During this period there was some decrease on Key Bridge, approximately 3,000. No, I am sorry, it was an increase of 3,000. But there is a decrease on Memorial Bridge of some 7,000 and there is an increase on the Highway Bridges of approximately 5,000.

Mr. Chairman, would you like to have me submit this to the secretary?

Senator BYRD. Certainly.

(The document referred to follows:)

DISTRICT OF COLUMBIA DEPARTMENT OF HIGHWAYS AND TRAFFIC, BUREAU OF TRAFFIC ENGINEERING AND OPERATIONS, INVESTIGATIONS, SURVEYS, RESEARCH, AND INVENTORY DIVISION

24-hour traffic comparison, weekday, Saturday, and Sunday, August 1963

Number and location of machine station	Weekday						Saturday			Sunday		
	1963	1962	Percent change	1963	1953	Percent change	1963	1962	Percent change	1963	1962	Percent change
08 Highway Bridge	129,728	124,162	+4.5	129,728	104,347	+24.3		103,333		92,970		
09 Memorial Bridge	72,304	79,618	−9.2	72,304	51,816	+39.5	47,810	51,260	−6.7	43,610	46,500	−6.2
10 Key Bridge	69,126	66,087	+4.6	69,126	45,778	+51.0		53,316			42,040	
27 Woodrow Wilson Bridge	24,802	22,287	+11.3	24,802			23,600			23,510		
98 Cabin John Bridge	13,096			13,096			13,459			11,225		
99 Chain Bridge	20,770	23,588	−11.9	20,770	13,512	+53.7	16,240	17,530	−7.4	15,780	18,900	−16.5
Total, Potomac River bridge traffic	329,826	315,742	+4.5	329,826	215,453	+53.1						
05 Benning Rd. NE., west of 34th St	43,448	39,718	+9.4	43,448	64,705	−32.9	49,340	44,300	+11.4	40,690	37,720	+7.9
06 Sousa Bridge	47,403	46,653	+1.6	47,403	52,490	−9.7	43,610	42,020	+3.8	35,560		
07 Anacostia Bridge (11th St.)	32,112	34,174	−6.0	32,112	33,168	−3.2	30,270	29,619	+2.2	23,970	23,564	+1.7
23 South Capitol Street Bridge	62,060	58,268	+6.5	62,060	48,102	+29.0	51,580	49,940	+3.3	43,910	44,180	−.6
24 East Capitol Street Bridge	51,992	49,862	+4.3	51,992			45,230			39,470		
Total Anacostia River Bridge traffic	237,015	228,675	+3.6	237,015	198,465	+19.4						
01 Wisconsin Ave. past District of Columbia line	35,310	37,898	−6.8	35,310	27,321	+29.2	32,700	35,190	−7.1	24,040	26,510	−9.3
02 Georgia Ave. at Silver Spring viaduct	34,312	33,390	+2.8	34,312	33,430	+2.6	29,950	29,480	+1.6	21,890	22,200	−1.4
04 Bladensburg Rd. NE., north of Earl Pl	24,245	23,732	+2.2	24,245	35,311	−31.3	19,860	20,240	−1.9	14,240	15,870	−10.3
11 Connecticut Ave. NW., south of Macomb St	36,670	34,592	+6.0	36,670	30,596	+19.9	28,910	29,338	−1.5	25,820	26,356	−2.0
12 16th St. NW., between Euclid and Fuller Sts	33,438	32,222	+3.8	33,438	26,559	+25.9	28,360	27,906	+1.6		23,405	
13 Rhode Island Ave. NW., between North Capitol and 1st Sts.[1]	*28,916			28,916	25,442	+13.7				19,670		
14 13th St. NW., between Eye and K Sts.[1]		19,698			19,237			15,669			11,272	
15 K St. NW., between 18th and 19th Sts.[1]	*25,494			25,494	18,592	+37.1	19,730			14,330		
17 Pennsylvania Ave. SE., between 5th and 6th Sts	31,494	30,794	+2.3	31,494	28,395	+10.9	32,360	28,130	+15.0	28,850	22,800	+26.5
19 Canal Rd. NW., between 36th St. and Foxhall Rd	29,678	28,604	+3.8	29,678	21,703	+36.7	23,250	23,253	−0	20,910	19,757	+5.8
20 Massachusetts Ave. NW., east of 30th St	38,420	41,668	−7.8	38,420	32,592	+17.9	30,050	32,070	−6.3	24,210	26,260	−7.8
21 13th St. NW., between Fairmont and Girard Sts	27,520	26,612	+3.4	27,520	23,880	+15.2	23,370	21,280	+9.8	16,530	15,540	+6.4
22 Sherman Ave. NW., between Euclid and Fairmont Sts	26,458	24,732	+7.0	26,458	18,149	+45.8	24,200	22,576	+7.2	17,350		
Subtotal	884,386	858,661	+3.0	938,796	735,888	+27.6	511,860	504,132	+1.5	344,450	346,157	−.5
25 Baltimore-Washington Parkway at District of Columbia line	76,322	67,140	+13.7	76,322			72,140	65,180	+10.7	70,480	62,230	+13.3
26 Kenilworth Ave. underpass at District of Columbia line	48,164	37,738	+27.6	48,164			40,060	30,430	+31.6	36,800	27,230	+35.1
Total all stations	1,008,872	963,539	+4.7	1,063,282	735,888	+44.5	624,060	599,742	+4.1	451,730	435,617	+3.7
29 River Rd. past District of Columbia line	19,550			19,550			16,050			12,640		

[1] Stations Nos. 13, 14, and 15 no comparison; construction at station locations.

* Traffic at stations 13–15 not included in 1963 subtotal. All stations for 1963-1962 comparison because no 1962 comparable count possible due to construction.

Senator BYRD. There is nothing in the evidence to reactivate the Glover Archbold Parkway, is there?

Mr. AITKEN. No, sir.

Senator BYRD. The committee will recess for 5 minutes.

(A short recess was taken.)

HOUSE ITEMS AFFECTED BY STUDY

Senator BYRD. Mr. Aitken, the study has been referred to and inasmuch as we are going to have to await the outcome of the study, would you mind stating for the record what items acted on by the House may be affected in one way or another by the study when it is completed?

Mr. AITKEN. Well, sir, the House appropriated money for the north leg in 1964 and that is the only project on which we requested funds in 1964 that is covered in part by the reexamination. The north leg, for reexamination purposes, extends from approximately 27th and K to the northerly end of the center leg. The north leg for budget purposes, extends from 27th and K past the interchange with the center leg up to the east and northeast probably to tie in with the parkway out near the Maryland-District line.

Now, Senator, it may be advisable in the preparation of our budget next year, and I think we will do this, to use some means to split the north leg so that it is not confusing because I am concerned that it might be at the present time. To carry on then, with the $900,000 that the House appropriated in fiscal 1964 for the north leg, we asked for money for both engineering and right-of-way.

BUILDING PERMIT REQUESTS

Now, under the Code of the District of Columbia—and I have been informed about this by the Corporation Counsel—we do not have authority to refuse a building permit to a property owner. If he comes in and wishes to build something, we cannot refuse a building permit. But, unfortunately, as soon as plans become relatively firm with reference to freeways, a good many people get very busy on plans and other activities. We are in a situation now where a man is digging a basement for a structure on the line of the proposed center leg, and on the one hand we cannot stop him. On the other, we do not want him to build it because we would rightly be subject to criticism. So, I feel that it is advisable to have money in here for engineering and right-of-way so that by the time the location becomes pinned down, we can go ahead and buy parcels if necessary to prevent construction.

On the center leg, for example, it might appear we have plenty of money. We asked for $1,294,000, and the House appropriated that sum. That sum is for engineering and right-of-way, but the engineering on that facility will be quite expensive and we have before us the site situation to which I referred.

DEMANDS OF PROPERTY OWNER

This same owner owns still other parcels nearby and it is quite possible that something in the order of a fourth of this amount, when it is

matched with 90 percent, would be required to buy his property. So, I think, in view of the absence of authority in our law to protect our planning, that we should have money for right-of-way.

Senator BYRD. You are talking about a piece of property that would approximate $3 million.

Mr. AITKEN. This man has three sizable pieces of property and several individual lots. I think most of them are in the same square. And another thing, Senator, as freeways proceed and it appears that we get ready to build them, it seems the price of land skyrockets.

AMOUNT NEEDED

Senator BYRD. Are you saying that you could not do with anything less than the $900,000?

Mr. AITKEN. Sir, I am not saying we could not do with anything less, but I would say that I think it is advisable to have it. These are highway dollars. They are from the highway fund. If they are not needed, they will not be spent.

Senator BYRD. Will the Federal matching funds be available?

Mr. AITKEN. Yes, sir. As I indicated earlier, we are going to have some $60 million of Federal funds available that we cannot match even if the Senate agrees with the House in the appropriation of sums requested in fiscal year 1964.

Senator BYRD. Do you foresee a need of utilizing this entire amount in this fiscal year for the north leg of the inner loop freeway?

Mr. AITKEN. I think it is important that we have it as insurance. You do not have to buy very many parcels to use up a sizable piece of this money in a hurry.

Senator BYRD. You could possibly use it, depending on whatever the study shows?

Mr. AITKEN. Yes. I am not trying to duck your question because I cannot foresee when the firm decisions that we need in the planning process will be available. If we knew when we would get those decisions, we could answer your question within a month or so.

Senator BYRD. Depending on the decisions, you might not need more than half of it or you might not need any of it, or you might need all of it before the fiscal year has run its course, is that right?

Mr. AITKEN. Yes, sir. Particularly if we are late next year in getting our appropriations, we could be severely handicapped.

Senator BYRD. Even though you are not late?

Mr. AITKEN. We could still be handicapped.

Senator BYRD. Perhaps you have a right to assume you will be late but let us not—you still think that you may need the full amount of $900,000?

Mr. AITKEN. Yes, sir.

Senator BYRD. All right.

DELETION ON NINTH STREET EXPRESSWAY

Mr. AITKEN. As stated in the House hearings, I agreed to the deletion of some money for the Ninth Street Expressway and I am almost to the point where I regret it.

Senator BYRD. How is that?

Mr. AITKEN. I said, during the House hearing, I agreed to the deletion of some money for the Ninth Street Expressway, $650,000. I am not asking for restoration but I am saying I almost regret now that I agreed to that because the project is going to be quite expensive and it is going to push us to get the right kind of a contract financed with the money that we have available.

Senator, would you like to talk more about the center leg?

Senator BYRD. Yes.

MODEL OF PART OF CENTER LEG

Mr. AITKEN. We brought in for your convenience this model to show a part of the center leg. Of course, this is the Capitol and this is Independence Avenue and Constitution Avenue and Pennsylvania Avenue. Our present construction from the Southwest Freeway comes to grade about here.

Senator BYRD. This is where we stood on that windy day.

Mr. AITKEN. We stood about two blocks from here, about here. It now comes to grade here at D Street and traffic may disperse easterly or westerly on C Street Southwest. Under this proposal the freeway would be kept underground approximately 19 or 20 feet and D Street would carry over the freeway to serve east-west traffic. This plan would serve all movements to the freeway either to the north or the south or to the southeast or the southwest. And this looks a little confusing but we are confident it can be designed to be an attractive situation. This is the best opportunity that we have thus far been able to develop in terms of serving the Capitol Hill area.

For example, if you wish to leave Capitol Hill and proceed northerly on the freeway, particularly from the House side of the Capitol, you come to First and C Streets SW., make a right turn and you are on the freeway. The return trip would come out of the tunnel under the Mall and come to grade between First and Second and D Streets SW.

Senator BYRD. Would your map in the record have locations on it so the reader of the record can clearly follow what you are saying?

ESSO BUILDING

Mr. AITKEN. I would be glad to submit a detailed map of this particular situation, beginning at the south side of Independence Avenue. The freeway we propose would be depressed across the Mall, covered and relandscaped. This is the site of the present Esso Building, and we are not sure whether the Esso Building can be saved or whether the building will have to come down and will be reconstructed. We are quite sure that someday a substantial building will be built over the freeway at that site because it is a desirable place, it is close to the Capitol, and it should be done.

Senator BYRD. What is the site?

Mr. AITKEN. The site of the Esso Building.

Senator BYRD. Where is that located?

Mr. AITKEN. Just east of Third Street and just north of Constitution Avenue.

RAMP FOR NORTHBOUND TRAFFIC

Then, to serve the Senate, we would like to get a ramp that would serve northbound traffic and permit it to come to grade on Indiana Avenue near First Street NW., and a return ramp under our thinking probably would be at about E Street.

Senator BYRD. E and what?

Mr. AITKEN. Oh, about E between Second and Third. The corridor that we prefer for this freeway is between Second and Third Streets NW. and SW.

In terms of status, the parcel of land bounded on the south by Independence, on the north by Maryland Avenue, on the west by Third Street, and on the east by Second Street is under jurisdiction of the House Capital Building Commission.

Senator BYRD. Now, this is just west of the Botanic Gardens, is that correct?

Mr. AITKEN. Yes; the corresponding parcel on the northerly side is bounded on the north by Constitution, on the south by Pennsylvania, and on the west by Third, and is more or less under the jurisdiction of the Senate.

QUESTION OF NEED FOR JOINT RESOLUTION

We are not absolutely certain whether a joint resolution or some other action will be required by the Congress to permit us to go under these parcels of ground, but we think we are nearer a decision than we were some months ago.

Senator BYRD. That is just south of the Esso Building?

Mr. AITKEN. Yes, sir; and we are very hopeful that this can be worked out before too long so that we can proceed with this project.

Senator BYRD. How great is the distance which would be underground?

Mr. AITKEN. That is a figure I do not recall, but I can get it for you in just a minute.

Senator BYRD. How close is this to the Rayburn Building?

Mr. AITKEN. Well, sir, from this corner to——

Senator BYRD. Is it the southwest corner?

Mr. AITKEN. The southwest corner.

Senator BYRD. It is the Rayburn Building?

Mr. AITKEN. Yes sir; it is the Rayburn Building, and it is approximately 350 feet from there to the first roadway you can see.

Senator BYRD. That is the closest point. That is the closest point, is it not?

Mr. AITKEN. Yes, sir.

Senator BYRD. And from that point the distance increases?

Mr. AITKEN. That is right.

Senator BYRD. What was the length?

Mr. AITKEN. Approximately 1,800 feet.

Senator BYRD. 1,800 feet underground?

Mr. AITKEN. Underground; yes, sir.

Senator BYRD. How deep would be the excavation at the closest point to the Rayburn Building?

Mr. AITKEN. That would be about 19 to 20 feet.

We have enough space on the east side, Senator, so this could be relandscaped and be a very attractive situation. The Reserve Officers Association has this site, which is east of Third and north of C. They have their office building under design so that they are very anxious to get this matter settled, too.

AMOUNT INVOLVED IN RANGE PROJECT

Senator BYRD. All right.

This item involves the $1,294,000?

Mr. AITKEN. Yes; that is correct.

Senator BYRD. So, you do not suggest that any reduction could be made in that item?

Mr. AITKEN. I would prefer to put it on the positive. I suggest that we do not have a reduction.

Senator BYRD. Now, are there any other items which would be affected by the outcome of the study?

TRANSFER OF FUNDS REQUEST

Mr. AITKEN. We had past appropriations for the Potomac River Freeway and Three Sisters Bridge. Now, if the Congress will go along with the proposal of permitting us to use the money for the Three Sisters as a site, say, between Three Sisters and Key Bridge, then I think by all means, that prior appropriations should stand. There is practically no right-of-way requirement for the bridge and the business of design and construction can progress quite rapidly once it is settled.

Senator BYRD. What are the chances of the approval of the original site, would you say?

Mr. AITKEN. Slim.

Senator BYRD. But they are not to be ruled out altogether?

Mr. AITKEN. No, sir, I think not.

JOINT STUDY ON NORTHEAST FREEWAY

Senator BYRD. Now, the Northeast Freeway, that is under consideration in the study, it is not?

Mr. AITKEN. Sir, on the Northeast Freeway, we have a joint study underway with the State of Maryland that extends from the inner loop to the Wheaton area. It covers a corridor approximately from the B. & O. Railroad on the east to 16th Street on the west. That study has been underway for several months. We fully expect the consultant to come in with his recommendations very early next year. That is, very early in the next calendar year, and we are hopeful that with this we can proceed rather quickly on the freeway.

HOUSE ALLOWANCE FOR EAST LEG

Senator BYRD. What about the east leg, Mr. Aitken, the $450,000 request, the House did not allow that?

Mr. AITKEN. Yes, sir.

Senator BYRD. It did allow it?

Mr. AITKEN. Yes, sir.

Senator BYRD. What was the original request?

Mr. AITKEN. The east leg?

Senator BYRD. Yes.

Mr. AITKEN. $450,000.

Senator BYRD. And the House allowed——

Mr. AITKEN. $450,000.

Senator BYRD. The full amount?

Mr. AITKEN. We certainly hope this amount can be retained. You may have noticed in the press recently that the Commissioners approved a contract with a consultant to pin down the location of a portion of the east leg from interchange C to Sousa Bridge. Now, as an interim measure, we can finance that with highway planning survey money but we are hopeful that the above-mentioned sum is appropriated so that we can back up and finance it as it should be financed. We felt the time was so urgent, that we should take some planning survey money and get this man's consultant work underway. He is under a schedule which I hope will make it possible to proceed rather rapidly.

STATUS OF EAST LEG LOCATION

Senator BYRD. So what is the status of the location?

Mr. AITKEN. The consultant is under contract now to begin work and he has already started. This is between 6th and E Streets SE., it includes the northerly approaches to the 11th Street Bridges and goes over to the connections with the Sousa Bridge.

What this really is, Senator, is a replacement for the Southeast Freeway that we knocked out last year in the Senate. This is starting on the east leg. The east leg will continue on around, we think, generally via that looping red line.

Senator BYRD. Now, I asked you about the the status of the location. Has it been finalized?

Mr. AITKEN. No, sir. The part from the interchange C to Sousa Bridge is pretty well agreed upon in the planning field. From there on the Planning Commission has indicated, in a general way, that they will go along with the freeway on the west bank of the Anacostia River. They said they wanted to see the plan as it is developed and as it is detailed. But in a general sense, the concept has been approved by the Planning Commission.

Senator BYRD. So, you feel that the $450,000 appropriation is justified?

Mr. AITKEN. Yes, sir; I do.

ELEVENTH STREET BRIDGES AND APPROACHES

Senator BYRD. Now, the next item, "11th Street Bridges and approaches," the request is for $400,000 and the House allowed $400,000. Suppose you comment on this.

Mr. AITKEN. This project is under construction at the present time. The ultimate plan provides for the construction of two four-lane bridges and approaches. We have $2,984,600 of District of Columbia funds available at present, and this $400,000 will cover the removal of the old bridge and the construction of the substructure for the new bridge at that site.

Senator BYRD. Do you need this money in this fiscal year?

Mr. AITKEN. Yes, sir, we do; yes, sir. The new bridge is well underway. It is proceeding rapidly.

Senator BYRD. Yes. Now, the House cut out interchange C as you have indicated and you are not asking for restoration.

Mr. AITKEN. That is correct, sir.

Senator BYRD. Then we move on to the Northeast Freeway. I believe we have already covered that. You say that is under consideration but you feel that it is imperative that the appropriation of the $903,000 be forthcoming. Is this about right?

Mr. AITKEN. Yes, sir, that is true. I feel we have to have this amount so that when this plan becomes public, we can protect the right-of-way and proceed with the detailed decision.

Senator BYRD. The House cut out $50,000 for the intermediate route and you are not appealing this item?

SOUTH DAKOTA AVENUE BRIDGE

The $20,000 for the South Dakota Avenue Bridge over the B. & O. Railroad—what do you have to say about this?

Mr. AITKEN. That is a railroad project, so Federal funds can pay 100 percent of the design and construction cost. This is to cover our cost of changes in the approaches.

FOURTH STREET NE.

Senator BYRD. $60,000 for the Fourth Street NE., to Michigan Avenue.

Mr. AITKEN. Sir, that involves the resurfacing of the concrete roadway and track area with asphalt paving. It is a part of the overall project to cover the tracks in the District of Columbia.

MINNESOTA AVENUE NE.

Senator BYRD. All right, let us have a little testimony on the next item, Minnesota Avenue NE., Sheriff Road to Eastern Avenue, $57,500.

Mr. AITKEN. Senator, this provides for paving the existing roadway and opening an additional section that is on the approved highway plan. The project involved is Minnesota Avenue NE. between Sheriff Road and Eastern Avenue.

NEW YORK AVENUE NE.

Senator BYRD. The $385,000 for New York Avenue NE., First Street to Bladensburg Road.

Mr. AITKEN. New York Avenue from approximately North Capitol Street to the District line is a very important facility. Last spring we were desperate in our efforts to try and keep this in a passable condition for traffic. It carries between 35,000 and 40,000 vehicles per day and a significant number of these are trucks and heavy vehicles. The subsoil is not good. It is very important that we rebuild this.

Senator BYRD. The next item is for $165,000, "South Capitol Street, Canal to K Street."

SOUTH CAPITOL STREET

Mr. AITKEN. Yes, sir. This would tie into the north approach of the underpass which we finished a couple of years ago to carry South Capitol Street under M Street. This project has been deferred until now so that the Department of Sanitary Engineering could do some of their work under this part of South Capitol Street.

Senator BYRD. That work has been done and you are ready to proceed?

Mr. AITKEN. Yes, sir.

FOURTEENTH STREET

Senator BYRD. The next item is $290,000, "14th Street, Monroe Street NW. to Arkansas Avenue."

Mr. AITKEN. We have a contract underway to resurface and pave a part of 14th Street SW. and NW. This would cover reconstruction and repavement on to the north where the pavement has deteriorated and is inadequate. In addition to this, we will remove the tracks. D.C. Transit will pay their proportion of the cost.

Senator BYRD. What is their portion of it?

Mr. AITKEN. D.C. Transit will pay the entire cost of the track removal and one-half the cost of the pavement replacement.

VIRGINIA AVENUE NW.

Senator BYRD. $470,000 Virginia Avenue NW., 19th Street to Rock Creek Parkway.

Mr. AITKEN. This is in a way related to our E Street Expressway and other work in this part of the city. This project has been rather slow developing because of its relationship to the Park Service and other things. The plan now is generally agreed upon. It has been worked out with Columbia Plaza Redevelopment, the proposed Watergate project, and other major improvements in that part of the city. It is timely that we do this now before the thousands of people get in there that will be residing and using those facilities in a few years.

ARIZONA AVENUE NW.

Senator BYRD. The next item is for $20,000, "Arizona Avenue NW., MacArthur Boulevard to Loughboro Road."

Mr. AITKEN. That is merely resurfacing using asphalt mixture Senator, to cover the present roadway, and to repair the curb and gutter.

DUPONT CIRCLE UNDERPASS

Senator BYRD. The next item, $60,000, "Dupont Circle Underpass."

Mr. AITKEN. That is requested so that we can close in the ramps on the old streetcar track approaches to that underpass. The merchants in that area have filed a petition with the District of Columbia and they are urging us to please do everything we can to complete this particular work.

HIGHWAY PLANNING, PROGRAMING, AND SURVEYS

Senator BYRD. Now, next is $407,000, "Highway planning, programing, and surveys."

I see that a voluntary reduction of $18,000 was made before the House committee. You have requested $425,000. The House allowed $407,000.

Mr. AITKEN. Sir, this was a voluntary reduction at the time because it was agreed that the request for the $18,000 to finance positions with regard to the automatic data processing programing would be submitted as a part of the B budget and this shows in the B budget, page 24–A–17. Page 24–A–18 indicates a brief description and the Department of General Administration has indicated a desire to submit a justification on this particular item. I think they have a written statement. Would you like to have that read, sir, or submitted for the record?

Senator BYRD. Let us submit it for the record. You are not appealing the item of $125,000 which was requested for the downtown internal transit circulation study?

Mr. AITKEN. No, we agreed to the deletion of that.

(The statement referred to follows:)

STATEMENT OF JOSEPH C. CHICHERIO, DEPARTMENT OF GENERAL ADMINISTRATION, MANAGEMENT OFFICE

DEPARTMENT OF HIGHWAYS AND TRAFFIC

In June 1960, the Division of Development, U.S. Bureau of Public Roads, Department of Commerce, conducted a feasibility study of the Department of Highways and Traffic for the purpose of determining whether an electronic computer could be used to advantage in this Department. Their findings showed a requirement for a medium scale computer, and they recommended that a computer be installed.

As a result of these and similar conclusions reached in a study conducted by the Management Office, Department of General Administration, in May 1961, an ADP systems task force, under the technical direction of the Management Office, DGA, was organized in April 1962.

Their report, which was submitted in February 1963, documents in detail the individual problems for which a computer solution would benefit the Department of Highways and Traffic. The principal benefits of the computer to the Department of Highways and Traffic are (*a*) better traffic control, (*b*) better utilization of professional engineers, and (*c*) the use of more efficient designs.

(*a*) *Traffic control*

The volume of data accumulated in connection with traffic operations in a city the size of Washington is enormous. Data on traffic volumes, speed, and delays must be analyzed on a regular basis. Traffic signals must be coordinated and

the results of changes in signals analyzed. To do all of this requires a volume of computations that is uneconomical or impractical to do manually.

(*b*) *Utilization of professional skills*

Of equal importance is the conservation of critical professional engineering time by relieving design and traffic engineers of the requirement to perform routine manual computations. The large library of design programs that is available will create a more stable capability in design work.

(*c*) *More efficient designs*

Using a computer for analyzing alternate designs will insure that the as-built facility represents the best combination of materials and design. For any given highway project there are many designs that could be considered adequate. In order for the Director of Highways and Traffic to know what is the most economical design, he must have all the necessary information on alternative designs. Computations of this scope are not feasible using manual methods.

Experience in State highway departments has shown that the savings in construction costs by using more refined designs and by analyzing alternate designs will normally exceed the yearly cost of operating the computer center. The economic advantages of using an electronic computer in engineering design and in improved management control are indicated by the fact that 49 of 50 State highway departments use them for this purpose. The construction programs in 17 of these States are less extensive than the District's, as measured by their fiscal year 1964 Federal-aid highway allocations.

The use of a computer will also give management the ability to exercise a more intensive control in many critical business areas such as cost accounting, and inventory control.

Recognizing the value of the computer in performing engineering calculations, the Department of Highways and Traffic made a modest beginning in the use of a computer in the spring of 1959. At that time the Department made its first attempts to program a complicated structural problem for a computer. Since that time usage has increased to the point where the Department uses computer time wherever it can be found. The small-scale machine at the U.S. Coast and Geodetic Survey, Weather Bureau, and NASA are being used on an off-shift basis.

The large-scale computer at the National Bureau of Standards is being used on a limited basis for some of the programs that are suited for it. The logistics of getting the data to and from this computer constitute such a problem that it is difficult to realize much advantage except on a few very large problems. When no other computers are available, a commercial computer center located in Bethesda is also being used.

In dividing our programing efforts between three different types of computers at five different locations, the effective development of programs is hampered. It also keeps the Department's programers from developing as fast as they would on one computer.

There are in the Department of Highways and Traffic some 40 defined, but as yet unwritten, programs which would provide computer solutions to engineering problems that are now solved manually. Further development of these programs, and others, is hampered by lack of sufficient computer time to develop them or to run them after they are developed.

The benefits of electronic computation are well demonstrated, both by the relatively modest program of the Department to date and the much broader programs in State highway departments. If these benefits are to continue to accrue and to increase, a computer center should be established within the Department of Highways and Traffic. It is proposed to start with a minimum staff of four and a modest computer configuration to grow as needs and experience dictate.

STREET IMPROVEMENTS AND EXTENSIONS

Senator BYRD. Street improvements and extensions, $386,000 which is an increase of $125,000 over the departmental request.

Mr. AITKEN. Yes, sir; we ask that the same $125,000 that was initially set up for the internal transit study be transferred to this program and, in turn, it was placed on item C which is to finance cover work described on pages 24–43. We are still under heavy pressure to

resurface and improve our older pavements and this is one way we can do it.

STUDY ON DUPONT CIRCLE UNDERPASS

Senator BYRD. Do you think there should be a feasibility study conducted with reference to the Dupont Circle underpass to see if it could be used for shelter purposes?

Mr. AITKEN. Well, sir, it can still be used for shelter purposes.

Senator BYRD. Can it be used for something else?

Mr. AITKEN. We have had various proposals but all the proposals that have come in so far have washed out for one reason or another.

Senator BYRD. Could it be used for storage?

Mr. AITKEN. I would like to ask Mr. Airis to comment on this. He has been working with civil defense and I think that there is provision for some storage.

Mr. AIRIS. Civil defense wishes to use it for their storage of their supplies but so far we have been unable to work out anything else of a storage nature other than civil defense.

Mr. AITKEN. We made quite a study, Senator, in our Bridge Department as to the feasibility of reconstructing the old street car tunnels so that buses might run through them and thereby get the buses off the surface; but unfortunately, it just does not appear practical. The costs were exorbitant and there were still serious questions as to lateral clearances between the buses and the sides of the tunnels.

Senator BYRD. Did you request this item last year?

Mr. AITKEN. Yes, sir, we did.

Senator BYRD. The same request was made last year?

PETITION FROM MERCHANTS IN AREA

Mr. AITKEN. Sir, would you like to have a copy of the petition that we received from the merchants in that part of the city?

Senator BYRD. Yes, it can be inserted in the record if it is not too lengthy. What is the tenor of the request?

Mr. AITKEN. The petition is in the form of a request to the Board to promptly take the necessary action to seal off and cover the northern street car tube of the Dupont Circle underpass. In part it states that:

The undersigned are property owners and merchants directly affected by the existence of this unsightly, useless and dangerous tunnel opening. Our respective properties and businesses are listed with our signature.

It is now barricaded and they object to the appearance of the barricade. They say it has been 2 years since the tunnel was abandoned, and there have been a number of automobile accidents and many near accidents.

Connecticut Avenue has long been an important traffic artery and new construction is constantly adding to the heavy traffic. The existence of this barricaded, fenced-in area, serves no purpose other than to constantly impede automobile traffic flow and it constitutes an unnecessary, unattractive eyesore.

We recognize the difficulties facing the authorities in solving this problem, but we are convinced that it is not only in the interest of the affected property owners and merchants in the area, but it is in the interest of the public generally, to correct the situation and thereby ease the existing traffic problem and remove the inherent danger of its continued existence.

Senator BYRD. Now, again, what is the purpose of the $60,000 which you requested?

Mr. AITKEN. That is so we could seal off the bottom of the ramps, fill them in and pave over them.

Senator BYRD. Therefore you do not think that feasibility studies should be made to determine what other purposes this might be used for?

Mr. AITKEN. Prior to sealing it off? I do not think so, sir. We referred this matter to the NCTA soon after the Agency came into being and inquired as to whether they were interested in these underpasses and they said they were not.

Senator BYRD. If $60,000 is not appropriated, how would this affect the underpass and your program?

Mr. AITKEN. The ramps would stay as they are now with the barricades across the ramps.

Senator BYRD. So no harm would be done?

Mr. AITKEN. No, sir; other than the merchants' objecting. It is somewhat unsightly, and not being used at present.

COMMENT FROM COMMISSIONER

Senator BYRD. General Duke, do you wish to comment on this item?

General DUKE. Yes, sir. I would like to say that I would like for us to be able to proceed to fix this problem up. I hope that there is a clear understanding, sir, on the part of the committee, that the construction project is to fill in the external or the open parts of the tunnel now and to pave over it but the entire interior part of the tunnel as I understand it, will still remain open. There is no plan to fill that in, and there is plenty of access to it, so the study, that you mentioned, could possibly go on even as or after this construction work is accomplished.

Senator BYRD. All right. I will include in the record the analysis of the House allowance for the 1964 Capital outlay items for the Department.

(The petition referred to and the House allowance for the 1964 Capital outlay items for the Department follow:)

Analysis of House allowance, 1964 capital outlay

Project No.		Department request	House cut	House allowance
	Interstate:			
28-9	North leg (center leg to northeast freeway)	$900,000		$900,000
12	East leg, inner loop	450,000		450,000
20	11th St. Bridge and approaches	400,000		400,000
21	Interchange "C"	330,000	$330,000	
22	Center leg, inner loop	1,294,000		1,294,000
54	Northeast freeway	903,000		903,000
	Primary, secondary, and urban:			
16	9th St. Expressway	1,650,000	650,000	1,000,000
19	Intermediate loop	50,000	50,000	
38	South Dakota Ave. Bridge over B. & O. RR.	20,000		20,000
43	4th St. NE., T St. to Michigan Ave.	60,000		60,000
45	Minnesota Ave. NE., Sheriff Rd. to Eastern Ave.	57,500		57,500
49	New York Ave. NE., 1st St. to Bladensburg Rd.	385,000		385,000
61	South Capitol St., Canal to K St.	165,000		165,000
62	14th St. NW., Monroe St. to Arkansas Ave.	290,000		290,000
63	Virginia Ave. NW., 19th St. to Rock Creek Parkway	470,000		470,000
64	Arizona Ave. NW., MacArthur Blvd. to Loughboro Rd.	20,000		20,000
65	Dupont Circle underpass	60,000		60,000
3	Highway planning, programing, and surveys	425,000	[1] 18,000	407,000
68	Downtown internal transit circulation study	125,000	[2] 125,000	
1	Street improvements and extensions	3,731,000	[1] 125,000	3,856,000
	Total, Department of Highways and Traffic	11,785,500	1,048,000	10,737,500

[1] Volunteered before House subcommittee.
[2] Transferred to street improvements and extensions project 28-1.

MAY 22, 1963.

Mr. GEOGE M. JACOBSON,
Lichtenberg & Luria,
Washington, D.C.

DEAR MR. JACOBSON: General Clarke has referred to this Department the petition dated May 13, 1963, addressed to the Board of Commissioners, signed by you and a number of other property owners and merchants in the vicinity of the 1700 block of Connecticut Avenue NW., concerning the obliteration of the unused streetcar ramps to the streetcar tunnels under Dupont Circle.

This Department requested an appropriation of funds last year for use in carrying out the work urged in the petition. The item is included in our budget again for fiscal year 1964 and we propose to use the photographs transmitted with your petition and the petition itself in connection with the arguments on this particular item.

Your thoughtfulness in bringing this material to our attention is appreciated.

Sincerely yours,

H. L. AITKEN,
Director, Department of Highways and Traffic,
District of Columbia.

PETITION OF RESIDENTS OF DUPONT CIRCLE AREA

BOARD OF COMMISSIONERS OF THE DISTRICT OF COLUMBIA,
Washington, D.C.

GENTLEMEN: We hereby petition the Board of Commissioners of the District of Columbia to promptly take the necessary action to seal off and cover the northern streetcar opening to the Dupont Circle underpass on Connecticut Avenue between R and S Streets NW.

The undersigned are property owners and merchants directly affected by the existence of this unsightly, useless, and dangerous tunnel opening. Our respective properties and businesses are listed with our signatures.

The existence of this clumsily barricaded, unused tunnel entrance is damaging both to property values and to businesses in the affected area.

We are submitting herewith photographs of the existing condition, which will demonstrate the urgent need of prompt consideration of action on our request.

In the 2-year period since the use of the tunnel was abandoned, there have been a number of automobile accidents and many more near accidents resulting from the continuation of this condition.

This area is the hub of one of Washington's finest business, office building, and commercial centers, with several office buildings newly completed and under construction; and is adjacent to the new Hilton Washington Hotel under construction.

Connecticut Avenue has long been an important traffic artery and new construction is constantly adding to the heavy traffic. The existence of this barricaded, fenced-in area, serves no purpose other than to constantly impede automobile traffic flow and it constitutes an unnecessary, unattractive eyesore.

We recognize the difficulties facing the authorities in solving this problem, but we are convinced that it is not only in the interest of the affected property owners and merchants in the area, but it is in the interest of the public generally, to correct the situation and thereby ease the existing traffic problem and remove the inherent danger of its continued existence.

The alleviation of the condition would permit auto traffic entering and leaving the northern opening of the Dupont Circle underpass, at R Street, to travel a straight line instead of deviating to skirt the guard rails and barricades presently surrounding the streetcar underpass area.

We respectfully request your assistance in bringing this problem to the attention of the appropriate department, to the end that prompt action may be taken.

Respectfully,

(Signed by 52 property owners and merchants.)

FUNDS FOR ELECTRICAL SERVICES

Senator BYRD. Now the request for $200,260 for electrical purposes.

Mr. AITKEN. Senator, I assume you are referring to page 24–A–8?

Senator BYRD. Yes.

Mr. AITKEN. The request for $200,260 is under the general heading of "Electrical services" because it is administered in that part of my Department; $140,000 of this request is from the general fund for street lighting and for metered services. This $140,000 in turn is broken down with $85,000 required to energize, on an annual basis, the lights installed in 1963 and $50,000 is requested to energize lights to be installed during the balance of 1964—$5,000 is requested to cover metered service. The rest of that $200,260 is for telephone service for the government of the District of Columbia, and for a pay increase for 125 wage board positions.

Senator BYRD. I see a reference here to the Washington Action for Youth. How much of the increase requested would be to provide telephone service for that?

Mr. LISSEK. $4,500.

STREET LIGHTING AND COMMUNICATIONS

Senator BYRD. "Street lighting and communications improvements," $525,000.

Mr. AITKEN. The description and justification for that request begins at page 24–A–12. The request for $331,000 is for street lighting. This is the capital cost part of the installation; that is, the street lights themselves—$19,000 is for the rearrangement and transfer of traffic signals; $27,500 is for police patrol box installations; $14,900 is for fire alarm box installations; and $132,700 is for cable replacement and extensions, making a total of $525,000.

Of course, Senator, while we budget these items, many of them are for other departments of the government.

ADP INSTALLATION

Senator BYRD. "Establishment and operation of ADP installation," $17,900.

Mr. AITKEN. Yes, that is the item I referred to a few moments ago and a statement prepared by the Department of General Administration has already been inserted in the record.

OPENING NORTH CAPITOL STREET

Senator BYRD. When do you expect to open North Capitol Street?

Mr. AIRIS. We expect to do that the latter part of October, sir, that is completely open now.

A large part of it is open right now.

LAG IN THE DISTRICT OF COLUMBIA INTERSTATE PROGRAM

Senator BYRD. Of course, last year we discussed the interstate highway program in the District of Columbia and reference was made to the fact that it was lagging in comparison with the interstate program throughout the rest of the country. Would you like to comment on this?

Mr. AITKEN. I will comment on it but I do not like to, because I have to admit that whether it is my fault or someone else's, we are further behind now than we were a year ago. We have had prepared a graph which we will be glad to submit for the record if you would like it. This indicates the years on the horizontal scale beginning with 1956 and shows where we are now in 1963. In terms of obligation, we have obligated about $120 million of Federal interstate dollars, and we will have to obligate all of it by about 1969, if we are to complete the system by October 1972.

Senator BYRD. Why do you not give us a brief interpretation of this and we will also include it in the record?

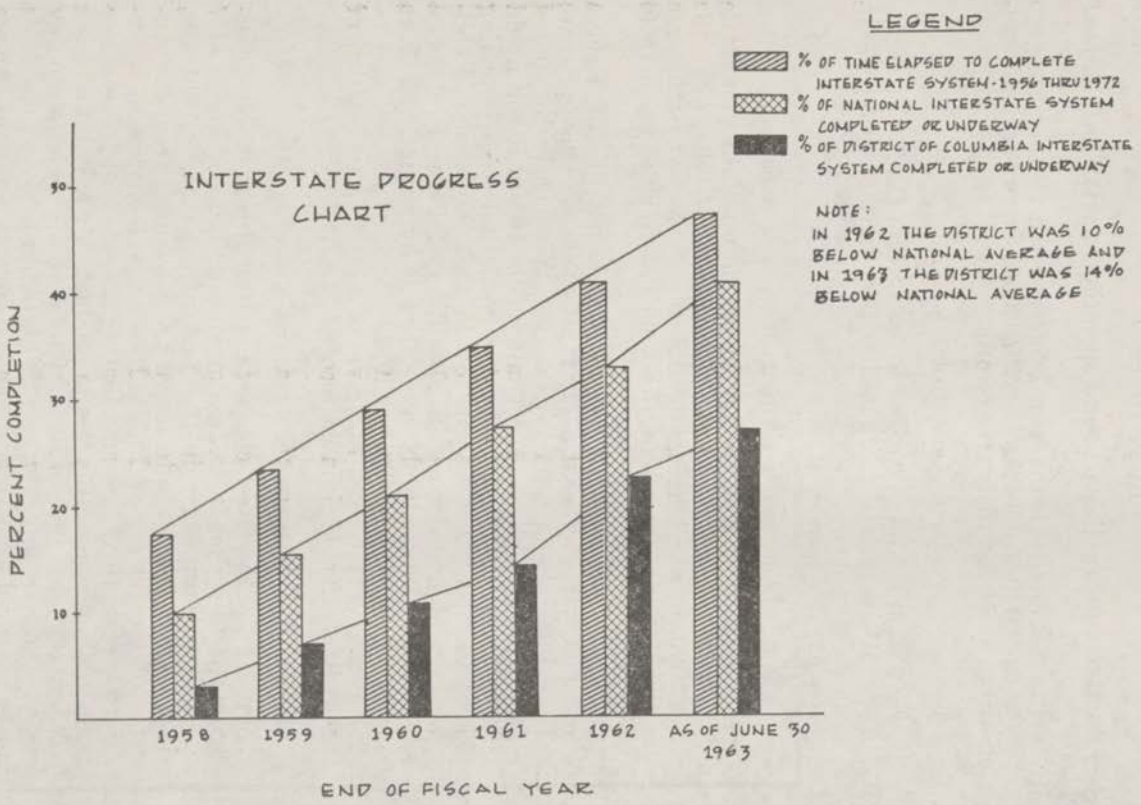
ESTIMATED COST OF INTERSTATE SYSTEM

Mr. AITKEN. Sir, the latest complete estimated cost of the Interstate System that we made for apportionment purposes was $457 million. The program began in 1956 and, of course, it is 1963 now, which is 7 years. According to instructions we have from the Administrator of the Bureau of Public Roads, the money is to be expended by October 1972. In anticipating that some of our major projects may take as long as 3 years to complete, we have set a target date back from October 1972 to 1969. On that basis we have roughly 6 years to carry out roughly two-thirds of our program. It is going to be a very difficult picture and a difficult program because there are practical limitations on how much work you can do. First of all we need firm planning. There are problems in the rate of acquisition of rights-of-way, and the relocation of people, and the disturbance of traffic already on our street system by this substantial construction.

Senator BYRD. So we are getting more and more behind?

Mr. AITKEN. Yes, sir.

(Chart illustrating progress follows:)

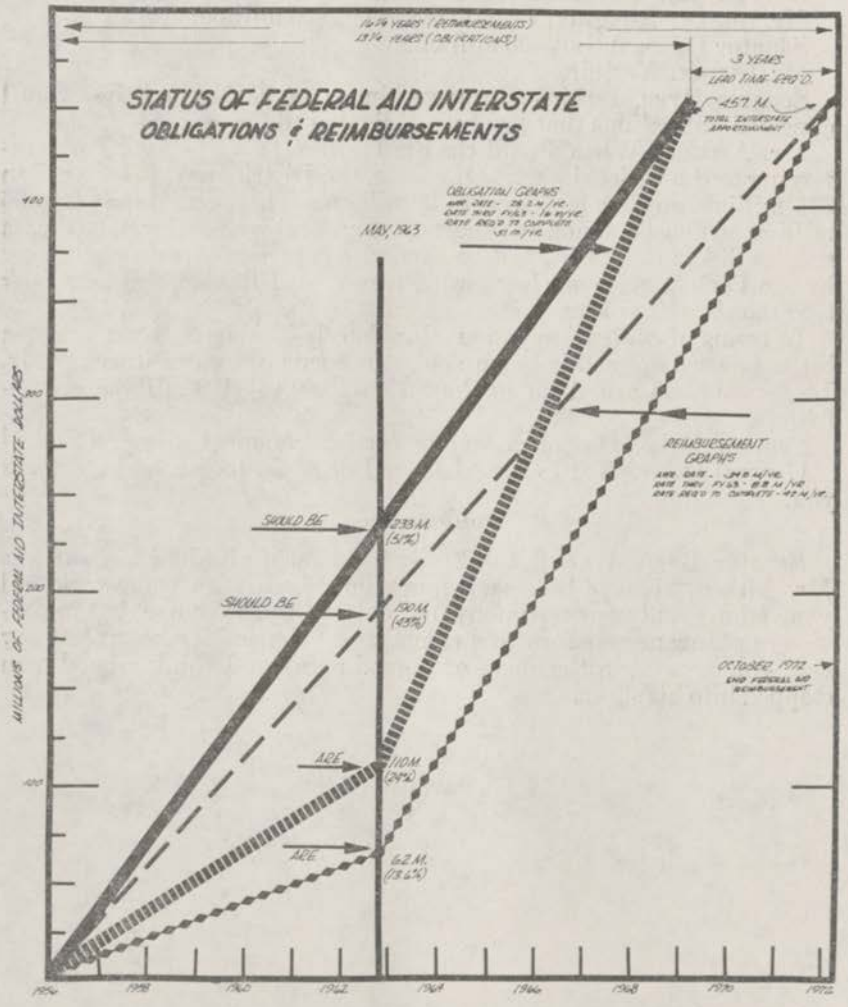

INTERSTATE PROGRESS CHART
LEGEND
% OF TIME ELAPSED TO COMPLETE INTERSTATE SYSTEM-1956 THRU 1972
% OF NATIONAL INTERSTATE SYSTEM COMPLETED OR UNDERWAY
% OF DISTRICT OF COLUMBIA INTERSTATE SYSTEM COMPLETED OR UNDERWAY
NOTE:
IN 1962 THE DISTRICT WAS 10% BELOW NATIONAL AVERAGE AND IN 1963 THE DISTRICT WAS 14% BELOW NATIONAL AVERAGE
PERCENT COMPLETION
50
40
30
20
10
1958
1959
1960
1961
1962
AS OF JUNE 30 1963
END OF FISCAL YEAR

Senator BYRD. How does the rest of the country stand with reference to the completion schedule?

SITUATION OF STATES

Mr. AITKEN. Sir, I do not have that graph with me. I will be most happy to submit it for the record. Some States are current in their obligation of interstate money. Some States, notably Connecticut and Michigan, issued bonds so that they could advance the construction of the Interstate System and they will ask for reimbursement at a later date. They felt that the traffic requirements are so great and the value of the Interstate System is of such worth that they were willing to go ahead and issue the bonds. Several States are obligating funds as fast as they become available. There are a few States that are back of us in terms of obligation, but there is no comfort in that fact.

(The graph referred to follows:)



PERCENTAGE OF COMPLETION

Senator BYRD. You would say that we have completed 33 percent of the program?

Mr. AITKEN. Yes; roughly a third. You may remember that I told you we have obligated as of August 31, approximately $120 million but I think it is safe to say that we are at about the one-third point at this time.

Senator BYRD. This means, as far as moneys obligated are concerned, this is one thing, but completing construction is quite another.

Mr. AITKEN. That is correct.

PERCENTAGE OF TOTAL MONEYS OBLIGATED

Senator BYRD. So what percent of the total moneys obligated would you say have been spent?

Mr. AITKEN. I would defer to Mr. Lissek on this one.

Mr. LISSEK. Roughly, I would say about $90 million.

Senator BYRD. About $90 million.

Mr. LISSEK. Yes, sir.

Senator BYRD. I think I was seeking a percentage of the overall expected obligations that has been obligated to the present.

Mr. AITKEN. When I said the $120 million, a while ago, I was referring to the Federal part. Of course, the District part is better than $15 million, so that is a total $135 million. Three times that is $405 million which is somewhat short of our total of $457 million but a substantial part of this will be carried out rather expeditiously now by the Park Service on the South Freeway so I think we can consider that that is in the clear.

In terms of obligation, we are just barely—we have to stretch it a bit to say we are a third complete. In terms of expenditure, as Mr. Lissek said, we are about in the ratio of $90 to $450 million, or one-fifth.

Senator BYRD. Do you have any further comment, General Duke?

General DUKE. No; I do not believe I do at the moment, sir. Thank you.

COMMENDATION

Senator BYRD. Well, I think you have certainly done a good job, Mr. Aitken. I have been very much impressed with your work and your efforts and your testimony, not only today, of course, but in previous appearances before this committee. General Duke, may I say that you stepped in the shoes of a good man but I think a good man stepped into his shoes.

DEPARTMENT OF MOTOR VEHICLES

STATEMENTS OF GEORGE A. ENGLAND, DIRECTOR; HERMAN S. COLE, DEPUTY DIRECTOR; WILLIAM J. QUINN, EXECUTIVE OFFICER; AND MRS. EILEEN E. LOCHTE, BUDGET SUPERVISOR

BUDGET ESTIMATE

Now, the next item concerns motor vehicles, the 1964 original estimate was $1,793,000. The revised estimate is $1,773,300; the House allowance on the original estimate was $1,767,000. The restoration requested in the Senate Document 32 is $6,300. The justification filed in support of this item will be placed in the record.

(The justification follows:)

JUSTIFICATION

MOTOR VEHICLES

Allotment summary

1962 allotment	$1,502,000
1963 allotment (excludes supplemental amount of $35,775, Public Law 88–25)	1,588,400
Deduct: Nonrecurring items	−10,860
1963 adjusted (1964 base) original estimate	1,577,540
Original budget increases	+215,460
Total budget estimate—Original submission to House	1,793,000
Reductions: House action	−26,000
House allowance on original estimate	1,767,000
Additional proposals: Restoration requested	+6,300
Total 1964 estimate requested in Senate	1,773,300

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Administration	$237,825	$29,762	$267,587	$5,274	$262,313	$3,376	$265,689
2. Traffic safety education	63,400	9,186	72,586	4,339	68,247	2,924	71,171
3. Permit control	396,193	61,546	457,739	580	457,159	.....	457,159
4. Safety responsibility	119,773	11,927	131,700	225	131,475	.....	131,475
5. Vehicle control	760,349	103,039	863,388	15,582	847,806	.....	847,806
Total, highway fund	1,577,540	215,460	1,793,000	26,000	1,767,000	6,300	1,773,300

Department of Motor Vehicles, $6,300 (restoration request):

Activity 1, administration, $3,376

	Original request	House allowance	Restoration request
Positions	1	.....	1
Amount	$4,889	.....	[1] $3,376

[1] Funds requested for 8 months only.

RESTORATION JUSTIFICATION

Restoration of one GS–4 clerk-typist position is requested. General administrative services required to conduct operations of the Department are the responsibility of this activity's Office of Business Administration which plans, coordinates, and conducts the Department's budget preparation and control activities, management improvement studies and projects, accounting and auditing processes, personnel management, procurement, property control, and other "housekeeping" functions for an agency with 220 full-time and 20 part-time employees, an annual appropriation of nearly $2 million and operating facilities in five separate locations throughout the District. This office has no clerical or typist positions; each existing position now has a specific administrative or technical assignment (such as management analyst, personnel clerk, accounting clerk, purchasing agent) which requires the full-time application by the incumbent of specialized knowledge and skills in a particular administrative process—if the Office's functions are to be properly performed.

Due to lack of clerk-typist help, this Office's existing employees have had to take time and attention from their higher-level assignments to perform routine clerical and typing details. For the past 2 or 3 years this has caused a growing problem in that employees are becoming dissatisfied and losing interest in their technical duties, other important administrative actions have had to be postponed or subjected to unreasonable delays, errors in finished products have increased, and it has been necessary to inconvenience, or delay services to other departmental units and other agencies. This problem has become more serious within the last year and will continue to grow more serious due to: (1) the continuing increase in number and variety of laws, regulations, and other requirements, the multiplying public demand for services, and the growing size, complexity, and general workload of the Department, all of which necessarily are adding continuously to general administrative management duties, responsibilities, and problems; (2) the direct increase in workload in this Office's specific functions (for example: 30 percent in procurement transactions; 29 percent in personnel actions; 10 percent in audited fee transactions; and, 18 percent in accounting control actions—over just the past 3 years); and, (3) the addition of new workload caused by such factors as the authorization in fiscal year 1963 of a management analyst position with its attendant need for typing and clerical handling of study materials, reports, recommendations, etc., and the imposition by other agencies of new routine requirements such as the preparation of additional records for employee payroll purposes as well as reports and statistical statements in connection with the employee safety, training, and incentive awards programs.

In order for this Department to restore the morale of its administrative employees and return its general—and fundamental—administrative activities to a reasonable degree of effectiveness and expedition, at least one clerk-typist position is needed in this activity.

A comparison of the 1963 level of operation for the parts of this program which relate to the requested restoration follows:

Office of Business Administration

	1963 (available)	Increases requested	1964 (total)
Executive officer	1		1
Secretary	1		1
Administrative assistant	1		1
Management analyst	1		1
Budget and fiscal supervisor	1		1
Accounting clerk	1		1
Audit clerk	1		1
Personnel clerk	1		1
Purchasing agent	1		1
Property clerk	1		1
Clerk-typist		1	1
Total	10	1	11

The total restoration request will be distributed as follows:

	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS–4 clerk-typist	1	$2,744	$24	$240	$8	$360	$3,376

Activity 2. Traffic safety education, $2,924

	Original request	House allowance	Restoration requested
Positions	1		1
Amount	$4,303		[1] $2,924

[1] Funds requested for 8 months only.

RESTORATION JUSTIFICATION

Restoration of one GS–3 clerk position is requested. This activity is responsible for administering a citywide traffic safety education and public support program, and for conducting related projects, activities, and services including: collaborating with other public safety organizations and local groups on programs and projects for pedestrians, drivers, and schools; preparing and distributing radio and television scripts, movie trailers, news releases, exhibits, manuals, and other safety materials; operating a traffic safety field service and a traffic safety school; and developing and maintaining a traffic safety film library, reference library, and speakers bureau for the community use. The workload in this activity is continually increasing due, in large part, to community need and public demand for its traffic safety field service and traffic safety school—which are two of its most successful and popular programs.

The field service has become an important element in the District government's efforts to secure the cooperative participation of all local organizations and individuals in a community effort to reduce traffic accidents and insure the safety of local drivers and pedestrians. The service makes trained departmental representatives available to large and small governmental, industrial, commercial, civic, professional, and other organizations to provide expert advice and guidance, and to cooperate and participate with these organizations in the development, coordination, and conduct of safe driving and walking courses and demonstrations for their employees and members.

The traffic safety school is another important element in the District's efforts to reduce traffic accidents. It began several years ago with one course intended for permit applicants who fail the attitude section of the Department's operators permit examination. However, during the last 2 years, new courses have been added to include driver violators who reach the "warning" stage under the District's point system, and those whose permits have been revoked. At the present time, 16,800 actual and potential traffic violators attend this school each year; and experience has proved that those who do participate in these special courses tend to develop a better driver attitude and maintain a better driving record.

At present, this unit has four employees; it has no clerical positions; only two of the four positions are trained and available to conduct both the field service and the school, and they cannot devote full time to these important programs since they must spend a good measure of their time—together with the other two existing employees—doing routine clerical work. As a result, the Department is unable to satisfy all requests from the community for its field services, and is unable to make its school courses available to many local drivers who have given evidence of need for its training (even with the part-time assistance of two psychology professors temporarily made available by George Washington University). Clerical help is needed in this activity to perform such low-level routine tasks as: operating slide and film projectors and tape recorders at field

service and school locations, and preparing and maintaining routine records concerning such projects; receiving, sorting, and storing safety education materials and publications; maintaining mailing lists, records and files, preparing materials for mailing and distribution; and, cataloging and maintaining utilization records on the film and reference libraries and the speaker's bureau. This would permit the trained information specialists and other technical employees to devote full time to their regular assignments, and would increase the effectiveness of the Department's traffic safety education and public support program.

A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 restoration request follows:

Office of Traffic Safety Education

	1963 (available)	Increases requested	1964 (total)
Executive secretary	1		1
Public information specialist	2		2
Secretary	1		1
Clerk		1	1
Total	4	1	5

The total restoration request will be distributed as follows:

	Number	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-3 clerk	1	$2,552	$16	$246		$110	$2,924

INTRODUCTION OF WITNESSES

Senator BYRD. Mr. England, we welcome you before the subcommittee again. Would you like to make a statement?

Mr. ENGLAND. Thank you, Mr. Chairman, I would like to introduce my associates, Mr. Cole, the Deputy Director, Mr. Quinn, who is our executive officer, and Mrs. Lochte, our budget supervisor.

Senator BYRD. We are glad to have you with us.

Mr. ENGLAND. I have no prepared statement so I will proceed to answer your questions.

Senator BYRD. I do not expect you have many to answer. Every year we compliment you on your work.

Mr. ENGLAND. Thank you very much.

REQUEST FOR ADMINISTRATION

Senator BYRD. There is a request of $3,376 under administration. I suppose the increases in the House allowance are mandatory increases and there are no positions.

Mr. ENGLAND. One position, sir.

Senator BYRD. One position.

MANDATORY POSITION

Mr. ENGLAND. A position which was made necessary by an act of Congress which requires us to charge a fee for the restoration of opera-

tors' permits after suspension or revocation. You may recall that program.

Senator BYRD. These are all restoration requests?

Mr. ENGLAND. Yes. They involve two positions. One in administration and one in traffic safety education.

Senator BYRD. You are requesting the restoration of one GS–4 clerk-typist position.

Mr. ENGLAND. Yes, sir; would you like me to detail it, sir?

Senator BYRD. How many positions do you now have?

Mr. ENGLAND. In the Office of Business Administration or in the Department?

Senator BYRD. Wherever this one would go.

Mr. ENGLAND. In the Office of Business Administration we have none in that grade, sir. This is a support position, Mr. Chairman, to serve eight specialists, to work under the immediate direction of Mr. Quinn here and if you like, I will ask him to specify precisely what this job entails.

Senator BYRD. All right.

LACK OF CLERK-TYPISTS

Mr. QUINN. Senator, the key point here is we have no clerk-typists in this Office. All of our positions are, in a sense, technical specialists in accounting, personnel, budget, and so forth, at a higher level. All of these are now required to do much of their own typing, filing, and other routine clerical work, which not only takes time but dulls their interest somewhat in the technical phases of their own job; it also has brought about a situation where we have had to put aside many of our projects and services to the rest of the Department because we are held up doing this type of routine clerical work. It takes a personnel clerk twice as long to type a memorandum as it would a clerk-typist because the former is not hired or trained as a typist.

Mr. ENGLAND. Senator, this includes an O. & M. man and, of course, the basis of his work is to prepare reports on improvements that can be made. We have him spending a considerable portion of his time typing reports. It is a waste of money, in effect.

Senator BYRD. You have 10 positions.

Mr. ENGLAND. We have eight technicians and Mr. Quinn and his secretary; and, of course, we hope for a clerk-typist.

Senator BYRD. Have you requested this position in earlier years?

Mr. ENGLAND. No, sir. This request is for the first time.

Senator BYRD. For the first time?

Mr. ENGLAND. Yes, sir.

Senator BYRD. You testified before the House committee in support of the position.

Mr. ENGLAND. Yes, sir; and failed, sir.

POSITION IN TRAFFIC SAFETY EDUCATION

Senator BYRD. All right. The next item is one position in the Traffic Safety Education Section.

Mr. ENGLAND. Yes, sir. This is a similar situation. The Congress has recognized the need for an expansion in our program for the promotion of traffic safety and has allowed, within the last 3 years, two

positions at the grade 9 level. I think the title of these positions is "Information Specialist." These two men have developed very effective programs in the community.

One deals with the handling of problem drivers—people who are in trouble with us under the point system. The other deals in what we call field services. He provides assistance to owners of large fleets, to District of Columbia and Federal Government departments who want us to come in and help impress their drivers. He is out talking to preschool groups, to the old folks, the Super Sixty Clubs. They have really done a good job and have a comprehensive program going. Much of the time of these two specialists is now taken up with the operation of slide projectors and tape recorders, the filing of records of their performance in these projects, and the handling of printed materials that are used in these programs; that, again, is a waste of time of these grade 9 people. We hope that this committee would allow one GS–3 clerk who would do these low-level routine tasks and free the time of these more valuable employees for the purposes for which they were employed originally.

PRIORITY OF POSITIONS

Senator BYRD. If the committee were to decide it could only give one of the two positions, which of the two might be preferred?

Mr. ENGLAND. I hate to say this in the presence of Mr. Quinn, but I think it would be in the Office of Traffic Safety Education.

Senator BYRD. That is the second of the two?

Mr. ENGLAND. Yes, sir. Incidentally, that is the lesser of the grades, too.

Senator BYRD. Mr. Quinn, would you like to say anything about this?

Mr. QUINN. No, sir; I know better.

COLOR PERMITS

Senator BYRD. How are we coming along with the new program for color permits?

Mr. ENGLAND. Senator, that is one of the most popular things we have introduced. I was amazed myself. We had no problem at all with the contractor we engaged to do this job. We are receiving the wholehearted support of the public. The people, as they come down to have their photographs taken, take time to tell us that they think this is a worthwhile project. So we feel that we have a good thing and we are going to continue it.

NEW PROGRAMS

Senator BYRD. Do you have any new programs in the 1964 estimates?

Mr. ENGLAND. Yes. One of the major programs that we plan to undertake is an automation program. The money for this was allowed by the House. It will permit us to discard our outdated and outmoded addressograph system in favor of a punchcard operation. We have one piece of addressograph equipment about to fall apart. Its value

is $20,000. If we do not go to this other system, we will have to replace the addressograph system at considerable cost.

Incidentally, we are one of the last motor vehicle departments to convert to a modern system.

Senator BYRD. Do you know whether or not West Virginia has so converted?

Mr. ENGLAND. I am certain that they have.

Mr. COLE. They are contracting for conversion right now.

TOTAL IN DEPARTMENT

Senator BYRD. How many positions do you have in the Department?

Mr. ENGLAND. 219 in fiscal year 1963.

Senator BYRD. How many vacancies do you have?

Mr. ENGLAND. Twelve; I think about nine occurred in September. None of them are of very long standing.

Senator BYRD. Do you have a high rate of personnel turnover?

Mr. ENGLAND. We have, by and large, a great number of low-grade positions and the turnover in some operations is sizable, sir, but we work under forced conditions. We have to turn the work out so we recruit and fill our vacancies promptly.

Senator BYRD. You might state for the record what your overall rate of turnover is.

LAPSES

Mr. ENGLAND. Our lapses are about 4 percent, sir.

Senator BYRD. Do you still have to reject quite a number of new cars passing through inspection because of faulty lights and so on?

CARS REJECTED

Mr. ENGLAND. About 50 percent of all cars are rejected on first appearance.

Senator BYRD. I believe that is what you said last year.

ABANDONED CARS

Mr. ENGLAND. Yes. Incidentally, you were discussing with the police the great number of abandoned cars in the city. Our inspection system contributes to that, I am sure. In fact, I might mention that we had one person who abandoned his car right in our southwest inspection station. It took us months to get it out of there. We condemned it. It had to be craned away and he never came back with his crane.

Senator BYRD. What are your hours of inspection?

Mr. ENGLAND. At the moment they are from 7 in the morning until 5 in the evening.

Mr. COLE. Until 6.

Mr. ENGLAND. We start at 5 next week. This is to provide better service.

Senator BYRD. Does this reflect a recent change?

Mr. ENGLAND. Yes, sir. We tried Saturdays about 3 or 4 months ago for a period of 12 weeks. There was not enough public demand, Mr. Chairman, for Saturdays to consider retaining that program.

Then we went on an 11-hour day from 7 to 6, and our average at both stations in the last hour from 5 to 6 was only 17 cars so, obviously, we were wasting personnel—trying to serve only 1 percent of the total workload. We are going now to 7 to 5 and we think that is going to be the happy compromise.

ISSUANCE OF PERMITS

Senator BYRD. How effective is the system operating with the Department of Commerce regarding issuance of permits?

Mr. ENGLAND. We were the first full participant in the Federal Driver Register and we are still cooperating with them on a 100-percent basis. It is very helpful to us. We have uncovered a great number of people who have attempted to obtain permits after having been revoked in another jurisdiction.

REVENUES AND EXPENDITURES

Senator BYRD. How does your income from fees compare with expenditures of your office?

Mr. ENGLAND. Mr. Quinn has that figure, I hope.

Mr. QUINN. The revenue produced by the Department for the last fiscal year, 1963, was $10,020,000. It was slightly over $10 million.

Mr. ENGLAND. I think we increase at a rate of about $500,000 each year.

Mr. QUINN. Roughly $500,000 a year increase.

Senator BYRD. And your expenditures are what?

Mr. QUINN. Our expenditures for 1963 were $1,610,811.

Mr. ENGLAND. So we are still operating in the black.

Senator BYRD. Well, we are sorry to inconvenience you today, Mr. England, but we have to do these things sometimes. You have presented a good statement. We appreciate your presence and thank you for your help.

Mr. ENGLAND. Thank you.

DEPARTMENT OF SANITARY ENGINEERING

STATEMENT OF DAVID V. AULD, DIRECTOR; ROY ORNDORFF, DEPUTY DIRECTOR; WILLIAM RAEDER, ASSISTANT SUPERINTENDENT, DIVISION OF SANITATION; RAYMOND WARD, ADMINISTRATION OFFICER; AND EDWARD LINGENFELTER, ACCOUNTING OFFICER, DEPARTMENT OF SANITARY ENGINEERING

BUDGET ESTIMATE

Senator BYRD. The next item concerns the Department of Sanitary Engineering. The original estimate for 1964 was $18,404,200, revised estimate is $18,838,600. The House allowance on the original estimate was $18,263,000. The amendment requested is for $575,600. The sum includes a restoration request of $33,050 and a supplemental estimate submitted in Senate Document 32 for $542,550. The justification filed in support of this item will be placed in the record.

(The justification follows:)

JUSTIFICATIONS

SANITARY ENGINEERING

Allotment summary

1962 Allotment (including transfer from "Personal Services, Wage-Scale Employees")		$17,337,600
1963 Allotment (1964 base) (excludes supplemental amount of $258,438, Public Law 88-25)		17,897,400
Original budget increases		+506,800
Total budget estimate—original submission to House		18,404,200
Reductions:		
Voluntary	$29,950	
House action	111,250	
		−141,200
House allowance on original estimate		18,263,000
Additional proposals:		
Senate Document 32	$542,550	
Restoration request	33,050	
		+575,600
Total 1964 estimate requested in Senate		18,838,600

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Office of business administration	$919,967	$62,845	$982,812		$982,812	$3,164	$985,976
2. Planning, design and engineering	314,984	34,567	349,551		349,551		349,551
3. Sanitation	8,665,925	100,318	8,766,243		8,766,243	293,697	9,059,940
4. Construction and repair	494,600	44,338	538,938	$5,235	533,703		533,703
5. Sewer operations	4,342,555	143,888	4,486,443	78,065	4,408,378	149,625	4,558,003
6. Water operations	3,159,369	55,944	3,215,313		3,215,313	95,081	3,310,394
7. Office of Suburban Operations		64,900	64,900	57,900	7,000	[1] 34,033	41,033
Total	17,897,400	506,800	18,404,200	141,200	18,263,000	575,600	18,838,600

Analysis by funds

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
General fund	$9,765,375	$141,725	$9,907,100	$8,700	$9,898,400	$336,250	$10,234,650
Highway fund (motor vehicle parking account)	204,000		204,000		204,000		204,000
Water fund	3,991,975	115,225	4,107,200	2,200	4,105,000	96,800	4,201,800
Sanitary sewage works fund	3,936,050	198,450	4,134,500	85,100	4,049,400	115,990	4,165,390
Metropolitan area sanitary sewage works fund		51,400	51,400	45,200	6,200	26,560	32,760
Total	17,897,400	506,800	18,404,200	141,200	18,263,000	575,600	18,838,600

[1] Includes Senate restoration request of 9 positions and $33,050.

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for "Sanitary engineering," $575,600 (S. Doc. 32, $542,550; Senate restoration, $33,050):

Activity 1. Office of Business Administration, $3,164

C. Revenue Branch, $3,164.—A comparison of the 1963 level of operation for the parts of this program which relate to the 1964 increases follows:

	1963 (available)	Original budget submission	Additional proposals	1964 (total)
Postage	$12,000	$2,700	$300	$15,000

The total increase as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Postage increase				$300	$300
Wage board pay increase		$2,682	$182		2,864
Total additional proposals		2,682	182	300	3,164

Fund application:

General fund	$586
Water fund	1,719
Sanitary sewage works fund	859
Total	3,164

Activity 3. Sanitation, $293,697

A. Administration, $622.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$582	$40		$622
Total additional proposals		582	40		622
Fund application: General fund					622

B. Street Cleaning Branch, $87,671.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$82,089	$5,582		$87,671
Total additional proposals		82,089	5,582		87,671
Fund application: General fund					87,671

C. Ash Service Branch, $15,864.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$14,854	$1,010		$15,864
Total additional proposals		14,854	1,010		15,864
Fund application: General fund					15,864

D. Garbage Collection Branch, $33,120.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$31,011	$2,109		$33,120
Total additional proposals		31,011	2,109		33,120
Fund application: General fund					33,120

E. Trash Collection and Incineration Branch, $105,204.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$98,506	$6,698		$105,204
Total additional proposals		98,506	6,698		105,204
Fund application: General fund					105,204

F. Refuse Disposal Branch, $6,456.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$6,044	$412		$6,456
Total additional proposals		6,044	412		6,456
Fund application: General fund					6,456

G. Catch Basin Branch, $4,381.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$4,102	$279		$4,381
Total additional proposals		4,102	279		4,381
Fund application: General fund					4,381

H. Mechanical branch, $39,447.—A request for funds for the purchase of safety equipment is submitted specifically in an effort to promote basic safety gear in order to reduce injuries and accidents particularly those related to head injuries,

lacerations to hands as well as protection for the street cleaning forces from the increased traffic dangers during the early morning hours, i.e., luminous safety jackets. Included are three resuscitator outfits requested specifically for three major sanitation centers: (*a*) Mount Olivet incinerator and Northeast garage and shops, (*b*) refuse transfer station, First Street garage and O Street incinerator, and (*c*) the Fort Totten incinerator.

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$30,733	$2,094		$32,827
Equipment				$6,620	6,620
Total additional proposals		30,733	2,094	6,620	39,447
Fund application: General fund					39,447

I. Dead animals and night soil, $932.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$873	$59		$932
Total additional proposals		873	59		932
Fund application: General fund					932

Activity 5. Sewer operations, $149,625

B. Maintenance, $26,725.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$26,503	$222		$26,725
Total additional proposals		26,503	222		26,725
Fund application:					
General fund					12,561
Sanitary sewage works fund					14,164
Total					26,725

C. Pumping stations, $20,040.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$18,762	$1,278		$20,040
Total additional proposals		18,762	1,278		20,040
Fund application:					
General fund					9,403
Sanitary sewage works fund					10,637
Total					20,040

D. Sewage treatment plant, $60,299.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$56,447	$3,852		$60,299
Total additional proposals		56,447	3,852		60,299
Fund application: Sanitary sewage works fund					60,299

E. Yards and shops, $42,561.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$39,848	$2,713		$42,561
Total additional proposals		39,848	2,713		42,561
Fund application:					
General fund					20,003
Sanitary sewage works fund					22,558
Total					42,561

Activity 6. Water operations, $95,081

B. Distribution, $34,020.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$31,868	$2,152		$34,020
Total additional proposal		31,868	2,152		34,020
Fund application: Water fund					34,020

C. Plants, $20,663.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$19,350	$1,313		$20,663
Total additional proposal		19,350	1,313		20,663
Fund application: Water fund					20,663

D. Stores and Transportation, $13,569.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows;

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$12,705	$864		$13,569
Total additional proposal		12,705	864		13,569
Fund application: Water fund					13,569

E. Meters, $26,829.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$25,120	$1,709		$26,829
Total additional proposal		25,120	1,709		26,829
Fund application: Water fund					26,829

Activity 7. Office of Suburban Operations, $983

A. Office of Suburban Operations, $983.—The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Wage board pay increase		$933	$50		$983
Total additional proposal		933	50		983
Fund application:					
Sanitary sewage works fund					183
Metropolitan area sanitary sewage works fund					800
Total					983

Activity 7. Office of Suburban Operations, $33,050 (restoration request)

	Original request	House allowance	Senate restoration
Positions	9		9
Amount	[1] $64,900	$7,000	[2] $33,050

[1] Funds requested for 8 months only.
[2] Restoration request for 3 months and 6 months.

RESTORATION JUSTIFICATION

A. Office of Suburban Operations

The only way by which the revenues from the Potomac interceptor may be used to defray the cost of its operations is through the appropriation of those revenues for that purpose. The item for the proposed Office of Suburban Operations, if approved, will accomplish this.

The portion of the Potomac interceptor sewer between the District line and the Dulles International Airport will be completed by the end of December 1963. The interceptor system will consist of some 42 miles of large conduit, all situated outside the District of Columbia. Pursuant to Public Law 86-515 the operation and maintenance of the facility are a continuing responsibility of the Commissioners. While the engineering services for the planning, design, and construction of the Potomac interceptor have been secured on a temporary basis, operations may best be controlled by a permanent component of the Department of Sanitary Engineering whose establishment is sought under this budget request. The nature and extent of the activities involved are not such as to be feasibly absorbed within any of the present divisions of the Department.

The nine permanent positions proposed would constitute the nucleus of the force required to carry out the general supervision of the facility. For field and engineering services which may be required from time to time but for which the permanent staff would be inadequate, it is proposed to draw on other divisions of the Department when feasible. On such occasions the assistance furnished by the other divisions would be provided on a reimbursable basis charge-

able to the Office of Suburban Operations and drawn from the appropriation now sought. It is also recognized there may be occasions when services for the Potomac interceptor such as access road maintenance and repair, and meter servicing, may be secured only by contract. For the purpose of this appropriation request, the term "temporary services" has been used to permit such utilization of other divisions of the Department and the securing of such contractual assistance when necessary. It must be emphasized that the operation of the interceptor will be something unique in the experience to this Department and in the absence of such experience it is impossible to predict with absolute confidence the problems which will arise. It is, therefore, both essential and prudent that the Office have available to it not only the proposed minimum permanent staff but also be in a position to avail itself of additional services whenever any situation requires.

Revenues to be derived from users of the interceptor will defray the entire cost of maintaining the operating facility. Hence, the new positions sought for the Office of Suburban Operations, where devoted to work related to the interceptor, and such contractual, reimbursable or temporary services as may be used for the interceptor, will result in no charges to regular departmental revenues.

In addition to the supervision of the Potomac interceptor, it is also proposed that the Office of Suburban Operations take over the work growing out of present agreements with Maryland and Virginia communities for water and sewer services. It is important to recognize that the District of Columbia is now providing sewage disposal service for between 600,000 to 700,000 persons living outside the city. When fully utilized, the Potomac interceptor will add 500,000 more to which a further increment of about 500,000 in other areas of Maryland and Virginia will ultimately develop. These services of metropolitan scope are being performed at no cost to the people of the District. The arrangements for the provision of these services are exceedingly complex. The computation of capital and operating charges to be made to the surrounding communities and the establishment of adequate rates are presenting problems of major proportions to the Department. Dealings with outside agencies and jurisdictions to whom these services are provided have rapidly grown in extent and complexity and with completion of the interceptor will completely outstrip the present meager resources of this Department.

The only systematic way in which to develop adequate control of the operation of facilities outside the District of Columbia and assure orderly, competent performance of the many activities involving outside jurisdictions and agencies is to place full responsibility therefor within one organizational group which is staffed on a permanent basis.

The way in which to deal suitably and adequately with these matters is perfectly clear and the time to proceed is immediately at hand.

The restoration requested will be distributed as follows:

Position or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
GS-14 division chief (6 months)	1	$7,062	$504		$7,566
GS-9 junior engineer (3 months)	1	1,841	125		1,966
GS-6 stenographer (6 months)	1	2,777	189		2,966
WBR-15 maintenance foreman (3 months)	1	1,612	110		1,722
WBR-13 assistant maintenance foreman (3 months)	1	1,461	99		1,560
WBR-6 labor leader (3 months)	1	1,175	80		1,255
WBR-4 driver (6 months)	1	2,131	145		2,276
WBR-3 laborer (3 months)	2	1,956	133		2,089
Other personnel compensation (6 months)				6,700	6,700
Other services (6 months)				4,950	4,950
Total increases from 1963 base	9	20,015	1,385	11,650	33,050

Fund application

Sewage works	$7,290
Metropolitan area sewage works funds	25,760
Total	33,050

Summary of capital outlay projects (fiscal year 1964)

1963 allocation in annual act	$12,235,000
Original budget estimate submitted to House	12,107,000
Reductions: Voluntary	1,000,000
House allowance on original estimate	11,107,000

Additional proposals, Senate Document No. 32:

Project No.	Priority	Project title	Amount
		GENERAL FUND	
32-117	1	Outfall sewer relief	$650,000
32-113	2	....do	2,000,000
32-109	3	Separation of combined system areas	1,500,000
32-2	4	Street cleaning toolhouses	41,500
32-7	5	Separation of sewers at 3 schools	58,800
32-8	6	Separation of sewers at Southwest Health Center	5,400
32-100	7	Storm sewers, west Rock Creek	320,000
32-102	8	Storm relief sewers, Washington Channel	300,000
32-101	9	Storm sewers, east Rock Creek	200,000
32-107	10	Storm and relief sewers in advance of interstate highway paving	100,000
32-106	11	Storm and relief sewers in advance of primary, secondary, and urban highway paving	100,000
32-105	12	Storm and relief sewers in advance of local highway paving	100,000
		Storm sewers:	
32-103	13	West Anacostia River	200,000
32-104	14	East Anacostia River	180,000
		Total, general fund additional proposals	5,755,700
		WATER FUND	
32-807	1	Elimination of fire hazards at Bryant St. pumping station (water fund)	59,000
		Total additional proposals	5,814,700
		Total 1964 estimate requested in Senate	16,921,700

Analysis by funds

	1963	1964
General fund	$4,417,000	$5,755,700
Water fund	780,000	1,114,000
Sanitary sewage works fund	7,038,000	10,052,000
Total	12,235,000	16,921,700

Project title: Outfall relief sewer.
Location: Vicinity Poplar Point to junction oppositie Hains Point.
Scope of work: 8,000 feet of 10-foot sewer.

	Estimated cost	Funds available to date	Requested in budget
Site			
Preliminary survey			
Plans and specifications			
Construction	$1,802,000	$1,152,000	$650,000
Furniture and equipment			
Total	1,802,000	1,152,000	650,000

JUSTIFICATION

This project is part of the program for the relief of intercepting sewers. It will run from the Poplar Point pumping station to a junction with the Potomac River force main on Bolling Air Force Base. This sewer collects the flow from the new O Street pumping station. Without the construction of this project, neither the east side interceptor and pumping station, nor the O Street sewage pumping station would be able to function to its designed maximum.

Project title: Outfall sewer relief.

Location: Junction opposite Hains Point to sewage treatment plant.

Scope of work: Approximately 7,000 linear feet, 13-foot-diameter reinforced concrete sewer.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$4,638,000	$354,000	$2,000,000	$2,284,000
Furniture and equipment				
Total	4,638,000	354,000	2,000,000	2,284,000

JUSTIFICATION

This project and project 32–119 combine to form the gravity outlet sewer for the Potomac River force main programed in project 32–112. Projects 32–111 and 32–112 cannot function without construction of this project. This sewer will convey the sanitary sewage from the force main to the newly enlarged sewage treatment plant at Blue Plains, District of Columbia. These four projects are divided even though they are closely related and cannot function independently, they perform different functions and are further related to future unprogramed projects. This division also seems to give the best subdivision in order to receive the maximum possible grants in aid from the U.S. Public Health Service under the River Pollution Abatement Act, Public Law 660, known as the Blatnick bill. Construction of these four projects, together with project 32–119 and with companion projects in the sewage works program, will be the major factors in alleviating sanitary sewage pollution in the Potomac River upstream from Rock Creek. This project will also provide capacity to permit a future unprogramed project to help reduce pollution in the Anacostia River.

Project title: Separation of combined system area.

Iocation: Foundry Branch, College Pond, and Normanstone, Cleveland Park drainage area.

Scope of work: Foundry Branch; area II street sewers (sanitary) House sewer (160 properties). Area IV house sewers (192 properties). College Pond, street sewers (storm). Street sewers (sanitary). Normanstone, street sewer (sanitary trunk). Georgetown Hospital sewer separation, Northwest urban renewal area I.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$35,200,000	$2,814,000	$1,500,000	$30,886,000
Furniture and equipment				
Total	35,200,000	2,814,000	1,500,000	30,886,000

JUSTIFICATION

The purpose of this project is to prosecute a limited program of separating sewer and plumbing systems in certain areas now sewered on the combined system. The work would normally consist of constructing a new system of sanitary sewers in the streets, conversion of existing combined sewers to storm drainage service, and rearrangement of house sewers on private property to separate sanitary flow from roof, yard, and areaway drainage.

Approximately 40 percent of the occupied area of the District is sewered on the combined system. Since a project for total separation might cost in the order of $300 million, it is obviously beyond the reach of the District with any presently foreseeable source of funds. However, there are certain fringe areas draining to Rock Creek and to the upper Potomac in which separation can be accomplished within the limits of funds indicated and where the results will contribute materially to improvement of the quality of these recreationally important waters.

The areas in which separation work is contemplated this fiscal year are as follows: Foundry Branch, vicinity of Foxhall Village and Wesley Heights, between Massachusetts Avenue and Canal Road, College Pond, vicinity of Georgetown University Hospital, and Normanstone Cleveland Park area. Work in these areas will consist of storm and sanitary sewer construction and rearrangement of house sewers on private property from combined to separate sewer systems.

Project title: Street-cleaning tool houses.

Location: Various strategic locations throughout the city.

Scope of work: Construction of two buildings to provide storage for White Wing carts and cans, locker space, and sanitary facilities for approximately 18 employees.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site	$3,000		$3,000	
Preliminary survey				
Plans and specifications	17,500		2,500	$15,000
Construction	236,000		36,000	200,000
Furniture and equipment				
Total	256,500		41,500	215,000

JUSTIFICATION

One of the requirements of any large municipal street-cleaning agency is to provide strategically located buildings as headquarters of the White Wing personnel operating in the various sections of the city. These buildings are used to house the White Wing carriers and cans, pushcarts, brooms, shovels, etc., required for the operation. They should be located as strategically and inconspicuously as possible in order to hold to an absolute minimum any "deadheading" to and from the individually assigned street-cleaning routes and serve as a storage point for such accumulations of sweepings as must be carried over from one day to the next pending removal by truck. Overnight accumulation of sweepings while held to a minimum cannot always be avoided; usually being held to the "last" can carrier or pushcart load only of each White Wing.

The District now operates some 22 buildings all of which are either leased garages or temporary structures that, in general, do not provide heat, light, or sanitary facilities for the personnel, and which are subject to constant change brought about by expiring leases or loss of site. In addition several locations are utilized for this purpose that can be considered permanent in that they are existing District-owned installations such as garages, transfer stations, etc. The need is to provide cheap but adequate housing for this purpose which has the essential element of permanency while, at the same time, providing decent sanitary facilities for the personnel. Present plans envisage the provision of two of these buildings on this permanent and modern basis as the first step in an overall program to correct the present unfortunate position of depending upon leased, temporary, and inadequate buildings.

Attention is invited to the desirability of providing such quarters in the proposed west wing of the new Municipal Center Building to replace the existing

street-cleaning headquarters in the May Building. This particular location is now the main headquarters for the important downtown White Wing section.

Buildings of this type when well located have a most decided effect on the efficiency and economy of operation and are essential to a well-planned organization engaged in street-cleaning work.

Estimate of cost shown on PWP form 2 was determined by Division of Sanitation for two structures and two sites. One structure will be located on lot 105, square 2892, while a suitable site for the second structure has not been determined.

Project title: Separation of sewers at three schools.

Location: Bowen Elementary School, Randall and Jefferson Junior High Schools.

Scope of work: Separation of storm and sanitary sewers in conformance with urban renewal.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$3,800		$3,800	
Construction	55,000		55,000	
Furniture and equipment				
Total	58,800		58,800	

JUSTIFICATION

To comply with the Commisioners' order to remove pollution from the Potomac River, it is necessary to connect buildings owned by the District of Columbia to the separate sewer system recently completed in the near Southwest section of the city.

Project title: Sewer Separation.

Location: Southwest Health Center, Delaware Avenue and I Street SW.

Scope of work: Install separate new pipes from the building to the street for both sanitary and storm sewage and separate the building plumbing systems required.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$400		$400	
Construction	5,000		5,000	
Furniture and equipment				
Total	5,400		5,400	

JUSTIFICATION

Sanitary sewage and storm sewage collection systems are being separated as part of the urban renewal work in Southwest Washington in an effort to reduce Potomac River pollution. Since most buildings in this area have a combined sewer, running from the building to the street, which is used for both sanitary sewage and roof drainage, it is necessary to install new service to separate the systems. The Department of Sanitary Engineering has requested that separation of building plumbing, including the Southwest Health Center, be accomplished as soon as possible to make the new sewage systems fully effective and to comply with the 1959 plumbing code.

Project title: Storm sewers, West Rock Creek.

Location: Northwest section of city, west of Rock Creek and north of Potomac River.

Scope of work: 10 by 10 feet culvert under Grant Road at Broad Branch; 1,580 feet—10- by 75-foot storm sewer Broad Branch Road, between 30th Street and Linnean Avenue, Legation Street, Connecticut Avenue and Nevada Avenue.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$8,500,000	$3,333,000	$320,000	$4,847,000
Furniture and equipment				
Total	8,500,000	3,333,000	320,000	4,847,000

JUSTIFICATION

The storm sewer extensions included in this project are necessary to relieve local flooding of public and private property and to provide adequate drainage for improved streets. In the absence of normal storm drainage control, the resulting periodic flooding causes damage to property, such as furniture and equipment in basements or automobiles submerged in street floods, serious hazards to public health and, in some cases, danger to life and limb of citizens.

The construction proposed during the fiscal year 1964 will provide immediate relief for certain local drainage conditions and will contribute to the development of the ultimate storm water drainage system proposed for the entire west Rock Creek area.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewers will be built in public space, no land or demolition costs are involved.

Project title: Relief storm sewer, Washington Channel, Southwest urban renewal area.

Location: Southwest area west of South Capitol Street and south of Independence Avenue to Washington Channel and Anacostia River.

Scope of work: 96 and 72 inches, Maine Avenue between Seventh and Ninth Streets; 48 to 24 inches, D Street between Sixth and Ninth Streets; and Ninth Street north of Southwest Freeway.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$3,394,000	$2,020,000	$300,000	$1,074,000
Furniture and equipment				
Total	3,394,000	2,020,000	300,000	1,074,000

JUSTIFICATION

This project will make possible the separation of the combined sewer system which now exists in the Southwest sector of the city. The Southwest combined sewers carry both storm and sanitary flow which is discharged directly into Washington Channel during periods of peak flow, thus creating a river pollution problem. In general the present combined sewers will be converted to storm conduits and a new system of sanitary sewers constructed. The present system of sewers will not provide adequate storm drainage and therefore must be relieved. This project will provide a major portion of the drainage relief required in the urban renewal area of Southwest Washington and eliminate a hazardous pollution problem.

Project title: Storm sewers, East Rock Creek.

Location: Northwest area of city, east of Rock Creek, west of North Capitol Street, and North Mall to the District of Columbia line.

Scope of work: Luzon Avenue trunk sewer, Underwood and Aspen Streets, Adams Morgan renewal area.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$9,299,000	$5,914,000	$200,000	$3,185,000
Furniture and equipment				
Total	9,299,000	5,914,000	200,000	3,185,000

JUSTIFICATION

The storm sewer extensions included in this project are necessary to relieve local flooding of public and private property and to provide adequate drainage for improved streets. In the absence of normal storm drainage control, the resulting periodic flooding causes damage to property, such as furniture and equipment in basements or automobiles submerged in street floods, serious hazards to public health and, in some cases, danger to life and limb of citizens.

The construction proposed during the fiscal year 1964 will provide immediate relief for certain local drainage conditions and will contribute to the development of the ultimate storm drainage system proposed for the entire east Rock Creek area.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewer will be built in public space, no land or demolition costs are involved.

Project title: Storm and relief sewers in advance in interstate highway paving.

Location: Various within the District of Columbia.

Scope of work: Various sizes of sewers ranging from 18-inch diameter to probable maximum size of 12-foot diameter. Length of sewer will depend upon specific freeway to be paved by Department of Highways and Traffic and will probably average from 1,000 to 2,000 linear feet. Average projects may range from $50,000 to $350,000. New York Avenue—Bladensburg Road to 16th Street NW.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$13,200,000	$5,107,000	$100,000	$7,993,000
Furniture and equipment				
Total	13,200,000	5,107,000	100,000	7,993,000

JUSTIFICATION

The purpose of this project is to provide storm sewer outlets, advance sections of relief works and major replacements as may be necessary to permit the Department of Highways and Traffic program for street work in this category to proceed and to take advantage of the economies made possible by performing the sewer work in advance of paving projects.

For this category of street work the Department of Highways and Traffic program contemplates expenditure of approximately $164 million over the next 6 years. While it is anticipated that certain storm sewer facilities, necessary to drain the areas to be paved and located within such areas, will be financed from highway project funds, this item in the sewer program is necessary to provide outlets for such local facilities as are provided in the highway projects; to build parts or all of relief sewers which for reasons of topography must be located

under the streets to be paved; and for relief or replacement of undersized or structurally defective sewers within such areas to be paved.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewer will be built in public space, no land or demolition costs are involved.

Project title: Storm and relief sewers in advance of primary, secondary, and urban highway paving.

Location: Various within the District of Columbia.

Scope of work: Various sizes of sewers ranging from 18-inch diameter to probable maximum size of 8-foot diameter. Length of sewer will depend upon specific street to be paved by Department of Highways and Traffic, and will probably average from 500 to 2,000 linear feet. Average projects may range from $5,000 to $250,000. Northeast urban renewal area No. 1.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$7,300,000	$2,577,000	$100,000	$4,623,000
Furniture and equipment				
Total	7,300,000	2,577,000	100,000	4,623,000

JUSTIFICATION

The purpose of this project is to provide storm sewer outlets, advance sections of relief works and major replacements as may be necessary to permit the Department of Highways and Traffic program, for street work in this category, to proceed and to take advantage of the economies made possible by performing the sewer work in advance of the paving projects.

For this category of street work, the Department of Highways and Traffic program contemplates, for construction expenditures of approximately $17,500,000 over the next 6 years. While it is anticipated that certain storm sewer facilities, necessary to drain the areas to be paved and located within such areas, will be financed from highway project funds, this item in the sewer program is necessary to provide outlets for such local facilities provided in the highway projects; to build parts or all of relief sewers which, for reasons of topography, must be located under the streets to be paved; and for relief or replacement of undersized or structurally defective sewers within such areas to be paved.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewers will be built in public space, no land or demolition costs are involved.

Project title: Storm and relief sewer in advance of local highway paving.

Location: 44th and W Streets NW. Charles Street, Lawrence Avenue and Adams Street NE.

Scope of work: Various sizes of sewers ranging from 18-inch diameter to probable maximum size of 48-inch diameter. Length of sewer will depend upon specific street work by Department of Highways and Traffic or area flooded and in need of immediate storm drainage relief. Average projects may range from $25,000 to $75,000.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$5,960,000	$2,526,000	$100,000	$3,334,000
Furniture and equipment				
Total	5,960,000	2,526,000	100,000	3,334,000

JUSTIFICATION

In order to provide drainage for streets to be permanently improved by the Department of Highways and Traffic, it is necessary that this Department provide storm sewer outlets for the drains installed incidental to the paving. These projects are of small to moderate size, depending on location and scope upon the specific paving projects selected by the Department for improvement during the year.

Another purpose of this project is to provide funds for minor extensions of storm sewers to relieve bad drainage conditions which represent hazards to life and property, and cause public inconvenience. Some locations where relief is needed are known in advance while others develop more or less suddenly as a result of conditions and operations of others beyond control of the Department. For instance, building construction on private property may change local drainage conditions lower down in the particular drainage area to the extent that conditions may become critical within a very short time. It is therefore highly desirable that this project be provided without reference to specific locations in order that this type of drainage problem may be provided for before damage suits become a problem.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewers will be built in public space, no land or demolition costs are involved.

Project title: "Storm sewer, West Anacostia River."

Location: General area between Anacostia River and North and South Capitol Streets to District line.

Scope of work: New York Avenue—Bladensburg Road to 16th Street Northeast, Kingman Lake lines A and B.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$6,600,000	$3,762,000	$200,000	$2,638,000
Furniture and equipment				
Total	6,600,000	3,762,000	200,000	2,638,000

JUSTIFICATION

The storm sewer extensions included in this project are necessary to relieve local flooding of public and private property and to provide adequate drainage for improved streets. In the absence of normal storm drainage control, the resulting periodic flooding causes damage to property, such as furniture and equipment in basements or automobiles submerged in street floods, serious hazards to public health and, in some cases, danger to life and limb of citizens.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewers will be built in public space, no land or demolition costs are involved.

Project title: "Storm sewer, East Anacostia River."

Location: Area east of Anacostia River between Southern and Eastern Avenues.

Scope of work: 530 feet, 48 inches, Overlook Avenue between South Capitol and Chesapeake Streets. Chicago Street trunk replacement. Young Street trunk replacement.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications				
Construction	$20,400,000	$7,909,000	$180,000	$12,311,000
Furniture and equipment				
Total	20,400,000	7,909,000	180,000	12,311,000

JUSTIFICATION

The storm sewer extensions included in this project are necessary to relieve local flooding of public and private property and to provide adequate drainage for improved streets. In the absence of normal storm drainage control, the resulting periodic flooding causes damage to property, such as furniture and equipment in basements or automobiles submerged in street floods, serious hazards to public health and, in some cases, danger to life and limb of citizens.

The construction proposed during the fiscal year 1964 will provide immediate relief for certain local drainage conditions and will contribute to the development of the ultimate storm drainage system proposed for the entire east Anacostia area.

Cost estimates were prepared by this Department based on extensive experience with similar work. Since sewers will be built in public space, no land or demolition costs are involved.

Project title: Elimination of fire hazards at Bryant Street pumping station.

Location: 301 Bryant Street NW.

Scope of work: Fire protection requirements, excluding detection and sprinkler systems for flammable storage areas.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$4,000		$4,000	
Construction	55,000		55,000	
Furniture and equipment				
Total	59,000		59,000	

JUSTIFICATION

The results of an inspection of the Bryant Street pumping station by the District of Columbia Fire Marshal indicate that the minimum requirements for pumping stations as outlined in the standard grading schedule for pumping stations (National Board of Fire Underwriters) are not met.

The following work is necessary under the grading schedule:

Building construction of pumping station:

(*a*) Opening from main pumproom on basement, first, second, and attic levels should be bricked up to completely isolate the pumproom from the rest of the station. Where it is necessary to provide doors between the pumproom and rest of building, an approved fire door should be provided on at least one side of the wall.

(*b*) The large overhead door between the machine shop and main pumproom should be metal-clad and provided with an automatic closing device in case of fire.

(*c*) Light shaft windows should be replaced with metal frame and wire glass windows.

(*d*) Existing openings in masonry walls on the attic level should be bricked up, or provided with fire doors.

(*e*) Wood ceiling of main pumproom should be covered with fire-resistant material or a noncombustible ceiling installed below the top catwalk level.

MANDATORY ITEMS

Senator BYRD. I suppose the increase in the House allowance represents mandatory items.

Mr. AULD. In large part, Mr. Chairman, it does. The largest of those appears in the B budget. That is the point to which you addressed yourself. In the form of $536,560 for wage board pay increases. Those are not in any sense optional with the Department.

Senator BYRD. You did not have any new positions allowed by the House?

Mr. AULD. We had no new positions allowed. We are, however, asking for restoration of nine positions which were disallowed by the House.

Senator BYRD. Do you have a statement you wish to present for the record?

Mr. AULD. No; I do not. I would like to identify the people with me.

Senator BYRD. Yes.

Mr. AULD. Mr. William Roeder, Assistant Superintendent of Sanitation; Mr. Lingenfelter, our Accounting Officer; Mr. Ward, our Administrative Officer, and Mr. Orndorff, Deputy Director of our Department.

Lacking a formal statement, I do have one matter I would like to put before you and request that one item allowed in the House be deleted. It is one of the capital outlay items. Perhaps you would like to defer that until you come to the capital outlay section.

EQUIPMENT FOR MECHANICAL BRANCH

Senator BYRD. You are asking for $6,620.00 for equipment in the mechanical branch.

Mr. AULD. Yes, that is entirely within the Sanitation Division. This is our first effort to equip in a major way the employees who are on the streets in that Division with protective gear, luminous garments, for example, for those street sweepers who could be struck, head protection and hand protection for those who handle trash. There is no former similar item in any section.

OFFICE OF SUBURBAN OPERATIONS

Senator BYRD. Now, you are asking for nine positions to be restored in the Office of Suburban Operations.

Mr. AULD. Yes, sir.

Senator BYRD. Funds were requested for 8 months only.

Mr. AULD. The funds have been reduced since the House A budget was prepared and the funds now requested are in the amount of $33,050 and would carry certain of the positions for 6 months. The remainder of the positions for 3 months.

The activity is a new one for our Department and I feel that it is one of the most vital things we have put before the Congress heretofore. We are charged with the responsibility of operating the Potomac interceptor which was authorized by the Congress 3 years ago. We have, in addition to that, a great many other territories. That is, those which are drained to us in other sewers. Altogether this represents an area of 662 square miles outside the District which is essentially dependent upon us for disposal of liquid wastes.

With that operation, I feel we must have a unit of organization which would devote itself entirely to that. To go to the interceptor itself: It was the intent of the Congress that it be self-supporting and we intend or expect to have customers this coming year. That is this coming calendar year and to derive revenues, modest at first, but money at least which would go into the account.

The only way by which those revenues may be applied to the operation of that facility is by the appropriation we request. Other-

wise, they are not, or they would not be available except by appropriation.

The operations outside the District with which we are confronted are costly to us and the staff we propose has not stood the test of time. It represents our best judgment in advance. But we know we have this problem to meet. We know we have got to put them in the field to look after this facility. This is our best judgment of the way to do it. You will note that some of the proposed expenditures are purely in the form of an authorization. They are, maybe, if we need assistance from other divisions of the Department or elsewhere, we would have the authority to use them if necessary.

SIX MONTHS' POSITIONS

Senator BYRD. In addition to the nine positions, there would be other personnel compensation over a period of 6 months amounting to $6,700 and other services over a period of 6 months amounting to $4,950.

Mr. AULD. Those are the services to which I allude.

Senator BYRD. The division chief and the GS–6 stenographer and the WBR–4 driver would be included for a 6-month period.

Mr. AULD. Yes, sir.

Senator BYRD. And the other remaining six positions would be only for a 3-month period.

The last 3 months of the fiscal year.

Mr. AULD. Yes.

CAPITAL OUTLAY PROJECTS

Senator BYRD. Now, let us move into your capital outlay projects. The first item is for $650,000. Outfall relief sewer.

Mr. AULD. I would ask Mr. Orndorff if he would show us first of all the project C map. While he is doing that I might say that our overall program is now in high gear, Mr. Chairman. We have gained a lot of momentum and the pollution abatement features of our program are really moving at last. We have there a map showing the District of Columbia and coming down the river and in fact all the lines on there make up what we call project C. Now, the first two items, items 1 and 2 on page A–14, are called the outfall sewer, I will ask Mr. Orndorff to indicate. One is in green coming down between the two pumping stations and the screening chamber and the other goes downstream from the screening chamber to the sewage treatment plant. It is with respect to the first item that I ask the withdrawal of the appropriation made by the House which was sanitary sewage works money.

REQUEST FOR GENERAL FUND ITEM

We have asked instead this be a general fund item. This grows out of engineering information received since the House hearings. That reflects studies that have been in progress for several years. They have finally come to us.

Senator BYRD. What is the amount involved?

OUTFALL RELIEF

Mr. AULD. The amount that we would ask to be deleted is $1,378,000. It appears in the House report on page 11. And is identified as outfall relief (points 17 to 6).

Senator BYRD. All right.

Mr. AULD. The second item I think we mentioned. Now, Mr. Orndorff, I wonder whether you could reverse that map. From this end.

Our third item is the separation of sewers and combined system areas indicated here by squares or blue rectangles in the centers of the areas in which the work is to be performed. Part of it is Boundary Branch and you note that the activity is mostly in the western part of the city where the greatest immediate benefits to the river will accrue from the work being carried out.

Some of this work will be performed in the Normanstone area of Rock Creek and also in the Northwest urban renewal area No. 1.

We have in item 4, if you are ready to proceed, two street-cleaning toolhouses. This is the first of a continuing program which will go over a number of years to help us eliminate what has become a pretty shameful condition. Up until now we have had to resort in large part to unheated structures which are not intended for the street-cleaning function and they have given rise to criticism of the Department and I think with full justification.

We hope to correct this by putting up permanent structures.

The first of two which we propose in this budget at a cost of $41,500 to be located in the Southeast section behind the District of Columbia Electrical Warehouse, the other in the vicinity of Georgia Avenue in the interior block between Kenyon and Lamon. It is not easy to find locations in which such facilities will be tolerated, but they must be located centrally with respect to the cleaning routes.

SEWER SEPARATION

The next two items have to do with sewer separation, and those are items 5 and 6 and we have no map for the illustration but I believe it is not necessary. These are situated in the Southwest area.

The separation work there has proceeded for some years, Mr. Chairman.

Senator BYRD. These are in connection with the two junior high schools and the one elementary school?

Mr. AULD. These are existing schools and health center. Yes, that is correct. You are right. This is the remaining property under District control for which separation in that area would now be in order.

STORM WATER SEWERS

Item 7, page 28, is a geographical designation "Storm water sewers in the area west of Rock Creek in the District at miscellaneous locations." The principal one we have in mind there would be in the Broad Branch drainage area, which ultimately would involve the expenditures of several million dollars.

Item on page A–30 is a continuation of our sewer changes in the Southwest urban renewal area along the Washington Channel. This, I think, is bringing us close to end of a very successful project down there.

Going back again to the geographical designations, east Rock Creek, here we propose certain storm water relief sewers in Luzon Avenue between Underwood and Aspen Streets and other storm water improvements in the Adams-Morgan renewal area in Mount Pleasant.

Senator BYRD. That seems to be two-thirds of the way toward completion of this project.

Mr. AULD. Yes. Although I fear that these totals relate to our 6-year program and in the nature of programs, and in the nature of these problems I would say that there would always be a backlog of storm water control work. It is substantially endless.

SYSTEM IMPROVEMENTS IN ADVANCE OF HIGHWAYS

On page A–34, a general category to allow us to make system improvements as needed in advance of certain highway work. Those immediately in mind for next year are on New York Avenue between Bladensburg Road and 16th Street.

On page A–36, similar authority to build in advance of primary and secondary and urban highway projects and here we would expect to put in $50,000 of that on the Northeast urban renewal area No. 1. The remainder at some so far unselected locations.

And on page A–38, a similar description, I think, would describe it. These again are local streets, in which we would like to perform work, at 44th and W Northwest and in the Northeast section along Charles, Lawrence, and Adams.

In the West Anacostia region, we would propose again work in the New York Avenue-Bladensburg and 16th Street locality and also extend certain storm lines across Lake Kingman. Lake Kingman is now slated for abandonment and filling. If filled, the lines which now discharge to it must be extended to the banks of the river.

Filling, by the way, will give our Department an opportunity to dispose of incinerator residue which is a serious problem at this time.

EAST ANACOSTIA STORM WATER CONTROL

The project described on A–42, is the East Anacostia storm water control work. Part of this is related to the Anacostia Freeway at Chicago Street and at Young Street. Extensions of existing lines. And also work up in the Overlook Avenue extension or section again really precipitated by the Anacostia Freeway.

BRYANT STREET PUMPING STATION

Our last item is a water item involving the Bryant Street pumping station built, I believe, in 1907 and now under the guns of the District of Columbia Fire Marshal. He says we have some fire hazards up there which should be corrected and we are asking $59,000 chargeable to the water fund to allow us to do that work. Of course, a vital facility like that should not be unnecessarily vulnerable to fire hazards.

POSITIONS IN DEPARTMENT

Senator BYRD. How many positions do you have in your Department?

Mr. AULD. 3,045 authorized positions.

Senator BYRD. 3,045?

Mr. AULD. Yes.

Senator BYRD. How many vacancies do you have?

Mr. AULD. As of the last report several days ago, 106. Of those we are actively recruiting 70.

Senator BYRD. How many new positions are you requesting overall?

Mr. AULD. Nine.

FUNDS OBLIGATED

Senator BYRD. Have you obligated all of the funds approved for 1963?

Mr. AULD. No, sir. We have not. We carry forward certain balances and so on in the operating appropriations which I have here.

Senator BYRD. You can file it for the record, if you wish.

Mr. AULD. Aggregate carryover in operations $378,523.

Senator BYRD. You might file the statement that you are reading from.

Mr. AULD. Yes.

OPERATING BALANCES

Senator BYRD. Does this give the capital outlay?

Mr. AULD. No, sir, those are the operating balances.

(The statement follows:)

Obligations and allotments by activity and object, fiscal year 1963

	Office of Business Administration	Planning, design and engineering	Sanitation	Construction and repair	Sewer operations	Water operations	Total
Personnel compensation	$841,425.06	$264,128.10	$7,241,683.10	$424,084.35	$2,806,871.83	$2,079,599.96	$13,657,792.40
	(846,553.00)	(296,408.00)	(7,308,683.00)	(449,026.00	(2,914,219.00)	(2,098,522.00)	(13,913,411.00)
Personnel benefits	64,419.45	28,346.65	578,527.79	42,550.47	257,662.75	157,753.02	1,129,260.13
	(64,832.00)	(24,077.00)	(567,969.00)	(47,544.00)	(237,119.00)	(155,570.00)	(1,097,111.00)
Travel	1,237.89	1,443.70	634.99		353.50		3,670.08
	(1,040.00)	(658.00)	(610.00)		(438.00)		(2,746.00)
Transportation of things			14,110.87		26,288.60		40,399.47
			(10,000.00)		(10,750.00)	(5,000.00)	(25,750.00)
Rents, communications, and utilities	13,911.42	123.10	74,678.02	2,276.78	360,354.43	173,374.43	624,718.18
	(13,000.00)		(52,396.00)	(100.00)	(533,620.00)	(185,900.00)	(785,016.00)
Printing	8,163.44	3,374.78	1,343.27	2,909.90	2,248.01	6,482.35	24,521.75
	(6,765.00)	(1,000.00)	(1,500.00)		(2,500.00)	(2,600.00)	(14,365.00)
Other contractual services	4,325.48	11,583.87	61,025.66	−12,574.86	23,034.16	257,064.94	344,459.25
	(823.00)	(1,000.00)	(222,955.00)		(73,705.00)	(157,271.00)	(455,754.00)
Supplies and materials	8,387.22	16,610.34	566,049.05	4,654.39	559,258.48	300,644.47	1,455,603.95
	(9,960.00)	(3,292.00)	(412,594.00)	(10,000.00)	(417,076.00)	(330,833.00)	(1,183,755.00)
Equipment	11,040.79	2,319.45	248,774.37	22,858.07	131,520.55	71,375.75	487,888.98
	(10,000.00)	(1,600.00)	(244,954.00)	(5,000.00)	(178,408.00)	(227,578.00)	(667,540.00)
Grants and subsidies					9,000.00		9,000.00
					(9,420.00)	(970.00)	(10,390.00)
Total obligations	952,910.75	327,929.99	8,786,827.12	486,759.10	4,176,592.31	3,046,294.92	17,777,314.19
Total planned obligations or allotment	(952,973.00)	(328,035.00)	(8,821,661.00)	(511,670.00)	(4,377,255.00)	(3,164,244.00)	(18,155,838.00)

Unobligated balances by funds:

Water	$126,198.85
Sewage works	148,096.17
General	104,228.79
Total	378,523.81

NOTE.—Parentheses denote planned obligations or allotment.

CAPITAL OUTLAY BREAKDOWN

Senator BYRD. Would you give us a similar breakdown on capital outlay?

Mr. AULD. Yes, sir; I have that available.

Senator BYRD. All right, sir, if you will just include that for the record.

Mr. AULD. Thank you, I will.

(The information requested follows:)

Sanitary engineering

GENERAL FUND

Project No.	Locations	Funds available	Remarks
100 101 103 104 105 106 107 109	See remarks	$76,106	Aggregate of balances of west Rock Creek, east Rock Creek, west Anacostia River, east Anacostia River, advance of local, primary, secondary, and urban paving, advance of interstate paving and separation.
102	Southwest interceptor, in Maine Ave.	64,729	Construction to be coordinated with other improvements contemplated by the Redevelopment Land Agency in the Southwest area and will be undertaken prior to relocating Maine Ave. to a line now occupied by 2 restaurants.
111	Project C, dual sewers from 27th and K Sts. to 26th and D Sts. and pumping station.	1,148,636	Project under construction. Balance to be held for liquidation of current contracts, incidental work, and contingencies.
112	Project C, Potomac River force mains, from Constitution Ave. to Hains Point by way of West and East Potomac Parks.	789,378	80 percent of this project is either under contract or has been completed. In order to effect the maximum economy, the force mains will be constructed in conjunction with the Lincoln Memorial Vehicular Tunnel, and the Aquarium which is to be located at the tip of Hains Point. The location of the screens chamber is entirely dependent on the location of the outfall relief sewers in the U.S. Naval Station, Anacostia. The National Capital Planning Commission is developing a plan for the surplus areas in the U.S. Naval Station and Bolling Air Force Base. Until plans for these projects are developed, construction of the force main and screens chamber will be delayed.
117	Outfall relief sewer	783,843	Final design is dependent upon the location of the sewer through the U.S. Naval Station, Anacostia, and Bolling Air Force Base. The National Capital Planning Commission is developing a plan for these areas and until it is finalized the sewer construction will be delayed.
131 133 143	Construction and repair of incinerators.	173,541	This is balance of an original total of $3,415,000 for these purposes from fiscal years 1958, 1959, 1960, and 1961. Work is nearing completion and release of $84,537 for lands has been recommended. These expenditures are under control of Department of Buildings and Grounds.
060	Rights-of-way	9,760	Release of this item has been recommended.
	Total available, June 30, 1963.	3,045,993	

SANITARY SEWAGE WORKS FUND

500	Broad Branch Valley	$45,453.12	To be coordinated with Highway Department for Broad Branch Road paving.
501	Service sewer extension	28,969.55	$27,858 obligated during July; current balance; $1,110.
502	Southwest renewal	34,156.58	Available for current needs: $9,323 in July.
503	Watts Branch Valley	99,811.40	After numerous requests from our Department, the Washington Suburban Sanitary Commission has not, as of this date, determined how much additional capacity is needed for their flows. Therefore, this appropriation will be released in its entirety.

Sanitary engineering—Continued

SANITARY SEWAGE WORKS FUND—Continued

Project No.	Locations	Funds available	Remarks
505	Advance of local paving	$40,783.67	Available for current needs; $5,421 obligated in July.
510	Upper Potomac interceptor	29,480.28	To be used in conjunction with $5,366,000 of future appropriation requests for this project.
511	Relief, Potomac River poll and pumping.	598,804.57	These funds together with the 1964 appropriation will provide for the construction of additional pumps and switchgear for the Potomac Sewage Pumping Station. Detail plans will be started in 1964 after initial installation has been "broken in."
512	Potomac River force mains	356,286.50	To be used with 1964 appropriation. 80 percent of this project is either under contract or has been completed. In order to effect the maximum economy the force mains will be constructed in conjunction with the Lincoln Memorial Vehicular Tunnel, and the Aquarium which is to be located at the tip of Hains Point. The location of the screens chamber is entirely dependent on the location of the outfall relief sewers in the U.S. Naval Station, Anacostia. The National Capital Planning Commission is developing a plan for the surplus areas in the U.S. Naval Station and Bolling Air Force Base. Until plans for these projects are developed, construction of the force main and screens chamber will be delayed.
514	Rock Creek main interceptor relief.	1,051,041.63	$800,000 recommended for release. Balance to be held for future, remaining contracts.
517	Outfall relief sewer 17 to 6	1,364,077.64	Final design is dependent upon the location of the sewer through the U.S. Naval Station, Anacostia, and Bolling Air Force Base. The National Capital Planning Commission is developing a plan for these areas and until it is final the sewer construction will be delayed.
518	East side interceptor	30,512.73	Held for contingencies and liquidation of current contracts.
504	Sewage treatment plant	1,669,964.75	Sludge piping improvements under design. This item is in planning stage, awaiting report of Board of Engineers due in 2d quarter fiscal year 1964. To be used with 1964 appropriation requested in amount of $250,000.
	(1) Supply building	200,000	
	(2) Increase power generating capacity	355,000	
	(3) Foundations for new pump station	1,000,000	
	(4) Sludge piping improvements	150,000	
	(5) Elutriation tanks	250,000	
	Total available, June 30, 1963	5,349,342	

WATER FUND

800	Southeast relief water main	664,924	
	(1) 8th St.-Pennsylvania Ave. to East Capitol.		To be constructed in advance of paving fiscal year 1964.
	(2) 8th St.-East Capitol to Eye St.		To be constructed in advance of paving fiscal year 1965.
			A section of this water main in Pennsylvania Ave. SE., from 8th St. to 15th St. is now under contract. The available funds will be utilized in this fiscal year and in fiscal year 1965 in conjunction with the Department of Highways and Traffic program for repaving 8th St. SE., from Pennsylvania Ave. to Eye St.
	Total available, June 30, 1963.	664,924	

Senator BYRD. All right, Mr. Auld, thank you very much, gentlemen.

Mr. Auld, we appreciate the good work you are doing. I can say that for you, too, for the record.

Mr. AULD. Thank you very much. I hope you have a chance to look over our facilities sometime.

Senator BYRD. I will come down and see you someday.

WASHINGTON AQUEDUCT

STATEMENTS OF DAN M. WATT, CHIEF, WASHINGTON AQUEDUCT DIVISION; B. B. HOROWITZ, BUDGET OFFICER; AND JOHN A. BOTTS, JR., BUDGET ANALYST, WASHINGTON AQUEDUCT

BUDGET ESTIMATE

Senator BYRD. Now, the next and final item for today is that pertaining to the Washington Aqueduct. The original estimate for 1964 was $2,943,800. The revised estimate is $3,012,500. The House allowance was $2,942,000. The minimum requested is for $70,500. The justification filed in support of this item will be placed in the record.

(The justification follows:)

JUSTIFICATION

WASHINGTON AQUEDUCT

Allotment summary

1962 allotment (including transfer from "Personal Services, wage-scale employees")	$2,742,000
1963 allotment (1964 base) original estimate (excludes supplemental amount of $31,300, Public Law 88-25)	2,863,400
Original budget increases	+80,400
Total budget estimate, original submission to House	2,943,800
Reductions: House action	1,800
House allowance on original estimate	2,942,000
Additional proposals: S. Doc. 32	70,500
Total 1964 estimate requested in Senate	3,012,500

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate, original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. Collection	$170,500	$500	$171,000	----------	$171,000	$3,500	$174,500
2. Purification	1,149,500	39,500	1,189,000	----------	1,189,000	27,400	1,216,400
3. Transmission	405,000	----------	405,000	----------	405,000	7,700	412,700
4. Joint facilities	1,138,400	40,400	1,178,800	$1,800	1,177,000	31,900	1,208,900
Total (water fund)	2,863,400	80,400	2,943,800	1,800	2,942,000	70,500	3,012,500

PROGRAM JUSTIFICATION

For an additional amount, fiscal year 1964, for "Washington Aqueduct," $70,500:

Activity 1. Collection, $3,500

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wage board positions (14)		$3,500			$3,500
Total additional proposals		3,500			3,500

Activity 2. Purification, $27,400

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wage-board positions (107)		$27,400			$27,400
Total additional proposals		27,400			27,400

Activity 3. Transmission, $7,700

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wageboard positions (28)		$7,700			$7,700
Total additional proposals		7,700			7,700

Activity 4. Joint activities, $31,900

The total increase requested as an amendment to the 1964 budget estimates will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation	Personnel benefits	Other	Total
Pay increase for existing wage-board positions (121)		$23,300	$4,600	$4,000	$31,900
Total additional proposals		23,300	4,600	4,000	31,900

JUSTIFICATION OF PROPOSED LANGUAGE CHANGES, CAPITAL OUTLAY

Add: "*Provided further*, That not to exceed $49,000 of funds heretofore appropriated under the heading 'Capital Outlay, Washington Aqueduct,' in such Act shall be available for improvements at the Dalecarlia plant."

Section 15 of the District of Columbia Appropriation Act, 1962, stated, in part "* * * Capital outlay, Washington aqueduct, included in District of Columbia Appropriation Act, 1961, shall not be available in fiscal year 1962."

The 1961 Appropriation Act contained $50,000 to motorize and remote control transmission valves at the Dalecarlia plant. In fiscal year 1961, less than $1,000 was expended for design and engineering. All work on this project was halted with the passage of the 1962 Appropriation Act.

It is very necessary that this project be resumed to safeguard the four transmission mains at the Dalecarlia plant. This project includes removal of existing hand-operating devices and the installation of electric-powered operators, underground wiring, and pushbutton stations. Upon completion, the Dalecarlia pumping station operator can control remotely the delivery of water through the transmission mains to Washington, D.C., and Arlington County and Falls Church, Va. A shutoff can be made within a minimum time in the event of a pipeline break. The remote controls would alleviate the requirement for labor crews to perform the valve operation manually and would reduce damage to underground facilities by reducing the closure time in case of pipeline breaks.

SENATE RESTORATION REQUEST, $200,000

Department: Washington aqueduct.
Project title: Shops and storehouses, Dalecarlia.
Project number: 35–105.
Location: Dalecarlia filter plant, Washington, D.C.
Scope of work: Clearing of site and making a rolled fill for the shop area which will be constructed later.
Fund: Water.
Capacity: This facility will cover 14 acres and has approximately eight buildings.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site	$5,000		$5,000	
Preliminary survey	10,000		10,000	
Plans and specifications	75,000		50,000	$25,000
Construction	1,020,000		135,000	885,000
Furniture and equipment	100,000			100,000
Total	1,210,000		200,000	1,010,000

Three capital outlay projects were submitted in the fiscal year 1964 budget as follows:

Project No.	Project title	Amount
35–106	Flocculation-sedimentation basin No. 3	$1,306,000
35–105	Shops and storehouses, Dalecarlia	200,000
35–109	Flood protection, Dalecarlia	350,000
	Total estimate for 1964	1,856,000

These three projects are so interrelated that they should be commenced in the same fiscal year. This justification will review the sequence of submission and the financial savings to be realized if the shops area can be commenced at the same time as the flocculation-sedimentation basin No. 3.

Funds were made available in fiscal year 1957 to begin construction of flocculation-sedimentation basin No. 3 at the Dalecarlia filter plant. Only planning and design work has been performed to date on this project. A justification for continuing construction was submitted in fiscal year 1963. However, the request was withdrawn at the hearings before the House Subcommittee on Appropriations.

The 1964 fiscal year budget submission to the House subcommittee did not change the scope of the work or estimate of cost from the previous submission even though later developed plans for the shops area will require a supervised rolled fill in lieu of a simple dump disposal area.

A "long-range plan for deevlopment of Dalecarlia Reservation * * *" was prepared in 1961 and 1962. The location of the future shops and storehouses is shown on this plan between the B. & O. Railroad and the future Little Falls Parkway. The former valley of Little Falls Branch traverses the side an approximately 500,000 cubic yards of fill will be required to grade this area. There are two areas on the Dalecarlia Reservation suitable for disposal of the 70,000 cubic yards of excavation from flocculation-sedimentation basin No. 3. The above proposed shops site is the closest disposal area and large excavating pans could travel from the basin project to the shops site without crossing public streets. The budget request for basin No. 3 has been estimated on the basis that the excavated material will be deposited in this shops area. The alternate area is (1) approximately 0.8 mile distant from the basin site; (2) across MacArthur Boulevard, a heavily traveled arterial street; and (3) up a steep grade adjacent to Sibley Hospital. It is estimated that a savings of $35,000 in the cost of basin No. 3 could be made if the excavation were placed in the shops area.

However, before fill can be placed in the shops area, there should be constructed a section of spillway pipeline which is part of the flood protection project. In addition, site preparation of part of the shops area will be required to receive the 70,000 cubic yards of material from basin No. 3. Also, 1½ acres of private property should be acquired and properly drained to complete the 14 acres required for shops and storehouses. It will be necessary to provide drainage to this private property before fill can be placed on the 3½-acre portion of the Government-owned land selected to receive the rock excavation from basin No. 3. This area should be available when the basin contractor encounters rock.

If the shops project is eliminated from the fiscal year 1964 budget and the excavated material from the basin project is placed in this area, this office would be in the position of having proceeded with a part of a project which the Congress has eliminated. This is a situation that is undesirable even though a savings of approximately $35,000 could be made by placing some of the fill in the shops area.

Available disposal areas on the Dalecarlia Reservation are limited and it is desirable to reserve the alternate disposal area for future construction operations at the Dalecarlia filter plant.

No Appeal on Operating Funds

Senator Byrd. Mr. Watt.

Mr. Watt. Yes, I would like to introduce Mr. Horowitz and Mr. Botts, my associates.

Senator Byrd. We are glad to have you with us today. Sorry to impose on you. Mr. Watt, do you have a statement?

Mr. Watt. Yes, sir; I have a brief general statement concerned primarily with operational statistics which I would like to file for the record. However, I wish to read one paragraph near the end.

Senator Byrd. All right.

Restoration of Capital Outlay Item

Mr. Watt. We are not appealing the restoration of the House cut now under the appropriation operating expenses, but have submitted to your committee a request for the restoration of the amount of $200,000 for the initiation of the capital outlay item, "Shops and storehouses—Project No. 35–105."

At this time I would like to urgently request that this project be considered because all three capital outlay projects are interrelated on the same site, and it is rather difficult to omit one project completely.

Senator Byrd. And the request is in the amount of $200,000?

Mr. Watt. Yes, sir.

Senator Byrd. All right. Would you like to address some additional remarks toward that item?

Mr. WATT. I would like, sir, to have Mr. Botts display one drawing.
Senator BYRD. Your entire statement will be filed in the record.
Mr. WATT. Yes, sir.
(The statement referred to follows:)

WASHINGTON AQUEDUCT

The Washington Aqueduct Division of the U.S. Army Engineer District, Baltimore, is the water supply division of the Washington, D.C., water system. It is under the control of the Chief of Engineers, Department of the Army, and is operated by the Washington area engineer. The Washington aqueduct is charged with the provision and purification of an adequate supply of potable water for the District of Columbia, Arlington County, Falls Church, and parts of Fairfax County in Virginia, and certain Federal establishments in the Washington metropolitan area.

Throughout fiscal year 1963, the supply of potable water has met consumer demands in all respects and its quality has been well above the requirements of the U.S. Public Health drinking water standards.

In fiscal year 1963; water consumption was as follows:

(*a*) The maximum daily consumption was 238,054,000 gallons and the average daily consumption was 165,737,000 gallons.

(*b*) Based upon the estimated average number of consumers of 880,000 in the District of Columbia, inclusive of visitors, and 220,000 in the Virginia environs, the average per capita daily consumption was 151 gallons.

(*c*) The average daily consumption in the District of Columbia alone was 140,606,000 gallons or an average per capita daily consumption of 160 gallons.

(*d*) The average daily amount of water furnished to Arlington County and Falls Church, Va., was 24,903,000 gallons or an average per capita daily consumption of 113 gallons.

(*e*) The estimated average daily amount of water furnished in all Federal Government establishments including buildings, parks, zoological gardens, etc., was 32 million gallons.

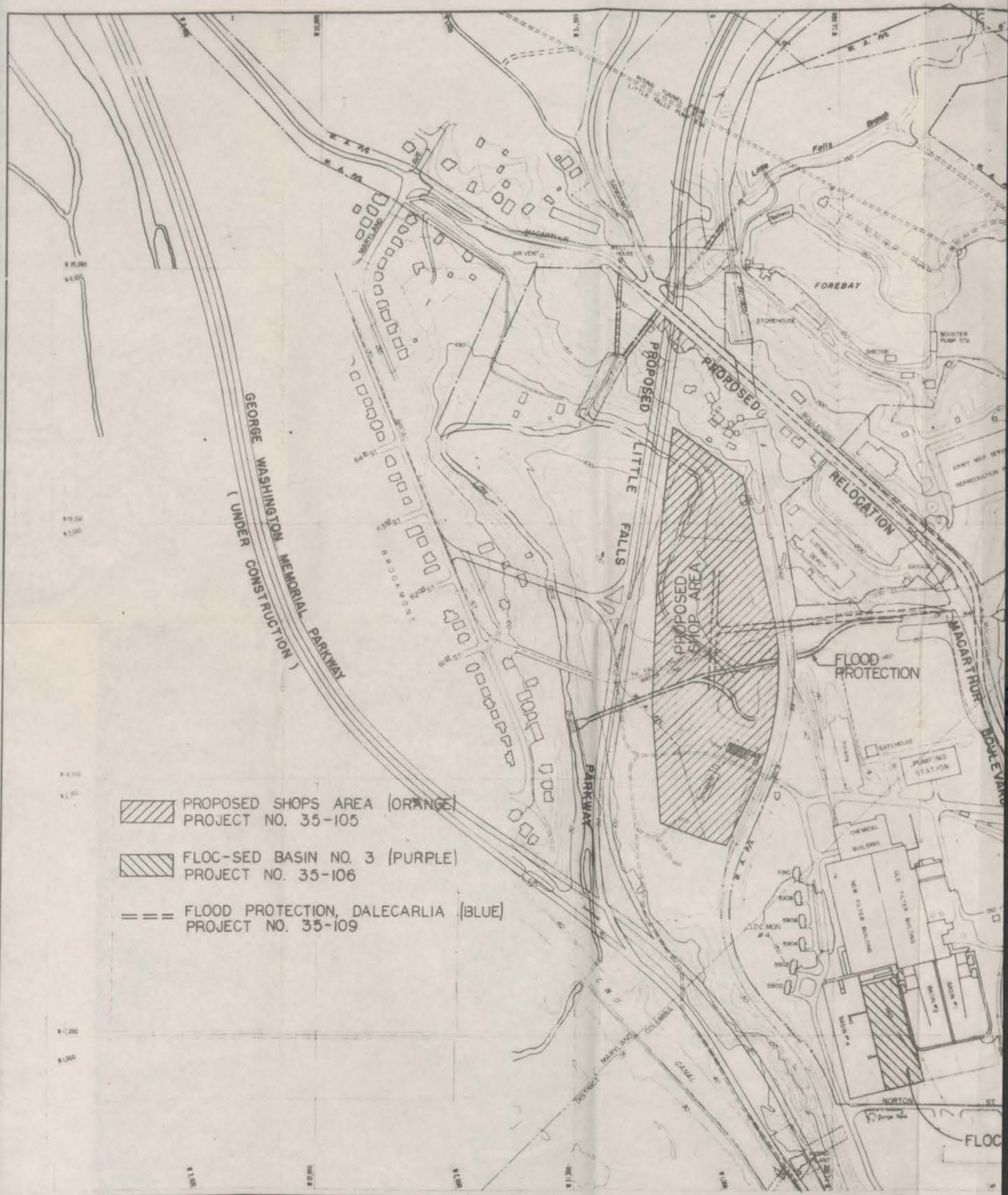
(*f*) A total of 83,373,000 gallons or an average of 228,419 gallons per day was delivered to Maryland communities during the fiscal year 1963 by the Department of Sanitary Engineering of the District of Columbia through interconnections between the Washington, D.C., water distribution system and the Washington Suburban Sanitary Commission's system.

The total amount of $991,388 was collected during fiscal year 1963 from Arlington County and Falls Church, Va., for furnishing 8,991,440,000 gallons of water.

We are not appealing the restoration of the House cut under the appropriation "Operating expenses," but have submitted to your committee a request for the restoration of the amount of $200,000 for the initiation of the capital outlay item, shops and storehouses—project No. 35–105.

We are prepared to explain fully this item and will endeavor to answer your questions to the best of our ability.

The area indicated in orange shows the location of the shops area project; across the approximate center of shops area is a blue line indicating a part of the flood control project which is also included in the request for fiscal year 1964. The purple rectangle near the lower edge of the drawing is the flocculation-sedimentation basin No. 3. The excavation from basin No. 3 project has been scheduled to be placed in the orange area. Our subsequent plans, made after the flocculation-sedimentation basin No. 3 project had been planned, called for locating the shops in the orange area. In order to locate shops in this area, fill material placed in this valley should be rolled. In addition to the requirement for placing and rolling the fill under controlled conditions there is also a small area of private land to be acquired. There is some site preparation necessary before placing a controlled fill suitable for future developments. Our request includes a small amount for this construction work and some preliminary planning.



LEGEND

Primary Road	Fence	Water Line	
Secondary Road	Catch Basin		
Trail	Road with Curb		
Overpass or Underpass	Sidewalk		
Tunnel, Railroad	Index Contour		
Tunnel, Highway	Intermediate Contour		
Tunnel, Water	Open Reservoir		
Bridge or Viaduct, Railroad	Flow Arrow		
Bridge or Viaduct, Highway	Levee		
Culvert	Swamp or Marsh		
Pipe	Sanitary Sewer		
Building	Storm Sewer or Drain		

GENERAL NOTES

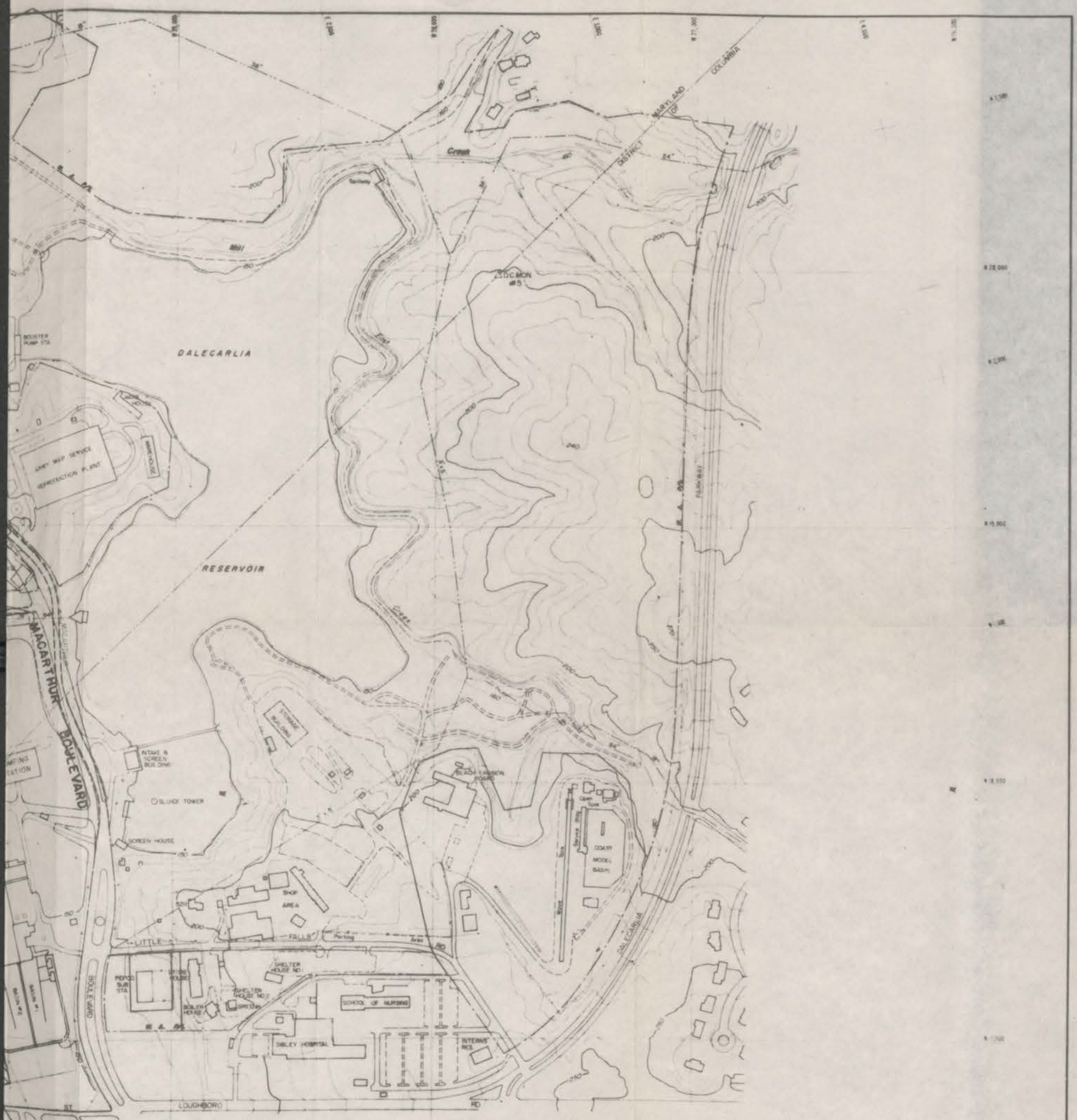
ELEVATIONS ARE BASED ON WASHINGTON AQUEDUCT DATUM, 2.35' ABOVE LOW WATER DATUM - WASHINGTON HARBOR

GRID SYSTEM - CAPITOL DOME COORDINATES

GRID TICKS INDICATE DALECARLIA FILTER PLANT COORDINATES

COMPILED FROM DALECARLIA RESERVATION RECORD MAPS (W.A. DWGS 40.24-1 THRU 40.24-12)

200 0 200 400 600 800
SCALE IN FEET



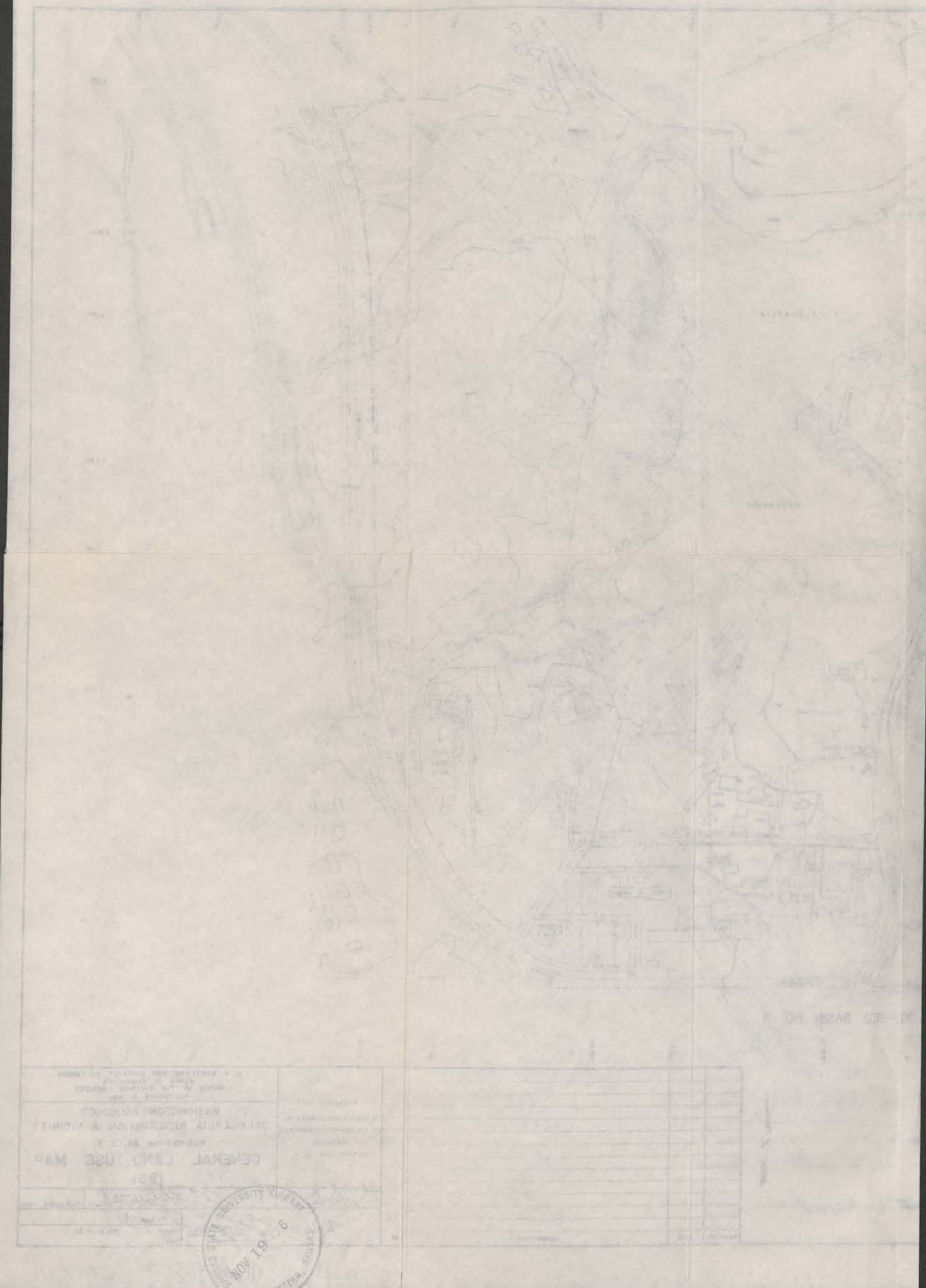
REVISION	DATE	DESCRIPTION	BY
1			

PREPARED BY
ALSTER & ASSOCIATES INC.
BY STEREOPHOTOGRAMMETRIC METHODS
WASHINGTON, D. C.

U. S. ARMY ENGINEER DISTRICT, BALTIMORE
CORPS OF ENGINEERS
OFFICE OF THE DISTRICT ENGINEER
BALTIMORE 3, MD.

WASHINGTON AQUEDUCT
DALECARLIA RESERVATION & VICINITY
WASHINGTON 25, D. C.
GENERAL LAND USE MAP
1961

SUBMITTED: J. E. Smith, WATER SUPPLY DIV.
RECOMMENDED: W. P. Stewart, LT. COL., CORPS OF ENGINEERS, AREA ENGINEER
DATE: DECEMBER, 1961
Warren R. Johnson, COL., CORPS OF ENGINEERS, DISTRICT ENGINEER
SCALE: 1" = 500'
DRAWING NO. 40.2-1.32
SHEET NO. OF



We would very much like to have authority now to work in this area in order not to just dump loosely the excavation from basin No. 3 project and later be required to pick it up, move it, and roll it. There is some cleanup to be done in this area also.

Senator BYRD. Do you have a similar map that you can include for the record?

(The map referred to faces this page.)

Mr. WATT. Yes, sir.

Senator BYRD. Do you attach considerable importance to this item? I understand you do.

Mr. WATT. Yes, sir; it would avoid some duplication work in the future and we think it should be performed at this time.

I have an additional statement that I would like to submit at this time, relative to a project for which funds have been appropriated.

Senator BYRD. Before we leave this project, is it just a one-shot deal? There would be no recurrence of this item?

Mr. WATT. The construction of this project is in the District of Columbia public works schedule for 1967. This is only the beginning of the entire project and until we can prepare more detailed plans, the estimated cost of the total project is $1,210,000.

Senator BYRD. This would extend over how long a period, then, would you say?

CONSTRUCTION IN SHOP AREA

Mr. WATT. We plan to start construction in 1967 on the main development of the shop area. We had hoped to fill this area with free material from contractors which would haul it to the site for disposal. There is a 3-year period estimated to fill the valley suitable to start construction of the permanent shops.

Senator BYRD. I see your paragraph which says that if the shop project is eliminated and the excavated material for the project is placed in the area, you would be in the position of having proceeded with the part of the project which the Congress has eliminated and this is a situation which is undesirable even though a saving of approximately $35,000 would be had by placing some of the fill in the shop area.

Mr. WATT. We prefer not to do any work that would ultimately be part of the shops area project unless it is or has a clean-cut approval.

Mr. HOROWITZ. We would be working in the area for which there was no congressional authority or enabling act or appropriation, and in view of all of the inspections that are going on, we thought maybe this explanation would help us out in this situation.

Senator BYRD. This plan for which you are requesting site money, preliminary survey money, plans and specifications and construction money. I believe I understand you. This is one of the three plans.

Mr. WATT. Yes.

Senator BYRD. And they are all so interrelated they should be commenced at the same time.

Mr. WATT. We think they should all be started this fiscal year.

PRESENTATION TO HOUSE

Senator BYRD. Did you present this request in the A budget to the House?

Mr. HOROWITZ. Yes. This was presented in the House, including the other two items. Mr. Watt mentioned floc-sed basin No. 3 and the flood protection was the third project. But the $200,000 for the shops project was not approved by the House with no comment in the House report. That is my recollection.

FLOCCULATION SEDIMENTATION BASIN

Senator BYRD. So, as I understand it, if the Congress were to restore this item, would this enable you to start?

Mr. WATT. Yes, sir; when we start the flocculation sedimentation basin which we hope to do about January, it will be essential to provide the short section of the flood control project which is indicated with a blue line across that yellow area. That is necessary before we can proceed to fill that immediate area. This is a large valley which will take approximately 500,000 cubic yards of material to fill. The deepest place of the fill would be about 50 feet deep. We expect to place 70,000 yards from the flocculation sedimentation basin project into the area.

HOUSE TESTIMONY

Senator BYRD. Is there much testimony on this in the House hearings?

Mr. WATT. No, sir.

Senator BYRD. The House did not take that much testimony.

Mr. WATT. It is very brief.

Senator BYRD. They did not ask you any questions on it?

Mr. WATT. No, sir.

Senator BYRD. Do you know what page you can find it on?

Mr. WATT. 812 and 813.

Senator BYRD. You were not interrogated at any length were you on these items? Suppose the Senate does not restore the item, would you come back next year and ask for it again?

Mr. WATT. I think we will. It would possibly be on a slightly different schedule. We would also probably be in the position of having to rehandle a substantial part of the excavation from basin 3 and rolling it.

PENALTY OF DELAY

Senator BYRD. How would you be penalized if delayed to another year until the House could have an opportunity to discuss it further with you? Of course, the House may explore the matter in taking up the B budget.

Mr. WATT. There are about 50,000 yards of earth in the basin No. 3 project to be disposed of this fiscal year or in the early part of the contract for that project. In a brief discussion in our office it was estimated that it would cost possibly $25,000 to rehandle this earth from a pile of material that had been just dumped as a loose pile and then place and roll it in an orderly manner in the shops area. We are also handicapped in providing drainage out of the site because the private property is near the creekbed and if we have no authority to acquire the private property, we must leave a substantial part of the valley open for drainage.

Senator BYRD. Does the Commissioner have any comment on this item?

COMMENT FROM ENGINEER COMMISSIONER

You may proceed and then General Duke can add to it.

Colonel ISRAELSON. If I may.

Senator BYRD. Yes.

Colonel ISRAELSON. I should mention also that this particular project has also been the subject of considerable negotiation in the Planning Commission as far as getting clearance with the Park Service on the alinement of the project. We have been able to achieve some agreement with Park Service on the use of this particular land and the acquisition of related private property to be added to the site for relocation of the storage facilties. I think the point made by Mr. Watt, of course, the big point is that engineers dislike to rehandle material taken from one project and rehaul it back into another area and relay and compact it again. As far as the valley is concerned, without the acquisition of that private property, as he noted, they would be unable to pursue the complete earth fill of that valley.

Another point, too, is the use of free fill from private contractors in that particular area over the next several years to build up the base for future construction. This is going to take some time and now is the time to get started in that regard.

DISTRIBUTION OF FUNDS REQUESTED

Senator BYRD. Suppose we proceeded to allow the $65,000 for site survey and planning, how would this affect your progress with that, Mr. Watt? Would this cripple you?

Mr. WATT. I would prefer a little different distribution of the same amount of funds to allow us to provide the necessary work to clean up and make an orderly fill with the excavation from basin No. 3. We must do some construction work in the valley in addition to preparing plans and buying real estate.

I think we could get by for 1 year if there are no restrictions on the $65,000 and some construction work could be performed. We would acquire the site and delay part of the planning.

Senator BYRD. General Duke——

Mr. WATT. We did not expect to spend more than $65,000 the first year, anyway.

Senator BYRD. General Duke.

General DUKE. Mr. Chairman, I will have to say that the extent of my knowledge of this project stems from what has been discussed today. It would appear to me that the crux of the decision probably hinges on the long-range authorization to proceed with the flood control part of the project.

From an engineering standpoint, if that decision could be made, it certainly would benefit the flood control project considerably to grant the funds that have been asked for today, because if the decision is delayed on the flood control aspect for another year, it appears that it probably would be considerably more expensive.

Senator BYRD. Do I understand you to say it would be advantageous to proceed with the appropriation of funds that have been asked for today, meaning $65,000 rather than the $200,000?

AUTHORITY FOR CLEANUP CONSTRUCTION NEEDED

General DUKE. If this is Mr. Watt's view as to the expenditures required during this fiscal year: yes, sir.

Mr. WATT. But I do want authority to do some construction work, cleaning up the area. It is a wilderness at the present time.

We must move some debris in the area and must have construction inspectors to supervise any free fill that comes into the area.

Senator BYRD. But $65,000 would permit you to move forward about as fast as you can move in this fiscal year?

Mr. WATT. That is all I had anticipated spending this fiscal year.

Senator BYRD. Perhaps you would like to submit a further statement, Mr. Watt, or General Duke—you may wish to say something further for the record. We have not heard your prepared statement but on the basis of what has been said and on the basis of the testimony that appears in the record of the House hearings, it might be helpful if we had something additionally.

General DUKE. Mr. Chairman, I will be glad to submit a statement for the record on this.

STATEMENT FROM GENERAL DUKE

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., October 2, 1963.

Hon. ROBERT C. BYRD,
Senate Subcommittee on District of Columbia Appropriations,
Washington, D.C.

DEAR SENATOR BYRD: During the presentation of the Washington aqueduct budget for capital outlay September 28, 1963, your committee offered me the opportunity to submit a supplemental statement relative to the budget item of "Shops and storehouses, Dalecarlia." I trust that the attached report provides additional clarification as to the justification of that project.

Sincerely,

C. M. DUKE,
Brigadier General, U.S. Army, Engineer Commissioner.

SUPPLEMENTAL REPORT TO SENATE SUBCOMMITTEE ON APPROPRIATIONS FOR DISTRICT OF COLUMBIA RELATIVE TO THE REQUIREMENT OF THE CONSTRUCTION OF NEW SHOPS AND STOREHOUSES AT DALECARLIA

The condition of the shops and storehouses at Dalecarlia are as noted in the original budget item submission to the subcommittee of the House Committee on Appropriations, obsolete, deteriorated, and hazardous. These essential service facilities now serve the installation in a very marginal manner. The completion of the new facilities already under construction and the addition of planned new facilities will overtax the current shop and storage service capability to the extent that a costly temporary expansion of the existing antiquated shops and storage area would have to be undertaken. In a sense, the aqueduct would be operating a modern 8-cylinder gasoline engine with kerosene.

The present service area from the standpoint of vista and aesthetics is unsightly and not compatible with the adjacent hospital and residential areas. The industrial nature of the service area does not endear it to the local residents and hospital patients and certainly does not serve to stimulate individual and institutional community improvements adjacent to Dalecarlia.

The present location and the industrial nature of the shops and storage area makes the area a contamination threat to the Dalecarlia raw water reservoir since the runoff from the area flows into the reservoir. In short, the shop area threatens the facilities it is designed to support and service. In fact, certification of the District of Columbia water supply becomes an issue since the Certification Committee on the District of Columbia has noted the poor location and contamination threat of the present shop area. Upon relocation

of the present shops, the old area would be used as part of the protective border provided for the flood protection project, Dalecarlia (35–109).

From a pure economy and engineering viewpoint the requested project has several significant benefits:

(*a*) It provides for the orderly phased development of a marginal tract of land which in fact is the only area available for development in the Washington Aqueduct without reducing the capability for future aqueduct expansion to meet the increased water supply needs of the region.

(*b*) The project utilizes the earth spoils from the flocculation-sedimentation basin No. 3 project (35–106), thereby reducing by $35,000 the earth-hauling costs of that project.

(*c*) The time phasing project permits the use of free fill from private contractors who are continually seeking an earthfill dumping area. The 500,000 cubic yards of fill to be obtained in this manner must be properly compacted during the 3 years in which it is placed.

(*d*) A section of spillway pipeline in the flood protection project must be laid in the proposed shop and storage area. This should be done now before the large fill is placed as noted in (*c*) above.

In general, the proposed shop and storehouse project, the flood production project, and the flocculation-sedimentation basin No. 3 project are interrelated. The initiation of all three projects in fiscal year 1964 provides flexibility in site development and engineering to attain greatest efficiency and economy. Appropriation of the full amount of funds requested for the shops and storage project would insure the desired flexibility. This recognizes, too, that the timing and progress of all three projects may not require the full expenditure of funds for shops and storehouse during fiscal year 1964, but would carry over into the subsequent 2 years. As a special fund project, the money required would not be borrowed until needed.

The District of Columbia and the metropolitan region are most fortunate to have a modern plant capable of meeting current water needs and of expanding to meet future needs. We must insure that the service support of the District's modern waterplant is commensurate to the demands of the mission of that plant.

Senator BYRD. All right.

Do you have another matter, Mr. Watt?

Mr. WATT. Yes; I have a statement for the record that we wish to submit at this time on a capital outlay project that has already been approved. It is relative to the installation of carbon treatment facilities in the Dalecarlia filter and chemical building project.

I would like to read this.

Senator BYRD. All right.

STATEMENT OF DAN M. WATT

Mr. WATT. The Washington Aqueduct Division of the U.S. Army Engineer District, Baltimore, which is the supply division of the Washington, D.C., water system, has a new filter and chemical building under construction at the Dalecarlia filter plant. This new addition will be completed within the next few months.

In the original planning and design of the filter and chemical building, it was believed that carbon-storage and feed facilities were necessary and would be provided. However, this item was deleted from the project as presented in the justification of estimate of the District of Columbia appropriation hearing before the subcommittee of the Committee on Appropriations, House of Representatives, 86th Congress, 1st session. The fourth paragraph on page 871 of the hearings reads as follows:

The latest cost estimate by the architect-engineer, made during the latter part of calendar year 1956, which included structures and equipment depicted in House Document 480, is $10,226,333. The estimate includes contractor's profit

and overhead, contingencies, and Government overhead and engineering. By the elimination of alum manufacturing, carbon-feed equipment and some minor items, the architect-engineer's estimate has been reduced to $9,290,000.

CONSTRUCTION FUNDS

Funds for the construction of the Dalecarlia filter and chemical building were authorized from the District of Columbia water fund under the following appropriation acts:

District of Columbia Appropriation Act, 1955	$2,200,000
District of Columbia Appropriation Act, 1956	1,870,000
District of Columbia Appropriation Act, 1957	1,730,000
District of Columbia Appropriation Act, 1960	3,450,000
Total	9,250,000

Bids were received for this project substantially below the estimate by the architect-engineer and the amount of $1 million, representing estimated savings for this project, was returned to the District of Columbia water fund under Treasury adjustment warrant dated March 20, 1962. The total funds now available for these facilities amount to $8,250,000.

STAND OF U.S. PUBLIC HEALTH SERVICE

The U.S. Public Health Service, in its latest water quality standard for interstate carriers, emphasizes the production of quality water free of tastes, odors, and toxic chemicals.

The standard treatment for removal of tastes, odors, insecticides, herbicides, and detergents in modern filter plants such as the one under construction is carbon. It was decided to eliminate carbon facilities from the filter and chemical building project only to stay within the anticipated revenue that would be available in the District of Columbia water fund.

RECOMMENDATION OF DEPARTMENT

Washington Aqueduct and District of Columbia Department of Sanitary Engineering officials recommend that the carbon facilities be installed in this facility. It is estimated that the design and construction will cost approximately $500,000. A review of the obligations to date indicates that funds for this addition are available from the present allocation of $8,250,000 and that no supplemental or deficiency appropriation would be required.

A separate invitation for bids would be issued for the carbon facilities in early 1964 after the filter and chemical building has been completed.

However, before any action is taken or obligations incurred by the Washington Aqueduct for this item, it is requested that congressional authority be granted to use the available funds.

Senator BYRD. All right, may we have filed for the record a copy of the original justification?

Mr. HOROWITZ. We will furnish this.

(The original justification follows:)

CAPITAL OUTLAY, WASHINGTON AQUEDUCT, WATER FUND, DISTRICT OF COLUMBIA

Activity 2, water purification: Dalecarlia filter and chemical buildings

	Original estimated cost	Revised estimated cost	Funds appropriated to date	Funds requested in 1955 budget	Percent of total completion with 1955 budget request
Site					
Plans and specifications	$200,000	$200,000		$200,000	100
Construction	4,410,000	4,480,000		2,000,000	45
Furniture and equipment	1,050,000	1,120,000			
Total	5,660,000	5,800,000		2,200,000	38
Balance required				3,600,000	

JUSTIFICATION OF ESTIMATE

To provide for 14 additional filters of 4-million-gallon-daily capacity. This will increase the capacity of Dalecarlia from 109 millions gallon daily to 165 millions gallon daily.

The expansion of water supply facilities for the Washington aqueduct described in House Document 480 includes the necessary expansion of filter capacity timed to keep step wtih increasing water demands. Present demands exceed the nominal filter capacity for long periods during the summer months. At the present time, the overload is carried by the McMillan filters. Upon completion of filtered water pumping facilities at Dalecarlia, the additional filters contemplated in this project will be operated to balance filtered water production between the two filtration plants and for meeting the ever-increasing water demands.

Increasing the capacity of the Dalecarlia filter plant requires the application of large quantities of processing chemicals to prepare the water for filtration and purification. The chemical facilities at Dalecarlia have been crowded for a long time and further expansion is impossible without provision of a suitable structure. This project, also described in House Document 480, will provide ample facility for the proper, safe, economical storage and manufacture of chemicals and feed equipment needed to keep step with the expanding water system.

For this project $5,800,000 is requested to be appropriated as follows: $2,200,000 to become available July 1, 1954, $2,080,000 to become available July 1, 1955, and $1,520,000 to become available July 1, 1956.

Senator BYRD. All right, gentlemen, is there anything further today? Mr. Tobriner.

Mr. Watt, we are sorry to keep you waiting until the last. You have made a good statement and we will certainly give every consideration to your problem and try to be helpful as we can.

Mr. WATT. That is all right, and if you can find the time in your busy schedule to visit us, I urgently request you to do so this spring when the new chemical and filter building has been cleaned up. It is now in the final stages. And you can see not only the filter plant but the pumping stations.

Senator BYRD. I shall be glad to do that if I possibly can find the time.

The committee will stand in recess until 9 o'clock Monday morning.

(At 5:30 p.m. Saturday, September 28, 1963, the subcommittee recessed.)

DISTRICT OF COLUMBIA APPROPRIATIONS FOR 1964

FRIDAY, OCTOBER 11, 1963

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, D.C.

The subcommittee met, pursuant to recess, at 10:05 a.m. in room S–126, U.S. Capitol Building, Hon. Robert C. Byrd, of West Virginia (chairman of the subcommittee) presiding.

Present: Senator Byrd.

DISTRICT OF COLUMBIA

DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF MURRAY GRANT, M.D., D.P.H., DIRECTOR OF PUBLIC HEALTH; FREDERICK C. HEATH, M.D., M.P.H., DEPUTY DIRECTOR OF PUBLIC HEALTH; SAMUEL SHWARTZ, M.D., CHIEF, BUREAU OF MATERNAL AND CHILD HEALTH; JOHN D. SCHULTZ, M.D., MEDICAL DIRECTOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; MOE WEISS, M.D., SUPERINTENDENT AND MEDICAL DIRECTOR, GLENN DALE HOSPITAL; GERTRUDE C. LAPRADE, ASSISTANT CHIEF, FINANCE OFFICE; BARBARA VINYARD, CHIEF, MEDICAL ASSISTANCE DIVISION; FRANK BOSSONG, ACTING ADMINISTRATOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; AND HOWARD L. MADIGAN, M.D. MEDICAL ADMINISTRATIVE ASSISTANT TO MEDICAL DIRECTOR.

1964 ESTIMATES

Senator BYRD. The subcommittee will come to order.

The next item concerns the Department of Public Health.

The 1964 original estimate was $44,795,300. The revised estimate is $47,919,150. The House allowance on the original estimate was $44,010,000. The amendment requested of the Senate is $3,909,150. This request includes a restoration request of $241,450, and a supplemental estimate submitted in Senate Document 32 for $3,667,700. The justification filed in support of this item will be placed in the record.

(The document referred to follows:)

JUSTIFICATION

Department of Public Health

JUSTIFICATION OF PROPOSED LANGUAGE CHANGES

Delete: "*Provided*, That the inpatient rate and outpatient rate under such contracts and for services rendered by Freedmen's Hospital shall not exceed $32 per diem and the outpatient rate shall not exceed $5 per visit."

Insert: "*Provided*, That the inpatient rate and outpatient rate under such contracts and for services rendered by Freedmen's Hospital shall not exceed $36 per diem and the outpatient rate shall not exceed $6.50 per visit."

This change will allow the payment of higher rates to the contract hospitals and Freedmen's Hospital.

Allotment summary

1962 allotment (including transfer from "Personal services, wage-scale employees")	$40,518,000
1963 allotment (excludes supplemental amount of $295,000, Public Law 88–25)	43,727,800
Deduct: Nonrecurring items	−887,476
1963 adjusted (1964 base) original estimate	42,840,324
Original budget increases	+1,954,976
Total budget estimate—original submission to House	44,795,300
Reductions:	
Voluntary	718,500
House action	66,800
Total	−785,300
House allowance on original estimate	44,010,000
Additional proposals:	
Senate Document No. 32	3,667,700
Restoration request	241,450
Total	+3,909,150
Total 1964 estimate requested in Senate	47,919,150

Analysis by activity

	1963 adjusted (1964 base)	Original budget increases	Total budget estimate original submission to House	House reductions	House allowance on original estimate	Additional proposals	Total 1964 estimate requested in Senate
1. District of Columbia General Hospital	$13,499,979	$867,310	$14,367,289	$48,093	$14,319,196	[1] $325,822	$14,645,018
2. Glenn Dale Hospital	3,850,247	238,684	4,088,931	4,340	4,084,591	−18,031	4,066,560
3. St. Elizabeths Hospital	15,908,000	----------	15,908,000	----------	15,908,000	2,362,000	18,270,000
4. Freedmen's Hospital	610,103	11,100	621,203	67,000	554,203	[2] 99,000	653,203
5. Contract hospitals	2,613,611	115,700	2,729,311	651,500	2,077,811	[3] 612,525	2,690,336
6. Public health activities	6,358,384	722,182	7,080,566	14,367	7,066,199	[4] 527,834	7,594,033
Total (general fund)	42,840,324	1,954,976	44,795,300	785,300	44,010,000	3,909,150	47,919,150

[1] Includes Senate restoration request of 2 positions and $21,925.
[2] Includes Senate restoration request of $16,000.
[3] Includes Senate restoration request of $202,525.
[4] Includes Senate restoration request of $1,000.

ACTIVITY JUSTIFICATION

For an additional amount, fiscal year 1964, for "Department of Public Health," $3,909,150 (S. Doc. No. 32, $3,677,700; Senate restoration, $241,450):

Activity 1. District of Columbia General Hospital, $303,897

For an additional amount, fiscal year 1964, for District of Columbia General Hospital	$303,897
New positions and other increases	127,794
Mandatory increases	176,103

Items requested	Number	Amount
New positions and other increases:		
A. Administration: Volunteer services: GS-5 secretary	1	$5,695
C. Nursing:		
Recruitment of nurses: GS-11 recruiting officer	1	4,568
Nursing assistance: GS-3 unit clerk	5	22,178
Total, nursing	6	26,746
E. Medical care:		
Ophthalmology: GS-15 medical officer	1	8,711
Neurology and neurosurgery: GS-15 medical officer	1	17,422
Radiology: GS-14 medical officer	1	15,241
Admitting and emergency services: GS-14 medical officer	1	15,241
Outpatient division: GS-9 administrative assistant	1	7,518
Cardiopulmonary and ophthalmology services: GS-5 secretary	2	11,391
Pathology:		
GS-5 medical technologist	2	10,311
GS-4 clerk-typist	1	5,195
Office of Associate Administrator: GS-3 clerk messenger	1	4,323
Total, medical care	11	95,353
Total, new positions and other increases	18	127,794
Mandatory increases:		
Pay increases for existing wage board positions		72,000
Within-grade advancements		−64,097
Stipend increases for interns, residents, and student nurses		167,400
Postage rate increase		800
Total, mandatory increases		176,103

A. Administration

Volunteer services, $5,695.—A secretary (GS–5) is requested to assist the Director of Volunteer Services and social group worker in coordinating and recruiting the services of volunteer groups and individuals.

C. Nursing

Recruitment of nurses, $4,568.—A recruiting officer (GS–11) is requested to supplement a recruitment program for staff nurses where only the equivalent of a half-time position now exists. The aim of this program is to alleviate the chronic shortage of nurses by the recruitment of students for the Capital City School of Nursing and the recruitment of graduates from other areas. As funds are already being expended for part-time services, we are requesting only an authorized position and funds to cover the additional half-time service.

Nursing assistance, $22,178.—Five unit clerks (GS–3) are requested to furnish clerical assistance to the Divisions of Medicine, Obstetrics, Pediatrics, Surgery, and Pulmonary Disease thereby relieving nurses to provide more time to patient care.

E. Medical care

Ophthamology, $8,711.—A medical officer (ophthamologist) (GS–15) is requested (1) to provide full-time medical officer coverage of the eye service where a medical officer is working a half-time schedule and (2) to conduct a satisfactory residency training program. This service includes outpatient, inpatient, and consultation throughout the hospital. As funds are already being expended for part-time service, we are requesting only an authorized position and funds to cover the additional half-time service.

Neurology and neurosurgery, $17,422.—A medical officer (GS–15) is requested to provide a full-time medical officer for each service of neurology and neurosurgery where only a part-time medical officer is now available for each service. The patient load, both inpatient and outpatient, coupled with extensive consultative work on other wards and in the emergency room, and the conducting of a residency training program makes the need imperative.

Radiology, $15,241.—A medical officer (GS–14) is requested for the Radiology Division to eliminate a backlog in workload, and to achieve approval of a residency program by operating a more effective service.

Admitting and emergency service, $15,241.—A medical officer (GS–14) is requested to add to the present staff of five to allow improved patient service by the prompt referral of suitable cases to the outpatient division.

Outpatient division, $7,518.—An administrative assistant (GS–9) is requested to relieve the medical officer staff of the outpatient division in nonmedical functions such as administrative matters, transfer patient information, and eligibility.

Cardiopulmonary laboratory service and ophthalmology—Ear, nose, and throat service, $11,391.—Two secretaries (GS–5), one each for these two services, are requested to perform clerical activities, where such activities are furnished by technical personnel at the present time.

Pathology, $15,506.—Two medical technologists (GS–5) are requested to assist the present staff of three to operate on a 7-day week schedule in the areas of blood chemistry and bacteriology where only emergency coverage is available on weekends. Also, one clerk-typist (GS–4) is requested to relieve the technologists from clerical work.

Office of Associate Administrator, $4,323.—A clerk-messenger (GS–3) is requested to transport records and other materials from and to the medical records library and units throughout the hospital.

Salary increases for interns, residents, and student nurses, $167,400.—This request is to increase stipends for interns, residents, and student nurses so that their salaries will be consistent with area rates in both Federal and local hospitals.

A comparison of the 1963 level of operation for the parts of this subactivity which relate to the 1964 requested increases:

	1963 (available)	Increases requested	1964 total
A. Administration:			
Volunteer Services:			
Chief, Volunteer Services	1	0	1
Social group worker	1	0	1
Secretary	0	1	1
Total	2	1	3
C. Nursing:			
Recruiting officer	0.5	0.5	1
Unit clerk	31	5	36
E. Medical Care:			
Ophthalmology: Medical officer	.5	.5	1
Neurology and neuro-surgery: Medical officer	1	1	2
Radiology: Medical officer	4	1	5
Admitting and emergency services: Medical officer	5	1	6
Outpatient clinics: Administrative assistant	0	1	1
Cardio-pulmonary and ophthalmology: GS–5 secretary	0	2	2
Pathology:			
Medical technologist	3	2	5
Clerk-typist	2	1	3
Office of Associate Administrator: Clerk-messenger	0	1	1

The total increase requested will be distributed as follows:

Positions (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increases	Present rate	January 1964 increases		
New positions and other increases:							
A. Administration: GS-5 secretary	1	$4,576	$60	$374	$4	$681	$5,695
Total, administration	1	4,636		378		681	5,695
C. Nursing:							
GS-11 recruiting officer	1	4,025	90	306	6	141	4,568
GS-3 unit clerk	5	19,135	150	1,616	10	1,267	22,178
Total, nursing	6	23,400		1,938		1,408	26,746
E. Medical care:							
GS-15 medical officer	2	22,588	795	1,635	54	1,061	26,133
GS-14 medical officer	2	27,414	740	1,996	50	282	30,482
GS-9 administrative assistant	1	6,677	170	518	12	141	7,518
GS-5 secretary	2	9,152	120	749	8	1,362	11,391
GS-5 medical technologist	2	9,152	120	749	8	282	10,311
GS-4 clerk-typist	1	4,118	50	343	3	681	5,195
GS-3 clerk-messenger	1	3,827	30	323	2	141	4,323
Total, medical care	11	84,953		6,450		3,950	95,353
Total, new positions and other increases	18	112,989		8,766		6,039	127,794
Pay increase for existing wage board positions (52)	----------	67,419		4,581		----------	72,000
Within-grade advancements	----------	−60,015		−4,082		----------	−64,097
Stipend increase for interns, residents and student nurses	----------	167,400		----------		----------	167,400
Postage rate increase	----------	----------		----------		800	800
Total, mandatory increases	----------	174,804		499		800	176,103

Activity 1. District of Columbia General Hospital, $21,925 (restoration request)

	Original request	House allowance	Senate restoration
Positions	----------	−2	2
Amount	----------	−$21,925	$21,925

RESTORATION JUSTIFICATION

A. Administration

Restoration of $21,925 is requested for District of Columbia General Hospital to retain two chaplain positions authorized by Congress in 1957. From experience, it has been determined that—

(1) Reliance upon voluntary chaplaincy service is unsatisfactory because of limitations of personnel and finances of the church organizations;

(2) The character of the patient population at District of Columbia General Hospital—often of a critical nature—makes the need for services of chaplains acute; and

(3) Full-time chaplains who are hospital employees have the ability to control religious activities in the hospital thereby preventing the disrupting effect of the activities of nonaccredited workers.

From a study of general medical and surgical hospitals, we found that the practice of having chaplains in hospitals as employees of the hospital is generally accepted today. This is true of hospitals ranging from 250 beds with 1 chaplain to 3,167 beds with 12 chaplains employed by the hospitals.

The total restoration requested will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
GS-12 chaplain	1	$10,754	$561	$860	$45	----------	$12,220
GS-11 chaplain	1	8,590	396	687	32	----------	9,705
Total, District of Columbia Hospital	2	20,301		1,624		----------	21,925

ACTIVITY JUSTIFICATION

Activity 2. Glenn Dale Hospital

For an additional amount, fiscal year 1964, for Glenn Dale Hospital	−$18,031
New positions and other increases	25,688
Mandatory increases	−43,719

Item requested	Number	Amount
New positions and other increases:		
A. Administration: GS-4 admitting clerk	1	$5,188
B. Plant operation: Flatwork ironer (1)	----------	20,500
Total, new positions and other increases	1	25,688
Mandatory increases:		
Within-grade advancements	----------	−45,027
Regular pay in excess of 52-week base	----------	−18,403
Reclassification	----------	−13,714
Pay increase for existing wage board positions	----------	32,825
Stipend increase for residents	----------	600
Total, mandatory increases	----------	−43,719

A. Administration

Admitting clerk, $5,188.—An admitting clerk (GS–4) is requested to meet the increased patient turnover that has resulted from an 80-percent reduction in length of stay for the increasing number of chronic disease patients as compared to tuberculosis patients.

B. Plant operation

Flatwork ironer, $20,500.—This request is to replace a flatwork ironer that was installed in 1935.

Stipend increase for residents, $600.—This request is to increase stipends for residents so that their salaries will be consistent with area rates in both Federal and local hospitals.

A comparison of the 1963 level of operation for the parts of this subactivity which relate to the 1964 requested increase:

	1963 (available)	Increases requested	1964 total
A. Administration: Admitting clerk	0	1	1
B. Plant operation: Equipment (flatwork ironer)	0	$20,500	$20,500

The total increase requested will be distributed as follows:

Position (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increases	Present rate	January 1964 increases		
New positions and other increases:							
A. Administration GS-4 admitting clerk	1	$4,118	$51	$342	$4	$673	$5,188
B. Plant operation: Replace flatwork ironer						20,500	20,500
Total, new positions and other increases	1	4,169		346		21,173	25,688
Mandatory increases:							
Within-grade advancement		−42,148		−2,879			−45,027
Regular pay in excess of 52-week base		−17,226		−1,177			−18,403
Reclassification		−12,837		−877			−13,714
Pay increase for existing wage board positions (264)		30,713		2,112			32,825
Stipend increases for residents		600					600
Total, mandatory increases		−40,898		−2,821			−43,719

ACTIVITY JUSTIFICATION

Activity 3. St. Elizabeths Hospital

For an additional amount, fiscal year 1964, for St. Elizabeths Hospital $2,362,000

Care of District prisoners, $2,362,000.—The congressional committees for the Department of Health, Education, and Welfare have recommended that the District Government provide funds for the care of District prisoners at St. Elizabeths Hospital. The increase requested is for 680 prisoners at a rate of $9.49 per diem.

The total increase requested will be distributed as follows:

Item: Contractual services:	
Other	$2,362,000
Total	2,362,000

ACTIVITY JUSTIFICATION

Activity 4. Freedmen's Hospital

For an additional amount, fiscal year 1964, for Freedmen's Hospital $83,000

Rate increase $83,000.—This amount will provide for a rate increase of $4 per in-patient day (from $32 to $36) and $1.50 per out-patient visit (from $5 to $6.50) for 14,125 in-patient days and 19,820 out-patient visits which is based on the estimated 1963 level of performance.

The total increase requested will be distributed as follows:

Item: Contractual services:	
Other	$83,000
Total	83,000

Activity 4. Freedmen's Hospital (restoration request)

Amount:	
Original request	
House allowance	−$67,000
Senate restoration	16,000

RESTORATION JUSTIFICATION

Restoration of $16,000 is requested for Freedmen's Hospital—

(1) To reduce the cut in base amount from $67,000 to $51,000; and

(2) To increase the number of inpatient days by 701.

The amount of the reduction was made originally on the basis of estimated savings for 1963. This request is made because it has not been established that 1963 experience is a valid measure of workload for 1964 since workload in years prior to 1963 was much higher.

The total restoration requested will be distributed as follows:

Item: Other services (contractual), $16,000.

ACTIVITY JUSTIFICATION

Activity 5. Contract hospitals

For an additional amount, fiscal year 1964, for contract hospitals ... $410,000

Rate increase, $410,000.—This amount will provide for rate increases for the following units and types of service based on the estimated 1963 level of performance:

Type of service	Units	Increase
Inpatient days (hospitals)	15,425	$21.50–$22.00
	31,280	32.00–36.00
Inpatient days (homes)	14,550	9.50–12.00
	7,225	12.00–16.00
Outpatient visits	109,350	5.00–6.50

The total increase will be distributed as follows:

Item: Contractual services:	
Other	$410,000
Total	410,000

Activity 5. Contract hospitals (Restoration request)

Amount:	
Original request	
House allowance	−$651,500
Senate restoration	202,525

RESTORATION JUSTIFICATION

Restoration of $202,525 is requested for the contract hospitals—

(1) To reduce the cut in base amount from $651,500 to $449,025; and

(2) To increase the number of inpatient days by 1,488, the number of outpatient visits and emergency room treatments by 19,278 and the number of ambulance runs by 340.

The amount of the reduction was made originally on the basis of estimated savings for 1963. This request is made because—

(1) The actual savings for 1963 were lower than estimated; and

(2) Illness in a community is cyclical in nature so that 1 year's experience does not reflect necessarily the need for the following year's activity.

The total restoration requested will be distributed as follows:

Item: Other services (contractual) ... $202,525

ACTIVITY JUSTIFICATION

Activity 6. Public health activities

For an additional amount, fiscal year 1964, for public health activities	$526,834
New positions and other increases	593,424
Mandatory increases	−66,590

Item requested	Number	Amount
New positions and other increases:		
A. Administration and direction:		
(1) Office of the Director:		
GS–15 management analyst	1	$16,735
GS–13 management analyst	1	12,423
GS–12 management analyst	1	10,590
GS–5 clerk-stenographer	2	11,390
GS–14 program analyst	1	14,329
GS–4 stenographer	1	5,195
GS–14 regulations development officer	1	14,452
GS–4 stenographer	1	5,195
Total, Office of the Director	9	90,309
(2) Bureau of Administration:		
GS–15 Chief, Bureau of Administration	1	16,735
GS–6 secretary	1	6,176
GS–11 budget analyst	2	18,006
GS–4 clerk-stenographer	1	5,133
GS–14 Chief, Personnel Division	1	14,355
GS–12 recruiting officer	1	10,590
GS–5 secretary	1	5,695
GS–12 Chief, Office Services Division	1	10,590
Total, Bureau of Administration	9	87,280
(4) Medical assistance:		
GS–7 social worker	3	18,793
WBR–6 ambulance driver	2	10,487
Total, medical assistance	5	29,280
(5) Health education:		
GS–13 Chief, Visual Aids Section	1	12,423
GS–5 secretary	1	5,695
GS–12 training officer	1	10,590
Total, health education	3	28,708
(6) Community health services:		
GS–14 medical officer	1	14,452
GS–13 Chief, Accident Prevention Division	1	12,548
GS–5 secretary	1	5,695
Total, community health services	3	32,695
(7) Building maintenance:		
WBR–12 general mechanic	1	6,362
WBR–5 custodian	3	13,572
Total, building maintenance	4	19,934
B. Dental health:		
GS–4 dental assistant	4	18,252
Supplies and materials		1,000
Equipment		3,750
Total, dental health	4	23,002
D. Environmental health:		
GS–5 clerk-typist	1	5,695
Equipment (2 trucks)		4,000
GS–13 radiological health specialist	1	12,423
GS–9 scientific aid	1	7,511
GS–5 clerk-stenographer	1	5,695
Equipment		4,000
Total, environmental health	4	39,324
E. Laboratories and pharmacies:		
GS–16 medical officer	1	18,235
GS–6 secretary	1	6,238
GS–11 chemist	1	9,010
GS–11 pharmacist	1	9,010
Drugs		1,000
Total, laboratories and pharmacies	4	43,493

Item requested	Number	Amount
New positions and other increases—Continued		
F. Maternal and child health:		
GS–13 medical officer	1	$13,499
GS–3 clerk	1	4,337
GS–2 medical aid	2	7,964
Supplies and materials		5,000
GS–9 nutritionist	1	7,438
Equipment (1 truck)		2,300
Birth control supplies and materials		24,000
Total, maternal and child health	5	64,538
G. Mental health:		
GS–17 Associate Director for mental illness and mental retardation	1	19,835
GS–7 secretary	1	6,804
GS–12 psychiatric fellow	1	11,316
GS–10 mental health consultant	1	8,205
GS–10 clinical social worker	1	8,205
Total, mental health	5	54,365
H. Public health nursing:		
GS–7 Public health nurse	12	80,496
Total, new positions and other increases	67	593,424
Mandatory increases:		
Pay increase for existing wage board positions		12,314
Within-grade advancement		−57,524
Regular pay in excess of 52-week base		−24,580
Postage rate increase		3,200
Total, mandatory increases		−66,590

A. Administration and direction

(1) *Office of the Director.*—Management, $51,138: This request is for five positions—one management analyst (GS–15), one management analyst (GS–13), one management analyst (GS–12) and two clerk-stenographers (GS–5) to expand the present staff of two in order to (1) develop improved plans of administrative organization and practice, and (2) coordinate the Department's management improvement efforts, thereby improving administrative organization and operation on an active forward-looking basis.

Program planning, $19,524: One program analyst (GS–14) and one stenographer (GS–4) are requested to supplement the present staff of six in order to function more effectively (1) by reviewing projects and programs and objectives of programs; (2) evaluating the administration and management of approved policies and programs; and (3) providing leadership in installing new programs.

Regulations staff, $19,647: A regulations development officer (GS–14) and a stenographer (GS–4) are requested to assist available staff of one person and a secretary in developing, proposing, and revising health regulations for the District of Columbia.

(2) *Bureau of Administration.*—Office of the Chief, $22,911: A Chief, Bureau of Administration (GS–15) and a secretary (GS–6) are requested to (1) direct a Bureau of Administration that will coordinate all administrative matters relating to the Department, (2) implement the proposed reorganization, and (3) provide continuity of direction in administrative matters.

Finance Division, $23,139: Two budget analysts (GS–11) and one clerk-stenographer (GS–4) are requested to supplement the available staff of six in improving financial management throughout the Department of Public Health. The additional staff will provide (1) more financial consultation and direction to the various activities of the Department; (2) more effective controls; (3) intensified analysis of budget submissions and financial operation, and (4) approved financial reporting.

Personnel Division, $30,640: A Chief, Personnel Division (GS–14) and a secretary (GS–5) are requested to direct departmental personnel programs that will provide (1) a coordinated program of policy development and planning in the area of personnel administration, and (2) improved personnel management throughout the Department.

In addition, one recruiting officer (GS–12) is requested to provide leadership and assistance to the various activities of the Department in recruiting qualified persons in hard-to-fill positions.

Office services, $10,590: A Chief, Office Service Section (GS–12) is requested to administer various service programs such as record management, central files receiving and dispatching mail, and publication management.

(4) *Medical assistance.*—Medical eligibility, $18,793: Three social workers (GS–7) are requested due to increases: (1) in time spent by medical assistance workers at Commission on Mental Health hearings; (2) in the number of psychiatric cases retained for the treatment at District of Columbia General Hospital; and (3) in the number of requests for voluntary admissions to St. Elizabeth's Hospital, half of which are found ineligible.

Ambulance service, $10,487: Two ambulance drivers (WBR–6) are requested to provide patients elsewhere (i.e. contract hospitals, and nursing and personal care homes) the same service given those at District of Columbia General Hospital.

(5) *Health education.*—Health Education, $28,708: A Chief, Visual Aids Section (GS–13) and a secretary (GS–5) are requested to present to the public by means of visual aid material on-going programs or planned programs in order to (1) motivate interest in taking advantage of available services, (2) improve personal health practices, and (3) alert the community to existing health problems. In addition, a training officer (GS–12) is requested (1) to organize an orientation and in-service training program for staff and (2) to develop courses for ancillary health personnel such as home-nursing aids, and nursing-home operators.

(6) *Community health services.*—Occupational—Employee Health Division, $14,452: Medical officer (GS–14) is requested to direct a proposed new division whose function would be (1) draft and secure adoption of reasonable rules and regulations designed for the prevention and control of occupational diseases, and (2) the maintenance of healthful working environments in all types of work places.

Accident Prevention Division, $18,243: A Chief (GS–13) and a secretary (GS–5) are requested to develop an accident prevention program that would take advantage of the findings and activities of the Public Health Service and other cities with the object of reducing accidental deaths and injuries. Family safety, traffic safety, prevention of accidental poisoning, childhood accidents, and school-age accidents are some of the areas in which Public Health should assume responsibility.

(7) *Building maintenance.*—Building Management Division, $19,934: One general mechanic (WBR–12) is requested to assist one other mechanic now available to perform such duties as carpentry, plumbing, and painting in the buildings maintained by the Department.

Three custodians (WBR–5) are requested to assist the available staff of 17 in maintaining 33 clinics and nursing offices occupying approximately 35,000 square feet of space.

B. Dental health

Dental services, $23,002: Four dental assistants (GS–4) are requested to provide assistance to the dentists in all the Department's dental clinics. Presently only 10 of the 14 dental clinics are staffed with dental assistants. In addition, $3,750 is requested for the regular replacement of dental equipment and $1,000 is requested to provide for an increased usage of dental supplies.

D. Environmental health

Public Health Inspection Division, $5,695: A clerk-typist (GS–3) is requested to assist the present staff of two to perform the clerical duties of this division.

Truck replacement, $4,000: Replacement of two trucks, 11 and 6 years old, respectively, is requested.

Radiological health program, $38,639: Four positions—one radiological health specialist (GS–13), one chemist (GS–11), one scientific aid (GS–9), and a clerk-stenographer (GS–5) and $4,000 in related radiological equipment are requested to initiate a radiological health program that will (1) coordinate the activities and resources available in the community for radiological health, (2) establish and maintain liaison with other agencies, and (3) plan and direct projects designed to reduce unnecessary exposure from radiation sources.

E. Laboratories and pharmacies

Hospital and tissue bank inspection service, $24,473: One medical officer (GS–16) and one secretary (GS–6) are requested (1) to provide medical advice to the hospital inspection program and (2) to develop regulations for the administration of the tissue bank system, and implement methods of compliance.

Public health pharmacy, $10,010: A pharmacist (GS–11) is requested to serve on a part-time basis at both the Northwest and Southwest Health Centers where there is no pharmacist available at the present time. Also, $1,000 is requested for an increase in usage of drugs in mental health.

F. Maternal and child health

Infant and preschool clinic team, $50, 957: Seven positions—one medical officer (GS–13), three public health nurses (GS–7), one clerk (GS–3), and two medical aids (GS–2)—are requested to supplement the 11.3 clinic teams now available in order to restore adequacy of clinic services which has been reduced because of an increase in the number of infant and preschool children seen annually in the clinics. Included in this request is $5,000 for supplies and materials.

Nutrition, $7,438: One nutritionist (GS–9) is requested to assist the one nutritionist now available to meet the demands for consultation and information on dietetics, home economics, nutrition, food planning, and food preparation.

Truck replacement, $2,300: Replacement is requested for a 6-year-old truck used to deliver supplies and materials to the various clinics.

Birth control program, $24,000: This amount is requested to make available in the Department's maternity clinics contraceptive supplies and birth control information for women patients who are interested in obtaining these services. Experience at local planned parenthood clinics indicates that the average cost of contraceptive supplies is $10 per person per year and it is expected that a minimum of 2,400 patients per year will seek these services in the Department's maternity clinics.

G. Mental health

Associate director for mental illness and mental retardation, $26,639: A medical officer (GS–17) and a secretary (GS–7) are requested (1) to provide leadership in the development of a long-range District program for mental illness and mental retardation, and (2) direct the coordination of all mental illness and mental retardation activities of the community. The Associate Director will assist the Director of Public Health in overall policy direction in the field of mental health.

Psychiatric training program, $11,316: One psychiatric fellow (GS–12) is requested to provide a training position within the Bureau of Mental Health that can be made available to the various training programs at the university hospitals. This will allow the Department (1) to offer valuable experience to young psychiatrists at the same time they are working in existing programs, and (2) to develop interest in careers in community mental health.

Child Guidance Clinic, $8,205: One mental health consultant (GS–10) is requested (1) to help ease the demand for mental health consultation and to help children readjust to the community and their families, and (2) to work with the other health and social agencies serving children.

Legal psychiatric program, $8,205: One social worker (GS–10) is requested for the legal psychiatric program where only one social worker is presently available. This program has greatly expanded its treatment and educational services during the past year.

H. Public health nursing

Nursing service for maternal and newborn, $13,438: Two public health nurses (GS–7) are requested to assist the staff of 11 now available for the equivalent of 3 full-time maternity clinics. The additional staff will (1) increase case-findings services and (2) home followup.

School public health nursing, $33,595: Five public health nurses (GS–7) are requested to supplement the available staff of 27 in the health supervision of children in the schools. The additional staff will provide for a rate of 1 nurse to 3,160 as compared to the national standards of 1 public health nurse to 1,500 students.

Alcoholic Rehabilitation Clinic, $6,653: One public health nurse (GS–7) is requested to assist the one nurse presently assigned to this clinic to meet the additional nursing duties required because of the clinics increased workload.

Home care program, $6,653: One public health nurse (GS–7) is required to supplement the 19 nurses who now provide nursing care, instruction, inspection, and supervision to patients receiving medical treatment under the home care program.

A comparison of the 1963 level of operation for the parts of this subactivity which relate to the 1964 requested increase:

	1963 (available)	Increases requested	1964 total
A. Administration and direction:			
(1) Office of the Director:			
Management:			
Management analyst	2	3	5
Clerk-stenographer	0	2	2
Secretary	1	0	1
Total	3	5	8
Program planning:			
Chief, program planning	1	0	1
Program officer	3	0	3
Program analyst	0	1	1
Stenographer	1	1	2
Secretary	1	0	1
Total	6	2	8
Regulations Division:			
Regulations development officer	1	1	2
Stenographer	1	1	2
Total	2	2	4
(2) Bureau of Administration:			
Office of the Chief:			
Chief, Bureau of Administration	0	1	1
Secretary	0	1	1
Total	0	2	2
Finance Division:			
Budget and finance officer	1	0	1
Budget and finance assistants	2	0	2
Budget analyst	1	2	3
Clerk-stenographer	1	1	2
Clerk-typist	1	0	1
Total	6	3	9
Personnel Division:			
Chief, Personnel Division	0	1	1
Personnel assistant	1	0	1
Position classifier	3	0	3
Recruiting officer	0	1	1
Placement specialist	1	0	1
Personnel clerk	2	0	2
Secretary	0	1	1
Clerk-typist	1	0	1
Secretary-typist	1	0	1
Total	9	3	12
Office Services Division:			
Chief, Office Services Division	0	1	1
Mail and file supervisor	1	0	1
Mail and file clerk	5	0	5
Total	6	1	7
(4) Medical assistance:			
Social worker	10	3	13
Ambulance driver	13	2	15
Total	23	5	28
(5) Health education:			
Chief, Visual Aids Section	0	1	1
Public health education consultant	1	0	1
Information officer	1	0	1
Training officer	0	1	1
Education specialist	1	0	1
Information specialist	1	0	1
Information clerk	1	0	1
Visual information specialist	1	0	1
Clerk-stenographer	1	0	1
Secretary	0	1	1
Total	7	3	10
(6) Community health services:			
Medical officer	0	1	1
Chief, Accident Prevention Division	0	1	1
Secretary	0	1	1
Total	0	3	3

	1963 (available)	Increases requested	1964 total
A. Administration and direction—Continued			
(7) Building maintenance:			
Building management and progress officer	1	0	1
Public building superintendent	1	0	1
General mechanics	1	1	2
Engineer custodian	6	0	6
Custodian	3	3	6
Labor leader	1	0	1
Laborer (custodians)	13	0	13
Cleaner	1	0	1
Total	27	4	31
B. Dental health:			
Dentist	16	0	16
Dental assistant	11	4	15
Total	27	4	31
Supplies and materials	$12,339	$1,000	$13,339
Equipment	$4,020	$3,750	$7,770
D. Environmental health:			
Clerk-typist	2	1	3
Equipment (truck)	0	$4,000	$4,000
Radiological health specialist	0	1	1
Scientific aid	0	1	1
Clerk-stenographer	0	1	1
Equipment (radiological)	0	$4,000	$4,000
E. Laboratories and pharmacies:			
Medical officer	0	1	1
Secretary	0	1	1
Chemist	0	1	1
Pharmacist	4	1	5
Drugs	$2,400	$1,000	$3,400
F. Maternal and child health:			
Medical officer	11	1	12
Clerk	3	2	5
Medical aid	41	2	43
Supplies and materials	$45,000	$5,000	$50,000
Nutritionist	1	1	2
Equipment (truck)	0	$2,300	$2,300
Birth control supplies and materials	$1,000	$24,000	$25,000
G. Mental health:			
Associate Director for mental illness and mental retardation	0	1	1
Chief, mental health	1	0	1
Medical officers	5	0	5
Psychiatric fellow	0	1	1
Mental health consultant	1	1	2
Clinical social worker	1	1	2
H. Public health nursing:			
Maternal and newborn service: Public health nurse	11	2	13
Infant and preschool clinic: Public health nurse	33	3	36
School public health nursing: Public health nurse	27	5	32
Alcoholic rehabilitation: Public health nurse	1	1	2
Home care program: Public health nurse	19	1	20

The total increase requested will be distributed as follows:

Positions (grade or title) or item	Number requested	Personnel compensation		Personnel benefits		Other	Total
		Present rate	January 1964 increase	Present rate	January 1964 increase		
NEW POSITIONS AND OTHER INCREASES							
A. Administration and direction:							
(1) Office of the Director:							
GS-15 management analyst	1	$14,581	$530	$1,057	$36	$531	$16,735
GS-13 management analyst	1	11,170	270	824	18	141	12,423
GS-12 management analyst	1	9,485	240	710	14	141	10,590
GS-5 clerk-stenographers	2	9,152	120	748	8	1,362	11,390
GS-14 program analyst	1	12,854	370	939	25	141	14,329
GS-4 stenographer	1	4,118	50	281	3	743	5,195
GS-14 regulations development officer	1	12,854	370	939	25	264	14,452
GS-4 stenographer	1	4,118	50	281	3	743	5,195
Total, Office of the Director	9	80,332		5,911		4,066	90,309
(2) Bureau of Administration:							
GS-15 Chief, Bureau of Administration	1	14,581	530	1,057	36	531	16,735
GS-6 secretary	1	5,054	90	345	6	681	6,176
GS-11 budget analysts	2	16,100	360	1,240	24	282	18,006
GS-4 clerk-stenographers	1	4,118	50	281	3	681	5,133
GS-14 Chief, Personnel Division	1	12,854	370	939	25	167	14,355
GS-12 recruiting officer	1	9,485	240	710	14	141	10,590
GS-5 secretary	1	4,576	60	374	4	681	5,695
GS-12 Chief, Office Services Division	1	9,485	240	710	14	141	10,590
Total, Bureau of Administration	9	78,193		5,782		3,305	87,280
(4) Medical assistance:							
GS-7 social workers	3	16,662	360	1,323	25	423	18,793
WBR-6 ambulance drivers	2	9,595		780		112	10,487
Total, medical assistance	5	26,617		2,128		535	29,280
(5) Health education:							
GS-13 chief, Visual Aids Section	1	11,170	270	824	18	141	12,423
GS-5 Secretary	1	4,576	60	374	4	681	5,695
GS-12 Training Officer	1	9,485	240	710	14	141	10,590
Total, health education	3	25,801		1,944		963	28,708
(6) Community health services:							
GS-14 medical officer	1	12,854	370	939	25	264	14,452
GS-13 chief, Accident Prevention Service	1	11,170	270	824	18	266	12,548
GS-5 secretary	1	4,576	60	374	4	681	5,695
Total, community health services	3	29,300		2,184		1,211	32,695
(7) Building maintenance:							
WBR-12 general mechanic	1	5,649		447		266	6,362
WBR-5 custodian	3	12,382		1,034		156	13,572
Total, building maintenance	4	18,031		1,481		422	19,934
B. Dental health:							
GS-4 dental assistants	4	16,472	200	1,372	14	194	18,252
Supplies and materials						1,000	1,000
Equipment						3,750	3,750
Total, dental health	4	16,672		1,386		4,944	23,002

Positions (grade or title) or item	Number requested	Personnel compensation: Present rate	Personnel compensation: January 1964 increase	Personnel benefits: Present rate	Personnel benefits: January 1964 increase	Other	Total
NEW POSITIONS AND OTHER INCREASES—continued							
D. Environmental health:							
GS–5 clerk-typist	1	$4,576	$60	$374	$4	$681	$5,695
Equipment (2 trucks)						4,000	4,000
GS–13 radiological health specialist	1	11,170	270	824	18	141	12,423
GS–9 scientific aid	1	6,677	170	518	12	134	7,511
GS–5 clerk-stenographer	1	4,576	60	374	4	681	5,695
Equipment						4,000	4,000
Total, environmental health	4	27,559		2,128		9,637	39,324
E. Laboratories and pharmacies:							
GS–16 medical officer	1	16,515		1,189		531	18,235
GS–6 secretary	1	5,054	90	407	6	681	6,238
GS–11 chemist	1	8,050	180	611	12	157	9,010
GS–11 pharmacist	1	8,050	180	611	12	157	9,010
Drugs						1,000	1,000
Total, laboratories and pharmacies	4	38,119		2,848		2,526	43,493
F. Maternal and child health:							
GS–13 medical officer	1	12,251	270	898	18	62	13,499
GS–3 clerk	1	3,827	30	323	2	155	4,337
GS–2 medical aids	2	7,156	60	612	4	132	7,964
Supplies and materials						5,000	5,000
GS–9 nutritionist	1	6,677	170	518	12	61	7,438
Equipment (1 truck)						2,300	2,300
Birth control supplies and materials						24,000	24,000
Total, maternal and child health	5	30,441		2,387		31,710	64,538
G. Mental health:							
GS–17 Associate Director for mental illness and mental retardation	1	18,013		1,291		531	19,835
GS–7 secretary	1	5,554	120	441	8	681	6,804
GS–12 psychiatric fellow	1	9,485	240	709	16	866	11,316
GS–10 mental health consultant	1	7,301	190	560	13	141	8,205
GS–10 clinical social worker	1	7,301	190	560	13	141	8,205
Total, mental health	5	48,394		3,611		2,360	54,365
H. Public Health nursing:							
GS–7 Public Health nurses	12	66,648	1,440	6,492	98	5,818	80,496
Total, Public Health nursing	12	68,088		6,590		5,818	80,496
Total, new positions and other increases	67	487,547		38,380		67,497	593,424
Mandatory increases:							
Pay increase for existing wage board positions (58)		11,473		841			12,314
Within-grade advancement		−53,920		−3,604			−57,524
Regular pay excess of 52-week base		−23,028		−1,552			−24,580
Postage rate increase						3,200	3,200
Total, mandatory increase		−65,475		−4,315		3,200	−66,590

Activity 6. Public Health activities (restoration request)

Amount:

Original request	
House allowance	−$1,000
Senate restoration	1,000

RESTORATION JUSTIFICATION

Restoration of $1,000 is requested to provide birth control information to women patients at District of Columbia General Hospital and the prenatal clinics. This amount was authorized in 1963, and this request is to continue a program of giving information in regard to child spacing and contraceptive methods in the interest of the health of the patient.

The total restoration requested will be distributed as follows:

Item: Supplies and materials $1,000

Summary of capital outlay projects (fiscal year 1964)

1963 allocation in annual act $12,670,000
Original budget estimate for 1964 .....

Additional proposals, Senate Document No. 32:

Project number	Priority	Project title	Amount
21-34	1	Community Health Center, including mental illness and mental retardation	$100,000
21-35	2	Fence, District of Columbia General Hospital	43,000
21-33	3	Dog pound replacement	139,000
		Total 1964 estimate requested in Senate (general fund)	282,000

CAPITAL OUTLAY PROJECT SCHEDULE

Department: Public Health.
Project title: Northwest Community Health Center, including mental illness and mental retardation.
Project number: 21-34.
Location: Intersection of Missouri and Georgia Avenue NW.
Scope of work: Preliminary survey of construction of a building for a health center which will include facilities for general public health clinics, a mental retardation center, and a mental health center.
Fund: General.
Capacity: Not applicable.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey	$100,000		$100,000	
Plans and specifications				
Construction				
Furniture and equipment				
Total	100,000		100,000	

CAPITAL OUTLAY PROJECT SCHEDULE

Department: Public Health.
Project title: Fence, District of Columbia General Hospital.
Project number: 21-35.
Location: 19th and C Streets SE.
Scope of work: Purchase and installation of a fence to surround entire hospital grounds.

Fund: General.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$3,000		$3,000	
Construction	40,000		40,000	
Furniture and equipment				
Total	43,000		43,000	

CAPITOL OUTLAY PROJECT SCHEDULE

Department: Public Health.
Project title: Dog pound replacement.
Project No.: 21–33.
Location: New York Avenue and Fairview Avenue NE.
Scope of work: Single story, extensible building of approximately 3,500 square feet containing 30 kennels.
Fund: General.
Capacity: 100 dogs.

	Estimated cost	Funds available to date	Requested in budget	Estimated balance needed to complete
Site				
Preliminary survey				
Plans and specifications	$9,000		$9,000	
Construction	130,000		130,000	
Furniture and equipment				
Total	139,000		139,000	

Northwest Community Health Center, including mental illness and mental retardation, $100,000.—This request is for a preliminary survey and plans for a community health center to serve a population of 250,000. The center will provide approximately 254,000 square feet for—

(1) General public health clinics and offices for dental health, environmental health, health education, maternal and child health, disease control, chronic diseases, venereal diseases, tuberculosis, epidemiology, pharmacy, and nursing;

(2) A mental retardation center to meet the needs of the mentally retarded under 21 years of age and provide residential care (including education and recreation) for 300 children, and day care for an additional 500 children under 7 years of age, and comprehensive diagnostic services for 300 children a year, and various treatment services for an estimated 50 children or more per day; and

(3) A mental health center to make available all the needed resources for a continuum of care ranging from preventative services to outpatient treatment, hospitalization, rehabilitation, and aftercare.

Fence, District of Columbia General Hospital, $43,000.—The major factors which hamper the enforcement of adequate security measures at District of Columbia General Hospital are the extensive open and unprotected areas which comprise the hospital grounds, the insufficient guard personnel and the proximity of the new District of Columbia Stadium and its crowds. At any time, day or night, there are unauthorized persons on the grounds who create noise and disturbance. The presence of these persons has lead to an excessive number of crimes including theft and destruction of Government and personal property, beatings, yolkings, accostings, and peeping-tom incidents. Police patrol car visits, foot patrolmen, and hospital guard personnel have failed to halt these unlawful and bothersome activities.

A fence surrounding the grounds and restricting access except through guarded gates will provide protection and safety to personnel living and working on the grounds and measurably reduce the incidence of crime on the hospital grounds.

Dog pound replacement, $139,000.—The District of Columbia Dog Pound, erected in 1912 is a wide open, part-frame barn-type structure difficult to heat and virtually impossible to maintain in an acceptable sanitary condition. Exterior wood trim is badly deteriorated and the roof, flashing, and gutters need replacement. Cracks and joints in the wooden framework and open brick construction have become insect breeding areas which are nearly impossible to eradicate. Animals are stolen during the night and tormented during the day in public accessible exercise yards. The cost of correcting these defects is economically impractical as it closely approximates the total cost of replacing the structure.

The proposed replacement has been designed with emphasis on function and utility at a minimum expenditure and incorporates the following features which are now lacking or are totally inadequate: (1) Accomodations for 100 dogs which will provide better protection against weather and theft and which can be expanded to meet future requirements, (2) an examination room for dogs suspected of being rabid and for performing autopsies, (3) a refrigerated morgue room, (4) a sick bay, and (5) a quarantine room.

STATEMENT OF THE DIRECTOR

Senator BYRD. Dr. Grant, you may begin to present your statement.

Dr. GRANT. Mr. Chairman, before I begin, I would like to present some of my colleagues here this morning.

Dr. Heath, our Deputy Director; Miss Laprade, who is Assistant Chief of our Finance Office; Dr. Weiss, who is Director of Glenn Dale Hospital; Dr. Schultz, Director of District of Columbia General Hospital.

On my left, Mrs. Vinyard, who is Chief of our Medical Assistance Division, and Dr. Shwartz, Director of our Maternal and Child Health Bureau.

Senator BYRD. Thank you, Doctor.

We are glad to have you all here.

Proceed, Dr. Grant.

GENERAL STATEMENT

Dr. GRANT. Mr. Chairman, as you know, this is my second appearance before the congressional body regarding the funding of programs of the Department of Public Health for which I am responsible as the Department's Director.

In the past year, during which I have served in this capacity, I have felt it most important to firstly take a look at all of the various programs in which the Department is currently engaged and the manner in which they are being operated so that I could most intelligently plan the future program of the Department and the direction it should take. Accordingly, I have requested detailed surveys by staff members of the Department as well as by agencies of the Department of Health, Education, and Welfare. I am hopeful that, as a result of my recommendations based on these studies, and others which I intend to initiate in the future, many improvements can be made in the effectiveness, economy, and efficiency of operation of the Department of Public Health.

REORGANIZATION PROPOSALS TOP PRIORITY

Emanating directly from these studies are the reorganization proposals that I have submitted to the Commissioners and which have been tentatively approved by them subject to reconsideration after congressional action on positions and funds. I firmly believe that

this reorganization is the keystone to departmental operational improvement and program effectiveness. If implemented, I believe that it will provide us with the tools to insure a businesslike operation and an effectively coordinated and directed program.

The top priority need is the reorganization of the Department. In this B budget there is a request for $147,505 for 15 positions in order to proceed with the reorganization. In addition there are needed 11 positions costing $151,622, which we propose to finance through the elimination of 26 existing positions which would make available $153,761. The net cost, therefore, of the reorganization plans of the Department would amount to $145,366.

DRUG USAGE, INVENTORY AND CONTROL

In addition to the top priority need for the reorganization of the Department, there are three other urgent needs receiving priority attention. The first is the problem of drug usage, inventory and control. In the fiscal year 1963, our obligations for drugs amounted to $756,392, of which $526,058 was for District of Columbia General, $65,400 for Glenn Dale, and $164,434 for Public Health activities.

MEDICAL ELIGIBILITY DETERMINATION

The second is the problem of medical eligibility determination. After detailed study, I have firm proposals to be considered by the Commissioners which I believe will improve the effectiveness and lower the cost of this activity.

MEDICAL ASSISTANCE TO AGED

The third immediate need was to develop a joint program with the Department of Public Welfare for the administration of the medical assistance to the aged program. This program is now in operation and will be further expanded as Federal earnings become available.

While I shall be most happy to discuss these proposals at length during the course of these hearings, I am, with the chairman's permission, including copies of my original findings and recommendations relative to the Department of Public Health along with other documents transmitted to the Commissioners in relation thereto. I am also including copies of my reports on the pharmacy operation, eligibility determination, and the use of community advisory councils. I am hopeful their inclusion in the record will be acceptable to the chairman.

A BUDGET REQUESTS

In my presentation to the House of the so-called A budget, our request amounted to $44,795,300, which was an increase of $1,954,976 over the 1964 base. Of this increase, $48,461 was for 12 positions to staff new construction and $1,906,515 was for mandatory items such as within-grade advancements, reclassifications, excess of 52-week base, salary increases for classified employees, and annualization of fiscal year 1963 increase.

B BUDGET REQUESTS

In our B budget we are requesting an increase of $3,909,150 which includes a request for a restoration of $241,450 of the House reductions.

Of this increase, $3,362,664 (86 percent) is for St. Elizabeths Hospital, contract hospitals, Freedmen's Hospital, increased postage rates, wage board increases and stipend increases for residents, interns, and student nurses.

The remaining net amount of $546,486 (14 percent) is for 88 positions, replacement of equipment, and birth control supplies.

In closing, I should like to emphasize that it is my sincere intent and that of members of my staff whom I have asked to accompany me, to give this committee as open, candid, complete, and accurate a picture as is possible regarding any area of the Department of Public Health.

Senator BYRD. All right, Dr. Grant. May I see the copies of your original findings and recommendations, the documents and copies of the report referred to in your statement?

These will be included in the record at this point.

(The material referred to follows:)

DEPARTMENT OF GENERAL ADMINISTRATION,
OFFICE OF THE DIRECTOR,
September 6, 1963.

Memorandum to the Board of Commissioners.
Subject: Reorganization of the Department of Public Health.

There is transmitted herewith a proposed reorganization of the Department of Public Health and the special advisory groups pertaining thereto. These reorganization proposals were developed jointly by representatives of the Department of Public Health and the Department of General Administration, based upon proposals initiated by the Director of Public Health.

The health and medical-care problems and needs which we face in the District of Columbia demand for their resolution a sound organization, headed by constructive and aggressive leadership coordinating a highly specialized professional staff. The present organization established in conjunction with the overall reorganization of the District Government in 1952, and since modified to some extent to meet the expanding health programs, is not structured to cope with current demands or anticipated expansion, particularly in certain areas such as the grant-in-aid programs.

The Health Department is the largest in the District Government, other than the school system, in terms of number of employees (3,800) and expenditures ($45 million annually). The public health program involving State and municipal functions affects, to a degree, every person in the District of Columbia. The Director and his key officials must encourage and promote the maximum cooperation with the private organizations such as the Health and Welfare Council, Community Chest, and others, if public health efforts are to be the most effective overall and if District costs are to be held to a minimum.

The proposed organization is designed to place the Director of Public Health and his staff in a structure that will allow the maximum opportunity for improved administration and better program functioning and effectiveness. It will enable the Director to move ahead with expanded programs in mental health and mental retardation; venereal disease control; medical assistance to the aged; environmental health, including radiological health and air pollution control; maternal and child health, including prenatal and infant care; occupational health; accident prevention; health education; and other areas of public health. The proposals presented herein represent an essential step toward solving the health problems of the District.

Exhibit I is a chart of the existing organization as shown in Dr. Grant's June 1963 report, which depicts several organizational units reporting to the Director and established by actions other than amendments to Reorganization Order No. 57. Exhibit II is a chart showing the proposed organization of the Department of Public Health.

There follows a discussion of the principal features of the proposed organization.

OFFICE OF THE DIRECTOR

Under the present organization the Director, in addition to his normal responsibilities for policy formulation, community relations and general program planning and direction, has reporting to him numerous staff groups: Office of Health Education, legal service, program planning, management analysis, buildings management, school health services, the Executive Officer, and civil defense. He also has several limited functional advisory groups reporting to him. All the aforementioned groups are in addition to the seven operating bureaus and two major hospitals. In total, he has more than a score of separate entities reporting to him. The result has been quite similar to that experienced formerly in the Department of Public Welfare, i.e., an almost complete dilution of the Director's time, particularly in the administrative staff areas.

All administrative staff functions are, under the proposed organization, logically and systematically grouped under the Associate Director for Administration. There is also established an Office of Health Education and Information and four program areas administered by the Associate Directors for Preventive Services, Mental Health and Retardation, Medical Care and Hospitals, and Environmental Health. This new alinement will relieve the Director of time-consuming matters of minor concern. It will enable him to focus his attention upon program planning, direction, and control of the Department and allow sufficient time for necessary community and other relationships and contacts. It will also permit the Director to collaborate more closely with the Superintendent of Schools and Directors of other District departments on interdepartmental programs affecting education, public welfare, vocational rehabilitation, licensing, and other programs.

Moreover, the basic grouping of the various related divisions and bureaus under the Associate Directors will permit top-level coordination by the Director, with each Associate Director being clearly responsible for a major functional area. This plan will provide an organizational arrangement that can respond quickly and effectively to accelerated programs, or other urgent problems and needs as they arise. The plan also permits better communications and coordination among the major entities and close collaboration among the principal officials of the Department on program and policy matters.

ASSOCIATE DIRECTOR FOR ADMINISTRATION

Some of the most critical organizational problems presently facing the Director are in the administrative staff area. The most logical approach to these problems is a systematic grouping of these staff functions under a Controller-type Associate Director. This plan groups these staff functions into six divisions under an Associate Director for Administration: Budget and Finance; Management Analysis; Planning, Research and Statistics; Personnel; Administrative Services; and Procurement and Supply. The assignment of existing staff personnel according to their experience and capabilities to the proper division will provide much more effective utilization of existing manpower. The plan also provides for centralizing staff functions by transferring from the two hospitals and the bureaus the administrative staff personnel whose duties and responsibilities do not require their physical presence there. This regrouping of existing staff will provide for more effective utilization. Some additional highly qualified professionals in such disciplines as management analysis, program planning, operations research and personnel will be necessary to implement effectively this segment of the plan.

OFFICE OF HEALTH EDUCATION AND INFORMATION

The functions of health education now in the Director's office, with its complement of seven persons, needs to be expanded in terms of additional professional staff. The plan envisions an aggressive dynamic role in health education in terms of promotion and stimulation, the objective being to emphasize preventive measures in combating disease and other disabling conditions through education and information. Health education is a proven means of reducing expenditures for treatment of such conditions. The office will also include an active departmental information service which will maintain relationships and liaison with the Public Information Unit and various news media on public health subjects and actions of general interest.

ASSOCIATE DIRECTOR FOR PREVENTIVE SERVICES

The establishment of an Associate Director for Preventive Services will provide a grouping of functions presently contained in five bureaus: Bureau of Maternal and Child Health, Bureau of Disease Control, Bureau of Public Health Nursing, Bureau of Dental Health, and the Bureau of Laboratories and Pharmacies.

The Bureaus of Maternal and Child Health, Nursing, and Dental Health will be retained as three separate entities under the Associate Director. The Bureau of Disease Control is split into two bureaus—Bureau of Chronic Disease Control and Bureau of Communicable Disease Control. This split is necessary due to the need for considerable expansion of the chronic disease program in keeping with the increase in chronic diseases and the concomitant need for screening, home care and other programs in this field; this enlarged program will be made possible by the provision of funds emanating from the medical assistance to the aged program.

Furthermore, the animal disease control program, including the control of rabies, supervision of the District of Columbia Pound and the provision of the attendant veterinary services will be transferred to the Bureau of Communicable Diseases from the Bureau of Environmental Health.

The Bureau of Laboratories and Pharmacies would be subdivided—the Bureau of Laboratories remaining in this grouping with a Bureau of Pharmacies located under the Associate Director for Medical Care and Hospitals. A new Bureau will be established under Preventive Services—Bureau of Special Services, which will be responsible for District-wide employee health services, occupational health, accident prevention, nutritional services, medical social services, and health mobilization.

These bureaus have many interbureau relationships which now are theoretically coordinated by the Director of Public Health, and which obviously is impossible. The inherent benefit in this plan, therefore, is that the Associate Director, in cooperation with his bureau chiefs and in consultation and collaboration with the other associate directors and the hospital and bureau chiefs will develop and coordinate plans, policies, programs, standards and guidelines for preventive health measures and for necessary diagnosis and treatment.

ASSOCIATE DIRECTOR FOR MENTAL HEALTH AND RETARDATION

This change is essentially an elevation of the mental health program from the bureau to the Associate Director level to provide for the anticipated great expansion of and emphasis on mental health and mental retardation programs. It is noteworthy to observe that approximately half the patient beds in hospitals across the United States are for the mentally ill rather than the physically ill.

Legislation providing up to $30 million in Federal funds annually for grants (75 percent–25 percent) to States for mental retardation has been favorably reported by the House Ways and Means Committee of Congress. Moreover, the Department of Health, Education, and Welfare is expanding the mental health program through the National Institute of Mental Health and may provide funds for demonstration projects and large health centers. In recognition of this and other trends, the plan provides four bureaus: Community Mental Health, Inpatient Care, Alcoholic Rehabilitation and Drug Addiction, and Mental Retardation. It is anticipated that the Bureau of Inpatient Care will evaluate and initiate steps to provide improvements in the processes and relationships of medical care for the mentally ill, administered by St. Elizabeths Hospital, District of Columbia General Hospital, and other inpatient facilities.

This Associate Director and his bureau chiefs will be a part of the team in developing plans, policies, programs, standards and guidelines pertaining to mental health and retardation for diagnosis and treatment in both inpatient and outpatient facilities.

ASSOCIATE DIRECTOR FOR MEDICAL CARE AND HOSPITALS

This new Associate Director will give direction to and provide the coordination of the District's two major hospital facilities. These hospitals presently are immediately under the Director. Until recent years there was little need for coordination and practically no duplication in their functions and services. However, they now provide many of the same services. For example, they both treat patients with tuberculosis and other chronic diseases. The Associate Director also will give direction to and coordination of the pharmacy operations involving three presently separate units. He will also provide coordination of

planning for hospitals and other medical facilities (Hill-Burton), public and private hospital standards and inspections, and the administration of the medical contracts and eligibility requirements.

District of Columbia General Hospital will, in effect, be considered one bureau and Glenn Dale Hospital another under this Associate Director. As such, they will administer medical care to patients consistent with the plans, policies, standards, guidelines, and programs developed in collaboration with the appropriate bureaus and Associate Directors and approved by the Director.

The proposed changes in the methods and system of eligibility determination proposed by the Director of Public Health and to be administered by the Bureau of Medical Assistance and Contracts is under study by the departments concerned and will be the subject of a separate report.

ASSOCIATE DIRECTOR FOR ENVIRONMENTAL HEALTH

The overall importance of environmental health, the fact that the functions require primarily public health engineering and sanitation skills and techniques rather than physicians and the further fact that the activities must be expanded to meet existing and future needs calls for the elevation of this major bureau to the Associate Director level. The functions are divided into four bureaus—Public Health Engineering, Milk Control, Food and Drugs, and Community Hygiene. The Bureau of Public Health Engineering will undergo considerable expansion in the areas of air pollution and radiological controls in order to meet increasing needs in these areas. The Bureau of Milk Control will provide veterinary services, inspection and control of dairy cattle, milk control and distribution processes. The Bureau of Food and Drugs will be responsible for the inspection of establishments and confiscation of contaminated foods and drugs. It will also be responsible for control of dangerous chemicals.

The study of health functions presently being performed by other District departments and agencies is continuing but cannot be completed in the near future. The study encompasses the Departments of Public Welfare and Corrections, the Board of Education, and the Board of Police and Fire Surgeons referred to in the General Accounting Office draft report. The study will also include the Department of Vocational Rehabilitation and the Coroner. The attached draft organization order is phrased broadly enough to accommodate as far as possible potential transfer of health functions should it be found desirable to make such transfer.

PUBLIC HEALTH ADVISORY GROUPS

At the present time, there exists a Public Health Advisory Council, consisting of nine members, advisory to the Commissioners and to the Director of Public Health "in all matters concerning public health." There is also a Hospital Advisory Council, consisting of nine members, advisory to the Commissioners and to the Director of Public Health in matters concerning the construction and regulation of hospitals and other medical facilities; and an unofficial food service advisory committee. Furthermore, other committees have been established from time to time to deal with specific subjects. In addition, the Commissioners have a number of their own councils and committees which are advisory to them in certain health fields. Examples are the Commissioners' special ad hoc committee on mental health needs and the Commissioners' Advisory Committee on the Alcoholic Clinic.

The existence of all of these independent groups appears to produce a basis for conflict of interests and responsibilities and creates confusion in the minds of committee members and the Department of Public Health as to the appropriate role of each.

One strong voice, representing all major community health interests, could carry more weight and reduce the possibility for embarrassment resulting from apparently divergent opinions of different groups. It is proposed that a reconstituted and newly formed Public Health Advisory Council of 21 members be authorized. It will, we believe, constitute the single most important citizens group providing advice to the Director of Public Health in the whole field of health services.

The proposed new council would report to the Director. It would also coordinate with the "parent" Council by sending copies of reports to the Citizens Council. The Commissioners may, from time to time, find it desirable to appoint certain individuals to be members of both councils. The order has been drafted consistent with requirements of the Hill-Burton Act and Public Law 80-347, establishing a program for rehabilitation of alcoholics.

BUDGETARY AND STAFFING IMPLICATIONS

The 1964 "B" budget estimates contain 15 additional positions and $147,505 relating to the plan. An additional 11 positions and $151,622 are also needed, but can be provided by abolishing other existing positions now costing $153,761 per year. The net cost of the reorganization is therefore approximately $145,000 per year.

SUMMARY OF BENEFITS

The investment in positions and money at this time to implement the plan will provide efficiencies that will permit absorbing considerable future workload without corresponding increases. The plan knits the numerous functions into a cohesive organizational structure. It will permit effective coordination of programs within the sprawling department. Moreover, it will permit the Director to coordinate the interdepartmental programs with other District departments and agencies and leave time for cooperation with community groups. The plan groups all administrative staff functions to permit a buisnesslike management operation, and allows the Director time for program planning, direction and control of the voluminous medical environmental and hospital functions involved in public health.

The plan also permits more effective utilization of existing manpower.

RECOMMENDATIONS

1. That the proposed organization order, reorganizing the Department of Public Health along the lines discussed herein, as submitted herewith, be approved by the Commissioners as the organizational objective, subject to formal approval after congressional consideration in connection with the fiscal year 1964 budget.
2. That the 1964 fiscal year "B" budget presentations reflect the positions necessary to implement the reorganization plan as shown in exhibit III.
3. That the proposed organization order reorganizing the advisory groups relating to the Department of Public Health be approved.

It also is requested that the proposed organization orders be referred to the Corporation Counsel to review for legal sufficiency in order to be prepared to take proper action as rapidly as possible. The proposed organization order, pertaining to the Health Advisory Council, has not been submitted to the Citizens Council and other affected groups for their comments. However, the concept of a single Public Health Advisory Council has been discussed with the Chairman of the Citizens Council and information thereon has been distributed to all of the groups involved. Among the people contacted there seems to be general agreement that such a consolidated council is needed.

SCHUYLER LOWE,
Director of General Administration.
MURRAY GRANT, M.D., D.P.H.,
Director of Public Health.

ORGANIZATIONAL OBJECTIVE SUBJECT TO FORMAL APPROVAL AT A LATER DATE

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICES,
Washington D.C., September ———.

Proposed Reorganization Order No. 57: Replacement.
Department of Public Health
Ordered, that Reorganization Order No. 52 dated June 30, 1953, as amended, and Reorganization Order No. 57 dated June 30, 1953, as amended, are hereby combined, amended and redesignated Organization Order No. — to read as follows:

PART I. DEPARTMENT OF PUBLIC HEALTH

There is established, under the direction and control of a Commissioner, a Department of Public Health, headed by a Director of Public Health.

PART II. PURPOSE

The Department of Public Health is established for the purpose of planning, implementing, and directing public health and hospital care programs, including the enforcement of applicable laws and regulations which will effectively maintain and improve the health and well-being of the people of the District of Columbia and for the performance of certain allied medical and paramedical functions.

PART III. DIRECTOR OF PUBLIC HEALTH, DEPARTMENT OF PUBLIC HEALTH

A. The Director of Public Health, as head of the Department, and as agent of the Commissioners of the District of Columbia, where designated in District regulations, shall be responsible for carrying out the purposes set forth in part II hereof. In carrying out these authorizations and responsibilities, the Director shall be cognizant of and take into account the health and medical care obligations of government to its people in as economical and businesslike manner as possible consistent with the intent of applicable laws and within the resources available. The Director shall advise and consult with the Commissioners, or the designated Commissioner through whom the supervisory responsibility of the Commissioners is exercised, on matters which are of primary importance to the operation and activities of the Department.

B. Except as hereinafter otherwise provided, the Director shall have full authority over the Department and all functions, resources, officials and personnel assigned thereto, including the power to redelegate authority and assign responsibility to officials and personnel of the Department in such degree as in his judgment is necessary to establish and maintain efficiency and good administration. He may accept such volunteer services as are necessary in connection with the establishment and maintenance of the medical services of the Department. All authority vested in the Director, including all authority redelegated by the Director pursuant to authorities specified herein, shall be exercised in accordance with all applicable laws, rules, regulations, and Commissioners orders, or directives issued pursuant to Commissioners orders.

C. The Director may establish under the organizational components hereinafter described, so many organizational components with specified functions as he may deem appropriate and thereafter may alter change or modify such organizational components; *Provided*, That all actions establishing altering changing or modifying such organizational components shall be submitted at least 10 days prior to the effective date of such actions to the Director Department of General Administration for appropriate action pursuant to applicable Commissioners' orders.

PART IV. ORGANIZATION AND FUNCTIONS

The Department of Public Health shall be comprised of the following major organizational components in which responsible officials and personnel assigned thereto shall perform the functions described herein:

A. Office of Health, Education and Information

Develops and implements programs and projects of health education and information designed to promote the widespread use of preventive health measures in the community and adequate personal and social health and sanitary habits, to combat the spread of communicable diseases, abate the effects of chronic diseases and provide for a healthful environment.

Maintains relationship with the various news media; develops and disseminates educational material; provides centralized visual aids and information to the general public; and maintains liaison with the Public Information Unit with voluntary health agencies and with community organizations.

B. Associate Director for Administration

Plans, directs, and coordinates the administrative and business management of the Department. Under the Director, exercises full authority over the performance of all staff and auxiliary functions including budget and finance; management analysis and manpower utilization; program planning, research, statistics, and data processing; administrative services including building management and office services; and procurement and supply management on a centralized basis. Participates in and assumes leadership responsibility for developing Department policies and maintains and correlates the codified health regulations; examines the need for legislation and regulations, drafts recommended changes and provides advice and assistance in related matters. Participates in, and assumes leadership for, financial program planning, review and appraisal for purposes of establishing workable policies and program objectives and for purpose of measuring the Department's results and effectiveness in applying its policies and achieving its objectives. Coordinates efforts with the Director and the Associate Directors and maintains liaison with the Department of General Administration and with other District and Federal government agencies and private health organizations; and supervises and directs the activities of the following organizational entities.

1. *Budget and Finance Division.*—Prepares the Department's annual and supplemental budget requests; maintains budgetary control of funds and authorized positions; develops and administers a departmental financial and cost reporting system meshed with the Department's program and performance reporting and analysis system and with the District's quarterly and annual reporting systems; prepares special cost analyses and budget and accounting reports as appropriate; and maintains liaison with the Budget and Finance Offices of the Department of General Administration.

2. *Management Analysis Division.*—Provides management analysis to the bureaus, offices, and institutions of the Department; conducts studies and surveys of record systems, directives, manuals, procedures, manpower and equipment utilization, forms management and space utilization; recommends new or improved methods, procedures, forms, and equipment for improving economy and efficiency of the operations; and assists in implementing and installing the approved management improvements.

3. *Planning, Research, and Statistics Division.*—Reviews periodically the programs of the Department with the objective of improving or modifying existing programs and evaluating them in relation to potential or proposed new programs. Keeps abreast of developments in the health field by monitoring new concepts and programs under consideration at the Federal level in which the District may ultimately wish to participate or be required to participate. Prepares and coordinates the preparation of a Department-wide program and performance reporting and analysis system.

Initiates, studies, and carries out research projects and maintains liaison with appropriate Federal agencies concerned with research grants; provides centralized machine processing for the Department and summarization of statistical data reflecting the performance of the bureaus, offices, and hospitals; supplies statistical services in the measurement of program performance; administers and maintains custody of birth and death records; and maintains liaison with statistical and research officials in both governmental and private health and welfare organizations.

4. *Personnel Division.*—Administers a centralized personnel program a staff training program for the Department and such other programs as may be developed by the Department; provides a recruitment service for the bureaus, offices and hospitals; maintains an employee relations service; promotes and administers an employee incentive award program; maintains a position classification service, including the preparation of position descriptions and the classification of positions within the limits of delegated authority in accordance with District of Columbia Government and U.S. Civil Service Commission standards. Maintains liaison with the Personnel and Finance Officers of the Department of General Administration and keeps abreast of all laws and regulations on personnel matters.

5. *Administrative Services Division.*—Provides maintenance repairs custody and security for the building, grounds, and furnishings used by the Department where such responsibility is not vested in other departments and agencies; furnishes centralized office services, including mail and messenger service; furnishes central files and records service; furnishes interbuilding transportation service, reproduction and assembly services; performs special studies and services; maintains liaison with Department of Buildings and Grounds and the Administrative Services Office of the Department of General Administration and other offices as appropriate.

6. *Procurement and Supply Division.*—Provides centralized procurement and supply management functions and services; maintains or supervises the maintenance of a perpetual inventory of storage items and accountability for all personal property; conducts periodic physical inventories; maintains control of or supervises the control, receipt, warehousing, and distribution of all items; and maintains liaison with the Procurement and Finance Offices of the Department of General Administration.

C. Associate Director for Preventive Services

Develops and implements a program of preventive services executed by the bureaus under his direction; and coordinates the activities of these bureaus. Assists in determining policies and programs designed to insure coordination of activities among the major component program areas of the Department and in minimizing duplication of services and activities in these areas; renders advice to the director in connection with problems, activities, and the direction of preventive services under his supervision. Supplies medical, nursing, and other paramedical preventive services to the District of Columbia schools, the parochial schools, and consultative and other services to the Departments of Public Wel-

fare, Corrections, and Vocational Rehabilitation, the Coroner, and the Board of Police and Fire Surgeons, as appropriate. Provides consultative services to community health agencies and other private agencies and facilities engaged in preventive health services.

1. *Bureau of Maternal and Child Health.*—Develops and executes major programs and policies and enforces regulations for the promotion and protection of maternal and child health in the District of Columbia, including the provision of a comprehensive range of integrated multidisciplinary medical and other professional services in clinics, hospitals, schools (public and private) and homes, except for mental health activities, which are performed by the staff of the Associate Director for Mental Health and Retardation; cooperates with staff of Associate Director for Mental Health and Retardation in the provision of services for the mentally retarded, enforces standards of care for maternity patients, infants and children in hospitals, other institutions and places (public and private) caring for children away from their own homes, including those in foster homes, day care centers or nursery schools.

2. *Bureau of Nursing.*—Furnishes public health nursing care in schools (public and private), homes and clinics, including family health instruction and epidemiological investigations. Develops, in collaboration with medical, professional, and lay groups, policies and standards of public health nursing care provided in departmental facilities and services. Provides for the inspection of nursing and personal care homes and allied institutions.

3. *Bureau of Communicable Disease Control.*—Makes epidemiological studies of the prevalence and means of transmittal of contagious diseases and the procedures to prevent the spread thereof; develops and enforces regulations for the control of contagious diseases; quarantines, isolates, or restricts the movement of diagnosed contagious disease patients and determines when quarantine may be lifted; performs or supervises programs of immunization; investigates outbreaks of food poisoning and examines food handlers; investigates instances of rabies and other animal diseases affecting humans and institutes proper methods of control; operates the District of Columbia pound and exercises the police powers, delegated by the Commissioners incident thereto, and enforces regulations pertinent to the care of animals.

4. *Bureau of Chronic Disease Control.*—Provides preventive health services for chronic diseases, including heart, rheumatism, arthritis, diabetes, glaucoma, and others; provides diagnostic and detection clinics and home care services; makes studies and reports upon morbidity trends in chronic diseases, and promotes community health measures to control them through early detection and prevention; and plans, coordinates, and executes programs, including enforcement of laws and regulations applicable to tuberculosis control, venereal disease control, and cancer and neoplastic disease control.

5. *Bureau of Laboratories.*—Provides centralized laboratory services for the Department and other departments such as Police, Public Welfare, Corrections, the Coroner, and the Board of Police and Fire Surgeons, as appropriate, in support of the preventive and medical care programs including a chemistry laboratory, a bacteriological laboratory, a serology laboratory and other special laboratory facilities and services. Recommends and enforces standards and regulations for the operation of private laboratories.

6. *Bureau of Dental Health.*—Provides a coordinated departmentwide public health dentistry program, including operation of neighborhood dental clinics for preventive and treatment services; provides dental hygienist services in the public and parochial schools, and other departments as appropriate; provides oral surgery for adults and other dental services as appropriate; and provides communitywide preventive dental health activities.

7. *Bureau of Special Services.*—Develops and implements communitywide programs and services not otherwise assigned, including a District-wide employee health service, an occupational health program, an accident prevention program, medical social services, nutritional services, and health mobilization services.

D. Associate Director for mental health and retardation

Develops and implements a mental health and retardation program to be executed by the bureaus under his direction; coordinates the activities of these bureaus. Assists in determining policy and programs designed to insure coordination of activities between the major component program areas of the Department and in minimizing duplication of services and activities among these areas; renders advice to the Director in connection with problems, activities, and the direction of mental health and retardation services under his supervision. Supplies mental health and mental retardation services to the District of Columbia

schools, the parochial schools, the Departments of Public Welfare, Corrections, Vocational Rehabilitation, and the Board of Police and Fire Surgeons, as appropriate. Discharges the duties imposed by law with respect to drug and narcotics addiction.

1. *Bureau of Community Mental Health.*—Develops and executes a comprehensive community mental health program, consisting of preventive measures, diagnosis of mental illness, classification, treatment, and rehabilitation of children and adults in community mental health facilities, including clinics in the Department, the public and parochial schools, and the Department of Public Welfare; provides home psychiatric services for the alleviation of mental illness and referral to appropriate community agencies for followup and furnishing clinic services; and provides diagnosis and consultation to judges, probation officers, other officials of District courts and the Department of Corrections.

2. *Bureau of Inpatient Care.*—Evaluates and coordinates the inpatient psychiatric services provided in the Department's hospitals, in contract institutions including St. Elizabeths and in other private institutions, making recommendations with regard to the quality of such services, the cost of such services, the criteria governing the transfer of patients in a progressive program of effective care, and the provision of psychiatric care by contract.

3. *Bureau of Alcoholic Rehabilitation and Drug Addiction.*—Furnishes clinical and other services for the diagnosis, treatment, and rehabilitation of alcoholics or narcotic addicts; furnishes diagnostic and consultative services to the courts, other District agencies, and various agencies in the community; and develops policies and procedures pertaining to screening, intake, diagnosis, treatment, and disposition of cases.

4. *Bureau of Mental Retardation.*—Operates or furnishes diagnostic services, residential and day care facilities, special training, recreational and educational programs and work therapy activities for mentally retarded children and adults; develops a coordinated program for all these services; collaborates with the Departments of Public Welfare and Corrections in supplying these services to the wards of those Departments; and provides consultative services to the Department of Vocational Rehabilitation and to community agencies.

E. Associate Director for Medical Care and Hospitals

Develops and implements a program of medical care and hospital facilities executed by the components under his direction including the inspection and enforcement of regulations applicable to hospitals and other medical care facilities such as pharmacies, nursing homes, personal care homes, and foster homes; and coordinates the activities of these components. Assists in determining policy and programs designed to insure coordination of activities among the major component program areas of the Department to minimize duplication of services and activities among these areas; and renders advice to the Director in connection with problems, activities, and the direction of medical care and hospital facilities under his supervision. Supplies medical care and hospital services to the Departments of Public Welfare, Corrections, Vocational Rehabilitation, and the Board of Police and Fire Surgeons, as appropriate.

1. *District of Columbia General Hospital.*—Provides comprehensive hospital care and treatment including in-patient services, outpatient services, and emergency room treatment; conducts medical research; and maintains intramural and extramural training facilities and services for medical, nursing, and other hospital personnel.

2. *Glenn Dale Hospital.*—Provides hospital care and treatment for tuberculosis patients, patients suffering from other chronic disease conditions, and patients in medical emergencies; conducts medical research; and maintains intramural and extramural training facilities and services for medical and hospital personnel.

3. *Bureau of Medical Assistance and Contracts.*—Determines eligibility and ability to pay for services provided in-patients and outpatients at District of Columbia General Hospital, Glenn Dale Hospital, and clinics where appropriate, and for patients admitted at District expense to the private contract hospitals, Freedmen's Hospital and other specialized institutions in the area; provides counsel on the ability of persons to pay when they are presented for hearing before the Commission on Mental Health; maintains a nonemergency transportation service; negotiates with State agencies for the return of nonresident patients being cared for at District expense, authorizes return of District residents from States to the District and arranges transportation therefor; negotiates contracts for payment for services rendered; initiates and administers contracts with surrounding jurisdictions for medical services; initiates and administers contracts

with private hospitals for the care of patients at District expense; and initiates and administers contracts with private physicians for medical care.

4. *Bureau of Hospital Planning and Review.*—Plans and coordinates activities required under the Hospital Survey and Construction Act, as amended, including the development and review of plans and proposals for construction and renovation of hospitals, nursing homes, and other medical care facilities; conducts or directs the conduct of inspections of hospitals, and other medical care facilities for the purpose of enforcing health regulations applicable to hospitals, nursing homes, personal care homes, and foster care homes, recommends standards for utilization, operation, and staffing of hospital, and other medical care facilities; and prepares reports, plans, and analysis of hospital and medical care utilization in relation to community needs for such institutions.

5. *Bureau of Pharmacies.*—Provides pharmacy controls and services for the Department and other departments, as appropriate, in support of the preventive, mental health, and medical care programs.

F. Associate director for environmental health

Develops and implements a program of environmental health to be executed by the bureaus under his direction; and coordinates the activities of these bureaus; assists in determining policy and programs designed to insure coordination of activities among the major component program areas of the Department in minimizing duplication of services and activities between these areas; and renders advice to the Director in connection with problems, activities, and the direction of environmental health services under his supervision.

1. *Bureau of Public Health Engineering.*—Furnishes public health engineering services for the purpose of reducing air pollution, radiation hazards, industrial hazards, water pollution, and contamination from sewage; and furnishes public health consulting services to businesses, industries, and to District agencies.

2. *Bureau of Milk Control.*—Provides for the inspection and approval of dairy farms, milk processing plants, the manufacture and handling of frozen desserts and other dairy products; recommends standards and methods for compliance with the laws and regulations applicable thereto; and enforces all the health laws and regulations with respect to such dairy products.

3. *Bureau of Food and Drugs.*—Provides for inspection of conditions and methods of operation in food and drug establishments; recommends standards of food sanitation and drug purity, maintains a food technology service for the benefit of food service industries with emphasis on standards and methods of improving sanitation; studies use of potentially dangerous chemicals; and recommends and enforces appropriate laws and regulations with respect to these functions.

4. *Bureau of Community Hygiene.*—Provides for the inspection of sanitary and other conditions in commercial establishments, vacant land, and public space; conducts public relations and educational activities to maintain standards of sanitation and wholesome environmental conditions in commercial establishments, vacant land, and public space; provides vector control on vacant land, public space, and in commercial and industrial areas; and enforces health regulations applicable thereto, except for those enforced by the Bureau of Milk and Veterinary Services and the Bureau of Food and Drugs.

PART V. EFFECTIVE DATE

The provisions of this order shall become effective on and after _____.

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICES,
Washington, D.C., September _____.

Proposed Reorganization Order No. 60, Organization Order No. 123, Organization Order No. 129, and C.O. 302,386/1, Replacement.
Department of Public Health.

Ordered: That reorganization order No. 60, Public Health Advisory Council, as amended, organization order No. 123, Hospital Advisory Council, as amended, organization order No. 129, Committee on Mental Health Needs, C.O. 302,386/1, dated March 21, 1950, reappointing an Advisory Committee on Alcoholic Rehabilitation, as amended, and letters of Commissioner Karrick dated October 25, 1957, creating the Food Service Industry Advisory Committee to the Director of Public Health, are hereby rescinded and replaced by organization order No. ____ which reads as follows:

There is hereby created in the District of Columbia a committee of citizens representing the community at large to be known as the Public Health Advisory Council established pursuant to the authority vested in the Commissioners by Reorganization Plan No. 5 of 1952, and pursuant to the requirements of section 42–291b(a)(2) and section 42–291u(a)(1) of the U.S. Code, 1958 edition (pertinent parts of the Hill-Burton Act) and the requirements of section 24–514 of the District of Columbia Code, 1961 edition.

PART I. PURPOSE

The Public Health Advisory Council is established to provide for advisory participation by citizens, lay and professional, in the District Government's public health program including the construction and regulation of hospitals, medical and related facilities, and to act in an advisory capacity to the Director of Public Health on matters affecting the public.

PART II. FUNCTIONS

It is the intent of the Board of Commissioners that the Public Health Advisory Council shall, in general, study and advise the Director of Public Health and inform the Committee on Public Health, Education, and Welfare of the Citizens Council in the following respects:

1. Study and make appropriate recommendations with respect to proposals for new policies, regulations and statutes or changes in existing policies, regulations or statutes, affecting the public health including hospital programs.
2. Advise on public health and hospital needs and desires and the formulation and execution of programs necessary to satisfy those needs and desires.
3. Advise and assist in coordinating the programs and activities of the Department of Public Health with those of community groups, associations, and professional organizations.
4. Interpret the activities of the Department of Public Health to the public and stimulate public interest, understanding, and participation of the community in solving public health problems.
5. Study the need for hospital services, beds, and facilities and make recommendations with respect thereto based upon a continuing evaluation of such services, beds, and facilities.
6. Evaluate proposals for operation, construction, and utilization of hospitals and related facilities, public or private, within the District (except Federal hospitals) financed in whole or in part through reimbursement or other processes from public funds, such recommendations to include but not be limited to location of such hospitals, type and number of beds, and services to be furnished.
7. Study and evaluate the budget, programs, operations, and activities of the Department and make appropriate recommendations with respect to changes which may appear desirable.

PART III. COMPOSITION AND MEMBERSHIP

The Council shall consist of 21 members (residents of the District of Columbia for a period of at least 3 years immediately prior to appointment) appointed by the Board of Commissioners on the basis of personal qualifications, or official position in the District of Columbia Government. Persons appointed to membership on the Council shall be selected insofar as possible in such a way as to provide in the aggregate a maximum degree of perspective upon, and insight into, the health and hospital needs and desires of the community.

Members shall hold no full- or part-time office for which compensation is paid from District funds or from Federal grants to the District of Columbia with the exception of those appointed because of their official position in the District of Columbia Government.

The Council shall consist of the representatives described in the three groups as follows:

1. Public health, general

(*a*) Two or more individuals of outstanding ability in the medical profession.
(*b*) One or more individuals of outstanding ability in the dental profession.
(*c*) One or more individuals of outstanding ability in engineering.
(*d*) One or more individuals of outstanding ability in the pharmaceutical profession.
(*e*) One or more individuals of outstanding ability in the nursing profession.
(*f*) One or more individuals of outstanding ability in the food service industry.

2. Public health, hospitals

(*a*) Four or more individuals included among whom are representatives of nongovernmental organizations or groups, District agencies and consumers of hospital services who are familiar with the need for such services.

(*b*) Two or more individuals knowledgeable in rehabilitation techniques.

3. Community and civic

(*a*) Five or more outstanding and knowledgeable individuals to bring to the Council the public health needs and desires of the community.

PART IV. TERM OF OFFICE

To be fixed at 3 years except for initial appointments, as follows: of the 21 members first appointed as members of said Council, 7 shall be appointed for 1 year, 7 for 2 years, and 7 for 3 years. Should a vacancy occur through the death, incapacity, resignation, or removal of a member, a successor shall be appointed to complete the unexpired term of that member. After the expiration of his term each member shall continue to serve until his successor is appointed and qualified. No person who has served 6 years or more consecutively as a member shall be reappointed as a member until after the expiration of 1 year from the end of such service.

PART V. OATH OF OFFICE

Members shall take an oath of office as follows:

"I, ----------, having been duly appointed by the Board of Commissioners as a member of the Public Health Advisory Council, do solemnly swear that I will support and defend the Constitution of the United States: that I will perform such duties as may be assigned to me as a member of said Council to the best of my ability without fear or favor; that I will exercise my best judgment and will consider each matter before me from the viewpoint of the best interest of the District of Columbia as a whole; and that I will well and faithfully discharge said duties, so help me God."

PART VI. COMPENSATION

Members shall serve without compensation, but appropriate expenses will be reimbursed as indicated below.

PART VII. ORGANIZATION

The Public Health Advisory Council shall determine its own organization, establishing appropriate committees and subcommittess, and shall perfect its own rules of procedures: *Provided*, That one of its committees shall be constituted to meet the requirements of the Hospital Survey and Construction Act, as amended, and one of its committees be constituted to meet the requirements of Section 24–514 of the District of Columbia Code, 1961 edition (rehabilitation of alcoholics). The Council shall elect its own officers annually from among its own members. It shall convene at least nine times each year at regularly scheduled meetings. It shall hold additional meetings at the call of the Director of Public Health, or a majority of the Council membership. The Director of Public Health shall be notified of all such meetings sufficiently in advance and shall have the option of attending or sending his designated agent as observer.

PART VIII. ADMINISTRATION

The Director of Public Health shall assist the Council in matters of administration of the Council and shall provide it with necessary staff services as needed. Expenses incurred by the Council as a whole or by individual members, when authorized by the Board of Commissioners, will become an obligation against funds so designated.

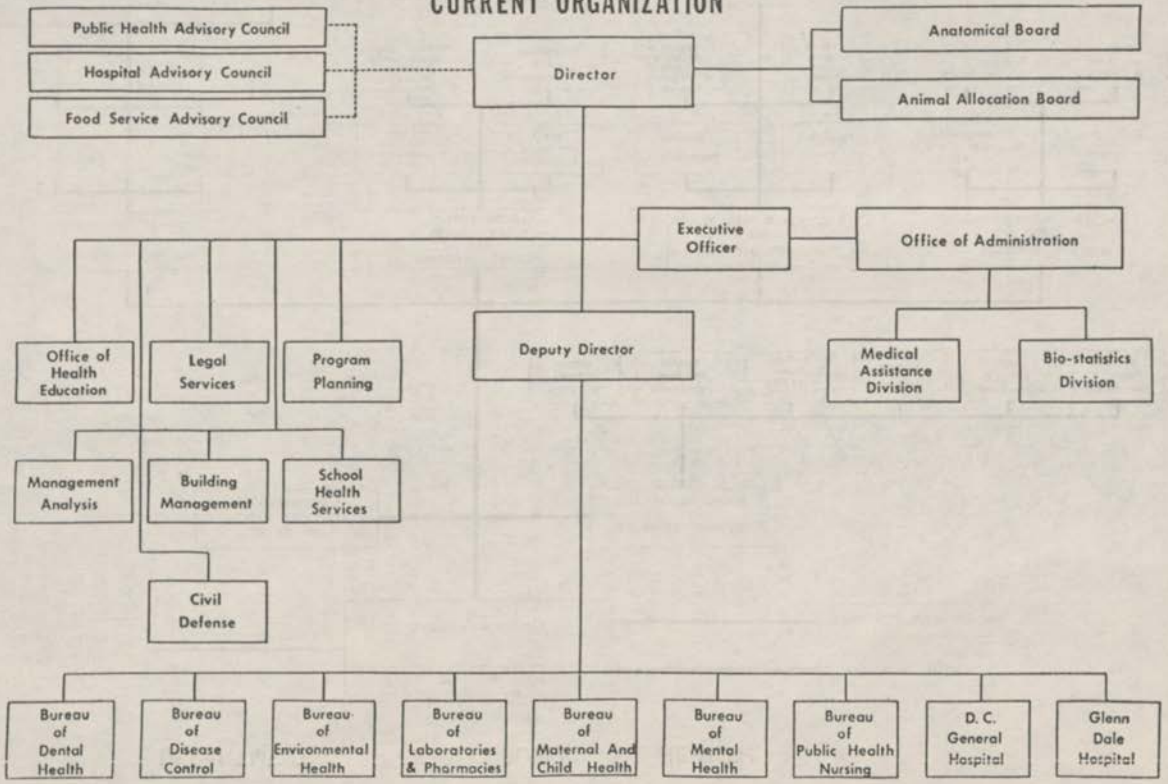
PART IX. REPORTS

Reports and recommendations of the Council shall be furnished to the Director of Public Health or to the Citizens Council, or both, and may be released at such time and under such circumstances as the Director of Public Health or the Public Health Advisory Council may determine.

PART X. EFFECTIVE DATE

The provisions of this order shall become effective on and after----------
-------"

CURRENT ORGANIZATION



ATTACHMENT II

PROPOSED ORGANIZATION

DEPARTMENT OF PUBLIC HEALTH

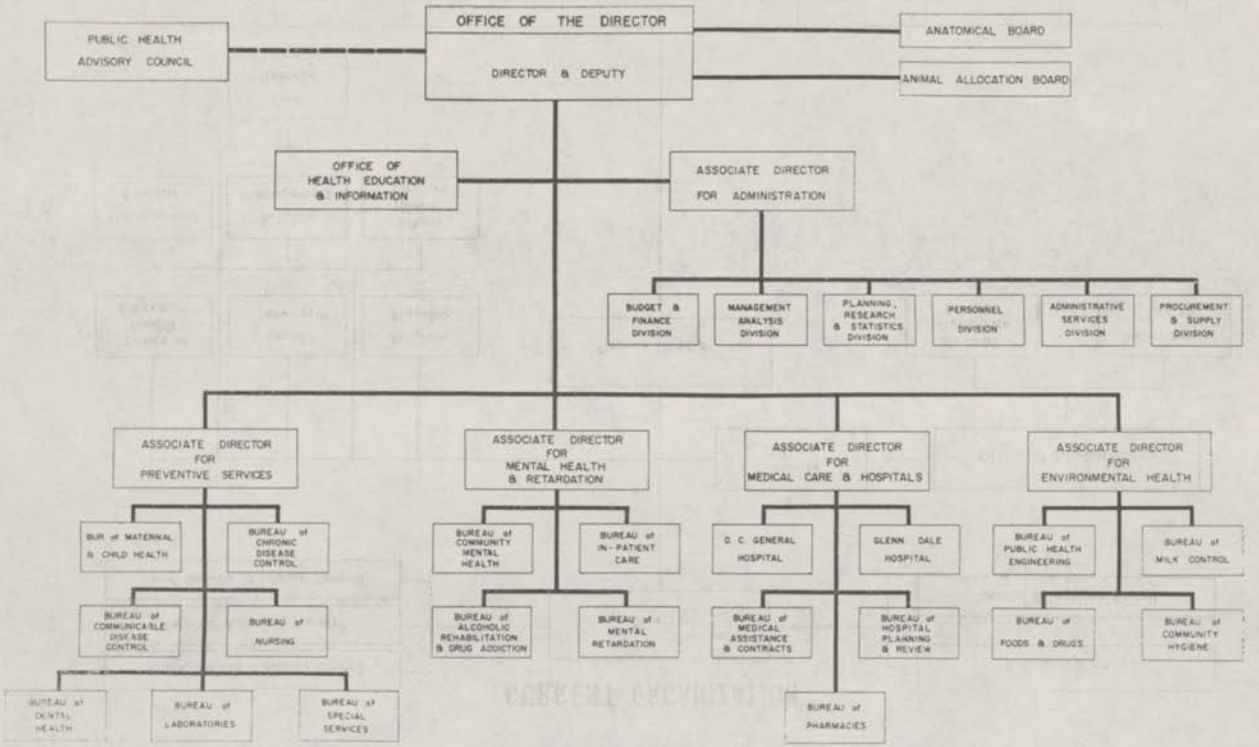


EXHIBIT III

List of positions needed for reorganization

Title	Grade	Salary [1]
A. Positions already in "B" budget:		
Associate Director for Administration [2]	GS–16	$17,780
Chief, Division of Personnel	GS–14	14,355
Chief, Visual Aids Section	GS–13	12,423
Chief, Office Services Section	GS–12	10,590
Chief, Division of Accident Prevention	GS–13	12,548
Chief, Division of Occupational and Employee Health	GS 14	14,452
Associate Director for Mental Health and Retardation	GS–17	19,835
2 secretaries	GS–6	12,414
4 secretaries	GS–5	22,780
2 clerk-stenographers	GS–4	10,328
Total, 15 positions		147,505
B. Additional positions required:		
Chief, Division of Administrative Services	GS–14	14,355
Chief, Research Section	GS–14	14,355
Chief, Informational Services Section	GS–13	12,423
Associate Director for Preventive Services	GS 17	19,835
Chief, Bureau of Special Health Services	GS–15	16,735
Chief, Bureau of In-Patient Care	GS–16	18,280
Chief, Bureau of Mental Retardation	GS–16	18,280
Chief, Division of Drug and Chemical Control	GS–12	10,590
Chief, Bureau of Pharmacies	GS–14	14,355
2 secretaries	GS–6	12,414
Total, 11 positions		151,622

[1] Including personal benefits.
[2] This position, responsible for all administrative staff functions, is in lieu of Chief, Bureau of Administration—GS–15, currently in the "B" budget.

List of positions to be eliminated from 1964 budget in order to compensate for the 11 positions ($151,622) not in current budget

Title	Grade	Salary [1]
District of Columbia General Hospital:		
1 assistant to medical director	GS–13	$13,410
1 building superintendent	GS–11	10,119
1 clerk-typist	GS–5	5,104
1 assistant administrator	GS–13	13,410
1 painter leader	WBR–13	6,425
4 interns		14,600
1 mason	WBR–10	5,762
1 tile repairer	WBR–5	4,985
1 pharmacist assistant	GS–6	6,207
Do	GS–5	5,695
Do	GS–4	5,164
1 general mechanic	WBR–12	6,054
1 accounting clerk	GS–6	7,166
1 food service worker	WBR–2	3,617
2 elevator operators	WBR–1	6,519
1 time and leave clerk	GS–3	4,763
2 seamstresses	WBR–6	10,152
Total		129,152
Bureau of Disease Control: 1 administrative aid	GS–11	9,045
Bureau of Environmental Health: 1 veterinary inspector	GS–11	9,045
Glenn Dale Hospital: 2 elevator operators	WBR–1	6,519
Total (26 positions)		153,761

[1] Including personal benefits.

There is submitted for the record an organization chart of the Department of Public Health (exhibit IA). The organization as shown reflects the existing organization of that Department as approved by Commissioners' orders.

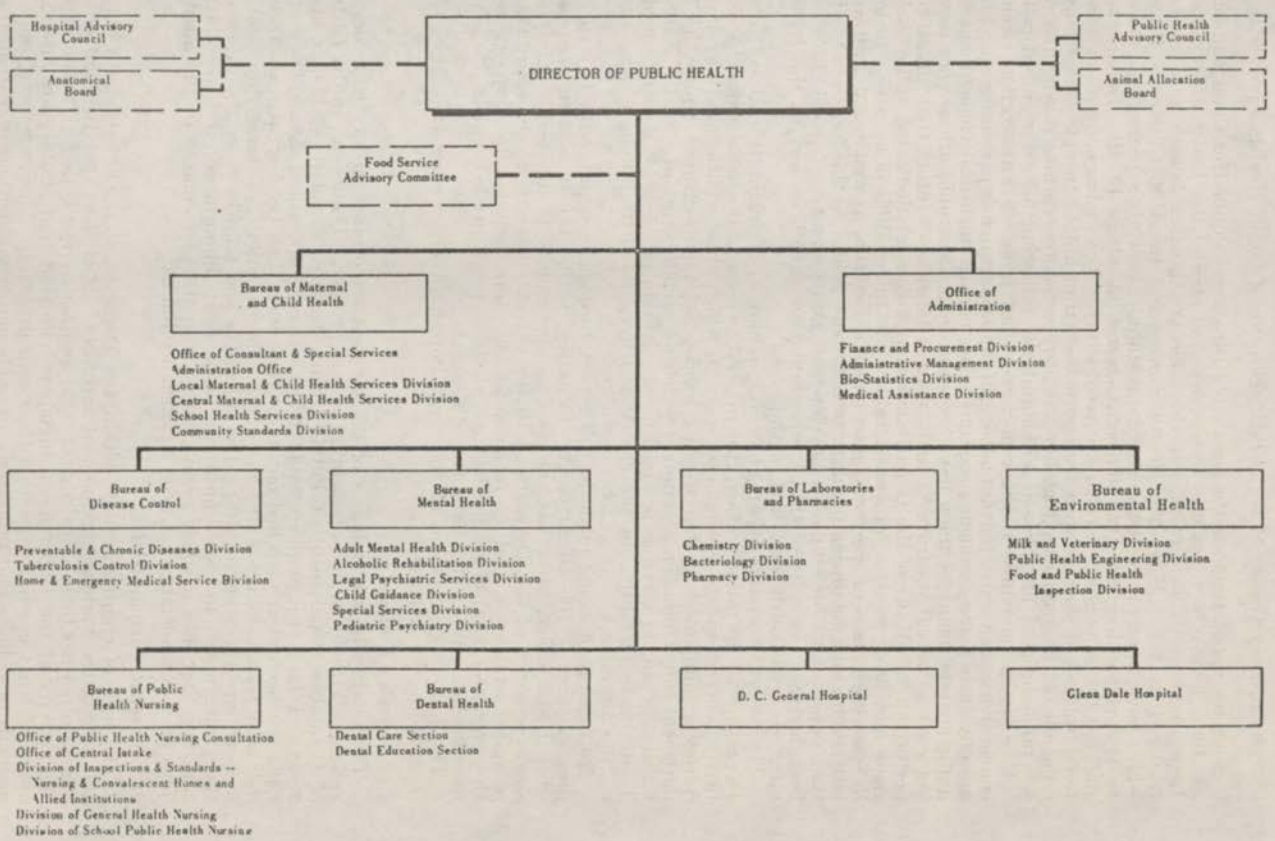
It should be noted that in comparing this chart with the chart submitted by the Director of Public Health as the current organization (exhibit I), a number of the differences can be resolved as simply a matter of graphics. The remaining differences result from the fact that the Director of Public Health was attempting to depict the Department as it is actually functioning, while exhibit IA depicts the Department as it is supposed to function by delegated authority.

The seven program areas depicted in exhibit I (Office of Health Education, Legal Services, Program Planning, Management Analysis, Building Management and School Health Services) do not have organizational status under the Director of Public Health as might be surmized from exhibit I. The functions of program planning, health education, and civil defense are at present delegated to the Director of Public Health. The functions of management analysis and building management are presently delegated to the Administrative Management Division of the Office of Administration. This Division does not appear on exhibit I nor does the Finance and Procurement Division which is also an approved Division under the Office of Administration. The function of school health services is presently delegated to the School Health Services Division of the Bureau of Maternal and Child Health. Legal services are not specifically included in the reorganization order; however, the one position reports to the Director.

The seven bureaus, two hospitals, and the advisory councils and boards are identical except for graphic presentation on both charts.

EXHIBIT 1A

DEPARTMENT OF PUBLIC HEALTH



REPORT AND RECOMMENDATIONS OF A STUDY OF THE DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH TO THE COMMISSIONERS OF THE DISTRICT OF COLUMBIA

(By Murray Grant, M.D., D.P.H., Director of Public Health, June 1963)

Since my appointment to the position of Director of Public Health on September 28, 1962, I have been engaged in a series of studies of the District of Columbia Department of Public Health. In this endeavor, invaluable assistance has been rendered by the U.S. Public Health Service and the U.S. Children's Bureau, which have, upon my request, carried out studies of certain aspects of the Department's responsibilities. In addition, several members of the Department's staff have been assigned to certain areas of study. The findings and recommendations from all of these sources have now been transmitted to me. After considering all of these reports, together with my own observations during the past several months, I am pleased to submit the following for your consideration.

One would be remiss if the report were not prefaced with certain remarks concerning some very important aspects of the Department's performance. There are obviously some excellent programs being carried on in the Department but, unfortunately, many of them have been lost sight of because of our very human tendency to accent controversy and to stress deficiencies rather than praise good performance. Many of the Department's employees are dedicated and conscientious and have worked for considerable time under difficulties which include, in some cases, lack of space and poor physical facilities, as well as administrative indecision and a mounting quantity of redtape. Added to this has been the fact that opportunity for employee development and promotional possibilities have been limited. In spite of this, many employees have been serving the Department conscientiously and with enthusiasm.

My objective in this report, however, is not to highlight this aspect of the Department's operation; rather, it is to point to some of the deficiencies that have been observed and to recommend ways in which these deficiencies may be reduced or eliminated so that we can develop a framework upon which the Department can establish a program of which we can all be proud. As the Nation's Capital, it should serve as a model for the Nation in the field of public health. That this is currently not the case is well recognized by public health experts in this country.

No attempt is being made in this report to deal, in depth, with any specific program area of the Department. Certainly, within the time that has passed since I took office, there has not been an opportunity to dig deeply into every single program of the Department to the extent necessary in order to make a complete evaluation and to recommend the steps required for improvement. However, this kind of evaluation and study is much needed and is one of the recommendations included in this document.

The following are some of the most important deficiencies that have been observed in the Department:

1. Leadership limited

The quality of leadership is of the greatest importance in any large organization. Without it, an organization cannot prosper. Leadership in the District of Columbia Department of Public Health has been singularly lacking in many areas and this is true at all levels of the Department's operation. Lines of authority have not been clearly spelled out and, often, there has been great reluctance to delegate responsibility and authority. The functions of leadership are: to indoctrinate the staff regarding the objectives and knowledge of the mission of the Department; to create an appreciation of its importance; and to weld the staff together into a single team dedicated to the performance of the mission. This kind of leadership has been significantly limited.

2. Inadequate communication

The lack of communication within the Department is obvious, both within and among the various bureaus and activities. It is clear that the staff of one bureau often has little knowledge of what another bureau is doing. Even within one activity of the Department, members who staff that activity are often unaware of what is going on within their own program. There are practically no manuals of policies and procedures to guide employees' actions and to spell out the objectives of the program; often communications are a one-way street, downward organizationally, but never upward. This lack of communication is pointed out clearly in the fact that there is, in general, no orientation of new employees

to the Department. If they have any orientation, it is only to their own specific job. Accordingly, they have little, if any, knowledge concerning the rest of the Department. There is little team concept in the Department; rather, it is a question of doing one's job within a particular program.

3. Coordination of activities lacking

It is clear from items 1 and 2 that there is a singular lack of coordination of activities throughout the Department. In fact, there is little attempt made to promote and develop a total program concept. It is merely a question of a particular bureau or hospital activity. An example of this may be given in the field of mental health. Mental health activities are carried on in the Bureau of Mental Health, at District of Columbia General Hospital, in the Bureau of Maternal and Child Health, and elsewhere. There is little, if any attempt made to coordinate all of these activities into one total program. Similar examples could be cited in many other program areas; this constitutes a major deficiency of the Department.

4. No policies and no set procedures

This has already been alluded to. There exists very little in the way of established written documents which clearly indicate the purpose of a program, the policies under which it operates, and the procedures for carrying it out. It has been almost impossible to lay one's hands on a single set of up-to-date policies and procedures in any program of the Department. The need for this is obvious; and the establishment of this objective must have a high priority. Without such policies and procedures, it is difficult for employees to know what the program is, how it is to be carried out, and what their specific role is in the program.

5. Little administrative direction

The administrative organization of the Department leaves much to be desired and administrative procedures are cumbersome, lacking in direction, and often extremely confusing. It is difficult to secure information when you ask for it and, quite frequently, you receive different information, depending upon the person asked. There is difficulty in securing personnel and budget data and the reliability of material, once secured, is open to question. There is a so-called Office of Administration in the Department but it has no Chief. The executive officer, who has many responsibilities, acts as part-time Chief of the Office of Administration; this is an unworkable procedure. It is clear that many of the bureaus and hospitals have their own offices of administration, some of which seem to work at cross purposes with the central office. There is a real need for consolidating these activities so that there would be one central administrative office with overall responsibility for this function.

6. Absence of modern management methods

One of the glaring inadequacies throughout the Department is the absence of modern methods to permit effective direction and management. Various personnel are employed to tabulate manually vast quantities of material, ultimately used for patient billing, inventory, personnel and budgetary controls, and departmental management and direction. Modern machine methods are essential for correcting this problem and rendering the resultant tabulations more accurate and more readily available.

7. Confusion relating to program responsibility

This confusion is clearly pointed out in the current organization of the Department. The Chief of the Bureau of Mental Health is, presumably, responsible for the mental health activites of the Department; yet he has neither knowledge of, nor responsibility for, the relationships of the Department with Saint Elizabeths Hospital and the many millions of dollars that go into that aspect of the program. He, further, has no responsibility or authority for the considerable mental health activities being carried out at District of Columbia General Hospital nor for those which are currently located in the Bureau of Maternal and Child Health. One must ask the question: "How can a Chief of Mental Health operate if he has none of these responsibilities?" This is also true in other areas of the Department.

8. Deficiencies in public health education program

One of the basic programs of a health department is public health education. This activity concerns itself with the dissemination of health information to the public, developing relationships with voluntary health agencies, working with various community organizations, assisting the public to take advantage of the many health programs made available, and motivating the public to develop

good health practices. It also concerns itself with insuring that no health department program is started without reasonable assurance that the public will accept and take advantage of it. Otherwise, it is obviously possible for funds to be spent unwisely. The program also concerns itself with relationships between the Department and various news media such as radio, television, and newspaper.

This important basic activity does not, at the present time, have the staff to do this kind of job.

9. Inadequate program evaluation and planning

There is an Office of Program Planning in the Department but most of its activities have seemed to center on the area of medical care. Little in the way of detailed program evaluation has been carried out in the Department except in that area. The need for a detailed evaluation of every single program and activity of the Department is obvious and this must be an ongoing activity. Only in this way can proper planning for the future be carried on and necessary changes be made within functions and programs so as to make them effective and keep them up to date.

10. Poor recruitment program

There is a singular lack of initiative in the Department in connection with recruitment of needed personnel; there is no one who seems to have responsibility in this field. This is one reason why jobs have remained vacant for some time.

11. Training program limited

There is no organized orientation program for new employees, very little in the way of in-service training for existing employees, and little in the way of employee improvement programs which would provide staff with the necessary incentives in connection with their work.

12. Too many people reporting to the Director

As a result of the current organization of the Department, some 18 persons report to the Director of Public Health and a variety of minutiae is presented to him for consideration and action. In addition, other departments of the District Government take up a considerable amount of the Director's time, sometimes with problems that could well be handled by another person on the Department staff. He is also required to serve on numerous committees and to attend innumerable meetings of one kind or another. There are few people in the current organization of the Department to whom he can properly delegate some of these responsibilities. This leaves the Director with little time to think, plan, organize, and properly direct.

13. Small matters take up professional staff time

Throughout the Department, a variety of small, sometimes insignificant matters, occupy the attention of high-level professional staff. It seems always to be necessary for a top-level decision to be made on everything, however small the matter may be. This is wasteful of professional staff time and does not contribute materially to the proper supervision and planning of the Department's activities.

14. Good people in wrong positions

It is an interesting point to observe that a number of key employees in the Department who could be of great value happen to be placed in positions for which they are totally unsuited. A transfer of such persons to a position in which in some cases, they have more interest and certainly more adaptability, could prove beneficial both to them and to the Department.

15. Inadequate, insantiary, and poorly maintained physical facilities

The Department operates a considerable number of buildings scattered all over the District of Columbia and even outside the District's boundaries. While some of these facilities are properly maintained and in good condition, there are others with no program for preventive maintenance and without the kind of facilities in which a health department, which is supposed to be interested in maintaining a high standard of sanitation, can take pride.

16. Lack of space and staff scattered

The lack of space for some members of the Department's staff is acute. There is no really organized program for maintaining staff in physical facilities which are conducive to the best organizational relationship, one to another. Persons are scattered all over many buildings, necessitating considerable consumption of supervisory personnel time in traveling between buildings. This also renders it difficult to confer with key staff members on urgent problems.

17. Medical assistance division responsibility—Eligibility and payability—A paradox

The Department operates ostensibly medical and public health programs. Doctors are used to attending to sick patients irrespective of whether those patients are able or not able to pay. As long as the Department continues to operate under its existing orders, it will always be under fire because, as a matter of fact, it is almost impossible for these orders to be carried out to the letter. A further explanation and discussion of this subject will be made in a separate document. In the meantime, it may suffice to indicate that while both the maternal and infant death rates in the District of Columbia are high and while Commissioners' orders declare that infants and small children can be admitted to child health clinics without financial eligibility clearance, the same is not true of prenatal clinics. What happens in connection with the latter, therefore, is that the mother who is refused prenatal care turns up at District of Columbia General Hospital in the middle of the night for her baby to be born.

18. Need for codification of laws and regulations

There is extreme difficulty in securing information concerning all of the various laws and regulations pertaining to the Department of Public Health's operations. These appear to be scattered in different directions; there is a great need for codification of these laws and regulations into one document.

19. Need for modernized health programs

While the Department operates many good established health programs, it has not developed some which, in our modern society, are much needed. One example is in the field of radiation.

Further, there is a need to modernize and, in some cases, expand certain existing programs in order to accomplish objectives consistent with present-day thinking in the field of public health practice and medical care.

20. Advisory council organization

At the present time, there are at least seven councils or committees advisory to the Directors; in some cases, they are also advisory to the Commissioners. In addition, the Commissioners have several other health committees directly advisory to them. The Public Health Advisory Council was originally established to advise the Commissioners and the Director of Public Health "on all matters concerning the public health." Obviously, there are now a whole series of committees which also have some of this responsibility, except that it is limited to certain program areas. In spite of this, many keys health agencies and groups are not represented on any of these committees. Accordingly, many excellent community resources are not being utilized in the planning of public health programs. I have a series of recommendations to make on this subject, which will be presented in a separate document.

GOALS FOR THE FUTURE

It must, of course, be recognized that in an agency as complex as this it is not easy to insure a completely smooth and efficiently working operation. Certainly, it will take a long time to make all of the changes necessary to accomplish this. However, I believe that the following steps need to be taken in order for a realistic start to be made in this direction.

As previously indicated, a detailed program evaluation will take more time than has been available during the past several months so that changes in each program must await the outcome of those deliberations.

1. The maternity and child health program should be increased and strengthened and eligibility restrictions for the former should be removed in order to increase the number of admissions, insure adequate prenatal care, and endeavor to reduce the incidence of prematurity, infant, and maternal mortality.

2. Health programs for the elderly should come in for considerable future development; included would be chronic disease-screening programs, rehabilitative services, and other geriatric health programs.

3. The home care program should be substantially expanded. This is aimed at maintaining patients at home and providing them with the essential medical, nursing, and paramedical services necessary to prevent them from having to be admitted or to remain for long periods of time in hospitals. This would hopefully reduce costs, inasmuch as the cost of hospitalization is high and will undoubtedly continue to rise.

4. A well-rounded mental health program should be developed, including home care, outpatient services, day-care facilities, and a work therapy program. This would hopefully reduce the number of patients being admitted to or remaining for long periods of time in, mental hospitals.

5. A comprehensive mental retardation program should be developed which would include diagnostic services, day-care facilities, an adequate training and educational program, and the establishment of work therapy activities. Here again, it would be hoped that many mentally retarded children and adults now institutionalized, or who may be in the future, will be able, as a result of this program, to perform useful activities while continuing to live at home.

6. An accident prevention program should be established. This would be aimed at endeavoring to reduce the high toll of death and disability resulting from this cause. Accidents are now the most common cause of death in the District of Columbia between the ages of 1 to 24.

7. An occupational and employee health program should be developed. This program would aim to identify occupational health problems; protect employees against health hazards in their work environment; develop health education programs for workers, promote proper placement of individuals according to their capabilities and health status; promote adequate medical care and rehabilitation; encourage personal health maintenance and periodic health examinations; promote appropriate immunizations; promote inplant employee health services; develop an industrial hygiene program; and carry out appropriate laboratory examinations of materials and samples collected.

8. The field of radiological health is a new and complex one with many unanswered questions. The Department has no radiation specialist to head up such a program. This activity should be established as an on-going function of the Department.

9. Consideration should be given to expanding the public health laboratory, particularly in the areas of virology, food technology, and industrial hygiene.

10. An adequate public relations, educational and informational program must be developed in order to present health data to the public, keep the public apprised of what is going on in the health field, and increase its sense of responsibility for the maintenance of personal health.

11. Three community health centers should be established to replace many of our outmoded facilities and to include within their confines programs in the areas of mental health and retardation.

12. Program evaluation and management analysis activities should be developed for each of the Department's programs on a continuing basis so that the necessary changes in the Department's activities may be made in order to maintain them up to date.

13. The Department's programs should be coordinated into one total entity and there should be developed a team concept, while the existing diversification of activity and fragmentation of service should be eliminated.

14. Regular departmental meetings should be established as a routine practice in order to consider each program area of the Department. The various disciplines involved in the program should be brought into these meetings so that participation by all key members of the staff is insured and agreement can be reached on the necessary changes that need to be made in the various programs.

15. Proper administrative controls, with realistic and sensible administrative direction, must be developed throughout the Department.

16. A complete automatic data processing system should be developed for budgetary controls, program performance and billing.

17. Complete operating manuals of policies and procedures should be established throughout the Department, providing for proper controls over personnel, equipment and supplies, as well as providing for appropriate policies and procedures for each operating program of the Department.

18. Many of the administrative burdens, which can be better and more efficiently handled centrally, should be removed from District of Columbia General Hospital, Glenn Dale Hospital, and some of the bureaus of the Department.

19. A personnel development and improvement program should be established, with the more proficient personnel being afforded adequate opportunity for promotion.

20. A training program for the staff should be instituted and there should be further development of the Department's relationship with the medical schools and universities so that it may play a key role in the teaching and training of professional personnel in the area of public health and preventive medicine.

21. An active recruitment program should be developed with the employment of a full-time recruitment officer to head up this activity.

22. An appropriate well-rounded preventive building maintenance program should be established, aimed at insuring that all, not just some, of the Health Department facilities are kept in a proper state of repair.

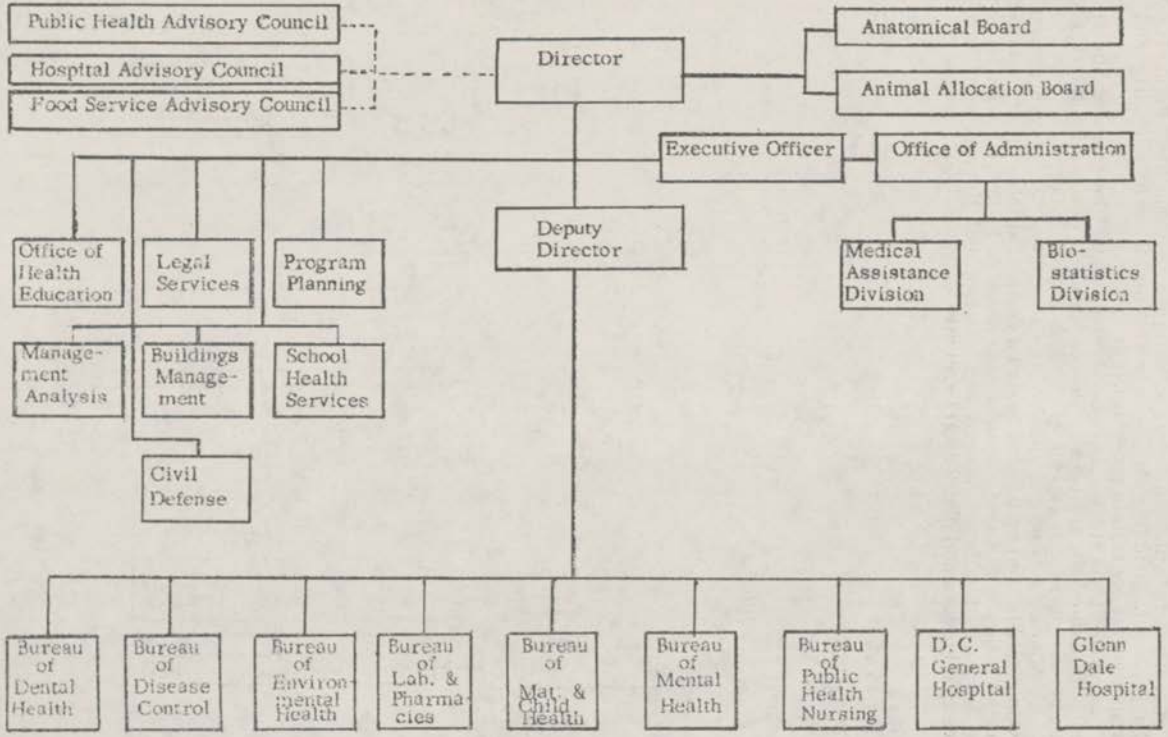
23. The whole philosophy of operating the Department of Public Health should be reviewed, including particularly the questions of eligibility and residence requirements for certain programs.

24. The Public Health Advisory Council should be considerably strengthened and there should be greater emphasis on the use of community knowledge, interest, and resources in the planning of public health activities.

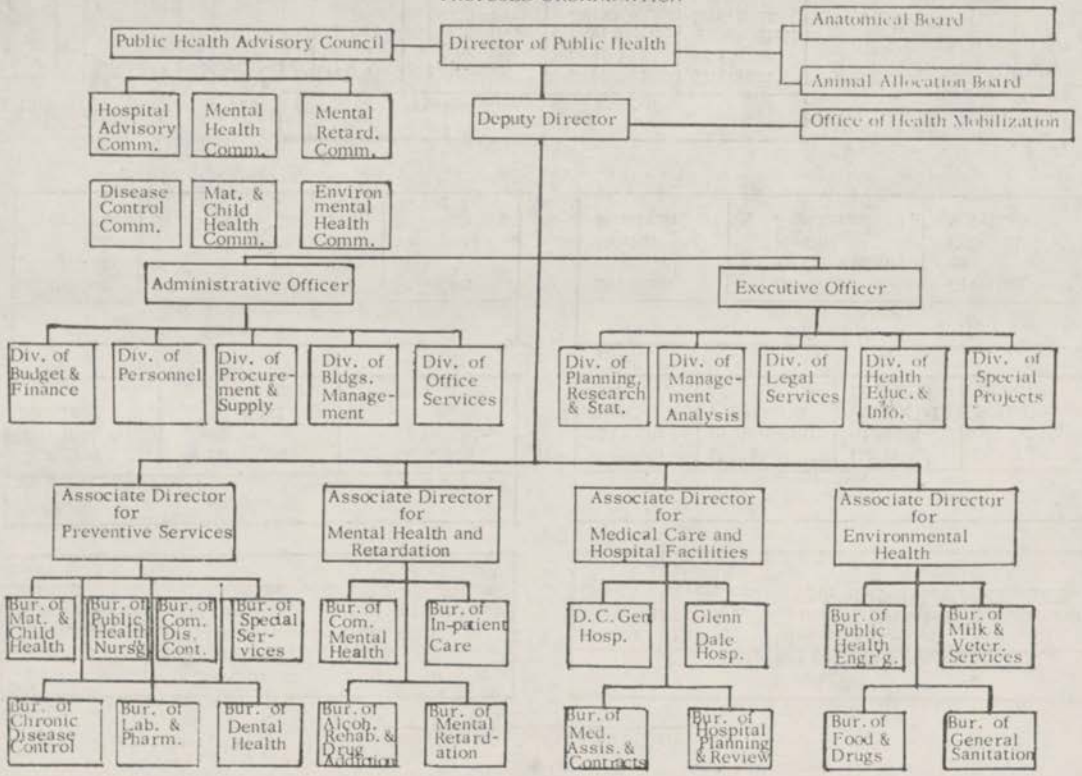
25. The most immediate need of the Department is for an organization which would enable the Department to do its designated job. In my view, the current organization of the Department leaves much to be desired. Tables showing the current organization, proposed organization, and the suggested breakdown of certain bureaus and divisions are exhibited on the following pages.

EXHIBIT 1

CURRENT ORGANIZATION



PROPOSED ORGANIZATION



ORGANIZATION

Within Certain Bureaus and Divisions

Division of Health Education and Information				
Community Organization Section	Training Section	Behavioral Science Section	Visual Aid Section	Informational Services Section

Bureau of Maternal and Child Health				
Div. of Maternal Health	Div. of Infant & Preschool Health	Div. of School Health	Div. of Crippled Children's Services	Div. of Community Standards

Bureau of Public Health Nursing		
Division of Field Nursing	Division of Clinical Nursing	Division of Inspections and Standards

Bureau of Special Services			
Division of Occupational Health	Division of Accident Prevention	Division of Medical Social Services	Division of Nutrition Services

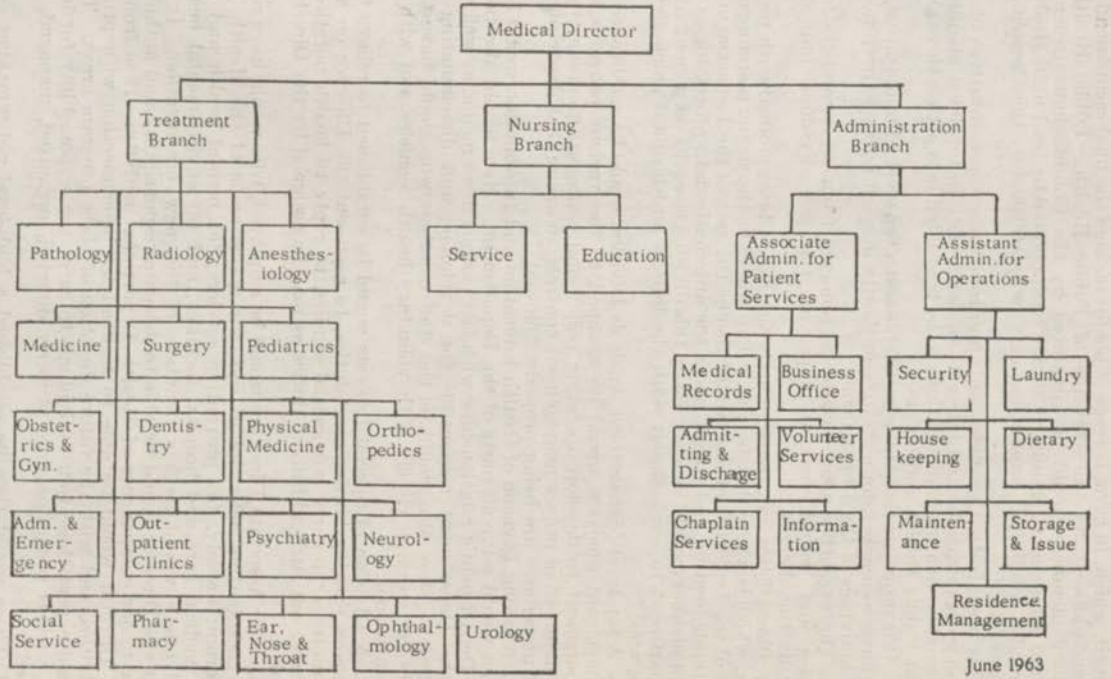
Bureau of Chronic Disease Control			
Division of Adult Health & Geriatrics	Division of Home Care Services	Division of Tuberculosis Control	Division of Venereal Disease Control

Bureau of Dental Health		
Division of School Health Services	Division of Community Health Services	Division of Clinical Services

Bureau of Community Mental Health			
Division of Child Guidance	Division of Adult Psychiatric Services	Division of Home Psychiatric Services	Division of Legal Psychiatric Services

D. C. GENERAL HOSPITAL

Proposed Organization



June 1963

EXPLANATION

1. The substantially strengthened position of the Public Health Advisory Council within the new organization is clear. There would be six standing committees, each composed of community representatives having an interest in, or knowledge of, the specific program area, reporting to the Public Health Advisory Council, which, in turn, is responsible for making the final recommendation to the Commissioners and the Director of Public Health. Public Health Advisory Council members would be appointed by the Commissioners; members of its various component committees should be appointed by the Public Health Advisory Council. Additional committees may be established by the Council as the need presents itself.

This organization provides an opportunity for representatives of many community organizations and interests to participate in top level planning. It will also enable such recommendations to be translated into action through the Director of Public Health and his staff.

2. It is proposed that there be established a top level administrative office which will have complete administrative authority over all bureaus, hospitals, divisions, and activities of the Department.

3. The executive officer would be removed from all administrative responsibilities and would, instead, supervise the five divisions indicated in the organizational chart.

4. Biostatistics and research activities would be combined with program planning, which is where they belong. This would be the strong planning and research arm of the Department and would also be the area of the Department responsible for implementing and coordinating the automatic data-processing system. Program planners would be assigned by this division to each component activity of the Department to work closely with the bureau and hospital chiefs in the various programs.

5. A top level Management Analysis Division would be established from which management analysts would be assigned to the various program areas of the Department to develop operating policy and procedure manuals, to assure the development of proper management controls, to insure that departmental policies and procedures are being properly followed.

6. A strong Division of Health Education and Information would be developed which would serve all parts of the Department. Here would also be established the Department's relationships with the various news media, as well as that part of the Department responsible for developing and disseminating educational material. Here also would be the staff members who would have the responsibility for working closely with voluntary health agencies and with community organizations.

7. A Division of Special Projects would be established to relieve the Director of many existing burdensome duties, to represent the Director on a number of committees, to carry out special studies, to reply to health questionnaires and to carry out such additional duties as may be assigned by the Director of Public Health.

8. Four Associate Directors would be employed, who would have responsibility for coordinating activities of the four major areas of the Health Department program; namely, (*a*) preventive services; (*b*) mental health and retardation; (*c*) medical care and hospital facilities; and (*d*) environmental health. These individuals would be key members of the new organization. It is to them that the Director would be able to delegate responsibility and authority in these four major components of Health Department activity. It is from them that the Director would be able to seek advice in connection with problems, with activities, and with the future direction of these program areas. The Director would expect these four individuals to carry the responsibility for insuring that the various programs were properly directed, organized, managed, and coordinated.

9. There would thus be established a high-level policymaking committee of eight persons, including the Director, the Deputy Director, the four Associate Directors, the administrative officer and the executive officer. This policymaking committee would have to meet frequently and regularly. This committee would have the responsibility not only of determining policy but also of insuring coordination of activities between the four major component areas of the Department and the avoidance of duplication of services and activities between these areas.

10. This organization would have a span of control not exceeding seven persons; in other words, except in one instance, which I do not believe to be of importance, no more than seven individuals would report to one supervisor in the Department's

top-level organization. This is generally in accord with what is usually considered to be good administrative practice.

11. The Bureau of Disease Control would be separated into two bureaus—Chronic Disease Control, and Communicable Disease Control. This is very important in view of the fact that these two programs are now quite different and are separate and distinct entities.

12. A Bureau of Special Services would be created in which there are included either activities not now existing in the Department or activities which are currently scattered throughout many of the Department's operations. Personnel from certain divisions of this bureau would be assigned to the various program activities of the Department as needed, but would receive technical supervision from the chief of the appropriate division.

13. A Bureau of Mental Retardation would be established as a definite entity. This is essential if a comprehensive program in this field is to be developed.

14. A Bureau of Hospital Planning and Review is recommended and should be placed under the Associate Director for Medical Care and Hospital Facilities. This activity would concern itself with the Hill-Burton program, which is a very important and time consuming one, involves itself with the expenditure of considerable sums of money, and is of importance to the community as a whole.

15. A number of the administrative employees of District of Columbia General Hospital are to be transferred to the central office. These include specifically staff involved in personnel actions, budget and finance, procurement and supply, some of the maintenance staff, and some of the housekeeping staff. One Assistant Administrator position is to be abolished and the Administration Branch of the Hospital is to be divided into (*a*) Patient Services, and (*b*) Operations. Also to be withdrawn from Administration are (1) Nursing, which is to report directly to the Medical Director, and (2) the Pharmacy, which is to be transferred to the Treatment Branch of the Hospital.

In my view, the implementation of this proposed reorganization would help achieve many of the goals outlined in this document. It is a most important first step in insuring the development of a sound and properly administered public health program for the District of Columbia.

Study of District of Columbia General Hospital Pharmacy—

Observations, Comments, and Recommendations

(By Murray Grant, M.D., D.P.H., Director of Public Health, June 1963)

The pharmacy at District of Columbia General Hospital is the largest pharmacy in the District of Columbia. From an annual drug allotment of $165,000 in 1953, it has grown to its current-year allotment in excess of $500,000. This has meant the employment, training, and indoctrination of many new employees and it has required the development of a complete manual of operating procedures. That the latter has not been developed gives testimony to one of the basic deficiencies of the pharmacy operation; namely, the lack of competent leadership.

It should be pointed out that the pharmacy has operated under considerable handicaps, attributable primarily to the physical facilities which it occupies. The main pharmacy is on the first floor of the hospital, at a point where there is very substantial patient and staff traffic. It has been inadequate in size to cope with the increased load already mentioned. Moreover, in spite of the size of the operation, with a present budgeted staff of 20, all transactions are carried out manually. It should be indicated that the proposed new pharmacy in the projected central core construction program will materially assist in effecting many of the necessary corrective changes.

The most important corrective actions that have been thus far are as follows:

I. PROCUREMENT AND SUPPLY

1. Drug samples are now being stored in the chief pharmacist's office instead of in the main pharmacy.

2. A monthly inventory control procedure has been established and procedures have been established so that reports of inventory differences are made immediately to the Assistant Administrator.

3. Drugs and materials outdated, or no longer in use, are declared as surplus by the Assistant Administrator and reported to the Surplus Property Office of the General Services Administration.

4. There have now been established minimum and maximum stock levels, based on factors of usage. This should reduce the tendency to overstock. The chief

pharmacist has been made responsible for insuring, at the end of each month, that stock levels are being properly maintained.

5. Steps have been taken to initiate the establishment of an automatic data processing system aimed at developing inventory controls and cost accounting.

6. All drugs in manufacturers' original containers are now identified as "property of District of Columbia General Hospital."

7. Through the purchase of an electric tablet and capsule container, the pharmacy has expanded its prepackaging program to provide quantities of prepackaged drugs for issue or dispensing in units more suitable for use at the hospital. This would tend to reduce wastage.

8. Locks have been changed on the entrances to all main pharmacy areas and key control procedures have been established.

9. A drug catalog has been developed in which all regularly stocked drugs are classified and numerically identified. This is one of the steps required for the establishment of automatic data processing.

10. Instructions have been issued requiring that drug cabinets be locked and secured when not in actual use.

11. The main pharmacy has been redesigned and an area previously used by the blood bank has been added to the pharmacy in order to accomplish the following:

(*a*) Restrict the pharmacy area to authorized hospital personnel;

(*b*) Restrict patients with prescriptions to a waiting room;

(*c*) Permit more adequate space for proper checking and filling of floor drug requests; and

(*d*) Provide a bulk storage area to receive, store, issue, and maintain perpetual inventory records.

II. DISTRIBUTION AND DISPENSING

1. Internal control of ward order books has been improved so that custody of these books is restricted to the head nurse, her deputy, and the nurse supervisor.

2. Procedures have been developed for the delivery of drug baskets to the ward units from the main pharmacy in locked carts. The cart can only be unlocked by the one nurse who has custody of the key. The nurse must check the contents of the drug basket against all requests and sign a receipt which is then returned to the pharmacy for accountability purposes.

3. A pilot program has been developed and instituted relative to the use of automatic data processing procedures; with this system, drug issues to wards and to the outpatient pharmacy have been recorded and posted for inventory control. This is a major step toward the application of the automatic data processing system to the pharmacy operation.

4. The practice of dispensing drugs directly from the admitting office has been discontinued, except for those necessary for immediate emergency use.

As a result of my study and evaluation of the District of Columbia General Hospital pharmacy operation during the past several months, I should like to make the following additional recommendations:

1. That an automatic data processing program be developed forthwith to encompass all operational phases of the hospital and to provide for personnel, budgetary, and inventory controls, cost accounting, and billing, and that this include the pharmacy operation.

2. A complete operating manual of policies and procedures should be developed and maintained up to date, and a training program for all pharmacy employees should be initiated, making full use of this manual.

3. Requisitions by nursing personnel of ward medications should be limited to:

(*a*) A basic stock supply of normally used items;

(*b*) A special group of items peculiar to the particular ward.

Medications other than these should be issued by the pharmacy only in accordance with the individual patient's needs.

4. All original manufacturers' containers should be permanently imprinted with the legend, "Property of District of Columbia Department of Public Health."

5. The main pharmacy is currently operating 5 days a week, until 5 p.m., and on Saturday, from 7:30 a.m. to 12:30 p.m. Outside of these working hours, nurses who require medications must procure them from other wards. This produces difficulties for both patient and nurse and reduces the efficiency of operations and controls. Accordingly, consideration should be given to extending pharmacy coverage to 11 p.m., 7 days a week, with one pharmacist on duty outside of regular hours.

6. Guidelines should be developed, aimed at insuring that hospital physicians limit their prescription of medications so that a specific course of treatment will be designated and the quantity of drugs left over will be minimized.

7. The practice of "express prescriptions" whereby medications are dispensed without labeling should be stopped. At the present time, this system is used for patients of long standing who require a continuing supply of drugs.

8. Consideration should be given to discontinuing the operation of the prepackaging and manufacturing section of the pharmacy and to establishing a contractual arrangement with the Perry Point pharmacy of the U.S. Public Health Service. This could conceivably reduce the cost of this program.

9. A new procedure should be developed for the delivery of all narcotics to the requisitioning nursing unit by the pharmacist from the main pharmacy. At present, the nurses visit the pharmacy at any hour of the day, thereby interrupting normal operations. Moreover, the accountability records showing disposition should be kept at the nursing unit to provide a perpetual inventory record of each narcotic which would be checked by the pharmacist.

10. Issuance of alcohol should be reviewed. A responsible person should be designated for its distribution, receipt, and issue.

11. At the present time, the pharmacist dispenses quantities of drugs in unit amounts, irrespective of the physician's prescribed quantity. For example, if the prescription calls for 65 tablets, and the drug comes in units of 50 and 100, the pharmacist dispenses 100 tablets. It is recommended that this procedure be discontinued and that the pharmacist dispense only the quantity prescribed.

12. Certain organizational changes relative to the pharmacy's role at the hospital and also within the pharmacy itself are necessary. In addition, the pharmacy at District of Columbia General Hospital should be more closely related to the main Health Department pharmacy and that at Glenn Dale Hospital, with adequate technical supervision of all pharmacy operations. Included should be joint purchase of drugs and supplies to reduce the total cost by quantity purchase. Also included should be provision for good leadership and direction of the total pharmacy operation providing for exchange or assignment of appropriate personnel where necessary for improved operation, the development of uniform operating procedures and standards, redistribution of supplies, where needed, and the establishment of a joint program for employee improvement and training.

Observations on the Medical Assistance Eligibility Program

(By Murray Grant, M.D., Department of Public Health, Director of Public Health, June 1963)

For many years, the Department of Public Health, through its Medical Assistance Division, has been endeavoring to determine eligibility of applicants for certain Health Department services. At the present time, eligibility determinations are carried out for District of Columbia General Hospital, Glenn Dale Hospital, the contract hospitals, Freedmen's Hospital, St. Elizabeths Hospital, the prenatal clinics, adult dental health clinics, the home care program, and for the purchase of appliances. The eligibility determination is made in relation to residence, income, and other financial resources.

No eligibility determination is carried out for many other Health Department programs, such as child health clinics, crippled children's diagnostic services, school dental clinics, and chronic disease clinics in view of the fact that these have been determined by the Commissioners to be in the public interest.

In spite of this supposed eligibility determination, the District of Columbia General Hospital currently admits, without regard to a prior indigency determination, the following inpatients: emergency, psychiatric, tuberculous, communicable disease, and police and court cases (all of these are considered by Commissioners' orders to be in the public interest); and crippled children for diagnostic services (a Federal requirement). In fact, between 75 and 80 percent of all patients admitted to District of Columbia General Hospital fall within one of these categories. There is, moreover, no indigency requirement for admission of District patients to St. Elizabeths Hospital, only a determination as to residence and payability. In other words, most patients are, in fact, admitted to District of Columbia General Hospital on the basis of medical need; only following admission is a determination made concerning their capability to pay all or part of the hospital bill.

This places the Department of Public Health in a most difficult position because it is generally considered that the Department gives service through its hospital and clinic operations primarily to the indigent or medically indigent; whereas, in fact, this is not true. The Department carries out a medical care program in which the basic requirement is that the individual need medical care.

The current procedure makes it almost inevitable that patients will wait for long periods of time prior to being able to receive medical care in order for them to receive a social worker's investigation to determine if they are, in fact, eligible. Moreover, many inpatients do not stay in the hospital long enough to enable the social worker to carry out the interview. In this connection, it may be noted that at District of Columbia General Hospital alone, in the fiscal year 1962, there were more than 30,000 inpatients admitted, and there were more than 160,000 outpatient visits. This volume makes it extremely difficult for the social workers to carry out a reasonably complete investigation prior to the time the patient leaves the hospital.

The further results of this basic philosophy can be revealed in the following case histories:

1. A pregnant woman was found ineligible for maternity care at a Health Department prenatal clinic and was accordingly referred to a voluntary hospital. Because she did not have in hand the cash for a downpayment for the first visit to that hospital's prenatal clinic, she was refused care. When the baby was ready for delivery, she arrived at District of Columbia General Hospital in the middle of the night as an emergency without having had any prenatal care.

2. A paraplegic under care in the Department's Crippled Children's Unit, passed his 21st birthday and was referred to the adult services of District of Columbia General Hospital for admission with genitourinary complications and for continuing rehabilitation services. He was found ineligible on the basis of the fact that the mother's income was $25 over the standard. The mother refused to take the young man elsewhere and he finally arrived back at District of Columbia General Hospital as an emergency admission with great loss in the rehabilitation gains already made.

3. A diabetic patient successfully followed in the Outpatient Division of District of Columbia General Hospital, became ineligible on the basis of the fact that she was now able to work and was found to be $10 over income. She did not follow through on referral to a voluntary hospital as she was not able to pay for clinic visits and insulin elsewhere. She landed at District of Columbia General Hospital's emergency room in diabetic coma. She could no longer continue employment because of deteriorated health.

4. An elderly woman, living with her daughter and son-in-law, was found ineligible for a planned admission to District of Columbia General Hospital because of the family's combined income. The son-in-law refused to help with her medical care elsewhere. Later, she was brought to District of Columbia General Hospital as an emergency admission with cardiac failure.

5. A patient with hemophilia, has been repeatedly found ineligible for outpatient care at District of Columbia General Hospital. The family refuses to take her elsewhere so she receives no care in between hospitalizations. She has had 15 admissions as an emergency to District of Columbia General Hospital.

These are just a few of many case histories that could be cited, and, to my mind, point out the impossibility of maintaining the existing program and the difficulties which will always beset the Department of Public Health as long as the current philosophy continues. Moreover, the Department will always have a finger pointed at it because of the fact that it has to be concerned with the provision of medical care first; financial eligibility, in these emergency cases, obviously has to take second place. Nevertheless, from the auditor's point of view, the fact that this financial eligibility has not been carried out makes the Department open to criticism.

In light of these facts, serious consideration should be given to discontinuing eligibility determination for all patients and instead stressing the payability concept. This change in philosophy would be more in keeping with the Health Department's function which is to provide preventive health services, medical care, and rehabilitation on the basis of the patient's medical and public health needs.

Taking as an example, District of Columbia General Hospital, the program would operate somewhat as follows:

The hospital would be considered a community general hospital and would accept any patient that desired its services just as does any other hospital. All patients would be billed for services rendered. A note would be included on the bill to the effect that if the patient felt he was not able to pay, he should contact Health Department's social worker who would make an appropriate determination as to whether he could pay part or all of the bill. However, the onus would be placed upon the patient and he would be expected to pay the full bill unless the Department had determined, as a result of his initiating the step, that the bill should be discounted. Some interviewing could undoubtedly be carried out while the patient was still in the hospital, in the case of those patients staying for some period of time. In any event, all patients would be billed whether or not the social worker had determined that the bill was to be discounted. This would, hopefully, increase the patient's sense of responsibility and his realization of the cost of medical care for which someone has to pay. He would further recognize that he could not expect to simply receive any service desired, free of charge. After an agreed upon period of time elapses, during which the patient is expected to pay the bill, should the patient become delinquent in payment, the matter would be turned over to the appropriate enforcement agency for action.

Thus, District of Columbia General Hospital would operate much as does any other hospital. As has been previously pointed out, some 75 to 80 percent of inpatients are already being admitted without a determination as to eligibility. Under these proposals, this procedure would be extended to all patients but with considerably increased emphasis upon accurate billing and payment procedures.

There appears to be no definite evidence that the overall clientele of the hospital would change. On the other hand, no patient who needed medical care would be turned away on the basis of eligibility determination, and he would receive this care before he presented himself as an emergency and in a condition that makes for costlier care.

I feel reasonably certain that if the program I am suggesting were implemented, the collections would be considerably greater. With the efforts of the Department's Medical Assistance Division now divided between eligibility and payability, this division made determinations that initiated the collection of $3,150,000 from patients and insurance companies in fiscal year 1962. Were their efforts concentrated on ability to pay, collections could conceivably be doubled.

It might be pointed out that at Glenn Dale Hospital most patients—namely, those with tuberculosis—are already admitted on the basis of medical need and not financial eligibility. This process could easily be extended to those patients with chronic diseases admitted for rehabilitation purposes. Once again, all patients would be billed. The program at the contract hospitals would remain much as it is now, with patients having to meet residence and financial requirements for District of Columbia payment.

In connection with the procedure for admission to prenatal clinics, it should be pointed out that currently almost one-half of all babies delivered at District of Columbia General Hospital are to mothers who have had no prenatal care. The maternal and infant mortality rates in the District of Columbia are among the highest in the Nation. It seems paradoxical that children can be admitted to well-baby clinics without any eligibility determination while, on the other hand, pregnant women cannot be admitted to prenatal clinics without this kind of determination. Eligibility requirements for admission of patients to prenatal clinics should be discontinued if we are to endeavor to provide the best in maternity care and reduce infant and maternal mortality rates in the District. On the other hand, the philosophy in most other programs would be that patients would be admitted to service irrespective of their financial ability but that they would be expected to pay all or part of the cost, depending upon their ability to do so.

To implement this modification in philosophy would require some organization and operational changes, one of which would be the development of a complete and proper billing and collection system, including, as an essential, the installation

of appropriate mechanized procedures for handling this operation. This, in my view, would be a most desirable improvement. There would also be required a change in the language of the Appropriation Act and passage of a law clearly establishing responsibility of relatives.

COMMENTS ON THE ROLE OF ADVISORY COUNCILS TO THE COMMISSIONERS OF THE DISTRICT OF COLUMBIA

(By Murray Grant, M.D., D.P.H., Director of Public Health, June 1963)

At the present time, there exists a Public Health Advisory Council, consisting of nine members, advisory to the Commissioners and to the Director of Public Health "in all matters concerning public health." There is also a Hospital Advisory Council, consisting of nine members, advisory to the Commissioners and to the Director of Public Health in matters concerning the construction and regulation of hospitals and other medical facilities. In addition, there are a Food Service Advisory Committee, an Advisory Committee of the District of Columbia Trudeau Society, a Formulary Advisory Committee, and an Advisory Committee of the District of Columbia Medical Society. Furthermore, other committees have been established from time to time to deal with specific subjects. In addition, the Commissioners have a number of their own councils and committees which are advisory to them in certain health fields. Examples are: (1) Commissioners' Special Ad Hoc Committee on Mental Health Needs; (2) health committees of the Citizens Council for the District of Columbia; and (3) Commissioners' Advisory Committee on the Alcoholic Clinic.

The existence of all of these independent groups appears to produce a basic conflict of interests and responsibilities and creates confusion in the minds of some of the committee members and the Department of Public Health as to the appropriate role of each. Certainly, their existence materially weakens the Public Health Advisory Council in carrying out its declared function, which obviously crosses the lines of all the other groups. Moreover, this conflict has come out into the open on past occasions. One of these is clearly indicated in a study reported in September 1961, by the Washington Center for Metropolitan Studies. In spite of the existence of all of these groups, many existing voluntary health agencies, and a number of other important groups, do not currently play a key role in planning and helping develop health services in the District of Columbia.

The Director of Public Health must inevitably be concerned that his operating responsibilities should not be diffused and weakened by the time and attention necessary for such a multicommittee structure. Furthermore, it seems logical that one strong voice, representing all major community health interests, could carry more weight and reduce the possibility for embarrassment resulting from apparently divergent opinions of different groups.

In my view, the Public Health Advisory Council should constitute the single most important citizens group providing advice to the Commissioners and to the Director of Public Health in the whole field of health services. This council's organization and activities should be substantially strengthened to enable it to carry out this important function. Its organization should also enable it to receive the advice and guidance of many groups in the community which have interest in, and knowledge of, the field of public health.

Accordingly I make the following recommendations:

1. That the membership of the Public Health Advisory Council be increased from 9 to at least 21 persons.

2. That the primary objective of the Public Health Advisory Council be clearly stated and understood to be "advisory to the Commissioners and to the Director of Public Health in all matters concerning public health."

3. That the members of the council be appointed by the Commissioners for a term of 3 years, except that these terms would be appropriately staggered so that at the beginning, a third of the members will be appointed for 3 years, a third for 2 years, and a third for 1 year.

4. That the membership of the council should include representatives from each of the following organizations: medical societies; dental societies; medical schools; the health and welfare council; District of Columbia Public Health Association; the Hospital Council of the National Capital Area; the District of Columbia Graduate Nurses Association; the pharmaceutical associations; Council of Churches, National Capital Area; Archdiocese of Washington; the District of

Columbia Bar Association; Metropolitan Washington Health Facilities Planning Council, Inc.; the Washington Urban League, Inc.; the District of Columbia League of Women Voters; the Washington Board of Trade; District of Columbia Congress of Parents & Teachers; a representative of organized labor; the Citizens Council for the District of Columbia; the Federation of Citizens Association; the Federation of Civic Associations; and the Jewish Community Council of Greater Washington.

5. That six standing committees of the Public Health Advisory Council be established as follows: (a) Hospital Advisory Committee; (b) Mental Health Committee; (c) Disease Control Committee; (d) Mental Retardation Committee; (e) Maternal and Child Health Committee; and (f) Environmental Health Committee.

6. The members of these component committees of the Public Health Advisory Council should not be members of the council, itself, but should be advisory to the council, with the exception that two members of the Public Health Advisory council should serve on each committee. The members of each component committee would be appointed by the Public Health Advisory Council.

7. Each of these standing committees of the Public Health Advisory Council should have at least five members and these individuals should be drawn from the many agencies and organizations which have interest in, or knowledge of, the particular subject applicable to the specific committee. In this connection, there are opportunities for including many outstanding specialists within the U.S. Public Health Service and other organizations existing in the Washington area.

8. Appropriate Health Department staff members should be assigned to the committees to assist them as required.

9. The structure of the various committees should be as follows:

(*a*) *Hospital Advisory Committee*

In view of the invaluable service rendered by the already existing Hospital Advisory Council and the many years that its members have unselfishly devoted to their task, it is recommended that the present Hospital Advisory Council, together with such additional members as the Public Health Advisory Council may wish to include, constitute the new Hospital Advisory Committee.

(*b*) *Mental Health Committee*

This committee should include representatives from at least the following organizations: Washington Psychiatric Society; Mental Health Committee of the District of Columbia Medical Society; representatives of the departments of psychiatry of the three medical schools; the child psychiatry department of Children's Hospital; Saint Elizabeths Hospital; the National Institute of Mental Health; District of Columbia Bar Association; District of Columbia Mental Health Association; National Association of Social Workers; District of Columbia Psychological Association; Washington, D.C. area council on alcoholism; the department of clinical psychology of a local university; department of social work of a local university; and the department of nursing of a local university.

(*c*) *Disease Control Committee*

This committee should include representatives from at least the following organizations: District of Columbia Tuberculosis Association; District of Columbia division of the American Cancer Society; Washington Heart Association; District of Columbia Diabetes Association; District of Columbia Chapter, American Association of Social Hygiene; U.S. Public Health Service; Visiting Nurse Association; the medical societies; District of Columbia Society for Prevention of Blindness; Arthritis and Rheumatism Association of Metropolitan Washington; and the Homemaker Service of the National Capital Area.

(*d*) *Mental Retardation Committee*

This committee should include representatives from at least the following organizations: District of Columbia Chapter, American Academy of Pediatrics; Children's Hospital Department of Neurology; Children's Hospital Department of Child Psychiatry; Georgetown University Mental Retardation Clinic; District of Columbia Psychological Association; National Association of Social Workers; U.S. Children's Bureau; District of Columbia Bar Association; Jewish Foundation for Retarded Children; St. John's Developmental Service; "Help for Retarded Children", the Occupational and Training Center; "Help for Exceptional Little People"; a representative of a school of social work of a local university; District of Columbia Department of Education; Department of Public Welfare; Depart-

ment of Vocational Rehabilitation; Department of Recreation; and the District of Columbia parochial school system.

(e) *Maternal and Child Health Committee*

This committee should include representatives from at least the following organizations: The departments of obstetrics of the three medical schools; the departments of pediatrics of the three medical schools; the Washington Gynecological Society; the Maternal Welfare Subcommittee of the District of Columbia Medical Society; the Child Welfare Subcommittee of the District of Columbia Medical Society; the Medico-Chirurgical Society; Planned Parenthood Association; District of Columbia Graduate Nurses' Association; Visiting Nurse Association; the Juvenile Court, Family and Child Services; Catholic Charities; Jewish Social Service Agency; U.S. Children's Bureau; District of Columbia Academy of Pediatrics; District of Columbia dental societies; a school of social work of a local university: District of Columbia Department of Education; Department of Recreation; Department of Public Welfare; the District of Columbia parochial school system; Hearing and Speech Center of Gallaudet College; National Institute of Child Health; National Child Research Center; Children's Hospital; District of Columbia Crippled Children's Society; District of Columbia Society for the Prevention of Blindness; United Cerebral Palsy of Washington; and Florence Crittenton Home.

(f) *Environmental Health Committee*

This committee should include representatives from at least the following organizations: U.S. Public Health Service; food service industry, wholesale or retail food industry; dairy industry; District of Columbia Professional Engineering Society; the Food and Drug Administration; the Citizens Council for a Clean Potomac; District of Columbia Division, American Institute of Architects; Department of Licenses and Inspection; Department of Sanitary Engineering; Washington Chapter, American Institute of Planners.

10. It is further recommended that all other "health committees", either within the Department of Public Health or those reporting directly to the Commissioners, be abolished and that henceforth the Public Health Advisory Council, duly strengthened and organized as heretofore recommended, constitute the advisory health group to both the Commissioners and the Director of Public Health.

RESPONSIBILITIES OF DEPARTMENT

Senator BYRD. Dr. Grant, what are the responsibilities of the Department of Public Health?

Dr. GRANT. I would say, Mr. Chairman, the Department of Public Health has four major overall responsibilities. The first of these is to prevent disease and disability.

The second is to develop programs aimed at controlling health problems in the environment.

The third of these is to provide health services and medical care programs for certain groups in the population, and the last one is to provide health information for the citizens of the District and to exert leadership in the field of public health in this community.

Senator BYRD. In your opinion, what should be the responsibilities of health departments of large cities such as the District of Columbia?

Dr. GRANT. I think, Mr. Chairman, that the responsibilities I would envisage for cities such as this would be those I have just mentioned.

Senator BYRD. Do you feel that the Department of Public Health is presently assuming those responsibilities in full?

Dr. GRANT. I would say, Mr. Chairman, that it is assuming the responsibilities that I have mentioned in general. There are some which I would like to see it assume which it has not thus far assumed.

Senator BYRD. Describe in more detail the District health and medical functions and responsibilities which are not presently vested in the Health Department which, in your opinion, should be.

What would be the advantages?

Dr. GRANT. Well, I think, as I gather, Mr. Chairman, you are now referring to areas of activity which are vested in other departments. I had been thinking when I made the statement just mentioned of programs that are not vested at the present time in any of the departments.

However, I shall be glad to try to answer the question you specifically asked.

If we take, for example, the school health program, this program is currently operated in very much of a joint manner by the Board of Education and by the Department of Public Health. If we look at the country as a whole, this kind of pattern is rather similar all over the country. In some cases, the Health Department operates the program, in some cases the Board of Education, in some cases it is joint. I think it makes a great deal of sense to have this program located in one agency. I think it makes a great deal of sense because of a number of reasons and I can cite one or two instances.

If we take the nursing program as an example, it makes a great deal of sense to me to have one nurse carry out the total responsibilities for health problems in any particular district of the community, whether this be problems at home, of old people or young people, whether this be problems of school-age children in elementary or high schools.

This, of course, is not currently true in the District because of the fact that we have nurses who work in the elementary schools and the community. The Board of Education nurses—I believe I am correct in saying this—work entirely in the secondary schools.

This also means, Mr. Chairman, that when problems of high school children come up, it is necessary for the Board of Education nurses to contact our nurses, for them to have a joint conference before our nurses can go out to the home. It seems to me, Mr. Chairman, it would be a less expenditure of time and much more efficient for one nurse to do the total job. This is an example of the kind of thing I mean.

Senator BYRD. Do you care to comment further?

Dr. GRANT. In relationship to the Board of Education, sir, or in relation to other departments?

Senator BYRD. I will repeat the question, and you will know how far you need to go. Describe in more detail the District health and medical functions and responsibilities which are not presently vested in the Health Department which in your opinion should be, and what would be the advantages.

SCHOOL MENTAL HEALTH PROGRAM

Dr. GRANT. Also within the Board of Education, there is a mental health program providing psychiatric services to schoolchildren. The Health Department has some responsibility for the mental health of schoolchildren and for a very considerable mental health program to persons of all ages.

There will be considerable question in my mind, Mr. Chairman, whether it would not be to the advantages of the District for the whole program, including that located in the Board of Education, which is a very small organization of the total program, to be located

within the Health Department for reasons similar to that which I have just enunciated.

HEALTH PROGRAMS IN WELFARE

In the Department of Public Welfare there are several programs referable to health. Again, I think there is considerable question where these should be located. I would feel, Mr. Chairman, that I would like to be very openminded about this whole question. I have taken no real definitive stand on this, but I would say that my own view, my own personal view, is that it seems to me to be much more logical for one agency; namely, that agency which is organizing and developing the public health program, to be responsible for the total program, to provide such services to the various agencies of the District of Columbia as they may be needed, but for one agency to have total overall responsibility. This is true, sir, I would say of all the departments, whether it be the Board of Education, the Department of Public Welfare, the Department of Corrections, or any of them. This is my general feeling.

OTHER ADVANTAGES OF CONSOLIDATION

Senator BYRD. Have you enumerated all of the advantages that you care to at this point?

Dr. GRANT. I can cite a few other advantages, Mr. Chairman. One of them would be that because of the fact that we have a large staff, a much larger staff of medical people; that is, of mental health people, than any other agency of the District of Columbia would have, we would be able to have much more flexibility, it seems to me, in developing the program, in assigning personnel, and in carrying out activities necessary.

Let me give you an example of what I mean.

If we take the Board of Education program as an example, I believe I am correct in saying that they have one psychiatrist in their program.

The Department of Public Health has far more than one psychiatrist, Mr. Chairman. If the one psychiatrist in the Board of Education leaves, gets sick or is away for one reason or another, this means they are left with no one to supervise their program.

If the Department of Public Health supervised the program, there is no reason that I can see why we could not assign someone in place of one of our psychiatrists who had left or got sick, to take up the slack, as it were.

In other words, what I am saying is that this would give us a flexibility of operation which it seems to me is rather difficult for the Board of Education to have at the present time. I think this same thing applies throughout the other departments.

SUMMATION OF HEALTH DEPARTMENT RESPONSIBILITIY

Senator BYRD. Then are you saying that the Health Department should have the responsibility of planning, implementing, and directing all health and medical activities in the District Government?

Dr. GRANT. I would say, Mr. Chairman, that while I do not feel very strongly about this and would not wish to push it intensively, I feel in my own mind that this is a logical approach.

Senator BYRD. Would the people of the District of Columbia, in your opinion, derive any benefits if the sole responsibility of the medical and health programs of other departments were made the primary responsibility of the Health Department?

Dr. GRANT. I think if the Health Department were administered properly, it seems to me there could be benefit derived.

Senator BYRD. Have you already enunciated the benefits as you see them, or would you care to add to them?

Dr. GRANT. I believe, as I can recollect rather rapidly, in general, this would be the kind of benefits I could see.

STUDIES ON CONSOLIDATION

Senator BYRD. Mr. Lowe, could you tell us whether or not any studies have been made by the District on the possibility of consolidating all health and medical functions in one department?

Mr. LOWE. Mr. Chairman, such a study is in progress. The present activity in this area is a result of a combination inquiry and suggestion by the General Accounting Office of several months ago. At the present time, the only preliminary decision that has been reached is to include in the staff recommendations on the 1965 budget that the medical activities or health activities of the Board of Education be transferred to the Department of Public Health; conditioned, however, on the Department of Public Health being organizationally and staffwise able to assume those responsibilities without any deterioration in service, and preferably with an improvement in service. The remainder of those proposals are still under inquiry.

Senator BYRD. When did the study get underway?

Mr. LOWE. It was in the latter part of the summer, Mr. Chairman.

Senator BYRD. Of this summer?

Mr. LOWE. Yes.

Senator BYRD. When is it expected to be completed?

Mr. CHICHERIO. Our estimate is 4 to 6 weeks.

Senator BYRD. Would you give your name, please?

Mr. CHICHERIO. Joseph Chicherio, Management Officer, District of Columbia.

APPEAL OF BOARD OF EDUCATION

Mr. LOWE. Mr. Chairman, I might add that the Board of Education has already announced an appeal to the Commissioners against the staff proposal to shift the health activities that they now perform over to the Department of Public Health. What the Commissioners finally do, of course, will not be established until mid-November.

PERSONNEL ON STUDY

Senator BYRD How many persons are involved in the study to which you have just referred?

Mr. LOWE. Working on the study?

Senator BYRD. Yes.

Mr. LOWE. One man, as far as our staff is concerned. We have only been able to put one man on it part time, actually.

Senator BYRD. When did you say that you expect to complete?

Mr. LOWE. Four to six weeks. In other words, by the middle of November to the first of December would be the estimated completion date.

Senator BYRD. Dr. Grant, would the District in your judgment be providing better care and better service to patients by consolidating all health and medical functions in one department?

Dr. GRANT. In my opinion, they would, sir.

HEALTH AND MEDICAL PERSONNEL IN DEPARTMENT

Senator BYRD. How many health and medical personnel are employed by the Department of Health?

Dr. GRANT. 3,689.

Senator BYRD. Would you break these down by category, please?

Dr. GRANT. Yes, sir. There are 330 physicians, 143 public health nurses, 361 hospital nurses, 738 nursing assistants and medical aids; 27 dentists; 25 dental hygienists; 10 engineers and sanitarians; 47 inspectors; 107 laboratory personnel, professional and technical; 19 nutritionists and dietitians; 87 social workers; 26 X-ray technicians; 66 physical, occupational, and speech therapists; 42 administrative personnel, including accounting; 419 clerical personnel; 60 stenographers and secretary; 491 persons involved in plant services and management, and 691 other miscellaneous.

INCREASE OVER PREVIOUS YEAR

Senator BYRD. How much of an increase does this represent over the year previous?

Dr. GRANT. 124 regular positions, plus 7 positions for a 3-year period and 2 transfers, making a total of 133 positions, Mr. Chairman.

Senator BYRD. Break those down for me.

Dr. GRANT. There were 51 regular positions plus 7 positions for a 3-year period in the Department of Public Health, one at Glenn Dale and 72 and 2 transfers at District of Columbia General Hospital, Mr. Chairman.

We have them broken down, Mr. Chairman. I can list them all, but we do not have them by category.

Senator BYRD. You can do this for the record, if you like.

Dr. GRANT. I shall do this.

(The information referred to appears on p. 2603.)

VACANCIES

Senator BYRD. How many vacancies do you have among the 3,689 positions?

Dr. GRANT. There were as of September 15 of this year, 140 net vacancies in the department, not including trainees and 54 temporaries not charged to specific positions.

Senator BYRD. Mr. Herman, I believe we are going to have a table for the record which will include all vacancies in the department and all——

Mr. HERMAN. It will be so inserted.

(The information referred to appears on p. 576.)

Positions authorized in 1963

Title	Grade	Number
Public health activities:		
Administration:		
Medical officer	GS–12	1
Classifier	GS–11	1
Social worker	GS–7	2
Secretary	GS–5	1
Telephone operator	GS–3	1
Clerk	GS–3	1
General mechanic	WBR–12	1
Custodian	WBR–5	3
Total, administration		11
Dental health: Dental assistant	GS–4	3
Disease control:		
Medical officer	GS–13	1
Investigator	GS–9	1
Do	GS–7	1
Medical technician	GS–6	1
Stenographer	GS–4	2
Driver	WBR–5	1
Total, disease control		7
Environmental health:		
Air pollution engineer	GS–13	1
Engineering aid	GS–7	1
Clerk-stenographer	GS–4	1
Total, environmental health		3
Laboratories and pharmacies:		
Pharmacist	GS–9	1
Chemist	GS–9	1
Supervisor serologist	GS–9	1
Medical technician	GS–7	2
Laboratory helper	GS–2	1
Total, laboratories and pharmacies		6
Maternal and child health:		
Medical officer	GS–12	1
Medical aid	GS–3	1
Do	GS–2	2
Do	GS–1	1
Total, maternal and child health		5
Mental health:		
Psychologist	GS–13	1
Social worker	GS–11	1
Do	GS–10	3
Secretary	GS–5	1
Clerk	GS–4	1
Total, mental health		7
Public health nursing:		
Public health nurse	GS–7	9
Total, public health activities		51
Glenn Dale Hospital: Dental hygienist	GS–6	1
District of Columbia General Hospital:		
Nurse anesthetist	GS–9	1
Social group worker	GS–9	1
Clerk, DMT	GS–4	5
Surgical secretary	GS–4	1
Clerk-typist	GS–3	1
Telephone operator	GS–3	1
Admitting clerk	GS–3	2
Laboratory aid	GS–3	2
Steamfitter	WBR–13	1
Electrician	WBR–13	1
Painter's helper	WBR–8	2
Insect and rodent controller	WBR–5	1
Warehouseman	WBR–4	2
Elevator operator	WBR–1	2
Student nurse	SPCL	34
Intern	SPCL	8

Positions authorized in 1963—Continued

Title	Grade	Number
Public health activities—Continued		
District of Columbia General Hospital—Continued		
Resident 1st year	SPCL	2
Resident 2d year	SPCL	3
Resident 3d year	SPCL	2
Total, District of Columbia General Hospital		72
Total, Department of Public Health		124
Transfer from Department of Public Welfare to District of Columbia General Hospital: Residents	SPCL	2

Positions authorized in 1963 for a 3-year period

Title	Grade	Number
Public health activities:		
Administration:		
Public health education consultant	GS-13	1
Education specialist	GS-9	1
Clerk-stenographer	GS-4	1
Total, administration		3
Disease control:		
Investigator	GS-11	1
Do	GS-9	1
Do	GS-7	1
Total, disease control		3
Public health nursing: Public health nurse		1
Total, public health activities		7
Total, Department of Public Health		133

HEALTH EMPLOYEES OUTSIDE DEPARTMENT

Senator BYRD. Have you enumerated all the other District of Columbia departments which perform medical and health activities or have medical facilities, Dr. Grant?

Dr. GRANT. I believe I omitted the police and fire departments which have responsibilities, too. I think I mentioned the Department of Corrections.

Senator BYRD. How many health and medical personnel are employed by the District other than by the Department of Public Health?

Dr. GRANT. I do not know the answer to this question, Mr. Chairman.

Senator BYRD. Does anyone in the room have the answer to this question?

Mr. LOWE. Mr. Chairman, we do not have the details available with us. May we supply that for the record?

Senator BYRD. Yes.

(The material referred to follows:)

Health and medical positions in District of Columbia Government other than Department of Public Health, fiscal year 1963

	Department of Public Welfare		Department of Corrections		Board of Education		Police and Fire Clinic		Department of Vocational Rehabilitation		Coroner	
	Positions	Full-time equiv-alent	Positions	Full-time equiv-alent	Positions	Full-time equiv-alent	Positions	Full-time equiv-alent	Positions	Full-time equiv-alent	Positions	Full-time equiv-alent
Physicians	10	10	9	6.5	1	1	10	8.2	1	0.5	4	4
Dentists	2	2	5	3.0								
Dental assistants			1	.5								
Nurses	78	78	9	9.0	41	41	1	1.0				
Nursing assistants	407	407			9	9						
Laboratory technicians							1	1.0				
Medical technical assistants	2	2	3	3.0								
Other (as shown in GAO draft report)	12	12	4	4.0	2	2						
Total	511	511	31	26.0	53	53	12	10.2	1	.5	4	4
Psychologists	4		10	10.0	2	2						

NOTES

Department of Public Welfare: Received 9 additional nurses (Junior Village); 60 nursing assistants (5 to Children's Center and 55 to Junior Village); and 2 medical technical assistants for PAD in fiscal year 1963.

Department of Corrections: Received 1 medical technical assistant in fiscal year 1963 (also a dietician not included in the above figures).

Board of Education: No increases were granted in fiscal year 1963; however, above figures reflect 9 nursing assistants not included in the GAO report based upon the 1962 fiscal year. Each of the 2 psychologists has a 2-month vacation.

Police and Fire Clinic: No increase over fiscal year 1962 figures shown in GAO report. The 2 secretarial and clerical positions shown in the GAO draft report are not included in the above figures.

Department of Vocational Rehabilitation: Not included in the GAO draft report. Vocational Rehabilitation has 3 medical consultants: 1 medical officer, 1 psychologist and 1 psychiatrist who work on assigned days but only according to the case need (each averages about 1 day a week). Vocational Rehabilitation also has an estimated 800 separate contracts with various medical officers in the area who work on a need basis only, consistent with the national policy of giving clients a freedom of choice in the selection of their physician.

Office of the Coroner: Not included in the GAO draft report.

NUMBER OUTSIDE HEALTH DEPARTMENT

Senator BYRD. Would you estimate that the average employment would be in the neighborhood of 500?

Dr. GRANT. You said only employed by the District government, Mr. Chairman?

Senator BYRD. Employed by the District other than by the Department of Health.

Dr. GRANT. I think if one were to include all categories, I would hazard a guess that it might be larger than this.

Senator BYRD. I think the average employment in fiscal year 1962 was 536: 27 physicians, 5 dentists, 16 psychologists, 120 nurses, 347 nursing assistants, and 21 other medical personnel.

Would you present for the record the answer to the question?

Dr. GRANT. Yes; we will be glad to do this, Mr. Chairman.

(The material referred to appears in the preceding table.)

STATUS UNDER REORGANIZATION PLAN

Senator BYRD. Do the reorganization orders establishing the above departments assign health and medical functions to them?

Mr. LOWE. Mr. Chairman, you are talking about, for example, the Department of Public Welfare?

Senator BYRD. Yes; as contemplated by the reorganization plan.

Mr. LOWE. The reorganization that is pending before the Commissioners, say for the Department of Public Welfare, envision the continuation by that Department of the health activities and the hospital activities that it now discharges, of which the two most significant are the operation of the infirmary at Blue Plains and the operation of the rather larger institutions for the care of the mentally retarded at Laurel, Md.

Now, that does not mean that a further change in this is foreclosed, but since there has been no decision made at this point by the Commissioners on this matter of whether to effect a change in the responsibilities, the reorganization will carry forward the duties of the Department in this respect.

Similarly, in other District departments that have medical responsibilities, the reorganization order either rather specifically, or certainly by their broad inclusion of certain types of responsibility, carry out an assignment to those agencies of the medical responsibilities that are under discussion this morning.

Senator BYRD. Does the Department of Public Health take part in planning, implementing, and directing health and medical activities in the other departments?

Dr. GRANT. No, sir.

EVALUATION OF PRESENT HEALTH FUNCTIONS

Senator BYRD. Mr. Lowe, would you tell us briefly how the present arrangement evolved under which I believe several large departments in the District Government carry out health and medical programs?

Mr. LOWE. I think it evolved in this way, Mr. Chairman, that the health and medical activities we are discussing for these other departments are primarily an adjunct activity to another and more primary responsibility of these particular agencies. Take the Department of

Corrections. Their primary responsibility is the custody and rehabilitation of prisoners. The medical aspects of their work are incidental to the fact that they have full-time physical responsibility and custody of the prisoners.

Similarly, I think the public welfare types of activities evolved in the same way. They have the full-time custody at their institutions of some hundreds of people who need incidental medical care.

Now, in all of these agencies, there is a transfer of the patient when serious illness ensues. For example, at the Department of Corrections, if a prisoner became critically ill, it is my understanding that that prisoner would be transferred to the District of Columbia General Hospital for the more highly skilled medical care that would be available to him only at such a place.

Likewise, in the Department of Public Welfare institutions, they do not maintain facilities for the more complex types of care that involve staff specialties of great skill.

They have highly qualified physicians on their staffs but not, by any manner of means, comparable to the District of Columbia General Hospital.

In the Department of Vocational Rehabilitation, another area where physicians are involved, their basic mission is physical rehabilitation of people, some of it through physical training technicians, some of it through medical techniques. There again this assignment of medical responsibilities is as a supporting and corollary mission to their basic responsibilities.

So the problem is a very difficult one to come to grips with. It is that of exactly where do you draw the line between program responsibilities toward each of these agencies. It is a very awkward thing to work out in some instances, depending on the relative importance—importance is a bad word to use when someone is talking about a person's health, but relative volume of activity perhaps would be a better way to characterize it.

You could have this being a relatively small part of the total activity of the agency and therefore, what do you really accomplish by the change is a question that is asked and which should be answered before a change is recommended.

Those are the answers which we have not yet developed.

ADVANTAGES OF CENTRALIZATION

Senator BYRD. Are there any advantages to having the planning, the implementing, and the directing of all District health and medical activities centralized in one department, Dr. Grant?

Dr. GRANT. In my opinion, Mr. Chairman, there are.

Senator BYRD. What are the advantages?

Dr. GRANT. The ones that I have cited, I believe, Mr. Chairman, including the flexibility of operation, one department having total responsibility for establishing the priorities of performance in the field of medical and public health services throughout the District and being able to assign staff to those priorities as needed; the avoidance of duplication of activity between two different people representing two different departments both trying to engage in a similar type of operation, such as the one I mentioned before in relation to nurses.

These, I think, are the main kind of advantages, it seems to me, Mr. Chairman.

OTHER EXAMPLES OF CENTRALIZATION

Senator BYRD. Are there any departments of the District government, Mr. Lowe, in which all professional personnel of a profession are centralized?

Mr. LOWE. I do not think of anything, Mr. Chairman. The nature of the District Government is such that this almost limitless range of functional responsibilities, as we have pointed out, is State, county, city, special district—oh, Corporation Counsel is the one, excuse me. But aside from that, the usual principle is that we delegate to the departments the supporting and corollary activities that are necessary for them to perform their primary responsibilities. The one exception is the Corporation Counsel.

QUESTION OF FLEXIBILITY

Senator BYRD. Do you think there would be a greater flexibility in the use and assignment of personnel if all medical personnel were assigned to one department?

Mr. LOWE. That is the question we have not yet developed enough information on to answer even satisfactorily to ourselves. Very often, if not almost always, when you get excessive centralization you run into very serious difficulties. It is the sort of thing where sometimes the theoretical cure is worse than the apparent illness that you are enjoying.

POSSIBILITY OF FEWER EMPLOYEES

Senator BYRD. Is it possible that by pooling the health and medical needs of the District of Columbia, such needs could be satisfied by a smaller number of medical personnel?

Dr. GRANT. I think it would be very difficult to answer that question, Mr. Chairman. I do not think I am prepared to answer that definitively at this time.

POSSIBLE DECREASE IN COST

Senator BYRD. Is it possible that by pooling the medical and health facilities of the District of Columbia, more utilization could be obtained with a resultant decrease in cost?

Dr. GRANT. I believe there would be more efficient utilization, Mr. Chairman. Whether there would be a resultant decrease in cost I think is problematical.

I am not sure I could answer that question.

ACTIONS OF OTHER DEPARTMENTS

Senator BYRD. What do the other departments do when medical equipment, personnel, and facilities are needed which the Department does not have?

Dr. GRANT. I would assume, Mr. Chairman, and certainly this is true in many cases, that they would turn to the Department of Public Health, certainly for some of those items. On the other hand, there may be occasions, and I believe this is also true, when they would place within their own budgets requests for additional supplies or personnel to meet their particular needs.

Senator BYRD. For example, the Fire Department. What does it do?

HEALTH ACTIVITIES IN FIRE DEPARTMENT

Dr. GRANT. I do not think we have very much of a relationship at all with the Fire Department, Mr. Chairman.

Senator BYRD. What does the Fire Department do? Mr. Lowe.

Mr. LOWE. The Fire Department medical facilities are headed by a staff of qualified surgeons and physicians and it is on their judgment and recommendation that their equipment and services are procured.

This is by statute also, Mr. Chairman.

ACTION IN EVENT OF NEED BY OTHER DEPARTMENTS

Senator BYRD. Do medical personnel from other than the Health Department continue to give medical care to patients when the patients are transferred to the Health Department for medical care beyond the scope of the transferring department? For example, if a patient is transferred from the District of Columbia Village infirmary to District of Columbia General Hospital, would the physician from District of Columbia Village attend the patient in District of Columbia General Hospital?

CONTINUITY OF CARE

Dr. GRANT. No, sir. As a matter of fact, you have raised another question I have omitted to mention and that is the concept of continuity of care, which is an important one in the medical field, and which is also dislocated by the point you just raised.

Senator BYRD. Would you like to further elucidate and elaborate?

Dr. GRANT. Yes; I would. One of the concepts many of us in the field of health have been speaking of over many years is this concept of continuity of care. By this we mean one staff should try to serve one patient throughout that patient's period of medical or hospital need.

To take a concrete example of this, Mr. Chairman, when a patient enters the hospital, let's say to have an operation or to recover from a particular disease, that patient is seen by a physician at the hospital. When the patient leaves the hospital, and this should be done as early as possible in order to make available that patient's bed and to get the patient back to his or her own home, then we believe that physician or someone like that should follow this.

This is made very concrete in the mental health field, where there is a very strong feeling concerning this item and where we are trying to develop this very much in the Health Department.

This goes this way, that when a patient at home is mentally sick or is reported to be so, we believe that the same person who goes to see the patient in the home should follow that patient throughout the patient's period of treatment and convalescence, including whether that patient goes to a day care center, an outpatient clinic, a mental hospital, psychiatric hospital, a foster home.

Any kind of facility to which they would go, they should be followed by this same person. This is a very strong belief of psychiatrists, for example, Mr. Chairman.

INTERCHANGE OF INFORMATION

Senator BYRD. Is information concerning health and medical programs as well as information concerning patients interchanged freely between departments of the District Government?

Dr. GRANT. I would say at the present time, Mr. Chairman, to the best of my knowledge, this is not interchanged freely.

Senator BYRD. Would you explain why not?

And would you consider such free interchange to be desirable?

Dr. GRANT. I think it would be very desirable.

Let me go back on this question a minute, Mr. Chairman. It may be that I misunderstood you. If we are talking about interchange of information relative to a specific patient, I would say there is a good interchange of information there. In other words, if a patient is transferred from District of Columbia Village to District of Columbia General Hospital, there is a very good one. But if you are thinking of an interchange of information on a fiscal year or calendar year on what the terms of the program are, there is not a very good interchange.

I think there should be.

Senator BYRD. Why is there not such an interchange?

Dr. GRANT. I don't know the answer to this, Mr. Chairman.

Senator BYRD. Does anyone know the answer?

Mr. Lowe, can we call upon you again?

Mr. LOWE. I am not prepared to add very much to that, Mr. Chairman, except to make this observation, that you would need to have an objective for this sort of coordination. Just discussing the different things would not necessarily contribute very much, because you would have the same kinds of men running these medical programs at all locations.

Senator BYRD. Well, Dr. Grant has indicated that he considers it would be desirable, so why is it not being done?

LIMITED COORDINATION EXISTS

Mr. LOWE. Dr. Grant, I do not think, has thus far taken any initiative to raise this question. So far as I know, this directly is not being done. But I think you will find that some limited coordination between the institutional type of care with the medical personnel of the District of Columbia General Hospital has from time to time taken place. I do not know the frequency of it nor the intensity of it.

Senator BYRD. This has not been discussed prior to Dr. Grant's coming into the Department?

Mr. LOWE. Not to my recollection. I would suggest, if it meets with the chairman's approval, that you let us do a rapid reconnaissance on this and give you additional information at least, or observations on the matter in the record.

DESIRABILITY OF INFORMATION EXCHANGE

Senator BYRD. Very well, that will be done.

(The information referred to follows:)

The District of Columbia Department of Public Health provides certain medical care and treatment to wards of other District agencies. Such services consist of medical tests and examinations, consultation services, surgical services, and other

medical care for those wards whose condition is such that facilities of the caretaker agency cannot provide the necessary services.

Upon placement of wards in a public health facility (hospital or clinic), available medical information and data are provided. Likewise, medical reports and results of examinations and tests developed by the public health facility are submitted to the agency having primary responsibility for the patient. Also the medical file retained by the hospital or clinic is available for reference by appropriate District agencies.

In addition to the foregoing, District agencies maintain monthly data on medical activities including such information as number of sick calls, number admitted to hospital unit, treatments and examinations provided by other health units, number of venereal disease cases, number of tuberculosis cases, and other similar information. This data is usually reported on a regular basis within the agency only; although copies are available for anyone expressing interest in this kind of information.

Dr. Grant, would you like to explain why you think such interchange would be desirable?

Dr. GRANT. Yes, Mr. Chairman. On interchange relative to individual patients, I think I have implied already why I think this is very important. But I think one of the reasons the interchange on, let's say, an annual or semiannual or fiscal basis would be important is to try to come to grips with the kinds of problems, Mr. Chairman, that you were questioning about at the beginning of this hearing. I think if you could determine what the other department was in fact doing and what your department was doing and get together on this, you might well be able to see avenues through which you could avoid duplication, work together closely, and so on.

I think this is one reason free interchange is desirable.

Senator BYRD. If all professional medical personnel were under the health department, would there be a more favorable atmosphere for information and attendance of patients?

Dr. GRANT. I think it is true, Mr. Chairman, that wherever you get two departments, and therefore two department heads, both running, let's say, a medical or public health program, you can work together, you can have fine relationships with that department head. Nevertheless, there are still two programs and people have to get together. Where you have one program in one department, with one boss, it seems to me fairly self-evident that you will have much more uniformity of operation and an ability to have a uniform program.

MEDICAL FACILITIES UNDER WELFARE

Senator BYRD. What medical facilities are operated by the Welfare Department?

Mr. LOWE. Mr. Chariman, the two principal ones are the infirmary at Blue Plains, which is an institution for the elderly, and an approximately 1,200-person-capacity institution for the mentally retarded at the Children's Center, which is called the District Training School.

Now at the other parts of the Children's Center, you have limited health facilities available for the children. Those are the major ones.

Dr. GRANT. There are some additional ones, Mr. Chairman.

I can think of one offhand rather rapidly. That is a facility that is something like what we call a well-baby clinic operation. It is a little different to that, not too similar. It is located, I believe, on Taylor Street, not too far from our Northwest Central Clinic. That is operated by the Welfare Department.

Senator BYRD. Mr. Lowe, is there any other clinic or hospital operated by the Welfare Department?

Mr. LOWE. I think of nothing further.

This well-baby clinic, an adjunct of the Child Welfare Division, is the only other facility to my knowledge.

WELFARE PERSONNEL IN HEALTH WORK

Senator BYRD. How many personnel of the Department of Public Welfare are engaged in health and medical work?

Mr. LOWE. If we may have one moment, we will have this.

Rather than hold you up any longer——

Senator BYRD. That is all right.

Mr. LOWE. The difficulty that we have, Mr. Chairman, is that it is in quite a number of small items, rather than a single figure. The information on which I am drawing is about a page and a half of this General Accounting Office report to which I referred a little while ago. I may perhaps insert that in the record, if you wish, or do you want me to give it here?

Senator BYRD. I would like to have the answer to my question. You may also insert the material in the record.

Mr. LOWE. Mr. Chairman, I am sorry, I find a summary figure on the preceding page.

During fiscal year 1962, the Department of Public Welfare employed an average of 444 medical and nursing personnel, consisting of 10 physicians, 2 dentists, 4 psychologists, 69 nurses, 347 nursing assistants, and 12 others.

In addition, consulting services were obtained by contract from 22 physicians. I do not think those figures were changed much since fiscal year 1962.

Senator BYRD. Suppose you supply for the record the change, if any?

Mr. LOWE. Yes, sir.

(The information requested follows:)

Medical personnel of the Department of Public Welfare, 1963 over 1962

	1962	1963	Change
Physicians	10	10	----------
Dentists	2	2	----------
Nurses	69	78	+9
Nursing assistants	347	407	+60
Medical technical assistants	----------	2	+2
Other	12	12	----------
Psychologists	4	4	----------
Total	444	515	+71

TYPES OF SERVICES PERFORMED

Senator BYRD. Are the same type services provided to children by both the Health and the Welfare Departments?

Dr. GRANT. Well, it depends on the facility we are talking about, Mr. Chairman. I would say generally, no. For example, at the Institution for the Mentally Retarded, of course they are providing a specific facility for the care of mentally retarded children which we are not doing at all.

At the clinic that they operate, and I believe this is Taylor Street, that operation is a little different from our normal child health clinic operation, but in my opinion not too dissimilar.

At District of Columbia Village, of course, they are operating a service, a nursing home kind of operation, with an infirmary attached to it, for aged and infirm people.

Now, this we are not doing at the Department of Public Health. The closest we are coming to this, Mr. Chairman, would be at Glenn Dale Hospital, which is partially a chronic disease hospital, where we have facilities to handle also aged and infirm people but with a chronic disease. We refer back to D.C. Village many patients who have reaped maximum benefit at Glenn Dale Hospital so that they can have a continuing kind of quasi-nursing home care at District of Columbia Village.

WELL CHILD CLINIC

Senator BYRD. Would you say the primary function of the well child clinic at CWD headquarters is diagnosis and referral, which is the same function of the well baby clinics of the Health Department?

Dr. GRANT. The function of the well baby clinics of the Public Health Department is a little more than referral. Its function would be to provide medical supervision and vaccination against diphtheria, whooping cough, lockjaw, smallpox, and polio and to give the parents advice.

Now, it is also true that one of our responsibilities would be to find out the problems of the children and refer them to an appropriate facility, which also is the function of the clinic you have just mentioned operated by the Department of Public Welfare.

Senator BYRD. They both serve children from infancy to preschool age, do they not?

Dr. GRANT. I believe I am correct in saying—Dr. Schwartz may correct me if I am wrong—that the Department of Public Welfare facility handles children beyond that age. It seems to me it is 16.

Dr. SCHWARTZ. They go beyond the age of the Public Health Department.

Senator BYRD. The Welfare Department has a well child clinic insofar as school-age children are concerned, as does the Public Health program; is that not true?

Dr. GRANT. That is generally correct, Mr. Chairman, yes.

QUESTION OF DUPLICATION OF SERVICES

Senator BYRD. Would you say there is any duplication of service between the well child clinic of the Welfare Department and the clinics of the Bureau of Maternal and Child Health of the Public Health Department?

Dr. GRANT. This is one area where it could conceivably be considered there is duplication.

Senator BYRD. Is there any duplication of service between psychiatric and psychological services obtained by the Welfare Department from Catholic University Psychological Center consultants and employees at the Children's Center?

Dr. GRANT. I do not know, Mr. Chairman, whether there is an actual duplication of service, but the other question that comes up

here is whether Department of Public Health could provide this service. We could do so, Mr. Chairman, of course, providing we have the additional personnel.

Senator BYRD. The Health Department employs a number of psychiatrists and psychologists, does it not?

Dr. GRANT. Yes, sir.

Senator BYRD. Is there any duplication of services between various medical services obtained by the Welfare Department from contract physicians and employees?

Dr. GRANT. And those which we provide, Mr. Chairman, from the Department of Public Health?

Senator BYRD. Yes.

Dr. GRANT. I am not sure that I know the answer to that question, Mr. Chairman.

Senator BYRD. The Public Assistance Division uses one general practitioner, Doctor, I believe, and one opthalmologist that would evaluate previously compiled medical data and certify to the disability of applicants for public assistance.

Dr. GRANT. Again, Mr. Chairman, I would say now that we in the Department of Health do have similar facilities which could conceivably be used for this purpose.

Senator BYRD. The Health Department employs a number of doctors and has a resident in ophthalmology at District of Columbia General; is that correct?

Dr. GRANT. That is correct, Mr. Chairman.

Senator BYRD. Is there any duplication of services between the Welfare Training Center, which has a full-time nursing assistant, and the various clinics of the Bureau of Maternal and Child Health?

Dr. GRANT. I think again, Mr. Chairman, this is a matter of opinion. I am not certain I could say there will be duplication of services, but I do see no reason why this could not be operated by the Department of Public Health.

Senator BYRD. Do persons covered by welfare programs ever use Health Department facilities?

Dr. GRANT. Oh, yes, sir, very much so.

PERCENTAGE OF HEALTH DEPARTMENT CLIENTELE FROM WELFARE

Senator BYRD. Is it not true that a majority of persons using the Health Department programs are from the same low income group of persons covered by welfare?

Dr. GRANT. I would not know whether this is a majority of the people, but it is true that a very large percentage of the Department of Public Welfare clients do come to the Department of Public Health services.

OPERATION OF CHILD HEALTH PROGRAM

Senator BYRD. Are health and medical programs for children established from the overall District of Columbia level or from the levels of the Health Department and Welfare Department?

Dr. GRANT. I would say, Mr. Chairman, that the Health Department at the present time operates its programs in the field of child health.

The Department of Public Welfare operates its programs quite separately and independently.

Senator BYRD. Do you think this is good?

Dr. GRANT. It is not good, not in my opinion, sir.

Senator BYRD. What would you recommend?

Dr. GRANT. I would feel that it would be wise to consider merging these two together so they could be operated by one department.

Senator BYRD. What would be the advantages that would accrue?

Dr. GRANT. The similar advantages, Mr. Chairman, to those that I mentioned previously; the flexibility, the proper establishments of priorities, the possible avoidance of any duplication of effort, and continuity of care.

ADVANTAGES OF CENTRAL PLANNING CONTROL

Senator BYRD. Would there be any advantages to having the planning, the implementation and the direction of health and medical programs for children in the District under the direction and control of the Health Department?

Dr. GRANT. In my opinion, it would. This makes sense to me, Mr. Chairman, to have the planning of a program under one agency.

Senator BYRD. Would you briefly discuss the advantages?

Dr. GRANT. I think these are the ones inherent in the ideas I mentioned. If you are going to plan a program, let's say for children, for example, then it makes sense to me to look at all the various problems that the children have in all their age groups, whether this be mental health, mental retardation, crippled children's services, well baby services, and so on, for one department to establish the priorities to decide which is the more important to get done first, and to assign appropriate personnel as may be needed to conduct those programs.

STUDIES ON COORDINATING SERVICES

Senator BYRD. Mr. Lowe or Commissioner Duncan, has any consideration been given to or have any studies been made on coordinating the health and medical programs of the Health and Welfare Departments in the District?

Mr. LOWE. Mr. Chairman, this is part of this study that is now underway and which we hope to have finished the last half of November. It is one of the questions that has to be answered that we are getting into.

EMPLOYEES IN SCHOOL HEALTH SERVICES

Senator BYRD. Which departments employ nurses and other personnel to provide school health services in the District?

Dr. GRANT. There are two departments that do this. The Department of Public Health employs nurses in the elementary schools, the Board of Education employs nurses in the high schools.

Senator BYRD. How many nurses are employed and what is the average number of students served by each nurse?

AVERAGE NUMBER OF PUPILS SERVED

Dr. GRANT. The average number of students, 101,000, served by the Health Department nurses, I believe, is 3,360 per nurse at the present time. I think this is correct, Mr. Chairman. I do not know how many are served by the Board of Education. I believe the average, though, is somewhere between 1,000 and 1,500 per nurse.

Senator BYRD. I believe in fiscal year 1962, there were 41 nurses serving 47,000 students, or an average of 1,100 students per nurse.

Dr. GRANT. In the Board of Education, yes.

Senator BYRD. Could you indicate whether or not the average is about the same for fiscal year 1963?

Dr. GRANT. In the Board of Education? I believe that is just about the average for 1963, yes, Mr. Chairman.

Senator BYRD. Would you supply for the record the specifics?

Dr. GRANT. Well, we will be glad to do it, Mr. Chairman.

(The information referred to follows:)

In 1963 there was an average of 1,159 students per nurse.

Senator BYRD. In fiscal year 1962, in the Department of Public Health, 30 nurses were serving 101,000 students, an average of 3,300 students per nurse.

Dr. GRANT. This is proposed to go down to 3,160.

Senator BYRD. As of June 30, 1963, would you say?

Dr. GRANT. No, sir. This is in our 1964 budget request.

Senator BYRD. Do both departments employ doctors and dentists?

EMPLOYMENT OF DOCTORS AND DENTISTS

Dr. GRANT. Both the Board of Education and Department of Public Health? The only physician that is employed by the Board of Education that I am aware of, Mr. Chairman, is one psychiatrist. It does not employ any other physicians, to the best of my knowledge, nor does it employ dentists. The Department of Public Health does.

Senator BYRD. Do both departments employ psychiatrists, psychologists, and social workers?

Dr. GRANT. Yes, sir.

Senator BYRD. In all three categories?

Dr. GRANT. Yes, sir.

Senator BYRD. Do they all work together?

Dr. GRANT. No; it is a separate operation, Mr. Chairman, in that the Board of Education operates their program under Pupil Personnel Services.

The Department of Public Health operates its program under our mental health program. It is one activity in that we do both operate in schools, but it is a separate program.

CONSOLIDATION OF SCHOOL HEALTH CENTER SERVICES

Senator BYRD. Has any consideration been given to consolidating school health center services in one department?

Dr. GRANT. I believe that we have given this some consideration. I think perhaps the Board of Education has, too, but thus far it has not happened.

Senator BYRD. What is your feeling about the matter?

Dr. GRANT. In my opinion, it makes sense for these to be consolidated.

SUMMARY OF ADVANTAGE OF CONSOLIDATION

Senator BYRD. For the record, would you again enumerate the advantages?

Dr. GRANT. For flexibility of operation, ability to plan one program through one department, continuity of care, and avoidance of duplication of effort.

SHARPE HEALTH SCHOOL

Senator BYRD. Has any consideration been given to taking over the Sharpe Health School? I note that there are 23 school psychologists as of fiscal year 1963 and 3 positions are being requested for fiscal year 1964, making a total of 26.

Dr. GRANT. To the best of my knowledge, Mr. Chairman, no specific consideration has been given to taking that over.

Senator BYRD. Do you think consideration should be given?

Dr. GRANT. I believe it should, Mr. Chairman, for the same reasons as I have heretofore mentioned.

Senator BYRD. Do you know whether or not there are any objections to consolidating the responsibility for school health services in one department?

Dr. GRANT. I believe there are objections, Mr. Chairman.

Senator BYRD. Would you care to comment on them, or would this be asking too much of you?

Dr. GRANT. Well, I would think, Mr. Chairman, that this comment should preferably be made by Dr. Hansen rather than by myself.

Senator BYRD. Is the Director of Public Health in favor of consolidating the responsibility within the Department of Public Health?

Dr. GRANT. Yes, sir; I am.

Senator BYRD. What about the Director of General Administration? Does he agree to consolidation in principle?

ATTITUDE OF GENERAL ADMINISTRATION

Mr. LOWE. Mr. Chairman, this is one part of the study that we have gone far enough on that we did recommend in the staff markup the consolidation of. In other words, a transfer to the Department of Public Health from the Board of Education of the nursing staff assigned to the secondary schools.

Senator BYRD. Is there any reservation that the Department of Public Health may not be able to take on the responsibilities at this time because of deficiencies in the Department of Public Health?

Mr. LOWE. Mr. Chairman, we would have made this recommendation a long time ago had we been satisfied that the Department of Public Health could have assumed the responsibility without deterioration in service. Even this present proposal is contingent upon being satisfied at the time that the final budgetary markup is made that the Department of Public Health will be able to assume the responsibility without deterioration in service. In other words, we reserve the right to change our minds.

VARIATION IN RESPONSIBILITY

Senator BYRD. Where is the responsibility for school health services placed in other cities?

Dr. GRANT. This varies considerably, Mr. Chairman. All over the country. It is sometimes in the health department; sometimes in the board of education; and quite often in both departments. It varies very considerably all over the country.

Senator BYRD. So you would say that some have single departmental responsibility and some have a mixed departmental responsibility?

Dr. GRANT. Yes.

Mr. Chairman, I think it is rather interesting to dwell for a moment on some of the reasons for this.

One of the most cogent reasons why this has happened many places in the country is the fact that for one reason or another it has tended to be a little easier for the board of education to get the budgetary allotment to enable them to put the staff on their budget. This has happened many times.

Senator BYRD. Is this true, would you say, generally over the country?

Dr. GRANT. I would say this is one of the most prominent reasons why the Board of Education has been in this. Not the only reason, but the one of the more prominent.

Senator BYRD. Has Baltimore just recently centralized all school health services within the health department?

Dr. GRANT. I think that is correct.

Senator BYRD. Were these services not previously divided in Baltimore, just as they are now here?

Dr. GRANT. For many years; yes, Mr. Chairman.

SHARPE HEALTH SCHOOL NOT INVOLVED

Mr. LOWE. Mr. Chairman, may I refer back to Sharpe Health School?

Sharpe Health School is not involved in this proposed transfer we were discussing a moment ago. There seems to be some question in the minds of one or two people out here in the audience that perhaps it was. We are talking only about the school health program at the secondary level. The question of transferring Sharpe Health School actually has not been gone into by us, on the premise that its primary mission is an educational mission and that the medical aspects are strictly a supporting or complementary activity.

Senator BYRD. But there were six nurses in fiscal year 1963 and one additional nurse is being requested for fiscal year 1964.

Dr. GRANT. This is the area, Mr. Chairman——

Senator BYRD. These are nursing assistants. And there were three psychologists requested in fiscal year 1964.

Mr. LOWE. Mr. Chairman, this is because the children are crippled and need to be——

QUESTION OF OPERATION UNDER MEDICAL SERVICES

Senator BYRD. I realize that. Is this not a good reason why the operation should be under the medical services of the Health Department?

Mr. LOWE. Well, Mr. Chairman, I think this is a matter where you have to decide what you are basically trying to do with those children while you have them in your daytime custody. We are basically trying to educate the children. This other activity is purely a supporting role, to help move the children around, to take adequate physical care of them during the hours that they are there.

Senator BYRD. The committee understands that, but do you think it would be feasible that these nurses and nursing assistants and psychologists and so on, be under the Health Department?

Dr. GRANT. May I make the point, Mr. Chairman, that some of the medical staff at the Sharpe Health School are in fact currently employed by the Department of Public Health; namely, the physical therapists and occupational therapists.

Senator BYRD. But the physicians I have just enumerated are not.

Dr. GRANT. There is no reason, in my view, why they could not be.

Senator BYRD. Any reason why they should be?

Dr. GRANT. In my opinion, for the reasons I gave before, I would think they should be.

PROFESSIONAL SUPERVISION OF NURSES

Senator BYRD. Is there any professional supervision of nurses employed in the school health program by the Board of Education?

Dr. GRANT. To the best of my knowledge, no.

Senator BYRD. Why not?

Dr. GRANT. I do not believe they have any nursing supervisors currently employed to do this.

Senator BYRD. What is your feeling about that?

Dr. GRANT. I think it is most important, Mr. Chairman, that if you employ nurses to do a job, they have adequate supervision. I think this is essential.

Senator BYRD. And the supervision should come from where?

Dr. GRANT. Well, I think this depends, Mr. Chairman, on where these nurses are placed organizationally. As I have mentioned, I believe that they should be placed in the Department of Public Health and therefore would be afforded supervision through the Department of Public Health.

TENURE OF NURSES

Senator BYRD. Are nurses employed by the Board of Education full-time District employees 12 months a year, as the nurses are which are employed by the Health Department?

Dr. GRANT. No, sir; I do not believe they are.

Senator BYRD. Would you have any comment on this, Mr. Lowe?

Mr. LOWE. That is my understanding also, that they work the same months that the school teachers work.

Senator BYRD. Commissioner Duncan, would you have any comment on this?

Mr. DUNCAN. No comment further than what has been made.

Senator BYRD. You support the comment that has just been made, that the answer is "No"?

Mr. DUNCAN. I think so. We can certainly check that to see if there are any who are employed during the summer.

Senator BYRD. Are the salaries comparable as between the two departments?

Mr. DUNCAN. We are not provided with a salary scale at this time, but it can be provided.

Senator BYRD. What do the Board of Education nurses do during the summer when the schools are closed?

Mr. LOWE. I am not able to answer your question, Mr. Chairman.

Senator BYRD. Do they update records and so forth?

Do they do clerical work?

Mr. DUNCAN. I think this is a question we would have to present to the school people to get the details on this, Mr. Chairman. We didn't anticipate that.

Senator BYRD. You do agree that it is pertinent to the testimony being adduced here?

Mr. DUNCAN. Yes, indeed.

(The information referred to follows:)

NURSES IN THE SECONDARY SCHOOLS

Nurses in the District's secondary schools are classified employees (GS-7, annual basic salary, $5,540). Nurses assistants are also classified employees (GS-6, annual basic salary, $5,035).

They work daily from 8:30 a.m., to 5 p.m., and are on a 12-month schedule. During the regular school vacations, these employees do the following:

1. Take their vacations.
2. Cover summer schools.
3. Complete outgoing health records (for pupils going from junior to senior high).
4. Examine incoming health records and prepare information for teachers, counselors, and supervisory personnel.
5. Make home visits.
6. Prepare reports on health surveys made during the school year.
7. Assist in giving physical examinations for students participating in athletics in fall.
8. Participate in inservice workshops.

Senator BYRD. Mr. Lowe, or Commissioner Duncan, would not the District benefit by having professional nurses in an organizational and duty status which would allow them to devote the majority of their time to nursing duties?

Commissioner DUNCAN. My answer to that would be "Yes.'

BENEFITS OF HAVING FULL-TIME NURSES

Senator BYRD. Will you briefly describe some of the benefits?

Commissioner DUNCAN. It seems to me, Mr. Chairman, that the Health Director has already given four or five reasons why this type of plan or structure would be beneficial, both as to the rendition of service and the supervision and so forth.

Senator BYRD. Would you care to add anything?

Dr. GRANT. There is one other reason, Mr. Chairman, and that is the notorious shortage of nurses. If we can use nurses full time and part time, it seems to me that would be beneficial.

Senator BYRD. I think this is a very good point.

Would you say that virtually all the school health program is now administered by the Health Department?

Dr. GRANT. I would say virtually all of the school health program in the elementary schools is. Part of it in the high schools is.

Senator BYRD. Would you say further that the school health program would be accomplished more efficiently, more effectively, and more economically by having the responsibility for planning, implementation, and directing the program assigned to the Health Department?

Dr. GRANT. Yes, sir.

Senator BYRD. Would you like to comment on that, Mr. Lowe, or Commissioner Duncan, or Commissioner Tobriner, for that matter?

Commissioner DUNCAN. I think the reasons already stated would support that view, Mr. Chairman.

Commissioner TOBRINER. I supported the position taken by the Director of Public Health when I was a member of the school board, and I must say I was a minority. But I feel the principal argument the school board has in retaining nurses in the secondary schools is the continuity of contact with the children, which a visiting nurse would not ordinarily have.

HOUSE REPORT

Senator BYRD. The House Report on the appropriation hearing for 1963 had this comment:

> The committee cannot see the logic for a division of responsibility in financing of the school nurse and health program between the Department of Education and the Department of Health. It urges the Commissioners to give the matter serious consideration.

Has any action been considered or initiated in the school health program as a result of this comment?

Mr. LOWE. Mr. Chairman, that is related to this pending proposal to transfer the function.

Senator BYRD. Pardon?

Mr. LOWE. This staff recommendation to transfer the function is the same thing that the House committee is talking about.

Senator BYRD. Does this evolve from——

Mr. LOWE. It all evolved at various times. I do not remember the exact timing of the different items or actions.

ACTION INITIATED AS RESULT OF COMMENT

Senator BYRD. So now would you enunciate for the record the action that has been considered or initiated in the school health program as the result of the comment, if any?

Mr. LOWE. I would have to say as a result of that comment and also as a result of study during this year and in prior years—we have recommended to the Commissioners in the staff recommendation on the fiscal year 1965 budget that the school health program at the secondary school level be transferred from the Board of Education to the Department of Public Health. This type of thing was listed several years ago on our part, but we never made the recommendation because we never were able to convince ourselves it can be accomplished without a deterioration in the service.

Senator BYRD. Are you now so convinced?

Mr. LOWE. Not completely. We still reserve the right to withdraw that recommendation.

Senator BYRD. But the recommendation has not to date been withdrawn.

Mr. LOWE. It has not been withdrawn, no. We would go into this finally both at the staff level and, of course, the Commissioners are the final decisionmakers on this in the District Building, during the time that the Commissioners mark up the fiscal year 1965 budget. And that is scheduled to start on November 12.

DATE OF RECOMMENDATIONS

Senator BYRD. And when were the recommendations first advanced?

Mr. LOWE. I think it was probably 4 or 5 years ago that we did some work with the Health Department and the Superintendent of

Schools, trying to resolve the question at that time. The two agencies were completely at opposite ends of the spectrum in their points of view. And in view of the fact that in our judgment the Department of Public Health was not then organizationally or staffwise set up to assume this responsibility effectively, we did not push the matter, feeling that it would be unwise to urge a reorganization which might end up with a deterioration of services that are rather critical.

Senator BYRD. What are the reasons for no objection or action, as the case may be, to date in this area?

Mr. LOWE. It was our conclusion that there was no capability in the Health Department to assume this. As the General Accounting Office stated in their comments—they quoted, saying that I was agreeable to this transfer, but was not recommending it until fiscal year 1965, because only by then did we hope that the Health Department would be ready to receive the responsibility.

CAPABILITIES OF PUBLIC HEALTH DEPARTMENT

Mr. Chairman, with regard to the capabilities of the Department of Public Health, in our judgment, to assume this added responsibility, the pending reorganization is an important link in their capabilities. They did take, following the 1957 examination of this matter, action to establish a coordinator of school health services, which helped some.

Prior to 1957, however, school health services were rather dispersed in the Health Department. But under the pending reorganization, when it is put into effect, the Health Department should have full capability of assuming these services.

REFLECTION OF STUDY

Senator BYRD. Will the outcome of the study to which you have alluded be reflected in the 1965 estimates?

Mr. LOWE. As much as we can. I am not certain whether we will get that far before the Commissioners are required by the Bureau of the Budget's timetable of deadline to include it. It certainly can be reported to the committee during the hearings on the 1965 budget, or amendments can be submitted. The initial budget markup may have to proceed, however, without reflecting a general study.

Senator BYRD. I do not suppose any preliminary conclusions have been reached in the course of the study.

Mr. LOWE. Not by me. I have been waiting to go over——

Senator BYRD. You are not conducting the study, are you?

Mr. LOWE. No, sir. Well, in the broad sense, yes. The Department of General Administration is doing so.

Senator BYRD. Is there anything that can be submitted for the record that might be helpful to the committee in this regard?

Mr. LOWE. Well, let us look over what we have. I am not certain. Personally, I have been trying to reserve forming any opinion until I can see the pros and cons of all sides. This is a very controversial and complicated issue, Mr. Chairman.

Senator BYRD. I am sure you are well advised in doing that.

FIRE DEPARTMENT MEDICAL FACILITIES

What medical facilities are in the Fire Department?

Mr. LOWE. Mr. Chairman, perhaps I should comment on that one. The Fire Department has the funding or broad administrative responsibility for the budget of the Board of Police and Fire Surgeons, which serves both the Fire Department and the Police Department in a number of ways. It is the examining group for the preemployment examination to all new members of the forces. It treats their illnesses, especially service-connected accidents and illnesses. It is also the medical group that passes on their continued ability to serve as firemen or policemen. In other words, their regular requirement of a physical examination to determine their physical capability to continue in their work.

In terms of physical facilities, they have rather a modest setup at a fire station on 13th Street, which is a clinic. It is very limited facilities for minor emergency treatment, and fairly good facilities for examination. However, beyond that they have to call on specialists elsewhere in the city.

TOTAL PERSONNEL

Senator BYRD. How many personnel of the Fire Department are engaged in health and medical work?

Mr. LOWE. My recollection is that there are 12 members of this Board as police and fire surgeons. They are not members of the Fire Department, Mr. Chairman.

Senator BYRD. How many personnel of the Fire Department are engaged in health and medical work? You have one full-time physician, I know. I have been there. You have had nine part-time physicians. And you have had various other persons.

All right. Now, how many of these are personnel of the Fire Department?

Mr. LOWE. There are a total of 14 people involved in this activity, which are on the Fire Department payroll. They consist of 10 physicians, 1 nurse, 1 described as "other medical" and 2 clerical.

PART-TIME PHYSICIANS

Senator BYRD. How many of these are part-time physicians?

Mr. LOWE. Nine of the physicians would be part time. There is only one full-time physician on this program.

Senator BYRD. What percent of their full time is given to this work?

Mr. LOWE. My recollection, sir, is that they work 80 percent of their time—in other words, 32 hours a week.

Senator BYRD. Are records kept?

Mr. LOWE. Yes, sir. This question arose about a year ago. Since that time, a complete recordkeeping system has been installed. I was talking to the Chairman of the Board just a few days ago, and he was observing that it was working out quite well, and that whereas at the time these questions arose there was some doubt as to whether these men were putting in their 32 hours a week, he said—maybe I am going a little beyond what I should quote him—but he said that some of them had been a little surprised at how much time they really were working; that in most instances they actually were working well beyond 32 hours a week.

Senator BYRD. Who is the one full-time physician?

Mr. LOWE. Dr. Dean, the chairman.

Senator BYRD. This position was formerly held by Dr. Reed, was it not?

Mr. LOWE. That's correct.

Senator BYRD. He was up before the subcommittee, I believe 2 years ago, was he not, Mr. Tobriner?

Commissioner DUNCAN. That is correct.

Senator BYRD. He was very dedicated to his work. He wanted to come and appear before the subcommittee.

EMERGENCY AMBULANCE SERVICES

Mr. LOWE. Mr. Chairman, in your question about medical activities of the Fire Department, would you perhaps have been interested in the emergency ambulance services of the city?

Senator BYRD. Yes.

Mr. LOWE. That is operated by the Fire Department. It was developed in that manner—as a result of a collaborative examination of the problem several years ago when most of the private or voluntary hospitals discontinued their emergency ambulance system. And there was participation by the Health Department in that. All emergency ambulance service in the city, I think with the exception of Casualty Hospital, is now from the Fire Department ambulances. I think the acting Fire Chief mentioned a little bit of this work in asking for new ambulances when he was before you.

Senator BYRD. Is there any reimbursement?

Mr. LOWE. No, not on the emergency services. They do not do the type of work for which there is ordinarily reimbursement, such as taking a person home from the hospital, that type of thing. That is either done on a strictly commercial basis by the patient to engage a private ambulance, or else in the case of indigents the Health Department operates a nonemergency ambulance service to carry these patients to and from the hospitals, who are not involved in emergency treatment.

This is worked pretty much on a schedule type of arrangement. This seems to be the best arrangement, after going into the matter very carefully. We were approaching a first-class crisis when several of the other hospitals discontinued their emergency services.

BOARD OF POLICE AND FIRE SURGEONS

Senator BYRD. Would you give us a brief history of the Board of Police and Fire Surgeons, and the clinic operated? You can do this for the record, if you like.

Mr. LOWE. If I may.

(The information referred to follows:)

BOARD OF POLICE AND FIRE SURGEONS—HISTORICAL BACKGROUND

A board of surgeons was first established July 28, 1862, a little less than a year after the founding of the present Metropolitan Police Department. This board of doctors was established to treat policemen.

Public Law 46 enacted by the 47th Congress in 1882 made this medical and surgical care available to members of the Fire Department. In 1902 these services were extended to the Park Police by Public Law 83, 57th Congress.

Members of the White House Police force became eligible for treatment by this board by an act of Congress passed in September 1922. (Public Law 300, 67th Cong.)

In short, metropolitan policemen have received this medical and surgical care for 101 years, firemen 81 years, Park Police 61 years and White House Police for 41 years.

In 1932, the present Police and Fire Clinic was opened. It occupies the third floor of the fire engine house at 1018 13th Street NW. It is an ambulatory clinic where all personnel, who are able to travel, are seen by physicians and surgeons daily and Sunday including holidays. It is a fully equipped ambulatory clinic

FUNCTIONS AND RESPONSIBILITIES OF BOARD

Senator BYRD. Would you state the functions and responsibilities of the Board of Police and Fire Surgeons?

Mr. LOWE. The functions and responsibilities of the Board of Police and Fire Surgeons—well, first it is for the general physical health of the active members of the police and fire forces, and the retired members of those forces. Their responsibility toward the individual commences with the preemployment physical examination which they render to the individual. During his service on the Fire Department or the Police Department, it consists of periodic medical examinations to assure that the men are qualified to perform. And then they have either emergency or routine treatment of such illnesses or injuries as they may contract. And then they make the final determination as to when the man has to retire for disability, should he so retire. After retirement they continue to treat him at the clinic for illnesses.

So it is a medical care program, in its briefest terms, for the members of the police and fire forces.

I understand that rather analogous type of operations take place in a good many other cities.

COORDINATION OF PROGRAMS

Senator BYRD. Is there any coordination between the health and medical programs of the Fire Department and the health and medical programs of the Health Department?

Dr. GRANT. The only coordination which would exist, Mr. Chairman, is what I believe Mr. Lowe mentions, and that is when one of the men needs to be transferred to District of Columbia General Hospital. Then there is coordination in that area. But beyond that I know of no other coordination.

Senator BYRD. You think there should be other coordination?

Dr. GRANT. Well, I think there are many possibilities, Mr. Chairman. I do believe that it would be desirable for a further coordination to occur. If I can elaborate for just a moment, the Department of Public Health does operate at the present time an employee health service which performs functions not too dissimilar from those which are performed by the police and fire surgeons, with some exceptions. As a matter of fact, it performs these services for all District employees except those—except police and firemen, those at District of Columbia General Hospital, and Glenn Dale Hospital, which take care of their own.

I would see no particular reason, Mr. Chairman, why it could also not provide a similar kind of service for the police and firemen.

Senator BYRD. You think there would be advantages that would accrue?

Dr. GRANT. For the very same reason that I mentioned previously.

FISCAL YEAR 1963 EXPENDITURES

Senator BYRD. How much was expended during fiscal year 1963 for hospitalization, specialists fees and other medical supplies and services, such as X-rays, to private sources on the authorization of the Board of Police and Fire Surgeons?

Mr. LOWE. We do not have the actual figure, Mr. Chairman. We can give you the budgeted figure in just a moment.

Senator BYRD. All right.

Mr. LOWE. The only figure that we seem to have available is the dollar figure for the Fire Department—the adjusted base for this service on our part was $130,000. The Police Department appropriation also includes funds to support this activity, since roughly two-thirds of the total services are for policemen. So may we provide a remaining figure for the record, Mr. Chairman?

Senator BYRD. Yes.

(The information referred to follows:)

Hospitalization costs, fiscal year 1963

	Fire Department		Police Department		Totals	
	Men	Cost	Men	Cost	Men	Cost
Washington Hospital Center	533	$27,854	1,577	$58,359	2,110	$86,213
Casualty Hospital	25	686	47	2,757	72	3,443
Georgetown Hospital	9	126	9	1,540	18	1,666
George Washington Hospital	6	912	42	5,929	48	6,841
Holy Cross Hospital	1	15			1	15
Providence Hospital	4	1,237	6	504	10	1,741
District of Columbia General Hospital			1	38	1	38
Doctors Hospital			2	167	2	167
Hadley Memorial Hospital			2	39	2	39
Total	578	30,830	1,686	69,333	2,264	100,163

Operating costs, fiscal year 1963

Supplies and materials	$7,217
Equipment	1,401

CONTROVERSIAL ITEM

Senator BYRD. Well, Dr. Grant, this item, as you know, has been of some controversy, especially in the last 2 or 3 years. I believe it was the year before last that the Senate took action to restore this item and for what appeared to be very justifiable and good reasons.

Would you say that there are certain medical supplies in some services that could be obtained from the facilities of the District of Columbia government, such as X-rays, for instance?

Dr. GRANT. I would think so, Mr. Chairman.

May I just make one statement in relation to these questions, relative to other departments, Mr. Chairman?

This, as you know, is a very controversial matter relative to the various departments, and it is very easy for any director of public health to get the reputation of wanting to encroach on areas of other

departments. I should like to be sure, Mr. Chairman, that there is notation placed in the record that I have not sought any of these programs. I am merely answering your questions to the best of my ability.

Senator BYRD. Yes, sir, indeed. If you would like to add anything for the record, you may do so, Dr. Grant.

I think I should state that there are no preconceived notions existent from this end. But I do feel these are matters which should be explored for the record, so that the committee and perhaps the departments within the District of Columbia government may better gage their actions at the present time and in the future.

Dr. GRANT. I think, Mr. Chairman, that I must agree with you completely. As a matter of fact, this same problem exists all over the country—this question of differences of opinion and the diversification of activities existing between departments is really a nationwide problem that I do not think anyone has really resolved.

Senator BYRD. In many instances diversification is to be desired, I would say. Don't you agree?

Dr. GRANT. Yes, I agree, Mr. Chairman.

Senator BYRD. And, of course, in certain other instances it would not be.

POLICEMEN AND FIREMEN HOSPITALIZED

Just for the record, would you prepare a tabulation showing by hospital the number of policemen and firemen hospitalized in private hospitals during fiscal year 1963?

Mr. LOWE. Yes, sir.

We have available a figure on that for fiscal 1962. We will also supply the other information.

Senator BYRD. What is the dollar figure, Mr. Lowe?

Mr. LOWE. The dollar figure was $103,000 in fiscal year 1962. However, a large portion of this item was at the Washington Hospital Center, which is the hospital at which most of the physicians and and surgeons attached to this Board have been in.

Now, the District of course, as you know, spends approximately $2 million a year in private hospitals for care of other kinds of patients. The medical charities program obligates about $2 million. So this is a very small portion of the total District of Columbia government expenditure with the private hospitals.

Senator BYRD. Would you like to include something additionally for the record?

Mr. LOWE. Yes, sir. We will update this information and also give you the more specific point which you requested.

Senator BYRD. Very well.

(The information referred to is in the preceding table.)

FUNDS REQUESTED OUTSIDE POLICE AND FIRE CLINIC

Senator BYRD. How much is being requested for hospitalization, specialist fees, and other medical supplies and services for policemen and firemen outside the police and fire clinic for fiscal year 1964?

Mr. LOWE. That is this information which we were not able to answer quite all of it, sir. If we may supply that for the record also.

(The information referred to follows:)

Outside medical and hospital expenses [1]*—Estimate for fiscal year 1964*

Fire Department	$40,000
Metropolitan Police Department	116,000
Total for both departments	156,000

[1] Service not rendered at the clinic.

DOCTORS HAVING PRIVATE PRACTICE

Senator BYRD. How many of the doctors employed by the Board of Police and Fire Surgeons have a private service in addition to their employment by the District?

Mr. LOWE. Mr. Chairman, to the best of my knowledge all of them do. The chairman, I think, since he is full time, I believe has limited his considerably. But that is the real reason the others are employed on this 80-percent basis, so that it would minimize the probability of any conflict between their official duties and their private practice.

Senator BYRD. Do the doctors have regular office hours for their private practice?

Mr. LOWE. I think most of them do, sir.

Senator BYRD. Would you supply for the record what the office hours are, where the offices are located, what the doctors names are, and what their grades and salaries are.

Mr. LOWE. Yes.

(The information referred to follows:)

Name	Grade	Address	Office hours	Total time spent in private practice
Dr. Benjamin F. Dean, Jr.	14	Columbia Medical Bldg., 1835 I St. NW.	Office hours by appointment 4 hours per week; outside appointment 3 hours per week.	7 hours per week.
Dr. Jerome B. Harrell	13	1028 Connecticut Ave. NW.	Monday, Wednesday and Friday, 2:30 to 5 p.m.	20 to 35 hours per week.
Dr. Joseph F. Dyer	13	915 Rhode Island Ave. NW.	Monday, Tuesday, Thursday, and Friday, 1 to 3 p.m.; 6 to 8 p.m.; Saturday 1 to 3 p.m. by appointment.	26 hours per week estimate.
Dr. William H. Yeager, Jr.	13	1800 Connecticut Ave. NW.	Monday, Tuesday, Thursday, and Friday, 1 to 4:30 p.m.	23 to 24 hours per week.
Dr. Wilder P. Montgomery	13	915 Florida Ave. NW.	Monday, Wednesday, and Friday, 12:30 to 1:30 p.m.; 6:30 to 8:30 p.m.; Tuesday, 1:30 to 2:30 p.m.; 6:30 to 8:30 p.m.; Saturday, 12:30 to 1:30 p.m.	25 hours more or less.
			INTERMITTENT	
Dr. Victor H. Esch	13	3409 Wisconsin Ave. NW.	Monday, Wednesday, and Friday, 3 to 5 p.m.	15 hours estimated per week, including office hours.
Dr. Maurice Mensh	13	1732 I St. NW.	By appointment, flexible: Monday, 9 a.m. to 1 p.m.; Tuesday, 2:30 to 5 p.m.; Wednesday, 9 a.m. to 1 p.m.; Friday, 9 a.m. to 2 p.m.	20 to 25 hours per week.
Dr. Robert F. Dyer	13	1835 I St. NW.	By appointment: Monday, 11 a.m. to 3 p.m.; Tuesday, 2:30 to 5 p.m.; Wednesday, 9:30 to 10:30 a.m.; 2:30 to 4:30 p.m.; Thursday, 9:30 to 10:30 a.m.; Friday, 9:30 to 11:30 a.m.; 1:30 to 4:30 p.m.	16 hours per week.
Dr. Hugh O. House	13	do.	8 to 9 a.m. daily except Wednesday (occasional operation); Monday, Tuesday, and Friday, 2 to 4 p.m.	11 hours per week.
Dr. Hyman D. Shapiro	14	1800 I St. NW.	By appointment only when available	No estimate of hours per week for outside work.

NOTE.—Required service performance: Dr. Benjamin F. Dean is the only full-time paid member of the Board of Police and Fire Surgeons. As such he is required to provide 40 hours of professional services each week. All other members are on a part-time basis and provide an average of 32 hours of services per week. Professional services are rendered at the clinic during patient visits, Board meetings, examinations, and consultations. Other services are rendered during hospital visits, visits to patients' home, response to alarms, testifying at retirement board hearings, attending staff and other conferences.

NEW TIMEKEEPING SYSTEM

Mr. LOWE. It might be well at this point if we gave you a report that describes the new timekeeping system for the Board of Police and Fire Surgeons. So with your permission, we will include that with this other table about the hospital services.

Senator BYRD. Very good. I think some question was raised by the House 2 years ago on this point.

Mr. LOWE. That is correct. They made very grave charges about this matter. And we believe that it is—the situation is working quite properly now.

Senator BYRD. Yes. This committee has, of course, raised the same questions with regard to physicians working in the Department of Public Welfare and has insisted that records be kept, and those records are now being kept, we are informed. And so we would like to lay down for the record the same information with reference to the police and fire clinic.

Mr. LOWE. That will be done.

(The information referred to follows:)

INSTRUCTIONS FOR USE OF BIWEEKLY WORK STATUS REPORT (FD 13.4)

Who shall fill out the form

All physicians, including the Chairman, assigned to the police and fire clinic are required to complete this form on a biweekly (pay period) basis.

How the form shall be filled out

The form may be completed by typewriter, pen, or pencil. Only an original is necessary.

All hours devoted to clinic business should be recorded on the appropriate days opposite the type of activity involved. The blank space may be used for any activity not listed.

Careful attention should be given to recording the hours and type of leave taken (annual, sick, compensatory). Example: 6A, 2S, 4C, etc.

Certification

Each physician completing the form should sign and date in the indicated space. The Chairman of the Board of Police and Fire Surgeons should countersign each form before it is sent to fire headquarters.

Processing

The signed and certified FD 13.4's should be forwarded to Fire Department headquarters at the end of each pay period.

The time clerk shall use the completed FD 13.4's as the basis for filling out the DC 251 (time and attendance report). The DC 251 should accurately reflect the hours worked during the pay period, as well as the hours of leave taken during that period.

Final disposition

The completed FD 13.4's should be filed at Fire Department headquarters with a retention period of no less than 2 years.

F. D. No. 13.4
5-63

D. C. Fire Department

BOARD OF POLICE AND FIRE SURGEONS

BI-WEEKLY WORK STATUS REPORT

NAME OF EMPLOYEE	DUTY HRS *(circle)* 64 80	FOR THE PAY PERIOD THRU

HOURS PER DAY

	ACTIVITY	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
AT CLINIC	Administrative															
	Board Meetings															
	Consultations															
	Examinations															
	Patient Visits															
OTHER	Court Call & Testimony															
	Hospital Visits															
	House Visits															
	Response to Alarms															
	Retirement Board															
	Staff and Other Meetings															
	Telephone Consultations															
	Miscellaneous															
	LEAVE (A,S,C)															
	TOTAL															

I hereby certify that during the pay period indicated above, I was engaged in the performance of official duties on behalf of the District of Columbia Government on the days and for the number of hours indicated:

DATE _____ MEMBER, BOARD OF POLICE AND FIRE SURGEONS _____

DATE _____ CHAIRMAN, BOARD OF POLICE AND FIRE SURGEONS _____

Falsification of above certification will constitute grounds for recommending dismissal of employee.

TIME DEVOTED TO PRIVATE PRACTICE

Senator BYRD. If it is possible to do so, you might also include information concerning the time, in addition to the regular office hours, that the doctors devote to private practice—the time in addition to regular office hours.

Mr. LOWE. We will make inquiry and see what we can learn.

Senator BYRD. No inferences are to be drawn, but I do think this is information we ought to have in the record.

Mr. LOWE. I might say right now that the present timekeeping arrangement calls for a periodic signed statement from each of the

surgeons or physicians as to the time they devote, broken down into the categories of services rendered in terms of time required.

HOUSE INVESTIGATION

Senator BYRD. Did the House Appropirations Committee conduct an investigation of the medical services program of the Fire and Police Departments?

Mr. LOWE. They did, sir. That was preliminary to their recommendation and to the subsequent report, and to the changes that have been made in the timekeeping system and certain other activities.

Senator BYRD. And it grew out of the concern to which we have previously alluded.

Mr. LOWE. I think so.

Senator BYRD. On the part of the House Appropriations Committee.

Do you know whether or not any deficiencies were disclosed by the House investigation?

HOUSE RECOMMENDATIONS

Mr. LOWE. Well, the House report developed several things. We do not have a copy of the complete text, but in their report on the bill for fiscal 1963, they have four recommendations, one of which was the establishment of appropriate records of hours worked by the physician. And I think there has been satisfactory compliance with this, which we will give you more details on.

The second was steps being taken to correct medical deficiencies in the clinic such as provision of a unified chart system, improvements in sterile techniques, and the establishment of better controls for the verification of laboratory work. And the report that we reported back to the House that compliance had been substantially effected on all of those points. So far as I can gather, the House considered the action taken to be satisfactory.

The third recommendation was the elimination of treatment by the Board of Police and Fire Surgeons of nonservice-connected injuries or illnesses. In this connection, efforts should be made to improve the policy and procedures with regard to findings as to whether an injury or illness is service connected.

Public Law 87–708, enacted September 27, 1962, eliminated any question as to whether nonservice-connected injuries and illnesses should be treated by specifically authorizing the same. So there is no further action required on that.

The fourth recommendation was that where hospitalization is necessary for policemen or firemen, for treatment of service-connected injuries or illnesses, the Board of Police and Fire Surgeons should try to refer cases to all hospitals in reasonably equal proportion to the size of the hospital, and with due regard to the hospitals at which the members of the Board have privileges. And in connection with examining into that matter, since the privileges of the staff members are quite an important matter as to where they will treat patients, we also looked at where the total District of Columbia government payment for services to the local hospitals go, and we came up with the very clear fact that although there is about 75 or 80 percent of the Board of Police and Fire Surgeons business placed at the Washington Hospital Center, it is still not a disproportionate volume when

taking into account the overall District of Columbia government picture on this type of activity—for fiscal year 1962 all hopsitals having received $1,910,000 in payment for nonpolice and nonfire cases and, $103,477 for policemen and firemen services.

That is what the House evolved in its much more comprehensive report related to these recommendations.

REPORT STATEMENT

Senator BYRD. Part of the investigative report contained the statement—

the operation of the clinic itself suggests inadequate administrative supervision—

and

most first-class medical institutions today have some means of medical audit.

What has been done about these matters?

Mr. LOWE. The answer of the Board to this point—may I read it, please?

Senator BYRD. Yes.

Mr. LOWE (reading):

The Board considers that there is no better control for the verification of laboratory work—

I think this is what this is directed to—

which is done at the police and fire clinic than that which has been done during the past year. That is, correlation of laboratory findings with clinical findings. That is, a comparison of the work of our laboratory with work done in private outside laboratories and in hospital laboratories has been quite favorable. A comparison of results is checked frequently when patients are referred to the clinical hospitals, and for one reason or another to outside laboratories after having had examinations done at the clinic laboratory.

Senator BYRD. Do you contemplate any further action, Mr. Lowe?

Mr. LOWE. I do not know of any further action on these in the way of further reporting on these particular points. I think that it is safe to say that the inquiries into these matters have led to the Board of Surgeons looking at their operation, and I believe maintaining a continuing look at it.

Again, this is partly based on not only the work of preparing the report to the House committee—this conversation I had a few days ago with the Chairman of the Board, in which he was making various observations about their efforts, and largely alluding to the previous investigation.

SUPERVISION OF HEALTH DEPARTMENT CLINICS

Senator BYRD. Dr. Grant, the Health Department operates a number of clinics. Would you briefly describe the methods used by the Health Department to provide administrative and professional supervision of the Health Department clinics.

Dr. GRANT. Mr. Chairman, this would depend a great deal upon the clinics to which you are referring, because we operate a whole variety of clinics in many different locations. For example, if we take District of Columbia General Hospital as the example, there are a multitude of clinics held in just that hospital. The professional supervision of those clinics is maintained by the professional staff and the nursing staff who really operate them. In general, this is true of the remainder of the public health clinics in the Department. I would

say that one of the key persons in the supervision of the clinic operation is the Public Health nurse. She is one of the real key people, Mr. Chairman, and is generally responsible for setting up the clinic and seeing that it is being run properly.

Senator BYRD. If the Fire and Police Clinic were a part of the Health Department, could these practices be extended to it?

Dr. GRANT. I would see no particular reason why this could not be done, Mr. Chairman.

STUDIES OF FIRE AND POLICE CLINIC

Senator BYRD. Well, I am sure this subject has been discussed many times, Mr. Lowe, but I will ask this question for the record.

Has the District performed any studies relating to the Fire and Police Clinic and whether it could be operated more efficiently, effectively, and economically in another organizational setting?

Mr. LOWE. No independent study of recent years to my knowledge, Mr. Chairman. The question has largely been resolved on the basis of the fact that it is a highly specialized service for a restricted category of patients, and it is tailored to the special needs of these patients—a semi- or quasi-military type of operation. If you have a disproportionate number of services that have to be rendered, these surgeons are on call, and doctors—at any major fire one or more of them is actually summoned to be on the fire grounds, to help out for whatever situation might arise. And so there has been a general conclusion from year to year that there was a satisfactory service in the light of the specialized and rather extensive needs of these over 4,000 men now. I think there must be close to 4,500 men involved in the group that they service.

ADMINISTRATION OF PROGRAM

Senator BYRD. Would there be any advantage to having the medical services program for firemen and policemen administered by the Health Department?

Dr. GRANT. I think, Mr. Chairman, the same kind of advantages would accrue as that which I mentioned before—inasmuch as we already have somewhat of an employee health service in the Department at the present time, there would be no reason why the planning of the total employee health services for District of Columbia employees could not be done by one agency. And this seems to me to make just as much sense as the planning of any kind of program in the health field.

Senator BYRD. I think the policemen and firemen are certainly satisfied with the present services and probably prefer that.

Mr. LOWE. Mr. Chairman, there is no question whatsoever but what the policemen and firemen very much like the present arrangement.

MORALE FACTOR INVOLVED

Senator BYRD. There is a considerable morale factor involved, is there not?

Mr. LOWE. Yes, sir. I think you can say that their reaction is this—the services provided by this particular group of men are designed for their particular needs, whereas regardless of what the other

institution might be—I don't think it has any bearing on their opinion of other institutions. They would feel that they were just one of a continuing number of patients; where today they see this doctor, tomorrow they would see another one, and they would not have the same degree or type of care.

Now, that I think is the feeling, the reaction of the men as individuals. And it is somewhat understandable.

Senator BYRD. They feel that they get more prompt service, and also that they get service from physicians who know them, who are familiar with them, who are personally acquainted with them, who know their families and so on.

Mr. LOWE. I think that is probably correct.

Senator BYRD. And their families feel the same way about it—their families feel just as warmly about the present service.

Mr. LOWE. I have not talked with the families.

Senator BYRD. Have you talked with the men?

Mr. LOWE. Yes.

Senator BYRD. Well, I would assume that the men told you what they told me—that their families felt the same way about it.

Mr. LOWE. I do not actually remember them mentioning their families. But I do know that the District firemen and policemen feel the way you describe.

Senator BYRD. What medical facilities are operated by the Department of Corrections?

Mr. LOWE. Relatively limited medical facilities. An infirmary. Naturally they have a doctor—I mean doctors, because of the men that are under their full-time care.

Senator BYRD. How many institutions are involved?

Mr. LOWE. The Department of Corrections has three separate institutions. There is the jail, the maximum security institution, almost across the street—well, it is across the street from District of Columbia General. I am confident that there is very close work between the jail and the hospital. I do not know the details, but Dr. Schultz or Dr. Grant could supply that, I am sure. Then they have the next most secure institution at Lorton, Va., which is called the reformatory. And lastly, the workhouse at Occoquan, Va., which is a mile or so apart.

Senator BYRD. Does this total four?

Mr. LOWE. This is three institutions—the jail, Lorton, and the workhouse.

Now, I would guess I should classify a fourth one. That is, the Youth Correctional Facility or Center, which by statute persons sentenced there have to be separated from the older felons. It is more of a felon-type institution, but it is for the younger age groups—age 18 through 26, I think.

Senator BYRD. Now, if ——

Mr. LOWE. They have an infirmary where they take care of these patients. And again this is where, as I understand it, the more critical patient or someone requiring surgery or anyone of any consequence is transferred to District of Columbia General. As you know, District of Columbia General operates a locked ward in conjunction with the jail.

Dr. SCHULTZ. That is correct. There is a 12-bed unit that is used by the Metropolitan Police and the jail. It is actually under the

security jurisdiction of the jail. It might be considered I suppose, an extension of it. We have a very close and highly effective relationship with the jail. We get some 4,800 units of blood from the jail every year. In addition, we provide them with consulting services. We receive the most critically sick and those requiring hospitalization from the jail, as well as those brought in by the Metropolitan Police, of course.

CLINICAL AND HOSPITAL FACILITIES

Senator BYRD. Can it be said that each of the institutions has clinical and hospital facilities?

Mr. LOWE. Infirmary-type facilities I think we would say is what they have. The total personnel that they have is limited to 34. I think for the number of inmates that they take care of, you can see that that is not an extremely large number. It is made up of six physicians ——

Senator BYRD. The total for all of the institutions you have mentioned?

Mr. LOWE. All of the correctional institutions—made up of six physicians, three dentists—actually there are psychologists on this list, which is more in the rehabilitative category than the physical field—nine nurses and six other medical. So it is really 24 exclusive of the psychologists. The psychologists were added in relatively large numbers only a few years ago as part of the rehabilitative processes at the institution.

TOTAL PERSONNEL

Senator BYRD. So the personnel of the Department of Corrections engaged in health and medical work would number how many?

Mr. LOWE. Twenty-four, exclusive of the psychologists.

Senator BYRD. And including these it would amount to how many?

Mr. LOWE. Thirty-four.

FUNCTIONS OF PERSONNEL

Senator BYRD. Could we have a brief description of the functions and responsibilities of medical personnel employed by the Department of Corrections?

Mr. LOWE. The medical program provides medical and dental services in all institutions with the physician seeing 72,000 patients annually on sick call. Much of the treatment is made by outpatient methods providing hospitalization is necessary. Surgical work is provided primarily at the jail for inmates of all institutions. This would be in that facility which Dr. Schultz was just mentioning, where you maintain your security measures, but also have the facilities of District of Columbia General Hospital for providing the surgery and other medical care. Contract specialists provide care for orthopedic and dermatitis and other conditions.

That is a thumbnail description of their medical program.

EVALUATION OF WORK OF PSYCHIATRISTS AND PSYCHOLOGISTS

Senator BYRD. Have any studies been made to evaluate the results of the work of psychiatrists and psychologists employed by the Department of Corrections?

Mr. LOWE. The most recent one with which I am familiar, Mr. Chairman, is one that led to the conclusion that the work done by those they formerly had was of such effectiveness that more should be added. We have not been able subsequently to get into an evaluation of the effectiveness of that operation.

Senator BYRD. When you speak of the most recent, what date do you have in mind?

Mr. LOWE. This was the prison probation and parole study made in 1957.

STUDY OF RECOMMENDATIONS

Senator BYRD. Could someone extract from this study a compendium of the recommendations and results enumerated therein?

Mr. LOWE. Yes, sir.

Senator BYRD. Particularly with reference to the evaluation of the results of the services of the psychologists and psychiatrists.

Mr. LOWE. Well now, what was in this report proceeded from the mind of the authors of the report as to the demonstrated effectiveness of the limited number that corrections then had, and the recommendation that a substantial increase would be needed.

Now, we will supply whatever is in there in response to your question. But the report would not orient directly to the question which you just asked.

Senator BYRD. Perhaps the pertinent paragraphs could be quoted for the record.

Mr. LOWE. Yes, sir.

(The information referred to follows:)

The Committee on Prisons, Probation, and Parole recommended to the Department of Corrections, that when dealing with the chronic crime repeater, a program be developed to treat the individual offender through diagnosis and counseling.

At the time of this report, the Department of Corrections, had inaugurated a program at the Reformatory to treat the individual offender through personalized diagnosis and counseling. The program used supervisory custodial personnel as counselors and assigned inmates for individual counseling.

To develop the committee's program recommendation, additional professional personnel were requested and authorized in the 1958 appropriations for treatment of chronic offenders in the Psychological Services Center. Attached is a summary of the activities of this program since its inception.

REPORT ON THE ACTIVITY OF THE PSYCHOLOGICAL SERVICES CENTER AT THE REFORMATORY DIVISION

The Director called for a full-scale report of the work of the Psychological Services Center headquartered at the Reformatory Division as authorized by the Appropriation Act for the fiscal year 1958, following the recommendations of the Report of the Committee on Prisons, Probation and Parole, appointed by the Board of Commissioners, District of Columbia, dated April 1957, to be submitted at the February 27, 1963, meeting of the executive staff.

The report was given orally before the 12 executives of the Department. The Chief of the Services, Dr. Reuben Horlick also submitted a written report, and it is attached.

The Director and the executives of the Department accepted the report as an accurate portrayal of the work of the Psychological Services Center. It is to be noted that this group of professional employees has been dealing almost exclusively with hardened felons with deep criminal traits. Therefore, it could hardly be expected that the treatment to them in a prison could be startlingly successful. Even so, however, the report shows, and it can be further documented, that some 78 percent of felons thus treated and released were free, and had not engaged in further criminal behavior at that time.

It is the view of the Department administration that the approach of the clinical psychologist, when the staff continues to be insufficiently manned, should

be directed primarily to the more bizarre psychopathic type of offenders rather than exclusively to hardened offenders.

DONALD CLEMMER, *Director.*

REPORT OF THE PSYCHOLOGICAL SERVICES CENTER TO THE EXECUTIVE COMMITTEE, FEBRUARY 27, 1963

Since its inception in November 1958, the Psychological Services Center has been responsible for the treatment program for a select number of habitual offenders. It is appropriate at this time to review its accomplishments and its future direction.

As originally conceived, the functions of the Psychological Services Center were fourfold:

(1) Psychological testing for screening purposes and vocational counseling, where appropriate.

(2) Individual therapy—Each individual is seen at least one session per week. He receives intensive counseling with a view toward increasing an understanding of his problems and toward developing a better outlook and attitude.

(3) Group therapy—Each individual is enrolled in at least one group therapy session a week and where he is provided an opportunity to ventilate his feelings in a group setting and to develop a mutual respect with others.

(4) Research—In order to evaluate the progress being made, a research program has been built into the work.

Statistically, approximately 700 have been tested and processed. Of these, approximately 260 men were accepted for treatment. Table I shows the disposition of those men accepted into the PSC program.

TABLE I.—*Disposition of PSC participants* [1]

Number accepted	260
Number dropped	85
Number released	70
Number returned	15
Number in program	90

[1] Figures are approximate.

In the therapy program, individual and group, we try to achieve some understanding of the motives behind, and the factors influencing, a criminal pattern of behavior so as to help them avoid getting into the same difficulty again. Among some of the more frequently discussed subjects have been the following:

(1) Feelings and attitudes toward persons in authority and how these feelings are unconsciously displaced on to other persons.

(2) Initial resistance to talking about themselves in group situations and the relationship between this and the "jail code" of relating to people in a distant manner.

(3) Ways of handling emotional pressures in prison as well as in the community.

(4) Behavior is purposive and meaningful: In this light men examine their actions in an attempt to determine their real intentions and motives, i.e., a need to live at a level far above their earning capacities; a dislike of work as such and contempt for those who work regularly; feeling that society is responsible for their economic problems thus they feel justified in committing antisocial acts against society; an inability to face up to their own shortcomings—these are usually inadequately functioning individuals who need the crutch of drugs or some other addicting substitute to compensate for the way they feel about themselves; a very weak ego structure—these persons usually have very little respect for the rights of others and a poorly developed value system.

(5) Self-concepts and feelings of inadequacy.

(6) The emotional aspects and their involvement in interpersonal relations.

(7) Attitudes and feelings of resentment toward society.

(8) Future relationships.

(9) Prisonization.

(10) Need for emotional growth and independence.

It is evident that the offender presents a highly individualized and complex problem. They vary in background, offenses, and length of sentences. Their differences include racial, religious, and cultural origins. Stereotyping patterns of behavior and stereotyped treatment procedures are wrong and useless. The

habitual offender comes to the psychotherapy sessions with mixed feelings about himself and his expectations from the institution. Often he expects to be poorly received and expects condemnation for his past behavior. Against this background, he mobilizes his defenses to protect himself from the anxiety and threats caused by his new situation. He is unsure; he is guarded. He reacts in many ways. He may show extreme helplessness and a longing for independency, or he may overcompensate his feelings of helplessness by an attitude of hostility or by suspiciousness or even by a pose of self-sufficiency and adequacy. The final answer lies in the individual psychological structure of the inmate for whom imprisonment is a symptom of an underlying problem of a maladjusted personality. For many of the men, the Psychological Services Center has provided an opportunity to examine the troubling aspects of their behavior—both from the safe vantage point of the individual and group sessions.

It is apparent that the assistance rendered is in reality unmeasurable either in terms of the hours provided or in the number of sessions made available. There has been progress; there has been achievement.

TABLE II.—*Cornell Index and MMPI psychopathic deviate scores for 32 habitual offenders before and after therapy*

Inventory	Number of items checked—	
	Before	After
Cornell Index	638	275
Fear and inadequacy	104	29
Depression	53	11
Nervousness and anxiety	65	36
Neurocirculatory symptoms	34	17
Startle reactions	47	20
Psychosomatic symptom	65	34
Hypochondriasis and asthenia	36	11
Gastrointestinal symptoms	46	26
Sensitivity and suspiciousness	52	18
Troublesome psychopathy	136	73
MMPI—Psychopathic deviate	832	718

Table 2 measures to some degree the improved feelings and attitudes after therapy as compared to the time prior to the initiation of therapy. There are many factors which influence the results but it is worthwhile noting the changes.

Considering the complexity of the individual forces and the complexity of the external forces in society, we can take pride in our efforts. It is a clinical professional service of vital importance to the inmate who honestly engages in self-analysis and finally arrives at a turning point in his life pattern.

COORDINATION OF PROGRAMS

Senator BYRD. Is there any coordination between the health and medical programs of the Department of Corrections and the Health Department?

Dr. GRANT. Only, Mr. Chairman, that which was alluded to by Dr. Schultz previously in relation to the institution located in proximity to District of Columbia General Hospital.

Senator BYRD. Would Dr. Grant and Dr. Schultz recommend a broader coordination of efforts between the two?

Dr. GRANT. I would think, Mr. Chairman, there should be, yes. There is one other program, I think, where we do coordinate them, and that is in the tuberculosis field. I think we do a lot of work with them in determining cases of tuberculosis.

Senator BYRD. Does the Bureau of Prisons employ health and medical personnel?

Dr. GRANT. I do not know the answer to that, Mr. Chairman.

Dr. SCHULTZ. They do, but I do not know the details.

Senator BYRD. Doesn't the law require the Public Health Service to provide health and medical care needed for the Bureau of Prisons?

Dr. GRANT. Yes, Mr. Chairman. That is provided by the U.S. Public Health Service.

Senator BYRD. You would say that the Bureau of Prisons, U.S. Government, does not employ health and medical personnel?

Dr. GRANT. No, sir; I do not think so. I think this is carried out by the U.S. Public Health Service.

Senator BYRD. Has the arrangement of the Public Health Service providing medical care for the Bureau of Prisons worked out satisfactory?

Dr. GRANT. I am not sure about that, Mr. Chairman.

Senator BYRD. Can anyone answer that question?

Dr. GRANT. Let's say I have heard no complaint, Mr. Chairman. Maybe I would not be the one to hear the complaint.

Senator BYRD. Mr. Lowe or Mr. Tobriner or Mr. Duncan?

Mr. LOWE. I cannot comment on whether it is considered satisfactory by either organization. I can say definitely that it is provided by the U.S. Public Health Service for the Bureau of Prisons.

REASONING OF LAW

Senator BYRD. What was the reasoning behind the law, would you say, Dr. Grant, requiring the Public Health Service to furnish medical care for the Bureau of Prisons?

Dr. GRANT. I think if we look at the structure of the Federal Government in the question of public health, we find that while there are some agencies in the Federal Government that do provide some health services, increasingly almost all these health services have been located in one agency of the U.S. Public Health Service. The only major exception to this, and even this is a rather fine line, and is open to considerable question at the present time, concerns the U.S. Children's Bureau, which provides health facilities for mothers and children. But other than that, most of the health services of the Federal Government are located in the Public Health Service. The Veterans' Administration—that is one other.

DIFFICULTY IN SECURING TRAINED PERSONNEL

Senator BYRD. Has the Department of Corrections ever had any difficulty in finding highly trained personnel to fill positions in its health and medical activities, Mr. Lowe, do you know?

Mr. LOWE. I do not think so, Mr. Chairman. Of course, they have not been exposed to trying to find the really most advanced forms of specialists and personnel of that type, because when the problems become acute they now take them to the District of Columbia General Hospital where they have one of the finest hospitals that you will ever run into.

Senator BYRD. I suppose there might be some aversion on the part of medical personnel to working in a prison.

Mr. LOWE. I don't know. But so far as I know, they have no serious problem with recruiting the types of medical personnel which they require.

Senator BYRD. Would you say that if there are such difficulties, the Health Department might be more successful in recruiting medical personnel to staff medical facilities in the Department of Corrections than would be the Department of Corrections?

PERSONNEL RECRUITMENT

Mr. LOWE. It is entirely possible that they would have broader recruiting facilities—probably for this one principal reason—that a doctor might feel that his ultimate promotional opportunities would be greater in a large medical organization than in a smaller medical organization such as the Department of Corrections would have.

Senator BYRD. Would there be any advantages to having the health and medical programs and facilities of the Department of Corrections administered by the Health Department, Dr. Grant?

Dr. GRANT. I would think, Mr. Chairman, for the same reasons I mentioned previously, that there would be.

Senator BYRD. Of course, there might be disadvantages also.

Dr. GRANT. Yes.

COMMITTEE RECESS

Senator BYRD. The subcommittee will stand in recess until 10 o'clock Monday morning.

(Whereupon, at 12:15 p.m., Friday, Oct. 11, 1963, the subcommittee stood in recess until 10 a.m., Monday, Oct. 14, 1963.)

DISTRICT OF COLUMBIA APPROPRIATIONS FOR 1964

MONDAY, OCTOBER 14, 1963

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, D.C.

The subcommittee met, pursuant to recess, at 10 a.m., in room S-126, U.S. Capitol Building, Hon. Robert C. Byrd, of West Virginia (chairman of the subcommittee) presiding.

Present: Senators Byrd and Case.

DISTRICT OF COLUMBIA

DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF MURRAY GRANT, M.D., D.P.H., DIRECTOR OF PUBLIC HEALTH; FREDERICK C. HEATH, M.D., M.P.H., DEPUTY DIRECTOR OF PUBLIC HEALTH; SAMUEL SHWARTZ, M.D., CHIEF, BUREAU OF MATERNAL AND CHILD HEALTH; JOHN D. SCHULTZ, M.D., MEDICAL DIRECTOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; MOE WEISS, M.D., SUPERINTENDENT AND MEDICAL DIRECTOR, GLENN DALE HOSPITAL; GERTRUDE C. LAPRADE, ASSISTANT CHIEF, FINANCE OFFICE; BARBARA VINYARD, CHIEF, MEDICAL ASSISTANT DIVISION; FRANK BOSSONG, ACTING ADMINISTRATOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; AND HOWARD S. MADIGAN, M.D., MEDICAL ADMINISTRATIVE ASSISTANT TO MEDICAL DIRECTOR—Resumed

MENTAL HEALTH FIELD

Senator BYRD. The subcommittee will be in order.

Dr. Grant, describe briefly the functions and responsibilities, activities, and facilities of the Health Department in the field of mental health.

Dr. GRANT. The Department's program in the field of mental health, Mr. Chairman, is to develop a total mental health program for the District of Columbia, including outpatient services, inpatient services, day care services, consultant services to schools, to the courts, and to other agencies—a total program, Mr. Chairman, aimed at the prevention of mental illness insofar as this is possible, and the rehabilitation of persons who already have mental illness.

FACILITIES FOR PROGRAM

Senator BYRD. Have you described the facilities for doing this?

Dr. GRANT. The facilities for doing this, Mr. Chairman, would include the facilities at St. Elizabeths Hospital which are supported to the tune of 70 percent by the District government. We have in addition to this several outpatient clinical facilities located in several locations within the District of Columbia.

At the District of Columbia General Hospital there are located two large facilities: An acute inpatient unit of approximately 200 beds and a psychiatric rehabilitation and convalescent center.

There are facilities located in connection with the courts in the courts building. There are facilities located in conjunction with the Board of Education in one of their buildings.

There is one facility we locate on what we call the P Street Clinic in Georgetown which is an outpatient mental health unit. There is an alcohol rehabilitation program, Mr. Chairman, with both inpatients and outpatients, the outpatients being located at the clinic within the District of Columbia and the inpatients being located at the District of Columbia General Hospital.

FUNCTIONS AND FACILITIES OF OTHER DEPARTMENTS

Senator BYRD. Mr. Lowe, would you describe the functions, activities, and responsibilities, as well as the facilities of other departments for the District government in the field of mental health. Perhaps Dr. Grant can answer that.

Mr. LOWE. Mr. Chairman, I do not think that there are any other District government agencies directly concerned in the care and treatment of mental health matters.

We do have, of course, rehabilitative efforts with regard to prisoners, but I personally do not construe that as a mental health program in the sense that our Department of Public Health is concerned with it.

Vocational rehabilitation, perhaps, has some incidental or partial aspect of mental rehabilitation. But there again I do not think of a primary treatment that they get involved in it. I believe they would refer a case over to the District of Columbia General Hospital if it got into the acute treatment stages.

Senator BYRD. Dr. Grant, do you consider that any other departments in the District of Columbia government carry on activities in that field?

Dr. GRANT. Yes, Mr. Chairman. By way of a clear understanding, I am assuming, Mr. Chairman, you are excluding the question of mental retardation from the area of mental health.

BOARD OF EDUCATION PROGRAM

Yes, the Board of Education does have a program in the field of mental health. They have some employees, including a psychiatrist, several psychologists and, I believe, at least one psychiatric social worker, perhaps more—I am not sure of the exact number—but these people do carry on a mental health program within the school system.

Senator BYRD. Are there any other departments?

Dr. GRANT. This is the only one that I am aware of, Mr. Chairman.

COORDINATION OF ACTIVITIES

Senator BYRD. Is there any coordination between the activities of these departments in carrying out the mental health program?

Dr. GRANT. I would say there is some coordination, Mr. Chairman, between the Board of Education and ourselves, although I would feel that it is not as good as I would like to see it.

PSYCHIATRISTS

Mr. LOWE. Mr. Chairman, one other place where there are psychiatrists assigned, although there is a great deal of collaboration with the Department of Public Health, I think on this point, is with the courts.

The district court as well as the municipal courts and juvenile court, that is the court of general sessions and the juvenile court, do have a great deal of recourse to such psychiatrists in their work. But my understanding is that much of that is in collaboration with District of Columbia General Hospital.

Dr. GRANT. There is one other, Mr. Chairman. The Department of Public Welfare does purchase, I believe, care from Childrens Hospital for one of the units of the Child Welfare Division.

TOTAL ANNUAL EXPENDITURE

Senator BYRD. What is the total annual expenditure of the District in carrying out its activities in the field of mental health? I am including all of these various departments now.

Would you have to submit this for the record?

Mr. LOWE. We do not have it with us, Mr. Chairman.

(The information referred to follows:)

DISTRICT OF COLUMBIA GOVERNMENT

Expenditures related to mental health, fiscal year 1963

Department:	*Amount*
Public Health	[1] $1,660,761
Payment to St. Elizabeths Hospital	17,843,661
Public Welfare	55,125
Public Schools	[2] 288,111
Corrections	[3] 22,710
Vocational Rehabilitation	45,974
Police and Fire Clinic	11,976
Juvenile court	1,500
Total	19,929,818

[1] Includes $125,167 Federal grants.

[2] This is the cost of the school's pupil appraisal staff. This group engages in 2 main types of service: (1) The study of individual pupils who have serious academic or personal problems and (2) the city wide group testing of pupil abilities and scholastic achievements. The members of the team working with the Health Department are on this staff.

In addition, the individual teacher and the counselor contribute much to the mental health of the students. Good teachers, particularly in the social adjustment classes (those for emotional disturbed children), are constantly giving informal guidance. Counselors also work closely with pupils (1) in pointing out their areas of strength and weakness and guiding them in their choices of programs and (2) on individual problems, referred to them by teachers, contacting the home and bring in, where needed, available nonschool services.

[3] The Department of Corrections does not have full-time staff devoted solely to mental health activities It is estimated that about 20 percent of the total effort of the Department's psychologists and supporting staff is directed toward improvement of the mental health of inmates. Thus, the reported cost represents 20 percent of the total cost for psychologists and related positions.

EVALUATION STUDY

Senator BYRD. Has the District made any studies to evaluate its present activities in the field of mental health?

Dr. GRANT. Mr. Chairman, we are engaging in such a study at the present time. Effective September 3, we employed two individuals with Federal planning money of $50,000. We have started off doing planning for this which will include a total study of all of the mental health activities and programs going on within the District. This has got underway, Mr. Chairman.

Senator BYRD. When do you expect this study to be completed?

Dr. GRANT. It is rather difficult to answer that question. I believe that the Federal law which provides for the planning grants will cover a period of approximately 2 years We would certainly hope to have it completed by then and, hopefully, before then, Mr. Chairman.

ADVANTAGES IN HAVING ACTIVITIES ASSIGNED TO HEALTH DEPARTMENT

Senator BYRD. Would there be any advantages in having the overall planning, implementing, and directing of the District programs and activities in the field of mental health assigned to the Health Department?

Dr. GRANT. In my opinion, Mr. Chairman, there would.

Senator BYRD. What would be the advantages?

Dr. GRANT. The advantages would be, firstly, in planning a total program. It seems to me that one department should have the total responsibility of planning the program, assigning personnel, with the establishment of priorities, the provision of continuity of care and a flexibility of assignment of personnel, the same kind of reasons, Mr. Chairman, I believe I cited on Friday in other programs.

Senator BYRD. Let's don't repeat this anymore "the same kind of reasons," because we do not want the readers of the record to have to go back to the first half dozen pages in the book of hearings to find out what the reasons are.

So, you can repeat those reasons here. I am waiting on you to repeat those reasons.

Dr. GRANT. They are planning of a total program, which should be lodged in one agency; appropriate assignment of personnel with the establishment of priorities; the provision of continuity of care, and a flexibility of assignment of personnel.

Senator BYRD. Where are the long-term mental patients of the hospital lodged?

Dr. GRANT. Most of them, Mr. Chairman, are at St. Elizabeths Hospital.

PROCEDURE IN COMMITTING PATIENTS TO ST. ELIZABETHS

Senator BYRD. Describe briefly the procedure followed to commit a patient to St. Elizabeths Hospital.

Dr. GRANT. I should like, if I may, Mr. Chairman, to refer this question to Dr. Schultz.

Senator BYRD. Dr. Schultz.

Dr. SCHULTZ. The civil commitment process is under the authority of the District, through the Commission on Mental Health, and the

procedure depends upon how the patient comes to District of Columbia General Hospital. If the patient comes in on a police mental observation order, this is automatically referred to the Commission. A hearing is established. The police and other relevant witnesses are heard. The determination of need for long-term care is decided by the Commission.

If a patient comes in voluntarily—about half of those who are committed do come in voluntarily—the medical staff at District of Columbia General determines whether the person is in need of commitment. If they so decide, they certify that patient to the Commission. The Commission then again establishes a hearing, notifies witnesses, hears the witnesses, and makes the determination.

Now, there are other commitments of a special sort, particularly those relevant to the criminally insane who come in for initial review and opinion to the court. If they are found to be of unsound mind by the court and relieved of their immediate responsibility for the commission of the crime, then the court commits directly.

There are other avenues of commitment to patients admitted directly to St. Elizabeths. The basic process is what is called a writ of attachment. Prior to the actual commitment of the patient, the relatives, usally through legal authority, appeal to the court for the commitment, and it is supported by appropriate affidavits and information. If the court decides the patient is commitable, then they issue a writ of attachment. Those patients do not go via District of Columbia General; they go directly to St. Elizabeths. That is the minority of all patients committed.

Then there is another process, so-called certificates and affidavits, which is a semiemergency. Any two physicians may sign certificates, supported by the affidavits of two citizens indicating that in their judgment a person needs to be committed. This authorizes the police to pick the person up, and bring him to District of Columbia General Hospital, and then once again the process is similar to that of the voluntary process. If we, in turn, that is the physicians of District of Columbia General, determine a commitment is necessary, they so certify to the Commission.

If, at any time, the staff at District of Columbia General, determine, whether a police case, certificates and affidavits or voluntary admission, that commitment is not necessary, they discharge the patient back to the community.

ESTABLISHING RATES OF REIMBURSEMENT

Senator BYRD. Is there any review of the patient's finances to be used as a basis for court orders establishing the rates of reimbursement of patients or families to the District?

Dr. SCHULTZ. This is done as part of the activity of the Commission at the hearing. Representatives of the Health Department's Medical Assistance Division are there, and assist the Commission in determining the rate.

OTHER METHODS OF ADMISSION

Mrs. VINYARD. There are other methods of admission of District of Columbia patients. One is the direct voluntary admissions to St. Elizabeths and the other is, under the new Federal law, the American nationals taken ill abroad whom the Federal Government transfers

directly to St. Elizabeths and if they are District of Columbia residents, they are picked up by the District of Columbia. Then there are the direct criminal commitments by the court to St. Elizabeths.

Dr. SCHULTZ. That is correct.

REIMBURSEMENT TO DISTRICT

Senator BYRD. Mr. Lowe, are you satisfied that the District is being reimbursed to the maximum extent possible for the cost of hospitalization of patients to St. Elizabeths Hospital?

Mr. LOWE. I would like to answer that with slight qualifications. We have an intensive collection program underway for all of the full-pay and part-pay patients at St. Elizabeths Hospital. It is a very complicated process, because it involves review and adjustment from time to time of the court orders setting the rate of payment. It likewise involves a great deal of legal effort to effect collection from the committee for the patient.

Within that framework I think we are getting just about as much as we can from the patients and their estates or families, as the case may be.

With additional legal staff and some additional staff in the enforcement units of the District, this would probably increase still further. We did bring about over the past few years quite an increase in the collection from this effort when the Congress allowed us a number of, I think it was either five or six, additional employees in one of the enforcement units, and we stepped up the collection rates manifold over the investment in this additional enforcement unit.

COLLECTION OVER 5-YEAR PERIOD

Senator BYRD. Would you supply for the record a table showing the collections each year for the past 5 years.

Mr. LOWE. Yes.

(The information referred to follows:)

St. Elizabeths Hospital collections, fiscal year 1959–63

Year	Amount
1963	$1,925,874.30
1962	2,004,073.27
1961	1,743,492.94
1960	1,573,381.16
1959	1,432,381.76

Senator BYRD. Mr. Duncan, do you have any suggestions as to how this program of securing reimbursement might be improved?

Mr. DUNCAN. This might be a little premature, Mr. Chairman, but I think these studies now underway with regard to admissions and reimbursements at District of Columbia General——

Senator BYRD. I am talking about St. Elizabeths now.

Mr. DUNCAN. I know. I think as this study progresses we will learn that much of which can be applied to St. Elizabeths and this is, in my opinion, a very important thing.

PATIENTS HOSPITALIZED AT DISTRICT EXPENSE

Senator BYRD. What percent of the patients hospitalized at St. Elizabeths Hospital are there at the expense of the District?

Dr. GRANT. Approximately 70 percent, Mr. Chairman.

Senator BYRD. About how many would you say are there at the expense of the District?

Dr. GRANT. Approximately 5,000 at any one time.

TOTAL NUMBER OF PATIENTS

Senator BYRD. What was the total number for fiscal year 1963?

Dr. GRANT. There were 1,455 total admissions, Mr. Chairman, and the average daily patient census was 4,744.

Senator BYRD. 4,744?

Dr. GRANT. District patients, yes.

Senator BYRD. What is the overall patient load?

Dr. GRANT. Approximately 7,000, Mr. Chairman.

WHITE AND NONWHITE PERCENTAGES

Senator BYRD. What percent of the District patients are white and what percent nonwhite?

Dr. GRANT. At St. Elizabeths? I do not believe we have it. We will have to get it for the record.

Senator BYRD. All right, supply it for the record.

(The information referred to follows:)

St. Elizabeths Hospital informed us that as of June 30, 1963, there were 7,742 patients on the rolls of St. Elizabeths Hospital; 4,035 were white (52.1 percent) and 3,707 were nonwhite (47.9 percent). The figures for District of Columbia residents were not readily available.

NEED FOR DISTRICT PARTICIPATION IN OPERATION OF ST. ELIZABETHS

Senator BYRD. Does the District have any voice in the operation of St. Elizabeths Hospital or any right to inspect its records?

Dr. GRANT. No, sir.

Senator BYRD. Is this arrangement satisfactory to the District?

Dr. GRANT. No, sir.

Senator BYRD. Why not?

Dr. GRANT. Because, Mr. Chairman, it seems to me that if we are going to contribute to the tune of approximately 70 percent to the St. Elizabeths budget, and if St. Elizabeths has the responsibility for hospitalizing all or most of the District residents in their institution, then, it seems to me, we should have some say in the facilities, the legislation, and the programs going on that have a very direct effect upon District residents.

ACTION CONTEMPLATED

Senator BYRD. What action, if any, is contemplated by the District in this regard?

Dr. GRANT. There are two series of actions, Mr. Chairman. One of them is underway and one of them is about to get underway.

The Department of Health, Education, and Welfare has appointed a committee, on which the District of Columbia government is represented, to discuss the future role of St. Elizabeths Hospital in the total District mental health program. This is one of the major areas of activities.

Additionally, we in the Health Department, Mr. Chairman, are hoping to study this on our own also.

NUMBER OF POSITIONS

Senator BYRD. Were any position increases allowed by the House in its consideration of the A budget?

Dr. GRANT. Yes, sir; nine.

Senator BYRD. Nine positions?

Dr. GRANT. Nine positions.

Senator BYRD. What is the total number of positions presently in the Department?

Dr. GRANT. 3,869, Mr. Chairman, on District funds.

Senator BYRD. How many vacancies, as of June 30, 1963, did you have?

Dr. GRANT. June 30, I believe it was 142 net vacancies, Mr. Chairman.

ADDITIONAL POSITIONS IN A BUDGET

Senator BYRD. How many additional positions did you request in the A budget?

Dr. GRANT. In the A budget we requested a total of 12, Mr. Chairman.

Senator BYRD. You requested one Director of Residences, one assistant housekeeper, five desk clerks, and five cleaners. Which positions were allowed?

Dr. GRANT. One Director of Residences, five desk clerks, and one assistant housekeeper and two cleaners.

NEED FOR DIRECTOR OF RESIDENCES

Senator BYRD. Why do you need a Director of Residences?

Dr. GRANT. I would like to ask Dr. Schultz to reply to that question, Mr. Chairman, if I may.

Dr. SCHULTZ. We have accommodations at the District of Columbia General Hospital for 395 individuals who may reside at the hospital. Most of these are actually occupied at present.

It breaks down into 128 accommodations in the new doctors' residence, 40 in an older building which we describe as Doctors' Home No. 2, and 227 in Archbold Hall, which is the nurses' residence, which houses student nurses and a few graduate nurses and we use some of it for externs, medical students on call, and other trainees.

The complexity of this is such that in order to have any kind of organized overall control, to know who is assigned to what space, particularly in the highly complex matter of on-call space, we felt it was desirable to have one individual to coordinate, to keep records, and know exactly who is where at any one time.

We particularly had some problem with persons using some of the on-call space that was not authorized. This provides us with someone who can maintain the controls that are necessary in order to keep people out who are not entitled to be in these quarters.

HOUSEKEEPING FACILITIES

In addition, we feel that we can more effectively use the housekeeping people assigned to these areas. The housekeeping and many other aspects of the operation, such as security and maintenance, are more closely allied to hotel accommodations than they are to hospital operations.

The kind of housekeeping necessary for residences is not comparable to the kind of housekeeping necessary in a clinical area. We therefore feel we can get more effective use of the the housekeeping personnel assigned to these areas by having them under someone's primary control in this area of residences in contrast to the rest of the hospital facility.

Senator BYRD. Who presently performs these functions?

Dr. SCHULTZ. The housekeeping personnel primarily. Heretofore, our main residence was in Archbold Hall, and our Director of Nursing was directly responsible for the assignment of people to the various rooms.

We did not feel this was an appropriate function of the Director of Nursing. She was assisted by persons in administration, but this meant it had to be largely done by someone at the level of assistant administrator which, again, we did not feel was an appropriate function for that position.

Senator BYRD. Have you requested this positon before?

Dr. SCHULTZ. No, we have not. The new doctors' residence was made available to us this last year, and the reason for the positions in the A budget had to do with the staffing of the new doctors' residence. With this new facility and the importance of keeping it in good shape without letting it deteriorate, we recognize the need for a Director of Residences.

POSITIONS REQUIRED IN STAFFING

Senator BYRD. I assume all of these positions would be required in the staffing?

Dr. SCHULTZ. The staffing, that is right. All of the positions, are for the new doctors' residence. The clerks are to provide desk control 24 hours, 7 days a week, because we have between 150 and 175 doctors coming and going there at all times. The actual occupancy is much greater than the capacity because many of them are in on-call space, and these come and go, depending upon the on-call schedule. The doors are locked after a certain hour, and no one can get in without being recognized and certified by a clerk.

HOUSE ALLOWANCE

Senator BYRD. How much was allowed by the House for these nine positions?

Miss LAPRADE. $39,476.

Senator BYRD. Was this for a 9-month period or 6-month period?

Dr. GRANT. This was for a year, I believe.

Senator BYRD. For a year.

Would there be any alteration in this amount in view of the late passage of the bill?

REDUCTION IN AMOUNT

Dr. GRANT. Yes, Mr. Chairman. We could reduce this, we believe, by $13,054.

Senator BYRD. Leaving the amount of $26,422?

Dr. GRANT. That is correct, Mr. Chairman.

Senator BYRD. What was the amount of unobligated funds in your Department as of June 30, 1963?

Dr. GRANT. $693,585.

FUNDS APPROPRIATED AND LAPSED

Senator BYRD. Supply for the record a chart showing the amounts appropriated for each of the last 5 years for your Department and the amount of moneys lapsing at the end of each fiscal year.

(The information requested follows:)

Amount appropriated and amount lapsing, fiscal years 1963–59

Year	Amount appropriated	Amount lapsing
1963	$44,022,800	$693,585
1962	40,518,000	772,207
1961	38,508,000	215,052
1960	35,063,076	182,432
1959	32,675,000	199,577

Dr. GRANT. I would be glad to do that, Mr. Chairman.

POSITION INCREASES

Senator BYRD. Also show the position increases over the past 5 years and the number of vacancies at the end of each of the fiscal years.

Dr. GRANT. That will be done.

(The information referred to follows:)

Position increases and vacancies at end of fiscal years 1963–59

Year	Additions	Reductions	Net increases	Net vacancies [1]
1963	133		133	142
1962	174		174	180
1961	38		38	106
1960	162	23	139	168
1959	255	43	212	109

[1] Excludes trainee or stipend positions, part-time and intermittent employment, and temporarily encumbered positions.

PER DIEM PATIENT RATE

Senator BYRD. What is the per diem rate for patients at St. Elizabeths Hospital?

Dr. GRANT. The proposed rate for fiscal year 1964 is $9.49, Mr. Chairman.

Senator BYRD. Does this represent any increase over previous years?

Dr. GRANT. Yes, sir. It is a reduction from last year, but it is an increase over previous years.

Senator BYRD. All right. Would you be specific?

Dr. GRANT. Last year's rate, Mr. Chairman, was $9.99 from July 1, 1962, through December 31, 1962, and $10.63 from January 1, 1963, through June 30, 1963.

Prior to that time, in other words prior to July 1, 1962, the rates were lower than $9.49, and I have all the figures if you would like to have them since July 1, 1957.

Senator BYRD. All right, suppose you submit them for the record.
Dr. GRANT. I would be glad to, Mr. Chairman.
(The information referred to follows:)

St. Elizabeths Hospital per diem rate, 1964–58

Year	Rate [1]	Period
1964	$9.49	July 1, 1963.
1963	9.99	July 1 through Dec. 31, 1962.
	10.63	Jan. 1 through June 30, 1963.
1962	8.81	July 7 through Dec. 30, 1961.
	8.96	Jan. 1 through June 30, 1962.
1961	8.29	July 1, 1960 through June 30, 1961.
1960	7.39	July 1, 1959 through Apr. 30, 1960.
	7.25	May 1 through June 30, 1960.
1959	6.75	July 1 through Dec. 30, 1958.
	6.91	Jan. 1 through June 30, 1959.
1958	6.10	July 1, 1957 through Mar. 31, 1958.
	6.16	Apr. 1 through Apr. 30, 1958.

[1] Excludes portion of rate paid from capital outlay.

BUREAU OF BUDGET ANALYSIS OF RATE

Senator BYRD. How do you feel about the rate that has been arrived at by the Bureau of the Budget analysis?

Dr. GRANT. I would be loath to quarrel with the Federal Bureau of the Budget, Mr. Chairman, and the basis upon which they arrive at a figure, and I do not believe I am competent to judge this.

Senator BYRD. Have you challenged this rate?

Dr. GRANT. We have had considerable discussion concerning the manner in which this rate was arrived at. But I do not think we have challenged it other than—we have had discussions, Mr. Chairman, with the Federal Bureau of the Budget in connection with this rate, and the manner in which it was arrived at, but I do not believe we have challenged this as such.

Mr. LOWE. Mr. Chairman, the Commissioners formally conferred in this proposed method of establishing the rate in meetings with the Federal Bureau of the Budget which they held last winter.

BASIS FOR REDUCTION

Senator BYRD. What is the basis for the reduction?

Dr. GRANT. The Federal Bureau of the Budget has used the various States in arriving at this budget, and the amount that each State is paying per diem for the hospitalization of the mentally sick. They have, as I recollect, taken the upper 10 percent of all of the States, taken an average of these, and used this as the amount which they would apply to the District of Columbia for the St. Elizabeths Hospital per diem rate.

This, I believe, Mr. Chairman, is based at least partially on the fact that St. Elizabeths Hospital is used as a Federal training and research center, and that it was felt that tying them completely to District funds would prevent them from taking advantage of the utilization of St. Elizabeths Hospital for this purpose. They, therefore, felt that this rate would be applied, and then the Federal Government would be requested to put up additional funds.

BASIS FOR COMPUTATION

Senator BYRD. Would you supply for the record a bit of information concerning the States and the rates which are prevalent in those States and the various other facts and figures which entered into the determination of how your per diem rate was reached?

Dr. GRANT. We will be glad to; yes, Mr. Chairman.

(The information referred to follows:)

In connection with the development of the 1964 budget for St. Elizabeths Hospital, a system was developed under which the charge for patient care for District of Columbia residents was computed by means of a linear projection (the method of least squares) of the medium per diem cost for patient care in public mental institutions of the top 10 percent of States in the United States (excluding Alaska).

This projection utilized the trend of the latest data available for a 3-year period (1 year of actual data and 2 years of provisional data) obtained through statistical reports issued by the National Institute of Mental Health. This method produced a 1964 rate of $9.49.

The figures used for the projection were maintenance expenditures per resident patients.

The States used for the projection and the annual maintenance expenditures per resident patients were:

Maintenance expenditures per resident patients

1959 (actual data):	
Kansas	$2,466
Connecticut	2,221
Utah	1,983
Michigan	1,943
New Mexico	1,880
1960 (provisional data):	
Kansas	2,840
Connecticut	2,294
New Mexico	2,182
Nebraska	2,149
Washington	2,149
1961 (provisional data):	
Kansas	3,194
Connecticut	2,760
Iowa	2,594
Utah	2,494
Washington	2,432

The projected figure derived was an annual maintenance expenditure per resident patients of $3,475 or a rate of $9.49 ($3,475÷366 days).

ADDITIONAL SECRETARY FOR DISTRICT OF COLUMBIA GENERAL HOSPITAL

Senator BRYD. All right, let us take a look at District of Columbia General Hospital. You are requesting one additional GS–5 secretary under "Administration" there. Would you justify the request?

Dr. GRANT. This is a secretary, Mr. Chairman, which we are requesting for our volunteer service program.

At the present time the voluntary service program is of such dimensions that we have approximately 1,000 volunteers donating their services to District of Columbia General Hospital each year, and in 1963 they spent more than 53,000 volunteer hours during that year. At the present time we have a chief of volunteer services and a social group worker who work with the volunteers, but there is no secretarial services provided. We have requested the secretary to provide the service.

RECRUITING OFFICER

Senator BYRD. You are requesting one GS–11 recruiting officer for the recruitment of nurses.

Dr. GRANT. Mr. Chairman, this is really a half-time position. We currently have a half-time person engaged as our recruiting officer.

This is a very important job. This individual spends most of her time on the road in the various States trying to recruit individuals for the student training program. We have found over the period of time that this individual has been with us, that she has been extremely helpful, Mr. Chairman, in recruiting students and we think it is mostly due to her efforts that we have increased the enrollment in the school of nursing at the hospital.

We feel, however, this person should be a full-time person. It is an important job, and for this reason we are requesting this additional money to make this a full-time position.

UNIT CLERKS

Senator BYRD. You are requesting five GS–3 unit clerks.

Dr. GRANT. These are individuals, Mr. Chairman, who assist the nurses in the hospital in doing the clerical work that is necessary. These 5 clerks—we currently have 30 clerks for our nursing service—these 5 clerks would provide the additional services necessary within the Division of Medicine, Obstetrics, Pediatrics, Surgery, and Pulmonary Disease to enable the nurses to carry on with their nursing duties. The clerical work can be done by clerks, rather than by nurses.

Senator BYRD. Are any of the 30 positions presently vacant?

Dr. GRANT. No, sir.

Senator BYRD. When were you last given some GS–3 unit clerks?

Dr. GRANT. I will have to ask Dr. Schultz.

Senator BYRD. In this area?

Dr. SCHULTZ. I would have to check the records, sir.

Dr. GRANT. We will supply this for the record, Mr. Chairman.

(The information referred to follows:)

The last increase for unit clerks was in fiscal year 1959.

MEDICAL OFFICER—OPHTHALMOLOGIST

Senator BYRD. All right.

There is a request for one GS–15 medical officer.

Dr. GRANT. This, Mr. Chairman, is an ophthalmologist we are asking for. At the present time we have a half-time ophthalmologist covering our eye service. We feel that with the current load in ophthalmology, a full-time medical officer is needed. I can cite a few statistics, Mr. Chairman, in 1963 we had 11,005 out-patients, 251 in-patients; there were 270 major operations.

For this service and for the consultant service necessary to all the divisions of the hospital in ophthalmology, we have one part-time medical officer and four residents. We feel it necessary to convert the part-time to a full-time position to head this program and to provide the residents with the appropriate training that is necessary.

CURRENT LOAD COMPARED WITH FISCAL YEAR 1963

Senator BYRD. How does the current load compare with the load in the previous fiscal year?

Dr. GRANT. 1962—in 1962 the load was less than it was in 1963; and in 1961 it was still less in terms of the figures.

Senator BYRD. How much less?

Dr. GRANT. In terms of figures, Mr. Chairman, 1961 there were 9,739 outpatients; 1962, 10,469; and then, as I have indicated, in 1963, 11,005.

For inpatients 196 in 1961; 243 in 1962; and 251 in 1963.

Major operations, 215 in 1961; 203 in 1962; and 270 in 1963.

MEDICAL OFFICER, NEUROLOGY AND NEUROSURGERY

Senator BYRD. You are requesting one GS–15 medical officer under neurology and neurosurgery.

Dr. GRANT. At the present time, Mr. Chairman, we have two services, a neurology service and a neurosurgery service. We have two individuals, one heading each of these two services. Each of these individuals is employed half time.

We feel it necessary to have a full-time medical officer for each of the services, and this is why we are requesting that.

COMPARISON OF LOAD

Senator BYRD. What is your current load as against the load in the last fiscal year?

Dr. GRANT. In 1963 for neurology and neurosurgery, there were 462 admissions; in 1962, 456; and in 1961, 426.

There were 2,481 clinic visits in 1963; 2,478 in 1962; and 2,132 in 1961.

There were 1,146 electroencephalograms done in 1963 as compared to 898 in 1962 and 754 in 1961.

There were 197 operations in 1963 as compared to 185 in 1962 and 182 in 1961.

MEDICAL OFFICER, RADIOLOGY

Senator BYRD. You are requesting on GS–14 medical officer under "Radiology."

Dr. GRANT. We have lost, Mr. Chairman, our accreditation in radiology. We have four radiologists at the present time. There is always a backlog in the radiology area, and we feel it necessary to request an additional person not because of the increased service that we are rendering but rather because of the continual backlog that seems to be a problem plaguing that particular division.

BACKLOG

Senator BYRD. Would you give us some specifics concerning the backlog?

Dr. GRANT. I would like to refer this to Dr. Schultz.

Dr. SCHULTZ. We are as much as 2 weeks behind in gastrointestinal studies. This means on the medical services the patient must wait that much longer. Those that are emergencies are done, but the electives must wait and occupy hospital beds that are badly needed.

The actual workload in that department has increased. The examinations in 1962 which were 73,940; in 1963 they were 81,039.

The American Medical Association estimates we should have somewhere between 9 and 12 radiologists. We actually at this time have four medical officers on the staff and one so-called aid. He is an unlicensed radiologist who is in the intermediate position between a resident and a fully licensed physician.

This service not only has the problem of meeting the load in terms of the number of patients, but diagnostic radiology is becoming more and more complex, as in so many other areas of medicine.

In other words, the total number of patients they examine we are trying to restrict and cut back on, but the total number of examinations increases. When we lost accreditation it was because we did not have sufficient radiologists to support the training program. We were told we were using residents primarily for service functions rather than training experience and therefore the AMA would no longer support a training program in this area. Since then we have fallen progressively behind in providing the services with the necessary radiographic diagnoses that they must have.

Senator BYRD. Does the present complement of four radiologists service full time?

Dr. SCHULTZ. Yes. There are no part-time radiologists in that department.

OVERTIME

Senator BYRD. Is any overtime performed in this department?

Dr. SCHULTZ. By the technicians. The technicians actually take the pictures. I have figures on this, but this is one of the areas where we use considerable overtime.

The radiologists are on call. We do not pay our physicians overtime, but they do come in whenever needed. There is one on call 24 hours a day, 7 days a week.

MEDICAL OFFICER, ADMITTING AND EMERGENCY SERVICES

Senator BYRD. You are requesting one GS–14 medical officer for admitting and emergency services.

Dr. GRANT. This is one of the real problem areas of the hospital, Mr. Chairman. We have five medical officers at the present time on this service, and again I would ask Dr. Schultz, if I may, Mr. Chairman, to explain to you the reason for this request.

Dr. SCHULTZ. The five medical officers serve a rotating schedule, and it actually takes five to provide one person around the clock 7 days a week, 365 days a year, holidays and leave time and otherwise.

We actually have one person designated as responsible for the service, but he also must stand rotation in order to provide this kind of coverage.

What we are asking for, in effect, is that the one person who is responsible for administration of the service be available largely for this, and that there would then be five staff persons to actually provide at all times a medical officer at the door to make the initial diagnosis.

We are absolutely convinced that if we could do this we could not only reduce the workload per physician but we will be in a much better position to determine the patients who need immediate emergency

service from those who are largely coming in because they need help. They are sick, but they are not true emergency patients, and can be referred to the Outpatient Division. We can reduce the load in the emergency room considerably. This will, in turn, help us with such things as processing patients for payability and business management which we presently cannot do.

Senator BYRD. Did you request a medical officer in this activity last year?

Dr. SCHULTZ. I do not believe it was in the budget; no.

Senator BYRD. Did you request a medical officer in the Department of Radiology last year?

Dr. SCHULTZ. This was in the original budget preparation but I do not think it came before the House.

Senator BYRD. I think you misunderstood my question.

Dr. SCHULTZ. I am sorry.

Senator BYRD. Was such a position requested when you came before the committees in connection with the budget for fiscal year 1963?

Dr. SCHULTZ. I am afraid my recollection—no; the answer is no.

ADMINISTRATIVE ASSISTANT, OUTPATIENT DIVISION

Senator BYRD. A GS–9 administrative assistant is being requested for the Outpatient Division.

Dr. GRANT. Yes, Mr. Chairman. This is another of the real problem areas of the hospital. One of the problems is due to the fact that the medical officers currently spend considerable of their time on nonmedical administrative matters, on questions of admission of patients, transferring them, and so forth. We feel the administrative assistant is necessary to relieve the load of the medical officers for this particular area of activity.

Senator BYRD. Was this position requested in the fiscal year 1963 budget?

Dr. SCHULTZ. No; it was not. Again, sir, I would like to point out that here I am more than convinced we can significantly reduce our actual load. We have done so during the past fiscal year largely because the medical officer who is there to provide overall medical supervision has also been spending a very large part of his time in administrative functions, and will continue to do so. He cannot do it and properly supervise the clinic. He has managed to put the clinics largely on an appointment basis. This has provided for a significant reduction. In fact our actual caseload is less, and with proper control of flow of patients we cannot only control the load but once again we can manage the total aspect of the patient, including such things as billing, effectively, which we cannot do at this time.

STATISTICS ON CASELOADS

Senator BYRD. Will you give us some statistics on the caseloads?

Dr. SCHULTZ. In 1963 it was 152,863 visits; in 1962 it was 164,416. That reduction of approximately 12,000 is mostly in those clinics that have to do with general medicine; that is, the clinics where we have set up the appointment system.

Senator BYRD. Suppose you supply for the record figures for each of the past 5 years.

Dr. SCHULTZ. All right. I have it here.

Senator BYRD. You can state it if you wish now.

Dr. SCHULTZ. I can go back 10 years.

Senator BYRD. Go back 10 years.

Dr. SCHULTZ. In 1952 the total visits were 38,617. Shall I run through the full 10 years?

Senator BYRD. You said you could.

Dr. SCHULTZ. All right.

In 1953 it was 56,949; in 1954, 75,675; 1955, 91,521; 1956, 87,861; 1957, 94,047; 1958, 91,878; 1959, 104,480; 1960, 106,290; 1961, 104,911; in 1962, 108,620; in 1963, 101,826. That is in the adult OPD, which is the area we are talking about. It does not include pediatrics or obstetrics.

INCREASE SINCE 1952

Senator BYRD. This would be an increase of what percent over fiscal year 1952?

Dr. SCHULTZ. It is about triple, 38,000 against 101,000, the current figure; not quite three times.

Senator BYRD. A little over 250 percent.

Dr. SCHULTZ. Yes, sir.

SECRETARIES REQUESTED

Senator BYRD. All right. Two GS–5 secretaries are being requested for the cardiopulmonary and ophthalmology services.

Dr. GRANT. This is due to the fact, Mr. Chairman, that at the present time we have technical personnel actually performing clerical duties, and we are asking these two secretaries to avoid the necessity of technical personnel having to do this. Dr. Schultz can amplify.

Dr. SCHULTZ. Yes.

Again, if we will refer back to ophthamology where we requested a medical officer, this is a new service established within the last 4 years. We now have a medical officer on a part-time basis, although he is working full time. This is a major service of the hospital, with interns and students assigned to the area. The same applies to these programs, and while it is not in cardiopulmonary and ophthalmology, that immediate area, the secretary for ophthalmology would serve ear, nose and also throat. Cardiopulmonary is an additional service in the hospital established over the last few years, and this is another major service where residents and interns are assigned for training, and the medical officer should have secretarial services available to him in addition to technical services.

Senator BYRD. How many secretaries do you have presently doing the work for the two services?

Dr. SCHULTZ. There are actually none. They borrow, where they can, the services of the other secretaries of medical services, pulmonary disease, including sometimes the use of secretaries in our office.

OVERTIME BY SECRETARIES

Senator BYRD. Is there any overtime worked by the secretaries at present?

Dr. SCHULTZ. Yes; for the hospital as a whole, and the medical services. I do not have immediately available figures on that.

Senator BYRD. Are there any working overtime for these two services we are discussing?

Dr. SCHULTZ. Not specifically. They would use services of other secretaries who, in turn, because of their workload find it necessary to work overtime.

CHART SHOWING OVERTIME WORK

Senator BYRD. Suppose you give us a chart showing the amount of overtime work in fiscal year 1963 for each of your departments, and compare this with the amount of overtime work in fiscal 1962 and 1961.

Dr. SCHULTZ. Yes.

Senator BYRD. And please show the holiday pay separately.

Dr. SCHULTZ. I will do that. Do you want that for the total hospital, I assume?

Senator BYRD. The total hospital broken down.

Dr. SCHULTZ. Yes.

(The information referred to follows:)

District of Columbia General Hospital, summary of overtime and holiday pay

	1961		1962		1963	
	Overtime	Holiday	Overtime	Holiday	Overtime	Holiday
ADMINISTRATION						
Administrator	$2,247.23	$46.64	$2,151.57	$44.80	[1] $3,951.21	$85.20
Personnel	361.76	11.00	2,984.12	34.56	3,094.85	95.65
Assistant Administrator	14.96		265.51	27.84		8.48
Budget and fiscal	489.98		366.96		[2] 1,939.34	65.12
Telephone and information	619.10	1,771.92	2,195.51	1,461.52	2,621.71	1,867.10
Property and supply	1,909.40		6,437.97	153.68	9,261.83	
Patients' accounts	380.87	37.68	460.88			
Time and leave	1,050.02	170.72	2,990.73		1,227.75	48.48
Admissions	688.19	2,891.76	2,105.12	2,805.59	3,819.36	3,315.16
Medical records	72.40		1,204.29	24.12	2,075.36	18.16
Total	7,833.91	4,929.72	21,162.66	4,552.11	27,991.41	5,503.35
Dietary	2,006.66	12,754.54	1,301.13	11,832.25	2,042.49	13,816.65
Housekeeping	344.23	5,906.60	1,918.26	6,311.95	6,011.77	8,313.14
Laundry	15,445.22	4,015.72	18,963.52	4,058.25	9,839.65	4,816.48
Maintenance	25,350.30	4,004.34	14,978.56	3,092.24	20,681.21	3,653.69
Pharmacy	2,635.08	570.24	3,004.38	496.40	5,170.67	683.41
Nursing care	8,488.81	56,211.63	19,365.87	51,237.14	52,874.93	62,496.62
Nursing special services	13,212.16	5,728.18	10,426.46	4,990.48	10,063.91	4,763.92
Total	67,482.46	89,191.25	69,958.18	82,018.71	106,684.63	98,543.91
MEDICAL CARE						
Medical administration	879.95	56.28	816.80	35.81	607.83	
Medicine	630.63		1,490.51		2,473.06	11.04
Medical annex-pulmonary	592.58	15.75	922.68	34.72	1,049.46	7.29
Surgery	160.08		207.61		846.42	26.76
Psychiatry	1,087.22	104.05	1,692.16	125.82	2,657.94	210.20
Admitting-emergency		1,731.08	57.41	1,370.21	25.56	1,892.88
Obstetrics				42.96		
Pediatrics	7.62	94.24	13.04			28.80
Convalescent center					114.75	
Total	3,358.08	2,001.40	5,200.21	1,609.52	7,775.02	2,176.97
MEDICAL TECHNICAL SERVICES						
Blood bank	5,793.73	765.10	7,592.29	563.24	5,866.64	503.08
Laboratory	6,806.89	1,777.00	5,126.08	1,460.62	6,601.82	1,608.27
X-ray	25,245.20	701.96	24,184.76	693.36	22,937.51	621.34
Rehabilitation	49.36	17.36		35.36		
Anesthesia	31,977.67	887.40	30,503.94	1,071.16	14,219.50	1,701.44
Social Service					44.88	
Total	69,872.85	4,148.82	67,407.07	3,823.74	49,670.35	4,434.13
Grand total	148,547.30	100,271.19	163,728.12	92,004.08	192,121.41	110,658.36

[1] Includes Assistant Administrator.
[2] Includes patient's accounts.

MEDICAL TECHNOLOGIST

Senator BYRD. Two medical technologists are being requested for pathology.

Dr. GRANT. I will ask Dr. Schultz to answer that one, Mr. Chairman.

Senator BYRD. All right, Dr. Schultz.

Dr. SCHULTZ. Each year we have asked for additional technologists. This is again an area, such as radiology, where the increasing complexities of the science of pathology require more elaborate procedures, more difficult procedures. Now, unfortunately, many of our technologists are doing clerical duties. We feel they should be doing work for which they are employed—technology. We do not have sufficient technologists to provide us with adequate night coverage, and the two technologists we are requesting will provide us in blood chemistry and bacteriology with coverage around the clock, 7 days a week. These, we feel, are minimal to provide any relief in a service that is heavily overburdened with backlog.

STATISTICS CONCERNING BACKLOG

Senator BYRD. You might submit, for the record, additional statistics concerning your backlog.

(For this information, see p. 2662.)

OBSTETRIC TECHNOLOGISTS

Dr. SCHULTZ. Yes; we will do that.

Senator BYRD. You have three obstetric technologists at the present time?

Dr. SCHULTZ. In this particular section of blood chemistry and bacteriology. Actually the total laboratory technologists, laboratory, I would have to add that up——

Dr. GRANT. That is correct for this section.

Dr. SCHULTZ. Yes.

Senator BYRD. Three?

Dr. GRANT. Yes.

Senator BYRD. You have no vacancies at the present time in these positions?

Dr. SCHULTZ. There is some turnover during the year.

Dr. GRANT. These three are filled.

Dr. SCHULTZ. That is right, in this section, that is correct.

INFORMATION ON WORKLOAD

Senator BYRD. Supply for the record some information, Dr. Grant concerning your current workload in this section.

Dr. GRANT. Yes, sir.

Senator BYRD. And give us a comparison as against last year and the previous year.

(The information referred to follows:)

The workload in bacteriology and chemistry, for the last 3 fiscal years, was as follows:

Year	Number of tests performed	
	Bacteriology [1]	Chemistry [2]
1961	503,233	228,278
1962	631,230	485,116
1963	598,177	444,913

[1] Curtailed in fiscal year 1963 by selective antibiotic sensitivity studies, made necessary by lack of technician strength to meet steadily rising demands.

[2] We cannot have a backlog of tests, since for patient care tests must be done immediately. Instead, we have had to limit the type of tests due to lack of technicians and space. Some of the newer tests, such as protein-bound iodine, steroids, vanillyl mandelic acid, we have had to send to outside laboratories and pay to have them analyzed.

CLERK-TYPIST

Senator BYRD. One clerk-typist, GS–4, is being requested to relieve the technologist from clerical work.

Dr. GRANT. Dr. Schultz?

Dr. SCHULTZ. I have already spoken to that to some degree. The technologists—we made a study of this subject a few years ago—must spend a significant amount of time in recordkeeping. I think we came up with a figure—I do not have it before me—but it was an equivalent of at least several clerks. This position is to relieve technologists of the necessity of doing the clerical work that they are now doing.

I might add that there are actually 40 positions in the laboratory, and there are only 3 clerk-typists to do the work of the laboratory technicians—the whole laboratory.

OVERTIME WORKED BY SECRETARIES

Senator BYRD. How much overtime has been worked by the secretaries in this department?

Dr. SCHULTZ. I am not sure that I have that available. I will include that in the tabulation we will supply.

Senator BYRD. Include that answer at this point also.

Dr. SCHULTZ. Yes. We use both technicians and clerks and typists.

(The information referred to follows:)

Our records are not set up so that a breakdown of overtime between secretaries and technicians in the laboratory can be made. The total overtime for both categories in fiscal year 1963 was $6,601.82.

CLERK-MESSENGER

Senator BYRD. One GS–3 clerk-messenger is being required for the Office of the Associate Administrator.

Dr. SCHULTZ. I will speak to that. At the present time, there is actually no messenger service in the hospital, as such. We are using clerical personnel from the medical record library, and these must consume considerable amounts of time transporting records and other materials to the units throughout the hospital. This not only detracts from their primary function, but it means we are falling behind in the transcription of records, and in preparing the necessary charts and files.

We are asking for one clerk-messenger at this time to relieve this situation. This is an area, incidentally, where we were criticized by the Joint Commission on Accreditation of Hospitals because of operative notes not getting into the charts. They felt this was an area which should be improved in order for the hospital to maintain accreditation.

SALARY INCREASES FOR INTERNS, RESIDENTS, AND STUDENT NURSES

Senator BYRD. Salary increases for interns, residents, and student nurses, $167,400.

Dr. GRANT. This was as the result of a study, Mr. Chairman, that was carried on by the personnel office of the District government comparing the stipends for interns, residents, and student nurses at District of Columbia General Hospital, with those of other hospitals in the area. They recommended, and we concurred, with the concept of raising these stipends to bring them more into line with what is being paid or being contemplated in the District of Columbia and the general area around here.

PREVIOUS RATES

Senator BYRD. When were the rates last raised, Dr. Grant?

Dr. SCHULTZ. Two years ago, sir.

Senator BYRD. What were the rates then?

Dr. GRANT. Before they were raised 2 years ago, Mr. Chairman?

Senator BYRD. Yes.

Dr. GRANT. Do you have that?

Senator BYRD. What were the rates before they were raised? Also give us information concerning the increased rates as of 2 years ago.

Dr. SCHULTZ. This is complex because it varies with the intern, the first year, second year, third year, and fourth year resident. The basic rate, I believe, was $2,500, but I would have to check that.

Dr. GRANT. I can give you the rates that existed until we asked for this stipend.

At District of Columbia General Hospital for a single intern, $2,843; for a married intern, $3,100; for a single first-year resident, $3,152; for a married first-year resident, $3,400.

For a single second-year resident, $3,454; for a married second-year resident, $3,700.

For a single third-year resident, $3,736; for a married third-year resident, $4,000.

For a single fourth-year resident, $4,036; for a married fourth-year resident, $4,300.

Senator BYRD. Pardon me, you are not finished.

Dr. GRANT. For student nurses, $934; and for Glenn Dale Hospital, first-year residents, $4,127; fourth year, $5,416.

Senator BYRD. When did these rates obtain?

Dr. GRANT. They were the rates that obtained through, up until, July 7 of this year.

Senator BYRD. Would you indicate for the record what the rates were prior to the increase 2 years ago?

Dr. GRANT. Yes, Mr. Chairman.

(The information requested appears on p. 2664.)

REVIEW OF HOUSE OFFICERS (INTERNS AND RESIDENTS) STIPENDS AT DISTRICT OF COLUMBIA GENERAL HOSPITAL

Historically, the first major increase in stipend for interns at District of Columbia General Hospital became effective July 1, 1956, when it was raised from $1,500 to $2,500 per annum. This brought the intern stipend to a level $300 below that of a first-year resident. There was no differential for single or married interns or residents.

A study was made by the District of Columbia Personnel Office, and on the basis of their recommendations a request was made in 1960 for a stipend increase to become effective July 1, 1961. This received approval and the necessary funds provided in a supplemental appropriation. This increase also provided a differential for single and married interns and residents.

TABLE I.—*Intern-resident stipends, District of Columbia General Hospital*

	Jan. 1, 1961		July 7, 1963	
	Single	Married	Single	Married
Intern	$2,800	$3,100	$3,500	$3,800
1st-year resident	3,100	3,400	3,800	4,100
2d-year resident	3,400	3,700	4,100	4,400
3d-year resident	3,700	4,000	4,400	4,700
4th-year resident	4,000	4,300	4,700	5,000

The beneficial effects of this stipend increase on intern recruitment were not as great as anticipated. For the year 1961–62, the hospital matched 44 of 60 intern positions under the NIMP. For the year beginning July 1, 1962, only 23 of 64 positions were filled through the matching plan.

Among the factors responsible for the difficulty in obtaining interns at this hospital, the comparatively low stipend which they receive appeared to be an increasingly important one. The continuing high quality of the teaching programs and the improved living conditions which became available upon completion of the new doctors' resident are features which prospective interns can view only with satisfaction. The stipend, therefore, would seem to be the major cause of dissatisfaction on the part of these medical school graduates.

It is recognized that the basic problem regarding intern availability is the fact that each year there are approximately 7,000 medical school graduates. There are approximately 14,000 internships available. It is apparent that in the face of such a highly competitive situation hospitals must make their internship as attractive as possible. Although quality of educational program, living accommodations, and various fringe benefits play a role, the economics of our time make compensation a major consideration. There is an ever-increasing number of medical graduates who are married (about 50 percent), many of whom have families (about two-thirds). The internship is a requirement for medical licensure in almost all States. Thus, the medical graduate, while desirous of receiving good training in this important phase of his career, may of necessity accept a position more on the basis of the stipend offered than on the quality of the educational program.

Again, it is difficult to make comparisons which are meaningful based on the stipend offered by various hospitals. The location of the hospital, economic atmosphere of the area, quality of teaching, facilities, and many less tangible factors create this difficulty of comparison.

Successful recruitment of interns at the District of Columbia General Hospital is essential to providing good patient care and sustaining a high quality of postgraduate training. It is our belief that an increase in stipend for interns approaching the $3,800 per annum maximum established by the Civil Service Commission for Federal hospitals would greatly facilitate recruitment. The two Federal Government hospitals in the District of Columbia—namely, St. Elizabeths and Freedmen's—presently are authorized to pay a stipend of $3,800 to interns. These hospitals are also faced with similar problems of recruitment. A concomitant increase in stipend for residents is a necessary accompaniment to the intern stipend increase.

Two factors are responsible for the increase in stipend which was effected July 1, 1963.

First, the quarters and subsistence committee of the District of Columbia earlier this year, recommended substantial increases in the rates for quarters and subsistence. This would materially affect the "take home" money of house officers.

The District of Columbia personnel office had continued to study the stipend problem, and, partially to lessen the impact of the increase in quarters and subsistence, but also recognizing the need and desirability of an actual increase in house officers' stipends, recommended a schedule as set forth in table I. This was made in accordance with the provisions of Public Law 330.

This recommendation was forwarded by the Director of Public Health to the District Commissioners. The increase was approved by a Commissioners' order on April 3, 1963, to become effective July 1, 1963.

INTERN RATES AT DISTRICT OF COLUMBIA GENERAL AND GEORGE WASHINGTON HOSPITALS

Senator BYRD. What is the rate for single interns at District of Columbia General Hospital as compared with George Washington Hospital?

Dr. GRANT. George Washington Hospital, Mr. Chairman, at the present time, the rate for both single and married interns is $3,000.

Senator BYRD. And District of Columbia General?

Dr. GRANT. With this increased stipend that we requested, which was put into effect by the Commissioners on July 7 of this year, $3,500 for single and $3,800 for married.

Senator BYRD. What is the rate without the increase?

Dr. GRANT. $2,843 single; $3,100 for married.

COMPARISON OF RATES

Senator BYRD. What is the rate for both single and married at Georgetown Hospital?

Dr. GRANT. $2,100 for single and $2,520 for married.

Senator BYRD. How does the rate for single first-year compare with the rate at George Washington Hospital?

Dr. GRANT. At George Washington Hospital, both the single and married first-year resident is $3,300. At the District of Columbia General Hospital prior to the advent of these new rates, single was $3,152, and married was $3,400; with the increase, $3,800 for single, and $4,100 for married, first-year.

Senator BYRD. What are the rates for single and married first-year at Georgetown?

Dr. GRANT. $2,400 for single and $2,820 for married.

Senator BYRD. What are the rates for single and married second-year residents at District of Columbia General as compared with the rates at George Washington Hospital and at Georgetown Hospital?

Dr. GRANT. The rates for second-year single at District of Columbia General Hospital prior to July 7 of this year, was $3,454 for the single, and $3,700 for the married.

With the increase effective July 7 of this year, it was $4,100 for single and $4,400 for married.

At George Washington University Hospital, single and married second-year residents are $3,600; and I believe—did you ask about Georgetown, Mr. Chairman?

Senator BYRD. Yes.

Dr. GRANT. $2,820 for single for Georgetown, and $3,240 for married second-year residents.

Senator BYRD. I will ask the same questions with regard to single and married third-year residents.

Dr. GRANT. Prior to the time of the stipend increase at District of Columbia General, $3,736 for single residents, $4,000 for married third-year residents. Subsequent to the increase, $4,400 for the third-year, $4,700 for the married third-year.

At George Washington Hospital, both single and married third-year residents, the figure is $3,900. For Georgetown it is single $3,120, and married, $3,480.

Senator BYRD. I will ask the same question with regard to single fourth-year residents.

Dr. GRANT. At District of Columbia General Hospital, prior to the stipend increase for single residents fourth-year $4,036; for married fourth-year $4,300.

Subsequent to the stipend increase for single fourth-year residents $4,700, for married fourth-year residents $5,000.

At George Washington University Hospital for both single and married fourth-year residents, the figure is $4,200. Georgetown I do not believe has fourth-year residents, at least we do not have the figure.

Dr. SCHULTZ. I do not believe they do. At Providence Hospital, the stipend for interns is $3,000, at Sibley Hospital, $3,120, at St. Elizabeths Hospital, $3,800 and each also provide maintenance.

EFFECT OF SALARY RATE ON RECRUITMENT

Senator BYRD. What effect does the salary rate have upon your recruitment program and the turnover of personnel?

Dr. GRANT. In terms of interns and residents, Mr. Chairman, it is one of the factors, not the only one by any means, but one of the factors, involved in recruitment of an adequate number of interns and residents is the salary. You must be competitive not only as a matter of fact with salaries in this area, but salaries all over the country for interns and residents, because we really recruit from a good part of the country, so that one of the factors in this is the salary, and certainly a stipend increase will have a beneficial effect upon this recruitment.

Senator BYRD. How many positions would be affected at Glenn Dale Hospital by the stipend increase?

Dr. WEISS. Two positions.

Senator BYRD. What would be the total?

Dr. WEISS. $600 is being asked.

TABLES SHOWING RATES IN SELECTED LOCAL HOSPITALS

Senator BYRD. I will include in the record at this point tables showing the stipends paid in selected local hospitals, and stipend increases for interns, residents, and student nurses effective July 1, 1963, for District of Columbia General Hospital and Glenn Dale Hospital.

(The documents referred to appears on p. 2667.)

Annual rates [1] *(stipends paid in selected local hospitals)*

	Georgetown Hospital	George Washington Hospital	Washington Hospital Center	Freedmen's Hospital
Interns:				
Single	$2,100	$3,000	$3,900	$3,800
Married	2,520			
Residents:				
Single, 1st year	2,400	3,300	4,080	4,400
Married, 1st year	2,820			
Single, 2d year	2,820	3,600	4,260	4,800
Married, 2d year	3,240			
Single, 3d year	3,120	3,900	4,440	5,200
Married, 3d year	3,480			
4th year		4,200	4,620	5,700
Student nurses	[2]	[3]	[4]	[5]

[1] As reported by the Hospital Council (interns and residents) and the hospitals (student nurses).
[2] Georgetown Hospital makes payment for time actually worked at the following rates: $14.07 per day shift; $15.82 per evening shift; and $15.32 per night shift.
[3] No student nurses.
[4] No payment to student nurses.
[5] 1st year $1,700; 2d year $1,600; and 3d year $1,800.

Source: Budget and Finance Office, Sept. 25, 1963.

Stipend increase for interns, residents, and student nurses, effective July 1, 1963

	From—	To—	Number	Amount
District of Columbia General Hospital:				
Interns:				
Single	$2,843	$3,500	35	$23,000
Married	3,100	3,800	35	24,500
Residents:				
Single, 1st year	3,152	3,800	24	15,552
Married, 1st year	3,400	4,100	33	19,800
Single, 2d year	3,454	4,100	18	11,628
Married, 2d year	3,700	4,400	24	16,800
Single, 3d year	3,736	4,400	5	3,320
Married, 3d year	4,000	4,700	12	7,200
Single, 4th year	4,036	4,700	2	1,328
Married, 4th year	4,300	5,000	3	2,100
Student nurses	934	1,260	124	40,424
Total				165,652
Glenn Dale Hospital:				
Residents:				
1st year	4,127	4,400		
4th year	5,416	5,700	2	568
Total				568
Grand total				166,220
In budget:				
District of Columbia General Hospital				167,400
Glenn Dale Hospital				600
Total				168,000

RECRUITMENT EXPERIENCE

Dr. SCHULTZ. We will include something on our recruitment experience in this area for the past several years because we think it is very relevant.

Senator BYRD. Very well.

(The information referred to follows:)

Intern recruitment, District of Columbia General Hospital

	1961–62	1962–63	1963–64
Number sought	60	64	56
Filled through NIMP [1]	[2] 44	[3] 23	[4] 34
Filled by other applicants [5]	15	15	11

[1] The national matching program (NIMP) is the process whereby American and Canadian medical graduates choose the hospital at which they wish to intern, and hospitals select those whom they desire as interns. Presently, 735 U.S. hospitals participate in the program.
[2] 73 percent.
[3] 36 percent.
[4] 61 percent.
[5] Other applicants are those who failed to match in the NIMP or foreign medical school graduates.

CHAPLAIN POSITIONS, DISTRICT OF COLUMBIA GENERAL HOSPITAL

Senator BYRD. What is the effect of this increase upon the raises that were inaugurated as of the 1st of July?

Dr. GRANT. I am not sure I understand that question, Mr. Chairman.

Senator BYRD. This does not represent an additional increase?

Dr. SCHULTZ. No, it is included in the rate we are now paying. It is the rate we are now paying.

Senator BYRD. Restoration of $21,925 is requested for District of Columbia General Hospital to retain two chaplain positions authorized by Congress in 1957. Would you comment on this item?

Dr. GRANT. I will start off, Mr. Chairman, by saying we have studied a number of other hospitals, and their practices in connection with the employment of chaplians, and we find that it is fairly common practice for hospitals in the country to employ chaplains full time to do this kind of activity.

We feel that is is going to be difficult for us to maintain our chaplaincy service using volunteers. In fact, this experience occurred to us in the past, and we feel it is going to be very difficult to maintain this service unless we are able to employ chaplains of our own.

Senator BYRD. Did you include the two positions in your original request?

Dr. GRANT. Yes, sir.

Senator BYRD. You have one Catholic and one Protestant?

Dr. GRANT. Yes, sir.

Senator BYRD. Which is the Catholic and which is the Protestant? You have a GS–12 and a GS–11.

Dr. GRANT. The Protestant is the GS–12, and the Catholic is the GS–11.

Senator BYRD. Have you had two chaplains as paid employees for the hospital since 1957?

Dr. SCHULTZ. 1957, that is correct. We actually have had a Catholic chaplain, since 1929, and a Protestant chaplain since 1953.

It was recognized in the late 1950's that a voluntary basis was not adequate to meet the needs of the hospital, and that is why we requested the two positions.

Senator BYRD. There were no vacancies during those 6 years?

Dr. GRANT. There were not. The Catholic position was vacant a very short while last year. It was filled when they felt they had somebody to fill the vacancy.

Senator BYRD. Have there been any payments for part-time chaplain services?

Dr. SCHULTZ. No, indeed.

LANGUAGE IN HOUSE REPORT

Senator BYRD. Did you testify before the House on this item?

Dr. GRANT. No, Mr. Chairman. The question did not come up, to my recollection, at the House hearings.

Senator BYRD. The report says this: "For several years two chaplain positions have been carried at the District of Columbia Hospital, which is not a common practice in most general hospitals. The committee recommends that these positions be abolished and has made a corresponding decrease in the appropriations above."

Would you like to react to that phraseology, Dr. Grant?

RESULTS OF STUDY

Dr. GRANT. Well, I would say, Mr. Chairman, based upon the studies we have done, and based upon our own experience in District of Columbia General we do feel it is necessary to employ these two full-time chaplains.

Dr. SCHULTZ. May I add something to that?

Dr. GRANT. Here are some facts on the study. We studied 16 hospitals in various parts of the country to determine hospitals that we felt had some similarity to District of Columbia General Hospital, to determine the number of chaplains they employed, and the number they employed full time varied from 1 to the maximum of 12 full-time chaplains. Each one of them did employ a chaplain full time.

Dr. SCHULTZ. Fifteen of those are general hospitals and five of them are major municipal hospitals comparable to District of Columbia General.

GRADE LEVELS OF CHAPLAINS

Senator BYRD. What are the grade levels of your chaplains?

Dr. GRANT. GS–12 and GS–11.

Senator BYRD. You would retain the same chaplains that you heretofore had?

Dr. GRANT. Mr. Chairman, one of the chaplains, the Protestant chaplain, has recently left us to go on a 4-year tour of foreign duty.

Dr. SCHULTZ. Yes, sir. We have candidates available, but because this question was raised, we have not processed the applications.

Senator BYRD. The House did not ask any questions on this item?

ITEM IN ORIGINAL BUDGET

Dr. GRANT. No, sir. This was in our original budget. It was not any additional request, and there were no questions based, to the best of my recollection, on this at the other hearings.

Senator BYRD. Senator Case, do you have any questions on this item?

Senator CASE. No, I do not think so.

ADMITTING CLERK

Senator BYRD. One GS–4 admitting clerk is being requested for Glenn Dale Hospital.

Dr. GRANT. I would call to your attention, Mr. Chairman, that the Glenn Dale Hospital has changed considerably over the period of time—in term of the manner in which it is being used. It is being converted gradually from a totally tuberculosis hospital where patients have stayed for many months or even years to a hospital that is now used for both tuberculosis and chronic disease patients, and increasingly the emphasis is on chronic disease patients.

I should like to just cite a couple of statistics pointing this fact out. In 1962 fiscal year the average daily census for tuberculous patients at Glenn Dale Hospital was 392. In 1963 this came down to 387, whereas for chronic disease patients the average daily census, in 1962 was 80.9, whereas in 1963 it rose to 111.6.

With this change to chronic disease patients and with the reduced length of stay of the tuberculous patients in the hospital, there is need for someone to do the admitting work. There is not anyone in the Glenn Dale Hospital at the present time who is supposed to do this work. There is no admitting clerk among the 629 employees at the present time, and we are, therefore, requesting, I believe this is for the first time, Dr. Weiss——

Dr. WEISS. That is correct.

Dr. GRANT (continuing). An admitting clerk for this purpose.

FUNDS TO REPLACE FLATWORK IRONER

Senator BYRD. You are requesting $20,500 to replace a flatwork ironer.

Dr. GRANT. The existing flatwork ironer, Mr. Chairman, was purchased in 1935, is 28 years old; is continually in a state of disrepair, and we feel it necessary to request a new one to replace the one that is there now. This is particularly pertinent again because of the transfer to chronic disease patients.

Dr. WEISS. A minor statistic: one chronic disease patient uses five times more bed linen than a tuberculosis patient. This has caused a marked demand on this ancient flatwork ironer which it cannot meet.

Senator CASE. I take it this is an item—are there some things that routinely need replacement?

Dr. WEISS. Yes, sir. We have no funds of a substantial amount in our routine base budget.

Senator BYRD. I assume the other increases are mandatory increases?

Dr. GRANT. Yes, sir.

Senator BYRD. All right.

FUNDS FOR CARE OF DISTRICT PRISONERS

We will go now to the request for $2,362,000 for the care of District prisoners.

Dr. GRANT. This is entirely due to the fact, Mr. Chairman, that the congressional committees for the Department of Health, Education, and Welfare recommended the District government assume the cost of the District prisoners at St. Elizabeths Hospital.

This request is for 680 prisoners at the rate of $9.49 per diem.

I should like to indicate to you, Mr. Chairman, that since that time it has been indicated to us that we should change this to reflect 622 prisoners rather than 680, which would mean a reduction in this estimate of $97,000.

REQUEST FOR FREEDMEN'S HOSPITAL

Senator BYRD. The next item is the request for $83,000 for Freedmen's Hospital.

Dr. GRANT. This will provide, Mr. Chairman, a rate increase from $32 to $36 per day for inpatients, and a rate increase of $1.50; namely, from $5 to $6.50, for outpatients at Freedmen's Hospital.

Senator BYRD. Will you state the fiscal year 1963 level of performance as against fiscal year 1962 and fiscal year 1961.

Dr. GRANT. In 1963 there were 13,865 inpatient days at Freedmen's Hospital. In 1962 there were 17,599. I do not have the 1961 figure, but we will secure that for the record, Mr. Chairman.

Senator BYRD. All right.

(The information referred to follows:)

In 1961 there were 16,762 inpatient days at Freedmen's Hospital.

RESTORATION REQUESTS FOR FREEDMEN'S HOSPITAL

Dr. GRANT. There were 18,879 clinic visits in 1963 as opposed to 19,832 in 1962.

There were 859 emergency room treatments in 1963 as compared to 926 treatments in 1962.

Senator BYRD. All right.

Now, let us go to the restoration requests in the amount of $16,000 for Freedmen's Hospital.

Dr. GRANT. Mr. Chairman, during the course of House hearings I volunteered a reduction in the amount for the contract hospitals based upon the fact that we have not spent the amount requested last year, and that I felt, therefore, it was not correct to continue to request an amount which was not spent.

I did not, however, in those hearings volunteer any specific amount although I had an amount in mind in toto, but the House ultimately did reduce this, I believe, by $716,000-plus, for both Freedmen's Hospital and the contract hospitals.

I feel, Mr. Chairman, that this decrease went beyond that which I had wished to volunteer, and I do not believe that it will be possible for us in the 1964 fiscal year or succeeding years to accommodate the program that we have at Freedmen's Hospital unless the amount requested to be restored is restored.

Senator BYRD. Senator Case?

Senator CASE. You want how much restored now?

Dr. GRANT. $16,000 at Freedmen's Hospital is the amount requested.

Senator CASE. That would still leave a net cut from last year?

Dr. GRANT. Oh, yes, sir. It was $67,000 last year, and we are requesting this to go down to $51,000.

Senator CASE. Thank you, Mr. Chairman.

REQUEST FOR RATE INCREASES AT CONTRACT HOSPITALS

Senator BYRD. $410,000 is being requested to provide for rate increases at contract hospitals.

Dr. GRANT. Yes, Mr. Chairman. This would provide for a rate increase from $32 to $36 a day for inpatient care and from $5 to $6.50 a day for outpatient visits.

It would also provide for an increase in the homes, that is, as opposed to hospitals, of from $9.50 to $12 in the case of some and $12 to $16 in the case of others.

Senator BYRD. What is the justification for the increases?

Dr. GRANT. I would have to refer that question, Mr. Chairman, to Mr. Lowe.

Senator BYRD. Mr. Lowe?

Mr. LOWE. Mr. Chairman, the basic rate proposed by the Commissioners for inpatient care in the private hospitals is to be a close approximation of the cost of running District of Columbia General. In this case this year we adopted the figure of $36 as this approximation. The actual cost at District of Columbia General is estimated to be somewhat above this.

Dr. SCHULTZ. We have four rates at District of Columbia General. The hospital is divided into four areas. The rate for the medical, surgical, obstetrics, and pediatric services is $42.25; for pulmonary diseases, $22; for crippled children it is $24.25; and for psychiatry it is $29.75.

As a matter of fact, we have a new rate now for convalescent psychiatry of $20 for the 24-hour patient. Those are all the patient rates, so I presume this rate is some average of these.

Senator BYRD. Senator Case?

BASIS FOR RATE

Senator CASE. Is that rate you are talking about a rate which takes into account—what does it take into account?

Dr. SCHULTZ. It is based upon a formula that is derived from the total cost of operating that segment of the hospital, direct personnel figure, supplies and equipment figures, and a factor for the cost of the capital estimates.

Senator CASE. That is the point I just wanted to bring out. Do you actually have capital investment or is that provided by public funds? Is that a constructed figure and not realistic?

Dr. SCHULTZ. The philosophy of how that is determined I do not think I am prepared to discuss it, but, perhaps, one of us who is here——

Senator CASE. I just want the facts, that is all.

Mr. LOWE. Senator, for computing out overall estimated cost for District of Columbia General we do use the capital investment on a formula basis established by the Federal Bureau of the Budget. However, we eliminate that capital item in making a comparison with the private hospitals by reason of the fact that the District of Columbia government, pursuant to the Hospital Center Act, has provided some, I think, $19 to $20 million toward the cost of contructing, and in reconstructing the several private hospitals that are involved in these payments. Therefore, we attempt to relate the, shall I say, direct

operating costs at District of Columbia General for arriving at these prevailing rates that go into the contracts.

There is a certain element of being arbitrary in this in view of the fact that we never have enough money and, consequently, we necessarily will, shall I say, shade it downward, never upward.

Senator CASE. This factor is taken into account?

Mr. LOWE. Yes, sir.

Senator CASE. Thank you, Mr. Chairman.

INFORMATION REQUESTED FOR RECORD

Senator BYRD. Supply for the record the rate of increases in the last 5 years for both inpatient and outpatient care.

Dr. GRANT. I will do so.

Senator BYRD. Also supply hospital cost data showing the costs of services comparable to those purchased from contract hospitals with regard to clinic visits, emergency room visits, and inpatient care.

Dr. GRANT. Yes, we will be glad to do that, Mr. Chairman.

Senator BYRD. Supply for the record comparable rates for the metropolitan area.

Dr. GRANT. We will be glad to do that, Mr. Chairman.

Senator BYRD. Also for other hospitals in the metropolitan area.

Dr. GRANT. Yes.

Senator BYRD. Thank you.

(The information referred to follows:)

Hospital cost data in other hospitals in the metropolitan area, Oct. 17, 1963

	Inpatient-day	All outpatient services
Fairfax Hospital (Jan. 1, 1962, to Dec. 31, 1962):		
Average cost	$43.19	$13.86
Depreciation	3.47	2.42
Cost, less depreciation	39.72	11.44
Alexandria (Jan. 1, 1962, to Dec. 31, 1962):		
Average cost	38.83	8.88
Depreciation	1.00	----
Cost, less depreciation	37.83	----
Arlington (Jan. 1, 1962, to Dec. 31, 1962):		
Average cost	38.32	5.87
Depreciation	1.42	.30
Cost, less depreciation	36.90	5.57
Suburban (July 1, 1962, to June 30, 1963):		
Average cost	38.36	[1] 8.60
Depreciation	2.31	[1] 1.42
Cost, less depreciation	36.05	[1] 8.18
Sibley Memorial Hospital (Jan. 31, 1962, to Dec. 31, 1962):		
Average cost	39.39	9.21
Depreciation	2.57	----
Cost, less depreciation	36.82	9.21

[1] 6 months audit (Jan. 1, 1963 to June 30, 1963).

For the audit period ending June 30, 1962, the District of Columbia General Hospital cost of services comparable to those purchased from the contract hospitals are reported as follows:

	Inpatient-day	Clinic visit	Emergency room visit
(a) District of Columbia General Hospital:			
Obstetrical, pediatric, medical, and surgical—Average cost	$38.01	$7.02	$7.02
Depreciation	2.15	.40	.40
Cost, less depreciation	35.86	6.62	6.62
Pulmonary—Average cost	21.50		
Depreciation	1.22		
Cost, less depreciation	20.28		
Psychiatry—Average cost	27.78		
Depreciation	1.57		
Cost, less depreciation	26.21		
Crippled children—Average cost	25.39		
Depreciation	1.44		
Cost, less depreciation	23.95		
Total, patient-day	34.57		
Depreciation	2.07		
Cost, less depreciation	32.50		
(b) Casualty Hospital (June 30, 1962):			
Average cost	21.46	4.56	4.45
Depreciation	1.96	.28	.16
Cost, less depreciation	19.50	4.28	4.29
(c) Children's Hospital (June 30, 1962):			
Average cost	35.09	8.68	8.68
Depreciation	1.59	.45	.45
Cost, less depreciation	33.50	8.23	8.23
(d) Georgetown University Hospital (June 30, 1962):			
Average cost	41.37	7.55	6.71
Depreciation	1.74	.32	.22
Cost, less depreciation	39.63	7.23	6.49
(e) George Washington University Hospital (May 31, 1962):			
Average cost	36.86	9.49	5.46
Depreciation	.92	.22	.06
Cost, less depreciation	35.94	9.27	5.40
(f) Hadley Memorial Hospital (June 30, 1962):			
Average cost	37.13	5.20	18.06
Depreciation	1.67	.11	.37
Cost, less depreciation	35.46	5.09	17.69
(g) Providence Hospital (June 30, 1962):			
Average cost	32.46	6.74	4.87
Depreciation	2.68	.68	.36
Cost, less depreciation	29.78	6.06	4.51
(h) Washington Hospital Center (Aug. 31, 1962):			
Average cost	40.70	9.68	15.64
Depreciation	2.42	.95	1.07
Cost, less depreciation	38.28	8.73	14.57

Source: Budget and Finance Office, Sept. 18 1963.

DEPARTMENT OF PUBLIC HEALTH, WASHINGTON, D.C.

Contract hospitals and homes, rate of increases, fiscal years 1959–63

	1959 rate	Increase over previous year	1960 rate	Increase over previous year	1961 rate	Increase over previous year	1962 rate	Increase over previous year	1963 rate	Increase over previous year
Hospitals:										
Inpatient day:										
Casualty Hospital	$17.75	$1.40	$18.90	$1.15	$18.90		$20.00	$1.10	[1] 20.00 [2] 21.50	(1) [2] $1.50
All other hospitals	20.00	2.00	21.20	1.20	25.00	$3.80	30.00	5.00	[1] 30.00 [2] 32.00	(1) [2] 2.00
Clinic visit:										
Casualty Hospital	2.00	.18	1.80	−.20	1.80		2.60	.80	[1] 2.60 [2] 4.50	(1) [2] 1.90
All other hospitals	3.50	.50	3.50		4.00	.50	5.00	1.00	5.00	
Emergency room treatments:										
Casualty Hospital	3.00		1.80	−1.20	1.80		2.60	.80	[1] 2.60 [2] 4.50	(1) [2] 1.90
All other hospitals	3.00		3.00		3.50	.50	5.00	1.50	5.00	
Ambulance runs	5.00	−.70	5.00		4.00	−1.00	6.80	2.80	6.80	
Convalescent homes, inpatient day:										
Washington Home for Incurables	8.00	.35	9.00	1.00	9.00		9.50	.50	9.50	
All other convalescent homes	8.00		9.00	1.00	9.00		12.00	3.00	12.00	

[1] Rate for 4 months. [2] Rate for 8 months.

CONTRACT HOSPITALS

Senator BYRD. All right.

Let us direct our attention to the restoration request of $202,525 for contract hospitals.

Dr. GRANT. The same statement applies here, Mr. Chairman, as that which I made in connection with Freedmen's Hospital; namely, that during the House hearings I volunteered a reduction for the contract hospitals based upon the fact that we had not expended the funds that had been appropriated. But again I believe that the amount that was actually reduced by the House was in excess of that which I had in mind and would feel that this will be too much for us to be able to accommodate during this next year.

Senator BYRD. So the total request would be $612,525, is that correct?

Dr. GRANT. That is correct; yes.

Senator BYRD. All right.

PUBLIC HEALTH ACTIVITIES

Let us go to public health activities, the total request being $526,834. Nine positions are requested under administration and direction, the Office of the Director. Let us take these each in the order of its appearance on page 22–A–16. Would you justify the request for the nine positions?

NINE POSITIONS REQUESTED

Dr. GRANT. Yes, Mr. Chairman. We are requesting the three—three management analysts to add to the two we have at the present time. These are individuals, Mr. Chairman, that I feel are extremely important for us to have in order to develop policies and procedures throughout the Department where these policies and procedures are not now in existence, in order to develop the records and study the records we have in order to see which ones can be reduced or eliminated, in order to see that the policies that I am trying to develop are, in fact, followed through.

I think, Mr. Chairman, this is a very important activity which, frankly, at the present time we are not able to undertake until we secure these positions. This is for the management analysts and for two secretaries to work in that program.

In program planning we are requesting one program analyst and one stenographer. This is the area of activity, Mr. Chairman, that I consider to be one of the most important in the future because of the fact that I have been planning and have, in fact, started to do this, to study each program in the Department in great detail. These are the people I would assign to do just that.

They would work with the various program directors in studying various facets, how we are operating, why we are operating, how many personnel would be employed, whether we are achieving our goals. All of this would be preliminary to a discussion of this program and definitive plans over the course of the next several years to make this program as good as it possibly can be.

These program analysts are the people we would wish to do this, and I am asking for an additional one to add to our current staff of two to do this job, plus two stenographers.

The regulations development officer we need to have, Mr. Chairman, an individual who could devote his time to a study of all of the laws and regulations under which we operate, and to give us advice and guidance in regard to the implementation of these laws and to assist in codifying and bringing together the various laws that now exist. This is why this position is requested.

Senator BYRD. You say you presently have two management analysts?

Dr. GRANT. Yes, sir.

Senator BYRD. How many clerk stenographers do you have?

Dr. GRANT. I think we have one at the present time assigned to this.

Senator BYRD. You are requesting three additional management analysts and two additional clerk-stenographers to go with them?

Dr. GRANT. Yes, sir. There is a great deal of clerical work involved in that particular duty, Mr. Chairman.

Senator BYRD. You presently have six program analysts?

Dr. GRANT. No, sir. We actually have four program analysts—including the chief—and the other two are clerical positions. Yes; that is correct, a total of six positions.

Senator BYRD. What is correct?

Dr. GRANT. We have four program analysts and two clerical positions.

Senator BYRD. Making a staff of six?

Dr. GRANT. Yes, sir.

Senator BYRD. Do you have any vacancies among these positions, sir?

Dr. GRANT. We had—let me see, we have—no, sir. We do not have any vacancies at the present time. We had one which was just filled.

Senator BYRD. Senator Case, you may interrupt at any time.

Senator CASE. Thank you.

POSITIONS REQUESTED IN 1963

Senator BYRD. Have you requested any of these positions in previous years?

Dr. GRANT. I am informed that there were two such positions requested last year, Mr. Chairman, prior to the time I came to the Department.

Senator BYRD. Which two?

Dr. GRANT. Two program analysts.

Senator BYRD. Two program analysts?

Dr. GRANT. Two program analysts.

(Correction: two management analysts were requested in 1963, not program analysts.)

Senator BYRD. All right.

BUREAU OF ADMINISTRATION

We will go now to the Bureau of Administration. You are requesting how many positions here, Doctor?

Dr. GRANT. We——

Senator BYRD. Are you requesting nine?

Dr. GRANT. That is correct, Mr. Chairman, nine.

Senator BYRD. All right. Would you like to justify the request?

REORGANIZATION OF DEPARTMENT

Dr. GRANT. Mr. Chairman, it is rather difficult for me to do this without discussing the question of the reorganization of the Department, which is very intimately involved in this question relative to this program, and some of those which follow. If you desire, Mr. Chairman, I would be happy to discuss this and would be happy to do so.

Senator BYRD. Proceed if you like.

Dr. GRANT. May I, Mr. Chairman, use the chart that we have brought with us to explain this?

Senator BYRD. Yes.

Do you have copies of the report for the record?

Dr. GRANT. Yes, we will be glad to make them available. We did provide these, Mr. Chairman, that is here.

Senator CASE. The same one that is attached to this?

Dr. GRANT. Yes, sir.

I would like, if I may, first, Mr. Chairman, to demonstrate the existing organization of the Department as provided for in the existing Commissioners' order, which shows under the Director and Deputy Director several bureaus and hospitals, and then coming out from the person we call our executive officer several other individual activities of the Department, and also an administrative office here which actually is not provided for specifically in the Commissioners' order, as a bureau division, but which actually does exist in the manner indicated here.

There are many problems within this organization as an organizational entity, Mr. Chairman. One of them, I think, is fairly obvious when one just looks at it, and that is you have a very substantial number of people, actually about a score or so, reporting directly to to the Director and his deputy, which makes the operation of the Department extremely difficult.

Also the administrative area of the Department, in my opinion, is rather weak and, as a matter of fact, this program of the Medical Assistance Division does not belong in the administration at all and should not be there.

Furthermore, in the manner in which the Department is currently organized, each of the bureaus and hospitals tends to operate their programs individually by themselves with a considerable lack of coordination within those areas of activity. If I may give a couple of examples I think this may become a little clearer.

The Bureau of Mental Health one would think, Mr. Chairman, would have the responsibility of doing the job that I described earlier; namely of directing, implementing, developing a total program for the District of Columbia.

It does not do so because we have in District of Columbia General Hospital, as indicated previously, a very substantial mental health program. We also have a substantial program in the Bureau of Maternal and Child Health, and the Bureau of Public Health Nursing. These are not coordinated by any one individual other than myself and the deputy. We are supposed to do this and, obviously, it cannot

be done on a day-to-day basis. This same problem obtains in many other areas of the Department's operation.

RECOMMENDED ORGANIZATION

In the recommended organization, Mr. Chairman, we have suggested that the total Department be divided into five main areas of activity, each of them headed by an associate director who would have the job of directing and coordinating all of the activities under that particular program.

There is one individual who would head up all of the administrative activities of the Department irrespective of where those activities were carried on. He would be the head of all administration or a comptroller if I might use that word.

Then there would be a person who would head up all of the house service in the field of prevention; another person would head up all of the activities in the field of mental health and retardation; and another one would handle medical care and hospital facilities; and another person would head up the environmental health activities.

This follows fairly well along, Mr. Chairman, a description that I gave you Friday at the hearings of the general functions of the Health Department, and this follows generally this kind of activity, so that these people would be, really are, the key people in the new organization.

ESTABLISHMENT OF DIVISIONS AND SECTIONS

Now, under them we would establish various divisions and sections which are indicated in this organization chart.

For example, under administration there would be six divisions or sections established, one to head up all of our budget and finance programs; one to head up the management analysis division we just mentioned; one to head up the division of planning, research, and statistical programs of the Department; one to head up all of our personnel activities; one to head up the administrative services which includes the operation of all of our buildings, all of our mail and messenger and office services; and one to head up the special activities. We have to engage in such things as the civil rights march. This will be the person we would assign much of that activity to.

Then there would be the Division of Procurement and Supply which would organize all of our procurement and supply activities.

This then would be the total responsibility of this gentleman here who would head up this program irrespective of which part of the Department the activity happened to be located at.

Similarly, the man who would head up all of our preventive services would have seven bureaus under him, a Bureau of Maternal and Child Health which, of course, exists; a Bureau of Chronic Disease Control, Communicable Disease Control; a Bureau of Public Health Nursing; a Bureau of Laboratories and Pharmacies, which we would suggest be changed from the bureau that is now established. We currently have a Bureau of Laboratories and Pharmacies. We are suggesting that the pharmacies be split up because we do not think it has anything to do with laboratories, and have that set up, a Bureau of Special Health Services, which would have the following divisions under it, a Division of Medical Social Services, a Division of Nutrition Services,

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a Division of Accident Prevention, and a Division of Occupational and Employees' Health.

This would be an activity headed by a new person in that particular bureau.

ASSOCIATE DIRECTOR FOR MENTAL HEALTH AND RETARDATION

Under the Associate Director for Mental Health and Retardation, this person would have the sole responsibility for developing the mental health and retardation programs in the District of Columbia. Under him would be the four major areas of activity we would be concerned with; the Bureau of Mental Retardation, a new bureau established to head up that program; the Bureau of Inpatient Care which relates to all of our activities at St. Elizabeths Hospital and District of Columbia General Hospital and any other place we may develop inpatient service; the Bureau of Community Mental Health for the needed psychiatric services which could be consultant services to the schools, and so on; and the Bureau of Alcoholic Rehabilitation and Drug Addiction to deal specifically with that area of activity.

ASSOCIATE DIRECTOR FOR MEDICAL CARE AND HOSPITALS

Under the Associate Director for Medical Care and Hospitals we would include all of the activities at District of Columbia General and Glenn Dale Hospitals; we would move over here and make this over into a bureau, the Bureau of Medical Assistance and Contracts. This is the area of the contract which determines eligibility for programs and establishes all of our contractual arrangements with hospitals and other agencies.

BUREAU OF HOSPITAL PLANNING AND REVIEW

We would establish also a Bureau of Hospital Planning and Review. This is the part of the Department that handles the Hill-Burton program and also would handle all of our nursing home activities and all of the additions and changes in hospitals within the District. We have no specific area of the Department to handle this at the present time.

BUREAU OF PHARMACIES

We would establish the Bureau of Pharmacies in a separate bureau under this program, and the Bureau of Pharmacies would have the total responsibility for directing all pharmacy operations of the Department, again, irrespective of where they happen to be lodged.

ENVIRONMENTAL HEALTH PROGRAM

In the environmental health program, of course, this is a separate and distinct program from any other part of the Department where we employ, as a matter of fact, different kinds of individuals to operate in this program, engineers, sanitary engineers, and inspectors as opposed to physicians and nurses and administrative people.

This is the area where all the environmental health problems we have are concerned with, and there would be four bureaus, a Bureau of Public Health Engineering which would deal with water, sewage, radiation hazards, and industrial hygiene; a Bureau of Foods and

Drugs which would deal with the whole problem of food sanitation and the control of chemicals and the control of pesticides; the Bureau of Milk Control which would deal with all the milk activities, the production and dissemination of milk; and the Bureau of Community Hygiene which would handle all of the other activities which do not really fit into any of these other three, but nevertheless many of which are varied and complex, including such things as barbershops, beauty parlors, insects and rodent control activities which do not fit, Mr. Chairman, in the activities of any of the others.

OFFICE OF HEALTH EDUCATION AND INFORMATION

In addition to these five major areas of the Department's activities, we would establish here an Office of Health Education and Information, because of the fact that this is an activity that goes abroad beyond anything that any one of these particular programs do. In other words, it would be very difficult to fit this activity organizationally into any other part of the Department because it has responsibility for providing all of the health information, health educational services for the total Department, and we think, therefore, Mr. Chairman, that this is logically housed in this particular spot.

The Public Health Advisory Council, the Citizens Advisory Council structure, will be located out here, and I have recommended the establishment of one strong citizens' group rather than the several which now exist, but this would be located here as it is at the present time.

Senator BYRD. Would you enumerate the new bureaus that are to be created?

Dr. GRANT. Yes. The five associate directors, of course, are all new individuals; namely, new entities in the organization.

ASSOCIATE DIRECTOR FOR ADMINISTRATION

Let us take the Associate Director for Administration. We have at the present time a budget and finance program so that this, I would say, is not separate and distinct from what we have now.

We also have a management and analysis program, so this is not particularly separate. We do have a program planning activity, but I am adding to it all of the research and statistical programs. The statistical programs are currently lodged directly in our administration area, not under a permanent plan.

PERSONNEL DIVISION

The Personnel Division is a new division, Mr. Chairman. We do have some people in the Health Department currently involved in personnel matters, but we do not, at least in my opinion, have a definitive activity relative to personnel and personnel only, so this, I would say, is a new division.

ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division would also be a new division in that it would include several things pulled together from other areas of the Department.

PROCUREMENT AND SUPPLY DIVISION

The Procurement and Supply Division—we also do have a current Division of Procurement and Supply, so I would say this is not something that is particularly new, although we would hope to make some changes in it.

PREVENTIVE SERVICES

In preventive services there are two bureaus being established, the Bureau of Special Services—this is the one I mentioned previously and is a totally new bureau. We were recommending that the current Bureau of Disease Control be separated into chronic disease and communicable disease because these are two separate and distinct programs, and because the chronic disease program particularly, I would hope and expect, Mr. Chairman, will be one of the most rapidly developing areas of the Department and is an extremely important one and large enough that I do not believe it is sensible to include it with communicable disease control, which is a separate entity.

MENTAL HEALTH AND RETARDATION

The Mental Health and Retardation, the Bureau of Inpatient Care, is a new one. There is no such bureau at the present time.

The Bureau of Mental Retardation is a new one; there is no such one at the present time. The other two are composites really, of the existing programs we have.

With the Associate Director for Medical Care and Hospitals, the two new bureaus here would be the Bureau of Hospital Planning and Review—this is the Hill-Burton one that I mentioned; the Bureau of Pharmacies which is split up from the Bureau of Laboratories and Pharmacies; the Bureau of Medical Assistance and Contracts currently is a division, and it is located in that division, and what I would like to do is to change it and put it out of administration where it is located, and bring it down here, and make it an equal bureau.

BUREAU OF PUBLIC HEALTH ENGINEERING ON ENVIRONMENTAL HEALTH

There is currently a Bureau of Public Health Engineering on Environmental Health. There is also a Bureau of Milk Control and a Bureau of Food and Drugs. The Bureau of Community Hygiene is new as a bureau, but most of the programs are currently going on within the Department.

ABOLITION OF POSITIONS

Senator BYRD. Are there any other positions in your present organization which are being abolished?

Dr. GRANT. Yes, sir. We are recommending the abolition of 26 of our existing positions in order to accommodate the 11 positions which I have requested in addition to what is in the B budget. These 26 positions, approximately half of them are currently vacant. The other half we would expect to transfer these people who are in these positions within other positions within the bureau organization.

Senator BYRD. What is the overall difference in the number of positions?

Dr. GRANT. Actually there is no difference. It so happens, Mr. Chairman, because in the B budget we have asked for 15 positions which relate directly to the reorganization, and we are also asking for 11 positions outside of the B budget as indicated in my opening statement on Friday, which makes 26 total, and we are asking for the abolition of 26 existing positions. There is no difference in positions. There is, of course, in money, Mr. Chairman, approximately $145,000 difference.

Senator BYRD. Were any alternative organization proposals discussed?

Dr. GRANT. Yes, sir. I would say, Mr. Chairman, that during the past year we have considered many different organizational proposals, but we believe this is the best one we have been able to come up with.

QUESTION RE OPPOSITION TO PROPOSAL

Senator BYRD. Was there opposition to this proposal within the Department?

Dr. GRANT. I would suppose, Mr. Chairman, that it would be very difficult for any newcomer not to have any in anything he would wish to develop, and I would certainly say, sir, there is some opposition from certain individuals in the Department.

I have good reason to believe, I think I am correct in saying this, that, by and large, I have the support of most of my key staff in this reorganization.

ADDED COSTS

Senator BYRD. What would be the added costs on an annual basis?

Dr. GRANT. I believe approximately $145,000, Mr. Chairman.

Senator BYRD. Are facilities available for the additional personnel?

Dr. GRANT. Physical facilities?

Senator BYRD. Yes.

Dr. GRANT. I have made some recommendations to the District government which would take care of this problem, I believe, if these recommendations were implemented.

Senator BYRD. Would additional costs be involved if the recommendations were implemented?

Dr. GRANT. I would hazard a guess there would be some additional costs required except, I must say to you, this would be in buildings or in a building that is currently or will be owned very soon by the District government, I believe.

Senator BYRD. Mr. Lowe, do you have any comment on this?

Mr. LOWE. I would suppose the building Dr. Grant is talking about is what we would refer to as the old City Hall which we had at one time asked that all or most of it be turned over to the Department of Public Health.

At the present time, this is not contemplated, and the long-term usage of that building is for it to go back into judicial use, which is a use that it had for many years prior to the time that the Selective Service Headquarters were included in it.

ADDITIONAL RENTAL COSTS

We do envision providing additional office space for the Department of Public Health on a rental basis pending the completion of the additional buildings for the Municipal Center area.

To try to be specific about additional rental costs connected with this particular reorganization, I think there are some, but it would in most respects be able to absorb the largest part of these new jobs in the present facilities. I would have to look up and see just how many could not be absorbed and for which we would have to have rental.

Dr. GRANT. We have estimated, Mr. Chairman, we would need approximately 10,000 to 14,000 square feet of space to accommodate the people needed in the reorganization, plus those for which we currently do not have adequate space. So it is not really confined to the reorganization, but it is to meet our current needs as well as the reorganization.

Senator BYRD. Do you have anything further, Mr. Lowe?

Mr. LOWE. The only thing we have in the B budget——

Senator BYRD. I have a little difficulty hearing you.

FUNDS FOR CHILD HYGIENE CLINIC

Mr. LOWE. Pardon me. I say what we have in the B budget at the present time is $14,800 for a child hygiene clinic. I believe that is it.

Senator BYRD. Have the Commissioners approved the whole plan?

TENTATIVE APPROVAL OF PROPOSALS BY COMMISSIONERS

Dr. GRANT. The reorganization proposals have been tentatively approved by the Commissioners, subject to reconsideration after Congress has completed their action in relation to our budget.

ASSISTANCE ON REORGANIZATION PLAN

Senator BYRD. Who assisted you in devising this proposed reorganization plan?

Dr. GRANT. Many people, Mr. Chairman, really assisted me. The Public Health Service, the Children's Bureau, and many members of my own staff. After this was completed a representative of Mr. Lowe's office, Mr. Warnock also assisted us in developing this chart.

ABSORPTION OF ACTIVITIES OF OTHER DEPARTMENTS

Senator BYRD. Would the plan absorb any activities now being carried out by other departments?

Dr. GRANT. In the reorganization order, Mr. Chairman, it was proposed—there is included some statements that would, if the Commissioners so desired ultimately, enable us to accommodate activities of other departments.

APPROVAL DATE

Senator BYRD. When did the Commissioners approve the proposal?

Mr. LOWE. September 10, Mr. Chairman.

CHANGE IN PLAN

Senator BYRD. Have any changes occurred in the proposed reorganization plan since that time?

Dr. GRANT. No, sir.

Mr. LOWE. Nothing to my knowledge, sir.

Senator BYRD. Would you give us some background concerning the original organization of the Health Department, Mr. Lowe?

Mr. LOWE. Essentially, Mr. Chairman—may I ask for clarification? When you say original organization, you mean the organization today?

Senator BYRD. What you presently have, yes.

Mr. LOWE. We presently have.

This dates from about 10 years ago. As it is presently operating it is somewhat at variance with the actual Commissioners' orders but, nevertheless, I think what Dr. Grant portrayed is a reasonably accurate description of its todays operation.

There are a number of things that the various Commissioners' orders called for inclusion in the Health Department which are not, have never been, accomplished largely because of staffing difficulties and such things as that.

But the present dispersed form of organization is about the situation, with a large number of bureaus reporting directly to the Director and intermediate office, that is, the Bureau of Dental Health, the Bureau of Disease Control, the Bureau of Environmental Health, the Bureau of Laboratories and Pharmacies, Maternal and Child Health, Mental Health, Public Health Nursing, District of Columbia General Hospital, and Glenn Dale Hospital.

PRESENT VARIANCE IN PERFORMANCE

Senator BYRD. Would you submit for the record information which would indicate precisely how the operation of the department at the present time is at variance with the orders originally issued by the Commissioners?

Mr. LOWE. Yes, sir.

(The information referred to is shown on p. 2563.)

DATE OF PRESENTATION OF PLAN

Senator BYRD. How long has the proposed reorganization plan been under consideration?

Dr. GRANT. I would say, Mr. Chairman, from the time that I presented it originally, I would say about 2 months.

Senator BYRD. About 2 months from the time you originally presented it?

Dr. GRANT. From the time I originally presented it.

Senator BYRD. When did you originally present it?

Dr. GRANT. It was presented informally in June of 1963, so I guess it was 3 months, Mr. Chairman.

Senator BYRD. Senator Case?

Senator CASE. Just one general question, Mr. Chairman.

Senator BYRD. Yes.

ASSOCIATE DIRECTOR

Senator CASE. These jobs of associate director, the three new people you need, as I understand it, or contemplate having, two of your——

Dr. GRANT. Yes.

Senator CASE (continuing). Two of your existing people, your present people, are going to take the job for mental health and environmental health at present?

Dr. GRANT. I would not be prepared to answer that at this time, Mr. Chairman.

RECRUITMENT PROBLEM

Senator CASE. I am wondering how much of a job of recruitment you would have, whether you would have any comment on how long it is going to take to get the right people, whether you can get them or not.

Dr. GRANT. Oh, yes. I, in all honesty, do not think we would have a tremendous problem in terms of recruitment. I think we would have some in one of those positions, but in the other two it would not be too difficult a job of recruitment.

Senator CASE. Thank you, Mr. Chairman.

BASIC REASONS FOR REORGANIZATION

Senator BYRD. What are the basic reasons, other than those which were stated, for such a reorganization?

Dr. GRANT. Mr. Chairman, I do not believe that the Department of Public Health can operate effectively under its existing organization, for many reasons. Perhaps the two most cogent ones although I have made mention of a number of them in the reorganization proposals which I submitted on Friday, I think the two major ones are this problem of lack of coordination which I think is a very serious one. I just do not see how the Department can operate properly unless all of its activities are coordinated, unless the Department has a program that everyone understands and moves along with, and unless—so that we can be sure that different parts of the Department do not operate independently. This, I think, is one of the most cogent reasons for this.

The other reason, Mr. Chairman, would be to insure that the Department is maintained on a completely businesslike and efficient basis. Unless we have a strong administrative arm, I do not think this can be done.

Senator BYRD. Senator Case?

Senator CASE. No questions.

Senator BYRD. Would you direct your attention to each of those positions requested.

Dr. GRANT. Yes, sir.

Senator BYRD. Let us take the first nine.

CHIEF OF BUREAU OF ADMINISTRATION

Dr. GRANT. The Chief of the Bureau of Administration, Mr. Chairman, would be actually the Associate Director for Administration. This is indicated as a GS–15 in here. Under the reorganization we

would hope this would be a GS–16, but that is really what that position is for, plus a secretary to staff his post.

FINANCE DIVISION

In the finance division, the two budget analysts and the clerk-stenographer are not really related to the reorganization but they are needed, in my opinion, in order to adequately staff our finance and budget division, to study budgets and analyze budget data and to work very closely with the various bureau chiefs.

PERSONNEL AND OFFICE SERVICES

In the Personnel Division, this is directly related to the reorganization. We are requesting a chief and a secretary to head that program, as indicated in the organization chart.

In the office services, this is the Chief of the Office Service Section. This comes under the Administrative Division. This would be the person who would handle the mail or messenger service, record systems, records management, and all of our central files, so this would be under the new reorganization.

RECRUITMENT OFFICE

I think this concludes all of the areas under administration, Mr. Chairman. I am sorry, one other that was called to my attention, and that is the recruitment officer coming under the Personnel Division. We have nobody in the Department at the present time who directly engages in recruitment activities, and I believe we have a real need for someone to head up that program.

POSITIONS TO BE ABOLISHED

Senator BYRD. What positions are being abolished? You said that some are already vacant and that some additional positions are going to be abolished. Would you indicate those which are vacant and those which you plan to abolish.

Dr. GRANT. Yes, sir; I would be glad to do that.

OTHER POSITION REQUESTS

There are a total of 26 positions, Mr. Chairman, that we are recommending for abolition, and let me, if I may, list the positions first, and then I will indicate which are filled and which are not.

The Assistant to the Medical Director, this is a GS–13 position. This position is currently filled. We would expect to transfer that individual to another part of this organization.

A GS–11 position, this is a building superintendent. This position is currently filled. This individual is very close to retirement, as a matter of fact. If he did not retire, I believe we could transfer him to another area of the Department.

GS–5 clerk-typist; I think that is vacant—no, the clerk-typist position is filled, Mr. Chairman. We are proposing to transfer that to another part of the District of Columbia General Hospital.

The GS–7; that is currently filled, and we are currently proposing to transfer that position.

The painter position, that is a WBR–13; that position was vacant. I am not sure that it has not been filled since then.

Dr. Schultz, do you remember? It was vacant.

Dr. SCHULTZ. It is still vacant.

Dr. GRANT. It is still vacant.

INTERN POSITIONS

The four intern positions; these are currently vacant. The one mason, that is the WBR–10, this position is currently vacant—I am sorry, that position is currently filled, and we are going to convert that into a general mechanics position with no loss in grade.

OTHER POSITIONS (CONTINUED)

The WBR–5 position, the tile repairer, that position is currently filled, and we were going to transfer that to another position currently vacant at the District of Columbia General Hospital.

A GS–6 pharmacist assistant is currently vacant. The GS–5 pharmacist assistant is currently filled, and we were planning to transfer that to another position.

The GS–4 pharmacist assistant is currently vacant; the WBR–12 general mechanic is vacant. The GS–6 accounting clerk is currently filled, and we were expecting to transfer that to another part of the department.

The WBF–2 food service worker is currently vacant. The WBR–1, two elevator operators, these are currently vacant.

The GS–3 time and leave clerk is, I believe, currently filled; yes, and we were going to transfer that position.

The two seamstresses, WBR–6, are currently filled. We are not quite sure what to do about these at the present time, Mr. Chairman. We have some questions about those, but we would hope to be able to transfer the people.

Senator BYRD. You hope to do what?

Dr. GRANT. We would hope to be able to transfer them to other positions, Mr. Chairman.

The GS–11, administrative aid, is vacant; the GS–11 veterinarian inspector is vacant; the WBR–1, two elevator operators are currently vacant.

POSITIONS TO BE TRANSFERRED

Senator BYRD. How many other positions to be abolished are going to be transferred to other areas of the Department?

Dr. GRANT. Eleven, Mr. Chairman.

Senator BYRD. Eleven out of how many?

Dr. GRANT. Twenty-six.

POSITIONS TO BE ABOLISHED

Senator BYRD. How many positions are you going to abolish?

Dr. GRANT. Well, 26 positions will be abolished; 26 existing positions we will abolish.

Senator BYRD. How many are vacant?

Dr. GRANT. Fifteen.

Senator BYRD. How many of the 26 are to be transferred to other areas of the Department?

Dr. GRANT. Eleven people—positions will be abolished—11 people.
Senator BYRD. Eleven persons?
Dr. GRANT. Currently filling the position.
Senator BYRD. Will be transferred?
Dr. GRANT. Yes, sir.
Senator BYRD. You have not yet covered all of the new positions in the reorganization?
Dr. GRANT. No, sir. There are still some included as we go along.
Senator BYRD. Let us proceed.
Dr. GRANT. Well, under "Medical assistance," Mr. Chairman, these are not related to the reorganization and, perhaps, I can ask Mrs. Vinyard, who is right here——
Senator BYRD. Let us just cover those that are related to the reorganization at this point.
Dr. GRANT. All right, sir.

HEALTH EDUCATION POSITIONS

Then, going down to "Health education" on page 22–A–17, we are asking for Chief, Visual Aids Section. This would be a new section, Mr. Chairman, under the Office of Health Education Information. This individual would direct all of our visual aid programs.

Throughout the Department it is necessary for us to develop pamphlets, posters, educational materials, and clinics. We have really nobody at the present time to direct that program. This person would direct that activity, and there would be a secretary that would work with him.

COMMUNITY HEALTH SERVICES

Then we go down to the "Community Health Services," the Chief of the Occupational Employee Health Division.

Senator BYRD. Pardon me, is the GS–12 training officer included in the reorganization?

Dr. GRANT. Well, it is a question, Mr. Chairman, whether it is a part of the reorganization. It is in the reorganization, but I would question whether this is really related to the reorganization or not. That is what I am really saying, but this individual would provide orientation programs for all new employees, coming on plus inservice training activities which we have not been able to develop thus far.

Senator BYRD. Is this one of the new positions involved in the reorganization?

Dr. GRANT. Yes, sir. I think that is included in the 15 individuals.

CHIEF, OCCUPATIONAL EMPLOYEE HEALTH DIVISION

The Chief of the Occupational Employee Health Division, this is related to the reorganization, Mr. Chairman. We have no such position at the present time. We do have an employee health service to which I alluded in these hearings, but we have no one directing an employee occupational health program. This, we think, Mr. Chairman, is a very important program, and will engage in activities involving occupational and employee health, and I can list what some of these activities are, if the chairman would like me to do so.

Senator BYRD. All right.

Dr. GRANT. We currently have in the District of Columbia 277,456 employees, that is, non-Federal employees and non-District government employees, with 18,049 employers or an average of 15 employees per unit.

There are many categories of activity, agricultural services, mining, contract construction, manufacturing, transportation, and many more, Mr. Chairman.

The functions of the occupational health program would be many and varied. The medical functions would be to evaluate and interpret the health effects of actual and potential health hazards found and to make recommendations for their medical control; second, to consult with management, labor, physicians and others in regard to occupational health matters; third, to inform and alert physicians of the community of occupational diseases likely to be encountered; fourth, to actively promote the establishment and improvement of preventive medical programs; fifth, to promote the placement of individuals according to their capacity without endangering their own health or the health of their fellow employees; and sixth, to promote adequate medical treatment for the occupationally injured or ill; next, to encourage personal health maintenance, including periodic health examination; to assist industry in the development of health programs for cancer, heart disease, alcoholism and other chronic diseases; to provide employees health services, including immunization, and to supervise epidemiological studies of employee illnesses to determine the relationship of work to environment.

PROGRAMS IN OTHER FIELDS

We also have several programs in the field of nursing and in the field of engineering and in the laboratory services, if you would like me to——

Senator BYRD. Insert that for the record.

Dr. GRANT. I will be glad to do that.

(The information referred to follows:)

PROPOSED OCCUPATIONAL HEALTH PROGRAMS IN FIELDS OF NURSING AND ENGINEERING

2. *Nursing.*—An occupational health nurse plays an important key role in an occupational health program. The nursing functions should be:

(*a*) To visit the work places to evaluate the nursing activities and where indicated, to promote a broader concept of occupational and industrial health nursing.

(*b*) To promote and assist in the establishment or improvement of occupational preventive medical nursing programs.

(*c*) To acquaint the industrial health nurse with community resources as to social services, medical care programs, and services of the Health and Welfare Council voluntary agencies. By such orientation the industrial nurses will be able to help the workers and their families having problems too utilize the community resources.

(*d*) To plan and assist the lower levels of management in the development of, or improvement of, the employee health program.

3. *Engineering.*—This should be under the supervision of an industrial hygiene engineer, who would be responsible for the following:

(*a*) To make surveys of work practices;

(*b*) To make instrumentations and collect samples for analyses for suspected health hazards in the work places. Such surveys should be directed toward the evaluation of raw materials, products, and byproducts; sources of air contaminants and physical agents. The absence of a visible dust cloud does not mean that

a dust-free atmosphere exists. As for the presence of vapors and gases, for some substances, the odor threshold concentration is greater than the generally permissible safe exposure levels;

(c) To study the work practices of employees and make recommendations to correct occupational health hazards.

(d) To develop industrial hygiene standards in cooperation with an appropriate advisory committee.

(e) To review and approve building plans and specifications for new or remodeled industrial establishments in order to prevent occupational health hazards.

4. *Laboratory.*—A qualified chemist should be in charge and responsible for the following duties:

(a) To make field and laboratory analyses of materials and samples collected in connection with occupational hazard studies.

(b) To consult with other laboratories, when good chemical practice so indicates, for the completion and/or correlation of analyses.

(c) To consult with management and others in regard to chemical matters involving occupational health problems.

(d) To cooperate in studies of occupational hazards and the development of means for determination and control of such hazards.

Dr. GRANT. So that the chief of that division—these are the activities that that person would be engaged in.

ACCIDENT PREVENTION PROGRAM

The accident prevention program is a new program, Mr. Chairman. We are asking for a chief and a secretary. Accidents are one of the commonest causes of death and disability in the District of Columbia. They are, in fact, the most common cause of death between the ages of 1 and 29, and they are a very, and I say very common and expensive thing because of death and disability

We have no definitive program at the present time to try to reduce these accidents, accidental deaths or injuries. This is an attempt to begin to develop such a program.

I think that this covers all of the activities, Mr. Chairman, related—I am sorry, no.

ASSOCIATE DIRECTOR, MENTAL ILLNESS AND RETARDATION

We go down to page 22–A–25, the associate director for mental illness and retardation plus a secretary. This is the person depicted in the personnel reorganization chart. That does complete, Mr. Chairman, I believe, all of the requirements for the reorganization.

SUMMARY OF POSITIONS AND GRADES

Senator BYRD. Would you summarize the positions by title and by grade involved in the reorganization plan.

POSITIONS IN B BUDGET

Dr. GRANT. Yes, sir. There are 15 positions currently located in the B budget, and these are the associate directors for administration, which is in the B budget as listed as the Chief, Bureau of Administration; the Chief, Division of Personnel; the Chief of the Visual Aid Section; the Chief of the Office of Services Section; the Chief of the Division of Accident Prevention; the Chief of the Division of Occupational and Employee Health; the Associate Director for Mental Health and Retardation; two secretaries, GS–6, and four secretaries, GS–5, and two clerk-stenographers. This is the total of 15 in the B budget.

POSITIONS INVOLVED IN REORGANIZATION

In addition, we are asking for 11 positions; the Chief, Division of Administrative Services; Chief of the Research Section; the Chief of Informational Services Section; the Associate Director for Preventive Services; the Chief of the Bureau of Special Health Services; the Chief of the Bureau of In-Patient Care; the Chief of the Bureau of Mental Retardation; the Chief of the Division of Drugs and Chemical Control; the Chief of the Bureau of Pharmacies, and two secretaries. These are all the people involved in the reorganization, Mr. Chairman.

Senator BYRD. Now, Dr. Grant, would you like to proceed with the justification for the additional positions?

Dr. GRANT. I believe the first positions other than those which I have already discussed, Mr. Chairman, are those listed on page 22–A–22 and entitled "Medical Assistance," and I would like, if I may, Mr. Chairman, to ask Mrs. Vinyard who has that program to justify these.

Senator BYRD. These are aside from the reorganization?

Dr. GRANT. Oh, yes, aside from the reorganization.

SOCIAL WORKERS PRIMARILY FOR PSYCHIATRIC CASES

Mrs. VINYARD. We asked for three social workers, GS–7 for the medical eligibility part of the Medical Assistance Division primarily to handle psychiatric cases.

Now, the justification first relates to increased time spent on hearings before the Commission on Mental Health.

The number of sessions has remained the same for several years. However, whereas previously the sessions lasted from 10 a.m. to noon, they now last from 9:45 a.m. to 1:15 p.m. and sometimes longer. This time increase at the hearings is due not so much to the increase in the number of patients as to the time consumed by guardian ad litems, testimony from physicians, and the number of patients who have more than one hearing due to the Commission giving them continued hearings, and the Medical Assistance Division workers have to be at these hearings the entire time. They are sworn as witnesses.

Also the workload for MAD is complicated by the fact that 1 month the number of patients investigated for a hearing may be 100, and the next month 175. So there is no way of equalizing it from month to month.

Preparation for hearings is taking the staff longer because of the increased requirements regarding insurance forms that have to be filled out, and the number of adult individuals who have to be interviewed as part of the required group.

We now have to move in contacting legally responsible relatives who live outside the District, whereas it had been limited to those in the District. That relates to those three positions.

Secondly, an increased number of psychiatric patients are being retained for treatment at District of Columbia General Hospital. Over past 5 years, those remaining for definitive treatment have increased from very few to about one-fourth of the 3,200 psychiatric admission (exclusive of alcoholics). Since February 1963, the Psychiatric Convalescent and Rehabilitation Center was opened with a capacity of 125 24-hour patients or 250 day patients or any combi-

nation of one for two. These all have to be investigated by Medical Assistance Division.

Thirdly, there is an increase in the applications for voluntary admission to St. Elizabeths, from 373 in fiscal year 1961 to 523 in fiscal year 1963. Of these, 523 only 261 were actually admitted, about 50 percent.

Then in addition we requested two ambulance drivers.

NUMBER OF SOCIAL WORKERS

Senator BYRD. How many social workers do you now have?

Mrs. VINYARD. Eighty-five—no.

Senator BYRD. You are asking for three. How many?

Mrs. VINYARD. Pardon, correct that. The total Medical Assistance Division staff is 85, and we have 39 social workers.

Senator BYRD. How many vacancies do you now have?

Mrs. VINYARD. We have four.

Senator BYRD. Did we add any social workers last year?

Mrs. VINYARD. Yes.

Dr. GRANT. Yes, Mr. Chairman, there were two added last year.

Mrs. VINYARD. I would like to correct what I said in regard to the four vacancies which are in the total MAD staff. We have only one social worker vacancy.

Senator BYRD. All right.

AMBULANCE SERVICE

Now, as to ambulance service.

Mrs. VINYARD. The request there is for two ambulance drivers in order that we can provide service to District patients who are in the contract hospitals and nursing homes. In other words, our present staff permits us to almost serve District of Columbia General alone. We do a little in terms of the clinics, but not much, but we do have patients at contract hospitals who could go home, we could bring them back to the clinics because of casts and things of that kind. We feel we have the vehicles but what we lack are the drivers.

This would probably be a saving of money to the District inasmuch as these people could be taken home and attend clinics rather than our paying the per diem in the contract hospitals for having to remain there.

Senator BYRD. How many ambulance drivers do you presently have?

Mrs. VINYARD. Thirteen.

Senator BYRD. How many ambulances do you have?

Mrs. VINYARD. We have four ambulances, two station wagons, and what we call a minibus to provide this service.

The two station wagons and the minibus are used for people who do not require stretcher service, but who are incapacitated and may not travel on public conveyances.

Senator BYRD. Do you have any vacancies at the present time?

Mrs. VINYARD. No, sir.

AMBULANCE DRIVERS IN OTHER DEPARTMENTS

Senator BYRD. How many ambulance drivers do you have in other departments, Mr. Lowe?

Mr. LOWE. Mr. Chairman, I do not have the number. They are all concentrated in the Fire Department pursuant to this general arrangement which I outlined at our last session whereby the Fire Department provides the emergency ambulance service 24 hours a day, 7 days a week for the entire city, and this service which Mrs. Vinyard is outlining pertains only to patients of the District of Columbia Health Department, whether they are in District of Columbia General or a contract hospital.

Mrs. VINYARD. We refer to it as a nonemergency ambulance service, except we are on standby to the emergency ambulance service for special occasions.

Senator BYRD. All right, you can supply the number for the record, Mr. Lowe.

Mr. LOWE. Thank you.

(The information referred to follows:)

EMERGENCY AMBULANCE SERVICE

Forty-two members of this Department provide emergency ambulance service to residents of the District by operating seven ambulance units on a 24 hour-a-day, 7 day-a-week basis.

This uniformed personnel is drawn from the Firefighting Division and possesses special qualifications and training for this work. Each ambulance unit is manned by a driver and a first aid man. In general, such a team works from 8 a.m., to 6 p.m., and then is relieved by another team which performs service from 6 p.m., to the following 8 a.m. Meanwhile, a third team is on day off. Over a certain period assignments are rotated so as to average a 48-hour week.

Senator BYRD. The subcommittee will recess until 2:30.

(Whereupon, at 12:20 p.m., the subcommittee recessed to reconvene at 2:30 p.m., the same day.)

AFTERNOON SESSION, 2:30 P.M., MONDAY, OCTOBER 14, 1963

Senator BYRD. The subcommittee will be in order.

I believe we had just concluded our discussion on the request for the two ambulance drivers.

Would you proceed, please?

DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF MURRAY GRANT, M.D., D.P.H., DIRECTOR OF PUBLIC HEALTH; FREDERICK C. HEATH, M.D., M.P.H., DEPUTY DIRECTOR OF PUBLIC HEALTH; SAMUEL SCHWARTZ, M.D., CHIEF, BUREAU OF MATERNAL AND CHILD HEALTH; JOHN D. SCHULTZ, M.D., MEDICAL DIRECTOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; MOE WEISS, M.D., SUPERINTENDENT AND MEDICAL DIRECTOR, GLENN DALE HOSPITAL; GERTRUDE C. LAPRADE, ASSISTANT CHIEF, FINANCE OFFICE, BARBARA VINYARD, CHIEF, MEDICAL ASSISTANT DIVISION, FRANK BOSSONG, ACTING ADMINISTRATOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL, AND HOWARD L. MADIGAN, M.D., MEDICAL ADMINISTRATIVE ASSISTANT TO MEDICAL DIRECTOR—Resumed

BUILDING MAINTENANCE

Dr. GRANT. Mr. Chairman, I believe that the next item is on page 22–A–23, on the building maintenance, and we are asking for a general mechanic, WBR–12, and three custodians.

We do not have, Mr. Chairman, in our opinion, enough staff to enable us to carry out carpentry, plumbing, and painting and building operations we are now trying to maintain in 33 clinics and nursing offices we have at the present time and we are therefore asking these additional staff to enable us to do this.

Senator BYRD. How many of such personnel do you now have?

Dr. GRANT. We have 17 custodians at the present time, and we only have 1 general mechanic.

Senator BYRD. You have what?

Dr. GRANT. One general mechanic at the present time.

Senator BYRD. Do you have any vacancies in these positions?

Dr. GRANT. The 17 custodians, no, I don't think so; no, sir.

Senator BYRD. All right.

DENTAL HEALTH PROGRAM

Dr. GRANT. In the dental health program, we have 14 dental clinics in the District, 10 of the 14 clinics are staffed with dental assistants in addition to the dentists, the other 4 are not.

We are asking for four dental assistants in order to complete the staffing of dental clinics with dental assistants.

Senator BYRD. Did you present the same request last year?

Dr. GRANT. I think it was.

Dr. HEATH. In 1963 we received three dental assistants.

Senator BYRD. How many did you request at that time?

Dr. HEATH. I think we originally requested seven.

Senator BYRD. And at present there are no vacancies.

Dr. GRANT. No, sir.

You were just asking about the dental assistant vacancies, Mr. Chairman, that is correct, the answer is "No."

Senator BYRD. Was there a vacancy in some other position?

VACANCY, ASSISTANT CHIEF OF DENTAL HEALTH

Dr. GRANT. Yes, Dr. Heath mentioned there was a vacancy in the whole dental program but I don't believe you asked this question.

Senator BYRD. Would you like to enlarge on that?

Dr. GRANT. Well, there is a vacancy in the position of Assistant Chief in the Bureau of Dental Health.

Senator BYRD. All right.

The next item.

ENVIRONMENTAL HEALTH

Dr. GRANT. In the area of environmental health, Mr. Chairman, we are asking for a clerk-typist in our Public Health Inspection Division. We have two typists there at the present time. This is one of the areas of the environmental health program in which there are a very large number of incoming phone calls, which a clerk really needs to take, and a very considerable amount of clerical work and it is one of the areas which the supervisor of that program has mentioned to me many times which has been really lacking in clerical staffing and this is what we are really asking this clerk-typist for.

Senator BYRD. All right.

TRUCK REPLACEMENT

Dr. GRANT. We are asking also for the replacement of two trucks in that program. The current trucks are 9 and 6 years old.

Senator BYRD. How much mileage do you have on each?

Dr. GRANT. 54,000 miles for the 9-year-old and 40,000 miles for the 6-year-old.

Senator BYRD. Did you say one was 9 years old?

Dr. GRANT. Yes, sir; it says 11, but it is actually 9 years old.

Senator BYRD. All right.

The next item.

RADIOLOGICAL HEALTH PROGRAM

Dr. GRANT. The radiological health program. This, Mr. Chairman, is a new program in which we are asking for a radiological health specialist, a chemist, a scientific aid, and a clerk.

We have no program at the present time in the field of radiological health. We think that this is one of the programs that we need to develop.

We know that people in the District are subject to radiation hazards. We think it is most important for the Department to be able to take the responsibility to assay the hazard to which they are exposed, carry out an inventory on the equipment that is currently in the District or maybe in the future, to establish appropriate regulations relative to this equipment, and to develop a complete radiological health program.

As I say, we have no such program at the present time.

Senator BYRD. All right.

LABORATORY AND PHARMACY HELP

Dr. GRANT. I would like to ask Dr. Heath, if it is agreeable to you, Mr. Chairman, to discuss the laboratory and pharmacy help.

Senator BYRD. All right.

Dr. HEATH. The next is for two positions, a medical officer and a secretary. This is to take care of a new program started the last part of last year, and the first of this year, which has to deal with hospitals, tissue banks, and laboratories.

These two positions will have the responsibility for supervising, inspecting, and coordinating efforts of tissue banks which is a new activity in the District of Columbia, and was authorized by the Tissue Bank Act.

The second portion has to deal with the approval and certification of laboratories, and this was by Commissioners' regulation The third facet would be to give supervisory inspection to the hospitals to which the Health Department is responsible to do inspection and supervision in the District of Columbia

At the present time we have four tissue banks licensed We anticipate four more will be applying for license and working toward that.

We have 13 hospitals in the District of Columbia, plus 8 Government hospitals, and there are 39 laboratories at the present time.

Dr. GRANT. In connection with the pharmacy, Mr. Chairman, we are asking for a pharmacy——

Senator BYRD. Wait just a moment, Dr. Grant, please.

Dr. GRANT. Sorry.

TISSUE BANK

Senator BYRD. Would you explain the tissue bank system, Dr. Heath?

Dr. HEATH. Yes, sir. Prior to the Tissue Bank Act, the District of Columbia was like many other States. The regulations, which had control over the disposal of dead bodies or parts of dead bodies, were antiquated legislation passed 40 or 50 years ago, which was designed to prevent desecration of the deceased persons.

The previous acts were silent on the purposes of tissue bank processing, in other words, it wasn't conceived of at that time, so that the law was silent on it, and the District of Columbia, like many other States, was working in a so-called gray area.

TISSUE BANK ACT

We then proceeded, with the assistance of the Armed Forces and the medical schools, and, of course, the very progressive tissue bank at the Naval Research Center, to develop a rather comprehensive Tissue Bank Act, and it was passed by Congress.

I think it is interesting to note that this is supposed to be the most progressive Tissue Bank Act in existence. California comes very close to it.

Interesting too, we also had the approval of the Papal Bull from Rome, the Rabbinical Society from New York, and the Council of Churches. It went through without any controversy.

PROBLEMS OF OBTAINING TISSUE

The purpose is that one of the great areas that you can get tissue for replacement in persons with disease or trauma are people who have died from accidents, and then you had some rather complicated coroner's laws that, by the time you straightened out all the redtape the tissue had lost its viability, and a great deal of very valuable

tissue was not being utilized even though the next of kin were willing to donate such tissue. This has all been taken care of in this new act; that is, the coroner is empowered to grant to the surgeon of a licensed tissue bank authority to remove the tissue provided the next of kin agrees, after the coroner has satisfied himself that he has determined the full cause of death.

For example, a person may have died from a crushed skull, an automobile accident, and they have determined that there is no other cause, the blood vessels might be in very good order, the bone marrow, certain cartilages, and skin is all very important.

Let's see; oh, yes, before the old law required that a person had to be dead 4 hours before you could take any tissues from the body, and this has been changed so that when a person who is pronounced dead by a reputable physician in an appropriate manner, then with permission of the next of kin they can go ahead and remove the tissues. It is just like an operation on a living person except, of course, the person is dead.

Now this does provide tissue for persons. Starting at the top, the dura for the covering of the brain, the eyes, bone, blood vessels, and skin, and they are also working on some pituitary glands in the very young infants.

ACCURATE RECORDS NECESSARY

Since this act is so liberal, it does require very careful supervision to make sure that the records are accurate, that they have the proper authorization for taking the tissue, that it is taken under aseptic circumstances, that the deceased person has been carefully evaluated, so that you would not pass on a disease from a deceased person to another person by reason of the transplant of tissue.

Also, that you must have to have an accurate accounting in the tissue bank showing the type of tissue, when it was placed in the bank, and the name of the deceased person, the name of the donor, how it was processed, and then how it was then disbursed from the bank and for what purpose the tissue will be used.

This, I think, covers it pretty generally.

Senator BYRD. All right, thank you.

Dr. Grant.

REQUEST FOR PHARMACIST

Dr. GRANT. In the Public Health pharmacy, Mr. Chairman, we are asking for a pharmacist to serve the Northwest and Southwest Health Centers.

At the present time, the pharmacy is located at Gales Clinic at Massachusetts Avenue. We have four pharmacists there, but there is now nobody available to either the Southwest or Northwest Health Center where there is considerable amount of service, particularly the Northwest Center, and we are asking for a pharmacist to serve both of those centers.

INCREASE FOR DRUG USAGE

Senator BYRD. You have a request for $1,000 for increase in the usage of drugs.

Dr. GRANT. This is in the mental health field, Mr. Chairman. The current allotment of drugs does not appear to be covering the amount spent.

Mental health is an area which is continuing to increase its usage of drugs. We have not apparently had sufficient in the budget to enable us to purchase these.

Senator BYRD. All right.

Dr. GRANT. I would like to ask Dr. Schwartz, Mr. Chairman, to discuss the total child health program. He is the chief of that program.

CHILD HEALTH PROGRAM

Dr. SCHWARTZ. In our 12 child health clinics, Mr. Chairman, the number of patients we see each year has grown from 29,000 in 1957 to 39,000 in 1963, a change of 33 percent. In that same period personnel has increased by only 10 percent.

This discrepancy in the increase of patients and in the increase of personnel has resulted in our having to cut down the times a child can be seen in the course of 1 year from four visits to three visits a year.

CLINIC TEAMS

We are requesting one additional clinic team so that we can restore the quality of service we previously had.

Senator BYRD. How much personnel do you have?

Dr. SCHWARTZ. We have a total of 11.2 clinic teams.

Senator BYRD. And how much of an increase is this over what you had in 1957?

Dr. SCHWARTZ. One clinic team which we requested and received in 1963.

Senator BYRD. That would be seven positions on the team?

Dr. SCHWARTZ. Well, I would like to explain that, Mr. Chairman.

EXPLANATION OF TEAM COMPOSITION

The team in the clinic consists of one physician, one nurse, one clerk and two aids.

Now, for each nurse in the clinic it has been our experience that we need two in the field to cover the home visits that have to be made in connection with these children.

Each team covers approximately 3,300 children a year.

Senator BYRD. So you are requesting one medical officer, three public health nurses, GS–7, one GS–3 clerk, and two GS–2 medical aids.

Dr. SCHWARTZ. Yes, sir.

Senator BYRD. Your present clinic teams do not have this makeup?

Dr. SCHWARTZ. They have the same makeup, sir.

Senator BYRD. They have the same, seven persons on a team?

Dr. SCHWARTZ. I can't speak for the number of public health nurses that are provided in the field for our existing teams. I am not informed at the moment on the number that are provided.

Senator BYRD. Dr. Grant, would you like to add anything?

NURSES ON ROLLS

Dr. GRANT. We do not have—we have a total of 25 nurses in our infant and preschool program, but part of these are not assigned to this specific function, so I would answer in relation to this question that

we do not have for all of the 11 clinic teams that Dr. Schwartz has in his program 3 public health nurses.

We do not have three for each one of those at the present time.

Senator BYRD. You have 11.8 clinic teams now available.

Dr. SCHWARTZ. Yes, sir.

Senator BYRD. What does that mean, 11.8?

Dr. SCHWARTZ. We both have full-time and part-time people employed as doctors, and it so works out that the part time comes to the equivalent of two-tenths of a full-time physician.

PART-TIME SERVICES

Senator BYRD. How much part-time services are given?

Dr. SCHWARTZ. Our total full-time physicians are 11 in number, the part time are 7 in number.

Of the full-time physicians, the equivalent of 3.2, and this is in terms of their work time, is spent in school health service.

So that is subtracted from the time available for the child health clinic.

The remaining times comes to the equivalent of 11.2 full-time doctors.

Senator BYRD. Give us a little information for the record so we may have a clearer breakdown of the full-time and part-time services here, Dr. Grant.

Dr. GRANT. Yes, Mr. Chairman; we would be glad to do that.

(The material referred to follows:)

Positions in infant and preschool program, fical year 1963 [1]

Position	Total	District of Columbia funds	Federal funds
A. Physicians:			
Number of full-time physician positions	11.0	10.0	1.0
Less position-time in school health work	2.6	2.6	
Balance of position-time in child health clinics	8.4	7.4	1.0
Number of part-time physicians	(7.0)	(7.0)	
Position-time in child health clinics	3.4	3.4	
Total position-time in child health clinics	11.8	10.8	1.0
B. Clinic aids (and clerks)	42.0	38.0	4.0
C. Public health nurses:			
Position-time in child health clinics	13.5	13.5	
Position-time in fieldwork	6.0	6.0	

[1] Not included in the table are 1 medical officer-supervisory and 1 clinical social worker.

SUPPLIES AND MATERIALS

Senator BYRD. There is a request for $5,000 for supplies and materials.

Dr. SCHWARTZ. It has been our experience in the conduct of these clinics that the amount of drugs that we need for each team in terms of number of children seen comes to about $5,000 a year.

Senator BYRD. So if you get the team you would need an additional $5,000 for supplies.

Dr. SCHWARTZ. For drugs and supplies.

Senator BYRD. Otherwise, there would be no need for additional drugs and supplies.

Dr. SCHWARTZ. No, sir.
Senator BYRD. All right.

NUTRITIONIST

One nutritionist, GS–9, is being requested.

Dr. SCHWARTZ. We have one nutritionist now, sir, who serves the entire Department of Health and at the same time is used as a consultant by most of the other departments in the District of Columbia government who have to do with food and nutrition.

As a result, we have a very small portion of her time for our maternity service, our preschool service, our school health service, and so on.

We feel the need for additional nutritionists' time and we are requesting this additional position for that reason.

TRUCK REPLACEMENT

Senator BYRD. There is a request for the replacement of a 6-year-old truck. What is the mileage on the truck?

Dr. SCHWARTZ. That is 39,500. It is in a state of disrepair a good part of the time, sir.

Senator BYRD. What kind of truck is this?

Dr. SCHWARTZ. This truck is a carryall that is used to transport the school health supplies and equipment among the 206 school buildings. It brings drugs and supplies to our child health clinics, and to our maternity clinics.

Senator BYRD. All right.

PSYCHIATRIC FELLOW, TRAINING PROGRAM

You are asking for one GS–12 psychiatric fellow, psychiatric training program.

Dr. GRANT. This is what we call a resident in child psychiatry, Mr. Chairman. This would establish a program with the local universities and medical schools to enable us to provide a person at this level, to provide service within the Department of Health, and to provide a medium through which these individuals training in the field of child psychiatry would study and learn in the field of community mental health so it would be very much of a joint program insofar as that is concerned.

We have had very considerable difficulty, Mr. Chairman, in recruiting for a child psychiatrist.

We recently lost the one child psychiatrist we had and we have no possibility at this time of replacing him in the Bureau of Mental Health.

MENTAL HEALTH CONSULTANT

Senator BYRD. One GS–10 mental health consultant is being requested.

Dr. GRANT. We have one such person at the present time, Mr. Chairman. This is the individual who works very closely with the schools and with certain other agencies, but particularly with the schools in helping them develop programs for the children and working with them in relation to individual childhood behavioral problems.

This service has been in great demand and the one person we have does not begin to meet the need either for the schools or for the other agencies with whom we work, so we are asking for this additional person.

SOCIAL WORKER FOR LEGAL PSYCHIATRIC WORK

Senator BYRD. One GS–10 social worker is requested for the legal psychiatric program.

Dr. GRANT. The legal psychiatric program is one that is undergoing very considerable expansion in the past year or so and we have at the present time only one social worker staffing that unit along with two psychiatrists and two psychologists.

We feel very much that an additional social worker is needed for that program.

EXPANSION OF PROGRAM

Senator BYRD. Now you have spoken of the expansion of the program in the past year.

Would you like to be a little more specific?

Dr. GRANT. This is based upon some decisions that have been rendered in connection with the *Durham* rule and perhaps Mrs. Vinyard can tell you about it.

There has been an increasing number of cases, Mr. Chairman, referred to us by the courts based upon some discussion of decisions they have made.

We simply have not been able with our current staff to keep up with this and I have received, I believe, two letters from the courts asking us to try to increase the services we have for them.

Senator BYRD. What are the services performed by the social worker in this regard?

Dr. GRANT. The social worker works primarily with the families of the persons who come in, sent to us by the courts. The psychologist and the psychiatrists work particularly with the patient, the social worker works with their families.

We have only one social worker at the present time to do this.

Senator BYRD. All right.

The next item.

PUBLIC HEALTH NURSING

Dr. GRANT. This is the item for public health nursing, Mr. Chairman, and we are asking for 2 public health nurses to assist the present staff of 11 in our maternity clinics.

We feel that is needed to increase our case finding program and our home-care program for the maternity patients.

This is a continuing problem, and we never seem to have enough nurses to really develop this program properly.

Senator BYRD. Do you have any vacancies at the present time?

Dr. GRANT. I do not think we have any vacancies in this area. We have some vacancies in the public health nursing program, Mr. Chairman. In fact, we have 28 such vacancies but the reason for this primarily is due to the fact that it has been very difficult to recruit qualified public health nurses.

We have already taken steps and are continuing to do so, to change the position classification of some of these nurses to registered nurses and ultimately some of them to licensed practical nurses because we

think it will be possible to do some of the jobs we have with these nurses rather than public health nurses.

Senator BYRD. All right.

The next item.

PUBLIC HEALTH NURSE, SCHOOL PROGRAM

Dr. GRANT. We are requesting five public health nurses to supplement the staff in our school health program.

I believe I mentioned, Mr. Chairman, that we do not have, we feel, enough nurses in the elementary schools, and this is a step in the direction of increasing the number of nurses that we have.

We have currently 27. We are asking for five additional.

Senator BYRD. Are there any vacancies at the present time?

Dr. GRANT. Again, Mr. Chairman, I do not—I would hazard a guess we have some vacancies in that 27. We don't know the number actually. We can supply that for the record.

Senator BYRD. All right.

(The material referred to follows:)

As of October 15, 1963, all public health nurse positions in the school health service were filled.

NURSE-CHILD RATIO

Senator BYRD. What is the present nurse-child ratio?

Dr. GRANT. It is approximately 3,300 per nurse, and we are hoping to increase this—reduce it this year to 3,160, in the elementary schools.

Senator BYRD. Did we add any public health nurses last year?

Dr. GRANT. Not in our schools.

Senator BYRD. We did not add any positions?

Dr. GRANT. No, sir, not in the schools.

Senator BYRD. In this category. Were any requested last year?

Dr. GRANT. We can't determine it at the present time, Mr. Chairman. We can supply for the record if that is satisfactory.

(The material referred to follows:)

Two public health nurses, GS–7 were requested for the school age health service in fiscal year 1963.

Senator BYRD. You are requesting one GS–7 health nurse in the home care program.

Dr. GRANT. Mr. Chairman, we have currently 19 nurses who provide services in the field of the home care program.

This is one of the very important programs we have providing bedside nursing care for people who are sick at home.

We do not feel that we have enough nurses to really do the job in that program and are asking for an additional one.

Senator BYRD. Does this include the welfare recipients?

Dr. GRANT. There would be welfare recipients included in that program, yes.

Senator BYRD. It would not be limited to welfare recipients?

Dr. GRANT. No, sir.

Senator BYRD. Did we add any nurses for this program last year?

Dr. GRANT. No, sir.

NURSE FOR ALCOHOLIC REHABILITATION CLINIC

Senator BYRD. One GS–7 public health nurse is needed for the Alcoholic Rehabilitation Clinic.

Dr. GRANT. We have one such nurse at the present time, Mr. Chairman. This is quite a large clinic, and the one nurse we have is simply not able to keep up with the duties at that clinic.

There were, for example, in 1963, almost 20,000 personal interviews in that clinic, quite a large program.

Senator BYRD. How did this compare with the year before?

Dr. GRANT. Well, to be specific in figures, 19,694 in 1963, 16,254 in 1962.

Senator BYRD. The next item, Dr. Grant.

RESTORATION OF HOUSE CUT, BIRTH CONTROL PROGRAM

Dr. GRANT. I believe, Mr. Chairman, that this concludes all of it—yes, there is one item on restoration of $1,000 that was cut by the House in connection with our birth control program, and I would be glad to ask Dr. Schwartz to speak to that, if you would desire, Mr. Chairman.

Senator BYRD. All right, Dr. Schwartz.

Dr. SCHWARTZ. This $1,000 was applied in 1963 to be used to procure informational material on birth control for patients in our maternity clinics, and was spent in that year.

We would like to continue that program and would like to have these funds restored so that we can procure informational material for distribution.

I may say, Mr. Chairman, that it is considered an essential part of a maternity health program, to include your family planning services as part of that program.

And this is now being done in some eight States across the country.

Senator BYRD. Was any testimony taken on this item by the House subcommittee?

Dr. GRANT. I don't think it was discussed, Mr. Chairman.

Mr. LOWE. Mr. Chairman——

Dr. SCHWARTZ. The $1,000 was discussed.

Dr. GRANT. The $1,000 was discussed, Mr. Chairman, yes, I am sorry. The $24,000 we have in the B budget.

Senator BYRD. You requested $1,000 in the A budget.

Dr. GRANT. Yes, sir.

Senator BYRD. And it was deleted by the House?

Dr. GRANT. Yes, sir.

Mr. LOWE. Mr. Chairman, the $1,000 was in the base of the A budget.

Senator BYRD. $1,000 was appropriated last year?

Mr. LOWE. That is correct.

Senator BYRD. Was it expended?

Dr. SCHWARTZ. It was expended, sir, yes.

Senator BYRD. All right.

BIRTH CONTROL PROGRAM

Now suppose you address yourself to the request for $24,000 for the birth control program.

Dr. SCHWARTZ. Mr. Chairman, we have approximately 5,100 maternity patients who are admitted each year to the maternity clinics of the Bureau of Maternal and Child Welfare as well as the maternity clinic at District of Columbia General Hospital.

It is our thought that some 2,400 of these patients would be receptive to family planning services, and it is our further thought, as we checked on the cost of these services, which would run between $5 to $20 a year per patient depending on the procedure used, that the cost would be about $10 per patient in the course of a year. This times your 2,400 patients would amount to $24,000 for the year.

Again, this is a program we feel that is an essential part of a maternity health program, and should be provided to the category of patients that we see in our clinics.

Senator BYRD. Would you like to add anything, Dr. Grant?

Dr. GRANT. I believe Dr. Schwartz has covered it, Mr. Chairman.

Senator BYRD. The supplies and information would only be provided for patients who are interested in obtaining the services, is that correct?

Dr. SCHWARTZ. Yes, sir.

Dr. GRANT. Yes, sir.

Senator BYRD. All right.

SUPPORT FOR BIRTH CONTROL SERVICES

I shall include in the record at this point three communications received by the chairman of the Senate Appropriations Committee, Senator Hayden, in which support is urged for the $24,000 supplemental request for birth control services, through the District maternity clinics under the Department of Health.

These letters were forwarded by Rabbi Martin S. Halpern, Rabbi Eugene J. Lipman, and Mrs. James Clark Brown, chairman of the department of church and society, Council of Churches of Greater Washington.

The record will also show a letter of October 2, 1963, addressed to me by Judge Orman Ketcham of the juvenile court for the District of Columbia.

The letter sets forth his reasons as to why there is pressing need in the District for adequate funds to support birth control services in the maternity clinics.

(The letters referred to follow:)

TEMPLE SINAI,
Washington, D.C., September 26, 1963.

Hon. CARL HAYDEN,
133 Old Senate Office Building, Washington, D.C.

DEAR SENATOR HAYDEN: I am writing to you with regard to a matter now pending before the Senate District Subcommittee on Appropriations.

I wish to support vigorously the request in the District's B budget for the Health Department which provides a sum of $24,000 for birth control information and contraceptive materials for distribution through District maternity clinics.

Historically, Judaism has always recognized the wisdom of planning families. The Jewish community has consistently supported the principle of planned parenthood and the right of citizens both to birth control information and to contraceptive materials.

I shall look forward eagerly to word that your subcommittee has approved this item in the District budget.

Cordially,

Rabbi EUGENE J. LIPMAN.

COUNCIL OF CHURCHES OF GREATER WASHINGTON,
Washington, D.C., September 27, 1963.

Hon. CARL HAYDEN,
133 Old Senate Office Building, Washington, D.C.

DEAR SENATOR HAYDEN: I am writing you in behalf of the Department of Church and Society of the Council of Churches of Greater Washington with respect to the birth control program here in the District. It is my understanding that an appropriation of $15,000 in support of such a program was deleted from the District budget by action of the House of Representatives. The board of directors of the council of churches has gone on record as believing in family planning as related to the number and spacing of children. We hold that it is morally proper for a man and wife to make use of tested and medically approved means for the purpose of such family planning and, practiced responsibly, in Christian conscience, it in no way violates the will of God but rather fulfills it.

It is therefore our most earnest hope that you and your Subcommittee on District of Columbia Appropriations will restore the moneys which will make possible a birth control educational program in the District of Columbia.

Thanking you for your leadership and conscientious service in behalf of community affairs, I am,

Sincerely yours,

JAMES CLARK BROWN,
Chairman, Department of Church and Society.

SHAARE TEFILA CONGREGATION,
Washington, D.C., September 30, 1963.

Hon. CARL HAYDEN,
133 Old Senate Office Building,
Washington, D.C.

HONORABLE SIR: I endorse the request of the District of Columbia Health Department for $24,000 to be used for birth control services in its maternity clinics.

May I respectfully urge you to vote for its adoption.

Respectfully yours,

Rabbi MARTIN S. HALPERN.

THE JUVENILE COURT OF THE DISTRICT OF COLUMBIA,
October 2, 1963.

Hon. ROBERT C. BYRD,
Chairman, Senate District Subcommittee on Appropriations,
U.S. Senate, Washington, D.C.

DEAR SENATOR BYRD: I am writing to you to urge favorable consideration of the $24,000 requested in its B budget by the District of Columbia Health Department for birth control services in the District of Columbia maternity clinics.

As a judge of the District of Columbia juvenile court for the past 6 years, the problem of unwanted children seems to me to be at the root of many of the other ills of the Nation's Capital. Dependent children who suffer from neglect or lack of parental supervision all too easily become delinquents with whom this court must deal. In large, overcrowded families, the incidence of inadequate child care is tragically high. And this court's exclusive responsibility for the determination of the paternity of all illegitimate children brings me into constant contact with a third facet of the general problem.

I recognize that this is a legislative area of delicacy and some controversy. But you and your subcommittee have gained a reputation for candor and a willingness to take firm action when the welfare of underprivileged individuals is at stake. There is, in my opinion, a pressing need in the District for the availability of birth control information and materials to insure that unwanted children do not overwhelm our citizens and subsequently swamp our welfare and court facilities.

Thank you for your serious consideration of this request.

Sincerely,

ORMAN W. KETCHAM.

AVAILABILITY OF SERVICES

Senator BYRD. Mr. Duncan, do you think it advisable to provide such information to recipients of public welfare?

Mr. DUNCAN. I would think, Mr. Chairman, that they should be included or permitted to participate in the program.

I think it ought to be available to everybody, really, and that is one category, as one of that category, they too should be privilieged to use these facilities.

Senator BYRD. Do you think they should be informed of the availability of such supplies and data when they apply for public assistance?

Mr. DUNCAN. Well, I would want to be careful not to make unfavorable insinuations, but certainly in a dignified manner and in the manner in which I believe the hospital would provide these facilities or the assistance here, they should be given some information about its availability, otherwise our experience might be the same as it is in other fields where the persons who need health treatment and who need health education and health information simply don't know that it is available, and it is probably necessary to let it be known that it is available if you hope to make it an effective program.

Senator BYRD. Do you feel that such information should be made available to welfare recipients and that they should be so informed of its availability?

Mr. DUNCAN. Yes, sir; I do.

Senator BYRD. Conditioned on their having no religious or moral objections?

Mr. DUNCAN. Yes, sir.

Dr. SCHWARTZ. I would suggest, Mr. Chairman, this being part of a health program, it perhaps would be preferable to have this information come through the health clinic, rather than from different sources.

METHOD OF MAKING IT AVAILABLE TO WELFARE RECIPIENTS

Senator BYRD. How would you make it available to public welfare recipients?

Dr. SCHWARTZ. Well, they, too, are seen in our maternity clinics when they become pregnant.

Senator BYRD. I am talking about all applicants for public welfare.

Dr. SCHWARTZ. I think they can be informed where they can receive the services.

Senator BYRD. They could be informed at the time of the initial interview?

Dr. SCHWARTZ. Yes, sir.

Senator BYRD. For public assistance.

Mr. DUNCAN. Mr. Chairman, I want to hazard a suggestion here, if I may.

Senator BYRD. Yes, Mr. Duncan.

Mr. DUNCAN. That when other information is given to a recipient, it seems to me that this might well be simply and plainly one additional bit of information made available to them so that they will not be given the wrong impression that the Department is acting in any undignified way or making any insinuations or anything like that. I think it should be handled along that line.

Senator BYRD. No such information is presently made available, however, to welfare recipients, is it?

Mr. DUNCAN. Except possibly within the realm of the thousand dollar program.

Senator BYRD. Yes.

SUFFICIENCY OF FUNDS REQUESTED

Do you think the $25,000 program would be sufficient to enable you to make available to public welfare applicants the information?

Mr. DUNCAN. I think, Mr. Chairman, the Board of Commissioners was relying primarily on the information given to it by the Health Department, and probably they assumed that this would be made available. I would rather hear the Health Department speak on that. If there is any doubt about it.

Dr. GRANT. I would see no reasons, Mr. Chairman, why this should not be done; no.

Senator BYRD. Would the $25,000 be sufficient in your judgment to cover that?

Dr. GRANT. I think so, it would supply the information you were inquiring about, Mr. Chairman, I see no reason why this should not be adequate to enable us to do that.

PROVISION OF SUPPLIES

Senator BYRD. Would it be adequate to provide supplies in the event that the applicants desired them?

Dr. GRANT. Well, only to the tune of the number that we have listed in here which would be 2,400 people. So, beyond this, if we were to have requests beyond this this would not be adequate for that purpose.

Senator BYRD. Do you feel that some kind of pilot program ought to be initiated in this regard, Dr. Grant?

Dr. GRANT. I would think so, Mr. Chairman.

Senator BYRD. Mr. Duncan?

Mr. DUNCAN. I would think so.

This would give us concrete information and experience on which to make a more valid estimate of the need.

Senator BYRD. You might need additional money over and above the $25,000 for such a pilot program in connection with the public welfare applicants.

Dr. GRANT. This could well be possible, Mr. Chairman; yes.

Senator BYRD. Could you submit for the record an estimate of what would be needed for such a pilot project?

Dr. GRANT. I would be glad to do this, Mr. Chairman.

Senator BYRD. What are other cities doing in this regard?

Dr. GRANT. Dr. Schwartz?

Dr. SCHWARTZ. I cannot speak definitively on that matter, Mr. Chairman. I know that in eight States this program has been included as part of the maternity health program.

Senator BYRD. What are the eight States?

Dr. SCHWARTZ. I can get the names for you. I don't have them available at the moment but we will supply them for the record.

Senator BYRD. All right.

(The material referred to follows:)

Public programs of family planning services are provided by the following States: Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina,

and Virginia. On a selective county level or other local health department level, public family planning services are also provided in Colorado, Montana, North Dakota, and Texas. The State of Illinois reimburses private physicians and planned parenthood clinics for family planning services to welfare recipients. Public programs of family planning services are under consideration in several other States.

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., October 21, 1963.

STATEMENT REGARDING BIRTH CONTROL PROJECT

In reference to the birth control project proposed in the Department of Public Health budget, it is concluded that welfare recipients would have an opportunity to receive the information and assistance provided by the Department of Health program. This would be accomplished by making the appropriate literature available at the time of application, and by referring to the Public Health clinics those families already known to Public Welfare, who desire the services and assistance.

Procedures would be developed jointly between the Health and Welfare Departments to insure appropriate coordination.

JOHN B. DUNCAN,
Commissioner, District of Columbia.

The subcommittee chairman requested the estimated cost and the operational plan of a pilot project to provide birth control information and services to public assistance recipients who wished to avail themselves of this service. Since the cost and operation of such a project are quite different from that proposed by the Department of Public Health, some explanatory remarks are in order first.

The major elements of a birth control program include:

(1) The provision of motivational information to the population selected and clinic referral;

(2) Clinic services, which include—

(*a*) Pelvic examination by a physician to determine the suitability of the patient for different methods;

(*b*) Individual counseling to determine the method most acceptable to the patient and to instruct the patient in the method selected;

(*c*) Followup clinic visits to insure that the method is being properly used and followed; and

(3) Neighborhood supply depots for the distribution of birth control supplies.

The plan proposed by the Department of Public Health envisaged providing birth control services to post partum patients being seen in its existing post partum clinics and would entail no additional cost other than that for birth control supplies. The plan requested by the subcommittee chairman would require the establishment of a separate birth control clinic and the overall cost would include the cost of such a clinic and the cost of birth control supplies.

As of June 30, 1963, there were over 3,200 women aged 18 to 45 who were receiving aid to families with dependent children. Department of Public Welfare workers who interview these women could inform them at the time of the interview about the purpose and availability of birth control services. Those women who were interested would be referred to the birth control clinic. It is estimated that some 1,400 to 1,500 women would be interested in this service.

A full-time birth control clinic—staffed with an obstetrician GS–14, a counselor GS–9, a clerk GS–3, and two aids GS–2—will cost approximately $44,000 per year including rent. It is estimated that a one-fourth time clinic, at a cost of $15,000 per year, will be necessary to handle 1,500 patients. The cost of birth control supplies averages $10 per year per patient and will amount to $15,000 per year for 1,500 patients. The total cost of this project will, therefore, amount to $30,000 per year.

METHOD USED IN STATES

Senator BYRD. Is the information made available to welfare recipients in the eight States when they apply for public assistance?

Dr. SCHWARTZ. I don't know. I might say, Mr. Chairman, it has been our experience that it takes time to build up a new program, and

I would expect it would take 4 or 5 years to build this up beyond the number that we have anticipated.

Senator BYRD. Let's think about the pilot project suggested.

Dr. GRANT. Yes.

Senator BYRD. All right.

Now are there any other position requests, Dr. Grant?

Dr. GRANT. No, sir; I don't believe so, Mr. Chairman.

CAPITAL OUTLAY

Senator BYRD. Shall we then take up the capital outlay items?

Dr. GRANT. Yes.

Senator BYRD. Will you address yourself to them, please?

Dr. GRANT. The first item, Mr. Chairman, is $100,000 for a preliminary survey of construction of building for a health center.

HEALTH CENTER

This center, Mr. Chairman, is somewhat of a new concept in that it combines within one general facility a public health center, facility for the mentally ill, and facilities for the mentally retarded.

We would hope to have in this particular facility a little over 122,000 square feet of floorspace to provide for a rather comprehensive public health program to serve approximately 250,000 people, with facilities in the public health, mental health and mental retardation field.

This would include various public health clinics for crippled children, TB, chronic disease screening, maternity, child health, mental health clinics and day-care clinics for the mentally disturbed, day-care center for mentally retarded, all kinds of outpatient facilities which would be needed in conjunction with these programs.

Senator BYRD. Next item.

FENCE, DISTRICT OF COLUMBIA GENERAL HOSPITAL

Dr. GRANT. An item of $43,000 for a fence at District of Columbia General Hospital. This is to try to improve security at District of Columbia General Hospital, and I believe, Mr. Chairman, with your permission I can ask Dr. Schultz who has great familiarity with this program to address himself to this question.

Senator BYRD. All right, Dr. Schultz.

Dr. SCHULTZ. We have felt for some while about the advantages of a fence in addition to whatever measures we can institute, and after much consideration have agreed that this is most desirable.

We can in this way limit access to the grounds, and while we actually have only six guards at present, we can distribute even these in such a way so that from approximately sundown to sunup we can control access to the grounds.

The fence will fit in with the proposed consolidation program. That is the reason for the number of gates that actually appear in the proposal.

We had some concern that it would detract from the appearance of the hospital and perhaps present an unattractive appearance, but we think that this can be met by arrangement of flowers and climbing roses and in other ways so it will be attractive.

The gateposts would be of brick and would be, we feel, in keeping with the general appearance of the area.

The fence is just one additional element in a program that we think would really make a difference at District of Columbia General, and this is one we would very much like to see approved because we think it is an important one.

Senator BYRD. Did you ask for this last year?

Dr. SCHULTZ. Yes, we did. At that time it was discussed.

Senator BYRD. Did you not say you had the money for this last year?

Dr. SCHULTZ. That is correct; we did.

Senator BYRD. Did you not indicate that you were going to proceed with it last year?

Dr. SCHULTZ. We did. We indicated as far as the hospital was concerned we had some surplus funds that we had transferred to "Buildings and grounds."

POSSIBLE ABSORPTION COST

It was our thought at that time that the matter would be approved and we could proceed with it.

Senator BYRD. You would now need an appropriation for it?

Dr. SCHULTZ. It was presented this way in the budget. Consideration might be given as to whether we might absorb it in this year's "Other objects" money. My answer to that would be that on the present information I have with regard to our base we could.

Senator BYRD. You could not?

Dr. SCHULTZ. We could.

Senator BYRD. You could?

Dr. SCHULTZ. Yes, sir.

PILFERAGE AT DISTRICT OF COLUMBIA GENERAL HOSPITAL

Senator BYRD. What is the situation with regard to pilferage on the District of Columbia General Hospital grounds as of now?

Dr. SCHULTZ. That continues to be a problem, largely on a small scale.

The pilferage is largely to the property of employees, particularly from automobiles.

We recently had the top of one car slashed; another car was entered by breaking of the glass.

These are particularly doctors' cars, because the hope obviously is that they might find medical supplies or bags. The doctors are careful not to leave them in their cars, but a person can break in anyway.

Many other aspects of the problem have diminished somewhat. If you would like, I can go into that a little bit in terms of what we have done, some of the things that we contemplate doing.

ACTION AGAINST PILFERAGE

We have, for one thing, set up a committee of top administration that meets once a week and reviews every item of any kind that has to do with security. For instance, if a door was left unlocked, small items or major items. On the basis of the attention of this committee there have been many new pocedures introduced.

I can cite a few of these. For example, we now require all employees to wear name tags. This is a program that has now been put into effect throughout the hospital; by color identification, we can even know whether an employee is a member of the housekeeping or dietary service, and so forth. We therefore know an individual who does not have a name tag must have some explanation for being where he is.

We have put the night housekeeping people on security responsibility. They must check certain doors, and every night the supervisor of housekeeping must prepare a report.

This gives us, in addition to the guards, at least a check of all areas of entrance to the hospital.

We have put a very tight control over the areas of entrance to the hospital, and at night most of these are locked.

Entrance to pediatrics is now totally closed. One can only get in by key, and we have extended this to as many areas of the hospital as we reasonably can to provide minimal access.

When we move the doctors out of Home No. 1, we will close the west entrance to the Pulmonary Disease Building.

We have provided our guards, recently, with walkie-talkies, and these are now in effect so the guard has immediate communication with all areas of the hospital.

There is a jeep that we also use, and the guard is in communication with both the security office and the switchboard.

Directives have been issued to all employees, particularly occupants of the residences to immediately report a prowler, first to the police, then to our own security office. There have been no intruders reported recently, that is inside the residences.

CANINE CORPS

We are setting up a canine corps, I guess you call it, with a dog that will work with one of the guards. A guard has been employed who has some background in this sort of thing, generally, and we feel he will be a very good man for this.

We now have a dog; in fact we have our second dog. The first dog proved to be too gentle and couldn't be trained for this work, but we do have another dog, and that dog is in training now.

We think, and we have heard, that the word has circulated that this is established, and this, too, we think will make a difference from the standpoint of the casual person wanting to go on the grounds who has no business there.

LOCK AND LIGHTING PROGRAMS

We have a lock program that contemplates changing the locks periodically, particularly on all doors that present any type of security problem, similar to the method of hotels, so whoever has a key that is not authorized, it will appear within a period of 6 months or 1 year. Locks will be replaced with a new lock combination.

These are some of the general items that I can speak to.

Mr. Bossong has just reminded me we have improved lighting throughout the grounds, where possible with present facilities, and this has made considerable improvement. The grounds were very dark and now at night, in most parking areas, particularly in areas where people come and go, it is quite light—a sharp contrast.

We think that is a considerable improvement.

Mr. Bossong, is there anything else?

Senator BYRD. Was the dog contributed?

Dr. SCHULTZ. Yes, it did not cost us anything.

Senator BYRD. Was it trained——

Dr. SCHULTZ. At the police school.

Senator BYRD. Police school?

Dr. SCHULTZ. The guard first went to the school and was oriented, and he is being trained with the dog as a team.

Senator BYRD. And your locks are changed how often?

Dr. SCHULTZ. Well, this is a new program and all locks that present any serious or important security problem will be changed once a year. Some will be changed as much as every 6 months.

This program is in process of more definitive development, and it is not as yet in the form of a manual, but it will be very shortly.

Senator BYRD. And most of the entrances are locked at night?

Dr. SCHULTZ. They are; yes.

GROUNDS AND BUILDINGS

Senator BYRD. How many acres of ground are there?

Dr. SCHULTZ. Sixty-five.

Senator BYRD. How many buildings do you have scattereed over this acreage?

Dr. SCHULTZ. Twenty-three.

Senator BYRD. Employees are instructed to keep doors and rooms locked?

Dr. SCHULTZ. Yes; they are, and we have, in the nurses residence, put night latches on the doors; that is, the little chain latches on the inside of the door and we are presently providing a notice that will go in every room of all residences reminding them not only to lock their door but to check outside doors as they come and go and assume their share of responsibility.

INSTRUCTIONS ON LOCKING DOORS

Senator BYRD. And the employees are instructed to keep the instruments locked up, where possible?

Dr. SCHULTZ. Yes. The nursing service has recently reviewed this at their supervisory meetings and new cabinets have been provided in certain areas of surgery, new cabinets have been provided for ear, nose, and throat and ophthalmology to keep some of their more expensive instruments separate from their other instruments.

Senator BYRD. Does the Police Department detail any men for service at District of Columbia General?

Dr. SCHULTZ. Specifically, no. They have a schedule of routine checking of the hospital, by patrol car, and they have a man stationed at the emergency room but his function is not primarily security. They do not really give us, and apparently cannot give us, more coverage than they give comparable areas in that precinct.

Senator BYRD. All right.

CAPITAL OUTLAY

The next two capital outlay items.

Dr. GRANT. Is a request for $139,000, Mr. Chairman, for construction of a new dog pound.

DOG POUND

Or existing dog pound which was built in 1912, is located in an area which is a redevelopment area, it is located right close to a very attractive motel and we have been receiving a considerable number of complaints in relation to it.

Just as important as that, however, is that it was erected in 1912. It is an open, part frame structure, very difficult indeed to heat, and almost impossible to maintain in a reasonably sanitary condition.

We are requesting $139,000 to replace this structure, Mr. Chairman, in another location, and to provide accommodation for approximately 100 dogs at one time.

Senator BYRD. One hundred dogs?

DR. GRANT. Yes, sir.

OPERATING COSTS OF POUND

Senator BYRD. What are the present operating costs?

Dr. GRANT. We have 13 employees at the dog pound, Mr. Chairman, and we employ three pound wagons. I don't know if we have a breakdown? Do we have it?

We do; 1963, Mr. Chairman, $67,932 was the cost.

Senator BYRD. All right, the next item.

Dr. GRANT. I believe that concludes the budget, Mr. Chairman.

Senator BYRD. All right.

NORTHWEST COMMUNITY HEALTH CENTER

With further respect to the Northwest Community Health Center, and the $100,000 survey request, what would be the estimated overall cost of the center?

Dr. GRANT. The Department of Buildings and Grounds is still working on this cost analysis, Mr. Chairman, but they gave me a working figure as it were of between $5 and $6 million.

Senator BYRD. How many health centers do you now have?

Dr. GRANT. We have a considerable health center at what is called Northwest Health Center, 13th and Upshur Streets.

We have one located in the southwest area. Then we have some others that I would not call health centers, Mr. Chairman.

We actually operate 33 clinics and clinical locations and health centers in the District but these are the only two, the Northwest and the Southwest, that I would call health centers. The others operate individual clinics.

MATCHING FUNDS

Senator BYRD. Are any matching funds available in this project?

Dr. GRANT. We would anticipate that there would be some funds available.

The funds that could be available, Mr. Chairman, would be, first, Hill-Burton funds; second, the new bill, I believe still pending

in the Congress, in the area of mental health and mental retardation would assist us in adding to this amount.

I believe I had estimated, Mr. Chairman, although this is a very tentative estimate, that we might be able to secure a total of close to $2 million in Federal money to construct this building.

This is a very tentative estimate only, Mr. Chairman.

FEDERAL MATCHING FUNDS FOR THE DEPARTMENT

Senator BYRD. What will be the amount of Federal matching grant-in-aid funds for fiscal year 1964?

Dr. GRANT. For the operation of the Health Department program?

Senator BYRD. For the Department.

Dr. GRANT. $1,250,000 roughly. I can give you the exact amount, Mr. Chairman. I am sorry, Federal, $1,167,000.

Senator BYRD. Are there any other special Federal funds?

Dr. GRANT. No, sir. The only thing that would exclude, Mr. Chairman, would be funds emanating from the medical aid to the aged program, the tuberculosis special project, the nursing home care project, and the vaccination assistance program.

Senator BYRD. Would you like to give us a breakdown of this?

Dr. GRANT. We have of the $1,167,000——

Senator BYRD. Can you give it for the record?

Dr. GRANT. Oh, yes; I would be glad to, Mr. Chairman.

(The material referred to follows:)

Federal grants, fiscal year 1964

Grant:	*Estimated amount*
Tuberculosis	$23,600
Cancer	25,000
Mental health	65,000
General health	41,900
Chronically ill	60,000
Maternal and child health:	
Fund A	110,900
Fund B	35,000
Pediatric	121,500
Crippled children:	
Fund A	100,700
Fund B	35,000
Pediatric	126,900
Venereal disease	60,200
Radiological health	15,000
Water pollution	47,200
Heart disease	61,500
Old-age assistance	158,600
Mental health planning	50,000
Physical therapy demonstration	19,300
Psychological training program	9,700
Total, grants included in 1964 budget submission	1,167,000
Additional grants authorized since 1964 budget submission:	
Medical assistance for the aged	884,000
Tuberculosis special project	108,100
Nursing home care project	85,000
Vaccination assistance program	150,800
Total, Federal grants (estimated)	2,394,900

Source: Budget and Finance Office, Oct. 17, 1963.

APPROPRIATION, FISCAL YEAR 1963

Senator BYRD. How much was appropriated for the Department last year?

Dr. GRANT. $42,840,324.

Senator BYRD. Does this include the supplemental?

Dr. GRANT. That is the base, Mr. Chairman; that is not the total—$43,727,800. This excludes the supplemental of $295,000.

Senator BYRD. Which would make the total?

Dr. GRANT. $44,022,800.

TOTAL UNOBLIGATED BALANCE

Senator BYRD. What was your total unobligated balance on June 30?

Dr. GRANT. $695,000—$693,585.

Senator BYRD. Once again, how many positions did we add to your Department last year?

Dr. GRANT. Added 124, Mr. Chairman. In addition, 7 positions were approved for the venereal disease program for a 3-year period, and 2 positions were transferred from the Department of Public Welfare; a total of 133.

TOTAL AUTHORIZED STRENGTH

Senator BYRD. Making your total authorized strength?

Dr. GRANT. 3,689 on District funds.

Senator BYRD. And how many additionally?

Dr. GRANT. There are 137 on Federal and other funds.

Senator BYRD. Would you give us a breakdown of those?

Dr. GRANT. Yes, sir.

Senator BYRD. For the record?

Dr. GRANT. Yes, sir.

(The material referred to follows:)

Positions on Federal and other funds, fiscal year 1963

Grant and activity	Grade	Number of positions
General health grant:		
Administration:		
Management analyst	GS-13	1
Employee development officer	GS-12	1
Budget and finance assistant	GS-9	1
Supervisor procurement and supply	GS-8	1
Clerk-stenographer	GS-5	1
Stenographer	GS-4	1
Environmental health:		
Foreman	WBR-6	1
Pest exterminator	WBR-4	1
Laboratory and pharmacies: Clerk-typist	GS-2	1
Tuberculosis grant:		
Administration: Statistical clerk	GS-4	1
Disease control:		
Program assistant	GS-7	1
Clerk-typist	GS-4	1
Statistical code clerk	GS-3	1
Counter clerk	GS-3	2
File clerk	GS-2	1

Positions on Federal and other funds, fiscal year 1963—Continued

Grant and activity	Grade	Number of positions
Old-age assistant grant:		
Administration:		
Program planner	GS-13	1
Statistician	GS-11	1
Statistical clerk	GS-5	1
Stenographer	GS-4	1
EAM operator	GS-4	2
Statistical code clerk	GS-4	2
Clerk	GS-3	3
Card punch operator	GS-3	2
Dental:		
Dentist	GS-13	1
Dental assistant	GS-5	1
Disease control: Clerk	GS-4	1
Public health nursing: Public health nurse	GS-7	3
Mental health planning grant: Administration: Card punch operator	GS-3	1
Cancer grant:		
Disease control:		
Medical officer	GS-14	1
Clerk	GS-4	1
Public health nursing: Public health nurse	GS-7	1
Chronically ill grant:		
Disease control:		
Social worker	GS-10	1
Public health adviser	GS-7	2
Medical aid	GS-5	2
Clerk-typist	GS-4	2
Do	GS-3	1
Medical aid	GS-2	1
Laboratory and pharmacies: Pharmacist	GS-9	1
Public health nursing: Public health nurse	GS-7	1
Physical therapy demonstration grant: Disease control: Physical therapist	GS-9	2
Venereal disease grant: Disease control:		
Investigator general	GS-7	2
Do	GS-6	3
Hospital reporting clerk	GS-5	1
Do	GS-4	1
Heart disease grant:		
Disease control:		
Medical officer	GS-14	1
Public health adviser	GS-11	1
Community health educator	GS-9	1
Do	GS-7	1
Medical aid	GS-5	2
Electro technician	GS-4	1
Do	GS-3	1
Public health nursing: Public health nurse	GS-7	1
Mental health grant: Mental health:		
Psychologist	GS-12	1
Secretary-stenographer	GS-6	1
Clerk dictating machine operator	GS-4	1
Clerk	GS-3	1
Alcoholic rehabilitation special fund: Mental health:		
Chief, alcoholic rehabilitation	GS-15	1
Psychologist	GS-11	1
Supervisory clinical social worker	GS-11	1
Social worker	GS-10	2
Secretary-stenographer	GS-5	1
Clerk dictating machine operator	GS-4	2
Medical aid	GS-2	1
Maternal and child health grant fund A: Maternal and child health:		
Medical officer	GS-14	1
Do	GS-13	1
Supervisory clinical social worker	GS-13	1
Clinical social worker	GS-12	1
Community standard officer	GS-12	1
Clinical social worker	GS-11	1
Administrative assistant	GS-7	2
Medical services assistant	WBR-6	1
Clerk-stenographer	GS-4	1
Medical aid	GS-2	1
Maternal and child health grant fund B:		
Maternal and child health:		
Nutritionist	GS-12	1
Medical aid	GS-2	1
Public health nursing: Public health consultant	GS-11	2
Maternal and child health pediatric fund: Maternal and child health:		
Clinical social worker	GS-10	1
Clinical psychologist	GS-9	1
Clerk dictating machine operator	GS-5	1
Medical radiology technician	GS-5	1
Medical aid	GS-2	2

Positions on Federal and other funds, fiscal year 1963—Continued

Grant and Activity	Grade	Number of positions
Maternal and child health grant mental retardation fund: Maternal and child health:		
Medical officer	GS-15	1
Clinical psychologist	GS-11	1
Supervisory clinical social worker	GS-11	1
Clinical social worker	GS-10	1
Child care and parent education	GS-9	1
Supervisory clerk dictating machine operator	GS-5	1
Clerk-typist	GS-3	1
Medical aid	GS-1	1
Crippled children's grant fund A: Maternal and child health:		
Medical officer	GS-15	1
Supervisory clinical social worker	GS-12	1
Chief, occupational therapist	GS-11	1
Clinical social worker	GS-10	1
Do	GS-9	1
Physical therapist	GS-9	1
Occupational therapist	GS-8	1
Physiotherapist	GS-7	3
Supervisory clerk dictating machine operator	GS-5	1
Crippled children's grant fund B:		
Maternal and child health:		
Clinical social worker	GS-9	1
Clerk-typist	GS-3	1
Public health nursing: Public health consultant	GS-11	1
Crippled children's pediatric fund: Maternal and child health:		
Clinical social worker	GS-11	1
Clinical psychologist	GS-11	1
Audiologist	GS-10	1
Clinical social worker	GS-10	1
Clinical psychologist	GS-9	1
Prothestist	GS-8	1
Occupational therapist	GS-8	2
Audiologist	GS-7	1
Encephalography	GS-5	1
Clerk-dictating machine operator	GS-4	1
Clerk-typist	GS-3	1
Medical aid	GS-2	1
Total, Federal and other positions included in 1964 budget estimate		137

FLUORIDATION PROGRAM

Senator BYRD. How effective has the fluoridation program been in reducing tooth decay among schoolchildren?

Dr. GRANT. I would say it has been very effective, Mr. Chairman. We did a study on that just this past year and we find it has reduced tooth decay in the District of Columbia approximately to the tune of 60 percent.

Senator BYRD. 60 percent?

Dr. GRANT. 60 percent.

Senator BYRD. How long has the program been going now?

Dr. GRANT. Approximately 10 years.

BIRTHS AT DISTRICT OF COLUMBIA GENERAL HOSPITAL

Senator BYRD. How many births were there at the District of Columbia General Hospital in fiscal year 1963?

Dr. SCHULTZ. A little over 6,000.

Dr. GRANT. 5,908, Mr. Chairman.

Senator BYRD. What was the average stay?

Dr. GRANT. 3.2 days.

AMOUNT COLLECTED AT HOSPITAL

Senator BYRD. How much was collected for services rendered at the District of Columbia General Hospital in fiscal year 1963?

Dr. GRANT. $893,782.

Senator BYRD. Give us the amount for each year over the past 5 years.

Dr. GRANT. We have the past 3 years here, Mr. Chairman, we can give you, and we can compile the other 2 for the record.

Senator BYRD. All right.

Dr. GRANT. In 1961, $672,244, and in 1962, $869,699.

Senator BYRD. All right. Supply for the record the figures for the other 2 years.

Dr. GRANT. Yes, sir.

(The material referred to follows:)

District of Columbia General Hospital—Collections—Fiscal years 1960, 1959

Year	Collected by the hospital	Collected by enforcement division	Total
1960	$417,766	$154,935	$572,701
1959	376,773	145,558	522,331

CARS FOR DAIRY INSPECTORS

Senator BYRD. Are dairy inspectors furnished with official cars or do they still use their own cars?

Dr. GRANT. They are furnished with official cars.

Senator BYRD. How many dairy inspectors are there?

Dr. GRANT. Eleven, Mr. Chairman.

TUBERCULOSIS IN DISTRICT OF COLUMBIA

Senator BYRD. Is tuberculosis a major health program in the District of Columbia?

Dr. GRANT. Very much so, Mr. Chairman, very much. It is a great problem. We have at the present time 3,556 TB patients on our register.

Senator BYRD. How many cases were recorded in fiscal year 1963?

Dr. GRANT. 720, Mr. Chairman.

TUBERCULOSIS CASE REPORT FOR 2-YEAR PERIOD

Senator BYRD. Please supply the number of cases reported each year over the past 5 years.

Dr. GRANT. For the record, Mr. Chairman?

Senator BYRD. Yes. That will be all right.

Dr. GRANT. For the record.

(The material referred to follows:)

Number of newly reported tuberculosis cases for the District of Columbia, by calendar year

Calendar year:	*Number*
1962	720
1961	681
1960	647
1959	722
1958	884

EFFECTIVENESS OF DRUGS IN TB

Senator BYRD. Have new drugs been effective in retarding the disease?

Dr. GRANT. New drugs have been very important in assisting the prevention of deaths, but if we look at the national picture, and this is also true in the District of Columbia, while the number of deaths from TB has fallen dramatically over the past years this is not true of the number of cases reported.

The number of cases remains fairly static, just a little bit lower. As a matter of fact, we have more cases reported last year than we did the previous year.

CASES IN PAST 5 YEARS

Senator BYRD. Let's have the number of cases for each of the past 5 years.

Dr. GRANT. We have this actually, Mr. Chairman.

In 1958 there were 884. In 1959, 722; in 1960, 647; in 1961, 681; and in 1962, 720.

These are the calendar years, by the way, Mr. Chairman.

Senator BYRD. So it went down and then went up?

Dr. GRANT. And then went up.

TB GRANTS

Senator BYRD. Have you received any TB grants?

Dr. GRANT. Yes, sir. We just applied for and received a project grant in the field of TB from the Public Health Service.

I believe this is in the amount of $100,000 a year for what is proposed as a 3-year project.

Senator BYRD. Have there been any grants received from the TB Association?

Dr. GRANT. The only grant that I am aware of at the present time, this is not—excuse me, Mr. Chairman. I would say "No." It is a joint grant with the Public Health Service in the field of alcoholism for the TB program. But it is a joint one. It is not given——

Senator BYRD. There has been no grant in the amount of $2,000 received from the TB Association?

Dr. GRANT. No, sir, I am not aware of it.

Dr. SCHULTZ. It might be something at District of Columbia General I don't know about but I don't know of it at this time.

Senator BYRD. Would you check by tomorrow, Dr. Grant, and see if such a grant was received?

Dr. GRANT. Yes, sir.

Senator BYRD. And if so, what disposition has been made of it.

Dr. GRANT. Yes; the TB Association does put out some flyers for children in connection with the TB program and it may be this is what you are referring to.

Senator BYRD. Well, you can check it and let us know by tomorrow.
Dr. GRANT. Yes.
(The information requested follows:)

ALCOHOLIC TUBERCULOSIS PROJECT

The Director of Public Health has been authorized by the Commissioners to accept Federal grant funds from the District of Columbia Tuberculosis Association to cover the salary of one psychiatric social worker for fiscal years 1964 and 1965 assigned to the alcoholic tuberculosis project. Another such request will be made to the Commissioners in the near future. The amount of $900 has been transferred to the Department of Public Health to date.

TB CASEFINDING

Senator BYRD. What active steps are being taken to locate tubercular cases in homes?

Dr. GRANT. Well, there are many steps taken here, Mr. Chairman. One of them is the mobile chest X-ray unit that goes around the District from place to place to which people are invited to come for X-rays.

A second one is a unit that we have just established a few months ago which is a chronic screening unit, it is a trailer really which we are locating in various places in the District, and one of the services we provide there is chest X-rays.

FOLLOWUP TB CONTACTS

A third program and a very important one is what we call the follow-up tuberculous contacts. This is performed primarily by public health nurses who go into the homes of the contacts and get the patient to come into our examination, chest X-rays, sputum examination for laboratory test, this kind of thing.

The tuberculin testing program in the schools also indirectly is a program that involves the homes because when we find a person with a positive tuberculin test in a school we would follow this up in the home to examine the parents to find out if anyone there has TB.

Senator BYRD. How often are home visits made?

Dr. GRANT. It varies very considerably, Mr. Chairman, depending upon the nature of the case, the difficulty we have in securing participation by the patient, and the number of nurses we have assigned to the area.

CURRENT VENERAL DISEASE SITUATION

Senator BYRD. Tell us about the current situation in regard to venereal disease in the District of Columbia.

Dr. GRANT. Veneral disease in the District of Columbia, Mr. Chairman, as is true in many cities in this country, is a considerable problem still.

One of the primary problems we have at the present time in the District concerns what we call primary syphilis. Primary syphilis is that syphilis which is in the early stages and is the syphilis that is most infectious.

This has risen over the past several years and I should like to cite a few figures pointing out the rise.

In 1958—in—we will start from 1958, if you wish, Mr. Chairman. There were reported to us in the Health Department 181 new cases of primary and secondary syphilis.

This has risen so that in 1959 there were 323; in 1960, 518; in 1961, 627, and in 1962, 723.

These are calendar years so that one can see there is a continual rise in these cases.

CALENDAR 1963 FIGURES

Senator BYRD. What do the figures show for the first 6 months of calendar year 1963?

Dr. GRANT. I don't think we have those figures yet, Mr. Chairman, we don't show them, Mr. Chairman.

We will be able to provide that for the record.

Senator BYRD. All right.

(The material referred to follows:)

Venereal disease cases reported by all sources, District of Columbia, January–June 1963

Disease	Total	White	Nonwhite
Total, venereal disease	4,852	319	4,533
Syphilis, total	924	126	798
Primary and secondary	367	38	329
Other syphilis	557	88	469
Gonorrhea	3,834	189	3,645
Other venereal disease	94	4	90

Source: Biostatistics Division, Oct. 16, 1963.

Venereal disease cases reported by all sources: District of Columbia, January–June 1963

MALE

Disease	Total	White	Nonwhite
Total venereal disease	3,377	227	3,150
Syphilis, total	522	83	439
Primary and secondary	223	29	194
Other syphilis	299	54	245
Gonorrhea	2,787	141	2,646
Other venereal disease	68	3	65

FEMALE

Total venereal disease	1,475	92	1,383
Syphilis, total	402	43	359
Primary and secondary	144	9	135
Other syphilis	258	34	224
Gonorrhea	1,047	48	999
Other venereal disease	26	1	25

Source: Biostatistics Division, Oct. 18, 1963.

COMPARISON OF DISTRICT OF COLUMBIA REPORTED RATE

Senator BYRD. How does the District of Columbia rate for reported syphilis compare with the U.S. rate?

Dr. GRANT. It is one of the highest in the Nation, not, however, the highest. There are several cities in the country that are higher than ours.

For example, New Orleans La.—I can cite several cities, we are No. 5 actually in the country.

Senator BYRD. You might supply a table for the record.

Dr. GRANT. Be glad to, Mr. Chairman.

(The material referred to follows:)

Venereal disease cases by race: District of Columbia and United States, fiscal year 1962

Disease	Venereal disease cases					
	District of Columbia			United States [1]		
	Total	White	Nonwhite	Total	White	Nonwhite
Total venereal disease	10,500	597	9,903	386,895	122,943	263,952
Syphilis, total	1,941	245	1,696	124,188	53,108	71,080
Primary and secondary	707	51	656	20,084	6,149	13,935
Other syphilis	1,234	194	1,040	104,104	46,959	57,145
Gonorrhea	8,295	338	7,957	260,468	69,475	190,993
Other venereal disease	264	14	250	2,239	360	1,879

Disease	Venereal disease case rates					
	District of Columbia			United States [1]		
	Total	White	Non-white	Total	White	Non-white
Total venereal disease	1,325.9	175.7	2,190.0	212.1	76.1	1,264.0
Syphilis, total	245.1	72.1	375.1	68.1	32.9	340.4
Primary and secondary	89.3	15.0	145.1	11.0	3.8	66.7
Other syphilis	155.8	57.1	230.0	57.0	29.1	273.7
Gonorrhea	1,047.5	99.5	1,759.6	142.8	43.0	914.6
Other venereal disease	33.3	4.1	55.3	1.2	.2	9.0

[1] Known military cases excluded.

NOTE.—District of Columbia rates are based on population estimates as of July 1, 1962: Total, 791,900; white, 339,700; nonwhite, 452,200.

Source: Biostatistics Division, Oct. 17, 1963.

Rates per 100,000 population for infectious (primary and secondary) syphilis in selected cities, fiscal years 1961 and 1962

City	1961	1962
Atlanta, Ga.	48.3	[1] 36.8
Baltimore, Md.	35.3	44.9
Boston, Mass.	23.7	31.6
Chicago, Ill.	25.6	24.3
Cincinnati, Ohio	6.3	3.6
Cleveland, Ohio	5.5	10.9
Denver, Colo.	2.5	[1] 8.0
Detroit, Mich.	8.8	10.8
Houston, Tex.	51.1	[1] 45.4
Jacksonville, Fla.	40.5	96.0
Los Angeles, Calif.	25.2	25.8
Miami, Fla.	88.0	96.0
Newark, N.J.	68.9	94.3
New Orleans, La.	126.6	101.6
New York, N.Y.	39.3	42.6
Philadelphia, Pa.	22.4	36.8
Pittsburgh, Pa.	2.8	[1] 3.8
San Francisco, Calif.	44.1	33.3
Virgin Islands, W. I.	([2])	112.5
Washington, D.C.	[3] 71.3	[3] 89.3

[1] County data.
[2] Not available.
[3] Washington, D.C.: 1958, 19.4; 1959, 25.6; 1960, 61.8.

Source: Washington, D.C.—District of Columbia Department of Public Health, Biostatistics Division; rates based on estimated population, July 1, 1961, and July 1, 1962. All other cities—U.S. Public Health Service.

Senator BYRD. What is the U.S. rate and what is the District of Columbia rate for gonorrhea?

Dr. GRANT. Our rate for gonorrhea, I may say, Mr. Chairman, is the highest in the Nation. The rate in fiscal year 1962 in Washington was 1,047.5. This is the rate per hundred thousand population.

I don't know what the U.S. rate is. We don't have that, Mr. Chairman. We can determine that and put it in the record.

Gonorrhea, fiscal year 1962

	District of Columbia	United States
Number of cases	8,215	260,468
Case rates	1,047.5	142.8

Senator BYRD. How does the District of Columbia rate compare with other cities?

Dr. GRANT. We are the highest in the Nation in gonorrhea.

Senator BYRD. Would you let us have a table showing our ranking with other cities?

Dr. GRANT. Yes, we have that, Mr. Chairman, and we will be glad to supply it for the record.

(The material referred to follows:)

Reported cases and case rates for syphilis and gonorrhea: 14 cities over 500,000 population, fiscal year 1962

[By place of residence. Rates per 100,000 population]

City	Syphilis		Gonorrhea	
	Cases	Rate	Cases	Rate
Baltimore, Md.	1,601	171.6	5,503	589.8
Boston, Mass.	1,489	215.8	1,638	237.4
Chicago, Ill.	6,391	181.1	22,520	638.1
Cincinnati, Ohio	476	95.2	1,722	344.4
Cleveland, Ohio	470	54.0	3,081	354.1
Detroit, Mich.	1,432	86.8	6,281	380.7
Los Angeles, Calif.	2,643	105.4	8,228	328.2
Milwaukee, Wis.	248	33.2	1,009	134.9
Minneapolis, Minn.	126	26.3	976	203.3
New Orleans, La.	1,984	313.9	2,078	328.8
New York, N.Y.	20,068	258.4	19,209	247.3
Philadelphia, Pa.	5,186	260.0	4,974	249.3
San Francisco, Calif.	1,035	140.2	3,376	457.5
Washington, D.C.	1,941	245.1	8,295	1,047.5

Source: Washington, D.C.—Department of Public Health, Biostatistics Division; rates based on estimated population, July 1, 1961, and July 1, 1962. All other cities—U.S. Public Health Service.

Senator BYRD. How does the District of Columbia rate compare with regard to venereal diseases of all kinds?

Dr. GRANT. It is usual, Mr. Chairman, to compare in the case of venereal disease rather than comparing all kinds, one usually takes the specific kind, such as syphilis and gonorrhea so that I do not think we have that rate in toto, because it is broken down usually.

CASE REPORTS BY CATEGORY

We do have the total number of cases reported in the District of Columbia in calendar year 1962 there were 2,162 cases of syphilis reported and 8,219 cases of gonorrhea, in addition there were 192 other venereal diseases reported.

Senator BYRD. Would you give us a breakdown showing the cases reported in each category over each of the past 5 years?

Dr. GRANT. We have that and we will be glad to supply it for the record, if you desire.

Senator BYRD. Yes. Show also the number of primary and secondary cases each year over the past 5 years.

Dr. GRANT. Yes, sir, I will be glad to do that.

Senator BYRD. So far as syphilis is concerned, show the rate per 100,000 population for each year for the past 5 years.

(The material referred to follows:)

TABLE 1.—*Venereal disease cases reported by all sources by race, District of Columbia, fiscal years 1958–62*

Fiscal year and race	Estimated midyear population specified year	Total venereal disease	Syphilis			Gonorrhea	Other venereal disease
			Total syphilis	Primary and secondary	Other syphilis		
1962	791,900	10,500	1,941	707	1,234	8,295	264
White	339,700	597	245	51	194	338	14
Nonwhite	452,200	9,903	1,696	656	1,040	7,957	250
1961	782,900	11,773	2,431	558	1,873	8,901	441
White	343,100	770	343	69	274	406	21
Nonwhite	439,800	11,003	2,088	489	1,599	8,495	420
1960	773,400	14,142	2,512	478	2,034	11,246	384
White	346,300	812	323	49	274	478	11
Nonwhite	427,100	13,330	2,189	429	1,760	10,768	373
1959	775,900	12,760	1,942	199	1,743	10,679	139
White	357,800	560	252	25	227	305	3
Nonwhite	418,100	12,200	1,690	174	1,516	10,374	136
1958	788,800	10,979	1,670	153	1,517	9,231	78
White	377,800	455	241	19	222	213	1
Nonwhite	411,000	10,524	1,429	134	1,295	9,018	77
5-year average	[1] 773,400	12,031	2,099	419	1,680	9,671	261
White	[1] 346,300	639	281	43	238	348	10
Nonwhite	[1] 427,100	11,392	1,818	376	1,442	9,323	251

[1] Population estimates as of July 1, 1960.

Source: Biostatistics Division, Oct. 17, 1963.

TABLE 2.—*Venereal disease case rates for cases reported by all sources by race, District of Columbia, fiscal years 1958–62*

[Rates per 100,000 population based on population figures and number of cases shown in table 1]

Fiscal year and race	Total venereal disease	Syphilis			Gonorrhea	Other venereal disease
		Total syphilis	Primary and secondary	Other syphilis		
1962	1,325.9	245.1	89.3	155.8	1,047.5	33.3
White	175.7	72.1	15.0	57.1	99.5	4.1
Nonwhite	2,190.0	375.1	145.1	230.0	1,759.6	55.3
1961	1,503.8	310.5	71.3	239.2	1,136.9	56.3
White	224.4	100.0	20.1	79.9	118.3	6.1
Nonwhite	2,501.8	474.8	111.2	363.6	1,931.6	95.5
1960	1,828.5	324.8	61.8	262.9	1,454.1	49.7
White	234.5	93.3	14.1	79.1	138.0	3.2
Nonwhite	3,121.0	512.5	100.4	412.1	2,521.2	87.3
1959	1,644.5	250.3	25.6	224.7	1,376.3	17.9
White	156.5	70.4	7.0	63.5	85.2	.8
Nonwhite	2,918.0	404.2	41.6	362.6	2,481.2	32.5
1958	1,391.9	211.7	19.4	192.3	1,170.3	9.9
White	120.4	63.8	5.0	58.8	56.4	.3
Nonwhite	2,560.6	347.7	32.6	315.0	2,194.2	18.7
5-year average rate	1,555.6	271.4	54.2	217.2	1,250.5	33.7
White	184.5	81.1	12.4	68.7	100.5	2.9
Nonwhite	2,667.3	425.7	88.0	337.6	2,182.9	58.8

Source: Biostatistics Division, Oct. 16, 1963.

TABLE 3.—*Percentage distribution of population and venereal disease cases reported by all sources by race, District of Columbia, fiscal years 1958–62*

[Percentages computed from table 1]

Fiscal year and race	Estimated midyear population specified year	Total venereal disease	Syphilis			Gonorrhea	Other venereal disease
			Total syphilis	Primary and secondary	Other syphilis		
1962:							
White	42.9	5.7	12.6	7.2	15.7	4.1	5.3
Nonwhite	57.1	94.3	87.4	92.8	84.3	95.9	94.7
1961:							
White	43.8	6.5	14.1	12.4	14.6	4.6	4.8
Nonwhite	56.2	93.5	85.9	87.6	85.4	95.4	95.2
1960:							
White	44.8	5.7	12.9	10.3	13.5	4.3	2.9
Nonwhite	55.2	94.3	87.1	89.7	86.5	95.7	97.1
1959:							
White	46.1	4.4	13.0	12.6	13.0	2.9	2.2
Nonwhite	53.9	95.6	87.0	87.4	87.0	97.1	97.8
1958:							
White	47.9	4.1	14.4	12.4	14.6	2.3	1.3
Nonwhite	52.1	95.9	85.6	87.6	85.4	97.7	98.7
5-year average:							
White	44.8	5.3	13.4	10.3	14.2	3.6	3.8
Nonwhite	55.2	94.7	86.6	89.7	85.8	96.4	96.2

Source: Biostatistics Division, Oct. 17, 1963.

RACIAL PERCENTAGE IN VENEREAL DISEASE REPORTING

Senator BYRD. Of the total number of venereal diseases reported in fiscal year 1963, what percent was white and what percent was nonwhite?

Dr. GRANT. I don't think that we keep this by race, Mr. Chairman.

Senator BYRD. You had it last year. We would like to have the information brought up to date.

Dr. GRANT. We don't have it—we can supply it, Mr. Chairman.

(The material referred to follows:)

In fiscal year 1963, of the total number of 10,411 for all venereal diseases reported, 662 or 6.4 percent were white, and 9,749 or 93.6 percent were nonwhite.

Senator BYRD. All right.

METHODS OF PREVENTING VENEREAL DISEASE SPREAD

What can be done to prevent the spread of venereal disease in the Nation's Capital?

Dr. GRANT. There are many things, Mr. Chairman, that we need to do to prevent its spread. I think perhaps I will refer to Dr. Heath, if I may. He is quite an expert in this subject, Mr. Chairnam.

Senator BYRD. Dr. Heath.

Dr. HEATH. Yes. Well, first, the amount of venereal disease in a community cannot be predicated upon the number of cases that may be reported by that community.

PREVALENCE OFTEN DEPENDENT ON REPORTING PROGRAM

The reported prevalence is dependent upon three factors. You have some communities with a higher degree of reporting than others because you have a more advanced program and people can come to the clinic and get high class, comprehensive treatment. This means that more people will come in rather than if you did less for them.

Second, it would depend upon the degree of completeness of reporting of venereal disease by the physician, private physicians, and, third, it depends upon the absolute prevalence of the infectious reservoir of the disease.

Now, with that little introduction, we are following very closely the recommendations by the Surgeon General's Committee on eradication of venereal disease.

The problem of venereal disease, of course, is not limited to the District of Columbia alone. Other States and other cities, particularly other cities, are having very similar problems with the upswing.

ACTION IN THE DISTRICT OF COLUMBIA ON PREVENTION

What we are doing in the District of Columbia, first, we are increasing our activity of visiting the private physicians. We are making more interviews in their offices than we did the previous year.

We have visited over—something like 1,300 physicians so far this year as compared with about less than 500 the year before.

We are also going to the hospitals and the doctors' lounges and setting up little exhibits, and showing them what our program is and giving out certain pieces of information, literature of what the Health Department can do.

We are receiving very good enthusiasm in this activity.

The third thing, we are supplying material to the medical schools so that we can raise the index of suspicion of prevalence of the disease with future doctors.

Another activity we have put into effect is the approval of laboratories. The Commissioners' regulation makes it a requirement that laboratories report a positive reaction of a blood test to the Health Department.

When this is reported, we first of all assure the physicians that we make no contact with the patient until we have made contact with the doctor, when a laboratory finds a positive reaction, since we recognize the fact that a positive blood test does not always mean that it is an active syphilis.

CAREFUL CORRELATION NEEDED

There are other factors. So it requires some very careful correlation with the laboratory findings and the clinical manifestations.

So that then we contact the doctor and find out what has been the problem. If the case failed to come in for a followup, we would help them locate the patient and get him to go back to this particular private physician to have a follow through with the clinical evaluation.

Now, if it is determined that a person does, in fact, have primary or secondary infectious syphilis, we have the assistance of the doctor and we do an interview of the patient to find out both the source, potential source contacts and the potential spread contacts and make investigations accordingly, and asking people to come in and talk to us and giving them their choice of going to a private physician and letting us know which private physician they are going to or they could come to the Health Department where we will have the necessary clinical evaluation made.

In addition, as I said, a positive reaction of the blood in routine tests does not always indicate syphilis.

NEW FLUORESCENT ANTIBODY TEST

However, there is a new and more specific test called the fluorescent antibody test, the FTA. The Health Department a little over a year ago put in equipment and we are now in the position of assisting any doctor or any other hospital or laboratory that wants to send doubtful cases to us for a specific determination of the reaction in the blood.

Let's see, what else do we do?

NEW LEGISLATION REGARDING MINORS

Oh, yes, in addition we proposed a law, we had the problem of treating minors, and the children who come in and tell us very frankly and say, "Look, I think there is something wrong with me and I would like to get some treatment," but "well," we say, "we can't treat you unless your mother and father knows, and grants permission to treat you," and they say, "We will come back," and there was nothing we could do about it.

And the result was they sometimes would go into the less reputable sources, getting whatever kind of treatment they could, and unfortunately, in the early stages of syphilis, the chancre would go away by itself if you would do nothing for a period of time; and likewise a rash, a secondary manifestation, would eventually go away even though you do nothing about it. But then later on is when you get the very serious and permanent complications.

So we recognized this problem, and we found that we could not treat these minor patients legally unless the parents notified us of their permission. We proposed a law and it passed the Congress, the House twice, and went before the Senate, and I haven't got the bill yet but I understand in just the last couple of days the bill has been signed with a few amendments and that we now will be able to treat the children who come in and want to be treated as voluntarily, but we should make every attempt to notify the parents after we have treated the minors and interviewed them for contacts.

Senator BYRD. Is a record kept of those persons who have come in?

DELAYS IN INDIVIDUAL REPORTING

Dr. HEATH. Yes, sir. We did have a study to justify the proposals, and basically this is a study, sir, that some minors who come in come in promptly, maybe the next day. Some might come in 4 or 5 days later. Some we would be able to determine that they were so-called emancipated, as they were not living with their parents, and they were providing their own support, so legally we could consider them as being emancipated, but others would be as much as a week coming in, and some so much as 10 days or a few weeks; a few wouldn't come back at all. Where there is a delay of 10 days or 2 weeks, there is always a potential further spread of a disease, and it is also more difficult for the patient.

PHYSICIANS AND LABORATORIES VISITED

I have a couple of indexes here which I think you will find very interesting. That is that our visits to the private physicians in 1962 were 598, in 1963 it went to 1,339, and the number of physicians visited in 1962 was 550, and now we are up to 1,219 physicians visited.

Our visits to the laboratories was 83. We did not visit laboratories last year because we did not have a visitation regulation. Visits to private labs were 39.

SATISFACTORY REPORTS AND INTERVIEWS

Another encouraging figure on the horizon is that the private physicians in 1962 report 154 cases, and in 1963 reported 190. This is continually going up.

We find in talking about interviewing these cases that in 99 percent of our interviews we did get the valid names, that is they are not facetious at all, and we are able to locate 93 percent of the contacts which are given to us from the source case.

CONTACTS FROM CASES INTERVIEWED

We find in interviewing the contacts that we get an average of a little over four per case. Now this varies. Some give us a history of having had only one exposure, and some give us a history of up to 35 exposures.

We find that if we take 100 cases of syphilis, and we get contact from these interviews, we find syphilis in 88.6 percent of the cases—now I don't mean that we find 88.6 percent of every one that we interview but for every 100 cases of syphilis, we would find 88.6 percent syphilis as a result of these cases.

INCREASE IN REPORTED HOMOSEXUALISM

We are also quite concerned about the increasing problem of the homosexual activity, in that over 50 percent of the persons that we interview do give us this history of contact with a male partner.

Senator BYRD. Will you speak a little louder.

Dr. HEATH. I am sorry, sir. We find that of our interviews of the males, that over 50 percent will give us the history of a male partner. I think two things which have helped us a great deal in improving the tempo of this program has been the assistance that Congress gave us last year by an increase of $125,000 for additional positions, and also the increased publicity that resulted on the action of Congress has increased interest on the part of the medical societies.

EDUCATION NEEDS MODERNIZING

And there is one thing more. I and a few others met with representatives of the school system, and completely reviewed the types of material which were being taught in the schools, and we felt that it should be a little more modernized, and made a little more bold.

So with the help of some representatives of the school system, we did improve the material now being used in the schools.

Senator BYRD. So there is some emphasis on the instruction that is being given particularly in the junior high schools, I would suppose?

Dr. HEATH. Yes, sir; that has been increased, and we have had some increased activity on the part of our health education staff of making more talks and giving a greater number of classes, and also meeting more groups.

Now I do have that figure, but I don't have it with me, but I could show you for the record the increased emphasis that is being given in the health education activity.

(The information requested follows:)

HEALTH EDUCATION ACTIVITIES IN VENEREAL DISEASE PROGRAMS, FISCAL 1963

Meetings attended: Three departmental, two public school.
Lectures, addresses, and seminars led:
One hundred and ten individual groups (schools), 5,690 attendance:

Banneker Junior High
Jefferson Junior High
Langley Junior High
Paul Junior High
River Terrace Junior High
Roosevelt High
Sousa Junior High
Stuart Junior High
Western High
Cedar Knolls School
Junior Village
District of Columbia Teachers College
George Washington University
Howard University

Twenty-one individual groups (inservice training), 496 attendance:
Andrews Air Force (staff nurses).
Capitol City School of Nursing
Catholic University School of Nursing
Columbia Union School of Nursing
Washington Nursing College
Freedmen's School of Nursing
Sibley Hospital School of Nursing
Washington Hospital Center School of Nursing
Eighteen individual groups (community), 1,233 attendance:
Mount Vernon Methodist Church
Lorton Reformatory
Police Department (Narcotics Division)
East Capitol Recreation Center (planned parenthood)
Northwest Settlement House
Hillcrest Citizens Association
Takoma Park Recreation Center
National Colored Womens Club
Fidas House
Grace Luthern Church
Anacostia Lions Club
Brightwood Citizens Association
YWCA Phyllis Wheatley House
Wallace Presbyterian Church
Takoma Park Lions Club
Bakers Dozen

Radio and television appearances: Three radio; two WOOK (information on venereal disease), one WUST (information on venereal disease).
Printed material issued:
Pamphlets: 19,000.
Quiz sheets: 8,000.
Miscellaneous venereal disease material: 2,000.
Health information services:
Correspondence: None.
Telephone: Four (information on venereal disease for medical treatment).
Personal contact: Six (information on venereal disease for medical treatment).
Films, film strips, slides:
Number issued: Films 109, film strips 1, slides 1.
Attendance: 12,774.
Equipment used and issued:
Motion picture projector: 41.
Screen: 17.
Slide projector: Two.
Sound equipment: Five.
Visual aids and graphics:
Signs and teaching aids: 49.
Exhibits: 14.
Posters: 16.

Titles of films used in health education activities of venereal disease programs:

"Innocent Party"
"The Invader"
"Know For Sure"
"Feeling All Right"
"Birthright"
"Message to Women"
"Dance Little Children"
"Respectable Neighborhood"

HEALTH EDUCATION ACTIVITIES IN VENEREAL DISEASE PROGRAMS

In summary—

There were 149 lectures and addresses with a total attendance of 7,419 persons;

Three radio and TV programs;

One hundred and nine times audiovisual equipment and material loaned for showings by agencies other than Department of Public Health, with attendance of 12,774 persons;

Fourteen exhibits prepared; and

Twenty-nine thousands copies of printed material distributed on venereal disease education.

Senator BYRD. You are stepping up your educational program?

Dr. HEATH. Yes, sir. We feel that is very important.

REQUEST FOR FURTHER INFORMATION

Senator BYRD. You can supply for the record a memorandum as to what you think can be done to improve and accelerate and intensify the program?

Dr. HEATH. Yes, sir.

(The information requested follows:)

DEPARTMENT OF PUBLIC HEALTH, WASHINGTON, D.C.—PROPOSED EXPANSION OF THE VENEREAL DISEASE CASE FINDING AND TREATMENT PROGRAM

1. Administration and direction of the program

The greatest need is for a dynamic, well-qualified venereal disease control officer, GS–15, and a secretary, GS–5.

2. Venereal disease investigation

It is believed that when an intensive realistic venereal disease control program is in full operation the Department will interview annually, for a period of 2 years at least, 1,000 cases of primary and secondary syphilis, 500 cases of infectious early syphilis, 500 cases of other stages of syphilis (noninfectious), and 9,000 cases of gonorrhea. By experience, we can anticipate each of the above 1,500 cases of infectious syphilis will yield an average of 4 contacts per case and 4 cluster suspects. This yield, together with 3 interviews of the index case, should result in 10 interviews. The index case of infectious syphilis with contacts will require 10 field investigations. Therefore, an index case with contacts will require an average 20 work units (interviews and field investigations).

The work standard per venereal disease investigator is 2,000 work units per year. Therefore, the above 1,500 infectious cases will result in an estimated 30,000 work units per year and require 15 venereal disease investigators.

3. Routine visitation to private physicians, hospitals, and laboratories

Routine visitation on the basis of at least 2 times a year will require 4,000 field visits. Each investigator can make 1,000 visits per year; hence, 4 venereal disease investigators will be required.

4. Field followup of reported reactors for syphilis

During the fiscal year 1963, 13,000 reactors were reported. It is estimated that an intensive program will result in the reporting of 15,000 reactors. One venereal disease investigator can make approximately 1,000 field visits per year. On this basis, 15 investigators will be required.

5. Special interview office and reception rooms in the downtown area

By experience, we are convinced that special quarters for interviewing only for private physicians cases and teenagers should be provided in the downtown area away from the site of the Venereal Disease Clinic operations. It is recommended that two small rooms be provided in the Municipal Center.

6. Interviewing gonorrhea cases

It is anticipated that for the next 2 or 3 years there will be approximately 9,000 cases of gonorrhea per year in the Department's clinics. One interview will be made for each case in the clinics. This will require two venereal disease investigators.

7. District of Columbia General Hospital—Venereal Disease Clinic and routine testing activity

It is recommended that one administrative assistant, GS–7, and one medical technician, GS–7, be provided to increase the program emphasis.

8. Public health laboratory activity

The anticipated workload will require 1 clerk-typist, GS–4, to take care of correspondence, files, records, communications with the 18 hospitals and 39 laboratories, and recording check samples.

9. Extension of Venereal Disease Clinic services

In order to provide Venereal Disease Clinic services at night for employed patients, it is desirabe to operate an evening clinic about 2 nights a week. It is anticipated that the workload of these evening clinics will increase rapidly since some patients will find it more convenient to attend the evening clinics.

The following personnel are required:

Medical officers, GS–14	2
Public health nurse, GS–7	1
Clinic aids, GS–3	2
Registration clerk, GS–4	1
Laboratory technician, GS–7	1

10. Supplies and equipment

Bloodtesting equipment, medical supplies, drugs, office equipment, training materials, including observation and recording equipment for training interviewers will cost $7,500.

11. Mileage

Mileage for 17 investigators at $500 will cost $8,500.

12. Communications

The rental of two-way telephones for 10 cars at $200 will cost $2,000. This type of communication greatly increases the performance of the investigator.

13. Venereal disease education in the schools.

It is desirable to have health educators responsible for guidance and consultation with the teachers at the three levels of the schools (elementary, junior high and senior high).

Two additional health educators, GS–11, are needed for this part of the program.

Financial summary

1 venereal disease control officer, GS–15		$18,772
1 secretary, GS–5		5,104
Number of VD investigators required	36	
Number of VD investigators, on District funds, Federal funds and direct assignment available	19	
Total additional needed	17	
17 VD investigators, GS–7		106,760
1 administrative assistant, GS–7		6,280
1 medical technician, GS–7		6,280
1 clerk-typist, GS–4		4,549
2 medical officers, GS–14		33,172
1 public health nurse, GS–7		6,280
2 clinic aids, GS–3		8,386
1 registration clerk, GS–4		4,549
1 laboratory technician, GS–7		6,280
Mileage for 17 investigators at $500 per year		8,500
Communications—2-way telephones rental for 10 cars for investigators at $200		2,000
Supplies and equipment: Bloodtesting equipment, office equipment, medical supplies, drugs, training materials, including observation and recording equipment for training investigators		7,500
Total		224,412

Senator BYRD. I think most of your discussion thus far has been with regard to what you are presently doing in the program. Supply for the record information as to what can be done to further prevent the spread of venereal disease.

Dr. HEATH. Yes, sir. We will do that.

CHILDREN NEEDING MENTAL HEALTH SERVICE

Senator BYRD. How many children are in need of mental health service in the District?

Dr. HEATH. Dr. Grant.

Dr. GRANT. That is a very difficult question to answer, Mr. Chairman. As a matter of fact, any place in the country there are no accurate figures which would indicate the number of persons, particularly children, who are in need of mental health services.

It has been roughly estimated, and this is very rough, that around 10 percent of all schoolchildren are in need of some kind of mental health service, but it is a very rough estimate, Mr. Chairman.

Senator BYRD. Last year Dr. Heath said that about 22,000 in the District of Columbia were presently in need of this kind of aid.

Dr. HEATH. I probably got that figure from the Chief of the Bureau of Mental Health.

Dr. GRANT. Is that 22,000 children, Mr. Chairman? There probably is close to 10 percent, if we include children of all ages.

Senator BYRD. You might check with the same source and see if the figure is about as it was. Incidentally, when you present the table of statistics on venereal diseases, also indicate the number of males and the number of females.

Dr. GRANT. Yes, sir, Mr. Chairman.

(The information referred to follows:)

We estimate that between 20,000 and 25,000 children in the District of Columbia are in need of psychiatric care of one type or another. This figure is based on several studies that have been done by the Public Health Service, the National

Education Association, and other groups. These studies consistently indicate that between 1 in 8 and 1 in 10 school children require some assistance for emotional problems. It has been generally accepted throughout the United States that a usable figure is 1 in 10.

ALCOHOLIC REHABILITATION PROGRAM

Senator BYRD. You spoke of your alcoholic rehabilitation program earlier today. How effective is it?

Dr. GRANT. There have been some papers written on that program, Mr. Chairman, in relation to its efficiency and effectiveness which would tend to indicate that it has been quite effective in preventing alcoholism and particularly in rehabilitating the alcoholic.

This again, though, Mr. Chairman, is a nationwide problem to which the Public Health Service and other agencies in the Federal Government are directing increasing attention.

It is a very difficult problem. It is not an easy one to solve, Mr. Chairman, and it is also very difficult to be sure that once you have worked with the alcoholic and his family, it is very difficult to know exactly how much you have achieved, extremely difficult, in fact.

DIFFICULT TO MEASURE SUCCESS

We have done some studies on this which would tend to indicate that there has been a beneficial effect, but the reason this is obviously very difficult to measure, of course, is that one does not know what would have happened if you had not provided any service to these people.

It is extremely difficult to compare these in a reasonably controlled way. But we do feel that this is a reasonable approach to try to work with the alcoholic and with his family, and to provide as much benefit as possible.

We think too, Mr. Chairman, that the value to the family is just as much as to the patient himself, and in some cases even more so.

BUDGET FOR ALCOHOLIC REHABILITATION

Senator BYRD. What is the budget for your program?

Dr. GRANT. For the alcoholic rehabilitation program?

Miss Laprade. We expended $122,000 in 1963.

Dr. GRANT. $122,000.

Senator BYRD. How many employees are involved?

Miss LAPRADE. Nine employees on special alcoholic funds and five on other funds.

Senator BYRD. How many patients were treated in fiscal year 1963?

Dr. GRANT. There were 19,694 interviews, Mr. Chairman. I do not have actually the number of patients that were served. Yes, I do. I think it was about 450, Mr. Chairman, but I will check. No, I don't have that, Mr. Chairman. I will have to provide it for the record.

(The information referred to follows:)

ALCOHOLIC REHABILITATION DIVISION

More than 7,000 patients have been seen in the Alcoholic Rehabilitation Division since its inception. Nine hundred and fifty new patients were registered in 1962, and 998 new patients were registered in 1963. Thus nearly 1,000 patients, including new patients and reopened patients, were seen each year during the

previous 2 years. The total patients registered was 1,286 in 1962 and 1,472 in 1963. The clinic population is about 50 percent white and 50 percent nonwhite. The clinic sees approximately three men to every one female, and this differs from the usually accepted ratio for the United States, which is closer to four men to one female. It has been our experience that women stay in therapy better than men, and this is consistent with findings in other mental health clinics that serve a general population of mental patients rather than alcoholics exclusively. During the past year the clinic has served more patients each week and each month than has ever previously been the case. We are keeping more patients in treatment and we are influencing the drinking pattern of more patients than ever previously. This is done through the use of individual therapy, group therapy, and drug therapy, including the use of deterrent drugs. At the present time there are 14 groups meeting at the Alcoholic Division each week. We have started approximately 400 different patients on antabuse during the past 2 years, and we estimate that over 200 patients are currently taking antabuse. All of these patients take their medication voluntarily and, of course, they are unable to drink alcoholic beverages while they are taking antabuse.

Professional training at the Alcoholic Rehabilitation Division has been expanded during the past year. In addition to our usual program of training nurses, social workers and psychologists, we have included a new program for the training of psychiatric residents. We now have one resident from the Georgetown Department of Psychiatry assigned to the Alcoholic Rehabilitation Division 1 day each week for a full residency year. A newly established arrangement with the George Washington University Medical School allows medical students to choose an elective that would assign them to the Alcoholic Division for several weeks.

A research project concerning the effects of group therapy on patient attitudes is in progress at the clinic.

A project has been established through a Federal grant for the handling of the alcoholic/tuberculosis patient. This much-needed project is aimed toward helping the tuberculous alcoholic leave the hospital and continue in adequate treatment for both his tuberculosis and alcoholism as an outpatient. This project is in keeping with the clinic's policy of accepting for outpatient treatment alcoholics who have not yet been discharged from inpatient facilities, including Glenn Dale Hospital, District of Columbia General Hospital, and St. Elizabeths Hospital.

It is estimated that Washington, D.C., has approximately 50,000 alcoholics and that there are approximately 100,000 alcoholics in the Greater Washington metropolitan area. According to Mark Keller from the Rutgers Center of Alcohol Studies, the rate of alcoholism in the District of Columbia places the District of Columbia 19th among the large cities in the United States. He has noted that his previous study, claiming the District to be first among the States, is inaccurate.

Senator BYRD. How many patients would you say were seen at the clinic?

PATIENTS AT REHABILITATION CLINIC

Dr. GRANT. At the alcoholic rehabilitation clinic? We will have to supply that for the record. We have the number of interviews, but not the number of patients.

Senator BYRD. All right. The number for fiscal year 1962 was 7,000 different patients who were seen at the clinic. New cases were being registered at the clinic at the rate of between 50 and 75 each month.

Dr. GRANT. I would not want to contest the figure, Mr. Chairman, but I would have some question as to whether that actually depicts the number of patients seen. It may be interviews rather than patients.

DISTRICT OF COLUMBIA RECORD ON ALCOHOLISM

Senator BYRD. It was indicated last year that there were about 30,000 alcoholics in the District of Columbia.

Dr. GRANT. It is generally considered, Mr. Chairman, that the District of Columbia has one of the highest, if not the highest, alcoholism rates in the country. I think it is usually considered to be the highest.

Senator BYRD. Could you give us something for the record on that?

Dr. GRANT. Yes, Mr. Chairman, I will be glad to.

Senator BYRD. Let us know what our standing is with the rest of the country in this regard. Indicate what percent are males and what percent females.

(This information appears above.)

Dr. GRANT. In the alcoholism program?

Senator BYRD. Yes.

Dr. GRANT. Yes, Mr. Chairman.

Senator BYRD. I am talking about the patients now.

Dr. GRANT. Yes, sir.

Senator BYRD. And what percent is white and what percent is nonwhite. Indicate also something for the record with regard to the accomplishments over the past year.

Dr. GRANT. I will be glad to, Mr. Chairman.

FEDERAL FUNDS FOR ALCOHOLISM PROGRAM

Senator BYRD. Do you have some Federal matching money on this?

Dr. GRANT. Yes, sir.

Miss LAPRADE. We had $70,000 from a special District fund, Federal matching.

Dr. HEATH. That is from the liquor tax, retail license tax.

Dr. GRANT. It is my recollection that there is no Federal money, Mr. Chairman. Just a moment.

Senator BYRD. There is no Federal money?

Dr. GRANT. Yes. There was approximately $17,000 expended from Federal funds.

LEGAL PSYCHIATRIC SERVICE PROGRAM

Senator BYRD. All right, tell us something about the legal psychiatric service program.

Dr. GRANT. This is a program, Mr. Chairman, in which we work very closely to provide services to the persons referred to us by the courts, two psychiatrists, one social worker in that program. It is a very active program, and I can give you a few figures on that which I have here.

There were in 1963 fiscal year 2,203 person interviews and 1,082 group interviews. There were 3,747 hours served in the community in that particular program.

TOTAL BUDGET FOR PROGRAM

Senator BYRD. What is the total budget for that program?

Miss LAPRADE. The obligations for 1963 were $82,612.

Senator BYRD. And for fiscal year 1964 what is the estimated cost?

Dr. GRANT. I don't think we have that broken down, Mr. Chairman. The only increase we are asking for, of course, is for the social worker.

Senator BYRD. What is the job strength?

Miss LAPRADE. Eight positions.

Dr. GRANT. There is a total of eight persons including clerical staff, Mr. Chairman.

Senator BYRD. Federal funds are involved here?

Dr. GRANT. Oh, yes.

BREAKDOWN OF MATCHING FUNDS

Senator BYRD. Will you give us a breakdown of the Federal and District funds for fiscal year 1964 and for fiscal years 1963, 1962, and 1961. Do that for the record, Dr. Grant.

Dr. GRANT. Yes, sir; this is for legal psychiatric service, is that correct? We can do that, Mr. Chairman.

(The information requested follows:)

LEGAL PSYCHIATRIC SERVICES

Obligations, fiscal years 1961–64 (estimated)

	1961	1962	1963	1964 (estimated)
District funds	$68,101	$85,253	$76,642	$93,300
Federal funds	6,441	6,448	5,970	6,100
Total	74,542	91,701	82,612	99,400

REGULATIONS FOR MEDICAL CARE OF INDIGENTS

Senator BYRD. Supply for the record information regarding the standards and regulations with respect to medical care for indigent persons.

Dr. GRANT. We will be glad to do that, Mr. Chairman.

(The information requested follows:)

[G.F. 32–301—Order No. 59–2276–A]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.

Subject: Administration of general hospital services, general medical care provided or procured by District of Columbia government, Department of Public Health.

Ordered effective on and after April 1, 1960:[1]

1. That Commissioners' Order No. 274,144/5, dated September 5, 1946, as amended by supplementary order dated February 3, 1949 (see chapter H–5 of the unofficial compilation of District of Columbia health regulations of April 1, 1957) is rescinded.

2. That this order governs the administration of general hospital services provided or purchased by the District of Columbia government.

3. That the Director of Public Health is hereby delegated the authority and responsibility to carry out this order and to promulgate the necessary administrative directives. In this connection he shall—

(*a*) Through his designated representative negotiate contracts in the name of the District of Columbia government with persons liable or willing to assume responsibility for payment for hospital services under the provisions of this order.

(*b*) Deviate or authorize his designated representative to deviate from this order governing eligibility and standards of payment for hospital services whenever in his opinion the denial of such medical services to an individual or groups of individuals would endanger life, create a more serious medical condition, endanger the public health, or create an undue hardship for the person or persons concerned, provided a record of each such exception shall be kept in a special file in the Department of Public Health and shall be made available to such reviewing bodies as the Commissioners may designate.

[1] Amended as effective May 1, 1960, by Commissioners' Order 60–670, dated Mar. 31, 1960.

(c) Review this order at intervals not to exceed 1 year and recommend to the Commissioners of the District of Columbia such revisions as may be indicated.

Purpose and scope

It is the intent of Congress as expressed by statute, including appropriation language, that medically indigent residents of the District of Columbia shall be eligible for hospital services provided or purchased by the District of Columbia government and that reasonable standards of indigency and payment by patients and responsible relatives shall be established. In this connection, this order provides, under section 1, that these patients receive hospital services in the District of Columbia General Hospital and in other hospitals or institutions by agreement with the District of Columbia government.

Congress excepted medical emergencies and further provided that administrative exceptions could be made where the Commissioners determined it to be necessary in the public interest. In relation to these exceptions, this order provides under section II for the general hospital care of these patients at District of Columbia General Hospital only.

SECTION 1. HOSPITAL SERVICES FOR INDIGENT AND MEDICALLY INDIGENT

A. Socioeconomic criteria for identifying indigent and medically indigent residents

1. Recipients of public assistance from the Department of Public Welfare shall be automatically eligible.

2. All other individuals and families who meet the following criteria of residence, income, resources, and real property ownership shall be eligible for hospital services in District of Columbia General Hospital and any hospital or institution under agreement with the District of Columbia government to provide such care:

(a) Residence in the District of Columbia continuously for a period of 12 months immediately prior to date of application, provided, that no person confined in a prison or at public expense in any institution, hospital, sanatorium or nursing home, shall be deemed to have gained or lost residence.

(b) Income below the following gross monthly income scale:

Number of persons supported by the family income:	*Maximum monthly income*	Number of persons supported by the family income—Continued	*Maximum monthly income*
1	$175	6	$360
2	200	7	395
3	235	8	430
4	280	9	465
5	320	10	500

(c) Resources in liquid assets of $500 or less. This excludes (a) household furniture and clothing; (b) personal property used in the prosecution of a business, profession or calling, and (c) any other personal property which, in the judgment of the Director of Public Health is unavailable to pay for the costs of hospital services.

(d) Ownership of real property which is encumbered by more than one mortgage, or which is encumbered by only one mortgage and cannot be refinanced.

B. Standards for payment

Each eligible individual or family shall be evaluated regarding ability to pay for hospital services in relation to established rates.

1. The rates shall be those established as appropriate by Congress or the Commissioners of the District of Columbia.

2. Determination of ability to pay shall take into consideration income and resources such as liquid assets, compensation, insurance, liability recovery; and the person or his responsible representative shall be required to sign a contract to meet the terms of payment. Patient contracts to pay for hospital service may be renegotiated at any time there is a change in factors on which the original patient contract was based, to be effective as of the date of negotiation.

3. Individuals eligible as recipients of public assistance from the Department of Public Welfare shall be free except when liability recovery is available.

4. All other eligible individuals:

(*a*) Shall be free if their gross monthly income is below the following minimum scale, their liquid assets are at or below $300, and other resources are not available.

Number of persons supported by the family income:	*Maximum monthly income*
1	$150
2	170
3	195
4	230
5	260
6	285
7	310
8	335
9	360
10	380

(*b*) Shall pay if the monthly income is at or above the minimum scale (4*a* above), or liquid assets are above $300 or there are other resources exclusive of real property. Liability for payment in any one month for hospital services during that month shall not exceed the sum of (1) the excess of a single month's income over the minimum scale, (2) the excess of liquid assets over $300, and (3) other resources.

C. Policy for authorizing hospital services of District of Columbia expense

1. Authorization for hospital services provided or paid for by the District of Columbia government shall be granted by the Department of Public Health only after verification of eligibility and determination of ability to pay.

(*a*) This authorization shall be secured by the hospital prior to the acceptance of the patient for care except in medical emergencies.

(*b*) When a patient has been admitted as a medical emergency to District of Columbia General Hospital, referral of the case shall be made immediately after admission for determination of eligibility and ability to pay under this section.

(*c*) When a patient has been admitted as a medical emergency to hospitals having agreements with the District of Columbia government, referral of the case to the Department of Public Health shall be made immediately after admission for determination of eligibility and ability to pay under this section if payment by the District of Columbia government is anticipated.

2. In addition, authorization for providing hospital services under this section shall be given hospitals and institutions under agreement wth the District of Columbia government only within the limits of funds available for reimbursement for such services.

SECTION II. MEDICAL EMERGENCIES AND ADMINISTRATIVE EXCEPTIONS FOR HOSPITAL SERVICES AT DISTRICT OF COLUMBIA GENERAL HOSPITAL.

A. Criteria for identifying medical emergencies and administrative exceptions

1. Medical emergencies, as determined by the admitting medical officer are eligible for care at District of Columbia General Hospital whether or not they are eligible as medically indigent residents.

2. The Commissioners of the District of Columbia have determined it to be in the public interest that the following medical categories shall be eligible for care at District of Columbia General Hospital whether or not they are eligible as medically indigent residents:

(*a*) Persons having a communicable disease other than tuberculosis, provided they are residents of, or residing, in the District of Columbia.

(*b*) Children otherwise eligible for care in the Crippled Children's Unit, provided they are residents of, or residing, in the District of Columbia.

3. The Commissioners of the District of Columbia have determined it to be in the public interest that the following additional categories shall be eligible for care at the District of Columbia General Hospital whether or not they are eligible as medically indigent residents:

(*a*) Inmates of District of Columbia institutions.

(*b*) Wards of the District of Columbia.

(*c*) Police and court cases.

(*d*) Employees of District of Columbia government hospitals who have intern, resident, or student status.

(*e*) District employee compensation cases.

(*f*) District employees referred for specialized examination for determination of physical fitness for duty.

B. Standards for payment

Each individual or family identified in this section as eligible to receive hospital services at District of Columbia General Hospital shall be evaluated regarding ability to pay as follows:

1. Persons identified in this section, paragraph A, 1 and 2, shall be free, part pay, or full pay in accordance with standards established in section I, paragraph B, 1 through 4, except that real property shall be considered an available resource for payment of hospital services if such property is owned outright or, if encumbered by only one mortgage, can be refinanced.

2. Persons identified in this section, paragraph A, 3, a through f, shall be free, except when liability recovery is available. In such instances, the standards for payment in section I, B, 2 shall apply.

C. Policy for authorizing hospital services

1. For medical emergencies, paragraph A. 1, or communicable diseases, paragraph A, 2, a, authorization for admission to the District of Columbia General Hospital shall be granted by the admitting medical officer of that hospital solely on his determination that such conditions exist.

2. For administrative exceptions identified in this section, paragraph A, 2, b, authorization for admission to the District of Columbia General Hospital shall be granted only after verification of eligibility and determination of ability to pay.

3. For administrative exceptions identified in this section, paragraph A, 3, a through f, authorization for admission to the District of Columbia General Hospital shall be granted upon confirmation of their status as an administrative exception.

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

[G.F. 32-301—Order No. 59-2276-B]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.

Subject: Administration of hospital services for tubercular patients provided or procured by District of Columbia government, Department of Public Health.

Ordered effective on and after April 1, 1960:[1]

1. That Commissioners' Order No. 274,144/1, dated December 4, 1952 (see chapter H-5 of the unofficial compilation of District of Columbia Health Regulations of Apr. 1, 1957) is rescinded.

2. That this order governs the administration of hospital services provided of the District of Columbia government with persons liable or willing to

3. That the Director of Public Health is hereby delegated the authority and responsibility to carry out this order, to promulgate the necessary administrative directives, and to coordinate the hospital services provided in this order with the regulations governing communicable diseases in general and tuberculosis in particular. In this connection he shall—

(*a*) Through his designated representative negotiate contracts in the name of the District of Columbia government with persons liable or willing to assume responsibility for payment for hospital services under the provisions of this order.

(*b*) Deviate or authorize his designated representative to deviate from this order governing eligibility and standards of payment for hospital services whenever in his opinion the denial of such medical services to an individual or groups of individuals would endanger life, create a more serious medical condition, endanger the public health, or create an undue hardship for the person or persons concerned, provided a record of each such exception shall be kept in a special file in the Department of Public Health and shall

[1] Amended as effective May 1, 1960, by Commissioners' Order 60-671, dated Mar. 31, 1960.

be made available to such reviewing bodies as the Commissioners may designate.

(c) Review this order at intervals not to exceed 1 year and recommend to the Commissioners of the District of Columbia such revisions as may be indicated.

Purpose and scope

This order provides for the care of tuberculosis patients in the pulmonary disease service of District of Columbia General Hospital and at Glenn Dale Hospital with particular reference to the eligibility requirements and standards for payment for such care. This order supplements existing regulations governing the handling of tuberculosis as a communicable disease.

Criteria for determining eligibility for care as tuberculosis patients

All persons living, working, or attending school in the District of Columbia, having or suspected of having tuberculosis shall be eligible for care. The following persons shall also be eligible:

1. Inmates of District of Columbia institutions located outside the District.
2. Wards of the District of Columbia placed outside the District.
3. Employees of District of Columbia government hospitals located outside the District who have intern, resident, or student status.
4. Employees of the District of Columbia government living on District government occupied property outside the District of Columbia.
5. District employee compensation cases.

Standards for payment

A. The following special groups shall receive free care:

1. Inmates of District of Columbia institutions.
2. Wards of the District of Columbia.
3. Police and court cases.
4. Employees of District of Columbia government hospitals who have intern, resident, or student status.
5. District employee compensation cases.

B. All other individuals or families shall be evaluated regarding ability to pay in relation to the established rates as follows:

1. The rates shall be those established by the Commissioners of the District of Columbia.

2. Determination of ability to pay shall take into consideration income and resources such as liquid assets, compensation, insurance, liability recovery, and the person or his responsible representative shall be required to sign a contract to meet the terms of payment. Patient contracts to pay for hospital service may be renegotiated at any time there is a change in factors on which the original patient contract was based, to be effective as of the date of renegotiation.

(*a*) Persons shall be free if their gross monthly income is below the following minimum scale, their liquid assets are at or below $300, and other resources are not available.

Number of persons supported by the family income:	*Minimum monthly income*
1	$150
2	170
3	195
4	230
5	260
6	285
7	310
8	335
9	360
10	380

(*b*) Persons shall pay if the monthly income is at or above the minimum scale, or liquid assets are above $300, or there are other resources. Real property shall be considered as available resource if such property is owned outright or, if encumbered by only one mortgage, can be refinanced. Liability for payment of the first month's hospital care shall not exceed the sum of (a) the excess of a single month's income over the minimum scale, (b) the excess of liquid assets over $300, and (c) other resources. Liability for payment for succeeding months shall be determined by a cost-of-living budget (community standard).

Policy for authorizing hospitalization at District of Columbia expense

Persons will be admitted to the pulmonary disease service of District of Columbia General Hospital or to Glenn Dale Hospital on the authority of the Public Health order, the removal and detention order, or other police or court orders.

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

[G.F. 32-301—Order No. 59-2276-C]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.

Subject: Eligibility and payability of, and inpatient services for psychiatric patients provided or procured by District of Columbia government, Department of Public Health.

Ordered effective on and after April 1, 1960:[1]

1. That part I of the Interstate Services Regulations, as approved by the Board of Public Welfare July 28, 1950, and as amended August 29, 1952[2] (see ch. H-4 of the unofficial compilation of District of Columbia health regulations of Apr. 1, 1957) is rescinded.

2. That this order governs patient eligibility and payability, and the authorization for inpatient psychiatric services provided by or procured by the District of Columbia government.

3. That the Director of Public Health is hereby delegated the authority and responsibility to carry out this order, to promulgate the necessary administrative directives, and to coordinate the hospital services provided in this order in accordance with the laws and regulations governing mental illness. In this connection, he shall—

(*a*) Negotiate contracts through his designated representative in the name of the District of Columbia government with persons liable or willing to assume responsibility for payment for hospital services under the provisions of this order.

(*b*) Deviate or authorize his designated representative to deviate from this order governing eligibility and standards of payment for inpatient services whenever in his opinion the denial of such services to an individual or groups of individuals would endanger life, create a more serious medical condition, endanger the public health, or create an undue hardship for the person or persons concerned, provided, a record of each such exception shall be kept in a special file in the Department of Public Health and shall be made available to such reviewing bodies as the Commissioners may designate.

(*c*) Review this order at intervals not to exceed 1 year and recommend to the Commissioners of the District of Columbia such revisions as may be indicated.

Purpose and scope

It is the intent of Congress, as expressed in various statutes, that individuals within the District of Columbia in need of psychiatric care be provided hospitalization for a period of observation and examination regardless of residence, indigency, or willingness to pay. It is the further intent of Congress that continued psychiatric inpatient treatment, when provided or purchased by the District of Columbia government, be limited to patients who are residents of the District of Columbia and who reimburse the District of Columbia government if of sufficient ability. Thus, criteria for determining eligibility, authority for recovering costs through payments by patients and responsible relatives, and authority for admission are established in the statutes of the District of Columbia Code[3] for mentally ill patients as follows:

Voluntary hospitalization at District of Columbia General Hospital, regardless of residence or willingness to pay, for observation subject to examination and commitment (sec. 21-310).

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[1] Amended as effective May 1, 1960, by Commissioners' Order 60-672, dated Mar. 31, 1960.

[2] Editorial note: Function transferred to Department of Public Health per Reorganization Order No. 57, June 30, 1953, as amended.

[3] 1951 ed.

Voluntary hospitalization as a chronic alcoholic, subject to District of Columbia residence and payment if of sufficient ability, for examination and treatment (sec. 24–510).

Voluntary hospitalization at St. Elizabeths Hospital, subject to District of Columbia residence and payment if of sufficient ability, for observation and treatment (sec. 32–412).

Involuntary hospitalization, regardless of residence and without payment by patient, through apprehension and detention by the Metropolitan Police or by certificates and affidavits, for observation and subject to examination and commitment (secs. 21–326 through 21–327).

Involuntary hospitalization at St. Elizabeths Hospital, subject to District of Columbia residence but at the expense of the District of Columbia without reimbursement from patient, by writ of attachment or by transfer from District of Columbia General Hospital on temporary commitment for observation subject to examination and commitment (sec. 21–311).

Involuntary hospitalization, subject to District of Columbia residence and payment if of sufficient ability, by the commitment order of the U.S. District Court for the District of Columbia on recommendation of the Commission on Mental Health (sec. 21–308).

Involuntary hospitalization as a drug addict, without regard to residence and without payment by patient, by Commissioners' order for examination and commitment by the U.S. District Court for the District of Columbia for treatment (secs. 24–601 through 24–611).

Involuntary hospitalization as a chronic alcoholic, without regard to residence and without payment by patient, by commitment order of the municipal court for the District of Columbia for treatment (sec. 24–506).

Involuntary hospitalization of persons serving sentence of any court of the District of Columbia for crime in a District of Columbia penal institution shall receive care and treatment for mental illness without regard to residence and without payment by patient (sec. 24–301).

In addition there are several statutes providing for the admission of special categories of Federal patients to St. Elizabeths Hospital. Some might be residents of the District of Columbia but are hospitalized at no expense to the District of Columbia government.

This order, therefore, provides the regulations to cover:

1. Eligibility criteria for continued voluntary psychiatric treatment at District of Columbia General Hospital and for the admission and treatment of psychiatric patients at the contract hospitals and Freedmen's Hospital at the expense of the District of Columbia government.

2. Payment standards: (*a*) for voluntary admission to District of Columbia General Hospital, St. Elizabeths Hospital, the contract hospitals, and Freedmen's Hospital when any part of the charge may be at the expense of the District of Columbia government; (*b*) to be applied in recommendations made to the Commission on Mental Health in connection with commitments; (*c*) for certain involuntary patients at District of Columbia Hospital.

3. Authority for admission of patients identified in this order where not covered by specific statutory authority.

A. Criteria for determining eligibilty for care as psychiatric patients

1. Individuals identified as indigent and medically indigent residents in accordance with the standards established by Commissioners' Order No. 59–2276–A, shall be eligible as voluntary patients for continued psychiatric treatment at District of Columbia General Hospital and for admission and treatment as psychiatric patients in any hospital or institution under agreement with the District of Columbia government to provide such care.

2. Employees of District of Columbia government hospitals who have intern, resident, or student status shall be eligible as voluntary patients for continued psychiatric treatment at District of Columbia General Hospital.

3. All other individuals and families who meet the following criteria shall be eligible as voluntary patients for continued psychiatric treatment at District of Columbia General Hospital.

(*a*) Residence in the District of Columbia continuously for a period of 12 months immediately prior to date of application, *provided*, that no person confined in a prison or at public expense in any institution, hospital, sanatorium, or nursing home, shall be deemed to have gained or lost residence.

(*b*) Contract to pay all or part of the cost of hospital services if of sufficient ability as determined according to standards for payment in paragraph B, this order.

B. Standards for payment

1. Employees of the District of Columbia government hospitals who have intern, resident, or student status, and are voluntary patients shall receive free care at District of Columbia General Hospital.

2. The following groups of involuntary patients shall receive free care at District of Columbia General Hospital:

(*a*) Court cases.

(*b*) Police cases with charges other than for mental observation.

(*c*) Wards of the District of Columbia and inmates of its institutions.

3. Individuals to be committed to St. Elizabeths Hospital, or their families shall be evaluated for payment for hospitalization under commitment according to criteria set forth in paragraph 4 below. This evaluation shall serve as a basis for the payment recommendations made to the Commission on Mental Health.

4. All other psychiatric patients or their families covered by this order, namely the indigent and medically indigent residents, the chronic alcoholics, the voluntary admissions for observation and treatment at District of Columbia General Hospital and St. Elizabeths Hospital, shall be evaluated regarding ability to pay for hospital services in relation to established rates.

(*a*) The rates shall be those established as appropriate by Congress or by the Commissioners of the District of Columbia.

(*b*) Determination of ability to pay shall take into consideration income and resources such as liquid assets, compensation, insurance, liability recovery. The individual or his responsibility representative shall be required to sign a contract to meet the terms of payment. Patient contracts to pay for hospital service may be renegotitaed at any time there is a change in factors on which the original patient contract was based, to be effective as of the date of renegotiation.

(*c*) The following shall receive free care.

(1) Recipients of public assistance from the Department of Public Welfare.

(2) Individuals whose gross monthly income is below the following minimum scale, whose liquid assets are at or below $300, and who have no other resources available:

Number of persons supported by the family income:	*Minimum monthly income*
1	$150
2	170
3	195
4	230
5	260
6	285
7	310
8	335
9	360
10	380

(*d*) Persons shall pay if the monthly income is at or above the minimum scale, or liquid assets are above $300, or there are other resources. Real property shall be considered an available resource if such a property is owned outright or, if encumbered by only one mortgage, can be refinanced. Liability for payment of the first month of hospital care shall not exceed the sum of (*a*) the excess of a single month's income over the minimum scale, (*b*) the excess of liquid assets over $300, and (*c*) other resources. Liability for payment for succeeding months shall be determined by a cost of living budget (community standard).

C. Policy for authorizing hospital services

1. For employees of the District of Columbia government hospitals who have intern, resident, or student status, court cases, police cases, wards of the District of Columbia, and inmates of its institutions, authorization for admission to District of Columbia General Hospital shall be granted upon confirmation of their status.

2. For all other eligible individuals covered in this order, authorization for admission shall be granted only after verification of eligibility and determination of ability to pay.

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

[G.F. 32-301—Order No. 59-2276-D]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.[1]

Subject: Administration of interstate hospitalization services, residents and nonresidents, Department of Public Health.

Ordered:

1. That Commissioners' Order No. 301,852, dated December 7, 1948, is hereby rescinded, and the following issued in lieu thereof:

(*a*) That the Director of Public Health or his designated representative shall be responsible for establishing the residence eligibility and authorizing the return of a patient who is outside the District of Columbia and who requires hospitalization at District expense.

(*b*) He or his designated representative shall also secure authorization from other States for return to them of District nonresidents hospitalized in the District of Columbia at District expense or committed to St. Elizabeths Hospital and shall transport such patients on the authorized return.

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

Commissioners' Order 301,974/1, December 22, 1947, ordered that Commissioners' order dated March 12, 1946, Commissioners' Order 301,974, is hereby rescinded and in lieu thereof the following order is issued:

Ordered:

"That effective with the issuance of this order, the Commissioners have determined that the clinics of the Health Department, except those indicated herein, be operated in the public interest without charge for clinical service, unless voluntary payments are made; that for all patients receiving care in the outpatient clinics at Gallinger Municipal Hospital and, after the first visit in the prenatal,[1a] dental (excluding schoolchildren), mental hygiene, and child guidance clinics of the Health Department,[2] the following fees shall be charged:

	Each
Emergency room visit and treatment[1]	$1.50
Clinic visits[1]	1.00
Redressings[2]	.30
X-rays (except for tuberculosis diagnostic purposes)[3]	1.50
Drugs[3]	[4].25

[1] Commissioners' Order 62-2340, dated Dec. 13, 1962, established $7.75 as the charge for emergency room treatments and outpatient clinic visits.

[2] Commissioners' Order 301,974/3, dated July 6, 1950, and Commissioners' Order 55-1632, dated Aug. 26, 1955, eliminate charges for redressings and drugs, respectively.

[3] Commissioners' Order 61-1326, dated July 27, 1961, eliminates charges for casts and X-rays.

[4] Rx.

By order of the Board of Commissioners, District of Columbia.

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[1] Amended as effective May 1, 1960, by Commissioners' Order 60-673, dated Mar. 31, 1960.

[1a] Commissioners' Order 57-1525, dated Aug. 8, 1957, amended charges on maternity cases to $75, including all prenatal clinic visits and hospitalization in District of Columbia General Hospital.

[2] Commissioners' Order 58-154, dated Jan. 28, 1958, authorized treatment in alcoholic rehabilitation clinic of District of Columbia residents and fee adjustment downward in accordance with standards of indigency already prescribed by the Commissioners, and authorized the same fee adjustment for patients attending adult mental and child guidance clinics. Commissioners' Order 56-658, dated Apr. 3, 1956, had established fees for these clinics as $5 for consultantion with referrals, $5 for individual therapy, and $3 for group therapy.

Senator BYRD. Also for the record tell us about your program with regard to contract hospitals.

Dr. GRANT. Yes, sir.

Senator BYRD. List the hospitals.

Dr. GRANT. List the hospitals?

Senator BYRD. List the hospitals.

Dr. GRANT. Yes, sir.

(The information requested follows:)

MEDICAL CHARITIES PROGRAM

The medical charities program is an expression used to encompass the paying for medical care at contract hospitals, general and specialized, of patients who have been determined eligible for care at District of Columbia expense. The hospitals with whom we have contracts are Casualty, Columbia, Children's Hospital, Georgetown, George Washington, Providence, Hadley, Washington Hospital Center, the Washington Home for Incurables, the Christ Child Convalescent Hospital, and the Children's Convalescent Hospital.

Freedmen's is part of the medical charities program, but the money for Freedmen's is not part of the medical charities fund. We do not have a contract or agreement with Freedmen's but they follow pretty much the details of the contract with the contract hospitals, but it is by gentlemen's agreement.

The inpatient care that is provided by these hospitals is divided into two groups of patients, those who are planned admissions and those who are emergency admissions. On the planned admissions, these hospitals refer the patients to the Medical Assistance Division for a determination of eligibility and ability to pay prior to admission, and we return our determination.

On the emergency admissions, the actual admissions, of course, are entirely up to the hospital and to a medical decision. Then, after screening, if they find the individual might qualify at District of Columbia expense, the emergency admission is referred to the Medical Assistance Division to determine the eligibility and ability to pay.

On outpatient visits, the responsibility for determining eligibility and ability to pay, following the same criteria as are used by the Medical Assistance Division, has been delegated to the staff of the various hospitals, primarily because we have never been able to secure adequate staff to do it ourselves.

On emergency room treatments, for which the District pays, that again has been delegated to the staff of these hospitals to make the determinations. At the end of the month, the hospitals submit a bill according to these various categories, and the bill is audited, name by name, in terms of backup documents and certification.

The purpose of the program has been to spread the workload or caseload of the care of medically indigent and indigent patients, so that District of Columbia General would not be in the position of being unable to care for the total number. Other considerations are that District of Columbia General is not centrally located and it is a long way for sick people to travel who are living in various parts of the city. Therefore, in a sense, we have a slight clustering of geographical provision of medical care.

The primary purpose in paying for these emergency room treatments is a backup to the city's emergency ambulance service because without the cooperation of these various hospitals in providing emergency room treatments, the emergency ambulance service would be in a very difficult position to get them all out to District of Columbia General, which would have an adverse effect upon patient care, plus overloading District of Columbia General Hospital.

From the funds appropriated for the medical charities program and Freedmen's Hospital, each hospital is allocated an annual sum, divided into equal monthly amounts, which is available for District of Columbia payment for the hospital's care of indigent and medically indigent patients. The allocation as well as the service rates are made a part of the contract negotiated each year between the District of Columbia government and the hopsitals. The auditing of the bills from the hospital is done within the limitations of the allocations and established rates.

DISTRICT OF COLUMBIA PER CAPITA EXPENDITURES FOR PUBLIC HEALTH, 1963

Senator BYRD. What were the District of Columbia per capital expenditures for public health services in fiscal year 1963?

Dr. GRANT. Governmental only, Mr. Chairman, Department of Public Health?

Senator BYRD. Let us have both, the Department of Public Health and the per capita for the District for public health services.

Dr. GRANT. We will have to supply that for the record, Mr. Chairman. For 1962, Mr. Chairman, it was $50.07 from District funds, $1.48 from Federal and other funds, or a total of $52.23 for the Department of Public Health.

I would point out, Mr. Chairman, that it is very difficult to compare this figure with that obtaining in other cities because it depends a great deal on what you are comparing.

If one looks at other cities and the public health expenditure for those cities, one will often see a much smaller figure. But unless one knows exactly what is being compared, it can be fallacious to compare them.

Senator BYRD. Let me repeat my question: What was the District of Columbia per capita expenditure for public health service for fiscal year 1963?

Dr. GRANT. Public health service, Mr. Chairman, do you refer to that part of the Department of Public Health concerning public health activities only?

Senator BYRD. I am trying to get a comparison with previous years. On page 1947 of the hearings last year there were included information and charts concerning the per capita expenditures for public health services for cities of more than 500,000 population.

This information indicated that the cost per capita for Washington, D.C., was $5.22 in 1958, $6.36 in 1959, $8.33 in 1961. So what we would want would be the figure for 1962 and 1963.

Dr. GRANT. The figure, Mr. Chairman, for 1962 is $6.55 as computed by our staff. We do not have the figure yet in 1963, but we will have to supply that for the record.

(The information requested appears on p. 2750.)

Personnel comparison per 100,000 population, number of full-time employees engaged in public health services in 24 cities with over 500,000 population, 1958 and 1962

	Employees per 100,000 population, 1958	Fiscal year 1962
Cities of 1,000,000 and over:		
Philadelphia	33	43
New York	56	52
Detroit	35	41
Los Angeles	26	28
Chicago	17	26
Cities between 500,000 and 1,000,000:		
Washington, D.C	92	110
San Francisco	58	59
Milwaukee	51	52
St. Louis	45	52
Baltimore	50	53
Seattle	37	39
Boston	45	48
Buffalo	39	40
Cincinnati	39	45
Cleveland	37	37
Pittsburgh	21	26
San Diego	29	27
San Antonio	51	[1] 35
Dallas	38	[1] 32
Houston	28	29
New Orleans	30	31

[1] These cities had a population drop, which may have brought about drop in personnel.

NOTE.—This information compiled from statistics published by the Department of Health, Education, and Welfare.

Dr. GRANT. In 1963, the figure is $7.22 as computed by our staff.

Senator BYRD. So the figure dropped from what it was in 1961?

Dr. GRANT. That is correct, Mr. Chairman. The figure for 1961 was computed by the U.S. Department of Health, Education, and Welfare.

Senator BYRD. All right, supply a table which would indicate the standing of this city with regard to per capita——

Dr. GRANT. Again we will be glad to do this, Mr. Chairman. Again I would say it depends on what we are trying to compare it with.

Senator BYRD. As compared with other cities of 500,000 population to 1 million.

Dr. GRANT. We will be glad to do this, Mr. Chairman.

Senator BYRD. You might look at the table on page 1947 and then just bring it up to date.

Dr. GRANT. Yes, sir.

(The information acquired follows:)

DEPARTMENT OF PUBLIC HEALTH, WASHINGTON, D.C.

Per capita expenditures for public health services for cities of more than 500,000 population

Cities	Per capita expenditures			
	1958	1959	1961	1962
Cities of 1,000,000 and over:				
Philadelphia	$1.97	$2.84	$4.17	$4.22
New York (comprised of the following counties: New York, Bronx, Kings, Queens, and Richmond)	2.73	3.33	3.26	3.26
Detroit	1.88	1.77	2.53	2.53
Los Angeles	1.60	1.71	2.12	2.12
Chicago	.84	1.33	1.77	1.92
Cities between 500,000 and 1,000,000:				
Washington, D.C	5.22	6.36	8.33	8.33
San Francisco (city and county)	3.67	4.96	6.67	6.67
Milwaukee	3.45	3.34	4.09	4.09
St. Louis	2.25	2.38	4.00	3.99
Baltimore	3.44	3.17	3.57	3.57
Seattle (including all of King County)	2.52	2.97	3.13	3.13
Boston	2.55	2.55	2.75	2.75
Buffalo (including all of Erie County)	2.07	2.41	2.66	2.66
Cincinnati			3.46	[1] 3.36
Cleveland	1.93	2.39	2.59	2.58
Pittsburgh (including all of Allegheny County)	2.13	2.42	2.06	2.14
San Diego (including all of San Diego County)	1.78	1.92	1.88	1.88
San Antonio	2.15	2.45	1.76	1.76
Dallas	1.66	1.82	1.73	1.73
Houston	1.36	1.57	1.61	1.61
New Orleans	1.14	1.20	1.27	1.25
Average of 16 cities, population 500,000 to 1,000,000	2.49	2.79	[2] 2.97	[2] 3.10
Average per capita expenditures for all above cities	2.32	2.65	[2] 2.95	[2] 2.97

[1] Cincinnati was added in 1961. While Cincinnati does not have a population of quite 500,000, when figures are rounded off, it would be considered in this group.

[2] These averages were computed on the population base of January 1, 1962, for both 1961 and 1962. The averages shown for 1961 have been revised accordingly.

NOTE.—This information compiled from statistics furnished by the U.S. Department of Health, Education, and Welfare, Public Health Service. Population base of Jan. 1, 1962, was used for all figures for 1962.

FULL-TIME HEALTH EMPLOYEES PER 100,000

Senator BYRD. What was the number of full-time employees per 100,000 population engaged in public health service in fiscal year 1963?

For fiscal year 1958 it was 12 for Washington, D.C., as reported on page 1949 of the record of last year. You might give us a table showing the personnel comparison per 100,000 population.

Dr. GRANT. Yes, sir; we will be glad to do that.

Senator BYRD. Engaged in public health service, in Washington, D.C., and in other cities of comparable size.

Dr. GRANT. Yes, sir.

(The information referred to appears on p. 2749.)

ACTION TO PREVENT DRUG THEFTS

Senator BYRD. What actions have been taken to prevent the theft and resale of District of Columbia General Hospital drugs?

Dr. GRANT. I would like to ask Dr. Schultz to reply to that, Mr. Chairman.

Dr. SCHULTZ. We have taken some action in a number of areas, Mr. Chairman, that I would like to speak about. These include the structure of the pharmacy itself, the organization of the pharmacy,

procedures and certain general measures having to do with drugs on wards, and issuance of drugs by doctors.

In the pharmacy itself, the physical arrangement of the pharmacy has been very considerably altered. Whereas we formerly had at least four separate areas along the corridor that were called the main pharmacy, we now have only one, and that total area has been secured and closed off. There is a single entrance door to the pharmacy area.

We have reviewed this area very carefully, and more recently have added additional security features. Not only are the windows now protected with welded steel security screens, but the doors are so protected that there is no way these can be removed from the outside. Entrance through the ceiling has been secured similarly. External fire doors are bolted and barred at night, and during the day if they are open for any purpose, a buzzer alarm sounds. There is only one such door actually. This is to the side of the pharmacy, and this provides us with a check in the event someone should open the door and attempt to leave it ajar even temporarily.

I have actually some diagrams of this, if you would be interested in seeing them.

Senator BYRD. Some of the windows had not been barred when I was out visiting.

Dr. SCHULTZ. All windows have now been barred, and the type of protection is of the same type that we provide in areas which provide security for the jail wards. It is a welded steel mesh which I understand cannot be easily tampered with in any way.

Senator BYRD. What about the rear door?

Dr. SCHULTZ. That has also been protected with a type of mesh that covers the full door sufficiently so there is no way to break in the door without also having to go through the barred protection. I think when you were there we had only a bar across the door itself. The glass could easily have been broken out. Many of these areas have been reexamined. There was a side door until quite recently to a room that provided an alternate entrance, and that has now been closed with cement blocks. The whole entrance has been closed.

I might present for consideration these two sketches. The bottom one shows the situation prior to redesign and I have outlined the area that is now encompassed by the main pharmacy. There is a legend on top. I think this could easily be inserted in the record, if you care to do so. I have additional copies of these, if you wish to have them.

Senator BYRD. We will file these sketches with the committee.

Dr. SCHULTZ. The dispensing window, it will be noted, is now outside the pharmacy area so there is never any reason for anyone except pharmacy personnel to enter the pharmacy proper.

DRUG COSTS

Among the new procedures is a procedure regarding drug carts. These come from the ward locked. We have I think eight such carts, and they carry the ward baskets. The supervising nurse has the key. She sees that the cart is locked when it leaves the ward. It goes into the pharmacy area. The ward personnel do not enter the pharmacy. The door to the pharmacy is unlocked. The cart is pushed in through the door.

There it is received by pharmacy personnel. The pharmacy people have a key, and they then open the carts, examine the requisitions, fill them, relock the cart and the return route is similar. So it is not necessary for any nursing ward personnel to ever enter the pharmacy.

The same is true of course with drug detail people. They never enter the pharmacy proper now. The only persons who can enter the pharmacy are under escort of one of the pharmacists. This includes administrative personnel of the hospital. They must make their presence known.

HANDLING OF KEY TO PHARMACY

There is only a single key to the main door of the pharmacy, and that key is left at all times at the information desk when the pharmacy is not occupied by the chief pharmacist or his assistant.

Senator BYRD. This is a change from what the situation previously was?

Dr. SCHULTZ. Yes, sir. The key pattern includes individual keys within the pharmacy itself for those members of the pharmacy staff who have reason to have access to a particular area, such as manufacturing or main supplies and so on.

We would like to provide the pharmacy with immediate receipt of all drugs, but this is not possible. The inventory figures rather clearly show that, and I might point out another change, and that is the reduction in the inventories.

PHARMACY INVENTORIES

Our main pharmacy inventories during this past fiscal year, that is, as of June 30, 1963, were reduced from $63,420.20 to $38,939.70, which is a reduction of $24,480.50, a little over one-third.

The same is true of the outpatient pharmacy. Inventory was reduced from $21,732 to $16,266.14, a difference of $5,465.86.

Now, in the main storeroom, the drug inventory was reduced from $142,995 to $99,734, a reduction of $43,261.

The point I am making is that $100,000 inventory in the storeroom is a good indication as to why all the drugs cannot be stored in the main pharmacy. They will be and can be with the new building, but they cannot at present.

The contrast is between a $100,000 storeroom inventory and the main pharmacy inventory of about $38,000. There simply isn't room for it in the main pharmacy. Actually we had a reduction in expenditures for drugs during fiscal year 1963.

Senator BYRD. Are these the principal areas in which supplies are kept, the areas you have just mentioned?

Dr. SCHULTZ. Yes. The main storeroom area, however, has now been provided with a separate area for the storage of drug supplies. This too is a locked area within the storeroom area. They formerly were kept on open shelves in a separate section, but there was no separation between that section and the rest of the main storeroom.

I also have some photographs that show these differences. They of course cannot be entered in the record, but the chairman might like to have these.

VALUE OF DRUGS UTILIZED IN 1963

Senator BYRD. What was the wholesale value of the drugs utilized in fiscal year 1963?

Dr. GRANT. $755,892 for the whole department, Mr. Chairman, of which $526,058 was at the District of Columbia General Hospital.

Dr. SCHULTZ. We actually had a decrease in obligations of $110,573. However, again $74,425 of that was inventory reduction, so it does not represent a net savings. It does represent, however, savings, the difference between those two figures.

DECREASE IN OBLIGATION SPENDINGS

Senator BYRD. What do you mean by a decrease in obligations?

Dr. SCHULTZ. We spent that much less money for drugs in fiscal year 1963.

Senator BYRD. Less than you spent in 1962?

Dr. SCHULTZ. That is right. Now other aspects of the pharmacy include a number of recommendations having to do with procedures that Dr. Grant presented before the House, and some additional procedures that we had developed since then. Dr. Grant perhaps could speak to those, if you wish them repeated. They are in the House record of the testimony, however.

Senator BYRD. All right, you can place them in the record.

Dr. GRANT. I will be glad to do that, Mr. Chairman.

(The information referred to follows:

Dr. Grant testified before the House Subcommittee on Appropriations as follows:

"The most important corrective actions that have been taken thus far are as follows:

"First, in the area of procurement and supply.

"(1) Drug samples are now being stored in the Chief Pharmacist's office instead of in the main pharmacy.

"(2) A monthly inventory control procedure has been established and procedures have been established so that reports of inventory differences are made immediately to the Assistant Administrator.

"(3) Drugs and materials outdated, or no longer in use, are declared as surplus by the Assistant Administrator and reported to the Surplus Property Office of the General Services Administration.

"(4) There have now been established minimum and maximum stock levels, based on factors of usage. This should reduce the tendency to overstock. The Chief Pharmacist has been made responsible for insuring, at the end of each month, that stock levels are being properly maintained.

"(5) Steps have been taken to initiate the establishment of an automatic data processing system aimed at developing inventory controls and cost accounting.

"(6) All drugs in manufacturers' original containers are now identified as 'Property of the District of Columbia General Hospital.'

"(7) Through the purchase of an electric tablet and capsule container, the pharmacy has expanded its prepacking program to provide quantities of prepackaged drugs for issue or dispensing in units more suitable for use at the hospital. This would tend to reduce wastage.

"(8) Locks have been changed on the entrances to all main pharmacy areas and key control procedures have been established.

"(9) A drug catalog has been developed in which all regularly stocked drugs are classified and numerically identified. This is one of the steps required for the establishment of automatic data processing.

"(10) Instructions have been issued requiring that drug cabinets be locked and secured when not in actual use.

"(11) The main pharmacy has been redesigned and an area previously used by the blood bank has been added to the pharmacy in order to accomplish the following:

"(a) Restrict the pharmacy area to authorized hospital personnel;

"(b) Restrict patients with prescriptions to a waiting room;

"(c) Permit more adequate space for proper checking and filling of floor drug requests; and

"(d) Provide a bulk storage area to receive, store, issue, and maintain perpetual inventory records.

"Second, distribution and dispensing:

"(1) Internal control of ward order books has been improved so that custody of these books is restricted to the head nurse, her deputy, and the nurse supervisor.

"(2) Procedures have been developed for the delivery of drug baskets to the ward units from the main pharmacy in locked carts. The cart can only be unlocked by the one nurse who has custody of the key. The nurse must check the contents of the drug basket against all requests and sign a receipt which is then returned to the pharmacy for accountability purposes.

"(3) A pilot program has been developed and instituted relative to the use of automatic data processing procedures; with this system, drug issues to wards and to the outpatient pharmacy have been recorded and costed for inventory control. This is a major step toward the application of the automatic data processing system to the pharmacy operation.

"(4) The practice of dispensing drugs directly from the admitting office has been discontinued, except for those necessary for immediate emergency use."

DESTRUCTION OF ORIGINAL CONTAINERS

Dr. SCHULTZ. In addition certain things have been accomplished since then, some of which Dr. Grant did refer to.

We now have done away with use of all but a very few original containers, and within a few days will discontinue use of any manufacturer's containers.

Our first approach was to provide labels that would be destructive of the manufacturer's label, and this was done. However, we have decided that we can, without too much loss in efficiency, do away entirely with any dispensing of the manufacturer's original packaging, and this will be accomplished.

We have done away with all so-called express prescriptions. These are packages that are made available in certain clinics, such as OB where prepackaged drugs are provided to the doctors. Instead of writing a prescription he hands the patient a package.

We have eliminated that procedure, although it does present some increase in workload. But there is no way of controlling it otherwise.

There are a number of other procedural matters which have been accomplished, particularly the elimination of all drugs except strictly emergency drugs, in such areas as the emergency room and certain other treatment rooms on the units, where some emergency drugs must be kept outside of the locked cabinet in the nurse station.

We keep a list of signatures in the pharmacy and only the nurse whose signature is on a card may order drugs. If the drug is outside of the list of drugs that are in the drug catalog, it must in addition, carry the signature of the chief medical officer of that particular service. No one may order drugs other than those that are within the catalog as agreed upon by the pharmacy committee and the administrative officers of the hospital.

I believe those are the general kinds of things we have been doing. We are never satisfied, and anything involving this area is under review. I think that presents the types of things we have been doing.

INVENTORY SITUATION

Senator BYRD. So you are reducing your inventories?

Dr. SCHULTZ. That is correct.

Senator BYRD. Have you increased the number of inventories?

Dr. SCHULTZ. Yes, sir; within the pharmacy. Perhaps Mr. Bossong, who is Acting Administrator, may speak to this aspect.

Mr. BOSSONG. This is done in the supply warehouse on a monthly basis. There, 70 items are physically counted and verified to the Kardex, so by the time the cycle is completed over a 12-month period the 700 to 800 drugs that are now stored in the supply warehouse are inventoried.

Senator BYRD. How often do you inventory your warehouse, your main storage?

Mr. BOSSONG. That is done on the same basis.

Senator BYRD. Each month?

Mr. BOSSONG. A spot check is made every month on certain items. We pick out certain items so that by the time the year is complete we will check every item in the warehouse.

Senator BYRD. How often do you make a complete inventory in the warehouse?

Mr. BOSSONG. The complete inventory is taken annually.

Senator BYRD. How do you know precisely what you have on hand?

Mr. BOSSONG. We keep a Kardex system of every item that is purchased and brought in, and it is indicated at the time of receipt, and then at the time of issue we charge against that Kardex system and we keep a stock level, depending on which type of item it may be.

Senator BYRD. How can you determine when you have had drugs missing when you are just spot checking in this manner?

Dr. SCHULTZ. I don't think it is a spot check in the sense that it is only selected items. When the year is finished, it is a rotating inventory.

CONTINUING SURVEY OF DRUGS

As I understand it, every item has been inventoried at least once, so throughout the year there is a continuing survey of all the drugs instead of doing the whole thing at the end of June. We do it in 12 pieces spread over the 12 months, is that correct, Mr. Bossong?

Mr. BOSSONG. That is correct, in addition to the annual complete inventory.

PRESCRIPTIONS, FISCAL YEAR 1963

Senator BYRD. How many prescriptions were written in fiscal year 1963?

Dr. SCHULTZ. The number of prescriptions in 1963 was 51,571. In addition, to give the full picture, there were 51,068 line items on ward orders, that is these were the ones that came from the wards. These were 86,154 prescriptions in the outpatient pharmacy, and clinic ward orders filled by the outpatient pharmacy numbered 2,233. In other words, it was a total of 201,026 actual items filled by either prescription or a requisition.

Senator BYRD. How many nursing units order drugs?

Dr. SCHULTZ. There are 53. This includes such areas as the operating room, the emergency room and so on.

ACTION ON PERSONS INVOLVED IN THEFTS

Senator BYRD. What actions were taken with reference to the persons involved in the drug thefts in fiscal year 1962?

Dr. SCHULTZ. At about the time this occurred we had become aware of persons who were bringing drugs to the wards, and while charges were not placed against them, they were allowed to and did resign. There are three persons still on suspension pending further police action. One of those is the supervisory pharmacist.

POLICE INVESTIGATIONS

Senator BYRD. Have the police investigations been completed?

Dr. SCHULTZ. The matter is in the hands of the U.S. attorney, and I think it is still before the grand jury, Senator.

Senator BYRD. But the investigation as such by the Police Department has been completed?

Dr. SCHULTZ. Yes, sir. The specific investigation as such has indeed been completed.

Mr. DUNCAN. Mr. Chairman, the matter is now before the grand jury.

Dr. SCHULTZ. The police saw all persons in the pharmacy and all of them, I think without exception, submitted to a polygraph examination as part of the investigation.

Senator BYRD. Would you repeat that, please?

Dr. SCHULTZ. I say the police did see all personnel in the pharmacy, and all of them agreed to and did take a polygraph examination, which was the origin of some of the information the police had against the three persons who were suspended.

CHANGING LOCK ON SAFE

Senator BYRD. Have you changed the lock combinations on the safes where narcotics are kept?

Dr. SCHULTZ. Yes. That was done about a year ago, Senator.

Senator BYRD. How often are these changed?

Dr. SCHULTZ. This is on the lock program. This is not in the manual at present, but it should and will be done about once a year. The safe of course is within the structure of the pharmacy problem.

Senator BYRD. But the lock combination has already been changed?

Dr. SCHULTZ. It was changed once within the last 12 months.

Senator BYRD. Do you have a burglar alarm system?

Dr. SCHULTZ. We do not at present. We still are studying this. We have had a number of estimates.

It is quite complex, and the prices that we have had offered range all the way from $400 to $4,000, and we are still not quite satisfied as to what is the best system and what is the most useful program. It is still under consideration for that reason.

RECORD OF DRUGS GOING TO WARDS

Senator BYRD. Are records kept of all drugs that go to the wards?

Dr. SCHULTZ. Yes, indeed.

Senator BYRD. Are records kept of all prescriptions issued?

Dr. SCHULTZ. Yes, indeed.

Senator BYRD. What do the actual losses amount to in connection with the drug thefts?

Dr. SCHULTZ. This is very difficult to estimate because of our inventory situation prior to the program we have instituted a year ago.

One estimate that was developed by internal audit showed a figure of approximately $100,00. I do not have any way of accurately checking that, however.

DOLLAR FIGURE ON DRUGS TO UNITS

I might say that in terms of our accounting for drugs, we now have a dollar figure of the amount of drugs that go to the units. This is a dollar figure only, not an item figure, and until we can set this up on automatic data processing equipment, there is no way to provide us with the total of the actual number of items that any one unit receives. This is far too elaborate to do by hand. However, we do cost it out, and in this way you can consolidate it and it is possible. I have for the month of September 1963 a comparative figure with the comparable month of 1962. So we have some beginning indication of the trend on individual nursing units, and this is very important obviously because we can then ask questions as to how it is going, whether it is up or down. But this is the first time we have had this available, and for this one month it is not particularly significant. It is too short a time.

PHARMACEUTICAL SUPPLIES

Senator BYRD. Are pharmaceutical supplies kept in the admitting office?

Dr. SCHULTZ. Only those supplies that are clearly necessary to meet emergency needs, and certain commonly used drugs that will provide no more than the necessary medication for the patient until the pharmacy is open.

In other words, if a patient comes in at night and the pharmacy is to open the next morning, he is only provided with enough to carry him through that one night, or over a weekend.

PATIENTS SEEN BY ADMITTING OFFICE

Senator BYRD. How many patients were seen by the admitting office for 1963? You can supply that for the record, Dr. Grant.

Dr. GRANT. Yes, Mr. Chairman.

(The information requested follows:)

The total number of patients registered on the emergency and admitting service for the last 3 fiscal years was:

Year:	*Number registered*
1961	65,392
1962	67,865
1963	66,312

Senator BYRD. Has the hospital continued to make minor drugs available to certain employees?

Dr. SCHULTZ. It has not. We do only through the employees' health clinic, to those employees who are legitimately entitled to treatment. This is largely the student nurses.

Senator BYRD. What was the situation which obtained prior to the drug theft?

Dr. SCHULTZ. Well, there was a general feeling, in fact it even appeared in some earlier memorandums, that the hospital should provide its personnel with immediate medication needs for minor illnesses.

The theory of course was based upon the hoped for reduction in absenteeism that might derive from that. But it obviously is an uncontrollable system, and has been discontinued.

Senator BYRD. It has been discontinued?

Dr. SCHULTZ. It has been discontinued.

Senator BYRD. So at the present time minor drugs are not made available to employees?

Dr. SCHULTZ. Not to employees at all, other than to meet some emergency through the employee's health clinic.

Senator BYRD. Did the practice decrease absenteeism?

Dr. SCHULTZ. We have no way of knowing that. I doubt it.

ABSENTEEISM IN DEPARTMENT

Senator BYRD. Would you tell us something about absenteeism in your Department, particularly with reference to the District of Columbia General Hospital? You can do this for the record if you like.

(The information requested follows:)

District of Columbia General Hospital—Number of employees taking sick leave and number of employees on absent-without-authorized-leave status

SICK LEAVE

Number of employees	Total sick leave hours	Average sick leave hours per employee (1,997)
1,997	124,071	62.1

ABSENT WITHOUT AUTHORIZED LEAVE

Number of employees	Total hours absent without authorized leave	Average hours absent without authorized leave per employee (119)
119	5,042	42.3

Dr. SCHULTZ. Yes. I don't have the data immediately available on that. I might say that we have made this an object of attention, and there has been some disciplinary action taken in the last year with some employees who seem to be absent without adequate cause. Where we have reason to believe we should, we even require a doctor's certificate for absences of less than 1 day where there has been some abuse.

Senator BYRD. So employees at the present time are not entitled to anything other than emergency treatment?

Dr. SCHULTZ. That is correct.

Senator BYRD. Mr. Lowe, could you give us something for the record with regard to absenteeism in other departments of the District of Columbia government?

Mr. LOWE. Yes, we can, Mr. Chairman. I think this would be principally sick leave; is that what you mean by absenteeism?

Senator BYRD. I don't think we have been asking any questions about absenteeism. It would be interesting to know what your problems are in the various departments.

(The information referred to follows:)

REPORT ON USE OF SICK LEAVE AND ABSENCES WITHOUT OFFICIAL LEAVE OF DISTRICT GOVERNMENT EMPLOYEES DURING THE LEAVE YEAR 1962

This report does not include uniformed members of the Police and Fire Departments or teachers in the public school system.

During the 1962 leave year 609 employees of the District government were absent without official leave for a total of 16,141 hours. This is an average of 26.5 hours for each of the 609 employees involved. No figures are available concerning absences without official leave by employees of the Federal Government.

It should be noted that such absences were dealt with administratively either by issuance of a warning or reprimand to the employee, suspension without pay or removal, depending upon individual circumstances.

In this same period 17,005 employees used a total of 1,133,571 hours of sick leave. This is an average of 66.7 hours or 8.3 days per employee per year.

It should be noted that this average of 8.3 days compares favorably with a previous study which showed that during the 1954 leave year 11,009 District government employees used a total of 747,679 hours of sick leave for an average of 8.5 days per year.

A report of the U.S. Civil Service Commission, dated March 1963, covering the period from January 1961 to January 1962, shows that in the Federal Government active employees (those working a full year) used an average of 8.3 days of sick leave per year. Employees who were separated during the leave year, however, used an average of 22.6 days of sick leave. The average amount of sick leave used by both groups was 9.4 days per leave year.

Leave year, 1962

Department or agency	Average number of employees on payroll	Total hours sick leave used	Average hours sick leave per employee	Number of employees absent without leave	Total hours absent without leave	Average number hours absent without leave
Alcoholic Beverage Control Board	26	2,663	102.4	0	0	----------
Board of Parole	39	2,801	71.8	0	0	----------
Buildings and grounds	831	64,753	77.9	15	280	18.7
Civil Defense	20	1,054	52.7	0	0	----------
Coroner	16	568	35.5	0	0	----------
Corporation Counsel	103	6,962	67.6	0	0	----------
Corrections	903	61,115	67.7	1	24	24.0
Court of general sessions	197	14,112	71.6	0	0	----------
Executive Office	89	4,806	54.0	1	12	12.0
Fire	54	3,201	59.3	0	0	----------
General Administration:						
Office of Director	4	168	42.0	0	0	----------
Administrative services	80	7,054	88.2	0	0	----------
Budget	24	1,137	47.4	0	0	----------
Finance	517	38,474	74.4	3	199	66.3
Internal audit	27	1,029	38.1	0	0	----------
Management	10	501	50.1	0	0	----------
Personnel	38	2,440	64.2	0	0	----------
Procurement	50	4,051	81.0	0	0	----------
Highways and Traffic	1,375	94,677	68.9	32	787	24.6
Insurance	23	1,209	52.6	0	0	----------
Juvenile court	107	6,720	62.8	0	0	----------
Licenses and Inspections	378	24,449	64.7	3	76	25.3
Minimum Wage Board	22	2,394	108.8	0	0	----------
Motor Vehicle Parking Agency	12	461	38.4	0	0	----------
Motor Vehicles	190	13,277	69.9	5	79	15.8
Occupations and Professions	55	4,215	76.6	0	0	----------
Police	292	18,681	64.0	2	16	8.0
Public Health	1,498	112,012	74.8	6	132	22.0
District of Columbia General Hospital	1,997	124,071	62.1	119	5,042	42.4
Public Library	502	29,948	59.7	11	97	8.8
Public Schools	1,900	91,161	48.0	0	0	----------
Public Utilities Committee	28	2,582	92.2	0	0	----------
Public Welfare	2,079	125,956	60.6	101	2,485	24.6
Recorder of Deeds	67	5,339	79.7	3	36	12.0
Recreation	350	16,644	47.6	0	0	----------
Sanitary Engineering	2,764	215,151	77.8	306	6,856	22.4
Surveyor	34	2,716	79.9	0	0	----------
Unemployment Compensation Board	218	16,804	77.1	0	0	----------
Veterans' Affairs	15	1,392	92.8	0	0	----------
Vocational Rehabilitation	60	6,022	100.4	1	20	20.0
Zoning	11	801	72.8	0	0	----------
Totals	17,005	1,133,571	----------	609	16,141	----------
Averages	----------	----------	66.7	----------	----------	26.5

Mr. LOWE. All right, sir.

Senator BYRD. The subcommittee will be in recess until tomorrow afternoon at 2:30.

(Whereupon, at 4:35 p.m., Monday, October 14, 1963, the subcommittee was recessed, to reconvene at 2:30 p.m., Tuesday, October 15, 1963.)

DISTRICT OF COLUMBIA APPROPRIATIONS FOR 1964

TUESDAY, OCTOBER 15, 1963

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, D.C.

The subcommittee met, pursuant to recess, at 2:40 p.m., in room S–126, U.S. Capitol Building, Hon. Robert C. Byrd, of West Virginia (chairman of the subcommittee) presiding.

Present: Senator Byrd.

DISTRICT OF COLUMBIA

DEPARTMENT OF PUBLIC HEALTH

STATEMENTS OF MURRAY GRANT, M.D., D.P.H., DIRECTOR OF PUBLIC HEALTH; FREDERICK C. HEATH, M.D., M.P.H., DEPUTY DIRECTOR OF PUBLIC HEALTH; SAMUEL SHWARTZ, M.D., CHIEF, BUREAU OF MATERNAL AND CHILD HEALTH; JOHN D. SCHULTZ, M.D., MEDICAL DIRECTOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; MOE WEISS, M.D., SUPERINTENDENT AND MEDICAL DIRECTOR, GLENN DALE HOSPITAL; GERTRUDE C. LaPRADE, ASSISTANT CHIEF, FINANCE OFFICE; BARBARA VINYARD, CHIEF, MEDICAL ASSISTANCE DIVISION; FRANK BOSSONG, ACTING ADMINISTRATOR, DISTRICT OF COLUMBIA GENERAL HOSPITAL; AND HOWARD S. MADIGAN, M.D., MEDICAL ADMINISTRATIVE ASSISTANT TO MEDICAL DIRECTOR—Resumed

MEDICAL CHARITIES PROGRAM

Senator BYRD. The subcommittee will be in order.

Dr. Grant, tell us about the medical charities program.

Dr. GRANT. I should like, if I may, Mr. Chairman, to refer this to Mrs. Vinyard, who is very familiar with that.

Senator BYRD. Very well.

Mrs. VINYARD. The medical charities program is an expression used to encompass the paying for medical care at contract hospitals, general and specialized, of patients who have been determined eligible for care at District of Columbia expense. The hospitals with whom we have contacts are Casualty, Columbia, Children's Hospital, Georgetown, George Washington, Providence, Hadley, Washington Hospital

Center, the Washington Home for Incurables, the Christ Child Convalescent Hospital, and the Children's Convalescent Hospital.

For planned admissions——

FREEDMEN'S HOSPITAL

Senator BYRD. Did you include Freedmen's?

Mrs. VINYARD. Well, sir, Freedmen's, I guess, is part of the medical charities program, but the money for Freedmen's is not part of the medical charities fund. We do not have a contract or agreement with Freedmen's but they follow, I would say, pretty much the details of the contract with the contract hospitals, but it is by gentleman's agreement.

INPATIENT CARE

The inpatient care that is provided by these hospitals is divided into two groups of patients, those who are planned admissions and those who are emergency admissions. On the planned admissions, these hospitals refer the patients to the Medical Assistance Division for a determination of eligibility and ability to pay prior to admission, and we return our determination.

On the emergency admissions, the actual admissions, of course, are entirely up to the hospital and to a medical decision. Then, after screening, if they find the individual might qualify at District of Columbia expense, the emergency admission is referred to the Medical Assistance Division to determine the eligibility and ability to pay.

OUTPATIENT VISITS

On outpatient visits, the responsibility for determining eligibility and ability to pay, following the same criteria as are used by the Medical Assistance Division, has been delegated to the staff of the various hospitals, primarily because we have never been able to secure adequate staff to do it ourselves.

On emergency room treatments, for which the District pays, that again has been delegated to the staff of these hospitals to make the determinations. At the end of each month, the hospitals submit a bill according to these various categories, and the bill is audited, name by name. in terms of backup documents and certification.

PURPOSE OF PROGRAM

Senator BYRD. What did you say the purpose of the program is?

Mrs. VINYARD. Well, in my opinion, the purpose of the program all along has been to spread the workload or caseload of the care of medically indigent and indigent patients, so that District of Columbia General would not be in the position of being unable to care for the total number. I think that would be the Department of Public Health's purpose. There might be other considerations such as the fact that District of Columbia General is not centrally located and it is a long way for sick people to travel who are living in various parts of the city. Therefore, in a sense we have a slight clustering of geographical provision of medical care.

The primary purpose in paying for these emergency room treatments is a backup to the city's emergency ambulance service because

without the cooperation of these various hospitals in providing emergency room treatments, the emergency ambulance service would be in a very difficult position to get them all out to District of Columbia General, which would have an adverse effect, I think, upon patient care, plus overloading District of Columbia General.

FUNCTIONS OF CHIEF MEDICAL ASSISTANCE DIVISION

Senator BYRD. What is the official title of your position and what is your salary, Mrs. Vinyard?

Mrs. VINYARD. I am Chief, Medical Assistance Division, GS–14, $14,970.

Senator BYRD. Where is your office located?

Mrs. VINYARD. I smile, because I am presently located in which is referred to as 469 C Street, which is the building, the old building used by the Motor Vehicles Department for issuing District of Columbia tags. It is a temporary location until new quarters can be found. That is my personal location. My staff is on the grounds at District of Columbia General Hospital.

Senator BYRD. How much time do you spend at the District of Columbia General Hospital?

Mrs. VINYARD. I have been spending very little time there last spring.

Senator BYRD. I beg your pardon?

Mrs. VINYARD. I have not spent much time there since last spring. Most of my contacts have been by telephone with my staff. I have not physically been at the hospital.

Senator BYRD. Why do you not spend more time there?

Mrs. VINYARD. I think the primary reason is because my workload seems to have developed in two directions. One is responsibility from an operational point of view for the Medical Assistance Division. The other is, I have been used more and more as a staff person in the area of medical care for the Department of Public Health.

As Dr. Grant pointed out in his discussion of reorganization, there has at no time been anybody in the Department who is responsible for coordinating medical care and developing various aspects. As a result, I have had a good bit of that handed to me.

SITUATION ON SUPERVISION OF SUBORDINATES

Senator BYRD. How can you supervise the activities of your subordinates if you are not at the hospital more?

Mrs. VINYARD. As I said, I suppose I conduct the supervision by individual telephone contacts with the unit supervisors, by getting out memos to the entire staff relative to changed regulations and procedures. And, prior to this summer, I had regular meetings with these unit supervisors who, in turn, met with the staff. During last winter, I had monthly meetings with the staff as a whole.

Senator BYRD. How do you know that your subordinates are doing the quantity and quality of work that is required of them if you are not there to personally supervise them?

Mrs. VINYARD. Regarding quantity of work, we have statistical reports prepared by our biostatistics division each month and quarterly and annually, actually by worker and by unit. As to quality, I would

say that over my desk, for various reasons, pass anywhere from 10 to 20 cases a day, which enables me to look at them and pick up errors. The unit supervisors are responsible for daily checking of the work of the staff in each unit.

Senator BYRD. Do you find many errors?

Mrs. VINYARD. I have found some, but I would not say many.

RESPONSIBILITY

Senator BYRD. Is the responsibility to check on the eligibility of patients to pay, one of your functions?

Mrs. VINYARD. It is a function of the Medical Assistance Division, yes, sir.

Senator BYRD. Would this be under your supervision?

Mrs. VINYARD. Yes, sir, under my general supervision.

Senator BYRD. It would be?

Mrs. VINYARD. Yes.

Senator BYRD. Do you think that this responsibility can be properly fulfilled when you are not present to personally supervise the matter?

Mrs. VINYARD. I think the answer to that is "No."

Senator BYRD. You would say that the responsibility cannot be properly fulfilled?

Mrs. VINYARD. Without my having more time to spend with the supervisors and the staff.

Senator BYRD. Dr. Grant, what do you have to say to this?

COMMENTS ON FUNCTIONS OF WITNESSES

Dr. GRANT. I think there are two comments I would make, Mr. Chairman. The first is this: that there is supervisory staff at the hospital who work directly under Mrs. Vinyard and whose job it is, in fact, to directly supervise the staff in each unit.

The other point I would make is that we might give consideration to a deputy position for Mrs. Vinyard. I do not believe she has requested this position, thus far, but I am not at all sure, Mr. Chairman, that this position would, in fact, not be needed. I certainly can attest to the fact that Mrs. Vinyard is kept very busy in her present location. She does have a very large program. It not only covers the medical charities program she has outlined, but also, she has supervision of all our ambulance and transportation program, which ties very intimately into the medical assistance program. It is a very big job, I must say, in her behalf. But I also must point out that there are supervisors at the hospital.

PATIENTS ELIGIBILITY TO PAY

Senator BYRD. Do you think that it is her responsibility to check on the eligibility of patients to pay?

Dr. GRANT. Oh, yes; very much so.

Senator BYRD. Why is the condition permitted to exist, such as you have explained?

Dr. GRANT. This is the first I have heard of such a situation, Mr. Chairman. This has not been brought to my attention previously.

Senator BYRD. Do you know why it has not been brought to your attention?

Dr. GRANT. No, sir. As I say, I know Mrs. Vinyard to have been very well occupied, but I do not know why it has not been brought to my attention before this.

Senator BYRD. Is this something that would have to be brought to your attention, or would this be something that you would be expected to find out for yourself?

Dr. GRANT. I would think, Mr. Chairman, that it is perhaps a little of each, without specifying any responsibility to any one individual.

I might point out, Mr. Chairman, that in the reorganization proposal, one of the reasons why I have recommended that this program be established at a bureau level is because I do consider it a very important one, and would hope to staff it accordingly.

Senator BYRD. Is the checking on the eligibility of patients to pay an around-the-clock matter, 7 days a week.

Mrs. VINYARD. No, sir. The Medical Assistance Division staff are on from 8 a.m. to 4:30 p.m. in order to comply as much as possible with the time that the patients are most likely to be coming to us and asking for assistance.

Senator BYRD. Mrs. Vinyard, would you repeat the answer to my last question, please?

Mrs. VINYARD. Sir, I do not remember what it was.

Senator BYRD. I asked whether or not the checking on the eligibility of patients to pay is an around-the-clock, 7-days-a-week program now?

Mrs. VINYARD. The staff is on primarily from 8 a.m. to 4:30 p.m.; 5 days a week.

Senator BYRD. So it is not done on Saturdays, Sundays, holidays, or at night?

Mrs. VINYARD. That is right, sir.

POSSIBLE LOSS OF REVENUE

Senator BYRD. Well, would you say that by not conducting an around-the-clock check 7 days a week, the District of Columbia government is losing revenue?

Mrs. VINYARD. It would be my feeling that there are several factors that come together in terms of loss of revenue to the District of Columbia government, one of which might be related to the fact that we are not around the clock, 7 days a week.

I think before I came on this staff in 1955, there had been more of this and there was some evidence at that time of diminishing returns, the feeling being that if we could have adequate staff during the hours that we are on duty, with some overlapping into the evening for the emergency room, we would not want to put staff on around the clock, 7 days a week.

Senator BYRD. Dr. Grant, I shall ask you the same question.

Dr. GRANT. My answer, Mr. Chairman, would have to reflect my own feeling concerning the whole medical eligibility program, on which I would be glad to make a statement should you so desire. But it seems to me that this is implicit in the answer I would have to give.

Senator BYRD. Would you say that because there has not been an around-the-clock, 7-days-a-week check on the eligibility of patients to pay, the District of Columbia government has lost revenue?

Dr. GRANT. I would hazard a guess, Mr. Chairman, that that would be true; yes, sir.

Senator BYRD. Is it true, Mrs. Vinyard, that better than 25 percent of the inpatients obtain free medical care because their ability to pay is not determined?

PATIENTS NOT INVESTIGATED

Mrs. VINYARD. I would like to rephrase that statement and say that there are approximately 6,000 patients—my figure was a little less than 6,000—who are not investigated relative to determination to pay. Had we investigated them, though, I would think there were perhaps less than a fourth of those who would have paid.

Senator BYRD. 6,000 out of how many?

Mrs. VINYARD. 58,619 for fiscal year 1963.

Senator BYRD. Would you repeat the figures, please?

Mrs. VINYARD. 58,619 applications made to the medical assistance division, and most of the load that was uncleared was in the emergency admissions to District of Columbia General Hospital, which were primarily OB cases, alcoholics, and a few other groups that are in and out in 2 or 3 days, to whom we do not have an opportunity to get prior to discharge. The reason for these groups being predominant is that, due to lack of staff over the years, we have tried to determine priorities where there would be the greatest opportunity to bring revenue to the District. We pick up insurance cases, liability cases, long-term cases as much as we can, because there is where we know ability to pay is most likely, and having to spread the staff, that is the way we have done our priority assignment.

FINANCIAL INFORMATION ON PATIENTS

Senator BYRD. Do you have accurate and complete financial information on the patients?

Mrs. VINYARD. I would say that we do not know whether we have accurate and complete financial information on the patients, because we are dependent upon, first, what the patient tells us. Then we verify that. We have other ways of checking, including case records from past applications, other agency records. We get information from Social Security on pensions, and so forth. However, if a patient had a savings account in a bank and did not tell us, we would have no way of knowing that. If the patient owned some property, and they were not living in it so that there was no way of our identifying them with that property, we would not know it.

CONTACT WITH SOCIAL SECURITY

Senator BYRD. Do you have any difficulty getting information from the Social Security Administration?

Mrs. VINYARD. We do not have any difficulty getting the information that we request of Social Security; namely, confirmation of the benefit amount and confirmation of residence, because we have a form which the patients sign and which goes to Social Security for that information. That is all we have ever asked of them.

Senator BYRD. Are there certain types of treatments for which you fail to collect prescribed fees?

Mrs. VINYARD. Mr. Chairman, the medical assistance division is not responsible for any billing and collecting.

BILLING OF PATIENTS

Senator BYRD. Dr. Grant, are there certain types of treatment for which you fail to collect prescribed fees?

Dr. GRANT. I would have to refer that question, if I may, to Dr. Schultz, Mr. Chairman.

Senator BYRD. Dr. Schultz?

Dr. SCHULTZ. I am not sure I fully understand the question, Mr. Chairman. We do bill all patients that are certified to us as payable, whether it is third party or direct payment, and we have set up accounts receivable. We bill now on a program of periodic billing, and on the third billing, there is included a notice that we shall go to enforcement. There is, of course, a residual amount that is not collectible.

Senator BYRD. You would say that there is no particular type of treatment for which you fail to collect prescribed fees?

Dr. SCHULTZ. Again, I am not sure I understand the question. In a general sense the patients that are certified to us do fall into the category largely of medical, surgery, psychiatry, and pediatrics. Very few obstetrical patients are certified to us. Our rate is a flat rate, of course. We do not do itemized billing, although I personally think we should eventually get into itemized billing.

Now, as far as outpatient and emergency patients are concerned, again, our billing is entirely in terms of the certified eligibility of the patient to the outpatient department. The emergency room patients are presently not billed. This category of patients, I think, can and probably should be billed.

Senator BYRD. Why are they not billed?

PILOT PROGRAM ON BILLING

Mr. SCHULTZ. We have not, heretofore, set up a billing system on this. We have established, however, a program that we are calling at present a pilot program. In fact, we have forms in the process of development now to see how this will work out. It will mean the billing of about 150 individuals a day. This is an actual program that has been initiated. In fact, the billing manifold has been developed and designed. So, we will bill. As to how much we will collect, over and above what we are now collecting of the emergency room fee, I do not know. It will provide problems, however, of having to resolve the question of protest of inability to pay, as to how much of this should be waived, who will investigate, what is acceptable as part payment, and what happens to those who do not pay, that is whether enforcement or Medical Assistance Division can handle the considerable load. But we thought we would get into it. The only way we will know the size of the problem is to actually bill and see what returns we receive.

Dr. GRANT. Mr. Chairman, may I just add one statement?

Senator BYRD. Yes.

MAJOR PROBLEM IN BILLING PROGRAM

Dr. GRANT. One of the major problems that I have observed in connection with the billing program at District of Columbia General

Hospital is in fact that this is all carried out at the present time, or has been carried out, by hand. I know of no other hospital in the country of the size of District of Columbia General Hospital, any public general hospital that does not do its billing by automatic data processing, or a similar kind of system.

It seems to me that it is going to be completely impossible to carry out an accurate billing system manually.

Senator BYRD. Do you not have automatic data processing equipment?

Dr. GRANT. I would say generally, Mr. Chairman, no, not at District of Columbia General Hospital.

USE OF DATA PROCESSING EQUIPMENT

Senator BYRD. You have given a qualified answer. Do you have any automatic data processing equipment that you can use?

Dr. GRANT. That we can use? No, sir. We have automatic data processing equipment in the central office of the Health Department which is being utilized at the present time for other purposes. It is possible that by adding to this equipment, by developing a system under which we would have to employ some systems analysts, some messengers, and some tabulating machine operators, we could, in fact, adapt the system we have in the central office of the Health Department to do the billing at District of Columbia General Hospital.

But without this additional, I do not think we could do this at the present time.

Senator BYRD. Are you saying the clerical and statistical work presently being done manually could not be performed by your present automatic data processing equipment?

Dr. GRANT. No, sir. The statistical work could be done, Mr. Chairman, but the billing could not be done.

Senator BYRD. Why is the statistical work not presently done by your automatic data processing equipment?

Dr. GRANT. The statistical work is being done, Mr. Chairman, but the billing is not.

Senator BYRD. It is being done?

Dr. GRANT. Yes, sir. Oh, no; not for District of Columbia General, I understand.

Dr. SCHULTZ. No; we do not have that.

Senator BYRD. Could any of the District of Columbia General Hospital work be done by the automatic data processing equipment?

Dr. GRANT. I think this depends on what statistical data we are discussing. If it concerns the whole patient operation in billing, not at the present time, Mr. Chairman, without equipment and personnel and without establishing a system.

STATISTICAL WORK A MANUAL OPERATION

Senator BYRD. Aside from billing, are you performing statistical work at the District of Columbia General Hospital manually when it could be done by present automatic data processing equipment?

Dr. GRANT. I would like to refer that to Dr. Schultz.

Dr. SCHULTZ. Yes, sir.

We do not have the equipment, but we believe we are in a position now to use, without any increase in personnel, persons who have been

trained to handle this and set up the cards. It is a question of redesignating the functions of these individuals. We believe, in fact, we have sent forward a request for authority to do this. I believe this has been accepted in principle, and the principle is to set up the cards and use the machines which presently exist in the Health Department. We do not have the machines, but we can set up the cards.

Senator BYRD. When was the request sent forward?

Dr. SCHULTZ. This has been actually under study since approximately May 1960, when we first raised the question. We recognize that it is a highly involved and complex issue. Our most recent request was August of this year, in which we sent forward a request for conversion of three positions, and I understand that has been approved and we shall have that authority.

Senator BYRD. When do you think you will be able to proceed?

Dr. SCHULTZ. A soon as we are authorized to make the conversion.

Senator BYRD. Who authorizes you to make the conversion?

Dr. SCHULTZ. I receive this from the Health Department.

Dr. GRANT. Mr. Chairman, if I may answer that question, when Dr. Schultz's request comes to me, I approve it. It goes to the District of Columbia Budget Office for their approval.

Senator BYRD. What is the status of it now? Have you approved it, Dr. Grant?

Dr. GRANT. I have approved it; yes, sir.

BUDGET OFFICE STUDYING CONVERSION PLAN

Senator BYRD. What is the situation over at your shop, Mr. Herman?

Mr. HERMAN. We still have it under consideration. You will recall that last year the question came up at the hearing before the House and the Senate. Both parties denied the permission to proceed with the system.

Senator BYRD. Both committees denied that?

Mr. HERMAN. Yes, sir.

Senator BYRD. Why did they deny it?

Mr. HERMAN. I do not know, sir.

Senator BYRD. Was it by letter?

Mr. HERMAN. It was not by letter, I think.

Senator BYRD. Was additional money requested?

Mr. HERMAN. No, sir; they were going to absorb it with existing funds.

Senator BYRD. No additional positions were requested?

Mr. HERMAN. I do not remember.

Dr. SCHULTZ. No, sir.

Mr. BOSSONG. Conversion of positions, sir, but no new positions.

Dr. SCHULTZ. We did ask, and the reason it was not put in our original budget is we did not think it was necessary, but we were advised that this is a new program and since it is new, it should properly be presented to the Congress for a review.

Senator BYRD. This was done when?

Dr. SCHULTZ. At the time of the hearings a year ago.

PRESENT STATUS OF REQUEST

Senator BYRD. Is the matter being presented anew to the committees?

Dr. SCHULTZ. We have made repeated queries as to the status of this, and the information now is a that general program will be studied when the Health Department budget is approved.

Dr. GRANT. May I modify this, Mr. Chairman, to say that for some months now, I have felt, and I have said this in my reports rather strongly, that one of the real needs of the Health Department is for the development of automatic data processing; not only, as a matter of fact, at District of Columbia General but throughout the Department. To this end I have been negotiating with the U.S. Public Health Service for several months to see if it is possible for us to receive a grant to enable us to develop this kind of a system under a Federal grant mechanism.

We are still working on this, Mr. Chairman, and I do not know as of now whether this grant will be secured.

I do think, however, that the development of automatic data processing is one real priority need that we have. Certainly at District of Columbia General Hospital, but also in the rest of the Health Department.

Senator BYRD. Would you say that the criteria used in determining the patient's ability to pay give only a limited recognition as to the family group's earning capacity?

Dr. GRANT. Yes, sir, I would.

BETTER EVALUATION OF EARNING CAPACITY

Senator BYRD. What would you suggest as a means of getting a better evaluation of the earning capacity?

Mrs. VINYARD. I am not quite certain, Mr. Chairman, what is meant by the family's earning capacity. We have operated on the basis that we interview the person in a point of time for a single incident of illness. Again, because of shortage of staff, we have had to standardize our approach to this, and we have not held cases open until discharge and until we know from the doctor when and if they are going to be able to return to work.

I would like also to bring out the fact that when we talk about the earning capacity of the family, we are talking about a family group that has an administrative definition, but has absolutely no legal standing in the District of Columbia. Therefore, to determine the earning capacity of this family group and to get any kind of cooperation from these people, whom we cannot, you see, compel under any legal requirements, implies an increased staff, because it is going to increase the time of each worker on each case.

SOCIAL WORKERS INVOLVED

Senator BYRD. How many workers do you have doing this kind of work?

Mrs. VINYARD. There are, in the staffing of the Medical Assistance Division, 39 social workers determining eligibility and payability.

Senator BYRD. How many vacancies are there?

Dr. GRANT. One, Mr. Chairman.

Mrs. VINYARD. I would like to say that as of the date the report was officially made, there was one. That has since been filled.

Senator BYRD. Are you requesting any additional workers?

Mrs. VINYARD. In the budget, there is a request for three social workers.

Senator BYRD. To do this kind of work?

Mrs. VINYARD. The part that has to do with the psychiatric patients.

Dr. GRANT. May I say, Mr. Chairman, that Mrs. Vinyard originally requested 10 social workers, and I must say that I reduced it to 3.

Senator BYRD. Were any added last year?

Dr. GRANT. Yes, sir, there were two added last year.

Senator BYRD. How many were requested?

Dr. GRANT. Seventeen.

Senator BYRD. How many were requested of the Congress last year?

Dr. GRANT. Two.

Senator BYRD. Where were the other two dropped by the wayside?

Dr. GRANT. I would assume that this was dropped by the Commissioners.

SOCIAL WORKERS REQUESTED

Senator BYRD. Ten were requested this year?

Dr. GRANT. Yes, sir.

Senator BYRD. And this number was reduced to three at your level?

Dr. GRANT. Well, no. Let me clarify this a little bit, Mr. Chairman. The 10 that were requested by Mrs. Vinyard were in fact submitted by the Department by Dr. Heath prior to the time I came to the Department. After I came to the Department and reviewed the original budget request that was submitted, I myself reduced this request to three.

Senator BYRD. If you get the three additional positions, and you fill the one vacancy, will this allow you sufficient staff to give the proper recognition to the family's group earning capacity?

Mrs. VINYARD. No, sir.

Senator BYRD. What would you need—the full 10?

Mrs. VINYARD. It would be considerably more than that. In order to devote the time which would be required under present regulations and lack of law, it will require 13 social workers and 2 clerks.

LAW IN REGARD TO FINANCIAL RESPONSIBILITY

Senator BYRD. When you speak of lack of law, would you elaborate on this?

Mrs. VINYARD. Yes; the common law in regard to financial responsibility is husband for wife, and parents for minor children, and that is all the law provides the Department of Public Health in terms of medical care. The Department of Public Welfare and the law governing the patients committed to St. Elizabeths clearly specifies the responsible relatives, and also provides the authority to implement it. And that is; namely, spouses, which would be wife or husband, and adult children and parents.

Senator BYRD. Has the Department proposed any new legislation?

Mrs. VINYARD. I would say—Dr. Grant may want to answer this, but I would say for the last 3 years, I have submitted such suggestions, and Dr. Grant has recently considered it in relation to his proposal

which he has presented relative to shifting from eligibility to payability.

Senator BYRD. So this is still under consideration by Dr. Grant?

Dr. GRANT. I believe, Mr. Chairman, that such legislation should, in fact, be introduced, and have taken steps.

Senator BYRD. You have presented this matter to the Commissioners, have you?

Dr. GRANT. I have presented the matter, which includes the question of presentation of this law, to the Commissioners on an informal basis; yes, sir.

VERIFICATION OF PATIENTS' ABILITY TO PAY

Senator BYRD. Do you verify as completely as you possibly can the information furnished by patients concerning their ability to pay?

Mrs. VINYARD. Yes, Mr. Chairman.

Senator BYRD. Do you feel you make as complete an investigation as you can?

Mrs. VINYARD. I feel that each social worker has to exercise some judgment in how long he will remain on one case at the expense of several others to secure verifications. We cannot compel employers to verify. We have had fairly good cooperation from the Government as an employer and from some of the private employers. But with the Wefare Department and the Health Department and others in private agencies trying to verify wages, as an example, we are finding employers less and less willing to devote time to giving information.

We do have in our manual a list of methods of verification on all the items required in the standards of eligibility and payability.

AVERAGE CASELOAD OF SOCIAL WORKER

Senator BYRD. Do you know how much time is spent on the average per case by your social workers?

Mrs. VINYARD. I have not figured it in terms of hours, but I can break out for you the average caseload per worker. It is a little over a thousand.

Dr. GRANT. 1,516, Mr. Chairman.

Senator BYRD. You do not know how much time the social worker spends, on the average, trying to track down information?

Mrs. VINYARD. No, I cannot break down that figure.

Dr. GRANT. It would be roughly a little over an hour per case, Mr. Chairman, based on the information we have.

Senator BYRD. Do you compare information presently submitted by a patient with the information that was previously submitted by the same patient?

Mrs. VINYARD. Yes, sir; we do. We keep case records with previous applications and with previous information. Up to this summer, we had two case record systems, the one maintained by our outpatient unit for District of Columbia General, where it was immediately available to the workers. All other cases were in our central record room. This summer we were able to combine those records. Prior to the combination, the only way the workers from those two areas had to compare, was through the telephone or telautograph in terms of having given to them what was in the other record. Due to lack of staff, we could only do that in a certain number of cases,

as well as we lacked communication facilities out at District of Columbia General.

Senator BYRD. Has that situation changed, or does it presently govern?

Mrs. VINYARD. Well, with the combination this summer of the records, we have rectified that problem, and produced another one for our files; namely, that of messenger service going back and forth with these case records.

Senator BYRD. I shall ask the question again: Do you now compare information presently submitted by a patient with that which was previously submitted by the same patient?

Mrs. VINYARD. Yes, sir.

HEALTH AND ACCIDENT BENEFITS

Senator BYRD. Do you release health and accident benefits to patients who are hospitalized at District expense?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Why do you not get written permission from patients to verify their social security benefits and salaries that they earn?

Mrs. VINYARD. We do, sir.

I would like to back up on that insurance question a minute, if I may.

Senator BYRD. All right.

Mrs. VINYARD. The manual states that the workers will, in all instances, take hospitalization insurance because that insurance is carried by the individual for purposes of paying for hospitalization. Sick and accident benefits are carried by individuals for the purpose of protecting their income or salary in the event of illness. Our manual states that we shall take sick and accident benefit insurance if the income of the family equals the standard of eligibility.

One of the reasons we have done this, is that we did not think it appropriate, because of an illness, to reduce the family below the standard which has been set by the Commissioners for medical indigency. An example might be a man who works and his wages cease upon illness. He has a family to support. All they have is this sick and accident benefit.

DISCHARGE OF PATIENTS

Senator BYRD. Are patients permitted to leave the hospital before they are cleared by the business office?

Mrs. VINYARD. Well, sir; I would have to refer this question to the District of Columbia General.

Senator BYRD. Dr. Schultz?

Dr. SCHULTZ. Well, patients do leave the hospital before they have been cleared by MAD. Patients are discharged when they are no longer in need of hospital care. We do not hold them in the hospital pending evaluation of payability by MAD. In other words, either their payability has been determined after discharge, and if its is we immediately proceed to bill. If it is not, they fit into that some 20 to 25 percent of discharges upon whom payability has not been determined, and we could not hold those people in the hospital until such time as MAD found an opportunity to determine payability.

Senator BYRD. This practice, then, permits some of them to obtain free hospitalization, even though they can pay?

Dr. SCHULTZ. Oh, indeed it does.

MEDICAL ASSISTANCE DIVISION RESPONSIBLE FOR ELIGIBILITY AND CHARGES

Senator BYRD. What division is responsible for determining the eligibility of persons for hospital and medical care at District expense and for determining the charges, if any, that are to be paid for the hospital and medical services provided?

Mrs. VINYARD. The Medical Assistance Division.

Senator BYRD. How large is the staff of the Medical Assistance Division?

Mrs. VINYARD. The total staff of the Medical Assistance Division is 85.

Senator BYRD. As of what date?

Mrs. VINYARD. June 30, 1963.

Senator BYRD. Is that the number of positions or the number of workers?

Mrs. VINYARD. It is the number of positions, and at the time the official report will show four vacancies. There are only three now. We are waiting for the register from the Civil Service on one other.

Senator BYRD. How many do you now have?

Mrs. VINYARD. Three vacancies, sir.

Senator BYRD. How many persons on the staff, 82?

Mrs. VINYARD. Eighty-two.

Senator BYRD. And you are the Division Chief, is that right?

Mrs. VINYARD. Yes, Mr. Chairman.

CAPACITY OF DISTRICT OF COLUMBIA GENERAL HOSPITAL

Senator BYRD. What is the capacity of District of Columbia General Hospital?

Dr. GRANT. 1,434, Mr. Chairman. That includes basinettes.

Senator BYRD. How many patients did you say are there now?

Dr. SCHULTZ. It averages about 900 in residence at any one time. time.

Senator BYRD. Do you have more than that there now?

Dr. SCHULTZ. Today's actual census I do not have before me. It is approximately 1,100 for today.

Senator BYRD. 1,100 for today. Will you tell me what percent are white and what percent are nonwhite?

Dr. SCHULTZ. Yes, I think I have that data, Mr. Chairman. For fiscal year 1963, the discharges were 15.8 percent white, and 84.2 percent nonwhite.

EMERGENCY ADMITTANCE

Senator BYRD. What information is required to be obtained by admitting clerks for emergency admissions?

Dr. SCHULTZ. We have an admission manifold that provides data we use for processing a patient through the admission to District of Columbia General Hospital. The admitting clerk first makes out a worksheet that contains various identifying data and biographical data and residential information, information as to relatives and

available contacts. This is then transposed to an admission manifold, a multiple-copy set of papers, one of which becomes the face sheet of the chart, one of which goes to MAD for determination of payability. Another copy is returned to us when payability is determined. The other pages are for various inpatient uses, such as the bed tag of the patient. One goes to Information. That is the structure of the manifold.

Senator BYRD. Does the admitting clerk also secure information as to hospital and medical insurance?

Mrs. VINYARD. A yes or no answer. I mean by that that the admitting clerk asks if there is insurance or not, and this is checked on the work sheet for the admitting manifold, which is a tipoff to the Medical Assistance Division for consideration. We get the worksheet.

Senator BYRD. What do you mean by a yes and no answer, Mrs. Vinyard?

Mrs. VINYARD. I meant the admitting clerk gets only a yes or no answer from the patient, that there is or is not insurance.

Senator BYRD. I see. I thought you were giving me a yes and no answer.

Mrs. VINYARD. No, sir.

PATIENTS STATUS DETERMINATION

Senator BYRD. Does the admitting clerk also secure information as to the public assistance status, veteren's status, workman's compensation status, police status?

Mrs. VINYARD. Yes, except for veterans status. Possible liability is also checked. But, again, there is a yes or no piece of information as a guide to the Medical Assistance Division.

Senator BYRD. Suppose the admitting clerk asks the patient whether or not he has hospital and medical insurance and he says yes. Then what does the clerk do? Does the clerk ask anything further about the insurance?

Mrs. VINYARD. Not that I know of, sir.

Doctor SCHULTZ. No, sir.

Senator BYRD. He does not ask for the policy number or the name of the insurance company?

Doctor SCHULTZ. No, sir.

Senator BYRD. Where is this information acquired?

Doctor SCHULTZ. The worksheet which goes to MAD will indicate that there is in existence such insurance. Then I assume that the social worker on the first contact with the patient gets the details.

Senator BYRD. The details, then, are obtained by MAD?

Mrs. VINYARD. That is right, sir.

PAYABILITY DETERMINATION

Senator BYRD. Are all applicants for nonemergency inpatient treatment at District of Columbia General Hospital interviewed by social workers of the MAD?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Do social workers make determination of eligibility and payability prior to admission?

Mrs. VINYARD. Yes, sir.

Senator BYRD. In the case of emergency cases, which are all eligible for admission, payability determinations then are made after the patients have been admitted?

Mrs. VINYARD. Yes, sir.

Senator BYRD. How many cases were admitted in fiscal year 1963, which would be called emergency cases?

Dr. SCHULTZ. I can provide figures on that, Mr. Chairman.

Senator BYRD. Let me ask it this way. Perhaps it will be easier.

How many inpatients are admitted to the District of Columbia General Hospital annually on a planned basis and how many on an emergency basis?

TOTAL ADMISSIONS FOR FISCAL YEAR 1963

Dr. SCHULTZ. The total admissions for fiscal year 1963 were 28,013. That includes the newborn, 5,908.

Now, admitted through the emergency room, there were 9,743 emergency admissions. Regarding the planned admissions, I do not think these figures correctly give the picture, Mr. Chairman.

I would not want to say that all the residual patients were not admitted as emergencies. The reason for that, sir, is that some patients are admitted directly to psychiatry by police and some pregnant women come directly into OB and are admitted, and then the information is called into the admitting office so that the figure of 9,743 emergency admissions is probably low in terms of those patients admitted as emergencies where there was no opportunity, prior to development of the emergency, at least, for a determination of payability.

Mrs. VINYARD. I think, Mr. Chairman, we have not kept the figures exactly as you are asking them, but we have estimated that between 75 and 80 percent of the admissions which Dr. Schultz mentioned are either in the category of pure medical emergencies or police and court cases and communicable disease cases, these being of the types for which there need not be a prior determination. This estimate was arrived at by studying several different types of data.

Dr. SCHULTZ. It also includes pediatrics admissions that occur during hours when MAD is not available.

Mrs. VINYARD. Which were emergencies.

Dr. SCHULTZ. That is right. They were emergencies in the sense that they required immediate admission.

NUMBER AND REASONS FOR NO PAYABILITY DETERMINATIONS

Senator BYRD. Would you say that no payability determinations are made on about 6,000 emergency inpatients annually?

Mrs. VINYARD. Yes, sir.

Senator BYRD. For what reason would you say?

Mrs. VINYARD. Lack of staff.

Senator BYRD. Is there any other reason?

Mrs. VINYARD. I would say that there are other reasons, but perhaps to some extent, they all get back to lack of staff. We might elaborate a little bit to indicate that we fail to get cooperation of these patients and the social workers stay only so long on a case, trying to secure cooperation.

Secondly, some of them get discharged before we get to them and we cannot find them. Again, this somewhat gets back to full staffing to get to the patient immediately.

Then there are deaths where, according to the manner of information we are able to secure, it does not look as if there is ability to pay, so again, we go on to the next case.

Senator BYRD. Would you say that again?

Mrs. VINYARD. In some instances, where the patient dies we may have some information which tends to indicate to us because of a prior admission, that there is no ability to pay there, and rather than take time trying to confirm that, we'll move on to another case where we think there may be some payability.

Senator BYRD. And you say that the social workers cannot get the necessary information on which to make a payability determination in some instances, before the patient is discharged?

Mrs. VINYARD. That is right, sir. And in some, the patient or the family refuse to sign an agreement to pay, in which case we notify the business office of District of Columbia General Hospital to bill what we think they can pay. On these, we have not been able to make any final determination, and get the contracts signed, because they will not sign them. And, again, there is no law requiring them to, unless it is husband for wife and parent for minor children.

ADMISSIONS OF WOMEN GIVING BIRTH

Senator BYRD. Are all women who give birth at District of Columbia General Hospital accepted as emergency cases?

Dr. SCHULTZ. Would you repeat the question, Mr. Chairman?

Senator BYRD. Are all women who give birth in District of Columbia Hospital accepted as emergency cases?

Dr. GRANT. The answer to that would be no.

Dr. SCHULTZ. I do not know how many are planned admissions, so I do not have that data.

Senator BYRD. What percent are so accepted?

Dr. SCHULTZ. I do not have the data on that, sir.

Senator BYRD. Could you furnish it for the record?

Dr. SCHWARTZ. Mr. Chairman, in 1963 there were 2,400 who were planned admissions to District of Columbia General Hospital.

Dr. SCHULTZ. It is a very difficult figure to determine, because of the question as to whether there is an emergency when the woman appears at the hospital, and we do have perhaps an hour, 2 hours, or 3 hours, as is true of any emergency case, to actually effect the admission process. If she is in labor or nearly in labor she would be brought to the delivery room, and I would say that they are usually at a stage in labor where they cannot be interviewed. Only a very small percentage are emergencies in that sense. It would be hard to develop a figure on this, because we would have to decide what the cut-off point is in terms of whether they could or could not be seen. I think that is the question you are asking here—for some type of clearance, prior to the time they actually go to the delivery room itself.

I would say perhaps most of them could be seen, if there was staff there available to interview them.

Senator BYRD. If you could give us for the record something a little more definite than this.

Dr. SCHULTZ. I will try to break that down in terms of the type of admission to obstetrics and how many of them are in the true medical sense, emergencies. I think I can develop some reasonable estimates on that.

(The material referred to follows:)

The obstetrical staff estimates that two-thirds of the women admitted must go directly to the delivery suite. Thus, approximately 4,650 of the 6,976 admissions in fiscal year 1963 were considered true medical emergencies.

EMERGENCY ADMISSIONS

Senator BYRD. Can you state for the record the number of emergency-admitted patients at District of Columbia General each year for the past 5 years?

Dr. SCHULTZ. I will provide that information.

(The information referred to follows:)

Maternity admissions, District of Columbia General Hospital, fiscal years 1959–63

Year	Total admissions	Estimated emergency admissions
1959	8,096	5,398
1960	7,981	5,321
1961	8,220	5,480
1962	7,753	5,169
1963	6,976	4,651

ELIGIBILITY DETERMINATIONS MADE

Senator BYRD. Can you also state for the record the number of such patients concerning which determination of eligibility for care at District expense was made?

Mrs. VINYARD. I am not sure I understand the question, Mr. Chairman.

Senator BYRD. All right, let me reiterate the previous question.

State the number of emergency-admitted patients at District of Columbia General each year for the past 5 years. And Dr. Schultz is going to supply that information.

Dr. SCHULTZ. May I say on that, sir, once again I will provide figures of those patients admitted to the emergency room. From the standpoint of the question that the chairman is asking us, as to how many of those are emergencies in the sense that they could be seen if we had an admitting office with someone there to determine payability, or at least make an initial determination, it would be very difficult to say how many are, in fact, emergencies.

Now, I can easily give you figures on how many are admitted through the emergency room. However, it would be misleading to say that none of them would be seen by a MAD person if this person were there and available to determine payability.

Senator BYRD. The next question was, state the number of emergency-admitted patients at District of Columbia General Hospital concerning whom such required determinations of eligibility for care at District expense were made.

Dr. SCHULTZ. We can provide that information.

Mrs. VINYARD. Yes, I think we can.

Dr. SCHULTZ. Patients admitted as emergencies upon whom a subsequent determination was made, if I understand correctly—yes.

Senator BYRD. On whom a subsequent determination of eligibility for care at District expense was made.

Dr. SCHULTZ. Yes.

(The information referred to follows:)

For fiscal year 1963, there were 16,382 MAD applications for emergency admissions to District of Columbia General Hospital, excluding police and court cases. On 10,267 of the applications, or 62.6 percent, determinations of eligibility and payability were made. On an additional 2,864 incomplete cases, a payability determination was made for an unknown number, even though it was not possible to secure a signed contract. These figures include psychiatric and tuberculosis patients to whom standards of medical indigency for eligibility do not apply. There are no comparable figures available for previous years and figures for the obstetrical service cannot be broken out of the above.

However, a special study of MAD workload on obstetrical service was made for entire fiscal year 1962 and 9 months of fiscal year 1963 when an MAD social worker was assigned full time to the obstetrical service at District of Columbia General Hospital. Results were:

	Fiscal year 1962 (12 months)	Fiscal year 1963 (9 months)
Total applications	2,085	1,568
Number of determinations made	1,612	1,235
Percent determinations made	77.3	78.7

PROCEDURE ON REIMBURSEMENT FOR TREATMENT

Senator BYRD. Does the District pay the entire cost of treatment of these patients without any attempt to obtain reimbursement?

Dr. SCHULTZ. If there has been no determination of payability, we do not at this time make any attempt at collection—that is correct.

Senator BYRD. Why is this the case, Dr. Schultz?

Dr. SCHULTZ. We do set up accounts receivable ledger cards on all patients who come in. That is, one page of the admission folder has a page that goes to accounting and becomes the initial phase of billing. We bill presently those patients upon whom some determination of payability has been made. Without billing machines, I would say that to bill all of them at this time would mean that we would fall further behind in the billing of those upon whom payability has been determined. We have just decided that we can do manually the accounting and billing on all patients seen in the emergency room who are treated there. Now, this will include the emergency room treatment of all patients who are seen at that level. But, once again, without billing machines, it would be difficult and, I think, impossible to bill all patients.

Senator BYRD. Has any consideration been given to correcting this situation?

Dr. SCHULTZ. We did, at one time, make some such effort, and only found we were falling further behind. Mr. Bossong, do you have information on that?

Mr. BOSSONG. We attempted to, on a pilot basis, set up a program for billing of all patients and could not keep up on the normal billing of those on whom payability had been determined.

STATUS OF ACCOUNTS RECEIVABLE

Senator BYRD. What is the total of accounts receivable at the present time?

Mr. BOSSONG. The figure, as of June 30, 1963, was $464,090.21.

Senator BYRD. Now, could you supply the same information for each of the last 5 years?

Mr. BOSSONG. I think we could, sir.

Senator BYRD. How does it compare with the previous year?

Mr. BOSSONG. I am sorry, sir; I do not have that information with me.

Senator BYRD. All right, you will provide that for the record.

Dr. SCHULTZ. I actually have those figures, if you would like to have them, sir.

Senator BYRD. All right.

Dr. SCHULTZ. I have the number and amount of new accounts. To go back 5 years—in 1959, the amount of new accounts was $446,885; number of new accounts was 4,465. In 1960, the amount of new accounts was $592,134; the number was 5,170. In 1961, the amount of new accounts was $1,038,120; the number was 6,509. In 1962, it increased, the amount of new accounts was $1,530,347 and the number of new accounts was somewhat less, 6,132. In 1963, the amount of new accounts was $1,603,251 and the number of new accounts was 5,642.

Senator BYRD. Will you repeat it for us, please?

Dr. SCHULTZ. $1,603,251—that is the total number of new accounts. The number is 5,642.

Senator BYRD. Will you repeat the dollar figure, please?

Dr. SCHULTZ. $1,603,251—a small increase over the last year—the number of accounts was less.

CRITERIA USED TO ESTABLISH PAYABILITY

Senator BYRD. What criteria relating to the financial status of patients are used to establish payability?

Mrs. VINYARD. The payability determinations are made first on the basis of income, and there is a graduated scale there which starts at $150 gross a month for one person and goes on up. The second factor we call liquid assets, which would include savings accounts, cash, bonds, et cetera. The total amount there is $300. The third factor we take into consideration—we separate it because it is so difficult to handle—is real estate. When we deal with real estate, we have to have a formula in terms of whether this is refinanceable or salable.

Senator BYRD. Where do you go to get your guidelines? Are these contained in a Commissioner's order?

Mrs. VINYARD. Yes, sir; the guidelines are in the Commissioner's order. The standard itself for income, the $300 maximum, and the kinds of things that will be included in determining financial eligibility.

COMMISSIONER'S ORDER

Senator BYRD. Would you submit for the record a copy of the Commissioner's order?

Mrs. VINYARD. Yes, sir.

Senator BYRD. What is the order number—do you know?

Mrs. VINYARD. 59-2276 A, B, and C.

Senator BYRD. What is the date of the order?

Mrs. VINYARD. It was effective May 1, 1960, but the order date is December 8, 1959.

(The order referred to follows:)

[Order No. 59-2276-A]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.

Subject: Administration of general hospital services, general medical care provided or procured by the District of Columbia government, Department of Public Health.

Ordered: Effective on and after April 1, 1960.[1]

1. That Commissioners' Order No. 274,144/5, dated September 5, 1946, as amended by supplementary order dated February 3, 1949 (see ch. H-5 of the unofficial compilation of District of Columbia health regulations of Apr. 1, 1957) is rescinded.

2. That this order governs the administration of general hospital services provided or purchased by the District of Columbia government.

3. That the Director of Public Health is hereby delegated the authority and responsibility to carry out this order and to promulgate the necessary administrative directives. In this connection he shall—

(*a*) Through his designated representative negotiate contracts in the name of the District of Columbia government with persons liable or willing to assume responsibility for payment for hospital services under the provisions of this order.

(*b*) Deviate or authorize his designated representative to deviate from this order governing eligibility and standards of payment for hospital services whenever in his opinion the denial of such medical services to an individual or groups of individuals would endanger life, create a more serious medical condition, endanger the public health, or create an undue hardship for the person or persons concerned, provided a record of each such exception shall be kept in a special file in the Department of Public Health and shall be made available to such reviewing bodies as the Commissioners may designate.

(*c*) Review this order at intervals not to exceed 1 year and recommend to the Commissioners of the District of Columbia such revisions as may be indicated.

Purpose and scope

It is the intent of Congress as expressed by statue, including appropriation language, that medically indigent residents of the District of Columbia shall be eligible for hospital services provided or purchased by the District of Columbia government and that reasonable standards of indigency and payment by patients and responsible relatives shall be established. In this connection, this order provides under section 1 that these patients receive hospital services in the District of Columbia General Hospital and in other hospitals or institutions by agreement with the District of Columbia government.

Congress excepted medical emergencies and further provided that administrative exceptions could be made where the Commissioners determined it to be necessary in the public interest. In relation to these exceptions, this order provides under section 2 for the general hospital care of these patients at District of Columbia General Hospital only.

SECTION 1. HOSPITAL SERVICES FOR INDIGENT AND MEDICALLY INDIGENT

A. Socioeconomic criteria for identifying indigent and medically indigent residents

1. Recipients of public assistance from the Department of Public Welfare shall be automatically eligible.

2. All other individuals and families who meet the following criteria of residence, income, resources, and real property ownership shall be eligible for hospital services in District of Columbia General Hospital and any hospital or institution under agreement with the District of Columbia government to provide such care:

(*a*) Residence in the District of Columbia continuously for a period of 12 months immediately prior to date of application, provided that no person confined in a prison or at public expense in any institution, hospital, sanatorium, or nursing home, shall be deemed to have gained or lost residence.

[1] Amended as effective May 1, 1960, by Commissioners' Order 60-670, dated Mar. 31, 1960.

(*b*) Income below the following gross monthly income scale:

Number of persons supported by the family income:	*Maximum monthly income*
1	$175
2	200
3	235
4	280
5	320
6	360
7	395
8	430
9	465
10	500

(*c*) Resources in liquid assets of $500 or less. This excludes (*a*) household furniture and clothing; (*b*) personal property used in the prosecution of a business, profession or calling and (*c*) any other personal property which in the judgment of the Director of Public Health is unavailable to pay for the costs of hospital services.

(*d*) Ownership of real property which is encumbered by more than one mortgage, or which is encumbered by only one mortgage and cannot be refinanced.

B. Standards for payment

Each eligible individual or family shall be evaluated regarding ability to pay for hospital services in relation to established rates.

1. The rates shall be those established as appropriate by Congress or the Commissioners of the District of Columbia.

2. Determination of ability to pay shall take into consideration income and resources such as liquid assets, compensation, insurance, liability recovery; and the person or his responsible representative shall be required to sign a contract to meet the terms of payment. Patient contracts to pay for hospital service may be renegotiated at any time there is a change in factors on which the original patient contract was based, to be effective as of the date of renegotiation.

3. Individuals eligible as recipients of public assistance from the Department of Public Welfare shall be free except when liability recovery is available.

4. All other eligible individuals:

(*a*) Shall be free if their gross monthly income is below the following minimum scale, their liquid assets are at or below $300, and other resources are not available.

Number of persons supported by the family income:	*Minimum monthly income*
1	$150
2	170
3	195
4	230
5	260
6	285
7	310
8	335
9	360
10	380

(*b*) Shall pay if the monthly income is at or above the minimum scale (4(*a*) above), or liquid assets are above $300 or there are other resources exclusive of real property. Liability for payment in any 1 month for hospital services during that month shall not exceed the sum of (1) the excess of a single month's income over the minimum scale, (2) the excess of liquid assets over $300, and (3) other resources.

C. Policy for authorizing hospital services at the District of Columbia expense

1. Authorization for hopsital services provided or paid for by the District of Columbia government shall be granted by the Department of Public Health only after verification of eligibility and determination of ability to pay.

(*a*) This authorization shall be secured by the hospital prior to the acceptance of the patient for care except in medical emergencies.

(*b*) When a patient has been admitted as a medical emergency to District of Columbia General Hospital, referral of the case shall be made immediately after

admission for determination of eligibility and ability to pay under this section.

(c) When a patient has been admitted as a medical emergency to hospitals having agreements with the District of Columbia government, referral of the case to the Department of Public Health shall be made immediately after admission for determination of eligibility and ability to pay under this section if payment by the District of Columbia government is anticipated.

2. In addition, authorization for providing hospital services under this section shall be given hospitals and institutions under agreement with the District of Columbia government only within the limits of funds available for reimbursement for such services.

SECTION 2. MEDICAL EMERGENCIES AND ADMINISTRATIVE EXCEPTIONS FOR HOSPITAL SERVICES AT DISTRICT OF COLUMBIA GENERAL HOSPITAL

A. Criteria for identifying medical emergencies and administrative exceptions

1. Medical emergencies, as determined by the admitting medical officer are eligible for care at District of Columbia General Hospital whether or not they are eligible as medically indigent residents.

2. The Commissioners of the District of Columbia have determined it to be in the public interest that the following medical categories shall be eligible for care at District of Columbia General Hospital whether or not they are eligible as medically indigent residents:

(a) Persons having a communicable disease other than tuberculosis, provided they are residents of, or residing, in the District of Columbia.

(b) Children otherwise eligible for care in the Crippled Children's Unit, provided they are residents of, or residing, in the District of Columbia.

3. The Commissioners of the District of Columbia have determined it to be in the public interest that the following additional categories shall be eligible for care at the District of Columbia General Hospital whether or not they are eligible as medically indigent residents:

(a) Inmates of District of Columbia institutions.

(b) Wards of the District of Columbia.

(c) Police and court cases.

(d) Employees of District of Columbia Government hospitals who have intern, resident, or student status.

(e) District employee compensation cases.

(f) District employees referred for specialized examination for determination of physical fitness for duty.

B. Standards for payment

Each individual or family identified in this section as eligible to receive hospital services at District of Columbia General Hospital shall be evaluated regarding ability to pay as follows:

1. Persons identified in this section, paragraph A, 1 and 2, shall be free, part-pay, or full pay in accordance with standards established in section I, paragraph B, 1 through 4, except that real property shall be considered an available resource for payment of hospital services if such property is owned outright or, if encumbered by only one mortgage, can be refinanced.

2. Persons identified in this section, paragraph A, 3, a through f, shall be free, except when liability recovery is available. In such instances, the standards for payment in section I, B, 2 shall apply.

C. Policy for authorizing hospital services

1. For medical emergencies, paragraph A, 1, or communicable diseases, paragraph A, 2, a, authorization for admission to the District of Columbia General Hospital shall be granted by the admitting medical officer of that hospital solely on his determination that such conditions exist.

2. For administrative exceptions identified in this section, paragraph A, 2, b, authorization for admission to the District of Columbia General Hospital shall be granted only after vertification of eligibility and determination of ability to pay.

3. For administrative exceptions identified in this section, paragraph A, 3, a through f, authorization for admission to the District of Columbia General Hospital shall be granted upon confirmation of their status as an administrative exception.

By order of the Board of Commissioners, District of Columbia:

G. M. THORNETT,
Secretary to the Board.

[Order No. 59-2276-B]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.

Subject: Administration of hospital services for tubercular patients provided or procured by District of Columbia Government, Department of Public Health.

Ordered: Effective on and after April 1, 1960:[1]

1. That Commissioners' Order No. 274,144/1, dated December 4, 1952 (see chapter H-5 of the Unofficial Compilation of District of Columbia Health Regulations of April 1, 1957) is rescinded.

2. That this order governs the administration of hospital services provided by the District of Columbia government for tuberculosis patients.

3. That the Director of Public Health is hereby delegated the authority and responsibility to carry out this order, to promulgate the necessary administrative directives, and to coordinate the hospital services provided in this order with the regulations governing communicable diseases in general and tuberculosis in particular. In this connection he shall:

(*a*) Through his designated representative negotiate contracts in the name of the District of Columbia government with persons liable or willing to assume responsibility for payment for hospital services under the provisions of this order.

(*b*) Deviate or authorize his designated representative to deviate from this order governing eligibility and standards of payment for hospital services whenever in his opinion the denial of such medical services to an individual or groups of individuals would endanger life, create more serious medical condition, endanger the public health, or create an undue hardship for the person or persons concerned, provided, a record of each such exception shall be kept in a special file in the Department of Public Health and shall be made available to such reviewing bodies as the Commissioners may designate.

(*c*) Review this order at intervals not to exceed 1 year and recommend to the Commissioners of the District of Columbia such revisions as may be indicated.

Purpose and scope

This order provides for the care of tuberculosis patients in the pulmonary disease service of the District of Columbia General Hospital and at Glenn Dale Hospital with particular reference to the eligibility requirements and standards for payment for such care. This order supplements existing regulations governing the handling of tuberculosis as a communicable disease.

Criteria for determining eligibility for care as tuberculosis patients

All persons living, working, or attending school in the District of Columbia, having or suspected of having tuberculosis shall be eligible for care. The following persons shall also be eligible:

1. Inmates of District of Columbia institutions located outside the District.
2. Wards of the District of Columbia placed outside the District.
3. Employees of District of Columbia government hospitals located outside the District who have intern, resident, or student status.
4. Employees of the District of Columbia government living on District government occupied property outside the District of Columbia.
5. District employee compensation cases.

Standards for payment

A. The following special groups shall receive free care:

1. Inmates of District of Columbia institutions.
2. Wards of the District of Columbia.
3. Police and court cases.
4. Employees of District of Columbia government hospitals who have intern, resident, or student status.
5. District employee compensation cases.

B. All other individuals or families shall be evaluated regarding ability to pay in relation to established rates as follows:

[1] Amended as effective May 1, 1960, by Commissioners' Order 60-671, dated Mar. 31, 1960.

1. The rates shall be those established by the Commissioners of the District of Columbia.

2. Determination of ability to pay shall take into consideration income and resources such as liquid assets, compensation, insurance, liability recovery, and the person or his responsible representative shall be required to sign a contract to meet the terms of payment. Patient contracts to pay for hospital service may be renegotiated at any time there is a change in factors on which the original patient contract was based, to be effective as of the date of renegotiation.

(*a*) Persons shall be free if their gross monthly income is below the following minimum scale, their liquid assets are at or below $300, and other resources or not available.

Number of persons supported by the family income:	*Minimum monthly income*
1	$150
2	170
3	195
4	230
5	260
6	285
7	310
8	335
9	360
10	380

(*b*) Persons shall pay, if the monthly income is at or above the minimum scale, or liquid assets are above $300, or there are other resources. Real property shall be considered as available resources if such property is owned outright or, if encumbered by only one mortgage, can be refinanced. Liability for payment of the first month's hospital care shall not exceed the sum of (a) the excess of a single month's income over the minimum scale, (b) the excess of liquid assets over $300, and (c) other resources. Liability for payment for succeeding months shall be determined by a cost of living budget (community standard).

Policy for authorizing hospitalization at District of Columbia expense

Persons will be admitted to the pulmonary disease service of District of Columbia General Hospital or, the Glenn Dale Hospital on the authority of the public health order, the removal and detention order, or other police or court orders.

By order of the Board of Commissioners, District of Columbia:

G. M. THORNETT,
Secretary to the Board.

[Order No. 59-2276-C]

GOVERNMENT OF THE DISTRICT OF COLUMBIA, EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.

Subject: Eligibility and payability of, and inpatient services for psychiatric patients provided or procured by District of Columbia government, Department of Public Health.

Ordered: Effective on and after April 1, 1960.[1]

1. That part I of the Interstate Services Regulations, as approved by the Board of Public Welfare July 28, 1950, and as amended August 29, 1952[2] (see Chapter H-4 of the unofficial compilation of District of Columbia Health Regulations of April 1, 1957) is rescinded.

2. That this order governs patient eligibility and payability, and the authorization for inpatient psychiatric services provided by or procured by the District of Columbia government.

3. That the Director of Public Health is hereby delegated the authority and responsibility to carry out this order, to promulgate the necessary administrative directives, and to coordinate the hospital services provided in this order in accordance with the laws and regulations governing mental illness. In this connection, he shall:

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[1] Amended as effective May 1, 1960, by Commissioners' Order 60-672, dated Mar. 31, 1960.

[2] Editorial Note: Function transferred to Department of Public Health per Reorganization Order No. 57, June 30, 1953, as amended.

(*a*) Negotiate contracts through his designated representative in the name of the District of Columbia government with persons liable or willing to assume responsibility for payment for hospital services under the provisions of this order.

(*b*) Deviate or authorize his designated representative to deviate from this order governing eligibility and standards of payment for inpatient services whenever in his opinion the denial of such services to an individual or groups of individuals would endanger life, create a more serious medical condition, endanger the public health, or create an undue hardship for the person or persons concerned, provided a record of each such exception shall be kept in a special file in the Department of Public Health and shall be made available to such reviewing bodies as the Commissioners may designate.

(*c*) Review this order at intervals not to exceed 1 year and recommend to the Commissioners of the District of Columbia such revisions as may be indicated.

Purpose and scope

It is the intent of Congress, as expressed in various statutes, that individuals within the District of Columbia in need of psychiatric care be provided hospitalization for a period of observation and examination regardless of residence, indigency, or willingness to pay. It is the further intent of Congress that continued psychiatric inpatient treatment, when provided or purchased by the District of Columbia government, be limited to patients who are residents of the District of Columbia and who reimburse the District of Columbia government if of sufficient ability. Thus, criteria for determining eligibility, authority for recovering costs through payments by patients and responsible relatives, and authority for admission are established in the statutes of the District of Columbia Code [3] for mentally ill patients as follows:

Voluntary hospitalization at District of Columbia General Hospital, regardless of residence or willingness to pay, for observation subject to examination and commitment (sec. 21–310).

Voluntary hospitalization as a chronic alcoholic, subject to District of Columbia residence and payment if of sufficient ability, for examination and treatment (sec. 24–510).

Voluntary hospitalization at St. Elizabeths Hospital, subject to District of Columbia residence and payment if of sufficient ability, for observation and treatment (sec. 32–412).

Involuntary hospitalization, regardless of residence and without payment by patient, through apprehension and detention by the Metropolitan Police or by certificates and affidavits, for observation and subject to examination and commitment (secs. 21–326 through 21–327).

Involuntary hospitalization at Et. Elizabeths Hospital, subject to District of Columbia residence but at the expense of the District of Columbia without reimbursement from patient, by writ of attachment or by transfer from District of Columbia General Hospital on temporary commitment for observation subject to examination and commitment (sec. 21–311).

Involuntary hospitalization, subject to District of Columbia residence and payment if of sufficient ability, by commitment order of the U.S. District Court for the District of Columbia on recommendation of the Commission on Mental Health (sec. 21–308).

Involuntary hospitalization as a drug addict, without regard to residence and without payment by patient, by Commissioners' order for examination and commitment by the U.S. District Court for the District of Columbia for treatment (secs. 24–601 through 24–611).

Involuntary hospitalization as a chronic alcoholic, without regard to residence and without payment by patient, by commitment order of the municipal court for the District of Columbia for treatment (sec. 24–506).

Involuntary hospitalization of persons serving sentence of any court of the District of Columbia for crime in a District of Columbia penal institution shall receive care and treatment for mental illness without regard to residence and without payment by patient (sec. 24–301).

In addition there are several statutes providing for the admission of special categories of Federal patients to St. Elizabeths Hospital. Some might be residents of the District of Columbia but are hospitalized at no expense to the District of Columbia government.

[3] 1951 ed.

This order, therefore, provides the regulations to cover—

1. Eligibility criteria for continued voluntary psychiatric treatment at District of Columbia General Hospital and for the admission and treatment of psychiatric patients at the contract hospitals and Freedmen's Hospital at the expense of the District of Columbia government.

2. Payment standards: (*a*) for voluntary admissions to District of Columbia General Hospital, St. Elizabeths Hospital, the contract hospitals, and Freedmen's Hospital when any part of the charge may be at the expense of the District of Columbia government; (*b*) to be applied in recommendations made to the Commission on Mental Health in connection with commitments: (*c*) for certain involuntary patients at District of Columbia General Hospital.

3. Authority for admission of patients identified in this order where not covered by specific statutory authority.

A. Criteria for determining eligibility for care as psychiatric patients

1. Individuals identified as indigent and medically indigent residents in accordance with the standards established by Commissioners' Order No. 59–2276–A, shall be eligible as voluntary patients for continued psychiatric treatment of District of Columbia General Hospital and for admission and treatment as psychiatric patients in any hospital or institution under agreement with the District of Columbia government to provide such care.

2. Employees of District of Columbia government hospitals who have intern, resident, or student status shall be eligible as voluntary patients for continued psychiatric treatment at District of Columbia General Hospital.

3. All other individuals and families who meet the following criteria shall be eligible as voluntary patients for continued psychiatric treatment at District of Columbia General Hospital.

(*a*) Residence in the District of Columbia continuously for a period of 12 months immeditaely prior to date of application:

Provided, That no person confined in a prison or at public expense in any institution, hospital, sanatorium, or nursing home, shall be deemed to have gained or lost residence.

(*b*) Contract to pay all or part of the cost of hospital services if of sufficient ability as determined according to "Standards for payment" in paragraph B, this order.

B. Standards for payment

1. Employees of the District of Columbia government hospitals who have intern, resident, or student status, and are voluntary patients shall receive free care at District of Columbia General Hospital.

2. The following groups of involuntary patients shall receive free care at District of Columbia General Hospital:

(*a*) Court cases.

(*b*) Police cases with charges other than for mental observation.

(*c*) Wards of the District of Columbia and inmates of its institutions.

3. Individuals to be committed to St. Elizabeths Hospital, or their families shall be evaluated for payment for hospitalization under commitment according to criteria set forth in paragraph 4 below. This evaluation shall serve as a basis for the payment recommendations made to the Commission on Mental Health.

4. All other psychiatric patients or their families covered by this order; namely, the indigent and medically indigent residents, the chronic alcoholics, the voluntary admissions for observation and treatment at District of Columbia General Hospital and St. Elizabeths Hospital, shall be evaluated regarding ability to pay for hospital services in relation to established rates.

(*a*) The rates shall be those established as appropriate by Congress or by the Commissioners of the District of Columbia.

(*b*) Determination of ability to pay shall take into consideration income and resources such as liquid assets, compensation, insurance, liability recovery. The individual or his responsible representative shall be required to sign a contract to meet the terms of payment. Patient contracts to pay for hospital service may be renegotiated at any time there is a change in factors on which the original patient contract was based, to be effective as of the date of renegotiation.

(c) The following shall receive free care:

(1) Recipients of public assistance from the Department of Public Welfare.

(2) Individuals whose gross monthly income is below the following minimum scale, whose liquid assets are at or below $300, and who have no other resources available:

Number of persons supported by the family income

	Minimum monthly income		*Minimum monthly income*
1	$150	6	$285
2	170	7	310
3	195	8	335
4	230	9	360
5	260	10	380

(d) Persons shall pay if the monthly income is at or above the minimum scale, or liquid assets are above $300, or there are other resources. Real property shall be considered an available resource if such a property is owned outright or, if encumbered by only one mortgage, can be refinanced. Liability for payment of the first month of hospital care shall not exceed the sum of (a) the excess of a single month's income over the minimum scale, (b) the excess of liquid assets over $300, and (c) other resources. Liability for payment for succeeding months shall be determined by a cost of living budget (community standard).

C. Policy for authorizing hospital services

1. For employees of the District of Columbia government hospitals who have intern, resident, or student status, court cases, police cases, wards of the District of Columbia and inmates of its institutions, authorization for admission to District of Columbia General Hospital shall be granted upon confirmation of their status.

2. For all other eligible individuals covered in this order, authorization for admission shall be granted only after verification of eligibility and determination of ability to pay.

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

[Order No. 59-2276-D]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 8, 1959.[1]

Subject: Administration of Interstate Hospitalization Services, residents and nonresidents, Department of Public Health.

Ordered:

1. That Commissioners' Order No. 301,852, dated December 7, 1948, is hereby rescinded, and the following issued in lieu thereof:

(a) That the Director of Public Health or his designated representative shall be responsible for establishing the residence eligibility and authorizing the return of a patient who is outside the District of Columbia and who requires hospitalization at District expense.

(b) He or his designated representative shall also secure authorization from other States for return to them of District nonresidents hospitalized in the District of Columbia at District expense or committed to St. Elizabeths Hospital and shall transport such patients on the authorized return.

By order of the Board of Commissioners, District of Columbia:

G. M. THORNETT,
Secretary to the Board.

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[1] Amended as effective May 1, 1960, by Commissioners' Order 60-673, dated Mar. 31, 1960.

COMMISSIONERS' ORDER 301,974/1,

DECEMBER 22, 1947.

Ordered: that Commissioners' order dated March 12, 1946, Commissioners' Order 301,974, is hereby rescinded, and in lieu thereof the following order is issued:

Ordered:

"That, effective with the issuance of this order, the Commissioners have determined that the clinics of the Health Department, except those indicated herein, be operated in the public interest without charge for clinical service, unless voluntary payments are made; that for all patients receiving care in the outpatient clinics at Gallinger Municipal Hospital and, after the first visit in the prenatal,[1] dental (excluding school children), mental hygiene and child guidance clinics of the Health Department,[2] the following fees shall be charged:

Emergency room visit and treatment[1]	each	$1.50
Clinic visits[1]	do	1.00
Redressings[3]	do	.30
X-rays (except for tuberculosis diagnostic purposes)[3]	do	1.50
Drugs[3] (prescription)		.25

[1] Commissioners' Order 62–2340, dated Dec. 13, 1962, established $7.75 as the charge for emergency room treatments and outpatient clinic visits.

[2] Commissioners' Order 301,974/3, dated July 6, 1950, and Commissioners' Order 55–1632, dated Aug. 26, 1955, eliminate charges for redressings and drugs, respectively.

[3] Commissioners' Order 61–1326, dated July 27, 1961, eliminates charges for casts and X-rays.

By order of the Board of Commissioners, District of Columbia.

FORMS INVOLVED

Senator BYRD. Also, if we may have them, Dr. Schultz, the committee might want to have included in the record the forms to which you were referring.

Dr. SCHULTZ. Yes, I can provide these at this time if you would like to have them.

Senator BYRD. Just submit them for the record.

(The forms referred to follow:)

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[1] Commissioners' Order 57–1525, dated Aug. 8, 1957, amended charges on maternity cases to $75, including all prenatal clinic visits and hospitalization in District of Columbia General Hospital.

[2] Commissioners' Order 58–154, dated Jan. 28, 1958, authorized treatment in Alcoholic Rehabilitation Clinic of District of Columbia residents and fee adjustment downward in accordance with standards of indigency already prescribed by the Commissioners, and authorized the same fee adjustment for patients attending Adult Mental and Child Guidance Clinics. Commissioners' Order 56–658, dated Apr. 3, 1956, had established fees for these clinics as $5 for consultation with referrals, $5 for individual therapy, and $3 for group therapy.

DISTRICT OF COLUMBIA GENERAL HOSPITAL
ADMITTING OFFICE
INFORMATION FOR MANIFOLD ADMITTING RECORD

HOSPITAL DIVISION AND UNIT				HOSPITAL NUMBER		
NAME LAST	FIRST	MIDDLE		AGE	SEX	RACE
ADDRESS				OCCUPATION		
BIRTHDATE	BIRTHPLACE	YEARS IN D.C.	RELIGION	IN EMERGENCY NOTIFY		
RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER					
MARITAL STATUS	REFERRED BY			CLINICAL SERVICE		
SCHOOL SERVICE	PRIOR ADMISSION DATE		THIS ADMISSION - DATE AND TIME			
PROVISIONAL DIAGNOSIS						

FATHER'S NAME	BIRTHPLACE	AGE	RACE	OCCUPATION
MOTHER'S MAIDEN NAME	BIRTHPLACE	AGE	RACE	OCCUPATION
NEAREST RELATIVE - RELATION	ADDRESS		TELEPHONE NUMBER	
INFORMANT RELATIONSHIP	ADDRESS		TELEPHONE NUMBER	

DOES PATIENT HAVE HOSPITAL OR MEDICAL INSURANCE? YES ☐ NO ☐

IS PATIENT A RECIPIENT OF PUBLIC ASSISTANCE? YES ☐ NO ☐

WAS PATIENT ADMITTED UNDER A POLICE CHARGE? YES ☐ NO ☐

DOES CASE INVOLVE: WORKMEN'S COMPENSATION? YES ☐ NO ☐

LIABILITY? YES ☐ NO ☐

IS PATIENT A VETERAN? YES ☐ NO ☐

DOES HE CLAIM A SERVICE CONNECTED DISABILITY YES ☐ NO ☐

IF YES, WHAT IS CLAIM NUMBER _____

DISTRICT OF COLUMBIA
GENERAL HOSPITAL
WASHINGTON 3, D. C.

ADMISSION
CHART RECORD

HOSPITAL DIVISION AND UNIT | HOSPITAL NUMB.

PATIENT'S LAST NAME | FIRST NAME | INITIAL | AGE | SEX | RACE

ADDRESS | OCCUPATION

BIRTH DATE | BIRTHPLACE | YEARS IN D.C. | RELIGION | IN EMERGENCY NOTIFY

RELATIONSHIP | ADDRESS AND TELEPHONE

MARITAL STATUS | REFERRED BY | CLINICAL SERVICE

SCHOOL SERVICE | PRIOR ADMISSION—DATE | NUMBER OF DAYS | DATE & TIME OF ADMISSION | REGISTRAR

PROVISIONAL DIAGNOSIS | DATE & TIME OF DISCHARGE

FINAL DIAGNOSIS

COMPLICATIONS

PATIENT'S LAST NAME | FIRST NAME & INITIAL | DIVISION-UNIT

FATHER'S NAME | BIRTHPLACE | AGE | RACE | OCCUPATION

MOTHER'S MAIDEN NAME | BIRTHPLACE | AGE | RACE | OCCUPATION

NEAREST RELATIVE - NAME | ADDRESS | TELEPHONE

INFORMANT | ADDRESS | TELEPHONE

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. THERE HAS BEEN AFFORDED AN OPPORTUNITY TO DEPOSIT VALUABLES AND MONEY FOR SAFEKEEPING AND IT IS UNDERSTOOD THAT THE HOSPITAL ASSUMES NO RESPONSIBILITY FOR PROPERTY RETAINED BY THE PATIENT.

SIGNATURE OF PATIENT OR RESPONSIBLE RELATIVE

PRINCIPAL OPERATION

ANESTHESIA

OTHER PROCEDURES

MICROFILM CHEST X-RAY—DATE TAKEN

PRIMARY CAUSE OF DEATH

CONTRIBUTORY CAUSE OF DEATH

AUTOPSY

CONDITION ON DISCHARGE | IMPROVED | UNIMPROVED | DECEASED

DISCHARGED TO

REMARKS

IF ADDITIONAL SPACE IS NEEDED, LIST ANY ADDITIONAL DIAGNOSES, OPERATIONS AND RELATED INFORMATION ON REVERSE SIDE AND SO INDICATE.

SIGNATURE OF ATTENDING PHYSICIAN M. D.

FORM 2164

MEDICAL RECORDS
LIBRARY

ADMISSION RECORD

SEND TO RECORD ROOM
IMMEDIATELY FOLLOWING
ADMISSION OF PATIENT.

HOSPITAL DIVISION AND UNIT				HOSPITAL NUMBER			
PATIENT'S LAST NAME	FIRST NAME		INITIAL	AGE	SEX	RACE	
ADDRESS				OCCUPATION			
BIRTH DATE	BIRTHPLACE	YEARS IN D.C.	RELIGION	IN EMERGENCY NOTIFY			
RELATIONSHIP	ADDRESS AND TELEPHONE						
MARITAL STATUS	REFERRED BY			CLINICAL SERVICE			
SCHOOL SERVICE	PRIOR ADMISSION—DATE	NUMBER OF DAYS	DATE & TIME OF ADMISSION	REGISTRAR			
PROVISIONAL DIAGNOSIS			DATE & TIME OF DISCHARGE				
FINAL DIAGNOSIS 1							
2							
3							
OPERATIONS—ANESTHESIA							
IMPROVED	UNIMPROVED	DIED	AUTOPSY				

FORM 210B

DISTRICT OF COLUMBIA
GENERAL HOSPITAL
WASHINGTON 3, D. C.

PATIENT'S LEDGER ACCOUNT
FISCAL OFFICE

HOSPITAL DIVISION AND UNIT				HOSPITAL NUMBER		
PATIENT'S LAST NAME	FIRST NAME	INITIAL		AGE	SEX	RACE
ADDRESS			OCCUPATION			
BIRTH DATE	BIRTHPLACE	YEARS IN D.C.	RELIGION	IN EMERGENCY NOTIFY		
RELATIONSHIP	ADDRESS AND TELEPHONE					
MARITAL STATUS	REFERRED BY		CLINICAL SERVICE			
SCHOOL SERVICE	PRIOR ADMISSION—DATE	NUMBER OF DAYS	DATE & TIME OF ADMISSION	REGISTRAR		

H. F. B. ESTABLISHED DAILY RATE	REGULAR ESTABLISHED DAILY RATE	OTHER DISPOSITION	DATE & TIME OF DISCHARGE	NOTED BY FISCAL CLERK

DATE		DEBIT	CREDIT
	_____DAYS AT $_____		
DATE BILLED			

BALANCE CARRIED FORWARD

FORM 510C

FOR NURSING UNIT FILE

TO ACCOMPANY PATIENT TO FLOOR WITH FORMS 210-A & 210-G. FOLD AND MAINTAIN IN UNIT FILE UNTIL PATIENT IS TRANSFERRED OR DISCHARGED. CENSUS NURSE INDICATES DATE AND TIME OF DISCHARGE OR DEATH. WITHDRAWS FROM FILE AND ATTACHES TO MIDNIGHT CENSUS OF DATE ON WHICH DISCHARGE OCCURS TO BECOME THE

DISCHARGE NOTICE

TO THE FOLLOWING

1—ADMITTING OFFICE

2—INFORMATION DESK

3—BUSINESS OFFICE

4—HOSPITAL PERMIT BUREAU

FORM 210D

HOSPITAL DIVISION AND UNIT | HOSPITAL NUMBER

PATIENT'S LAST NAME | FIRST NAME | INITIAL | AGE | SEX | RACE

ADDRESS | OCCUPATION

BIRTH DATE | BIRTHPLACE | YEARS IN D.C. | RELIGION | IN EMERGENCY NOTIFY

RELATIONSHIP | ADDRESS AND TELEPHONE

MARITAL STATUS | REFERRED BY | CLINICAL SERVICE

SCHOOL SERVICE | PRIOR ADMISSION — DATE | NUMBER OF DAYS | DATE & TIME OF ADMISSION | REGISTRAR

THIS DISCHARGE NOTICE MUST REACH THE HOSPITAL PERMIT BUREAU WITHIN 12 HOURS AFTER THE CLOSE OF THE DAY ON WHICH THE PATIENT HAS BEEN DISCHARGED.

DATE & TIME OF DISCHARGE | SIGNATURE—CENSUS NURSE

INITIALED ACKNOWLEDGEMENT OF CLEARANCE AND POSTING IN FOLLOWING UNITS:

1 - ADMITTING OFFICE | 2 - INFORMATION DESK | 3 - BUSINESS OFFICE | 4 - HOSPITAL PERMIT BUREAU

PATIENT'S LAST NAME | FIRST NAME-INITIAL | DIVISION-UNIT

ADMITTING OFFICE
CURRENT FILE OF
PATIENT CENSUS

TO BE FILED UPON PATIENT ADMISSION TO REFLECT AT ALL TIMES ACTUAL BED OCCUPANCY ON UNITS WITHIN DIVISIONS.

NOV 19 1963
MANHATTAN, KANSAS

FORM 210E

HOSPITAL DIVISION AND UNIT | HOSPITAL NUMBER

PATIENT'S LAST NAME | FIRST NAME | INITIAL | AGE | SEX | RACE

ADDRESS | OCCUPATION

BIRTH DATE | BIRTHPLACE | YEARS IN D.C. | RELIGION | IN EMERGENCY NOTIFY

RELATIONSHIP | ADDRESS AND TELEPHONE

MARITAL STATUS | REFERRED BY | CLINICAL SERVICE

SCHOOL SERVICE | PRIOR ADMISSION — DATE | NUMBER OF DAYS | DATE & TIME OF ADMISSION | REGISTRAR

DATE & TIME OF DISCHARGE | REGISTRAR

PATIENT'S LAST NAME | FIRST NAME-INITIAL

INFORMATION DESK
FILE

WHEN DISCHARGE DATE HAS BEEN POSTED, TEAR OFF THIS STUB AND FILE TEMPORARILY FOR PURPOSES OF MAIL, ETC.

FORM 210F

HOSPITAL DIVISION AND UNIT | HOSPITAL NUMBER

PATIENT'S LAST NAME | FIRST NAME | INITIAL | AGE | SEX | RACE

ADDRESS | OCCUPATION

BIRTH DATE | BIRTHPLACE | YEARS IN D.C. | RELIGION | IN EMERGENCY NOTIFY

RELATIONSHIP | ADDRESS AND TELEPHONE

MARITAL STATUS | REFERRED BY | CLINICAL SERVICE

SCHOOL SERVICE | PRIOR ADMISSION — DATE | NUMBER OF DAYS | DATE & TIME OF ADMISSION | REGISTRAR

DATE & TIME OF DISCHARGE | REGISTRAR

PATIENT'S LAST NAME | FIRST NAME-INITIAL

PATIENT BED TAG

ATTACH TO FORMS 210-A AND 210-D AND SEND TO UNIT WITH PATIENT.

TO NURSE:

DISCARD THIS FORM WHEN PATIENT IS DISCHARGED. IF PATIENT IS DECEASED, INDICATE TIME AND DATE OF DEATH AND ANY PERTINENT INSTRUCTIONS AND FASTEN SECURELY TO SHROUD.

IF PATIENT IS TRANSFERRED TO ANOTHER UNIT AND/OR DIVISION, THIS FORM MUST ACCOMPANY PATIENT. INDICATE RECEIVING UNIT AND TIME AND DATE OF TRANSFER ON BOTTOM OF FORM.

FORM 210G

HOSPITAL DIVISION AND UNIT				HOSPITAL NUMBER		
PATIENT'S LAST NAME	FIRST NAME	INITIAL		AGE	SEX	RACE
ADDRESS			OCCUPATION			
BIRTH DATE	BIRTHPLACE	YEARS IN D.C.	RELIGION	IN EMERGENCY NOTIFY		
RELATIONSHIP	ADDRESS AND TELEPHONE					
MARITAL STATUS	REFERRED BY		CLINICAL SERVICE			
SCHOOL SERVICE	PRIOR ADMISSION—DATE	NUMBER OF DAYS	DATE & TIME OF ADMISSION	REGISTRAR		

TO
HOSPITAL
PERMIT BUREAU
DEPARTMENT OF
PUBLIC HEALTH
D. C.

NOTICE OF PATIENT ADMISSION

TO
DISTRICT OF COLUMBIA
GENERAL HOSPITAL

HOSPITAL DIVISION AND UNIT					HOSPITAL NUMBER		
PATIENT'S LAST NAME	FIRST NAME		INITIAL		AGE	SEX	RACE
ADDRESS					OCCUPATION		
BIRTH DATE	BIRTHPLACE	YEARS IN D.C.	RELIGION	IN EMERGENCY NOTIFY			
RELATIONSHIP	ADDRESS AND TELEPHONE						
MARITAL STATUS	REFERRED BY			CLINICAL SERVICE			
SCHOOL SERVICE	PRIOR ADMISSION – DATE	NUMBER OF DAYS	DATE & TIME OF ADMISSION	REGISTRAR			
			DATE & TIME OF DISCHARGE	H. P. B. WORKER			

H. P. B. CASE NO.

FORM 2189

DCGH AO 6 (REV. 8-57)
COPY 1

D. C. GENERAL HOSPITAL
EMERGENCY TREATMENT RECORD

WRITE LEGIBLY AND FIRMLY

PERMANENT FILE NO.

NAME | BIRTH DATE | OCCUPATION | AGE | RACE | SEX

ADDRESS | BROUGHT IN BY | DATE | TIME AM PM

P. E. TEMP. | PULSE | RESP. | B. P.

TIME FIRST SEEN BY M.D. AM PM | PRESENT ILLNESS

PHYSICAL EXAMINATION

☐ X-RAY

CONSULTATION

IMPRESSION | TREATMENT

DISPOSITION:
☐ E. R. TREATMENT ONLY
☐ RETURN P.R.N.
☐ TO _____ CLINIC
☐ ADMIT AT ONCE
☐ M.A.D.: FOR ADMISSION TODAY, DESK OR OTHER
☐ M. A. D.: FOR ADMISSION IF CLEARED
TIME COMPLETED AM PM
(SIGNATURE) M.D.
TIME CLEARED ADMITTING OFFICE AM PM

DOCTOR'S ADMITTING NOTES

DATE

DATE	DOCTOR'S ADMITTING NOTES

DCGH AO 6 (REV. 8-57)
COPY 2

D. C. GENERAL HOSPITAL
EMERGENCY TREATMENT RECORD

WRITE LEGIBLY AND FIRMLY

PERMANENT FILE NO.

NAME	BIRTH DATE	OCCUPATION	AGE	RACE	SEX

ADDRESS	BROUGHT IN BY	DATE	TIME AM PM

P. E. TEMP.	PULSE	RESP.	B. P.

TIME FIRST SEEN BY M.D. AM PM

PRESENT ILLINESS

PHYSICAL EXAMINATION

☐ X-RAY

CONSULTATION

IMPRESSION

TREATMENT

DISPOSITION:

☐ E. R. TREATMENT ONLY
☐ RETURN P.R.N.
☐ TO _____ CLINIC
☐ ADMIT AT ONCE
☐ M.A.D.: FOR ADMISSION TODAY, DCGH OR OTHER
☐ M. A. D.: FOR ADMISSION IF CLEARED

TIME COMPLETED AM PM

(SIGNATURE) M.D.

TIME CLEARED AM
ADMITTING OFFICE PM

DISTRICT OF COLUMBIA APPROPRIATIONS, 1964 2801

INFORMATION ON PATIENT'S RESOURCES

Senator BYRD. Is the Medical Assistance Division confined to the interviewing of patients at the hospital in its questions for information on income, resources, family group and so on?

Mrs. VINYARD. Yes, sir—in the sense that we either interview the patient and/or family member personally, or conduct the investigation by telephone and written communication from the office.

Senator BYRD. Has the Medical Assistance Division developed any procedure to determine whether or not the patient is disclosing all pertinent information?

Mrs. VINYARD. I would say the answer to that is that our procedure involves not only the individual social worker's ability to interview and detect discrepancies, but the individual social worker's ability not to ask leading questions which would get an unfavorable answer, plus the comparison with previous applications, to pick up any clues. And we have on the application form, which the patient is supposed to sign, a statement by which the individual indicates that the facts that he has given us are true, that if there is any change in those facts, he will so advise us, and that if it is found that he withheld information willfully, he is subject to the total bill.

In addition to that, posted in all the interviewing areas, is a sign which indicates the giving of false information is fraud and subject to prosecution.

PROSECUTIONS

Senator BYRD. Have there been any prosecutions?

Mrs. VINYARD. No, sir.

Senator BYRD. Have there been any prosecutions within the last 10 years?

Mrs. VINYARD. I can only say that since I came on in 1955, there have been no prosecutions.

Senator BYRD. Why have there been no prosecutions?

Mrs. VINYARD. We have not found any evidence of fraud that the Corporation Counsel considered would hold up in court.

Senator BYRD. How many cases have you submitted to the Corporation Counsel?

Mrs. VINYARD. We have not submitted any formally.

Senator BYRD. Well, if you have not submitted any, how do you know that the Corporation Counsel did not consider the facts to be such as would support prosecution for fraud?

Mrs. VINYARD. We had some instances where the patient was also being prosecuted for fraud because of information supplied to the Welfare Department, and we submitted the information regarding the medical care as possibly related to it, and it was not considered part of the case.

GUIDELINES TO DETERMINE PROSECUTIONS

Senator BYRD. In other words, you make your own determination. You do not leave this up to Corporation Counsel.

Mrs. VINYARD. I would not say we make our own determinations. I think we have had some guidelines from Corporation Counsel as to what would constitute willful misrepresentation, and my staff has not given me any case where we could prove willful misrepresentation.

Senator BYRD. Do you have such guidelines? Have such guidelines been provided to you by the Office of Corporation Counsel?

Mrs. VINYARD. Informally, sir.

Senator BYRD. Don't you have any formal guidelines?

Mrs. VINYARD. No, we do not, sir.

Senator BYRD. Well, don't you think you should have? How can you make a determination unless you have some specifics by which you can make it?

Mrs. VINYARD. I think you are correct. We should.

Dr. GRANT. My feeling would be, Mr. Chairman, that any cases that appear to violate the laws and regulations should be submitted to the Corporation Counsel for their opinion relative to prosecution, and we should leave it up to them, and not to us.

LAXITY IN CASE SUBMISSION

Senator BYRD. Do you feel there has been laxity in not requesting a formal set of guidelines from the Office of Corporation Counsel?

Mrs. VINYARD. I had not thought of it that way before, but I guess it could be said that was true.

Senator BYRD. Do you feel there has been laxity in not having submitted cases to the Corporation Counsel for determination as to whether or not fraud may exist?

Mrs. VINYARD. I have not had any member of my staff present any cases for such submission, so I do not think I am in a position to say whether there has been laxity or not.

Senator BYRD. The fact no member of your staff has presented such cases to your attention—has this aroused any inquiry on your part?

Mrs. VINYARD. I think the inquiry that it has aroused on my part is to the extent that I indicated—we secured informal guidelines which were passed on to the staff verbally. We do not have it in writing. And that is the extent to which we carried it.

INFORMAL GUIDELINES

Senator BYRD. Would you state what the informal guidelines are.

Mrs. VINYARD. Yes; we would have to have on the application form information given to us by the patient with the application form signed by the patient and/or a responsible relative. And subsequently prove that the information, such as we might not have gotten, had been withheld by them and was not the result of an error on the part of the Medical Assistance Division staff in not asking for this information or failing to enter it on the form.

Senator BYRD. Is any consideration being given to the initiation of action, Dr. Grant, to correct this situation?

Dr. GRANT. I would think that under the circumstances raised at this hearing, Mr. Chairman, there should, and would be.

SOCIAL WORKERS ASSIGNED

Senator BYRD. At how many locations are Medical Assistance Division social workers stationed at the hospital?

Mrs. VINYARD. We have a central office in the Medical Assistance Division, and we have an outpatient unit over in the Outpatient Di-

vision of the District of Columbia General Hospital. In addition to that, District of Columbia General has supplied various spaces from time to time on the wards where our worker may use temporarily a desk or a phone. We have, in addition to that, one worker who spends most of her day in the pediatric unit.

Senator BYRD. You say that this is sufficient? Would you say that this number of locations is sufficient?

Mrs. VINYARD. We have not felt it was, and have felt that we might operate more efficiently if we had more space within District of Columbia General Hospital where the staff could work with desks, telephones, and an opportunity to do the interviewing with either the patient or relatives who are visiting.

Senator BYRD. What action has been initiated to correct this situation or to improve it?

Mrs. VINYARD. Various requests have been made to District of Columbia General Hospital. Their space situation is so acute that it has been my feeling they have given us equal consideration with everybody else.

INTERCHANGE OF INFORMATION

Senator BYRD. Is information relating to the financial status of persons applying for or receiving care at the hospital interchanged freely between these locations?

Mrs. VINYARD. It is now, sir.

Senator BYRD. It is now. How long has it been so interchanged?

Mrs. VINYARD. I would say we completed the combining of the records around the 1st of September 1963.

Senator BYRD. Does the Medical Assistance Division consider prior earnings of persons in a leave-without-pay status in making payability determinations?

Mrs. VINYARD. No, sir; they do not.

Senator BYRD. Why do they not?

Mrs. VINYARD. Well, our experience was that individuals, who at the time they apply to us for medical care in a leave without pay status, meaning they have used up all their annual leave and their sick leave, and who at the same time show no savings, are individuals who from a practical point of view do not have any money with which to pay for medical care. Again, the Medical Assistance Division, due to its lack of staff, has had to cut a number of corners and standardize our interviewing. On these types of patients, if we had adequate staff, I think we should be able to follow them to the point of discharge and determine when, in fact, do they return to work and if they return to work.

STAFF REQUEST

Senator BYRD. Dr. Grant, if there is all this great need for staff, why did you cut the request down to three?

Dr. GRANT. Because perhaps I am rather conservative, Mr. Chairman. But I think really because of the fact that I had not been in the Department very long at that time, and I think it was a question at that time of priorities.

Senator BYRD. It would seem to me that a conservative person would be interested in making more collections.

Have any studies been made to determine whether persons in leave without pay status while at the hospital do return to work and have payability potential?

Mrs. VINYARD. Not by the Medical Assistance Division.

Senator BYRD. Have any studies been made, Dr. Schultz?

Dr. SCHULTZ. I do not know.

Dr. GRANT. No, sir; I do not think so.

Senator BYRD. Do you feel that such studies should be made?

Dr. GRANT. I would think they should be done; yes, Mr. Chairman.

Senator BYRD. Is any consideration being given to such studies or to the correcting of this situation?

Dr. GRANT. I would not say, Mr. Chairman, that consideration has been given to this item thus far, but I would think it should be, based upon this hearing.

PATIENTS' LEAVE SITUATION

Senator BYRD. Would you not say that because the potential earning capacity of patients in leave without pay status on the date of admission or the date of application for admission to the hospital was not included as a basis for payability, the result is that many patients are provided free care at District expense, although they will be employed or will have income after their discharge?

Mrs. VINYARD. I would think the answer to that is that there are no doubt some who do return to employment and have income at a later date. We get to the point, though, of how long you continue to follow the situation to determine whether this is, in fact, true, and whether or not the amount they are going to earn is going to represent an amount that we can collect on.

I would at this point like to say that it is my feeling that, if we were able to concentrate on payability with the improved billing and collecting system as Dr. Schultz has mentioned, some of these things will almost automatically be taken care of. We will take off the Medical Assistance Division the burden of proving all this, and put it on the patient, the burden of proving that he cannot pay.

Senator BYRD. At the present time, under the procedures being used, you are not able to "follow the situation," using your own words, at all.

Mrs. VINYARD. That's right, sir.

Senator BYRD. When this information is not included as a basis for payability?

Mrs. VINYARD. That's right. We make our determination in relation to a very specific point of time, and that is the date of application.

PAYABILITY CRITERION

Senator BYRD. Would you say that, in general, the payability criterion by which you are most guided is the difference between the patient's monthly income and an amount already established to cover living expenses?

Mrs. VINYARD. I would have to amend that and say that the payability is the difference between the monthly income and a minimum standard that was tailored statistically to meet the relationship of our eligibility standard, moneys appropriated, and potential caseload.

That minimum standard is not considered sufficient, really, for living purposes, and that was why I corrected the statement.

Senator BYRD. Is this, then, considered the amount to be paid each month?

Mrs. VINYARD. That's the amount to be paid the first month; and in subsequent months, when we get into long-term care, the medical assistance worker does work out a budget, and the amount to be paid is related to the difference between this budget and the amount of income.

Senator BYRD. Is it not true that this is the entire amount he is expected to pay?

Mrs. VINYARD. I am sorry, Mr. Chairman, I do not understand.

Senator BYRD. Well, you indicated your criterion as being in many cases the difference between the income of the patient for 1 month, and this other standard which you have set up.

Mrs. VINYARD. In all cases of 1 month of medical care—this is the standard for the first month of medical care. For subsequent months it is the budget standard.

Senator BYRD. So then that amount would not be considered the entire amount which he would be expected to pay?

Mrs. VINYARD. He would be expected to pay the first month different from subsequent months.

Senator BYRD. There would be a cumulative total rather than just one figure as a total derived from that first month's computation?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Has this been true over a long period, Mrs. Vinyard?

Mrs. VINYARD. These particular standards and the application were developed as a result of the Commissioners' order which we mentioned earlier. They went into effect in May 1960. Therefore, the manual went into effect May 1960.

DETERMINATION OF PATIENT'S PAYABILITY

Senator BYRD. In some cases is the entire payability of patients determined to be the difference between the income of the patient for 1 month and an amount established by MAD to cover living expenses for 1 month? Or do you recognize the patient's earnings for more than 1 month?

Mrs. VINYARD. We recognize the patient's earnings under either standard. The difference is that in the first month of medical care the base is the minimum standard, and in subsequent months the base is the budget. I would not think that on that basis there woud be any case where the sole determination would be on the budget basis, because we always have the first month of care.

Senator BYRD. We will suspend for 5 minutes.

(Short recess taken.)

BILLING EQUIPMENT FUNDS NEEDED

Senator BYRD. Dr. Grant, in connection with your accounts payable program, how much would be needed to purchase the necessary equipment to get it started?

Dr. GRANT. This is in connection with the billing, I understand you are saying, Mr. Chairman. I believe that we would need approxi-

mately $54,000 to rent equipment and for the necessary staffing. However, the first year of operation would require $69,435 to properly develop the systems.

Senator BYRD. Could you do the work with your present personnel?

Dr. GRANT. No, sir, because we would need to have some people to first establish the operation, to do what is called the programing—this is what the data processing people call it—we would need some programers, and we would need two additional tabulator operators.

Senator BYRD. File for the record a breakdown of the $54,000 request.

Dr. GRANT. Yes, sir.

(The information referred to follows:)

The following information is furnished to show the cost of personnel and punchcard equipment needed to prepare bills for inpatient services at District of Columbia General Hospital.

The figures are based on the assumption that the machine processing would be accomplished at the Municipal Center as a part of the existing EAM installation being used for data processing of other aspects of the Health Department activities. The bills would be prepared for the business office at District of Columbia General, and they would handle the presentation of the bills to the patient and make the collections. While all aspects of machine processing necessary to assist the business office would be performed, the accounting responsibility would necessarily rest with the business office of District of Columbia General Hospital.

This means that a workable system must be designed for getting the necessary source information and collection figures to the Municipal Center quickly. (Source data would have to include MAD determinations as well as the personal particulars and hospitalizations data on the patient. If bills are to be presented to patients as they leave the hospital, a firm discharge policy would have to be established, and the machine processing of bills and transmittal of data, in both directions, would have to be performed 7 days a week. Because of these problems, which are not all inclusive, it is necessary for the personnel requirements to be somewhat greater than might be expected for the volume of the processing involved.

Personnel costs (including personal benefits) would be:

2 program analysts GS–12	$21,492
3 EAM operators GS–4	13,647
2 card punch operators GS–3	8,386
2 messengers GS–2	7,854
Total	51,379

Annual rental costs for punchcard equipment would be:

1 accounting machine, type 407	$10,020
1 collator, type 077	1,200
1 reproducer, type 514	1,536
1 sorter, type 082	720
1 verifier, type 056	600
1 cardpunch, type 024	480
Total	14,556

There would be initial costs for purchase of control panels, punchcard files, and billing forms which are estimated as being $3,500.

This is a total estimated cost of $69,435 for the first year of operation. Subsequent operations would probably be approximately $54,000 per year.

PAYABILITY CONCEPT

Senator BYRD. On pages 533 and 534 of the hearings, on the District of Columbia appropriations, 1964, held by the subcommittee of the Committee on Appropriations of the House of Representatives, you

described the plan to discontinue eligibility determinations for all patients, and stressed the payability concept. Would you describe for this committee your plan, Dr. Grant?

Dr. GRANT. Yes, sir; If I may refer to this document.

(The document referred to, entitled "Observations on the Medical Assistance Eligibility Program," is shown on p. 2593.)

IMPACT OF ELIMINATION OF MEANS TEST

Senator BYRD. Dr. Grant, if the means test is eliminated, and anyone is allowed to be admitted to the hospital would the number of emergency patients increase materially, and thereby decrease the beds available for planned admissions?

Dr. GRANT. I would hazard a guess, Mr. Chairman, that the number of emergencies would probably decrease rather than increase.

Senator BYRD. Why would this be true?

Dr. GRANT. Because of the fact that many of the patients that we now turn away as being ineligible, come back to us as emergencies. Further than this, Mr. Chairman, it would be my supposition, and we would certainly expect this, that patients who come to the hospital would be expected to make a downpayment just as they do for any other hospital before they got in.

PATIENT'S BILLING

Senator BYRD. Would all patients be billed for the full cost of hospitalization, even though it were known at the time the patient was medically indigent or partially so?

Dr. GRANT. No, sir; they would be billed for the full amount, but the bill itself would be discounted. In other words what I am saying, Mr. Chairman, is this.

The patient accumulates a bill of, let's say, $500 at the hospital. If it is known this patient is not able to afford any payment whatsoever, he would receive a bill indicating that the cost of his medical care was $500; based upon his being unable to pay, he would not have to pay it. The point I am making, Mr. Chairman, it seems to me this would increase the sense of responsibility in these patients and an understanding that someone is paying for their medical care.

Senator BYRD. Don't you think they already know that?

Dr. GRANT. I am not sure, Mr. Chairman, unless they receive a bill indicating exactly what it is that is being paid for—I would hazard a guess that they might not. They might know someone is paying, but they would not know the amount.

EFFECT OF PROCEDURAL CHANGE ON COLLECTION

Senator BYRD. What effect would such a change in procedure have on collections for hospitalization provided at District expense?

Dr. GRANT. There would, of course, be a very substantially increased demand on the collection program. I believe, Mr. Chairman, as I have indicated here, I believe that the collection would increase considerably. This would be my opinion.

Senator BYRD. You think the collections would increase?

Dr. GRANT. Very considerably increase, I believe. There would be far more billings, Mr. Chairman, and I would think there would be

more collections. I think if we could use the social workers in the Medical Assistance Division to stress this payability concept and to follow this up methodically, rather than spending all the time determining whether a patient is eligible, we would not need the large number of additional social workers that Mrs. Vinyard has mentioned. And yet I think we could do a better job in that we would receive more money as a result of these collections.

Senator BYRD. Well, there would still have to be a determination made in many cases as to whether or not the patient is able to pay.

Dr. GRANT. But this would only be a payability determination, not an eligibility. The eligibility one takes much longer at the present time to make.

RESPONSIBILITY FOR COLLECTIONS

Senator BYRD. Who is in charge of the collection activities?

Dr. GRANT. The District of Columbia General Hospital is in charge of a portion of that, Mr. Chairman. But if the patient is delinquent we send this over to the Enforcement Division, which is in the Finance Office of the District of Columbia government.

Senator BYRD. Who in the Enforcement Division of the Department of General Administration has the responsibility for enforcing collections of delinquent accounts?

Mr. LOWE. Mr. Chairman, the individual in immediate charge is a Mr. Samuel Kidd. The general supervisor is Mr. Back, the Finance Officer.

Senator BYRD. Is the hospital medical staff notified by the MAD concerning those patients who are required to make immediate payment of charges for services provided?

Mrs. VINYARD. Yes, sir. Medical Assistance Division receives, the day after admission, the account card—we now have a substitute sheet for it. And this goes to the Business Office with the MAD determination on it, after it has been made.

Senator BYRD. Are you saying that the hospital's medical staff are notified by MAD——

Mrs. VINYARD. I am sorry.

Senator BYRD. Concerning those patients who are required to make immediate payment of charges for services provided?

Mrs. VINYARD. No, sir; the medical staff are not informed of the detail. If it is an inpatient, they are informed as to whether the patient is eligible or ineligible. They are not informed on payability.

PAYMENTS FROM INSURANCE COMPANIES

Senator BYRD. Is the hospital's medical staff notified by the MAD concerning those patients who are required to make certifications in connection with the payment of charges from insurance companies?

Mrs. VINYARD. No, sir.

Senator BYRD. So the medical staff is not supplied with notification of any kind?

Mrs. VINYARD. They are not part of this procedure.

Senator BYRD. Would you say this is good or is it not good?

Mrs. VINYARD. Sir?

Senator BYRD. That the medical staff are not notified.

Mrs. VINYARD. I think that Dr. Schultz could answer that. I think my comment in regard to these details—the physicians do not play any part in enforcing it, so I would not see it as particularly advantageous to add to their load by bringing them in on this.

NEED FOR NOTIFICATION OF DISCHARGES

Senator BYRD. Do you think that it would be beneficial if the medical staff knew this so that perhaps the Business Office could be notified by the medical staff of the imminent discharge of patients who were required to make payment of charges for services provided?

Mrs. VINYARD. I think we should first clarify the fact that there is no requirement at the present time of immediate payment. And it is hard for me to visualize how the medical staff would be involved in this. I think that each patient should go to the Business Office on discharge and, at that point, the Business Office advises them of the bill.

Senator BYRD. If the patients do not go, as apparently they do not in many instances, do you think that the medical staff should be required to notify the Business Office of the imminent discharge of the patient so that the Business Office will refrain from discharging the patient until clearance is obtained from the Business Office?

Mrs. VINYARD. I think at this moment we are getting into details of District of Columbia General procedure that Dr. Schultz had better answer.

Dr. SCHULTZ. I think with respect to the total billing system, the patient should receive a bill as soon as the bill is made up, while he is still at the hospital. This would be billing for the first week on charges if this were available. If he has not met the account, even though he is still in the hospital at the end of whatever period would be considered reasonable, and usually that is the first week, or perhaps the second week, the Business Office would notify the nursing unit, and the nursing unit would be aware of the fact that the patient has a payability status and has not met this obligation. It would make a difference in the subsequent management of the patient. Now, as a continuation of that, if there was a payability that had not been met, either accumulated or certainly at the time of discharge, and we had a process of referring all patients who had any payability status to the Business Office at the time of discharge, I think this would be very useful.

BILLING PROCEDURE

At the present time the billing is done as a postdischarge mailing of the bill. And, once again, this has to do with the mechanics of setting up a billing system which now has to be done manually without billing machines. It is difficult. But no patient receives an actual bill delivered to him until he is, in fact, discharged from the hospital.

Dr. GRANT. Mr. Chairman, I would like to clarify one point. I believe your question was directed specifically to whether or not it would be desirable to inform the medical staff. Dr. Schultz has made the point, and I agree with him completely, that it is the nursing staff who actually would be informed and should be informed of this rather than the medical staff.

Dr. SCHULTZ. That is right—to the extent that the doctor might have some privilege of holding a patient's discharge up until this has been clarified, yes.

DISCHARGE OF PATIENTS

Senator BYRD. Does the nursing staff at the present time notify the Business Office of the imminent discharge of patients?

Dr. SCHULTZ. No.

Senator BYRD. Don't you think this might be a good thing because of the fact that many patients do leave without clearance from the Business Office?

Dr. SCHULTZ. This presumably would apply to those patients who are subject to some payability. I do not know that at this time the nursing service or the medical staff has that information available to them. They do not know those patients that are in this category. Once again I would think that an adequate Admission and Discharge Service would screen all patients.

In other words, as part of the discharge of any patient should be automatic reference to the business office as to whether there is a payability determination and, if there is, the patient should be referred there and not allowed to leave the hospital until he has paid. Legally, you cannot hold him but, morally, you can.

Dr. GRANT. Under the procedure, Mr. Chairman, that I have outlined in relation to my recommendation, part of this would very definitely be that all patients would have to go to the business office before leaving the hospital.

Senator BYRD. At the present time, they are not so required?

Dr. GRANT. No, sir.

Senator BYRD. Couldn't they be so required, even independently of your proposal?

Dr. GRANT. I think they should be, Mr. Chairman. Part of the problem is related to the current billing practices and the fact that we do not have this, in my opinion, properly worked out, until we get automatic data processing.

NOTICE OF DISCHARGES

Senator BYRD. At the present time, the business office is not notified by the medical staff or the nursing staff that a patient by the name of John Doe is about to be discharged or will be discharged tomorrow at noon?

Dr. GRANT. That's correct, Mr. Chairman. The problem is that if they were so notified—as I say, I think they should be—by the time the patient got there, there would simply be no bill. This is the crux of the problem.

Senator BYRD. How long would it take to institute a modern billing practice if the authority were to be granted?

Dr. GRANT. Mr. Chairman, I would hazard a guess we could do this within a year without too much difficulty.

Senator BYRD. The committee will recess for 5 minutes.

(Whereupon, a short recess was taken.)

PAYMENT PROCEDURE ON DISCHARGED PATIENTS

Senator BYRD. Is the business office required to designate a representative to contact the patients who must make immediate payment of charges for services provided and to obtain payments for certifications of hospitalization upon notification by the medical staff or by the nursing staff or by someone of their imminent discharge?

Dr. SCHULTZ. No, sir.

RECORDS OF ACCOUNTS RECEIVABLE

Senator BYRD. Does the District of Columbia General Hospital business office establish accounts receivable for charges for hospital and medical care provided to District of Columbia residents who have hospital and medical insurance coverage which will cover all or part of the cost services provided?

Mr. BOSSONG. We do; yes, sir.

Senator BYRD. Are accounts receivable established of charges for hospital and medical care provided to patients hospitalized as a result of the alleged negligence of others from whom compensation may be recoverable which compensation is subject to a hospital lien to cover the cost of the care provided?

Mr. BOSSONG. Yes, sir.

OUTSTANDING COLLECTIONS, METROPOLITAN AREA

Senator BYRD. Are accounts receivable established for patients of other jurisdictions, for instance, pay patients and indigent residents of Fairfax County, Va.?

Dr. SCHULTZ. Specifically identified as such, I do not believe so.

Mrs. VINYARD. I think the answer to that, Mr. Chairman, would be that the residents of other jurisdictions, like Fairfax, would be handled by the business office of District of Columbia General, like all others. It would depend on the determination made by the Medical Assistance Division and communicated to them. And these patients might be pay patients or they might be Fairfax County patients whom we could bill Fairfax County under the terms of our contract, or they might have to be carried as free.

Senator BYRD. Are there any outstanding bills from those sources?

Dr. SCHULTZ. I do not have any information on that.

Senator BYRD. Would you supply the answer for the record.

Dr. SCHULTZ. I think that could be determined.

(The information referred to follows:)

There are presently three outstanding bills from these sources, amounting to $1,430.50 as follows:

Montgomery County, Md	$760.50
Cumberland County, Md	416.50
Arlington County, Va	253.50

PROCEDURE ON ACCOUNTS RECEIVABLE

Senator BYRD. Does the District of Columbia General Hospital business office establish accounts receivable for District of Columbia residents who can pay for all or part of the cost of services provided?

Dr. SCHULTZ. Yes, sir.

Senator BYRD. Does the Enforcement Division establish such accounts receivable?

Mr. LOWE. Mr. Chairman, I did not hear the kind of accounts receivable that you were talking about. But the Enforcement Division does set up an accounts receivable immediately upon having an account referred to it, and maintains it receivable until it is either collected or written off by formal action of the Board of Commissioners.

Senator BYRD. So for all accounts referred from the District of Columbia General Hospital, the Enforcement Division does establish accounts receivable?

Mr. LOWE. Yes, sir; definitely.

COLLECTION POLICY

Senator BYRD. Would you say that the District does or does not have a well-defined collection policy, Dr. Grant?

Dr. GRANT. You are including, Mr. Chairman, in that question the collections that we carry out at District of Columbia General and that which we carry out in the Enforcement Division?

Senator BYRD. Yes.

Dr. GRANT. I am not sure that I could answer that question.

Senator BYRD. Could you answer the first part of the question?

Dr. GRANT. No, sir; not in my opinion.

Senator BYRD. Well, Mr. Lowe, would you like to take on the second part?

Mr. LOWE. I think, Mr. Chairman, we do have it defined at the Enforcement Division level. We have a manual of procedures pertaining to the operations and steps that would be gone through, the types of cases that will be referred to Corporation Counsel, for example, to and including an arrangement for an internal audit review of cases on a selected basis, prior to the time that they are referred to Commissioners to be removed from the active accounts.

I think if there is a lack, it is more in terms of some means of compelling action by the debtor. But the nature of this type of account is a little bit different from one like, say, where a person has bought merchandise and becomes unable to pay for it. You have nothing to repossess, shall I say, in a case like this.

CONDITIONS UNDER MEDICAL CHARITIES PROGRAM

Senator BYRD. Are the collection policies adequate to recover charges for hospital and medical care provided at private hospitals under the medical charities program?

Mrs. VINYARD. I would answer that by saying that I think they are fairly adequate, and we are constantly attempting to tighten any loopholes that we may find. Again, the contract hospitals have their obligation clearly outlined to them. They, like the District government, are dealing with individuals where the responsibility of the debtor is not clearly upheld or defined by law.

There always is a lag between their efforts and referral to the District government as a delinquent account, and its referral through the Enforcement Division process. I think we can improve it.

PERCENT OF CHARGES RECOVERED

Senator BYRD. What percent of all the charges are recovered? I am including not only here those involving District of Columbia General Hospital, but also the private hospitals under the medical charities program.

Mrs. VINYARD. I do not think we have that figure, sir.

Dr. GRANT. I have got one or two figures, Mr. Chairman, for you. It won't answer all of your question.

In fiscal 1963 there were 3,727 accounts referred to the enforcement unit. This was in the total amount of $923,999. The amount actually collected by them for this purpose was $207,770. That should give some indication.

We also have another piece of information, Mr. Chairman.

The District of Columbia General Hospital billed in this past fiscal year $1,603,251. We actually collected, that is through District of Columbia General Hospital efforts, $686,012.

Senator BYRD. Would you state for the record your recovery figures for each fiscal year for the past 5 years?

Dr. GRANT. Yes, sir.

(The information referred to follows:)

DISTRICT OF COLUMBIA GENERAL HOSPITAL

Collections by the hospital, 1959–63

Year	*Amount*
1959	$376,773
1960	417,766
1961	506,240
1962	635,576
1963	686,012

DETERMINATION OF UNCOLLECTABLE ITEMS

Senator BYRD. Who approves the writeoff accounts determined to be uncollectable?

Mr. LOWE. The Board of Commissioners, Mr. Chairman.

Senator BYRD. What are the criteria?

Mr. LOWE. There are a multitude of probably some 10 or 12 basic reasons why we can classify accounts as uncollectable. Some of the more typical ones are deceased—another one is unable to locate. Another one is no income.

Some of them we can locate but they have moved from the jurisdiction and we cannot establish effective communication with them. Another category, if it is a rather small amount, it does not warrant the expense of suit.

Those are the primary categories.

Each account, when it is presented to the Commissioners, is classified as to the primary reason that it is on that list. The annual writeoffs are fairly substantial. In the same year for which Dr. Grant just gave you figures—I think he gave you the sum of about $207,000 collected by the Enforcement Division; in that same year, we recommended to the Commissioners writeoffs of $322,644.

RECOMMENDED WRITEOFFS

Senator BYRD. Could you give the recommended writeoffs for each of the previous 5 years?

Mr. LOWE. Yes, sir. I cannot give it for all 5. I have it with me for 3.

Senator BYRD. Supply it for the record.

(The information referred to follows:)

Fiscal year	Collections	Writeoff
1961	$166,004	$163,727
1962	234,125	123,444

CRITERIA ON WRITEOFF

Senator BYRD. Can you supply for the record more specifically the criteria, or would this be too voluminous?

Mr. LOWE. No; I do not think it is too voluminous, sir. We will include that in the record.

(The information referred to follows:)

The legend we usually use to spell out the hospital accounts uncollectibility in our request to the Board of Commissioners for authority to remove them from active accounts receivable is set forth here:

Reason:	*Code*
Amount too small to sue	ATS.
Corporation Counsel states no legal action possible	CC.
Deceased, no estate	DNE.
Insurance only, no further payment due; benefits paid to hospital.	IO.
No assets—or insufficient income	NA.
No assets in the District of Columbia	NADC.
Unable to collect administratively. Accounts less than $100 worked to the degree specified in the Hospital and Institutions Operation Manual.	Utca.
Unable to locate	UTL.

Additional reasons some of the accounts are uncollectible include their untimely referral; contracts not properly executed; memo accounts (not signed contracts) naming someone in a family group liable for the debt (sister-in-law, uncle, grandmother) who is not legally responsible; and faulty insurance assignments, made for hospital benefits, i.e., assignments for OB cases when the insurance has not been in effect more than 10 months, etc.

TIME PERIOD INVOLVED IN RUNNING ACCOUNT

Senator BYRD. What time period is involved?

Mr. LOWE. Well, I could not answer you as to average number of months, but the accounts have some age on them when we receive them in the first place. Then the process of following up—we usually will work on that account for several months before we will put it on this list. And then before the list goes to the Commissioners, we have the Internal Audit Office make a test check to see if any undue percentage of these accounts seem to have gotten on the list improperly.

If it was a very minute number of them that seem to respond to more intensive treatment than we are able to give them in the Enforce-

ment Division, the whole thing is gone back over again. But recently these test checks have indicated very little that seems to be possible on the accounts.

Senator BYRD. You may have misunderstood me. There is no time period criterion is there?

Mr. LOWE. No, sir. We hold them until we are satisfied we cannot collect.

REVIEW OF DELINQUENT ACCOUNTS

Senator BYRD. How often are delinquent accounts scheduled for review?

Mr. LOWE. Mr. Chairman, I do not remember the exact frequency of these—of the cycle through which our people go on this type of an account. But each one is an individual transaction to be pursued according to what information they can develop that would lead them to either try this course or that course.

Some time after getting the account, rather quickly it may be referred to the Corporation Counsel, if it is a big item.

Senator BYRD. Dr. Schultz, how often are delinquent accounts scheduled for review at District of Columbia General Hospital?

Dr. SCHULTZ. Our billing is immediately after discharge. That is the first billing. I might say, however, we are running now about 12 days behind in terms of actual billing. The second billing is 1 month. The second billing goes out and is labeled "second notice." That is a standard bill. If we have not heard again within 30 days, a third notice goes out which is a letter which warns that if payment is not received by our office within 10 days, the account will be forwarded to the Enforcement Division, Finance Office, for collection.

Senator BYRD. Shouldn't there be a review every 30 days at the Enforcement Division, Mr. Lowe?

Mr. LOWE. Mr. Chairman, I did not get the last part of your question.

REVIEW BY ENFORCEMENT DIVISION

Senator BYRD. Should there not be a review of the 9,000 delinquent accounts scheduled every 30 days at the Enforcement Division?

Mr. LOWE. If there is not now, there should be, I would agree.

Senator BYRD. You cannot answer as to whether or not there is now?

Mr. LOWE. I cannot answer as to whether there is now. But I do know we follow up as vigorously as we possibly can.

(The information follows:)

Every 30 days; however, due to the increased workload this is now being extended to 60 or even 90 days for followup.

Mr. LOWE. Could I inject one item of information in the way of definition about what we called writeoffs a little while ago?

Senator BYRD. Yes.

Mr. LOWE. These accounts are not literally written off. They are removed from the active accounts. If a debtor ever comes to our attention again with any financial resources, we are able to go back and collect, or endeavor at least to collect these items. But what we have referred to as writeoffs is a matter of after we have exhausted all reasonable and productive effort, we remove the account from the active accounts so that we keep before us only those accounts where we consider a possibility in the reasonably near future of effecting a collection.

ASSIGNMENT OF PATIENT'S BENEFITS

Senator BYRD. Are all patients hospitalized at District of Columbia General Hospital at District expense required to assign their benefits under insurance policies in effect at the time of hospitalization?

Mrs. VINYARD. They assign their hospitalization insurance. They do not have to assign the sick and accident benefits if those moneys are needed to bring their income up to the eligibility standard.

Senator BYRD. Is assignment required when the patients do not have income above the minimum monthly income established by the District?

Mrs. VINYARD. No, sir.

Senator BYRD. So you are saying that the low-income patients are excluded from this requirement?

Mrs. VINYARD. I guess one would interpret it that way.

Senator BYRD. Why is this the case?

Mrs. VINYARD. I think we do it because, No. 1, sick and accident insurance benefits are not carried primarily for the purpose of paying hospitalization. They are carried for purposes of covering loss of income during this period. Secondly, because the eligibility standards and payability standards are so low that if we did not let them have this money, we would be forcing these people, as a family group, to greater impoverishment as a result of illness than they already are in.

INSURANCE BENEFITS RELEASED TO PATIENTS

Senator BYRD. Have any insurance benefits been released to patients hospitalized at District expense?

Mrs. VINYARD. The benefits that have been released to patients are these sick and accident benefits, if their income does not come up to the eligibility standard.

Senator BYRD. Tell us something about the insurance policy collections.

Mrs. VINYARD. The insurance as a source for collections has become a major source of income to the District, primarily because of the large number of people in the District of Columbia covered by insurance, including Federal and District employees. As a result, the Medical Assistance Division has put considerable effort into interviewing and investigating those cases where we think there is any insurance available. We have a manual on insurance, plus staff memoranda on procedure for handling insurance.

ASSIGNMENT OF INSURANCE

The assignment of the insurance is covered in terms of a notification and assignment form, which is our own form, in addition to which we attempt, if we can acquire the claim form belonging to the insurance company, to initiate that so that when the account goes to the particular hospial involved, we have the notification and assignment of the insurance; we have, if possible, the claim form initiated, and we have a contract signed covering the insurance. And the hospitals then pick up in terms of collection.

Senator BYRD. Has the District failed to make collections in some cases from insurance companies for the cost of providing care to

patients who had hospital insurance and medical care insurance coverage and who signed their policies to the District?

Dr. GRANT. I think the answer to that question is yes.

Senator BYRD. It does fail to make collections in some cases?

Dr. GRANT. Yes. I believe this matter has been under consideration for some little time between ourselves and the Corporation Counsel.

Mrs. VINYARD. I think Dr. Grant's answer is perfectly correct. The failure, though, is not due so much to inadequate billing, as to some difficulties with the insurance companies and their determination on whether they will or will not honor the claim.

PERSONNEL TRAINED IN INSURANCE PROCEDURES

Senator BYRD. Do you have adequate personnel in MAD trained in insurance matters?

Mrs. VINYARD. This is a matter which has been under discussion and we have a number of different opinions on it. The Medical Assistance Division does not have a trained insurance person.

Senator BYRD. How long has this matter been under discussion?

Mrs. VINYARD. I would say it has been at least 2 years. It has been our feeling, under the procedure which we work at the present time, that we have not needed a person trained in insurance in the Medical Assistance Division. We have a person assigned to keep current on the various policies of the different insurance companies. Whether or not a trained insurance person at the collection level would be helpful is something I could not comment on.

Senator BYRD. Is there any communication between the MAD and the District of Columbia General Hospital Business Office concerning such insurance matters?

Mrs. VINYARD. There is constant communication, because in many instances where the Medical Assistance Division has not interviewed patients—those 6,000 we referred to earlier—and where they show up at the Business Office for completion of the claim form in regard to insurance, the Business Office refers them immediately back to the Medical Assistance Division, because their account card shows we did not know they had insurance.

STAFFING OF ENFORCEMENT DIVISION

Senator BYRD. Is the Enforcement Division properly staffed to evaluate the propriety of rejected billings and to take necessary follow-up action in cases where the insurance companies do not respond to billings?

Mr. LOWE. I think we have about the same lack, Mr. Chairman, that the Medical Assistance Division has in this respect. However, the supervisory personnel devote considerable attention to this question and so—and in collaboration with Corporation Counsel, I think we probably get pretty close to having reasonable competency. But we do not have a specialist in this type of insurance on our staff.

Senator BYRD. Is any action taken if the bills are rejected?

Mr. LOWE. The action of consultation with Corporation Counsel as

to what measures can be taken to force the insurance company to respond.

Senator BYRD. Would you supply information for the record relating your experience in this regard?

Mr. LOWE. I will, sir.

Senator BYRD. Also as to how many references have been made to the Office of Corporation Counsel and as to what action has been taken in what percent of the cases.

Let us know what percent of the bills are rejected by the insurance companies. And in those cases what percent are referred to the Office of Corporation Counsel.

Is this asking too much, Mr. Lowe?

Mr. LOWE. I frankly do not know enough of those particular details, Mr. Chairman, to know. We will get——

Senator BYRD. Can you discuss it with Mr. Kidd?

Mr. LOWE. We will get everything to you that is possibly available.

(The information referred to follows:)

Only three individually rejected insurance claims have been forwarded to the Corporation Counsel for legal action by the Enforcement Division within the past 3 years. This, of course, does not include the general rejection by GHI (Blue Cross-Blue Shield) of all supplemental benefits assigned to the District by patients prior to June 1963, the date when the Corporation Counsel entered into negotiations with GHI and secured their agreement to honor the assignments of otherwise medically indigent District patients. These blanket rejections were made to the Department of Public Health, prior to the time the accounts were forwarded to the Enforcement Division for collections, and because it was then the avowed policy of the (GHI) insurance company, the cases were not forwarded to the Corporation Counsel for legal action. In the subsequent negotiations between the insurance company and the District, the insurance company agreed to pay the rejected claims. This has not been done to date.

BUSINESS OFFICE REQUIREMENTS ON ASSIGNMENTS

Senator BYRD. Is the business office required to obtain the patient's assignment of rights under a hospital and medical insurance policy?

Dr. SCHULTZ. Yes.

Senator BYRD. Is this required by the Medical Assistance Division Manual?

Mrs. VINYARD. It is not required by the Medical Assistance Division Manual, but we have a memorandum to the effect that if the Medical Assistance Division has not been able to secure an assignment on an insurance policy, and the business office becomes aware of it, they will try to secure that assignment at the business office and refer the patient and that claim form back to us to do a complete review.

Senator BYRD. Do you have any section in the Medical Assistance Division Manual that you can submit for the record on this point, as to whether or not the business office is required to obtain the patient's assignment of rights under hospital and medical insurance policy?

Mrs. VINYARD. It is not in the Medical Assistance Division Manual.

Senator BYRD. Could you submit for the record part A of section 2.05.01 of the Medical Assistance Division Manual?

Mrs. VINYARD. Yes, sir. May we have that reference again?

Senator BYRD. Part A, section 2.05.01.

Mrs. VINYARD. Thank you.

(The information referred to follows:)

PART A—STANDARDS OF ELIGIBILITY AND ABILITY TO PAY FOR HOSPITAL SERVICES

2.00 STANDARDS FOR PAYMENT

2.05 SOURCES OF PAYMENT

2.05.01 Payment for inpatient care

There are six general sources of payment for inpatient hospital services provided at District expense.

1. Income and resources of the family group or legally responsible relatives, including real property owned outright or, if encumbered by only one mortgage, can be refinanced.
2. Sickness, hospital, and medical insurance benefits.
3. Workmen's compensation benefits.
4. Liability settlements.
5. Medicare payments for dependents of members of the Armed Forces.
6. Reimbursements by other jurisdictions for indigent and medically indigent nonresidents.

In writing patient contracts for inpatient care, the income and resources of the family group should be obligated first. Regardless of any agreement for payment from this source, payment from the other sources must be sought, if available. For example, the patient contract may properly provide for payment from insurance benefits or liability settlements along with payment from the income and resources of the family group. However, in no instance shall the total payments from these sources exceed the authorized per diem rate. If payment is made in full by the family group, and subsequent payment is received from insurance sources or liability settlement, the payment from the family group will be refunded proportionately.

The income and resources included in the determination of eligibility (see 1.02 and 1.03 above) are those to be considered in determining ability to pay.

Assignment will be taken on all hospitalization insurance. On sickness and accident benefits which are assignable, assignment will be taken from all patients whose income is above the minimum scale.

The homestead owned by a person 65 years of age and over is not an available resource for payment. All other real property owned by a person 65 years of age and over as well as real property owned by other members of the family group is an available resource for payment to the extent that it can be sold or refinanced. In all cases where real property is to be considered for payment, the formula given below must be used to determine if money is available. For property owned outright or encumbered by only one mortgage:

Two-thirds double the assessed value:
Minus: Mortgage balance due at time of application
Minus: $2,000
Equals: Amount available for payment, or 0.67 (2×assessed value)—(mortgage balance due+$2,000) equals amount available for payment.

When money is available for payment, a family budget shall be developed to determine the effect of the added monthly payments to cover payments for principal and interest of the new mortgage. If the estimated added monthly payments will result in family expenses exceeding family income, no payment from the real property source shall be expected. The income derived from the refinancing of real property to pay for hospital services shall in no instance make the patient ineligible on the basis of overincome.

BILLING PROCEDURE

Senator BYRD. Is the Medical Assistance Division required to notify the Business Office whether a billing for the cost of the care provided should be made against the insurance company under the assignment, or whether a proof of claim entitling the patient to obtain payment from the insurance company should be executed?

Mrs. VINYARD. The Medical Assistance Division notifies the business office of the District of Columbia General Hospital in those instances

where they know about insurance to so bill. And they bill the insurance company at the full rate. I am not sure that has answered the last part of your question.

Senator BYRD. No, it did not. It is a lengthy question.

Is the Medical Assistance Division required to notify the business office whether a billing for the cost of the care provided should be made against the insurance company under the assignment? You answered that question. Or whether a proof of claim entitling the patient to obtain payment from the insurance company should be executed?

Mrs. VINYARD. We would not specifically advise District of Columbia General regarding the claim, because the handling of the claim form itself follows from the other type of information we give the business office. In other words, they may proceed to execute the claim if we indicate we know about the insurance and have determined its disposition. If we have not so done, then the business office would not execute the claim form for the patient, but would refer the patient back to the Medical Assistance Division.

CERTIFICATION OF PATIENT'S CLAIM FOR INSURANCE PAYMENT

Senator BYRD. Who is authorized to certify a patient's claim for payment under an insurance policy?

Dr. SCHULTZ. The business office of District of Columbia General. In fact, we prohibit any members of our medical staff, interns, residents, or others, from providing any certification of hospitalization in order to avoid the inadvertent certification by a doctor of hospitalization that has not come to the attention of the Medical Assistance Division or the business office. This includes Federal sick leave certificates. These must all be referred to the business office who in turn notifies the Medical Service Division that the insurance exists.

Senator BYRD. Was this act of certification formerly done by the chief admitting officer?

Dr. SCHULTZ. It was at one time. It is now. Again the purpose of this is to make certain the business office is aware of the claims so no medical officer who is not familiar with the business procedure of the hospital can certify.

Senator BYRD. Has the authority ever been delegated?

Dr. SCHULTZ. To anyone other than the chief admitting officer? No.

Senator BYRD. To the insurance clerk, for instance, at the medical records library.

Mr. BOSSONG. The authority has been delegated, sir.

CLAIMS FORMS

Mr. DOUGLASS. Mr. Chairman, I am Assistant Administrator for District of Columbia General. The authority to sign routine claim forms has been delegated by the chief admitting officer. Mrs. Bradshaw, the clerk in the medical records office, signs Dr. Wilson's name with her initials. This applies to routine claim forms, after diagnosis and date of admission and discharge have been inserted. This excludes those cases where a physician's statement is required, in which case the chief admitting officer must complete and sign the physician's statement.

Senator BYRD. Is the certification only made in accordance with the prior determination by the Medical Assistance Division of the patient's ability to pay?

Dr. SCHULTZ. The answer is yes.

Senator BYRD. Did I understand you to say that medical staff members and interns have been instructed they are not authorized to certify the patient's insurance claim?

Dr. SCHULTZ. That is correct. This is in the Operational Manual issued to all new house staff. It is specifically brought to their attention as part of their initial orientation each year.

ASSIGNMENT FORMS PROCEDURE

Senator BYRD. Are assignment forms forwarded immediately to the insurance company?

Mrs. VINYARD. The procedure in handling the assignment forms is that the Medical Assistance Division takes the assignment in original and three copies and the original goes to the insurance company immediately, and 2 copies to District of Columbia General, and a copy for the Medical Assistance Division record. If the patient insists on having one, we can make an extra copy for the patient. There are one or two exceptions to that procedure—on request of the insurance company—because they indicate that they merely throw it in the wastebasket, and we are wasting our 5 cents in sending it to them.

Senator BYRD. The acknowledgement of receipt of the assignment forms is not requested from the insurance companies?

Mrs. VINYARD. No; it is not, sir.

PATIENTS CARRYING MEDICAL INSURANCE

Senator BYRD. What percent of the patients with ability to pay carry a medical insurance, would you say?

Mrs. VINYARD. We would have to get that figure for the record, sir.

Senator BYRD. Do you have any idea, Dr. Shultz?

Dr. SCHULTZ. I have here a figure of 3 percent, but I do not know how it was derived.

Mrs. VINYARD. Was your question the percent of those who pay?

Dr. SCHULTZ. All patients.

Mrs. VINYARD. Was you question the percent of those who pay?

Senator BYRD. Yes, my question was directed to those with the ability to pay. Would you say half, 50 percent roughly?

Mrs. VINYARD. I would guess so, at least that.

(The following statement was submitted:)

The Department of Public Health does not maintain figures on source of payment, including insurance cases. It was not possible to develop such figures for insertion in the record.

COMMITTEE RECESS

Senator BYRD. We will recess for 5 minutes.

(Whereupon, at 5:45 p.m., the subcommittee recessed, to reconvene at 6 p.m. on the same day.)

(EVENING SESSION, 6 P.M., TUESDAY, OCTOBER 15, 1963)

BILLINGS REJECTED BY INSURERS

Senator BYRD. What percent of the billings are rejected by insurance companies? You may supply this information for the record, Dr. Grant, instead of consuming time here.

Dr. GRANT. We will be glad to do that.

Senator BYRD. What followup action is taken when billings are rejected?

Dr. GRANT. By the insurance companies, Mr. Chairman?

Senator BYRD. When the billings are rejected by insurance companies what followup action is taken?

FOLLOWUP ACTION

Mr. DOUGLASS. I would say in general, Mr. Chairman, that the major reason for rejection is that the policy is no longer valid. If the Medical Assistance Division determination has been that the basic payability is insurance, which fact has been discovered not to exist, then I can't say positively, but I believe it is then referred back to Medical Assistance Division. However, if the determination has been that there is no other payability than the insurance, the case must then be considered free.

Senator BYRD. What percent of the companies fail to respond to such followup action?

(The information referred to follows:)

1. A test of insurance billing records for a 6-month period at District of Columbia General Hospital revealed that rejections are received in about 4.5 percent of the total number of accounts billed to insurance companies. The major reasons for rejections are—

1. Policy not in force, or cancelled.
2. Benefits for this year or for this illness have been consumed.
3. This type of illness revealed by the diagnosis is not covered by policy.

Dr. SCHULTZ. We will try to determine that for the record.

(The information referred to follows:)

Since June 1963 cases rejected by insurance companies have not been referred back to Medical Assistance Division, so there is no followup by the Department of Public Health.

Senator BYRD. What action is taken in this instance?

Dr. SCHULTZ. I will have to look into that, Mr. Chairman. I don't have immediate data so I will have to provide that.

(The information referred to follows:)

Where rejections to District of Columbia General Hospital business office appear to be valid, no further action is taken. If there is no response or if there is some question about the rejection, the account is referred to the Enforcement Division, District of Columbia Finance Office.

FOLLOWUP ON INJURY CASES

Senator BYRD. Is there adequate followup on pending injury cases by the Enforcement Division of patients who are injured because of the negligence of third parties?

Mr. LOWE. I think there is, Mr. Chairman. This sounds more like a matter involving the disability compensation of our own employees. Mrs. Vinyard is shaking her head. This is one of our more difficult problems in administering the disability compensation provisions for District employees and I had better supply that information for the record.

Senator BYRD. Does the Enforcement Division provide for adequate followup procedures?

Mr. LOWE. I think it does. It has a new manual. It has been in use, well this is the second year in which it has been in use. The last fiscal year was the first full fiscal year.

(The information referred to follows:)

Due to the volume of accounts handled (9,000 on hand, plus 3,600 annual referrals) the followup dates for additional collection action has been increased from 30 to 60 or 90 days in some cases.

Senator BYRD. Could you indicate also for the record how well the manual procedures are being followed in this regard?

LIEN CASES

Is a docket record maintained for filing lien cases, for investigating lien cases, and for determining when recovery is not possible?

Dr. SCHULTZ. I think the details of that may be provided for the record.

Senator BYRD. How promptly and how often are pending lien cases investigated or followed up? Is anybody going to supply the answer for the record?

Mr. LOWE. Yes, Mr. Chairman.

Senator BYRD. Who decides when accounts in this category are to be written off, Mr. Lowe?

Mr. LOWE. Any writeoffs are by the Board of Commissioners, Mr. Chairman.

LIEN CASES IN CONTRACT HOSPITALS

Senator BYRD. Do the contract private hospitals and Freedmen's Hospital promptly file required liens and enforce collection of liens required from persons liable for their injuries?

Mrs. VINYARD. I would answer yes to that. The Internal Audit Office conducts an audit on this.

Mr. LOWE. The Internal Audit Office does audit the hospitals for contracts they have with the District government.

Liens, judgments, petitions for administration of small estates, and probates, are filed by us in the jurisdictional court, and are followed up in accordance with requirements spelled out in the Operations Manual. The District of Columbia General liens (pending liabilities) are docketed in this office. Contract hospital liens were also docketed and followed up, until the Corporation Counsel recently advised that this function should be carried on by the contract hospitals under the terms of their contract with the District government.

The minimum degree which the accounts are handled (as prescribed in our manual) is dictated by their amount, i.e., accounts less than $25 are billed only once; accounts $25 to $50 are billed once and are followed up with a demand letter; accounts $50 to $100 are billed once, and are followed up by a demand letter, then an attempt is made to personally contact the delinquent; accounts more than $100 are given all of the attention prescribed for accounts less than $100 but are also forwarded to the Corporation Counsel for legal action, after investigation of the payer's assets.

INTERNAL AUDIT ACTIVITY

Senator BYRD. How often are the private contract hospitals audited by the Internal Audit Office?

Mr. HALLY. Once a year, Mr. Chairman.

Senator BYRD. At least once a year?

Mr. HALLY. Yes sir, that is correct.

Mrs. VINYARD. I would like to add that the Internal Audit also goes out on special audits.

Mr. HALLY. If there are any special problems encountered by the Health Department, in fact any department in the District, we go out and make an audit on that particular situation.

DISTRICT OF COLUMBIA'S FAILURE TO RECOVER MONEYS

Senator BYRD. Has the District failed to recover considerable sums for hospital and medical care provided to indigent District of Columbia residents because of failure of Freedmen's Hospital or private contract hospitals to file liens or enforce collection?

Mr. VINYARD. I believe that this was true several years ago, but we did proceed to tighten the procedures in terms of what the contract hospitals had to do and in the timing of the contract hospital's actions in regard to this, including submission to the Health Department of information on filing the lien.

OPEN LIEN CASES

Senator BYRD. Would you give us some idea of how many open lien cases there are at present for District of Columbia General Hospital?

Dr. SCHULTZ. I will try to provide that for the record.

(The information referred to follows.)

At the present time there are 42 pending lien cases at District of Columbia General Hospital.

Senator BYRD. And also give us information as to the number for the other hospitals and in what amounts and indicate what percent of these is over 3 years old.

(The information referred to follows.)

"Open" lien cases in Medical Assistance Division

	Number of cases	Amount of money represented	Percent of total over 3 years	Percent of total over 2 years
Cases prior to May 1, 1961 [1]	959	[2] $306,958.48	[3] 93.3	[3] 97.3
Current cases not processed	27	[2] 15,735.50	0	0
Total	[4] 986	322,693.98		

[1] Held at request of finance officer.

[2] Amount actually computed for inpatient care but does not include small amount for outpatient care and radiographs.

[3] Those over 3 years old represent $291,260.18. All were over 2 years old, representing the $306,958.48.

[4] In addition from May 1, 1961, to date, 302 cases have been referred to Enforcement Division which Medical Assistance Division assumes are still open, representing $166,975.98 for total District of Columbia payment.

FOLLOWUP ON LIENS BY CONTRACT HOSPITALS

Has the Department of Public Health determined whether the private contract hospitals and Freedmen's Hospital are adequately carrying out their contractual obligations regarding pending lien cases?

Mrs. VINYARD. I would say, Mr. Chairman, that between Internal Audit and the Department of Public Health we keep a pretty close track of that and are fairly sure they are carrying out their responsibilities at this time.

Senator BYRD. Has the Internal Audit Office made any findings on this subject, Mr. Hally?

Mr. HALLY. Yes, sir. We have checked the hospitals and we find that since 1959 they have been following through on their liens. Now, of course, some of the liens may run a year or 2 years or 3 years, but that is not the fault of the contract hospital. This is because they are awaiting the settlement of an estate and they, of course, have to wait for the court to make final decision.

EVIDENCE OF FAILURE TO FOLLOW LIEN CASES

Senator BYRD. In cases where the hospitals could have collected by effectively following up pending lien cases but failed to do so, does the Department reduce the hospital's claims accordingly?

Mrs. VINYARD. Yes, when we have definite evidence.

Senator BYRD. Would you relate your experience for the record as to how often this has happened. You say that when you have definite evidence this is done. Would you like to relate for the record the history of your experience?

(The information referred to follows:)

Deductions due to lien cases not properly taken care of (or total District of Columbia payment not reported)

	Fiscal year 1963	Fiscal year 1962	Fiscal year 1961
Casualty		$7.80	
Children's			
Columbia			
George Washington	$165.00		
Georgetown			
Providence			
Washington Hospital Center		44.50	
Freedmen's	1,021.44	196.00	$2,168.48
Total	1,186.44	248.30	2,168.48

Mrs. VINYARD. Well, I think that a number of years ago—and this started even before I became Chief of the Medical Assistance Division—there was an annual roundup by the Medical Assistance Division, summarizing all the lien cases and sending these summaries to the contract hospitals and Freedmen's Hospital and requesting a response to them. For a number of years all we did was have correspondence back and forth, inquiring as to why hadn't they taken this step and that step, contacted the lawyer, and checked out the status of a lawsuit when it had already been instituted. This was not found to be an adequate followup on the lien cases. We then issued the new instruc-

tions to the contract hospitals and the financial unit of the Medical Assistance Division keeps track of these cases and the hospitals must refer them back to us, and then they are forwarded to the Enforcement Division with the dollar amount.

REFERRALS TO ENFORCEMENT DIVISION

Senator BYRD. Are those accounts which are not collected by contract hospitals and Freedmen's Hospital referred to the Enforcement Division for collection action?

Mrs. VINYARD. Yes, if they are considered delinquent accounts.

Senator BYRD. Are there accounts on which liens have been filed by contract hospitals that have not been referred to the Enforcement Division for appropriate action?

Mrs. VINYARD. That is part of the new system that the cases on which there are liens filed by the contract hospitals are referred to the Enforcement Division.

Senator BYRD. How many accounts would you say there are on which liens have been filed by contract hospitals that have not been referred to the Enforcement Division?

Mrs. VINYARD. Over what period of time, Mr. Chairman?

Senator BYRD. Well, I would say we might just indicate whether or not 600 accounts, 800, or 1,000, or 1,200 have not been referred to the Enforcement Division. I would think these would accumulate over a period of time.

Mrs. VINYARD. Yes. We would have to supply that for the record. There is a sizable number that have not been referred in the past.

(The information referred to follows:)

Cases prior to May 1, 1961	959
Current cases not processed	27
Total	986

Senator BYRD. Why have these not been referred?

POSSIBLE QUESTION OF ROLE OF ENFORCEMENT DIVISION

Mrs. VINYARD. At the moment there is pending a decision which is beyond the Department of Public Health's determination as to whether the Enforcement Division has an appropriate role in this activity.

Senator BYRD. What does the office of the Corporation Counsel advise on this point?

Mrs. VINYARD. I do not know, sir.

Mr. LOWE. Mr. Chairman, back in the spring these lien cases that we are discussing right now were taken up with the Corporation Counsel, and in connection with a specific case that had been referred for legal action the finance officer wrote the following memorandum on the subject:

MEMORANDUM FROM CORPORATION COUNSEL

The Enforcement Division was advised by the Corporation Counsel that article 7, section I, of the contract in effect between the District of Columbia and private contract hospitals provides that "the hospital shall maintain contact with the liability situation by periodic inquiries to the individuals, attorneys, and insurance companies concerned and shall a the hospital's own expense prosecute in the courts of the District of Columbia for the benefit of the District, as well as for

itself, the hospital's own benefit, any action required that would enforce lien or liens or obtain payment from the patient of the reasonable and necessary charges of such hospitals for the services rendered to such patient."

The Office of the Corporation Counsel further advised that the contractual article quoted above imposes a duty to take legal action to collect on the contract hospitals. In view of the foregoing the 1,200 accounts on which liens have been filed by contract hospitals cited in the Internal Audit Report No. 62-508 and any other future pending liability cases handled by the contract hospitals should not be referred to the Enforcement Division of the Finance Office.

ASPECTS OF REFERRALS OF LIEN CASES

Mrs. VINYARD. Mr. Chairman, may I comment with a followup on that. There were two aspects to this referral of lien cases to the Enforcement Division. One was a matter of maintaining a docket of lien cases in order to take a check occasionally in relation to whether the contract hospitals were, in fact, doing their responsibility. The Commissioners had agreed in a report to the General Accounting Office that this would be done by the Enforcement Division, and I think this is still a matter up for question and has never been accepted by the Enforcement Division.

The second aspect to it is related to the one Mr. Lowe was discussing, and that is how far would the Enforcement Division go itself in trying to enforce the lien, and subsequent to the finance officer's memorandum the Department of Public Health referred it to the Office of the Corporation Counsel for reinterpretation of the contract and we have not had a response.

ACCOUNTS OVER 2 YEARS OLD

Senator BYRD. Would you indicate about what percent of these 1,200 accounts are over 2 years old?

Mrs. VINYARD. We will have to supply that for the record.

(The information referred to follows:)

There were 959 old accounts, not 1,200, of which 97.3 are over 2 years old.

Mr. HALLY. On reading from the report, our review of the pending liability cases disclosed the following:

(*a*) There are about 1,200 accounts on which liens have been filed by contract hospitals that have not been referred to the Enforcement Division, Finance Office, for appropriate action.

(*b*) About 50 percent of these accounts are over 4 years old and many date back to 1950.

(*c*) There is no evidence of any action taken to determine the current status of these liens.

CONTRACT STIPULATIONS CONCERNING REIMBURSABILITY

Senator BYRD. Do you have any stipulation on the contracts to the hospital of the sum due for indigent care and on which the hospital should be reimbursed?

Mrs. VINYARD. Yes, sir. The stipulation is in the contract, not only the ones read by Mr. Lowe from that memorandum but there is another stipulation in the contract which indicates that the hospital does not have to carry the collection efforts from patients to the point where they are required to pay fees and commissions. This was the part that we referred to Corporation Counsel because it seems as if these parts of the contract were in conflict. It has not been a practice in the past to require the contract hospitals and Freedmen's to put

out money to make collections and, consequently, this was going to represent either a change in the contract wording or a requirement on the hospitals which they had not been carrying out, and I am sure they would raise some question about the additional expenditure.

Senator BYRD. Dr. Grant, are you familiar with this situation?

Dr. GRANT. No, sir.

Senator BYRD. Mr. Duncan, did you know about it?

Mr. DUNCAN. I have no specific knowledge of it, Mr. Chairman.

Senator BYRD. Mr. Hally, how much money is involved in the 1,200 accounts?

(The following material was supplied:)

The contract hospital lien records of the Medical Assistance Division do not show the amount of reimbursements made to the hospitals for individual patients. Based upon a memorandum of the Chief, Enforcement Division, dated March 13, 1963, transmitting 17 contract hospital lien accounts to the Medical Assistance Division it is estimated that 1,200 outstanding lien cases represent $1,077,048 due the District of Columbia.

INTERNAL AUDIT REPORT

Senator BYRD. Mr. Hally, did you make reference to an Internal Audit Office report?

Mr. HALLY. Yes, sir.

Senator BYRD. As of what date was this?

Mr. HALLY. February 1, 1963, Audit No. 62–508, approved by the Board of Commissioners on February 8, 1963.

Senator BYRD. Mr. Duncan, I will ask you the question again: Are you familiar with this situation?

COMMENT OF COMMISSIONER

Mr. DUNCAN. When I answered, Mr. Chairman, I used the word "specific," trying to say, in effect, that I was not at this time familiar with the details of this. This has received the approval of the Board as a report and, of course, is, therefore, part of the record, and to that extent the Board would have knowledge of it. I might further add that it is obvious that this is another area at least of real interest to the Board.

COMMENT OF DIRECTOR OF DEPARTMENT

Senator BYRD. Did you have to approve this also, Dr. Grant, this audit report?

Dr. GRANT. Yes, sir.

Senator BYRD. So the subject is not entirely new to you today.

Dr. GRANT. I would say, Mr. Chairman, that it is fairly new to me. Yes, I really think it is.

Senator BYRD. Don't you look over these reports before you approve them?

Dr. GRANT. I do, Mr. Chairman. But I am sure you recognize that in a department as large and complex as this I have to rely on people in the Department to do many of these things for me. This particular item was handled by one of our other employees and of course I have to take his word for this.

Senator BYRD. Don't you feel that this is serious enough that he should be required to bring it specifically to your attention?

Dr. GRANT. I think, Mr. Chairman, this is a little difficult for me to answer because I think it depends on the question of how you establish priorities. This is itself not an easy one to determine. But I would say that based upon the activities that I was engaged in at that time I probably would not have assigned this the highest priority rightly or wrongly.

NEGOTIATIONS WITH NEIGHBORING JURISDICTIONS

Senator BYRD. Has the Department negotiated contracts with other jurisdictions for reimbursement of costs of hospital care for their indigents and on the most favorable basis obtainable?

Dr. GRANT. We have attempted to do this. Mrs. Vinyard has specific information on that.

Mrs. VINYARD. We have attempted to negotiate contracts and have succeeded in negotiating only one, that one being Fairfax County. It is really not for hospitalization of their indigents so much as it is a one-way contract that they will pay for the emergency hospitalization of an individual who is an indigent or medically indigent resident of Fairfax County. In the other local jurisdictions we have had no success and this goes back over many years. Attempts have been made by the Commissioners, by the Directors of Public Health, and by myself, and one of the problems that has been introduced each time is, well, will you include in the contract payment for a District patient hospitalized in our community and we have not had the funds or the authority to do so.

Senator BYRD. Mr. Hally, did you give me the amount involved in the 1,200 accounts?

Mr. HALLY. Yes, sir; however, it is only an estimated dollar amount because such data is not readily available.

RATE PER DAY FOR IN-PATIENT CARE

Senator BYRD. What is the rate per day for in-patient care?

Mrs. VINYARD. At the contract hospitals, sir?

Senator BYRD. Yes.

Dr. GRANT. $32, Mr. Chairman.

Senator BYRD. All right, the rate per day is $32 and there were 1,200 accounts on which liens have been filed by the contract hospitals, and I believe you said that 50 percent of these go back over a period of 4 years. This gets to be a pretty sizable amount doesn't it, Mr. Hally?

Mr. HALLY. The reimbursement rates were not that high in prior years. The rates have gradually increased since 1950. It is a serious situation, I agree with you.

NEED FOR CLOSER ATTENTION TO MATTER

Senator BYRD. It would appear to me that closer attention should be paid to a matter of this degree and importance, Dr. Grant. The subcommittee is pretty interested in things of this nature in case you haven't learned it yet.

Dr. GRANT. I have, Mr. Chairman.

Senator BYRD. And we usually make it a practice from year to year to reexamine the record that was laid down the previous year. So next

year we will be looking at this year's record and we will want to see what progress has been made.

EARLIER ORIGIN OF PROBLEM

Mrs. VINYARD. Mr. Chairman, I think that in view of the fact that Dr. Grant has not had an opportunity to be fully acquainted with this I should indicate that the problem came up before he became Director of Public Health, and the present issue which is primarily a matter of the stand taken by the Enforcement Division is not a matter which the Department of Public Health can settle.

Senator BYRD. Are you saying that you do not consider it to be a very serious matter, Mrs. Vinyard?

Mrs. VINYARD. No, Mr. Chairman, I certainly am not. I think it is a serious matter.

PAYMENT FOR DEPENDENTS OF MILITARY PERSONNEL

Senator BYRD. Does the District receive payment for the cost of hospital and medical care furnished to dependents of military personnel under the medicare program?

Mrs. VINYARD. Yes; when we have a dependent hospitalized who meets their requirements. Their requirements vary from time to time depending on the facilities available within the area. They were fairly liberal when they started out in paying for this care at District of Columbia General Hospital, and then cut back considerably the types of cases they would pay for because they felt with the hospital facilities at Walter Reed, Fort Belvoir, Fort Meade, Andrews Air Force Base, and so forth, these dependents should secure that care there.

PERCENTAGE OF MATERNITY CASES PAYING

Senator BYRD. What percent of the emergency maternity cases pay? (The following was supplied for the record:)

A study of Medical Aid to Dependents applications for emergency admission to the obstetrical service of District of Columbia General Hospital revealed the following in regard to financial determinations:

	Percent, fiscal year 1962 (12 months)	Percent, fiscal year 1963 (9 months)
Free	45	30
Pay (part of full)	39	62
Not determined	16	8

Dr. SCHULTZ. I will have to supply that figure, unless Mrs. Vinyard has that figure.

Mrs. VINYARD. I do not have that figure.

Senator BYRD. Supply, for the record, the amount not recovered annually in the past 5 years for services rendered in maternity cases. Indicate also the percent of maternity cases that are aid-to-dependent-children recipients, and the amount of money involved.

Mrs. VINYARD. We will supply as much as we can, sir, but I don't think we have any way of identifying back more than a year or a year and a half for District of Columbia maternity cases.

(The following was supplied for the record:)

From medical aid-to-dependents statistics it is not possible to develop figures on the percent of maternity cases that are aid-to-dependent recipients. It is known that in fiscal year 1963, 6,301 out of a total of 58,619 applications were made by recipients of aid-to-dependent children, but this figure included children as well as adults; 1,049 were for planned admissions and 1,404 for emergency admissions, and it is within these figures that the aid-to-dependent-children maternity cases would appear.

Senator BYRD. But you could go back 5 years as to the amount in connection with the amounts not recovered for services rendered in maternity cases?

(The following was supplied for the record:)

The following is a tabulation of admissions to maternity for the last 5 years (excluding newborn):

1959	8,069
1960	7,981
1961	8,120
1962	7,753
1963	6,976
Total	38,899

Since it is estimated that 45 percent of maternity admissions are emergencies which go directly to labor rooms, and since the Medical Assistance Division has no statistics on the ratio of maternity patients investigated to total maternity admissions, there is no way to ascertain the amount not recovered for services rendered in maternity cases.

Mrs. VINYARD. District of Columbia General Hospital would have to supply that.

UNITS PROVIDING OUTPATIENT CARE

Senator BYRD. How many units at the hospital provide emergency outpatient treatment and pediatrics outpatient treatment to persons presenting themselves for such treatment?

Dr. SCHULTZ. There are two primary areas, the emergency room proper and the pediatrics clinic which is also an emergency room. During the hours past 11 o'clock at night, pediatrics emergencies come to the main emergency room.

FEES CHARGED AND METHOD OF BILLING

Senator BYRD. What is the fee prescribed by the Commissioners for each visit?

Dr. SCHULTZ. $7.75.

Senator BYRD. Is this collected from each person receiving emergency or pediatric outpatient treatment?

Dr. SCHULTZ. No sir.

Senator BYRD. Why is it not collected?

Dr. SCHULTZ. Each time an individual registers he is asked whether he can pay the fee. The procedure until recently has been that if he cannot he is asked to pay some part of it. There is no further billing. As I have described earlier, and can provide for the record in more detail now, a new system which we will initiate and plan to introduce immediately, as soon as we have the necessary forms available, to bill all individuals who appear in any of the emergency areas of the hospital.

PASSES FOR OUTPATIENT CARE ISSUED

Senator BYRD. How many passes are issued annually to District of Columbia residents entitling them to medical care at District of Columbia General Hospital outpatient clinics?

Mrs. VINYARD. We do not have a figure on that, Mr. Chairman, because we do not keep statistics on passes as such. In other words we know, for instance, that our outpatient unit, which issues clinic passes only, found 17,804 cases eligible and we issued a pass in 1963 to any member of those 17,804 family units who required medical care. Therefore I can't tell you, you see, the number of clinic passes even in that figure. Relative to the fact that the inpatient units, in other words the ones who clear the planned admissions and ones who clear the emergency admissions, also issue a clinic pass if the person is found eligible would be added to that number.

NUMBER OF ELIGIBLE APPLICANTS

Senator BYRD. For what year did you state the number of applicants eligible?

Mrs. VINYARD. This is for the fiscal year 1963. The number of outpatient applications found eligible was 17,804.

Senator BYRD. Would you state for the record the number eligible for fiscal years 1962 and 1961.

Mrs. VINYARD. For fiscal year 1961 it was 12,281 and fiscal year 1962 it was 14,197.

Senator BYRD. So the number is increasing.

Mrs. VINYARD. Yes.

UNCLEARED PASSES

Senator BYRD. Of the total passes issued what percent are issued without making any determination of the applicant's ability to pay?

Mrs. VINYARD. At the present time, none.

Senator BYRD. What do you mean by saying at the present time?

Mrs. VINYARD. In the past there was a practice whereby in order to enable the individual to get medical care and because the worker in the Medical Assistance Division could not make a medical determination as to the emergency or the need, we issued what we called uncleared passes. We do not do that anymore.

Senator BYRD. When was the practice ended?

Mrs. VINYARD. I would say that was discontinued probably a year and a half ago.

DURATION OF PASSES

Senator BYRD. How long are passes to the outpatient clinics valid?

Mrs. VINYARD. In general they are valid for 6 months but for people who are recipients of public assistance they are valid for 1 year.

PERCENTAGE OF APPLICANTS DENIED ADMITTANCE

Senator BYRD. What percent of applicants are denied admittance to clinics?

Mrs. VINYARD. The number of ineligibles in 1963 was 2,388 or 11.8 percent of the total number we completed investigation on. This is only our outpatient unit on which I have figures.

INELIGIBLE APPLICANTS

Senator BYRD. In numbers approximately how many applicants for whom no determinations are made would not be eligible for care at District expense?

Mrs. VINYARD. For the entire Medical Assistance Division we would have to supply that for the record, sir. It's the total number of applicants found ineligible.

Senator BYRD. All right. For whom no determination of eligibility has been made, approximately how many applicants would not be eligible for care at District expense.

Mrs. VINYARD. Well, the only way we could arrive at that figure, if I now understand your question, would be to assume that the same percent found ineligible of those we investigated would be ineligible of those we didn't investigate. I might say that in running the percentages of ineligibles versus eligibles over the past 4 years it has remained pretty constant.

Senator BYRD. Would you like to supply for the record the percentages so that we will have specifics over the past 4 years.

Mrs. VINYARD. Yes, sir.

(The information referred to was supplied:)

Medical Assistance Division applications, percent of ineligibles

	Fiscal year—			
	1960	1961	1962	1963
Total	18.2	15.6	16.5	16.6
Planned Admissions Unit	17.3	13.2	16.3	18.2
Inpatient Unit	20.9	21.7	20.9	20.8
Outpatient Unit	16.7	13.6	13.2	11.8
Interstate and Mental Health Unit	20.4	17.1	18.9	20.2

ANNUAL COST OF OUTPATIENT CARE

Senator BYRD. What is the total annual cost of outpatient care for District of Columbia residents at the District of Columbia Hospital outpatient clinic?

Dr. SCHULTZ. We will have to calculate that by the rate against the total number of clinic visits. That could be very simply done. It is at $7.75 a visit by the total number of visits which were 152,870. That is around a million dollars.

Senator BYRD. Internal Audit Office estimated $1,564,495 as the cost of the outpatient clinic and emergency room services during fiscal 1963.

Dr. SCHULTZ. I did not include the emergency room figures which would bring that up by about another 60,000 visits which would bring it to possibly that figure.

Senator BYRD. Would you say that this is the average cost or has this been increasing over the past 5 years?

Dr. SCHULTZ. No, it is relatively stable. Our actual clinic visits have been dropping somewhat since we instituted an appointment system, and I think the total load as such could be considerably reduced. This would not actually reduce the costs, because the costs of operation and personnel and other factors would not be reduced. It

would merely reduce the overload of patients considerably. But I think with the appropriate billing system the actual costs would be reduced because individuals now come in knowing that they can receive service without being billed. They are not all emergencies by any means, at least when they come in the door they are not.

PASSES ISSUED TO PAD APPLICANTS

Senator BYRD. Would you indicate, Mrs. Vinyard, are outpatient passes issued to District residents on public assistance rolls?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Did you also indicate that such passes are valid for a 12-month period?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Must the resident apply before the pass is issued?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Can the recipient visit District of Columbia General and contract private hospitals at will?

Mrs. VINYARD. There is no restriction on their selection of the hospital they apply to for care. The hospitals themselves may establish some policies on whom they will accept and not accept, but so far as our handling of the people who are recipients of public assistance they can elect to go to District of Columbia General or any one of the contract hospitals.

COST AT CONTRACT HOSPITALS

Senator BYRD. What is the contract cost?

Dr. GRANT. Five dollars per outpatient visit at the present time, Mr. Chairman.

Senator BYRD. At the contract hospital?

Dr. GRANT. Yes, sir.

ANNUAL COSTS OF OUTPATIENT PROGRAM

Senator BYRD. How much is expended annually on the outpatient program?

Dr. GRANT. Mr. Chairman, $527,000 in 1963.

Senator BYRD. Would you indicate for the record the amount in each of the previous 5 fiscal years.

Dr. GRANT. Yes.

(The information referred to follows:)

Contract hospital expenditures for the outpatient program, fiscal years 1958–62

	1958	1959	1960	1961	1962
Clinic visits	$384,762	$467,420	$413,401	$417,620	$485,929
Emergency room treatments	59,982	58,047	39,212	35,070	58,694
Total	444,744	525,467	452,613	452,690	544,623

RECALL OF PASSES

Senator BYRD. Are passes recalled from persons who are removed from the welfare rolls?

Mrs. VINYARD. No, sir. We do not know when they are removed from the rolls.

Senator BYRD. Should there not be some liaison on this point, Dr. Grant?

Dr. GRANT. Yes, I think there should be, Mr. Chairman.

Senator BYRD. Mr. Duncan, would you have any comment on this point?

Mr. DUNCAN. I would agree with Dr. Grant that there should be.

Senator BYRD. What action will be taken so the subcommittee will be assured it will be considered?

Mr. DUNCAN. I will so advise the Welfare Department and I am sure, Dr. Grant is now making note of this.

NEW IDENTIFICATION CARD FOR PAD

Mr. LOWE. Mr. Chairman, the Welfare Department is perfecting a new identification card for its public assistance recipients which I believe is the same thing that you are referring to here as a pass and it will have far more effective control over it. I think it will have expiration dates and such matters as that which will accomplish certainly a great deal if not all of the improvements that are obviously desirable over the old system.

Senator BYRD. Mrs. Vinyard, do you agree that the outpatient clinic pass issued to District residents on public assistance rolls is about the same as the identification card just referred to by Mr. Lowe?

Mrs. VINYARD. Yes, sir; I had hoped that the Department of Public Welfare would be able to issue an identification card. It will be a tremendous saving in staff time for the Welfare Department and for the Health Department. This identification card which they are going to issue is good for 6 months.

Senator BYRD. So if the person is removed from the welfare rolls the identification card is called in and this automatically takes care of the outpatient clinic pass.

Mrs. VINYARD. I would assume so.

Mr. LOWE. And further should they be unable to call the card in it will by its own terms expire before very much longer.

STUDY ON PERSONS WITHDRAWN FROM PUBLIC ASSISTANCE ROLLS

Mrs. VINYARD. I would like to say, Mr. Chairman, that we did run a test study of individuals who were withdrawn from the public assistance rolls and we put a stop for a period of time on all these passes, and of the group that did return there was no one who was not eligible as a medically indigent although they were no longer on relief rolls.

Senator BYRD. You say a study was conducted?

Mrs. VINYARD. Yes, sir.

Senator BYRD. Would you submit for the record a copy of the study?

(The information referred to follows:)

STUDY OF CASES REMOVED FROM PUBLIC ASSISTANCE

Over several months in the spring and early summer of 1962, the Department of Public Welfare provided the Department of Public Health with the names of 141 families dropped from assistance rolls.

A. The Department of Public Health took the following action maintaining confidentiality of the real situation as much as possible:

(1) A search was made for all case records the Medical Assistance Division might have on the families.

(2) In every instance where it was found that a valid clinic pass was in existence the family was notified by letter that the clinic pass was no longer valid and in the event of need for medical care a new application and investigation would have to be made and a clinic pass issued if appropriate. In each instance the family was asked to return by mail in an enclosed addressed and stamped envelope, the pass they had. A copy of the letter was placed in all Medical Assistance Division records with note to reinvestigate.

(3) The list was sent to District of Columbia General Hospital requesting that a note indicating a stop for eligibility reinvestgation be put on the medical records for each member of the family.

(4) The list was sent each of the contract hospitals and Freedmen's Hospital asking that they reinvestigate any of these families for outpatient care at District of Columbia expense inasmuch as the certification for eligibility at District of Columbia expense in the outpatient department of these hospitals has been delegated to the hospital staff.

B. The review of the Medical Assistance Division records of the 141 families revealed—

(1) The Medical Assistance Division had case records on 130 of the families.

(2) In 57 families there were valid clinic passes in existence that had to be canceled.

(3) As of September 1962, only 11 families had returned the passes as requested.

(4) As of September 1962, seven of the families had been reinvestigated and all seven were found eligible as medically indigent.

Mrs. VINYARD. Yes, sir.

CONTROL OVER PASSES

Senator BYRD. A copy of the report.

Does the Medical Assistance Division maintain effective control over passes on hand for issuance to applicants for admission to hospital outpatient clinics?

Mrs. VINYARD. I feel that our control is fairly adequate. About 2 years ago we acquired an addresograph and proceeded to issue a fairly formalized clinic pass, and the control, therefore, that is over this clinic pass is now in relation to the limited number of people who are assigned to the addressograph machine to issue the clinic pass and they are not the same as the social workers who make the determination.

Senator BYRD. Are there inventory records on unissued passes?

Mrs. VINYARD. Yes; there is an inventory on our supply and our use of that supply.

Senator BYRD. Who issues the pass to the applicant?

Mrs. VINYARD. In the outpatient unit after it's stamped it would be handed by the person who has stamped it usually. There might be an occasion where it would go back to the social worker who would then hand it to the individual. In the inpatient unit the pass itself is sent to the outpatient unit rather than given to the inpatients because they have no place to keep it up on the hospital wards. In some instances we mail it to them.

Senator BYRD. Who issues the pass to applicants who are welfare recipients?

Mrs. VINYARD. It would be the same system. The pass would be issued in most instances by the individuals assigned to the addressograph machine and stamping them out. In a few cases it would be the social worker who does it.

INTERVIEWING APPLICANT

Senator BYRD. Who interviews the applicant?

Mrs. VINYARD. The applicants for all of the Medical Assistance Division are interviewed by social workers.

Senator BYRD. Who interviews the applicant at contract hospitals?

Mrs. VINYARD. The applications for inpatient care at contract hospitals are interviewed by Medical Assistance Division social workers. The applicants for outpatient care are interviewed by delegation of authority by the staff of the individual hospital.

Senator BYRD. Who authorizes the issuance?

Mrs. VINYARD. Of a clinic pass?

Senator BYRD. Yes, ma'am.

Mrs. VINYARD. It would be the staff of the contract hospital to whom this authority has been delegated. I would assume that the same person actually hands the pass as determines that they are eligible to receive it. They do not use our pass; they use their own.

Senator BYRD. Would you supply for the record the Commissioners' orders setting forth hospital admission criteria and payment standards?

Mrs. VINYARD. Yes, sir.

(The order referred to is shown on p. 2781.)

OPERATING MANUAL

Senator BYRD. Does the hospital have a comprehensive operating manual covering administrative practices and procedures?

Dr. SCHULTZ. Not in all aspects. We have some phases of this developed in some areas. Can you speak on any of these aspects, Mr. Bossong?

Mr. BOSSONG. Personnel practices have been covered in a manual and there is a series on supply procedures which are also made available.

Dr. SCHULTZ. This is a long process and we will make as rapid progress as we reasonably can. I might say that one of the reasons why in areas such as billing and accounting of property, and inventory controls, we have this mostly in the form of an outline. This is again because of our hope to convert over to automatic data processing.

Senator BYRD. What action has been proposed to prepare such a manual?

Dr. SCHULTZ. Meetings have been held by various administrative units of the hospital, particularly in the Office of the Administrator.

Senator BYRD. Has anyone been assigned the task of preparing such a manual?

Dr. GRANT. Mr. Chairman, I would say that the kind of manual to which you are now referring would involve more than one person. I have as a matter of fact assigned a management analyst to the hospital to work on the problem of preparing a manual just in one section of the activities of the hospital. I do think this is of very considerable importance, and I would like to get the procedures developed just as

rapidly as we can. It is going to take some time and I believe some personnel to do this.

Dr. SCHULTZ. Several chapters of the operations of the convalescent Service can be developed. This is a very complex total operation.

Senator BYRD. Have manuals been prepared in the past which were considered to be too general in nature perhaps?

Dr. SCHULTZ. I would think, yes. We have had some manuals that were initial attempts at providing some overall procedural information that were only partially useful as such. A manual to be effective must consider every operating aspect because they are very complex to develop.

CONTRACTS FOR MANUAL PREPARATION

Senator BYRD. Have any contracts been let for the preparation of such manuals?

Dr. SCHULTZ. I again will refer to Dr. Grant's program.

Dr. GRANT. I have made some rather strong recommendations in this regard for the manuals. We have not negotiated any contracts because it has been my thinking that if we could employ additional management analysts they are the people that we would want to work on these manuals, get them established and maintain them up to date. As you know, just to establish a manual is one thing, but to maintain it up to date, to see to it that personnel are following what is in it, is another story, and I am hoping very much that these management analysts will be doing that. In fact, we do have one assigned to the hospital right now who is very busily engaged in one particular area.

EARLIER MANUAL

Senator BYRD. Was the manual which was prepared by Dr. Owen, former administrator of the hospital, under a $6,000 contract in 1960, not considered satisfactory?

Dr. SCHULTZ. There were aspects of it that were most useful. I refer particularly to that part of it that had to do with the physical layout of the hospital, and the actual line drawings of the physical plant. This has proven very useful. Other aspects have been a matter of having information available from which further information was subsequently derived. It was not as valuable as I would have hoped we might get from that contract and on the basis of the expertness of the individual who prepared it.

Senator BYRD. Was the task later assigned to someone else?

Dr. SCHULTZ. To the extent that our own people were able to pick this up and develop it further; yes. We have been doing this over the course of the last 3 years.

PRESENT WORK ON MANUAL

Senator BYRD. How did Mr. Douglass get along in carrying out the assignment?

Mr. BOSSONG. Mr. Douglass and I are presently working on a series of these. Mr. Douglass has been assigned the primary function of gathering all information for the manuals to be processed.

Senator BYRD. So you would say there is need for such a manual?

Dr. GRANT. Very much so. I would say rather than just one manual, several manuals in each area of the hospital.

Senator BYRD. Can you indicate what the plans are in this regard?

FURTHER MANUAL WORK

Dr. GRANT. I believe I can answer that. We are planning to assign, as we are able to do so, management analysts to the hospital to work with the staff in developing specific manuals of procedure. One such person, a management analyst, has been assigned and is currently working on one section of the hospital. As a matter of fact I was particularly interested myself in assigning this person to one of the newer programs of the hospital because I thought this was something new that had been established and I wanted to demonstrate what kind of a manual I would like to see developed in this program that could be imitated in other manuals to be established there.

ALLOTMENT LEDGER ACCOUNTS

Senator BYRD. Are allotment ledger accounts maintained at the District of Columbia General Hospital?

Miss LAPRADE. Yes; they were until September 30, 1963.

Senator BYRD. What consideration has been given to eliminating allotment ledger accounts at the hospital and using the reports prepared and furnished by the Finance Office?

Mr. DOUGLASS. The allotment ledgers are not being maintained now because we are now using the Finance Office reports.

REQUISITIONING, STORING, AND ISSUING SUPPLIES

Senator BYRD. Dr. Schultz, would you describe briefly the hospital procedures in requisitioning, storing, and issuing materials and supplies.

Dr. SCHULTZ. May I refer that to Mr. Bossong? Mr. Bossong is acting administrator of the hospital. The administrator left a while back. He is perhaps sufficiently experienced to speak to that.

PHYSICAL CONTROL PROBLEM

Senator BYRD. You can supply this for the record if you like. Do you have adequate physical and financial controls over materials and supplies at the hospital?

(The information referred to follows:)

1. *Requisitioning.*—Requisitions for general stores, noncatalog supplies and materials, and equipment are submitted to the Property and Supply Branch on form DCGH A–87.

Requisitions for general stores (material regularly carried in stock) are prepared with an original and two copies two of which are sent to the Property and Supply Branch on the order day scheduled for a specific building or operating unit. Requisitions for general stores are signed by personnel who have delegated authority to do so from Branch or Division heads.

Requisitions for noncatalog supplies and materials, equipment, and emergency requisitions may be prepared by operating personnel but must then be countersigned by the Branch or Division head. These requisitions with the exception of those for food and maintenance supplies are sent to the Assistant Administrator, Management, for authorization before they are forwarded for procure-

ment. Requisitions for maintenance supplies must be authorized by the Administrative Assistant who responds, for this responsibility, to the Administrator. Requisitions for food supplies are processed for procurement with the authorizing signature of the chief dietitian or, in her absence, the assistant chief dietitian.

2. *Storing.*—General stores of stock material are maintained by the Property and Supply Branch in its own two-story building and basement located adjacent to the surgical building.

General stores materials are stored by group and class and consists of bulk supplies and materials broken out to shelf storage for accessibility. Among the major storage categories are, office supplies, medical and surgical supplies, canned and packaged food supplies (locked cage), drugs and chemicals (locked cage), patient care linen and patient apparel.

Perpetual inventory records are maintained manually on Kardex-type files.

3. *Issuing.*—Requisitions for general stores are assembled by warehousemen who indicate the quantity issued in the space provided opposite each line item.

Warehousemen deliver general stores to ordering units on the day following the scheduled order day for that unit. Noncatalog supplies are delivered to the ordering unit as soon after receipt as possible. Acknowledgement of receipt of a delivery is by signature of the receiver in the space provided on the reverse side of form DCGH A-87. The original of the requisition is returned to the Property and Supply Branch where the quantities issued are posted to the perpetual inventory records, priced and extended for cost distribution and finally, filed by activity in the permanent files of the Property and Supply Branch.

Dr. GRANT. If I may just interpolate, Mr. Chairman. You mentioned the physical problem. We have serious physical problems I think in connection with the central supply which would be taken care of to a very considerable extent under the central care construction program which would establish a new central supply.

Senator BYRD. You might indicate your answer for the record. Do you have adequate physical and financial control over materials and supplies at the hospital and if not, why not? You may supply this information for the record.

Dr. GRANT. Yes, sir.

(The information referred to follows:)

There are physical and financial controls over materials and supplies in the general supply warehouse at District of Columbia General Hospital. However, we are continually evaluating and improving our systems and controls. The proposed central core construction program will provide improved physical facilities. We feel that more adequate controls can be provided. In order to increase the effectiveness of our controls we must be able to determine usage rates and distribution so as to facilitate procurement procedures, reduce inventory, decrease frequency of emergency orders due to depleted stock, and furnish timely information for control and use of floor stock. In our opinion we could provide the above information without increase in manpower only when automatic data processing equipment is made available.

QUESTION OF BETTER CONTROL OF MATERIALS

Senator BYRD. Mr. Lowe, do you have general ledger control over materials and supplies?

Mr. LOWE. No sir, we do not, Mr. Chairman. In the central accounts, no, sir, we do not.

Senator BYRD. What consideration has been given to initiating improved controls over materials and supplies at District of Columbia General Hospital?

Dr. GRANT. May I say one thing, Mr. Chairman, that this would be one of the items that should be included in the management analysis that we are contemplating followed by a proper manual on policy and procedures that would spell out in detail the method by which they should be carried out.

PREPARATION OF DISCHARGED STATISTICS AND BILLS

Senator BYRD. How are admission and discharge statistics and hospital bills to patients prepared?

Dr. SCHULTZ. The discharge statistics are accomplished by our medical records division. Hospital bills are prepared in the business office.

Senator BYRD. All of this is done manually?

Dr. SCHULTZ. It is done manually, yes sir.

USE OF VITAL STATISTICS DIVISION

Senator BYRD. Does the Vital Statistics Division of the Health Department have automatic data processing equipment?

Dr. GRANT. Yes sir.

Senator BYRD. Could it be used to perform some of this work?

Dr. GRANT. I believe it could, but it would have to be extended in terms of additional equipment plus additional personnel.

STUDIES IN AUTOMATIC DATA PROCESSING

Senator BYRD. Have any studies been made concerning the use of automatic data processing equipment in the operations of the hospital?

Dr. SCHULTZ. Yes, sir. We have studied this over the course of the last 2½ years. An analysis of various memorandums has been prepared in regard to this. It is highly involved, however. We recognize primarily that it involves the total operations of the Health Department in all of these areas and it is not one that can easily be resolved.

Senator BYRD. Can you indicate for the record what the results were of the studies?

(The information referred to follows:)

RESULTS OF STUDY OF AUTOMATIC DATA PROCESSING

The exploration and study of the feasibility of applying Automatic Data Processing equipment, techniques, and methods to District of Columbia General Hospital operations was begun in May 1960, and has progressed through varying phases and with varying degrees of emphasis from that time to the present. The results of such activity are presented in relation to the chronology of the period.

In January 1961, a report titled, "Development of an Automatic Data Processing System for District of Columbia General Hospital" was prepared by the assistant administrator, management. This report established a program of tasks and machine functions which an ADP system would be expected to perform. It examined application of Electric Accounting Machine equipment (EAM) to specific recommendations of the General Accounting Office in connection with admission and collection practices in hospital and medical care programs of the Department of Public Health.

In the following months a coding system for general stores was developed and a catalog of supplies and materials regularly carried in stock was prepared and printed. Automatic data processing procedures and flow charts were developed for recording, control, and accounting for general stores issued from the supply warehouse to hospital operating units. The hospital administrative staff then explored the possibility of utilizing a commercial data processing service organization to process source data prepared by the hospital in accordance with the procedures which had been developed.

In September and October 1961, the Management Office of the Department of General Administration conducted a reconnaissance survey of hospital operations with the assistance of the hospital staff to determine the prospects of

applying ADP techniques and equipment. A memorandum dated November 15, 1961, to the Director of Public Health stated that the findings of this study warranted developing an ADP program with emphasis on systems analysis studies. A suggested ADP program plan was attached and the Director of Public Health was advised that, subject to his concurrence, the assistance of the Management Office staff, Department of General Administration would be made available to District of Columbia General Hospital. On November 28, 1961, the executive officer, Department of Public Health for the Director, concurred with the plan and schedule.

While awaiting departmental and congressional approval and authority to proceed with the total program, the Office of the Assistant Administrator, Management, District of Columbia General Hospital, with a staff consisting of one administrative assistant and one statistical and coding clerk, proceeded to develop the following elements of the projected system:

A coding system for drugs and chemicals using the pharmacological groupings established by the American Society of Hospital Pharmacists.

A drug catalog for the 700 drugs and chemicals in the hospital formulary and for the various strengths and packagings in which this stock was available (approximately 2,000 items).

An organizational code structure which was compatible with existing District of Columbia numerical codes but which, through greater flexibility, made possible detailed costs analyses using machine methods.

Prepunched master decks of cards for machine processing of drugs, general stores, and cost centers.

Detailed procedures for pharmacy and supply personnel who would be concerned with ADP system operations.

Detailed procedures and flow diagrams for ADP operating personnel.

As a further result of the procedural studies previously prepared, a pilot program was conducted between September 17 and December 31, 1962, in which all drugs issued from the main pharmacy to wards, and other authorized users and all drugs dispensed to outpatients were recorded using prepunched master cards and a tub file technique. The issues were priced, extended and distributed to cost centers by item and dollar value using machine time borrowed from various ADP installations in the District of Columbia.

While it had been planned to expand this program to provide inventory control of drugs by automatic up-dating of perpetual inventory records as a by-product of accounting for issues, it was decided not to proceed because of continued delay in authorization of the total ADP program.

In May 1963 procedures were developed for recording physical inventory of accountable property and for maintaining permanent records of acquisitions, issues, transfer, and surveys on punched cards. This is a continuing program for which approval of card format and system were obtained from the Administrative Services Officer, District of Columbia, in accordance with District of Columbia property regulations.

As a result of the inaccuracy of previous accountable property inventories revealed during preparation of this program, an extension of time for reporting total value of accountable property was requested and approved in order to develop a new and accurate base. Accordingly, it is planned that by June 30, 1964, District of Columbia General Hospital will have the new base figure completely confirmed by physical inventories and supported by detailed records on punched cards.

Study by the administrative staff of District of Columbia General Hospital with the assistance of the Management Office, Department of General Administration contributed to the text of a memorandum dated September 27, 1962, from the Executive Officer, Department of Public Health to the Director, Department of General Administration, which presented a time schedule for establishing essential ADP operating and control applications in terms of weeks and months from program authorization, delivery of equipment and recruitment of operating personnel.

Further results of study at District of Columbia General Hospital to develop its own capability for planning and operating its own ADP system and its readiness to proceed are indicated by a request dated September 6, 1963, for authority to convert three positions to ADP operating classifications. It was proposed to utilize the requested personnel to provide supply and pharmacy inventory controls by utilizing idle machine time in the Biostatistics Division of the Department of Public Health from 4 p.m. to 12 midnight. On September

17, 1963, a memorandum was sent by the acting executive officer of the District of Columbia Department of Health to the District of Columbia Budget Officer requesting conversion of three budgeted positions to implement ADP at District of Columbia General Hospital.

Dr. SCHULTZ. Yes sir.

MEDICAL RESEARCH

Senator BYRD. Is medical research performed at the hospital, Doctor?

Dr. SCHULTZ. Yes, it is.

Senator BYRD. Why?

Dr. SCHULTZ. It is part of the basic fundamental obligation of the hospital.

Senator BYRD. Where are the funds obtained to finance the medical research?

Dr. SCHULTZ. Largely from research grants.

Senator BYRD. Primarily from NIH?

Dr. SCHULTZ. From Public Health Service grants, the majority of them.

REIMBURSEMENT FOR INDIRECT COST OF RESEARCH

Senator BYRD. Does the District of Columbia receive any reimbursement for the indirect costs involved?

Dr. SCHULTZ. From the present projects it does not.

Senator BYRD. Would you say why not?

Dr. SCHULTZ. The reason for this is that the primary sponsors of the grants heretofore have always been a head of a department of the medical schools. In turn, this has been desirable because it provides medical academic control and an assured high level of scientific approach to the grant. In addition it is one of the factors that interest the grantor in making the grant available. Therefore, the overhead heretofore has been primarily, in fact, it has been entirely a matter of something that has been collected by the schools. This amounts to between 10 to 20 percent now on the actual face dollar value of the grant itself.

Senator BYRD. Do you think that reimbursement to the District of Columbia for the indirect costs involved would not be desirable?

Dr. SCHULTZ. We think it is desirable.

Senator BYRD. You think it is desirable?

Dr. SCHULTZ. Yes.

Senator BYRD. But at the present time the District does not receive any such reimbursement?

COSTS OF INDIRECT BENEFITS TO RESEARCHERS

Dr. SCHULTZ. No. I would say that the overhead figure, and it has gone up now, for most grants run between 10 and 20 percent, and is for a number of aspects of managing the grant, including fiscal control. Fiscal control of personnel remains that of the responsible university. However, it is also in part to cover items such as maintenance, supply, utilities, and so forth, that portion of it should be collected by District of Columbia General Hospital. Perhaps on the basis of a rough estimate it would be somewhat around half of the actual overhead.

DISCUSSION ON CORRECTION OF DIFFICULTY

Senator BYRD. What consideration has been given to correcting this situation?

Dr. SCHULTZ. This is on the agenda of a meeting that we will have very shortly with the deans. The date of that meeting is not yet established, but it is to be held in the near future. It is the intention of the Health Department to discuss this with the deans and hopefully derive some formula for the prorating of the actual overhead from the grants so that the hospital will share in the overhead of those grants that are presently serviced by the schools. I think if grants are made available direct to the hospital then the entire overhead can come to the hospital. We can and will receive such grants, but heretofore none have been made to the hospital.

GRANTS TO DISTRICT OF COLUMBIA GENERAL HOSPITAL

Senator BYRD. Will you file a statement for the record concerning grants to District of Columbia General Hospital in 1963 and also indicate the estimate for fiscal year 1964.

Dr. SCHULTZ. Yes. I can give the dollar figure approximately of the grants.

(The information referred to follows:)

Approximate expenditure for medical research conducted at District of Columbia General Hospital by 3 local medical schools, fiscal year 1963

Georgetown	[1] $252,609
George Washington	[1] 50,116
Howard	[1] 13,324
Total	316,049

[1] The figures shown were projected from data available for the 10-month period, July 1, 1962, to Apr. 20, 1963, as developed by General Accounting Office staff from university financial records. It is believed that the data are reasonably accurate and the best estimate currently available.

No estimation can be given for fiscal year 1964 because most grant applications have not yet been reviewed. The totals will be somewhat, but probably not significantly, larger than those for fiscal year 1963.

80.5 percent of these grants were from Federal sources, 19.5 percent from private sources. Of those from Federal sources, most were from the U.S. Public Health Service; 3 grants were from the Department of the Army.

The indirect cost to the District of Columbia General Hospital for research laboratories is estimated to be $21,589.49.

Senator BYRD. Could you indicate the indirect cost to the District of Columbia?

Dr. SCHULTZ. Yes. I can come up with a formula that I think will give a useful approximation of that.

Senator BYRD. Also indicate the source of the grants.

Dr. SCHULTZ. Yes.

BACKGROUND OF DRUG THEFTS

Senator BYRD. For the record, Dr. Grant, would you supply a memorandum describing the events leading up to and resulting in the large thefts of drugs reported at the District of Columbia General Hospital?

Dr. GRANT. Yes, I will do that.

(The information referred to follows:)

Memorandum for the record: On April 18, 1962, Mr. Louis Lang, Parke-Davis detail man, and Mr. Fagan, a division sales manager for Parke-Davis, came to the office of the Administrator, District of Columbia General Hospital, and said that a Parke-Davis salesman had found in a Silver Spring drugstore some Chloromycetin that Parke-Davis believed they had sold to District of Columbia General Hospital. Parke-Davis had determined this by coding the box after they had learned sometime earlier that the drugstore in question had on its shelves Chloromycetin which Parke-Davis had not sold through retail channels.

The Administrator, District of Columbia General Hospital, contacted the Metropolitan Police and arranged a conference between the aforementioned Parke-Davis representative, police officials and hospital officials.

The next contact with the Police Department was June 7, 1962. At this time, the police indicated that they had located, in addition to the Chloromycetin, 2 cartons of Esidrix (12 bottles of 1,000 capsules per carton, price $19.94 per carton) that had been taken from District of Columbia General Hospital, and that they had made 2 arrests, 1 being a man who transported stolen drugs. The other arrest was in Maryland, reportedly for receiving stolen goods. There had been no evidence in our hospital operating experience or in the public press that warranted a suspicion of a drug theft ring operating in this area.

The police continued its investigation by examining the pharmacy, the property and supply department, and questioning employees. On July 10, 1962, hospital officials again met with representatives of the Police Department and officials of the District of Columbia Department of Public Health. At this meeting the police stated that they had found 38 more bottles of Chloromycetin from District of Columbia General Hospital. The total reached 40 bottles (100 tablets each) of Chloromycetin at $11.34, and 24 bottles (1,000 capsules each) of Esidrix at $19.94 per bottle. The Chloromycetin cost the hospital $453.60, the Esidrix $478.56; total $932.16.

The Police Department stated at the above meeting that the property and supply people did not appear to be involved, but that certain employees of the pharmacy appeared to be "suspicious." Effective July 23, 1962, one pharmacy employee was indefinitely suspended and also on August 6, 1962, two additional pharmacy employees were suspended indefinitely and all remain in this status at this time.

In the aforementioned meeting of July 10, 1962, the Police Department stated that its investigation would be finished in a few days and that a report would be forwarded to the U.S. attorney with a view toward grand jury investigation of the alleged sizable traffic in stolen drugs throughout the metropolitan area, although only the aforementioned Chloromycetin and Esidrix had been traced to District of Columbia General Hospital. A grand jury was subsequently convened and to our knowledge has not yet been discharged.

There was nothing in the known background of or personnel records of the pharmacy employees involved which reflected on their integrity or honesty.

Many factors contributed to the disclosure that drugs marked for use at District of Columbia General Hospital had somehow improperly reached other outlets. Hospital officials had been cognizant for many years of physical plant inadequacies and lack of machine methods of property accountability which hampered efforts to effect proper controls. In September of 1957 the Steinle report pointed up that "the pharmacy is badly crowded and funcionally badly planned. It is inconvenient to all other buildings and this inconvenience is intensified in proportion to the distance which separates various buildings from it." The chief contribution of the Steinle study was to recommend a central core building program which rapidly gained widespread support. The prospect of early action in beginning the central core project as well as a continuing effort to obtain automatic data processing by reassignment of personnel offered home for solutions to these difficulties. Because of an absence of mechanization, pharmacy inventories have not been adequate. Consideration of ADP for inventory control was initiated in May of 1960.

Concerted time and effort was expended to develop an analysis of factors that may have created the atmosphere that led to marginal standards in the pharmacy operation. The annual audit of pay-patient cost conducted by the Internal Audit Office of the District of Columbia Department of General Administration had not in any of the immediately preceding years indicated any cause for alarm over any phase of pharmacy operations.

During the course of the study it was disclosed that certain pharmacy employees had over many years furnished drugs to other employees of the hospital on an immediate-need basis. As far as can be determined, many of these drugs were in the category of samples given to the pharmacy by the drug houses. The drug houses were at one time most liberal in supplying sample drugs to the hospital, mainly for the purpose of augmenting patient treatment programs. These drugs were not controlled by inventory since there was no cost incurred by the District of Columbia. While we no longer condone the practice of furnishing medication to employees except in bona fide emergencies, hospitals throughout the country follow a variable practice in this matter. Hospitals in general are perhaps more paternalistic in personnel practices toward their employees than the majority of employers. It had been the philosophy of the hospital that such prompt attention to the employees' medical needs, particularly at lower echelon levels, might help minimize absenteeism.

Senator BYRD. Will you also file for the record, Dr. Grant, a memorandum on your background, experience, training and so forth?

Dr. GRANT. I will be glad to do that, Mr. Chairman.

(The information referred to follows:)

PROFESSIONAL BACKGROUND OF MURRAY GRANT, M.D., D.P.H., DIRECTOR OF PUBLIC HEALTH

Born in London, England.

Received all preliminary education in England; and graduated from St. George's Hospital Medical School, University of London, in January 1949.

Emigrated to Canada; took internship and postgraduate training in public health at University of Toronto; received degree in public health from University of Toronto in 1950.

Appointed assistant health officer of Baltimore County Health Department, Towson, Md., in May 1950; appointed commissioner of health of Cattaraugus County Health Department, Olean, N.Y., in December 1951; appointed director of health of Clay County Health Department, Liberty, Mo., in April 1955; appointed assistant health officer of Prince Georges County, Md., in May 1957; appointed health officer of Prince Georges County, Md., in February 1959; appointed Director of Public Health of the District of Columbia, in September 1962; certified, American Board of Preventive Medicine and Public Health in 1955.

Present academic appointments

Clinical professor of community health, George Washington University School of Medicine; clinical professor of preventive medicine, Georgetown University School of Medicine; clinical professor of public health, department of preventive medicine and public health; and Howard University College of Medicine.

Publications

"Social Service in a Health Department," APHA Journal, December 1953; "A Mental Health Program Is Born," Public Health Report, January 1955; "How One Health Department Helps the Handicapped," Public Health Reports, December 1955; "A Dental Hygiene Program in Clay County," Missouri State Dental Society Journal, December 1957 (coauthor); "A Public Health Approach to Problems of Alcoholism," Maryland State Health Department Bulletin, July 1959 (coauthor); "Alcoholic Rehabilitation in Prince Georges County," Maryland State Medical Journal, October 1961; "Services for the Mentally Retarded," Maryland State Health Department Bulletin, February 1963; "A Comprehensive Home Care Program for the Chronically Ill," Journal of the American Dietetic Association, May 1963; "Local Program for the Mentally Retarded," Public Health Reports, August 1963; "Countywide Screening Programs for Chronic Disease," Public Health Reports, September 1963 (coauthor).

OPERATION OF BIRTH CONTROL PROGRAM

Senator BYRD. Mr. Duncan, in connection with the request yesterday for an estimate of the cost of providing birth control information and supplies to welfare recipients who indicate an interest in these,

would you also supply a memorandum which outlines to the committee how the project would operate?

Mr. DUNCAN. I will be glad to, Mr. Chairman.

(The information referred to follows:)

STATEMENT REGARDING BIRTH CONTROL PROJECT

In reference to the birth control project proposed in the Department of Public Health budget, it is concluded that welfare recipients would have an opportunity to receive the information and assistance provided by the Department of Health program. This would be accomplished by making the appropriate literature available at the time of application, and by referring to the Public Health clinics those families already known to Public Welfare, who desire the services and assistance.

Procedures would be developed jointly between the Health and Welfare Departments to insure appropriate coordination.

JOHN B. DUNCAN,
Commissioner, District of Columbia.

Senator BYRD. And what your recommendations would be along this line.

ACTION ON SURETY COMPANY LIABILITY IN THEFTS

I refer now to Special Audit No. 7–63 dated August 24, 1962. Finding No. 1 was as follows:

A detailed audit for available records for 16 different drugs disclosed unaccounted-for quantities in the main pharmacy which cost the District $91,619.79. This audit covered approximately a 13-month period beginning July 1, 1961, for all drugs audited. However, Esidrix was checked for only 4 months because of the relatively small amount unaccounted for as disclosed by the audit.

The general wholesale prices and the suggested retail prices of the drugs unaccounted for are $142,295.59 and $217,418.65, respectively.

The recommendation was:

That the Procurement Officer, District of Columbia, ascertain the extent to which the District's surety company is liable, under terms of the position schedule bond, for the losses of drugs at District of Columbia General Hospital.

What action was taken?

Dr. SCHULTZ. I think that, sir, was not something that would be initiated by District of Columbia General Hospital. This audit was sought by the Health Department.

Dr. GRANT. The actions that were taken, Mr. Chairman, relative to the pharmacy operation are those indicated in this document which succeeded the audit report that you have mentioned and which I can either indicate now or submit for the record.

Senator BYRD. I am particularly interested in this one recommendation.

Dr. SCHULTZ. Well this, sir, is something that is referrable to the District of Columbia Procurement Office and I do not have before me the record of the action that was taken.

Senator BYRD. Mr. Lowe, can someone answer this question?

CASES PENDING AGAINST INDIVIDUALS

Mr. LOWE. I don't personally remember the answer to it, Mr. Chairman, but we are checking the file to see what we can find here. Mr. Chairman, I think the answer to this is that it has been held up pending the prosecution of the individuals concerned. Their cases are

still pending through legal channels and until they are adjudged guilty then there is no recourse under the bond as I understand it. But I would like to have permission to extend this answer to supply any further information that checks with the Procurement Office and the law enforcement agencies indicate appropriate.

(The information referred to follows:)

The Procurement Officer, District of Columbia, is unable at this time to ascertain the extent to which the District's surety company is liable, as the U.S. Attorney's Office will not disclose the names of the employees involved since there have been no convictions to date. Employees at the District of Columbia General Hospital are individually bonded in penal amounts ranging from $1,000 to $5,000 depending on the position they hold. If convictions are obtained and the names of the persons convicted are made known, the surety company will be liable to the District for the full penal amounts of each bonded position involved.

R. G. WESSELLS,
Procurement Officer, District of Columbia.

Senator BYRD. All right. Dr. Grant, you might include for the record the actions taken on the other recommendations in special audit No. 7–63.

Dr. GRANT. Yes, sir.

(The information referred to follows:)

INSERTION NO. 33

REPORT ON RECOMMENDATIONS OF INTERNAL AUDIT S.A. 7–63

Recommendation 2:

(*a*) Ward orders are now numbered in sequence as filled.

(*b*) Sample drugs are no longer stored in dispensing areas in the main pharmacy.

(*c*) Prescriptions for dangerous drugs are now maintained separately.

Recommendation 3:

(*a*) A book inventory of drugs is now maintained in the main pharmacy and procedures have been established for the reporting of inventory differences and adjustments.

(*b*) A control account for drug items in the main supply unit is now being maintained and reconciled at regular intervals.

(*c*) A procedure has been established to standardize coding and classification of drug and chemical obligations and issue documents so that comparable accurate data is available for cost accounts and inventory control.

Recommendation 4:

The hospital requires unused lines on ward orders and requisitions be crossed out and no write-ins are honored by pharmacy or storeroom personnel.

BONDING CHIEF PHARMACIST

Senator BYRD. I refer to special audit No. 20–63 dated February 1, 1963, finding No. 2.

The position of Chief Pharmacist, Bureau No. 49–6–18, is not bonded. The employee in this position is accountable for drugs and medications with an average value considerably more than the $1,000 inventory value provided in the criteria for bonding position.

The recommendation was that the Director of Public Health submit pertinent information relative to bonding the position of Chief Pharmacist, to the procurement officer for consideration.

Dr. WEISS. He has been bonded.

Senator BYRD. He has now been bonded.

Finding No. 3.

PRACTICES IN PHARMACY SECTION

Our review of the records and procedures of the pharmacies disclosed that:
(*a*) Request for drugs from wards do not specify quantity ordered or delivered nor are the forms numbered in sequence or logged at the time they are filled.
(*b*) Operating procedures do not provide for the taking of a physical inventory in the pharmacies nor a physical count of drugs being issued on ward orders.
The recommendation was that the Director of Public Health take administrative action to:
(*a*) Record quantity of drugs requested in ward orders, and number in sequence or log all ward orders at the time they are filled.
(*b*) Amend the operating procedures to provide for a physical inventory at least annually and record the physical count of drugs issued on ward orders.

Dr. WEISS. These items are still under consideration within the Health Department proper. A meeting was held on May 9, 1963, with representatives of Glenn Dale Hospital, District of Columbia General Hospital, and the Chief Pharmacist of the Health Department. These agreements have been recorded and submitted to the Department proper where they are now receiving consideration within the overall framework of the reorganization of the pharmacy services of the entire Department.

DISPOSAL OF OBSOLETE AND EXCESS DRUGS

Senator BYRD. What action was taken on the recommendation that the Director of Public Health take administrative action to dispose of all obsolete or excess drugs in accordance with section 17 of the District Personal Property Regulations?

Dr. WEISS. This was completed on October 9, 1962.

Senator BYRD. What action was taken on the recommendation that the Director take administrative action to establish financial records over drugs in the pharmacies, providing for costing of ward orders, and verify the financial record of drugs with the physical inventories?

Dr. WEISS. This is another item still pending within the Department.

NARCOTICS AND DANGEROUS DRUGS

Senator BYRD. I refer to audit No. 63–97 of February 5, 1963. The subject is "Audit—Narcotics and Dangerous Drugs, District of Columbia General Hospital." What action was taken with reference to the recommendation that the Director of Public Health take administrative action to: (*a*) Account for the inventory differences of dangerous drugs in the pharmacies and prepacking section; (*b*) establish necessary perpetual inventory records and strengthen the control and accountability of dangerous drugs; and (*c*) make necessary revisions in procedures governing dangerous drugs to provide adequate instructions for operating personnel in controlling the receipt, issue, and inventory of dangerous drugs?

Dr. SCHULTZ. Perpetual inventories are now maintained. We ran into one difficutly in that the requirements for inventory require the exact count of the drugs. It was difficult to do this in that the drugs we buy do not come in packages where the counts of the bottle conform to the actual contents of the bottle. We have installed a counting machine. We now count these on an electronic counting machine. It does the counting of very large quantities of drugs. We now believe our inventories are accurate and perpetual, and they are subject to regular audit.

Senator BYRD. Would you say that the recommendation has been fully complied with?

Dr. SCHULTZ. It has been fully complied with.

ALCOHOLIC REHABILITATION PROGRAM

Senator BYRD. I refer to audit Nos. 63–444 and 63–445, dated September 16, 1963. The subject is "Alcoholic Rehabilitation Program, Department of Public Health."

Finding No. 3, accounts receivable:

The Alcoholic Rehabilitation Clinic does not bill nor maintain accounts receivable for visits of patients who are unable to pay the established fee at the time service is rendered.

Recommendation:

That the Director of Public Health take necessary action to require the Alcoholic Rehabilitation Clinic to maintain accounts receivable and bill patients who do not pay the established fee at the time service is rendered.

Dr. GRANT. That has been transmitted to the director of that program and I am awaiting some comments.

STORAGE OF DANGEROUS DRUGS

Senator BYRD. Finding No. 5:

Eight types of dangerous drugs which have been stored in the dispensary for several years have had little or no usage and are in excess of current needs. Excess dangerous drugs should be disposed of in accordance with section 8–4: 110 of the District of Columbia Dangerous Drug Regulations.

Recommendation:

That the Director of Public Health take administrative action to determine the needs of the clinic and dispose of excess dangerous drugs.

What action was taken?

Dr. GRANT. That is being carried out, Mr. Chairman.

MENTAL HEALTH AND STANDARDS OF INDIGENCY

Senator BYRD. Audit Nos. 62–560 to 62–572 approved April 30, 1963.

It was reported that the mental health clinics were not following the income standards of indigency and clinic fees had not been increased since 1956. The officer stated that the Department is making an overall study of fees and standards of eligibility and payability for various clinic and hospital services.

Has the study been completed?

Dr. GRANT. Yes, sir. This is related to the question that I discussed previously relative to medical eligibility which ties in very much with this question.

Senator BYRD. Would you submit for the record a copy of the report on the study or summation of the study?

Dr. GRANT. Yes, sir.

(Report referred to is shown on p. 2593.)

CORONER'S OPERATING EXPENSES

Senator BYRD. Audit No. 63–433 and special audit No. 182–63 dated September 17, 1963, subject: "Operating expenses, Office of the Coroner."

Finding No. 1 deals with expert witness fees. The recommendation was that the coroner take administrative action to—

(*a*) Deposit all fees, less appropriate expenses, received by the coroners for serving as an expert witness in their official capacity, with the District of Columbia Treasurer to the credit of account No. 9329 (expenses, witness fees), and (*b*) require the submission of reports of court attendance by the coroners when they perform court service in duty status.

What action was taken?

Dr. GRANT. I am not aware of this particular report. If it has to do with the Coroner's Office, I would hazard a guess it would come under the coroner and not the Public Health Department.

Mr. LOWE. That has been supplied to the coroner and he has concurred with the recommendation, so I would believe that by now the actual compliance has taken place.

Mr. DUNCAN. He so reported it to me, Mr. Chairman.

ACTIVITIES OF CORONER'S OFFICE

Senator BYRD. Finding No. 2:

The tour of duty of the coroner and his three deputies is 8 a.m. to 4 p.m., 5 days a week, with daily assignments staggered to provide coverage 7 days a week. The schedule of official tours of duty consists only of pencil-written notes on a District of Columbia government calendar. The coroners are not physically present at the morgue for their entire tour of duty. However, we were informed by the coroner that he is on call as duty coroner Monday through Friday and deputy coroners are on call at all other times and when the coroner is on leave.

Our review of administrative records for the period February 3 through May 11, 1963, disclosed that 347 autopsies were performed. On 324, or 93 percent of these, the autopsy report showed the hour as being between 11 a.m. and 2 p.m. There were also 37 inquests held which were generally scheduled at 11 a.m. The coroners also appeared 15 times as expert witnesses for the court and made 12 visits to the actual scene of death. The coroners may also identify bodies of known and unknown persons; maintain working relationships with health and hospital authorities, police department, private citizens, and Federal authorities, etc.; investigate calls from private physicians regarding death while in attendance or who treated deceased previously and was absent at time of death, etc.

Comptroller General's decision No. B–151957, dated July 31, 1963, provides in part that a basic workweek for certain medical officers may consist of an assigned number of hours of duty at their regular station with the balance of the hours in their normal 40-hour weekly tour of duty to be performed in a standby status at their homes or private offices.

In our opinion, due to the nature of the work of the coroners, the records maintained are not adequate to support the time in a duty status. We feel that the recommendation made to the Board of Police and Fire Surgeons by the House Subcommittee on Appropriations for the District in reporting out appropriations for fiscal year 1963 would be applicable to the Office of the Coroner.

The Recommendation:

That the coroner take administrative action to (*a*) establish tours of duty for the coroners in accordance with the Comptroller General's decision or provide otherwise for the reporting of time in pay status in conformance with applicable regulations, and (*b*) request the Management Office to assist in the preparation of forms designed to facilitate the documentation and certification of time in duty status by the coroners.

Finding No. 3:

Our review of the records and discussions with personnel of two hospitals and one university where the three Deputy Coroners are employed disclosed the following:

(*a*) One Deputy Coroner is employed by the Department of Surgery, College of Medicine, Howard University. The university furnished a copy

of the "General Surgery Teaching Assignment" which showed a total of 26 hours a week scheduled for the Deputy Coroner. Most of this time conflicts with the deputy coroner's tour of duty for the District. The university also furnished a copy of the deputy coroner's schedule of ward rounds in the hospital and instructor assignments.

(*b*) The second deputy coroner is under contract to the Director, Department of Pathology, Providence Hospital. The director informed us that the deputy coroner's hours at the hospital were 8 a.m. to 11:30 a.m. and 2 or 2:30 p.m. to 5 p.m., Monday through Friday. The director further stated that he understood that the deputy coroner worked an hour or an hour and one-half a day at the hospital on work of the Office of the Coroner. Most of the hours worked at the hospital conflict with the deputy coroner's tour of duty with the District.

(*c*) The third deputy coroner is employed by the Department of Pathology, College of Medicine, Howard University. The university furnished us a copy of a "Schedule of Lectures" and "Assignments for Student Clinics Pathological Conferences" which show eight assignments which conflict with the deputy coroner's tour of duty with the District.

Recommendation:

That the coroner take administrative action to prohibit the deputy coroners from performing services in a private capacity during hours which conflict with their tour of duty for the District of Columbia.

What action was taken?

ACTION ON COMPTROLLER GENERALS REPORT

Mr. LOWE. Mr. Chairman, we have been meeting with the coroner and his staff to work out, if possible, some arrangement consistent with the Comptroller's opinion that you referred to in the process of reading from that audit report. We have not reached any final arrangement yet but we expect to have some sort of agreement or at least a basis for the Commissioners to make a decision on the matter in the next few days.

Senator BYRD. Finding No. 5:

A 1960 Plymouth sedan, assigned to the Office of the Coroner, averaged 52 miles a month during fiscal year 1963. It would appear that the limited use of this vehicle does not warrant its continued assignment to this Office.

That the Coroner justify the need of this motor vehicle or report it as excess property to the Administrative Services Officer.

Mr. LOWE. That has been gone into, Mr. Chairman.

Recommendation:

OUTSIDE LECTURE AND TEACHING ACTIVITIES

Senator BYRD. Internal audit No. 63–437 and special audit No. 168–63 entitled "Outside Lectures and Teaching Activities of Officers and Employees of the Department of Public Health," dated September 19, 1963.

Finding 1:

Our review disclosed that eight employees, including the Director of Public Health, had given lectures during normal duty hours at three local universities. We were informed by the employees that they were paid by the universities. They also stated that their lectures at Georgetown and George Washington Universities were given at the request of the Director of Public Health. Only one of the employees used annual leave during the time of his lectures. (This was the Food and Public Health Engineer, at his own request.)

Seven of the eight employees listed in exhibit A had not submitted written requests and obtained prior approval of outside teaching activities in conformance with chapter 10 of the District Personnel Manual. One employee, the Food

and Public Health Engineer, listed on his conflict of interest statement, 2 hours of lectures to senior nurses in a public health course and stated that he would be in annual leave status during the lectures.

The Director of Public Health listed his outside activities as clinical professor at George Washington, Georgetown, and Howard Universities on a revised conflict of interest statement submitted to the District of Columbia Personnel Office, dated May 29, 1963. Compensation was listed from each of the three universities.

Recommendation: That the Director of Public Health take administrative action to assure that all officials and employees of the Department performing outside activities during duty hours comply with regulations set forth in chapter 10 of the District Personnel Manual.

What action was taken?

ACTIVITY UNDER COMMISSIONER'S CONSIDERATION

Dr. GRANT. This matter is under serious consideration at the present time, Mr. Chairman.

Senator BYRD. At what level?

Dr. GRANT. I would say at the Commissioners' level and certainly at my level and the members of my Department.

Senator BYRD. Mr. Duncan, can you tell us anything on that?

Mr. LOWE. Mr. Chairman, the Board of Commissioners approved the recommendations in that audit report. Therefore the next stage of action is for compliance by the Director of Public Health. I might add that there is a reference in that same audit report to a Corporation Counsel opinion with regard to the applicability of section 209 of title 18 of the United States Code. That opinion has been rendered and we will me glad to supply a copy for the record if you wish.

Senator BYRD. I have a copy in front of me. Do you have anything else Mr. Lowe.

Mr. LOWE. I think that sums it up and, of course, in all instances the Commissioners' policy is for strict compliance with the applicable status.

Senator BYRD. Finding No. 2:

The Chief, Orthopedic Surgical Service, District of Columbia General Hospital, informed us that he is paid by each of the following universities: Howard, George Washington, and Georgetown, for teaching interns at District of Columbia General Hospital during his normal duty hours. He is not charged annual leave when he performs this service.

The Chief, Orthopedic Surgical Service, had not listed this supplemental compensation on his conflict of interest statement.

There are other District of Columbia General Hospital medical officers who have a similar arrangement with the local medical schools.

On August 4, 1959, the Corporation Counsel, issued an opinion that there is no legal objection to the arrangements under which payments are made by the medical schools to District of Columbia. General Hospital medical officers for the performance by such officers of duties for the medical schools. (See exhibit B attached.)

In view of the recent conflict of interest legislation, now applicable to the District of Columbia, the Personnel Officer on July 5, 1963, recommended that the Corporation Counsel be asked to review his opinion of August 4, 1959, to determine whether or not it is in harmony with section 209 of the new law. The Commissioners on July 16, 1963, referred this matter to the Corporation Counsel.

REVIEW OF CORPORATION COUNSEL'S OPINION

Mr. LOWE. That is the opinion which I prematurely referred to just now, Mr. Chairman. I might also remark that since there have been several changes about which many of our doctors you could not expect

them, you know, just routinely to have full knowledge of. Yesterday we sent out a request for all medical officers that were aware so that everyone employed by the District government to furnish a current conflict of interest of outside employment statement dealing with these changes. It would be only appropriate that everyone would want to have the latest information on file.

CONCLUSION OF CORPORATION COUNSEL

Senator BYRD. I insert in the record at this point the memorandum to the Commissioners over the signature of Mr. Chester H. Gray, Corporation Counsel for the District of Columbia, and I shall read the conclusion reached by Mr. Gray.

The existing arrangement between the District and local medical schools whereby medical officers receive compensation for teaching medical students is violative of section 209 of title 18 of the United States Code. Any contrary view expressed in my earlier opinion on the subject (CCO: 3.G2.1—Medical Officers—1959) is no longer valid in view of that provision of the United States Code.

(The memorandum referred to follows:)

SA:HG:lik
OCTOBER 3, 1963.

Re effect of section 209 of title 18 of the United States Code on payments by local medical schools to full-time medical officers at District of Columbia General Hospital. (CCO: 3.G2.1—Medical Officers' Salaries.)

The COMMISSIONERS OF THE DISTRICT OF COLUMBIA.

GENTLEMEN: You forwarded to me a request by the Personnel Officer, District of Columbia, that, because of certain legislation enacted in the 87th Congress, I review an earlier opinion concerning arrangements between the District and local medical schools whereunder the medical schools pay compensation to District medical officers for services performed by them in the training of students of the schools.

The arrangements involved are described in my prior opinion dated August 4, 1959 (CCO: 3.G2.1—Medical Officers' Salaries). It would probably suffice to state that, in connection with the operation of District of Columbia General Hospital, local medical schools furnish medical students who perform various services at the hospital and who receive training by the medical officers of the hospital as well as by staff doctors of the schools. These staff doctors also provide numerous hours of patient care at no cost to the District. My 1959 opinion quotes in this regard from a memorandum of the then Director of Public Health as follows:

"* * * The vast majority, if not all, of this teaching performed by these medical officers is in conjunction with their normal daily care of patients."[1]

Without question, the overall arrangements are beneficial both to the District and to the medical schools and is said to be critical to the successful operations of both the schools and the hospital.

A key feature of this program is the role of the medical officers of District of Columbia General Hospital. The then Director of Public Health is further quoted in the 1959 opinion as stating:

"Without a teaching program at District of Columbia General Hospital, the schools would have little or no interest in the hospital. Without a teaching program, the hospital would soon deteriorate to a second-rate institution. Just as critical would be the inadequacies of interns and residents, both numerically and qualitatively, * * *. A large number of staff physicians would have to be obtained at great costs to the District. To complicate this picture, there is the fact that it would be impossible to secure well-qualified, board certified medical officers unless they could have academic association with a class A medical school. Unfortunately, however, well-qualified medical officers interested in this type of program are in great demand all over the United States. They are not willing,

[1] The position descriptions of many of the medical officers include teaching of medical students.

therefore, to accept the low salary offered by the District of Columbia government."

In my prior opinion consideration was given to the legality of the payment by the schools of this additional compensation and the legality of its receipt by the medical officers, and it was concluded that the practice violated neither the common law nor any then existing statutory prohibition. In reaching that conclusion, however, it was specifically stated that title 18, section 1914 of the United States Code would prohibit such a practice if that section were applicable to the District. In pertinent part that section reads as follows:

"* * * Whosoever, being a government official or employee, receives any salary in connection with his service, as such an official or employee, from any source other than the Government of the United States except as may be contributed out of the treasury of any State, county, or municipality * * * shall be fined * * *."

Recently, Congress enacted Public Law 87–849 (76 Stat. 1119) which amended chapter 11 of title 18 of the United States Code relating to bribery, graft, and conflict of interest. The legislative history of this act reflects that its purpose is (1) to strengthen, revise, and simplify the existing conflict-of-interest laws, (2) to make appropriate general provisions for consultants and temporary employees, and (3) to integrate these conflict-of-interest laws with recodified prohibition of bribery and graft, all to the end that improper and unethical practices will be prevented without depriving the Government of the services of competent and conscientious men and women.

By this act, section 1914 of title 18 was repealed and a new section 209 added, which, in pertinent part reads as follows:

"* * * Whoever receives any salary, or any contribution to or supplementation of salary, as compensation for his services as an officer or employee of the executive branch of the United States Government, of any independent agency of the United States, *or of the District of Columbia*, from any source other than the Government of the United States, except as may be contributed out of the treasury of any State, county or municipality; or

"Whoever, whether an individual, partnership, association, corporation, or other organization pays, or makes any contribution to, or in any way supplements the salary of, any such officer or employee under circumstances which would make its receipt a violation of this subsection—

"Shall be fined not more than $5,000 or imprisoned not more than one year, or both." [Italic added.]

In applying this section to the arrangement between the District and the local medical schools, I am constrained to conclude that the receipt by medical officers at District General Hospital of compensation from the local medical schools is violative of the prohibition contained therein. It is clear that such compensation is provided for services which are performed as an officer or employee of the District. The fact that the payments are made by the medical schools as part of an overall program which is highly beneficial to both the District and the schools does not serve to exempt from the statutory prohibition the receipt of such compensation. In order to achieve its purpose, the Congress has proscribed the receipt by any employee of the Government of additional compensation from private sources when it is received as compensation for services rendered in his capacity as such employee. The statute does not except situations such as that present here where the result is actually beneficial to and in furtherance of the interests of the District.

Conflict-of-interest statutes are designed to achieve the salutary object that no public officer or employee should serve two masters to the projudice of his unbiased devotion to the interests of the Government. (33 Op. Att'y Gen. 275). In House Report 748, 87th Congress, 1st session, which accompanied the bill, which became Public Law 87–849, it is stated that:

"Insofar as these statutes lay down the basic law restricting the private economic activities of public officers and employees they constitute a sound and necessary standard of conduct. The principle which they embody in varying form—that a public servant owes undivided loyality to the Government—is as important today as when the first of these statutes was enacted more than a century ago. * * *."

There is no doubt that, due to the unique aspects of operating hospitals, medical officers may be able to serve the District with undivided loyality and without prejudice to their unbiased devotion to its interests, while at the same time rendering services beneficial to the medical schools. Indeed, it has been asserted

that the interests of the District are better served because of the present functions performed by the medical officers. However, if it is determined to continue the long-standing practice under which medical officers receive compensation from medical schools, it will, because of section 209 of title 18, be necessary to secure congressional authorization in order to do so.

CONCLUSION

The existing arrangement between the District and local medical schools whereby medical officers receive compensation for teaching medical students is violative of section 209 of title 18 of the United States Code. Any contrary view expressed in my earlier opinion on the subject (CCO: 3.G2.1—Medical Officers—1959.) is no longer valid in view of that provision of the United States Code.

Respectfully,

CHESTER H. GRAY,
Corporation Counsel, District of Columbia.

SUGGESTED REVISION OF PERSONNEL MANUAL

Senator BYRD. I should also include in the record a memorandum to the Board of Commissioners dated October 10, 1963, from Henry F. Hubbard, Personnel Officer, in which he suggests a revision to the District Personnel Manual eliminating a former provision which in effect permitted medical officers at District of Columbia General Hospital to accept supplementary compensation from local medical schools for teaching services performed on behalf of the schools but which services were also performed during regular working hours as a part of the medical officers' official duties at the hospital.

Recommendation—

That the Director of Public Health and Commissioners reexamine the matter in view of the applicable laws and regulations.

Mr. DUNCAN. It is now under reexamination, Mr. Chairman.

(The memorandum referred to follows:)

DEPARTMENT OF GENERAL ADMINISTRATION,
PERSONNEL OFFICE,
October 10, 1963.

Memorandum to the Board of Commissioners (through the Director of General Administration).

Submitted herewith and recommended for the Commissioners' approval is a revision to the District Personnel Manual eliminating a former provision which, in effect, permitted medical officers at District of Columbia General Hospital to accept supplementary compensation from local medical schools for teaching services performed on behalf of the schools but which services were also performed during regular working hours as a part of the medical officers' official duties at the hospital.

This revision is recommended pursuant to the Corporation Counsel's opinion (CCO: 3.G2.1—Medical officers' salaries) dated October 3, 1963, and presented to the Board of Commissioners on October 10, 1963, which interprets the provisions of Public Law 87-849 as prohibiting acceptance of such compensation from private sources.

HENRY F. HUBBARD,
Personnel Officer.

REVISION

The pages listed below should be removed or inserted, as indicated, in chapter 10 of the District Personnel Manual.

Remove page 10B-3 and 10B-4; transmittal No. TS-58, August 17, 1961
Insert pages 10B-3, 10B-4, and 10B-4.01; transmittal No. TS ———.

This revision eliminates the former provision which permitted the acceptance of compensation from outside sources for teaching performed during normal

duty hours when there existed a situation involving both government and nongovernment interests. The acceptance of such compensation was formerly permitted by a 1959 Corporation Counsel Opinion which has been superseded by the Corporation Counsel's Opinion (CCO: 3.G2.1—Medical officers' salaries) dated October 3, 1963, and presented to the Board of Commissioners on October 10, 1963. The new ruling of the Corporation Counsel interprets the provisions of Public Law 87–849 (act of October 23, 1962) as prohibiting the acceptance of any such compensation. A copy of the new opinion will be sent to each department head.

The only officers or employees of the District government who are excepted by law from the prohibition are special government employees who are statutorily defined as including any employee serving on temporary duty either on a full-time or intermittent basis, with or without compensation, for 130 days or less during any period of 365 consecutive days. Also excepted from the prohibition are employees of the government who serves without government compensation whether or not they are actually special government employees. For a more detailed explanation of the statutory exceptions, appendix D to chapter 10 of this manual should be consulted.

Department heads are directed to reproduce for distribution to all employees under their respective supervision this transmittal sheet and that portion of the attached revision relating to teaching activities.

SCHUYLER LOWE,
Director of General Administration.

Approved by the Commissioners of the District of Columbia sitting as a Board ————.

——— *Secretary.*

activity or interest which tends in any way to interfere with the performance of their duties in the District government.

10. Officers or employees of the District of Columbia government shall not order, direct, or request subordinate officers or employees to perform during working hours any personal service unconnected with official activities.

11. Officers or employees of the District of Columbia government may not do indirectly (by, through, or with other persons) what they may not do directly under the foregoing rules.

Outside teaching activities

Any outside teaching activity, whether compensated or not, which is not official District government business is to be considered as outside employment and therefore subject to the provision of this chapter. Any such activity may not involve the use of other government staff during working hours. Requests for approval to engage in outside teaching activities shall be submitted in writing pursuant to the requirements set forth under "Approval To Engage in Any Outside Employment" which began on page 10B–5 of this chapter. Such outside teaching activities must be performed outside of regular working hours or while the officer or employee is in a leave status.

Formerly, by virtue of a Corporation Counsel's opinion of August 4, 1959 (CCO: 3.G2.1), medical officers at the District of Columbia General Hospital were permitted to accept compensation paid by local medical schools for teaching services rendered in behalf of these schools, even though such teaching services were also a part of the medical officers' official duties and performed simultaneously with their official duties at the District of Columbia General Hospital. The Corporation Counsel's opinion of August 4, 1959, has been superseded by his opinion dated October 3, 1963 (CCO: 3.G2.1—Medical Officers' Salaries) which interprets the provisions of Public Law 87–849 as prohibiting the acceptance of such compensation. The provision of law referred to reads, in part, as follows: "(a) Whoever receives any salary, or any contribution to or supplementation of salary, as compensation for his services as an officer or employee of the * * * District of Columbia, from any source other than the Government of the United States, except as may be contributed out of the treasury of any State, county, or municipality * * * Shall be fined not more than $5,000 or imprisoned not more than 1 year, or both." Therefore, no District employee may accept supplementation of his salary from any private source for teaching activities performed during duty hours or for any other services rendered to the District government, unless he is covered by the statutory exception applying to "Special Govern-

ment Employees." (See item No. 6 appearing on pa. 5, 6, and 7 in app. D of this chapter. Covered under this item are the statutory prohibition as explained by the Office of the Corporation Counsel and the statutory exceptions to this prohibition.)

This regulation, therefore, does not preclude the participation in teaching activities during normal duty hours when the teaching is a part of the employee's official duties or when it is performed primarily for the benefit of District government employees, even though nongovernment as well as government interests may be involved, provided supplementary compensation, therefor, is not received.

Writing for personal compensation

Writing for personal compensation is permitted only when:

(1) It is performed outside of regular working hours or when on leave;

(2) It does not involve the use of other District government personnel during working hours, nor any use of District government supplies;

(3) It is primarily concerned with information which the officer or employee would not be expected to provide to the public as part of his regular duties.

Drafts of articles, books, pamphlets, or other such material dealing in any significant manner with District government affairs, must be approved before publication by the Board of Commissioners or their designated representatives. Department heads, however, are authorized to determine whether or not approval of the Board of Commissioners is required in any specific case.

Consultative services

Consultative activities of officers and employees which cannot be considered to be a part of their official duties are deemed to be outside employment and therefore subject to the same general provisions as set forth in this chapter.

Outside speaking engagements

Department heads are delegated authority to allow employees to make outside speaking engagements, without charge to leave if during working hours, provided that the speaking engagements can be considered as official District government business concerned with the functions or activities for which the departments' appropriations are made. Travel in connection with such engagements may be approved to the extent and in the manner provided for in the "Standardized Government Travel Regulations" and the District of Columbia Accounting Manual. As a further guide to the department head the following guidelines are furnished:

(1) Approval of outside speaking engagements should be granted only when an official request is submitted by an outside organization to the department or to an official of the department in his official capacity never when such request is made to a specifically named person as a private individual.

(2) Approval may be granted only when there is reason to believe that the invitation was extended because of the requested speaker's official position. One additional criterion that may be applied is deciding whether or not the invitation would have been received if the requested speaker were not associated with the department.

(3) Approval may be granted only when the subject matter is closely related to the official duties of the officer or employee.

When determination is made that the speaking engagement is official District government business, the officer or employee:

(1) Must be in a duty status, if the speaking engagement occurs during working hours.

COMMENT OF DIRECTOR OF HEALTH

Senator BYRD. Do you have any further comment on this subject?

Dr. GRANT. My comment would be only to the effect that I think this matter is of serious import to the Department of Public Health and I am hopeful this will engage our attention within the next few days because I do feel it has very serious implication for the future of this Department and for our ability to recruit and maintain medical officers.

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COMMENT BY COMMISSIONER

Senator BYRD. Mr. Duncan, do you have any comment on the subject?

Mr. DUNCAN. Except, Mr. Chairman, that I recognize this is a very, very serious problem and is not one that is peculiar to our city. It is national in scope and we are giving it extremely serious consideration right now and we are hopeful that the concern there can be found a solution that could be clearly considered within all applicable laws.

MEDICAL OFFICERS RECEIVING TEACHING STIPENDS

Senator BYRD. The committee would like also a list of medical officers in the Department who receive stipends from universities for teaching showing their salaries and grades, the amount they received for teaching and any amounts they received from universities for other purposes such as research grants, honorariums, and so forth for the last year and for the preceding fiscal year.

Dr. GRANT. Yes, sir.

(The information referred to follows:)

Medical officers in the Department of Public Health who have received stipends from universities, 1963–62

		Fiscal year 1963			Fiscal year 1962		
Service	Name	Grade	Salary	Supplementation	Grade	Salary	Supplementation
Department of Public Health: Director of Public Health	Murray Grant, M.D., DPH	GS–18	$20,000	$2,000 Georgetown University, $2,000 George Washington University, and $2,000 Howard University.			
Chief of Bureau of Mental Health.	Sanford L. Billet, M.D.	GS–16	18,000	Gave 2 lectures at Georgetown University for which he received an honorarium of $25 in each case.			
District of Columbia General Hospital: Medical Director	John D. Schultz, M.D.	GS–17	19,500	$2,000 Georgetown University, $2,000 George Washington University, and $2,000 Howard University.	GS–16	$16,295	$3,000 Georgetown University, $3,000 George Washington University, and $3,000 Howard University.
	Howard S. Madigan, M.D.	GS–15	17,445	$1,000 Georgetown University	GS–14	13,510	$1,000 Georgetown University.
Anesthesiology	Maria Benzinger, M.D.	GS–15	17,445	$1,500 Georgetown University, $1,500 George Washington University, and $1,500 Howard University.	GS–15	14,055	$1,500 Georgetown University, $1,500 George Washington University, and $1,500 Howard University.
Emergency and admitting	Richard A. Wilson, M.D.	GS–15	17,445	$2,175 Howard University	GS–13	11,935	$2,175 Howard University.
Pathology and laboratories	Lawrence A. Misanik, M.D.	GS–15	17,445	$1,000 Georgetown University, $1,000 George Washington University, and $1,000 Howard University.	GS–14	13,510	None.
	Liselotte Hochholzer, M.D.	GS–15	17,445	$1,500 Howard University	GS–13	11,935	Do.
	Paul McCurdy, M.D.	GS–15	17,445	$2,400 Georgetown University	GS–13	11,935	$2,400 Georgetown University.
	Sophie Perry, M.D.	GS–14	14,545	$950 Georgetown University			
Medicine	Daniel Mintz, M.D.	GS–15	17,445	$2,000 Georgetown University			
	Howard Ticktin, M.D.	GS–15	17,445	$2,300 George Washington University.	GS–15	15,030	$2,300 George Washington University.
	Emile Nash, M.D.	GS–15	17,445	$3,900 Howard University	GS–15	15,030	$3,900 Howard University.
Cardiology	Rashid Massumi, M.D.	GS–15	17,445	$1,000 George Washington University.	GS–13	11,935	$1,000 George Washington University.
Obstetrics and gynecology	Ernest Lowe, M.D.	GS–16	18,000	$3,000 Howard University	GS–14	13,510	$3,000 Howard University.
	Frank Bepko, M.D.	GS–15	16,965	$1,000 Georgetown University	GS–13	11,935	$600 Georgetown University.
	Benny Waxman, M.D.	GS–14	15,820	$1,000 George Washington University.			
Outpatient	John Nasou, M.D.	GS–15	17,445	$1,500 George Washington University.	GS–14	13,510	$1,300 George Washington University.

Medical officers in the Department of Public Health who have received stipends from universities, 1963–62—Continued

	Fiscal year 1963				Fiscal year 1962		
Service	Name	Grade	Salary	Supplementation	Grade	Salary	Supplementation
Pediatrics	T. E. Reichelderfer, M. D	GS–16	$18,000	$1,500 George Washington University and $1,250 Howard University.	GS–14	$13,510	$1,000 Georgetown University. $1,500 George Washington University, and $1,000 Howard University.
Psychiatry	Robert S. Baird, M.D	GS–15	17,445	$600 Howard University	GS–13	11,935	$500 Howard University.
	Agnes Schweitzer, M.D	GS–13	13,340	$500 George Washington University.			
	Richard Schoengold, M.D	GS–15	17,445	$1,500 George Washington University.	GS–13	11,935	$1,500 George Washington University.
	James Blount, M.D	GS–14	14,545	$900 Howard University			
Pulmonary disease	Robert Donohoe, M.D	GS–15	17,445	$2,400 Georgetown University	GS–14	13,510	$1,800 Georgetown University.
	Mohammad Taleghani, M.D	GS–14	14,970	$1,800 Howard University			
Surgery	H. H. Balch, M.D	GS–15	17,445	$3,800 Georgetown University	GS–14	13,510	$3,800 Georgetown University.
	Mitchell Spellman, M.D	GS–15	17,445	$3,000 Howard University	GS–14	13,510	$3,000 Howard University.
Orthopedics	Robert Kindred, M.D	GS–15	16,965	$1,500 Georgetown University, $1,500 George Washington University, and $1,500 Howard University.	GS–14	13,510	$1,500 Georgetown University. $1,500 George Washington University, and $1,500 Howard University.

NOTE.—Supplementation provides quality level staff at District of Columbia General Hospital to support the overall program in teaching and research. No medical officers receive any funds directly from the universities for research, and the supplementations are not for direct teaching as such.

Senator BYRD. Are these teaching assignments part of their official duties as shown on their job descriptions?

Dr. GRANT. In connection with their positions at District of Columbia General; yes sir. I think Dr. Schultz might wish to react to that.

ACQUISITION OF GOOD TRAINING OFFICERS

Dr. SCHULTZ. I would like to have this opportunity to put in the record the fact that the supplementation is not for specific teaching as such at all, but rather to permit the hospital to acquire the services of persons of sufficient academic background and abilities to maintain the training programs at the hospital. This is why the matter is of very serious importance to the hospital. The supplementation does not bear a 1-to-1 relationship to any specific teaching on the part of these doctors. Most of the supplementation goes to the major services of the hospital and provides the hospital with staff who would not be available to it otherwise to perform the duties that are necessary to assure the accreditation of the many specialty services we now operate. The services as described by the medical offices job descriptions could be met by recruitment of individuals of lesser caliber. The services of the hospital staff provide a mutually reciprocal teaching arrangement with the universities from which District of Columbia General Hospital derives a tremendous benefit over and above the actual salaries paid. This benefit derives from both research areas and in the teaching arrangements for students and house staff. If the chairman wishes I can provide more information on that.

Dr. GRANT. Mr. Chairman, I may add that this procedure that we have outlined is one which is currently in effect all over the country. The only reason that I can see that we happen to be in this particular situation is because of the Federal statute that applies to the District.

UNPAID PERSONNEL IN RESEARCH

Dr. SCHULTZ. In regard to research, this provides District of Columbia General Hospital with 42 individuals full time: physicians, interns, nurses, technicians, for whom we pay nothing at all. I might also bring this chart to the attention of the chairman. It shows the relationship between the full-time medical officers who receive salaries in the District of Columbia: 56 interns who are stipened employees; 141 residents and the 478 visiting staff with 500 to 600 students who render services at the city hospital, with no cost to the District of Columbia. The dollar value of that is considerable.

STUDY INVOLVING COLLABORATING GROUPS

Mr. LOWE. Mr. Chairman, might I add to what Dr. Schultz has been saying, to point out that in recognition of the importance and equities involved in this matter the Commissioners have directed the several District groups involved and the medical schools to collaborate intensively to see what answers are appropriate under existing law.

Senator BYRD. Were any amounts received from other sources for teaching other than the universities?

Dr. GRANT. No, sir.

Dr. SCHULTZ. No, sir.

APPLICATIONS OF CORPORATION COUNSEL'S OPINION

Senator BYRD. Mr. Lowe, are there any other medical officers in other District of Columbia government agencies affected by whatever decision will come out of this?

Mr. LOWE. To our knowledge this Corporation Counsel opinion does not affect doctors in any other District agencies. The only problems that we know of at least is now this new request for a statement of employment and other interests may indicate some matter with which we are not now aware, but the usual question is one of an outside practice and at the same time being employed, and those matters are similar to the ones such as the Coroner's Office that we were discussing a few minutes ago and again are underway to arrive at a proper solution.

DIMINISHING NEED FOR OUTSIDE PRACTICE

Dr. SCHULTZ. May I add to the record at that point that the purpose of the supplementation in part is to diminish the necessity for any outside practice. Our feeling is that the doctor's role is as nearly as possible to give full-time attention to District of Columbia General Hospital. This is a 7-day a week 24-hour obligation. While some of them indeed do practice outside of their duty hours, this is minimal and among those who were supplemented it has been our finding they have little or no outside practice.

STAFF MEMBERS SUBSTITUTING IN TEACHING

Senator BYRD. Would you supply a statement to the subcommittee showing the names of other staff members of the Health Department who substituted for you in teaching if there be such?

Dr. GRANT. Yes.

Senator BYRD. And show how much was received by each.

Dr. GRANT. I will be glad to do that, Mr. Chairman.

(The information requested follows:)

Dr. Frederick C. Heath, Deputy Director of Public Health and Mrs. Dorothy Jane Youtz, program planner, substituted for Dr. Grant on one occasion, each, at Georgetown University, at no pay.

Senator BYRD. Did any of your predecessors have the same teaching arrangements?

Dr. GRANT. My immediate two predecessors did have teaching arrangements; yes, sir.

RELATION WITH PUBLIC HEALTH SERVICE

Senator BYRD. What is your connection with the Public Health Service, on committees and other consultant groups?

Dr. GRANT. I am consultant with the U.S. Public Health Service and serve on a review committee. Mr. Chairman, this is very common practice all over the country and the Public Health Service requests people to help them in connection with the administration of some of the grant programs.

NECESSITY OF SUPPLEMENTAL INCOME

Senator BYRD. Would you say that it's fair for some medical officers to receive supplementary income when other personnel cannot receive supplementary income?

Dr. GRANT. I speak to the question of the medical officers, Mr. Chairman. I do feel that this is very important. In fact I think it's essential in the recruitment of these individuals. They are very difficult to recruit. Some of them are impossible to recruit under the present salary schedules. One of the inducements is a salary supplement. Another inducement is the relationship with the medical school. We would not be able to recruit many medical officers, Mr. Chairman, were it not for the fact we have developed these affiliations with medical schools. I think it is a very important fact, Mr. Chairman. It is really a fact of life as we see it at least. It is just very difficult to recruit people unless you have these arrangements.

Senator BYRD. Do the National Institutes of Health require physicians to take annual leave whenever physicians are receiving pay or honorariums for teaching or lecturing?

Dr. GRANT. Yes, sir.

Senator BYRD. Do you know whether or not the National Institutes of Health experience any difficulty in securing the services of physicians in spite of the conflict-of-interest regulations?

Dr. GRANT. They have recruitment problems as we do, Mr. Chairman, yes. In addition to this I would say that there are some benefits derived by employees of the National Institutes of Health, which benefits do not accrue to the employees of the District government.

INVENTORY OF DENTAL SUPPLIES

Senator BYRD. What is the value of your inventory of dental supplies?

Dr. GRANT. It's about $75,000, Mr. Chairman. We will have to supply the exact amount for the record.

(The information referred to follows:)

The above $75,000 represents the amount required to replace obsolete and nonrepairable equipment over the next 10 years. The total value of the inventory of dental supplies is not available since a physical inventory has not been made.

Senator BYRD. Do you have a Dental Bureau?

Dr. GRANT. Yes, sir.

Senator BYRD. Are you speaking of the inventory in the Dental Bureau?

Dr. GRANT. Yes, sir.

Senator BYRD. And it's about $75,000?

Dr. GRANT. I think that is about correct.

Senator BYRD. When was it last verified?

Dr. GRANT. I don't know this, Mr. Chairman. We will have to supply that for the record; a physical inventory has never been made.

Senator BYRD. You don't know what?

Dr. GRANT. When it was last verified.

Senator BYRD. Can anyone answer the question?

Dr. GRANT. The Director of the Dental Bureau is not here and he would probably be the only one who can answer that.

INTEREST OF INTERNAL AUDIT OFFICE

Senator BYRD. Has the Internal Audit Office ever expressed any interest in this item?

Dr. GRANT. Yes, they have, and as a matter of fact we have discussed this with two or three people in the Department including the Chief of the Dental Bureau. He has raised a number of questions about this. He has said specifically, I think, that while he agrees with the desirability of this being carried out on a continuing basis he would need an additional staff to do this. We are still exploring this and prior to these hearings asked for a date for him and me and one other person in the Department to get together and discuss it.

Senator BYRD. Mr. Hally, do you have anything to add on this point?

Mr. HALLY. Other than we have had it repeatedly in our reports, as you will notice in the report in question.

Senator BYRD. Would you like to elaborate?

Mr. HALLY. I don't think there is very much I could, Mr. Chairman, other than what is in the report. We are very desirous that every agency have an inventory so they will know what supplies or equipment are on hand, so we will know whether any of it is missing. In this particular case we are not in a position to say because there are no inventory records.

Senator BYRD. When you say you have had it repeatedly in your reports what do you mean? Over how long a period?

Mr. HALLY. At least two reports, dating back to 1960.

COMMENTS OF COMMISSIONER

Senator BYRD. Mr. Duncan, do you have any comment on this point?

Mr. DUNCAN. None other than we expect the Department, Mr. Chairman, to comply with the requirement in these reports and based on what Dr. Grant informs us this is now underway.

Senator BYRD. Has any conversation ever been held with the Department on this particular item?

Mr. DUNCAN. On the particular item here?

Senator BYRD. Yes.

Mr. DUNCAN. No, Mr. Chairman. What we do is approve it at the Board level and we will have to assume of course that the Department will carry that out from there.

NEED FOR ADDITIONAL STAFF

Dr. GRANT. Our problem in implementing this right now is simply that the Director of this program says he cannot do this without additional staff.

Senator BYRD. Cannot take inventory?

Dr. GRANT. He says he cannot do this without additional staff, yes, sir.

Senator BYRD. Can't this be done by working overtime?

Dr. GRANT. He has maintained that he will need either one or two additional staff in order to do this. I might say we have some questions about this, Mr. Chairman, to this end that I want to have a meeting with him to talk about it.

Senator BYRD. So he wants one or two additional staff personnel to maintain the inventory of the Dental Bureau.

Dr. GRANT. That is what he states.

Senator BYRD. Mr. Hally, you probably are accustomed to inventories of this approximate size and you probably would be a pretty good judge as to whether or not an additional staff member would be required to take an inventory of this size.

Mr. HALLY. I hardly think it will be necessary.

Senator BYRD. How long would it take to inventory these drugs would you say?

Dr. GRANT. I think there is more than drugs involved here as I understand it. There are also dental supplies and equipment. One of the problems raised by the Chief of this particular Bureau is the fact that some of these are very technical supplies and only a dentist he feels will be able to recognize them, because many of them are not labeled, and know exactly what they were in order to inventory them. I think this is one of the problems he maintains exists.

DISTRICT OF COLUMBIA MEDICAL OFFICERS

Senator BYRD. Mr. Lowe, would you submit for the committee file a complete list of all medical officers in the District of Columbia?

Mr. LOWE. Very well.

Senator BYRD. Their grade levels and salaries.

Mr. LOWE. We will have it for the entire Government grouped by District agencies.

(The information referred to follows:)

District of Columbia government medical officers

	Grade	Amount
Police and Fire Clinic:		
Benjamin F. Dean, Jr., medical officer (surgery-administration)	GS-14	$15,820
Hyman D. Shapiro, medical officer (psychiatry)	GS-14	14,970
Joseph F. Dyer, Jr., medical officer (general internal medicine)	GS-13	13,340
Robert F. Dyer, medical officer (general internal medicine)	GS-13	13,340
Victor H. Esch, medical officer (general internal medicine)	GS-13	13,340
Maurice Mensh, medical officer (general internal medicine)	GS-13	13,705
Wilder P. Montgomery, medical officer (general internal medicine)	GS-13	13,340
William H. Yeager, Jr., medical officer (general internal medicine)	GS-13	13,340
J. Blaine Harrell, medical officer (general surgery)	GS-13	13,705
Hugh O. House, medical officer (otolaryngology)	GS-13	14,070
Coroner:		
Richard L. Whelton, supervisory medical officer (coroner)	GS-15	17,445
Marion Mann, medical officer (coroner)	GS-14	15,820
Linwood L. Rayford, medical officer (coroner)	GS-14	15,820
Department of Vocational Rehabilitation: Morris H. Rosenberg, medical officer (general internal medicine).	GS-14	14,970
Department of Public Welfare:		
Jack Kleh, medical officer (administration)	GS-15	17,445
Reginald James, medical oficer (general practice)	GS-14	15,820
George Economos, supervisory medical officer (general internal medicine).	GS-14	15,820
Charles Foulka, supervisory medical officer (general internal medicine).	GS-14	15,820
Vivian Chang, medical officer (general internal medicine)	GS-14	14,545
David Crummet, medical officer (general internal medicine)	GS-14	14,545
James E. Boyland, medical officer (pediatrics)	GS-14	15,820
Beryl Kester, medical officer (psychiatry)	GS-14	14,435
Loretta Gilmore, medical officer (pediatrics)	GS-13	12,245
Margaret Mola, medical officer (general practice)	GS-13	14,435
Department of Corrections:		
John A. Opal, medical officer (general practice-administration)	GS-15	17,445
James S. Foster, supervisory medical officer (general practice)	GS-14	15,820
Benjamin F. Philips, supervisory medical officer (general practice).	GS-14	15,820
Marcus P. Goumas, supervisory medical officer (general surgery)	GS-14	15,820
John H. Sager, medical officer (general surgery)	GS-14	15,820
David E. Robinette, medical officer (general practice)	GS-13	13,340
Leonard S. Levine, medical officer (general practice)	GS-13	13,340
Leonard J. Hantsoo, medical officer (general practice)	GS-13	14,435
William E. Sill, medical officer (general practice)	GS-13	13,340

DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH

Medical officers on District funds, full time

	Grade	Fiscal year 1964 salary
Public health activities:		
Administration:		
Grant	GS-18	$20,010
Heath	GS-17	19,510
Stone	GS-15	18,081
Cliff	GS-14	16,289
Hooper	GS-12	11,658
Disease control:		
Pate	GS-16	18,512
Vacant	GS-15	16,596
Chen	GS-15	18,081
Long	GS-14	16,289
Greaves	GS-14	16,289
Landsman	GS-14	16,289
Cabanatan	GS-14	16,289
Vacant	GS-12	11,655
Laboratories and pharmacies: Wooldridge	GS-15	18,081
Maternal and child health:		
Shwartz	GS-16	18,512
Vacant	GS-15	16,596
Jordan	GS-15	18,081
Teodorescu	GS-15	18,081
Belizens	GS-15	18,081
Pacious	GS-14	16,289
Shorter	GS-14	16,289
Hoffman	GS-14	16,289
Ashwell	GS-14	16,289
Clark	GS-14	16,289
Martin	GS-14	16,289
Van Rooy	GS-14	16,289
Sunderland	GS-14	16,289
Epps	GS-14	16,289
Birdwell	GS-14	16,289
Assenero	GS-14	14,980
Nelson	GS-13	14,796
Maclean	GS-13	14,796
Skinner	GS-13	14,796
Weiss	GS-13	14,057
Mental health:		
Billet	GS-16	18,512
Kneipp	GS-15	18,081
Hull	GS-15	18,081
Lanham	GS-15	17,583
Johnson	GS-15	18,081
Olsen	GS-15	[1] 9,041
Angelos	GS-15	[1] 9,041
Vacant	GS-14	[1] 7,490
Kerby	GS-14	16,289
Baernstein	GS-14	[1] 8,145
Vacant	GS-14	[1] 7,490
Berman	GS-14	[1] 8,145
Whitte	GS-14	16,289
Vacant	GS-13	[1] 6,838
Shankman	GS-13	[1] 7,029
Glenn Dale Hospital:		
Weiss	GS-16	19,011
Washington	GS-15	18,081
Conant	GS-15	18,081
Peereboom	GS-15	16,596
Aareonstein	GS-15	18,081
Kettler	GS-14	16,289
Leibouici	GS-14	16,289
Dunmore	GS-14	16,289
Chenei	GS-14	16,289
Albini	GS-14	16,289
Wilhelm	GS-14	15,406
O'Keefe	GS-14	16,289
Public health activities—Con.		
Glenn Dale Hospital—Con.		
Bell	GS-14	$16,289
Thomas	GS-14	15,406
Oner	GS-14	14,980
Ayaub	GS-13	14,796
Barnes	GS-13	14,796
Josey	GS-13	14,796
District of Columbia General Hospital:		
Schulty	GS-17	19,510
Foy	GS-16	18,013
Lowe	GS-16	18,013
Reicheldefer	GS-16	18,013
Mesanih	GS-15	18,081
Vacant	GS-15	16,596
Hochlcolzer	GS-15	18,081
Donahoe	GS-15	18,081
Meritz	GS-15	18,081
Balch	GS-15	18,081
Baird	GS-15	18,081
Kirby	GS-15	18,081
Schaengold	GS-15	18,081
Bramley	GS-15	18,081
Benzinger	GS-15	18,081
Madigan	GS-15	18,081
Massunu	GS-15	18,081
Bepko	GS-15	17,583
Vacant	GS-15	16,596
Wilson	GS-15	18,081
Kelly	GS-15	18,081
Tichten	GS-15	18,081
Thestlethwaite	GS-15	18,081
Ryan	GS-15	17,583
Jacoby	GS-15	18,081
Nash	GS-15	18,081
De Biasio	GS-15	17,583
Kindred	GS-15	17,583
Spellman	GS-15	18,081
Kincofe	GS-15	18,580
Reed	GS-15	17,583
Gondos	GS-15	18,081
Hunter	GS-15	18,081
Nasou	GS-15	18,081
McCandy	GS-15	18,081
Penny	GS-14	15,190
Wafman	GS-14	16,289
Grande	GS-14	14,980
Pope	GS-14	16,289
Barnes	GS-14	16,289
Hall	GS-14	16,289
Brownlee	GS-14	16,289
Chupkowick	GS-14	15,406
Gordon	GS-14	16,289
Faleghani	GS-14	15,406
Nawah	GS-14	16,289
Cobb	GS-14	16,289
Peck	GS-14	16,289
Vacant	GS-14	16,289
Wong	GS-13	13,684
Vacant	GS-13	13,684
Chambers	GS-13	14,432
Myers	GS-13	13,684
Schweitzer	GS-13	13,874
Vacant	GS-13	13,684
Wohlgamuth	GS-13	14,057
Chan	GS-13	13,874
Vacant	GS-12	11,658
Total, full time		2,015,085

[1] Indicates authorized positions which are filled by two individuals, each one-half time.

DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH—Continued

Medical officers on District funds, part time

	Grade	Fiscal year 1964 salary
Public health activities:		
Disease control:		
Horstman	GS-15	$9,037
Mandes	GS-14	8,151
Atkinson	GS-14	8,151
Schulman	GS-14	8,151
Zukerman	GS-14	8,151
Egan	GS-14	4,075
Gable	GS-14	6,113
Miller	GS-14	8,151
Keene	GS-14	8,151
Steinman	GS-14	8,151
Yowell	GS-13	7,213
Mitchell	GS-13	5,410
Gilbert	GS-13	7,213
Maternal and child health:		
Lattman	GS-15	1,807
Jacobs	GS-14	4,075
Bland	GS-14	14,671
Diamond	GS-14	6,113
Epps	GS-14	8,151
Goldberg	GS-14	8,151
Grosvenor	GS-14	815
Michael	GS-14	1,630
Keck	GS-14	4,075
Morat	GS-14	6,113
Krucoff	GS-14	4,890
Nicholson	GS-14	8,151
Public health activities—Con.		
Maternal and child health—Continued		
Perry	GS-14	$8,151
Soreogler	GS-14	8,151
Silverman	GS-14	6,113
Swain	GS-14	2,445
Lin Yao	GS-14	13,041
Erdelman	GS-13	5,552
Conner	GS-13	5,552
De Leon	GS-13	7,403
Dodson	GS-13	5,552
Johnson	GS-13	5,552
Maloney	GS-13	5,552
Marons	GS-13	2,591
Miles	GS-13	11,104
Pollacks	GS-13	7,403
Reedy	GS-13	7,403
Settle	GS-13	5,552
Thomas	GS-13	5,552
Wade	GS-13	5,552
Walker	GS-13	5,552
Rannings	GS-13	4,118
Mezites	GS-13	5,552
Glenn Dale Hospital:		
Runge	GS-14	5,537
Silverman	GS-14	14,238
Tiedsky	GS-14	14,238
Total, part time		332,216

Medical officers on Federal funds

	Grade	Fiscal year 1964 salary
FULL TIME		
Public health activities:		
Disease control:		
Chen	GS-15	$16,596
Vacant	GS-15	16,596
Duschak	GS-14	16,289
Goldstein	GS-14	[1] 7,580
Langevin	GS-14	[1] 7,580
Pese	GS-13	14,796
Maternal and child health:		
West	GS-15	18,081
Vacant	GS-15	18,081
Oberman	GS-15	18,580
Vacant	GS-14	15,160
Do	GS-13	13,684
Mental health: Vacant	GS-15	18,081
Total, full time		181,104
PART TIME		
Disease control:		
Ostrow	GS-14	3,357
Public health activities—Con.		
Disease control—Con.		
Patten	GS-14	$1,629
Yu	GS-14	8,145
Vacant	GS-13	6,842
Porton	GS-13	7,580
Maternal and child health:		
Adams	GS-15	3,616
Olshaker	GS-15	3,616
Stevens	GS-15	3,616
Walsh	GS-15	4,973
Kety	GS-15	6,781
Koury	GS-14	4,548
Dow	GS-14	2,443
Sims	GS-14	2,443
Mental health:		
Heath	GS-14	8,144
Bowie	GS-14	2,036
Edmonston	GS-14	2,036
Galligher	GS-13	7,185
Total, part time		78,990

[1] Indicates authorized position filled by 2 individuals, each on ½ time.

Senator BYRD. Was the Coroner ever the dean at Howard University?

Mr. DUNCAN. Not to my knowledge, Mr. Chairman.

LANGUAGE CHANGES INPATIENT RATES

Senator BYRD. The next item concerns the proposed language changes which relate to the inpatient rate and outpatient rate to be paid to private hospitals and services rendered by Freedmen's Hospital. It is suggested that the outpatient rate be raised to $6.50 and that the inpatient rate be raised from $32 to $36. Dr. Grant, would you give us the justification for the proposed rate increases.

Dr. GRANT. I should like to refer that question, Mr. Chairman, to Mr. Lowe.

Mr. LOWE. The $36 inpatient rate which is recommended for payment by the District of Columbia government to the voluntary hospitals is a rounded figure, a somewhat reduced approximation of the cost of similar medical care at District of Columbia General Hospital, part of the reduction from the cost at District of Columbia General being attributable to the fact that we do not include in the allowance for the private hospitals any depreciation cost This exclusion of depreciation is because the District of Columbia government is providing close to $20,000 in the capital improvement program that has been and is still going on at the several local hospitals. The outpatient rate is a similar adaption.

(The following table includes an additional sum over the contract allowance based on an 8-month basis:)

Contract hospitals, tentative distribution of services, fiscal year 1964

Hospitals	Months	Units	Rate	Cost
Casualty Hospital:				
Emergency days	4	5,474	$21.50	$117,691.00
	8	10,950	22.00	240,900.00
Clinic visits	4	2,066	4.50	9,297.00
	8	4,134	5.00	20,670.00
Emergency room treatments	4	4,566	4.50	20,547.00
	8	9,134	5.00	45,670.00
Ambulance runs	12	5,300	6.80	36,040.00
Total cost of services				490,815.00
Less estimated collections				44,300.00
Net cost of services				446,515.00
Children's Hospital:				
Emergency days	4	3,298	32.00	105,536.00
	8	6,596	36.00	237,456.00
Planned days	4	560	32.00	17,920.00
	8	1,120	36.00	40,320.00
Clinic visits	4	8,929	5.00	44,645.00
	8	17,858	6.50	116,077.00
Total cost of services				561,954.00
Less estimated collections				25,000.00
Net cost of services				536,954.00
Columbia Hospital:				
Emergency days	4	30	32.00	960.00
	8	60	36.00	2,160.00
Planned days	4	285	32.00	9,120.00
	8	570	36.00	20,520.00
Clinic visits	4	491	5.00	2,455.00
	8	982	6.50	6,383.00
Total cost of services				41,598.00
Less estimated collections				6,000.00
Net cost of services				35,598.00

Contract hospitals, tentative distribution of services, fiscal year 1964—Continued

Hospitals	Months	Units	Rate	Cost
Georgetown University Hospital:				
Emergency days	4	1,148	$32.00	$36,736.00
	8	2,206	36.00	82,656.00
Planned days	4	641	32.00	20,512.00
	8	1,282	36.00	46,152.00
Clinic visits	4	7,708	5.00	38,540.00
	8	15,416	6.50	100,204.00
Emergency room treatments	4	87	5.00	435.00
	8	174	6.50	1,131.00
Total cost of services				326,366.00
Less estimated collections				13,500.00
Net cost of services				312,866.00
George Washington University Hospital:				
Emergency days	4	240	32.00	7,680.00
	8	480	36.00	17,280.00
Planned days	4	261	32.00	8,352.00
	8	522	36.00	18,792.00
Clinic visits	4	5,272	5.00	26,360.00
	8	10,544	6.50	68,536.00
Emergency room treatments	4	323	5.00	1,615.00
	8	646	6.50	4,199.00
Total cost of services				152,814.00
Less estimated collections				4,000.00
Net cost of services				148,814.00
Hadley Hospital:				
Emergency days	4	177	32.00	5,664.00
	8	354	36.00	12,744.00
Clinic visits	4	1,004	5.00	5,020.00
	8	2,008	6.50	13,052.00
Emergency room treatments	4	47	5.00	235.00
	8	94	6.50	611.00
Total cost of services				37,326.00
Less estimated collections				500.00
Net cost of services				36,826.00
Providence Hospital:				
Emergency days	4	441	32.00	14,112.00
	8	882	36.00	31,752.00
Planned days	4	204	32.00	6,528.00
	8	408	36.00	14,688.00
Clinic visits	4	2,504	5.00	12,520.00
	8	5,008	6.50	32,552.00
Emergency room treatments	4	298	5.00	1,490.00
	8	594	6.50	3,861.00
Total cost of services				117,503.00
Less estimated collections				5,000.00
Net cost of services				112,503.00
Washington Hospital Center:				
Emergency days	4	2,502	32.00	80,064.00
	8	5,006	36.00	180,216.00
Planned days	4	750	32.00	24,000.00
	8	1,500	36.00	54,000.00
Clinic visits	4	8,963	5.00	44,815.00
	8	16,908	6.50	109,898.00
Emergency room visits	4	616	5.00	3,080.00
	8	1,234	6.50	8,021.00
Total cost of services				504,094.00
Less estimated collections				23,700.00
Net cost of services				480,394.00
Childern's Convalescent Home:				
Planned days	4	2,168	12.00	26,016.00
	8	4,334	16.00	69,344.00
Net cost of services				95,360.00
Christ Child Institute:				
Planned days	4	279	12.00	3,348.00
	8	558	16.00	8,928.00
Net cost of services				12,276.00

Contract hospitals, tentative distribution of services, fiscal year 1964—Continued

Hospitals	Months	Units	Rate	Cost
Washington Home for Incurables:				
Planned days	4	4,864	$9.50	$46,208.00
	8	9,728	12.00	116,736.00
Total cost of services				162,944.00
Less estimated collections				14,000.00
Net cost of services				148,944.00
OBSTETRICAL CARE PROGRAM				
Columbia Hospital:				
Planned days	4	333	32.00	10,656.00
	8	667	36.00	24,012.00
Clinic visits	4	600	5.00	3,000.00
	8	1,200	6.50	7,800.00
Newborn days	12	1,500	19.00	15,000.00
Total cost of services				60,468.00
George Washington University Hospital:				
Planned days	4	222	32.00	7,104.00
	8	444	36.00	15,984.00
Clinic visits	4	400	5.00	2,000.00
	8	800	6.50	5,200.00
Newborn days	12	1,000	10.00	10,000.00
Total cost of service				40,288.00
Washington Hospital Center:				
Planned days	4	333	32.00	10,656.00
	8	667	36.00	24,012.00
Clinic visits	4	600	5.00	3,000.00
	8	1,200	6.50	7,800.00
Newborn days	12	1,500	10.00	15,000.00
Total cost of service				60,468.00
All other contract hospitals: Newborn days	12	852	10.00	8,524.00
Total, contract hospitals, homes, and obstetrical care program:				
Emergency days		5,474	21.50	117,691.00
		10,950	22.00	240,900.00
		7,836	32.00	250,752.00
		15,674	36.00	564,264.00
Planned days		3,589	32.00	114,848.00
		7,180	36.00	258,480.00
		4,892	16.00	78,272.00
		12,175	12.00	146,100.00
		4,868	9.50	46,208.00
Newborn days		4,852	10.00	48,524.00
Clinic visits		2,066	4.50	9,297.00
		40,287	5.00	196,391.00
		72,944	6.50	474,136.00
Emergency room treatments		4,566	4.50	20,547.00
		10,505	5.00	52,525.00
		2,742	6.50	17,823.00
Ambulance runs		5,300	6.80	36,040.00
Total cost of services				2,672,708.00
Less estimated collections				136,000.00
Net cost of services				2,536,708.00
Plus reserve				24,300.00
Total, contract hospitals				2,561,008.00

BREAKDOWN OF CONTRACT HOSPITAL ESTIMATE

Senator BYRD. Is the additional sum over the contract allowance based on a yearly basis, 9 months basis, or 6 months basis? Will you submit for the record a breakdown of the estimate by contract hospitals?

Mr. HERMAN. Yes, Mr. Chairman.

Senator BYRD. Dr. Grant, would you give the committee the justification for the request for a change in the number of allowances for

privately owned automobiles from 125 to 143? I refer to page 31–A–1.

Mr. HERMAN. This provides for an up in allowance for 18 venereal disease investigators.

Dr. GRANT. This would be due to the fact that venereal disease investigators do consume a considerable amount of time on the road in their cars and the present allowance really does not compensate for them under the present arrangements. We feel that their job is basically to do this kind of work. They have to spend considerable time on the road doing these contact investigations and we will hinder them if we maintain the present system.

Senator BYRD. Mr. Lowe, I refer to "certain sums to be charged to a certain fund and sewage work fund" and ask that the justification be placed in the record. Do you have any justification at this point.

Mr. LOWE. I will submit it, Mr. Chairman.

DISTRICT OF COLUMBIA COST OF SCHOOL MILK

Senator BYRD. What is being paid by the District of Columbia for school milk as compared with what schools are paying for milk in the surrounding Maryland and Virginia counties?

Mr. LOWE. I will have to supply that for the record, Mr. Chairman. We have a very advantageous price but the exact figure I do not have.

Senator BYRD. What percent of the money for the school milk program is federally appropriated? Would you give this for the record too?

Mr. LOWE. Yes.

The cost per half pint (paper carton) of milk supplied to the various area schools as of the fall of 1963 is as follows:

	Dollars [1]
Prince Georges	0.0482
Fairfax	.0488
Alexandria	.0492
Arlington	.049595
District of Columbia	.0504
Montgomery	.0515

[1] Prices are fixed as the result of bids for contracts. Companies making bids take into account a variety of factors, including difficulty in making deliveries to schools, their costs, and the standards of acceptability for milk.

The total cost and the percent of Federal contribution to the District of Columbia milk program in the elementary schools is as follows:

	Total [1]	Percent of Federal contribution
1960–61	$634,000	63.2
1961–62	685,000	64.9
1962–63	724,000	65.8

[1] The total includes costs of milk for both public and private schools in the District of Columbia.

Senator BYRD. Mr. Duncan, do you have anything to add?

NEED FOR REORGANIZATION PLAN

Mr. DUNCAN. Not particularly, Mr. Chairman, except quite briefly I would like to emphasize the need for the reorganization plan. We have seen many needs most of which have been expressed during the hearings and I am even more conscious of the potential or the possible accomplishments if we can adopt this reorganization plan. Here again, although I can list some 8 or 10 major potentials, major possible accomplishments, I think that the vast majority of those have been brought out in the hearing leaving therefore only the desire to emphasize the need. I might even say further that it has some relationship insofar as the various health and welfare agencies may be concerned, and that we enjoy a strong desire across the entire District government, and I certainly want to speak for those agencies under my supervision, to bring them all in line with expectations to create adequate controls to improve the services in the various agencies. And here again is one more agency for which we have very great hope and certainly I would be exceedingly pleased if we could look back next year and have the feeling that we have improved the Welfare Department, the Health Department, the Vocational Rehabilitation Service, the Correction Department, and I could go down the line.

I see in the efforts of the Congress great possibilities. I refer particularly to the several suggestions which have been made here by the subcommittee and by the chairman in particular, even over and beyond some of our own expectations. This in my opinion is a very encouraging thing and it certainly should stimulate all of us within the District government to reach the improvements as expeditiously as we can. I think that is the kind of encouragement that the District government has needed, and if I may be so presumptuous I would like to express the appreciation of the Board on behalf of the Board for the attention that is being given and for the consideration which certainly appears on the horizon.

Thank you for giving me this opportunity to make my statement.

Senator BYRD. Thank you, Mr. Duncan.

NO EMPLOYEE CONCERNED IN DRUG THEFTS

If I might impose on you just for a few moments longer, Dr. Grant, are we to understand that no one is presently employed at the District of Columbia General Hospital who was originally involved in the drug thefts?

Dr. GRANT. I think that is correct.

Dr. SCHULTZ. To the best of my knowledge that is correct, sir.

DRUG COST PERCENTAGE OF TOTAL COST

Senator BYRD. What percent of the total supply costs would you say that the drugs comprise?

Dr. GRANT. The total supply costs at the hospital? I could supply that.

(The information referred to follows:)

Drugs constitute 28 percent of total supplies cost. Total supply cost at District of Columbia General Hospital for 1963 amounted to $1,822,966.

NO REQUEST FOR EQUIPMENT

Senator BYRD. There is nothing in the budget for equipment for the new building, is there?

Dr. GRANT. No, sir; not for the new building.

Senator BYRD. I believe you indicated that the equipment for the new building would not be in.

Dr. SCHULTZ. I am not entirely sure of the budget on that. I understood at one time there was an item for equipment. It was my impression that we have improved our situation in regard to equipment to such a degree that out of our base we can probably meet most of our needs. Without reviewing the overall estimation, I would not want to say there would be no equipment needed. Certainly the fixed and built-in equipment obviously would be part of the structure.

Dr. GRANT. But there it nothing specific for new equipment in the new budget.

QUESTIONED OVERSTAFFING OF PHYSICIANS

Senator BYRD. Dr. Schultz, I have heard that the District of Columbia General Hospital has more staff physicians than are actually needed. Would you like to comment on that, please.

Dr. SCHULTZ. I don't know the origin of the comment. We have 55 full-time and 17 part-time medical officers. Perhaps the chart that I presented earlier in support of the statement of our relationship with the schools somewhat speaks for itself. I think that in terms of comparable city hospitals it should be again emphasized that we are a municipal hospital comparable to Bellevue, Boston City Hospital, Los Angeles County Hospital, Cincinnati General Hospital. We are in no sense of the word overstaffed. In fact, more than most hospitals we have a rather generous availability to us of persons coming to us from the schools, and that is why I presented this table. A total of 478 persons come to District of Columbia General Hospital from the schools to serve with no charge whatsoever. Approximately eight of them essentially serve full time, in addition to the many persons who come on research grants, and without these we could not operate the hospital.

Dr. GRANT. Mr. Chairman, I have before me a chart which lists all of the various States including the District and District of Columbia General Hospital. We have less personnel per hundred patients at District of Columbia General Hospital than does any other State with the exception of South Carolina.

Senator BYRD. Would you like to submit this for the record?

Dr. GRANT. Yes; I would be glad to.

(The information referred to follows:)

Average length of stay and cost of operation in short-term general and other special hospitals, by States—1962

[Includes depreciation]

States	Number of hospitals	Average length of stay	Number full-time personnel per 100 patients	Payroll expense per patient-day	Total expense per patient-day
United States, total non-Federal	5,564	7.6	237	$22.79	$36.83
New England	299	7.9	266	27.39	42.78
Connecticut	42	7.5	261	30.02	45.42
Maine	43	7.0	236	19.60	32.08
Massachusetts	141	8.3	275	28.29	44.62
New Hampshire	32	7.3	244	23.07	35.71
Rhode Island	16	8.5	279	27.41	42.27
Vermont	25	7.4	245	22.40	35.78
Middle Atlantic	702	9.2	240	24.12	37.33
New Jersey	100	8.2	238	23.25	36.43
New York	355	9.7	250	26.73	40.80
Pennsylvania	247	9.0	223	20.31	32.16
South Atlantic	717	7.1	227	18.71	31.90
Delaware	8	8.0	255	24.33	39.36
District of Columbia (District of Columbia General)	13	8.3 (13.6)	253 (191)	26.77 (28.10)	40.84 (34.57)
Florida	149	7.0	244	20.93	35.93
Georgia	119	6.0	240	17.47	30.83
Maryland	41	8.1	270	24.34	39.69
North Carolina	146	6.8	206	16.00	27.45
South Carolina	66	7.2	188	13.75	24.70
Virginia	99	7.7	213	16.74	29.32
West Virginia	76	7.3	206	16.33	28.50
East North Central	918	7.9	236	23.90	38.02
Illinois	253	8.2	236	24.63	39.58
Indiana	113	7.5	227	21.22	34.63
Michigan	195	7.9	245	25.71	40.37
Ohio	199	8.0	240	23.80	37.68
Wisconsin	158	7.3	212	21.71	34.03
East South Central	439	6.5	231	17.50	30.80
Alabama	115	6.5	232	17.05	31.02
Kentucky	106	6.4	239	19.55	32.31
Mississippi	94	5.9	213	15.44	28.80
Tennessee	124	6.8	233	17.29	30.47
West North Central	743	7.8	221	19.99	32.46
Iowa	113	7.6	213	18.38	30.44
Kansas	142	7.8	218	18.08	29.46
Minnesota	176	7.9	228	23.92	37.30
Missouri	110	8.3	228	20.09	33.25
Nebraska	98	7.4	218	17.67	28.91
North Dakota	55	7.4	202	17.11	28.67
South Dakota	49	6.9	201	16.53	28.08
West South Central	796	6.4	231	18.26	32.18
Arkansas	77	6.2	228	16.19	29.17
Louisiana	133	6.7	218	17.61	30.12
Oklahoma	105	7.0	224	17.35	30.43
Texas	481	6.2	239	19.12	33.97
Mountain	331	6.5	239	21.96	36.49
Arizona	51	7.2	241	23.54	38.95
Colorado	72	7.1	243	22.48	37.11
Idaho	44	5.2	257	22.20	37.06
Montana	52	6.7	220	19.74	31.81
Nevada	16	7.3	222	23.97	39.32
New Mexico	35	6.0	226	18.71	34.23
Utah	32	5.7	264	22.91	37.94
Wyoming	29	6.0	222	20.26	32.19

Average length of stay and cost of operation in short-term general and other special hospitals, by States—1962—Continued

[Includes depreciation]

States	Number of hospitals	Average length of stay	Number full-time personnel per 100 patients	Payroll expense per patient-day	Total expense per patient-day
Pacific	619	6.7	251	$29.69	$47.46
Alaska	12	4.9	236	30.33	49.50
California	405	7.0	251	30.41	48.76
Hawaii	22	6.8	232	24.29	41.76
Oregon	75	6.4	238	25.23	39.76
Washington	105	5.6	266	29.59	46.14

Source: American Hospital Association, "Hospitals," Aug. 1, 1963, vol. 37, No. 15, pt. 2, pp. 450, 456 ff.

ACTION ON VARIOUS AUDITS

Senator BYRD. For the record you may indicate if you please the action that has been taken to comply with the recommendations of the following audits: Audit No. 61–274; Audit No. 63–217; special assignment Report No. 20–63; Audit No. 62–495; Audit Nos. 62–560 to 62–572.

(The information referred to follows:)

INTERNAL AUDIT NO. 61–274

DEPARTMENT OF PUBLIC HEALTH,
Washington, D.C., October 16, 1963.

Finding 1: The Enforcement Division of the District of Columbia Finance Office has the responsibility for collection of delinquent hospital accounts and has prepared a manual which includes time schedules for the review and investigation of hospital lien and insurance cases. This manual was submitted to the Department of Public Health. It was reviewed and our objections were noted at that time and in subsequent meetings. Presently, there is a difference of opinion between the Department of Public Health and the Finance Office concerning methods of handling lien cases. We believe that the lien docket should be kept by the Enforcement Division and not by the Medical Assistance Division which has no other followup responsibilities on delinquent accounts.

Our position is supported by the U.S. General Accounting Office and concurred in by the Commissioners. The following excerpt from the General Accounting Office report on hospital and medical care programs in the Department of Public Health is submitted. It will not be possible to establish a well-defined collection policy until the responsibility for followup on lien cases is determined.

"Recommendation:[1] We recommend that procedures be developed for maintaining a docket record of lien cases, for filing the lien cases, for investigating lien cases, and for determining when recovery under a lien is not possible.

"District comments: The President, Board of Commissioners, stated that the operations manual then being developed for the Enforcement Division would incorporate detailed procedures providing for (1) maintaining a docket record of hospital liens, (2) a time schedule for investigating and following up on accounts against which liens are filed, (3) periodic reviews of all accounts to determine collectibility, and (4) periodic recommendations for the writeoff of uncollectible accounts in this category."

By count, not estimate, there were 959 old lien actions in the Medical Assistance Division instead of 1,200. This Division had conducted an annual followup on these. On March 13, 1963, the Finance Officer in a memorandum to Internal Audit Office stated these should not be transferred to the Enforcement Division and they are still held by the Medical Assistance Division. However,

[1] GAO report submitted March 1961.

since July 1961, all accounts (including May and June 1961), on which liens have been filed by contract hospitals have regularly been forwarded to the Enforcement Division with a statement on the amount of the District of Columbia payment.

Finding 2: As indicated in Internal Audit Report No. 63–217 concerning pay patient accounts at District of Columbia General Hospital the accounting systems staff of the District of Columbia Budget Office is presently setting up a cost accounting system. After the first half of this cost system concerning expenditures is completed the systems staff will recommend a billing and collection procedure for District of Columbia General Hospital.

Insofar as the private contract hospitals are concerned they have the responsibility for the initial collection of patient accounts. If these accounts become delinquent they are referred to the Enforcement Division of the Finance Office which, as previously indicated, has prepared a comprehensive manual for the billing and collection of delinquent accounts for District of Columbia General Hospital, St. Elizabeths Hospital, Glenn Dale Hospital, and the private contract hospitals.

INTERNAL AUDIT NO. 20–63

DEPARTMENT OF PUBLIC HEALTH, WASHINGTON, D.C.

OCTOBER 16, 1963.

Subject: Insertion in the Congressional Record, replies to Internal Audit Nos. 20–63; 61–274; 62–495; 62–560; 62–572 and 63–217.

Recommendation 1: "That the Director of Public Health take administrative action to formalize the operating procedure of the pharmacy" (Glenn Dale).

A survey of the Glenn Dale pharmacy has been completed and is now being reviewed by the Director of Public Health. When his review is completed it will be possible to prepare a formalized procedure.

Recommendation 2: "That the Director of Public Health submit pertinent information relative to bonding the position of Chief Pharmacist, to the Procurement Officer for consideration."

This position has been bonded.

Recommendations 3 and 5: "That the Director of Public Health take administrative action to—

"(*a*) Record quantity of drugs requested in ward orders, and number in sequence or log all ward orders at the time they are filled.

"(*b*) Amend the operating procedures to provide for a physical inventory at least annually and record the physical count of drugs issued on ward orders.

"(*c*) Provide a book inventory of drugs in the pharmacies to serve as a financial control account.

"(*d*) Provide a costing of all drugs issued to wards.

"(*e*) Provide verification of the financial control account with the physical inventories."

The total recorded supplies are less than $70,000 per annum. The recommendation involves an annual expenditure of more than $11,000. We recognize that these recommendations would result in an approved accounting system. However, we do not believe that it would be economically sound to expend $11,000 per year to control a $70,000 volume. This subject will be placed on our schedule for management review by our staff for the purpose of recommending improvements and controls that could be accomplished without increasing the cost of this operation.

Recommendation 4: "That the Director of Public Health take administrative action to dispose of all obsolete or excess drugs in accordance with section 17 of the District Personal Property Regulations."

All excess and obsolete drugs have been disposed of as recommended.

Because of the problems involved in recommendations 3 and 5 they will be discussed with the Commissioners in detail.

INTERNAL AUDIT NO. 63-217

DEPARTMENT OF PUBLIC HEALTH,
Washington, D.C., October 16, 1963.

Recommendation of previous audit: That the District of Columbia General Hospital take the necessary action to comply with accounting procedure No. 135.

(*a*) Trial balances of accounts receivable were not prepared monthly and reconciled with a control account.

(*b*) Collections received in the mail, which could not be identified, were not being posted through the cash register to the unidentified collections account. In many instances these collections were withheld from deposits for 1 to 4 weeks.

It has not been possible to take a monthly trial balance of accounts receivable due to a shortage of personnel and the fact that a record flow and control must be established coordinating the numbering of admission forms with the control of accounts in the business office. An administrative assistant has now been assigned to the business office to review its procedures and we were able to take one trial balance on August 31, 1963.

Recommendation (b) has been complied with as noted in the internal audit report.

The previous report also cited as a deficiency the fact that the cashier's function is integrated with the accounts receivable function. In the future, these functions will be separated. With regard to the cost accounting system the Department has been working closely with the Accounting Systems Division to revise the cost system in accordance with the Accounting Systems Division's recommendation.

The Accounting Systems Division estimates that the first half of the cost installations dealing with expenditures is about 70 percent complete. The second half dealing with billing and collection will be dealt with after the expenditure portion is completed. Subsidiary cost centers have been created, posting is being done by the cost centers and the figures are being summarized in a general ledger which has been established.

Recommendation 1: That the Director, Department of Public Health, take administrative action to require the disposal of accounting records in accordance with Records Retention Schedule No. 16.

We have disposed of these records. Only a few accounting books were involved in this recommendation.

Recommendation 2: That the Director, Department of Public Health, take administrative action to—

(*a*) Notify the Accounting Division, Finance Office, of any changes in signature cards of employees authorized to certify time and attendance reports.

(*b*) Maintain time and attendance reports in accordance with part A, chapter 9, of the Accounting Manual.

(*c*) Require completion of all application for leave forms.

We have always notified the Accounting Division, Finance Office, of any changes in signature cards of employees authorized to certify time and attendance reports. A complete listing is presently on record with the Accounting Division of the Finance Office of those employees designated to certify time and attendance reports.

Chapter 9, part A, of the Accounting Manual is no longer applicable, since it deals with Standard Form 1130, which has been replaced by District of Columbia Form 251, Time and Attendance Report. This form is being maintained in accordance with instructions from the District of Columbia Accounting Division and provisions of chapter 12, of the District of Columbia Personnel Manual.

Employees are required to initial the time and attendance report, District of Columbia Form 251, for leave taken whenever possible. Application for Leave, Standard Form 71, is obtained when it is impossible for the employee to initial District of Columbia Form 251 and also on applications for medical and/or dental appointments. All applications for leave without pay and advanced sick or annual leave are submitted on District of Columbia Personnel Office Form 11, in accordance with the District of Columbia Personnel Manual. It should be noted that many of the cases cited in your listing as not filling out Standard Form 71 were for snow leave.

Recommendation 3: That the Director, Department of Public Health, take necessary action to—

(*a*) Improve the controls exercised over time and attendance of part-time doctors.

(*b*) Consider the feasibility of hiring new part-time dentists on a contract basis.

Classified part-time doctors and dentists are subject to Civil Service regulations. Those employed under contract make a special certification on their vouchers that they have actually furnished the services for which they request payment. The vouchers are approved by the bureau chief concerned. We have previously obtained reports on all full- and part-time physicians and dentists; indicating their hours of duty, as well as their hours of private practice, in an attempt to establish an effective control. Information of this nature has been furnished the General Accounting Office.

Normally, contracts are used whenever it is impossible to employ professional personnel otherwise, because of their own schedules, we not only are prohibited from hiring by contract an individual who would be performing the duties of a classified position but we do not consider that it would be advisable for the Department of Public Health to utilize contracts for regular personnel because of the fact that there are no fringe benefits and it would increase our employing difficulties in these scarce categories.

Recommendation 4: That the Director, Department of Public Health, take necessary action to record unit prices of accountable property exclusive of commercial and volume discounts.

This has been done. The prescribed procedure is currently being followed:

Recommendation 5: That the Director, Department of Public Health, review the need of office equipment surveyed as trade-ins and dispose of equipment determined to be in excess of requirements.

This has been done. The prescribed procedure is currently being followed. It should be noted, however, that a reserve of office and possibly scientific equipment may be kept on hand for emergencies. The Department has a considerable amount of overage typewriters and adding machines which may become unrepairable at any time and it might not be possible to obtain a replacement unless a reserve was kept available. This also applies to refrigerators, electric fans, etc.

Recommendation 6: That the Director, Department of Public Health, take necessary action to—

(*a*) Require records to be kept for the accountability of bus tokens and postage stamps at all locations.

(*b*) Discontinue the practice of selling official postage stamps to employees.

The required records have been set up and instructions issued for their maintenance. A recent check indicated that they are being properly maintained.

The private sale of official postage stamps has been discontinued.

Recommendation 7: That the Director, Department of Public Health, take appropriate action to submit quarterly motor vehicle management reports to the Administrative Services Office.

Such reports are no longer required by the Administrative Services Office. We did submit these reports in the past until this requirement was eliminated.

Recommendation 8: That the Director, Department of Public Health, take necessary action to—

(*a*) Require mental health clinics to use the approved income standards of indigency in determining payability of clinic patients.

(*b*) Review the fee schedules of mental health clinics and recommend a schedule of fees to be commensurate with the cost of clinic services.

(*c*) Require the mental health clinics to issue clinic passes as required by departmental procedures.

There is a serious scarcity of mental health services in the community and those that are available are even more expensive than ordinary medical services. If the normal standards of indigency are enforced it will result in a denial of services to a number of individuals which in turn my result in increased hospitalization at the expense of the District of Columbia. This problem has been covered by the Director's proposal concerning the medical assistance eligibility program presented at the Senate hearings.

Recommendation 9: That the Director, Department of Public Health take necessary action to—

(*a*) Formalize policies and procedures for the school dental health program.

(*b*) Establish written guidelines and standards to determine eligibility of children for dental treatment.

The procedures in the Bureau of Dental Health will be formalized in the near future.

Recommendation 10: That the Director, Department of Public Health, take administrative action with respect to applicants for clinical services at the Gales Child Health Center to—

(*a*) Review the procedures used for determining eligibility of prenatal clinic patients and determine why patients found to be ineligible by social workers are scheduled for additional appointments.

(*b*) Require social workers to document the efforts made to locate other hospital facilities for patients.

(*c*) Obtain necessary information to properly determine eligibility before allowing patients to be scheduled for more than one appointment.

(*d*) Issue clinic passes to patients eligible for prenatal clinic care.

Further care may be authorized on the basis of administrative exception or medical care. These exceptions are authorized under existing regulations. Eligibility status is based on Commissioners' orders governing residence, income, and resources restrictions. Patients ineligible on the basis of these restrictions, and carried as ineligible on the rolls, may be authorized further care on the basis of (1) administrative exception to the restrictions, or (2) medical need. These exceptions are authorized under existing regulations. Other hospital facilities are available to ineligibles only if they have the money to make a sizable downpayment on the cost of their care and to make regular monthly payments on the balance.

The urgent need for prenatal care was recognized by the House Committee on Appropriations for 1960 when they heard departmental and other witnesses on the subject of high infant mortality rate in the District and included an unrequested $50,000 to finance a roving medical team to administer prenatal care in various sections of the city.

The Medical Assistance Division social workers should have been documenting efforts made to locate other hospital facilities for patients and have been so doing for the past several months as a result of tighter supervisory controls.

The Medical Assistance Division cannot control time required to determine eligibility because of variation in patient cooperation, variation in investigative activities, requirement of many sources that verification be done in writing, and fact of backlog in workload. Thus, it becomes a medical decision as to whether patient's condition permits delay in prenatal care after first visit.

All maternity patients at Gales Health Center found eligible are issued the standard clinic pass issued by Medical Assistance Division. Those patients who are referred to Columbia or Georgetown Hospitals are mailed the pass. Those at Gales Health Center can pick up their passes in the outpatient department of District of Columbia General Hospital should they have occasion to go there. Because of the controls at Gales Health Center and because no collections for clinic passes are made, there is no need for the patient to have a clinic pass if the controls are enforced. It should be noted that this question will be covered in our program of identifying all eligible recipients of medical care.

Recommendation 11: That the Director of Public Health take administrative action to—

(*a*) Improve efforts to interview a greater number of emergency obstetrical admissions.

(*b*) Bill emergency patients not interviewed on the basis of possible payability indicated by previous applications.

(*c*) Determine the reason emergency patients in the hospital for extended periods are not interviewed by social workers.

As the Medical Assistance Division has never been adequately staffed, priorities have to be established. Not only is it not possible to increase coverage of emergency obstetrical admissions at this time, but in view of the top priority given to clearing all patients 65 years and over for the medical assistance to the aged program, it is not possible to replace the only obstetrical worker we have who is on extended sick leave.

It is not feasible to bill patients on the basis of previous applications because their financial situations change too fast; however, most accounts are set up by the Medical Assistance Division if they happen to have enough current information on the patient to reach a conclusion that there is some payability. Actually, emergency admissions which are not cleared by the Medical Assistance Division should be billed by District of Columbia General Hospital, but this was attempted for a period of time and abandoned because of lack of sufficient personnel. At the end of 3 months, the hospital was 2 months behind on their billing.

For years it has been known that part of the uncovered Medical Assistance Division workload has been both initial and review investigations of patients in the hospital over extended periods of time. Again, priorities have to be established. In fiscal year 1963, the workload has increased, the demands for special studies and reviews by the social workers and supervisors have been numerous. Serious illness and jury duty have also reduced staff time available. Every effort will be made to interview such patients within limits of personnel available.

Recommendation 12: That the Director, Department of Public Health, take administrative action to review the cost of furnishing prenatal and maternity care and recommend a rate which is commensurate with the cost of services furnished.

The Department will take the necessary steps to make such review and recommendations to the Commissioners.

Recommendation 13: (*a*) That the Director, Department of Public Health, take administrative action to provide for a supervisory review of selected applications for admission to District of Columbia General Hospital. (*b*) Payability determinations were not always based on homeownership as prescribed in the Manual for Administration of Hospital Services.

A supervisory review is made of selected cases handled by all social workers. Workload does not permit more than this. However, administrative action will be taken to further instruct staff on the handling of real estate to assure compliance with the Manual for Administration of Hospital Services.

INTERNAL AUDIT NOS. 62-560 TO 572

DEPARTMENT OF PUBLIC HEALTH.
Washington, D.C., October 16, 1963.

Recommendation 1: That the Department of Public Health submit necessary accounting reports in accordance with part D, chapter 21, of the Accounting Manual.

The Department has resumed a monthly reporting system pending further discussions on this subject with the Accounting Systems Division of the District of Columbia Budget Office.

Recommendation 2: That the Director, Department of Public Health, take action to discontinue maintaining detailed allotment records for special Federal grants and trust fund accounts.

The Department of Public Health utilizes reports issued by the District of Columbia Accounting Office in administering appropriations from the Federal Government. It has been found, however, that the machine runs received from the Accounting Office are not suitable for exercising control required in connection with the special purpose grants and in connection with donations received from private individuals. In addition, it would not be possible to discontinue such records and still provide the type of controls required by the Federal agencies as a condition for making the grants.

Recommendation 3: That the Department of Public Health prepare and submit a records retention schedule to the Director of General Administration.

We have prepared a partial schedule for District of Columbia General Hospital and a partial schedule for the Bureau of Public Health Nursing. Records surveys have also been made in the Bureau of Environmental Health and the Northwest Central Clinic with recommendations to the Director, but no schedules have been prepared. The program is now being held in abeyance awaiting congressional action on our proposed reorganization.

Recommendation 10: That the Department of Public Health take administrative action to establish procedures and records for the accountability and control of dental supplies and materials.

A management survey on this subject has been completed and recommendations submitted to the Director of Public Health for review. A conference is scheduled in the near future with operating personnel to determine what type of accountability and control will be set up.

INTERNAL AUDIT NO. 62-495

DEPARTMENT OF PUBLIC HEALTH,
Washington, D.C., October 16, 1963.

Recommendation 1: That the Acting Director of Public Health take administrative action to—

(*a*) Establish a records retention schedule for Glenn Dale Hospital and submit it to the Director of General Administration for review and submission to the Commissioners for approval.

(*b*) Destroy obsolete records in accordance with Records Retention Schedules Nos. 16 and 18 or obtain approval of the Director of General Administration if records are required for longer periods than specified in schedules.

A records retention schedule has not been established by the Department but the hospital has reviewed about 75 percent of its records. The majority of the records conform to schedules 16 and 18 and section 20 of the procurement manual. The hospital is still in the process of evaluation and some approvals will be necessary which are not covered by the schedules cited. Obsolete records were destroyed in the course of this records review.

Recommendation 2: That the Acting Director of Public Health take administrative action to—

(*a*) Maintain a general ledger control account for accountable property.

(*b*) Take physical inventories of accountable property annually.

(c) Report all excess and unserviceable property of the hospital to the Administrative Services Office.

(*d*) Protect utilities and maintenance equipment from the weather when not in use.

No general ledger control account is presently being maintained. We will request the assistance of the Accounting Systems Division in setting up this record.

We have never been able to take a physical inventory at Glenn Dale Hospital although attempts have been made over a period of 6 years. The hospital is now in the process of checking the equipment on hand in the storeroom but this cannot be extended to the entire hospital with the available personnel. The hospital is regularly and routinely complying with the requirement that all excess and unserviceable property be reported to the Administrative Services Office.

Utilities and maintenance equipment are being protected from the weather to the maximum extent possible with available inside space, including garage space. All existing space is utilized to the maximum extent possible.

Recommendation 3: That the Acting Director of Public Health take administrative action to—

(*a*) Maintain an accurate and current set of inventory cards in the dietary section.

(*b*) Adjust inventory cards for physical inventory differences, after approval by responsible official.

A procedure was issued for the inventory of raw food in the Dietary Division. However, the procedure was eliminated when it became impossible to maintain but the regulation remained on the Glenn Dale books. The hospital is still trying to find a way to accomplish this inventory and has issued an interim procedure to be used until such time as a permanent method is found.

Recommendation 4: That the Acting Director of Public Health take administrative action to—

(*a*) Maintain property record cards on uniforms issued to the guards.

(*b*) Obtain a signed receipt when uniforms are issued.

This has been complied with.

Recommendation 5: That the Acting Director of Public Health take administrative action to plan menus so as to use all items of food on hand.

The hospital has a system of stock rotation in its central supply room which normally insures that no stock will remain unused for a long period of time. This is the only error which has occurred under the system.

Recommendation 6: That the Acting Director of Public Health take administrative action to submit the position of utilities and maintenance storekeeper to the Procurement Office, District of Columbia, for bonding in accordance with section 17 of the procurement manual.

This position has been bonded.

With regard to the general comments concerning the establishment of a preventative maintenance program, the hospital would like to accomplish this as soon as possible but since the program is complicated and requires outside assistance it may take even more than the 2 years estimated in the audit report.

EMPLOYEE LEAVE USED

Senator BYRD. Dr. Schultz, were all of the employees able to take their annual leave this year?

Dr. SCHULTZ. I don't have that information. If you like, I will put that on the record.

For the leave year covering the period of January 7, 1962, to Janauary 5, 1963, a total of 111 employees forfeited a total of 1,706 leave hours.

Senator BYRD. All right, if you please.

Dr. SCHULTZ. Mr. Chairman, do you refer to fiscal year 1963 or calendar year 1962?

Senator BYRD. All right, calendar year 1962.

POSITION OF SURPLUS FOOD EMPLOYEE

Mr. Duncan, for the record I want to refer briefly again to Mr. Olsavsky. As you recall, we were discussing the matter of his having been transferred to the position which was created for him within the Department of Welfare. Without commenting on the propriety of creating new positions in situations of this kind, I would like to say that immediately following our discussion of this matter a few days ago, I asked Mr. Olsavsky to come to my office on a Sunday and he and Mrs. Olsavsky came to my office. I met them at 11 o'clock and we sat until 2 in the afternoon.

I asked him about the matter which we discussed in the hearings, and it appears, on the basis of what Mr. Olsavsky told me, that he had not been given adequate cooperation and support from the central headquarters. I believe Mr. Brewer also stated this recently during the hearings.

Mr. Olsavsky also indicated that a good part of his time was required for other duties than that of managing the Surplus Foods Division. He indicated that he had been asked to look into various surplus property matters; he had been quite active in assisting with the opening of the residential training center. I think he had supervised the tent program at Junior Village. Therefore, I gathered that he had not been able to give of his full time to overseeing the operation of the Surplus Foods Division, and I think that this in itself certainly placed him at a disadvantage at least with regard to being able to keep fully apprised of the situation there.

He also indiciated that upon at least one occasion, as I remember it, and perhaps on more occasions, I don't recall, he had brought to the attention of the Director of the Department of Public Welfare the situation regarding hustlers and asked for advice and help in dealing with the matter. I found in talking with Mr. Olsavsky that he and his wife are quite active in their church and they participate as

leaders in the youth programs of the church. I also know that the pastor of the church thinks quite highly of Mr. and Mrs. Olsavsky. I found, too, in talking with them that they provide financial support for their parents, which is to be commended. My impression is that Mr. Olsavsky was conscientious in his work and that he did the best that he could do under the circumstances and according to his ability.

I also have a feeling after talking with Mr. Olsavsky that he was honest with regard to the events that occurred in connection with the hustlers and the overall activities of the surplus foods operation.

I wanted to say this before the record is closed. And had I been in your situation and had I known the facts as you knew them at the time and as Mr. Brewer knew them, I am not so sure that I would not have felt and acted as you did in the matter. I felt that, inasmuch as a good deal had appeared in the record concerning Mr. Olsavsky, I owed to Mr. Olsavsky the courtesy and duty of having a personal conversation with him. So, on a Sunday, as I have stated, we went into the matter rather thoroughly.

One can be easily hurt by things that are said in the course of committee hearings, and it is not my intention or desire ever to injure innocent people.

Mr. DUNCAN. Thank you very much for your comments, Mr. Chairman.

Senator BYRD. I don't think that as a matter of policy in such situations it is good to create new positions, but in this instance I do think that your judgment of Mr. Olsavsky being what it was, that he was in your opinion honest, that he did the best he could as manager of the operation of the Surplus Foods Division, and that he was not culpable, I can appreciate how you would arrive at the conclusion you reached in the matter at the time it came up.

Mr. DUNCAN. Thank you.

Senator BYRD. Mr. Lowe, do you have anything else?

Mr. LOWE. I think not, sir. You have certainly covered our budgetary situation with great thoroughness and your usual intense interest in seeing that all major aspects in the District's programs are examined into by your committee.

Senator BYRD. Thank you, Mr. Lowe. Thank you, gentlemen.

STATEMENT OF CHAIRMAN

Mr. Duncan, will you please convey to the other Commissioners the appreciation of the chairman of the subcommittee for their attendance during the hearings and for the cooperation and the assistance which they have given to the subcommittee in its efforts to get the facts concerning the budget.

Dr. Grant, I wish to apologize to you and to your associates for holding you here into the evening. I think you have certainly demonstrated a very high competence in answering the questions and presenting the facts in behalf of your budget requests. We did not give as much time to your Department last year as we have given this year nor did we the year before, but I think certainly I have a very favorable impression of the presentation you have made in the overall—I am not passing on any of the items requested—but you certainly have demonstrated an amazing grasp of the facts involved in this

budget and certainly of the Department in the short time you have been the Director.

Dr. GRANT. Thank you, Mr. Chairman.

Senator BYRD. I compliment you.

(The following information was presented later.)

See p. 2663

SUPPLEMENTAL INFORMATION ON MEDICAL STIPENDS

I. BOARD OF COMMISSIONERS' AUTHORITY FOR THE ESTABLISHMENT OF STIPENDS FOR MEDICAL INTERNS, RESIDENTS-IN-TRAINING, AND RELATED STUDENT-EMPLOYEES

Section 3 of Public Law 330, 80th Congress (reference exhibit A) provides that "The heads of the departments, agencies, and instrumentalities of the Federal Government and the Commissioners of the District of Columbia shall prescribe stipends to be paid to persons included in section 2 of this act who are at their respective hospitals, clinics, or laboratories; but no such stipends shall be in excess of the applicable maximum prescribed by the U.S. Civil Service Commission."

The statutory authority which the Board of Commissioners exercises with respect to the stipends to be paid interns, residents, student nurses, etc., is similar to their administrative authority for the establishment of wage board rates under section 202(7) of the Classification Act of 1949, as amended. However, stipend levels cannot exceed the maximum established by the U.S. Civil Service Commission. The maximum stipends set by the Commission covers many hospitals of varying sizes, types, and programs and must be set high enough to allow all hospitals covered to compete for its share of interns and residents.

The U.S. Civil Service Commission in 1959 increased the ceiling for interns to $3,800 per annum; however, there was no basis at that time to adjust District government stipends to this new maximum. Later, however, review of local and national stipend levels for interns and residents justified increasing the stipend levels for married interns to $3,800 per annum in July 1963. The stipend for unmarried interns has been established at $3,500 per annum which is currently below the Civil Service Commission ceiling.

District government stipends for residents-in-training are also below Civil Service Commission maximums.

II. COMPARISON WITH LOCAL AREA HOSPITALS

Attached as exhibit B is a copy of a report prepared by the Hospital Council of the National Capital Area which indicates the stipends paid by local area hospitals. Although District of Columbia General Hospital may be higher than some area hospitals in actual cash stipend given, the combined stipend given by other hospitals which includes both cash plus certain perquisites (room, meals, and/or laundry) significantly enhances the overall value of the stipend. In some local hospitals the combined stipend value exceeds the District's cash stipend.

The value of stipends paid by both local and Federal Government hospitals become the primary basis for the level of District government stipends. (Reference exhibit C: "Report on Current Stipend Levels for Interns and Residents.")

III. BUDGETARY AMENDMENTS FOR THE PAYMENT OF STIPEND INCREASES

Procedures followed by the Board of Commissioners in April 1963, approving the amendment to the Department of Public Health budget for 1964 to cover the adjustment of stipend rates was not significantly different from the action taken by the Board of Commissioners when stipends were adjusted in 1960. (Reference exhibit D.) Numbered paragraph 2 of memorandum to the District Director of General Administration, dated April 3, 1963 (exhibit E) authorizes the amendment to the Department of Public Health 1964 budget for the latest stipend adjustments similar to Commissioners Order No. 60-2528, dated December 20, 1960.

In summary, District of Columbia government has worked within the authority provided by Congress in Public Law 330, 80th Congress, to adjust stipends within the limits prescribed.

PUBLIC LAW 330—80TH CONGRESS

CHAPTER 452—1ST SESSION

H.R. 1714

AN ACT To exclude certain interns, student nurses, and other student employees of hospitals of the Federal Government from the Classification Act and other laws relating to compensation and benefits of Federal employees and, for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the first sentence of section 102(a) of the Federal Employees Pay Act of 1945 (Public Law 106, Seventy-ninth Congress), as amended, is amended by striking out "and" before "(5)" and by changing the period at the end of such sentence to a semicolon and adding: "and (6) student nurses, medical or dental interns, residents-in-training, student dietitians, student physical therapists, and student occupational therapists, assigned or attached to a hospital, clinic, or medical or dental laboratory operated by any department, agency or instrumentality of the Federal Government, or by the District of Columbia, and any other student-employees, assigned or attached to any such hospital, clinic or laboratory primarily for training purposes, who may be designated by the head of such department, agency, or instrumentality, or by the Commissioners of the District of Columbia, as the case may be, with the approval of the Civil Service Commission."

SEC. 2. The Classification Act of 1923, as amended, and extended (5 U.S.C., ch. 13), shall not apply to student nurses, medical or dental interns, residents-in-training, student dietitians, student physical therapists, and student occupational therapists, assigned or attached to a hospital, clinic, or medical or dental laboratory operated by any department, agency, or instrumentality of the Federal Government, or by the District of Columbia, and any other student-employees, assigned or attached to any such hospital, clinic, or laboratory primarily for training purposes, who may be designated by the head of such department, agency or instrumentality, or by the Commissioners of the District of Columbia, as the case may be, with the approval of the Civil Service Commission.

SEC. 3. The heads of the departments, agencies, and instrumentalities of the Federal Government and the Commissioners of the District of Columbia shall prescribe stipends to be paid to persons included in section 2 of this Act who are at their respective hospitals, clinics, or laboratories; but no such stipend shall be in excess of the applicable maximum prescribed by the Civil Service Commission. Such persons may be provided living quarters, subsistence, and laundering while at the hospitals, clinics, or laboratories and, when so furnished, the reasonable value thereof, as prescribed by the head of the department, agency, or instrumentality concerned, or by the Commissioners of the District of Columbia, as the case may be, shall be deducted from their stipends; but such deductions may not be less than the lowest deduction applicable to regular employees at the same hospital, clinic, or laboratory for similar accommodations.

SEC. 4. Any person included in section 2 of this Act who suffers disability or death as a result of personal injury arising out of and in the course of training, or sustained in the performance of duties in connection therewith, shall be treated for the purposes of the Act of September 7, 1916, as amended (5 U.S.C., ch. 15), as though he were an employee, as defined in such Act, who had sustained such injury in the performance of duty.

SEC. 5. Persons included under section 2 of this Act shall not be subject to the provisions of the Civil Service Retirement Act of May 29, 1930, as amended (5 U.S.C. ch. 14), except that in the event any such person later becomes subject to the provisions of such Retirement Act, his service as a student employee shall be credited in accordance with the provisions of such Retirement Act.

SEC. 6. If any person included in section 2 is, pursuant to the order of the head of the department, agency, or instrumentality concerned, or the Commissioners of the District of Columbia, as the case may be, temporarily detailed to or affiliated with any other Government or non-Government institution, to procure necessary supplementary training or experience, his status as a student-employee shall not be considered terminated by reason of such detail or affiliation, but he may receive his stipend and other perquisites provided under this Act from the hospital, clinic, or laboratory to which he is assigned or attached for only sixty days of such detail or affiliation for each training year (as defined by such head of such Commissioners). Where the detail or affiliation under this section is to or with another Federal institution the student-employee shall be paid his necessary expenses of travel to and from such institution in accordance

with the Standardized Government Travel Regulations and the provisions of the Subsistence Expense Act of 1926, as amended (5 U.S.C., ch. 16).

SEC. 7. This Act shall not be construed as affecting in any way the compensation, rights, or benefits of student nurses receiving training in accordance with the Act of June 15, 1943, as amended (50 U.S.C., App., 1451, and the following).

SEC. 8. Nothing contained in this Act shall be construed as limiting any authority conferred upon the Administrator of Veterans' Affairs by the Act of January 3, 1946 (Public Law 293, Seventy-ninth Congress).

SEC. 9. Funds now or hereafter appropriated to the departments, agencies, and instrumentalities of the Federal Government and to the District of Columbia for the expenses of their respective hospitals, clinics, and laboratories to which persons included in section 2 are assigned or attached are hereby made available and authorized for carrying out the provisions of this Act with respect to such persons.

Approved August 4, 1947.

HOSPITAL COUNCIL OF THE NATIONAL CAPITAL AREA, INC.,
Washington, D.C., August 27, 1963.

MEMORANDUM 62—RE ANNUAL SALARY SURVEY

To: Administrators.
From: George R. Berch.

Externs, interns, and residents

Hospital:
- Alexandria:
  - Externs: $2 per hour.
  - Interns: None.
  - Residents:
    - First year: $300 per month.
    - Second year: $350 per month.
    - Third year: $400 per month.
    - Perquisites: $100 per month, living out expenses $60 per month, meals, laundry, and individual GHI premiums.
- Arlington:
  - Externs: None.
  - Interns: None.
  - Residents:
    - $30 per night on call (O.B.).
    - $25 per night on call (pediatrics).
    - Perquisites: Meals, room, and laundry.
- Casualty:
  - Externs: $1.50 per hour (emergency room).
  - Interns: None.
  - Residents:
    - First year: $416.67 per month.
    - Second year: $467.67 per month.
    - Perquisites: Meals, room, and laundry.
- Children's:
  - Externs: None.
  - Interns: None.
  - Residents:
    - First year: $235 per month.
    - Second year: $285 per month.
    - Third year: $425 per month.
    - Perquisites: $50 per month, 2 or more dependents. Room and laundry.
  - Pathology residents:
    - First year: $225 per month.
    - Second year: $275 per month.
    - Third year: $300 per month.
    - Fourth year: $350 per month.

      Additional stipend awarded for prior experience in another service.

Externs, interns, and residents—Continued

Hospital—Continued
Children's—Continued
Dental residents:
First year: $225 per month (no increase).
Perquisites: Room and laundry.
Columbia:
Externs: None.
Interns: None.
Residents:
First year: Single, $400 per month; married, $450 per month.
Second year: Single, $425 per month; married, $475 per month.
Third year: Single, $450 per month; married, $500 per month (maximum).
Perquisites: Room, laundry, uniforms, and individual GHI premiums.
District of Columbia General:
Externs: No stipend (full maintenance).
Interns: Single, $3,500 per year; married, $3,800 per year.
Residents:
First year: Single, $3,800 per year; married, $4,100 per year.
Second year: Single, $4,100 per year; married, $4,400 per year.
Third year: Single, $4,400 per year; married, $4,700 per year.
Fourth year: Single, $4,700 per year; married, $5,000 per year.
Perquisites: Uniforms and laundry (uniforms only).
Freedmen's:
Externs: $2,196 per year.
Interns: $3,800 per year.
Residents:
First year: $4,400 per year.
Second year: $4,800 per year.
Third year: $5,200 per year.
Fourth year: $5,700 per year.
Georgetown:
Externs: None.
Interns: Single, $175 per month; married, $210 per month.
Perquisites: Room and laundry.
Residents:
First year: Single, $200 per month; married, $235 per month.
Second year: Single, $235 per month; married, $270 per month.
Third year: Single, $260 per month (chief) maximum; married, $290 per month (chief) maximum.
Perquisites: Single, room and laundry; married, laundry.
George Washington:
Externs: None.
Interns: $250 per month.
Residents:
First year: $275 per month.
Second year: $300 per month.
Third year: $325 per month.
Fourth year: $350 per month.
Perquisites: Laundry.
Hadley Memorial:
Externs: None.
Interns: None.
Residents:
Range: $450 to $600 per month.
Chief: $750 per month.
Perquisites: Meals, uniforms, and laundry.
National Orthopedic:
Externs: $40 per month plus full maintenance.
Interns: None.
Residents: Range $250 to $400 per month.

Externs, interns, and residents—Continued

Hospital—Continued
Providence:
Externs: None.
Interns: $300 per month.
Perquisites: Room, meals, and laundry.
Residents:
First year: $350 per month.
Second year: $375 per month.
Third year: $400 per month.
Fourth year: $425 per month.
Perquisites: Room, meals, and laundry. If living in, $50 subtracted from stipend.
Sibley:
Externs: No stipend. Full maintenance.
Interns: $210 per month plus full maintenance.
Residents:
First year: $300 per month.
Second year: $325 per month.
Third year: $350 per month.
Perquisites: Meals, room, and laundry. Married residents, living out receive an additional $50 per month.
Suburban:
Externs: None.
Interns: $260 per month.
Residents:
First year: $310 per month.
Second year: $335 per month.
Third year: $360 per month.
Fourth year: $385 per month.
Perquisites: Uniform, laundry, and individual or family GHI premiums.
Washington Hospital Center:
Externs:
Two years medical school, $225 per month.
Three years medical school $250 per month.
(Includes $100 per month for meals and $25 per month room).
Part-time (12 hours per week):
Living in, $70 per month.
Living out, $95 per month.
Perquisites: Uniform and laundry.
Interns: $325 per month.
Residents:
First year: $340 per month.
Second year: $355 per month.
Third year: $370 per month.
Fourth year: $385 per month.
Perquisites: Uniform, laundry and, individual GHI premiums.

REPORT ON CURRENT STIPEND LEVELS FOR INTERNS AND RESIDENTS

Legal authority

The Board of Commissioners of the District of Columbia are legally authorized under Public Law 330 (80th Cong.), to "prescribe stipends to be paid" interns, residents-in-training and other medical student-employees within the applicable maximums established by the U.S. Civil Service Commission. These provisions also apply to Federal hospitals including Freedman's and St. Elizabeths. This setting of "maximums" is not intended in any way to fix stipends for individual hospitals. It has as its intent to set ceilings so that each hospital (or administering agency) can fix its own stipends taking into consideration those factors and needs peculiar to the hospital's particular situation.

Intern stipends—national levels

In order to better understand local problems with regards to intern availability it seems advisable to relate difficulties now being encountered on the national level.

The following information has been developed from the latest reports published by the Council on Medical Education and Hospitals of the American Medical Association as reported November 1962, and from it special and supplementary reports on compensation of interns and residents issued in October 1962.

(*a*) *Intern availability.*—The crux of the intern availability problem can simply be stated as heavy demand but inadqeuate supply. In 1962 there were 12,074 internships offered by approximately 816 hospitals. The total number of positions filled was only 8,173, or 68 percent. In spite of a decrease in the number of hospitals offering internships the surplus of unfilled positions continues to rise, so that for every two positions filled, there is approximately one position vacant.

To put this another way, if each of the 816 hospitals with approved programs had the same intern needs and similar programs (rotating, or mixed or straight), there would be an average of approximately 15 internships available per hospital. However, the numbers available through the AMA's intern matching program (which places 98 percent of the available interns) could only hope to fill 10 of these 15 available positions. The realistic part of this oversimplified illustration is that hospitals, like businesses or colleges have different drawing powers because of reputation, location, programs offered, etc., and as a result, draw large percentages of the graduating medical students, thereby leaving a small number to be recruited by the less glamorous institutions.

(*b*) *Internships, non-Federal governmental hospitals.*—Non-Federal governmental hospitals (comparable to District of Columbia General Hospital) require the greatest number of interns per hospital. In the 1961–62 period the average number of internships offered by city hospitals was 30 positions per hospital. The average number of internships filled was only 20. Although 10 unfilled positions, per hospital may not at first glance seem "cataclysmic" it does indicate that a hospital will not have the planned coverage it feels is necessary to staff its various services. It is also interesting to note that the intern needs of District of Columbia General Hospital is twice the needs of the average city hospital in the United States.

(*c*) *National intern stipend levels.*—Nationally, the affiliated type of hospitals (which includes District of Columbia General) for the 1961–62 period, paid an average monthly stipend of $191 per month. This figure would have been higher had the value of the maintenance provided (room, food, and laundry) been used to adjust the stipends hospitals providing partial maintenance or full maintenance in addition to the cash stipend. We have noted that over the last 4 or 5 years stipends have increased approximately 7.3 percent each year with such regularity that we could estimate with some accuracy a 7.5 percent increase for this year.

Local intern stipends levels

During fiscal year 1962, District of Columbia General Hospital filled 44 of 62 internships from the national intern matching program of the American Medical Association (NIMP). This was 71 percent of their intern needs. For fiscal year 1963 a more critical situation developed when only 24 of 62 interns (39 percent) were filled through the NIMP. This placed an extremely heavy recruitment burden on the staff of District of Columbia General Hospital to fill this intern void.

(*a*) *Local intern source.*—In years past, all or nearly all of our internships were filled through the national intern matching program which bases its placement on the choice of the medical student and the need of the hospital. In fiscal year 1962 only 24 students were matched through the NIMP and only 3 medical students were from 2 of the 3 medical schools in the area. This is far short of the 62 internships required by the hospital.

The small number of medical students coming from local medical schools indicates the lack of drawing power of District of Columbia General for local talent, although our affiliation with the Georgetown University, George Washington University, and Howard University Medical Services should be an attraction in addition to the level of training being offered.

The preceding is interesting from the standpoint that major teaching hospitals, which in the past drew their quota of interns on the basis of teaching reputation, now are finding stiff competition from nonaffiliated hospitals. Nonaffiliated hospitals are not generally regarded as major teaching institutions, but do generally offer more substantial stipends.

It seems plausible that District of Columbia General, in order to attract qualified interns must maintain its high standing as a teaching institution and offer a competitive stipend. Even with these factors, vigorous recruitment on the part of the staff will still be required.

(b) *Stipend payments.*—If there is one thing that becomes clear from a study of the stipends offered by the hospitals of the country, it is there is no such thing as a standard stipend. Stipends range from $25 per month to as high as $500 per month plus full maintenance. Because of the high percentage of married interns (31 to 60 interns are married at District of Columbia General) many hospitals now provide married quarters or give an additional allowance to married interns. These factors become extremely important when the training merits of one hospital is equal to another.

Attached is a bar graph which is intended to give a comparative picture of stipends paid by local hospitals, both in cash and maintenance offered. Although these hospitals, other than District of Columbia General, may use other values for their maintenance, the District of Columbia government's scale as recommended by the committee on quarters, subsistence and laundry, has been used to obtain uniformity. This has been done since part of our recommendation is based on these newly submitted maintenance rates.

Taking a simple average of these stipends for single interns only, but without District of Columbia General, discloses that the average cash stipend is $265 per month while the adjusted stipend (including free maintenance) averages $285 per month. Both amounts exceed the present stipend of $237 per month paid to single interns and the higher stipend of $258 per month paid to married interns.

It seems abundantly clear that the prevailing practice is for each hospital to set its stipend (including maintenance provisions) at such levels as is necessary to supplement its natural advantage as a training institution. On this basis, it would appear that the stipend for District of Columbia General should be adjusted to complement its own natural training program.

Recommendation—Intern Stipends

To indicate the sensitive labor market balance for local medical students, it is well to cite the affect stipend levels have had on the recruitment of Howard medical students between District of Columbia General and Freedman's Hospital.

The Civil Service Commission in 1959 set $3,800 per annum as the maximum stipend for interns at all Federal hospitals. This maximum had been raised by $700 per annum over the old maximum of $3,100. It was not high enough to provide a reasonable stipend for all types of hospitals including such specialty hospitals as St. Elizabeths Hospital. The $3,800 maximum was approved by Freedman's Hospital in 1960 and this immediately counterbalanced District of Columbia General's hospital training advantage to where only a very few Howard medical students selected District of Columbia General for interning. This problem still exists today.

The fact that District of Columbia General was able to fill, or substantially able to fill its intern quotas in the past few years in spite of the national shortage of interns, and in spite of competition from local private and Federal Government hospitals, attests to the high level of training offered by District of Columbia General. The problem seems to have developed to the point where competition by hospitals has become so keen for interns that like any scarce commodity, the "price" and other attendant embellishments have increased rapidly.

The services at the hospital must be covered by interns, especially so for a hospital of the size and complexity of District of Columbia General. Lack of such coverage at the start of a term would place a disproportionate burden on the new interns. The filling of available internships must be accomplished before the start of a new term, therefore, recruitment commences early in the year. Because of the limited number of medical students graduating, there is little chance of filling vacancies immediately before a term or after the start of a term. A hospital does not want to place itself in the position of accepting marginal students to fill its needs.

The stipends paid by Federal hospitals in this area, plus the high cost of living, and the impact of high Federal employment, creates a situation with which similar hospitals in other cities do not have to contend, or have to contend with in only a minor way.

Our purpose in recommending higher stipends includes the weighing of certain of these intangibles in addition to the direct comparison of stipends paid by local hospitals. In the final analysis, the application of best judgment seems to be the major prevailing factor. This judgmental application must be exercised from the position that to set the stipend too high would place District of Columbia General in too competitive a position and unnecessarily increase operational costs. If stipends are set too high at District of Columbia General, it would be reasonable that other area hospitals, finding themselves in a poor competitive position would be forced to increase their own stipends. Such a condition would serve no pur-

pose other than to place District of Columbia General again in an unfair stipend position. It would not alleviate the overall shortage of interns.

We therefore submit the following stipend adjustment for interns:

Existing:	Recommended:
Single: $2,843 per annum.	Single: $3,500 per annum.
Married: $3,100 per annum.	Married: $3,800 per annum.

The Medical Director at District of Columbia General has stated that the stipend differential between married and single interns and residents has been a definite aid in recruitment. We are recommending that this be continued.

Resident stipends for District of Columbia General Hospital

It is considered feasible that a $300 differential be maintained between interns and the various residency levels. A stipend differential for married residents should also be retained. It is recommended that the following resident stipends be considered as appropriate for residents at District of Columbia General Hospital:

[Per annum]

Resident stipends	Existing		Proposed	
	Single	Married	Single	Married
1st-year resident	$3,152	$3,400	$3,800	$4,100
2d-year resident	3,454	3,700	4,100	4,400
3d-year resident	3,736	4,000	4,400	4,700
4th-year resident	4,036	4,300	4,700	5,000

It is believed that the proposed levels will maintain sound across-the-board equity from a wage administrative standpoint.

Resident stipends for Glenn Dale Hospital

At the present time Glenn Dale Hospital has three residency positions—two at the first year level and one at the fourth year level. These two vacancies currently exist for first year residents. Glenn Dale, being a specialty hospital and having an isolated location has had a special stipend approved by the U.S. Civil Service Commission in 1954.

This stipend was above the Civil Service Commission ceiling and was established as an aid in recruitment. Since 1954 stipend levels have increased beyond the current authorization.

We have recently requested the Civil Service Commission to abolish this ceiling for Glenn Dale since their current maximums for all Federal hospitals allows us greater latitude for adjustment. As a result we are recommending a revision in the stipend for Glenn Dale Hospital as follows:

[Per annum]

	Existing	Recommended
1st year resident	$4,127	$4,400
4th year resident	5,416	5,700

This recommendation is consistent with other stipends being paid for hospitals of this type.

General summarization and future trends

Our approach to the matter of appropriate stipends for District of Columbia General has been to develop a plan by which we can competitively recruit interns and build a strong resident staff. It is recognized that this may not be the only approach but is in our opinion one which will satisfy most conditions based on the factors presented in this study.

The future indicates strong AMA backing for much higher stipends and to accept as fundamental to the support of interns and residents the following principles which if applied, will lessen the economic pressure on medical students:

1. The graduate physician serving as intern or resident should receive financial support commensurate with his professional responsibilities and with due recognition of his educational opportunities.

2. The medical profession must assume an increasing responsibility for the development of appropriate methods of financial support of the intern and resident, so as to accomplish the above objective.

We will continue to review our competitive position in relation to the economic and social factors which have a definite bearing on the recruitment and retention of quality personnel in this highly technical field.

JOHN H. EATON,
Chief, Classification and Wage Administration Division.

[Order No. 60-2528]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., December 20, 1960.

Subject: Personnel manual revision, stipends District of Columbia General Hospital, Department of Public Health.

Ordered, That the proposed revision of section A, chapter 7, of the District of Columbia Personnel Manual is approved. This approval is to be effective the first payroll period in January 1961, subject to the availability of funds.

Further ordered, That the District of Columbia Budget Office include in a supplemental request for fiscal year 1961 the amount of $36,450 to enable the Department of Public Health to implement the effective date specified.

By order of the Board of Commissioners, District of Columbia.

G. M. THORNETT,
Secretary to the Board.

[G.F. 12-320a]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., April 3, 1963.

MEMORANDUM TO THE DIRECTOR OF GENERAL ADMINISTRATION

There is returned herewith your memorandum of March 22, 1963, forwarding for consideration of the Board of Commissioners (1) report and recommendation of the Committee on Quarters, Subsistence, and Laundry, for adjustment to the cost of meals and quarters, and (2) recommendation of the Personnel Officer, District of Columbia, for increased compensation for interns, residents, and student nurses.

The Commissioners, after consideration of this matter at their Board meeting on Wednesday, April 3, 1963, approved the recommendation contained in your memorandum reading as follows:

"1. The Commissioners approve the adjustment of rates for quarters and subsistence as recommended by the committee and the new rates made effective with the first pay period starting after July 1, 1963.

"2. The Commissioners approve amending the 1964 fiscal year budget for the Department of Public Health to include $168,000 to cover adjustment of stipend rates.

"3. The Commissioners instruct the Committee to complete its biennial review by October 1, 1963, rather than during the month of January.

"4. The Commissioners approve that future adjustments reflect changes of 5 percent or better and changes of lesser amounts not be reflected; and that rate adjustments when approved are to be made as of the beginning of the ensuing fiscal year.

"5. The Commissioners direct the Committee to work with the Department of General Administration to further develop the cash method proposal and after the necessary details have been clarified to return the matter for further Board consideration."

A copy of the Commissioners' order issued pursuant to the action is attached hereto.

The Commissioners also approved the increased compensation for interns, residents, and student nurses as recommended in the memorandum of the Personnel Officer dated February 13, 1963.

———,———,
Secretary to the Board.

Positions in Government hospitals filled by student or resident trainees for which maximum stipends have been established

Position	Training period	Maximum stipends [1]
Dental hygiene students, Department of Health, Education, and Welfare.	Approved training during clinical affiliation, no stipend other than any maintenance provided.[2]	
Dietetic interns (student dietitians)	1 year approved postgraduate training	[3] $2,000
Dietetic residents	2d year approved postgraduate training	[4] 2,400
Hospital administration interns, U.S. Public Health Service.	1st year approved postgraduate training	[5] 2,000
Hospital administration residents	2d year approved postgraduate training	[6] 3,400
Hospital administration residents, Department of Health, Education, and Welfare, Freedmen's Hospital.	3d year approved postgraduate training	[7] 2,600
Medical or dental interns and residents	Approved internship, per year	[8] 3,800
	1st year approved residency	[8] 4,400
	2d year approved residency	[8] 4,800
	3d year approved residency	[8] 5,200
	4th year approved residency	[8] 5,700
* * *	* * *	* [9]
Department of Health, Education and Welfare, St. Elizabeths Hospital.	1st year approved residency	[10] 4,800
	2d year approved residency	[10] 5,200
	3d year approved residency	[10] 5,600
Medical record interns, U.S. Public Health Service.	1 year approved training, after a minimum of 3 years college level training.	[11] 1,800
Medical record students, U.S. Public Health Service.	1 year approved training, after 2 years college level training, no stipend other than any maintenance provided.	

[1] Includes overtime pay, maintenance allowance, and other payments in money or kind.
[2] Added Nov. 27, 1956, effective Dec. 1, 1956.
[3] Amended Dec. 19, 1952, effective Dec. 15, 1952.
[4] Added June 5, 1953, effective May 15, 1953, and amended Jan. 28, 1956, effective Jan. 1, 1956.
[5] Added Sept. 30, 1952 effective Aug. 31, 1952.
[6] Amended Aug. 31, 1960, effective Sept. 4, 1960, and further amended Dec. 22, 1962, effective Dec. 23, 1962.
[7] Added July 22, 1952, effective July 1, 1952, and amended Mar. 2, 1957, effective Feb. 15, 1957.
[8] Amended effective Oct. 15, 1959.
[9] Revoked effective Feb. 20, 1963.
[10] Added effective Oct. 15, 1959.
[11] Amended July 23, 1952, effective July 1, 1952.

(The following material was furnished at the close of the hearings:)

Summary—ADP budget request for fiscal year 1964

Department	Equipment	Personnel	Total
General Administration	$40,000		$40,000
Highways and Traffic	[1] [2] 7,970	[1] $9,919	[1] 17,889
License and Inspections	7,200		7,200
Public Health (Biostatistics)	[1] 5,550	[1] 6,651	[1] 12,201
Metropolitan Police Department	540		540
Juvenile Court	1,932		1,932
Court of General Sessions	6,120	5,000	11,120
Public Welfare	18,768	17,479	36,247
Vocational Rehabilitation	[1] 2,790		[1] 2,790
Motor Vehicles	11,340		11,340
Total	102,210	39,049	141,259

[1] Represents net District of Columbia fiscal year 1964 costs (annual total costs less Federal matching or aid funds).
[2] Includes $2,650 for site preparation and supplies.

General Provisions

AMENDMENTS REQUESTED

Senator Byrd. The next language amendment requests allowance for use of 18 additional privately owned automobiles for venereal disease investigators in the Department of Public Health.

Could we have your explanation of this item?

GENERAL PROVISIONS

AMENDMENTS REQUESTED

(1) Page 10, lines 4 and 5, strike out "one hundred and twenty-five" and insert in lieu thereof "one hundred and forty-three", or an increase of 18 in the number of allowances to be available at not more than $410 per annum.

(2) Page 10, line 6, after the word "Welfare" insert the following: "and eighteen for Venereal disease investigators in the Department of Public Health"; this language is necessary to provide authority to reimburse those employees in the venereal disease program who must travel a great many miles throughout the city in tracing down carriers of the disease and those who have been exposed to the disease. This language change will allow increased reimbursement for mileage at a maximum rate of $410 per annum rather than the normal or regular rate of $300 per annum.

JUSTIFICATION OF PROPOSED LANGUAGE CHANGES

Delete: "*Provided*, That the inpatient rate and outpatient rate under such contracts and for services rendered by Freedmen's Hospital shall not exceed $32 per diem and the outpatient rate shall not exceed $5 per visit."

Insert: "*Provided*, That the inpatient rate and outpatient rate under such contracts and for services rendered by Freedmen's Hospital shall not exceed $36 per diem and the outpatient rate shall not exceed $6.50 per visit."

This change will allow the payment of higher rates to the contract hospitals and Freedmen's Hospital.

REPAYMENT OF LOANS AND INTEREST

Senator BYRD. The next item relates to the appropriation "Repayment of loans and interest."

The amendment concerns the adjustment of certain sums to be charged to the general fund, and the sanitary sewage works fund. The amendment and justifications will be placed in the record.

Repayment of loans and interest

(House hearings, p. 972)

1963 appropriation in annual act	
Comparative transfer from "Capital outlay"	$1,496,307
1964 original estimate	4,989,800
1964 revised estimate	4,989,800
House allowance on original estimate	4,989,800
House reduction on original estimate	
Amendment requested, increase in general fund $64,300; increase in sanitary sewage works fund $100; decrease in metropolitan area sanitary sewage works fund $64,400	

AMENDMENTS REQUESTED

(1) Page 8, line 2, strike out "$148,900" and insert in lieu thereof "$149,000", or an increase of $100 in the amount payable from the sanitary sewage works fund.

(2) Page 8, lines 3, 4, 5, strike out ", and $64,400 shall be payable from the metropolitan area sanitary sewage works fund".

This deletion is necessary since it has been determined that sufficient collections for users of this line will not be made in time to meet this payment.

HOUSE REPORT

REPAYMENT OF LOANS AND INTEREST

The committee recommends approval of the full amount of the budget estimate, $4,989,800. This is a new appropriation to provide for reimbursement to the United States of funds previously expended. Prior to this time it has been an activity within the capital outlay appropriation, though not actually a capital outlay item. The committee concurs in the establishment of a separate appropriation.

	1963 appropriation	1964 original estimate	House allowance on original estimate	Amendments requested
General fund.				
Construction loan		$1,018,445	$1,018,445	
Stadium loan		792,355	792,355	+$64,300
Total		1,810,800	1,810,800	+64,300
Highway fund, construction loan	$482,617	1,841,700	1,841,700	
Water fund, construction loan	968,053	1,124,000	1,124,000	
Sanitary sewage works fund, construction loan	45,637	148,900	148,900	+100
Metropolitan area sanitary sewage works fund, construction loan		64,400	64,400	−64,400
Total	1,496,307	4,989,800	4,989,800	

REPAYMENT OF LOANS AND INTEREST

*For an additional amount, fiscal year 1964, repayment of loans and interest, * * **

The amendment requested is a net change in funds resulting from an increase of $64,400 ($64,300 general fund and $100 sanitary sewage works fund) and a decrease $64,400, the amount approved by the House, for the metropolitan area sewage works fund.

GENERAL FUND

The increase of $64,300 in the general fund is required for the repayment to the Treasury of the United States of loans secured to meet interest payments on stadium bonds. In accordance with the provisions of the District of Columbia Stadium Act of 1957, as amended, the Commissioners borrowed funds on June 1, 1962 ($415,800), and a like amount on June 1, 1963.

At the time the original estimates were prepared and submitted in the President's budget, the District of Columbia Armory Board had estimated $57,300 would be available in stadium funds as a partial payment toward the June 1, 1963, payment of $415,800. Therefore, the original estimates included funds to repay, with interest, total loans of only $774,300.

The estimated stadium funds of $57,300 were not available on June 1, 1963, and the full amount of $415,800 was borrowed by the District of Columbia. Therefore, an additional of $64,300 is needed to repay the full amount borrowed. In addition, due to the apparent lateness of the appropriation bill, interest has been computed to November 1, 1963, rather than October 1, 1963, as included in the original estimates.

SANITARY SEWAGE WORKS FUND

When the official document was prepared on the original estimates, the funds required to make the repayment due on this loan were rounded down. The exact amount due on loans must be paid on July 1 of each year and for this fund the amount was $148,941.10. Therefore, the amount included in the original estimates approved by the House, $148,900, will not be sufficient to make the total repayment to the Treasury.

METROPOLITAN AREA SANITARY SEWAGE WORKS FUND

A request of $64,400 was requested in the original estimates to meet the first payment on funds borrowed from the Treasury to construct the Potomac interceptor sewerline to Dulles International Airport.

Subsequent to this original submission it has been determined that actual revenues from the operation of this line would not be sufficient to meet this payment. Therefore, in accordance with the provisions of Public Law 86–515, approved June 12, 1960, this payment has been deferred until such time as revenues are available.

SUPPLEMENTAL ESTIMATE

Senator BYRD. The record will show at this point the supplemental estimate submitted in Senate Document No. 37, dated September 26, 1963, in the amount of $804,000. This amendment will help provide the sum required to purchase three school sites, the justifications for

which were considered during the hearings with school officials and the Director of Buildings and Grounds.

[S. Doc. 37, 88th Cong., 1st sess.]

COMMUNICATION FROM THE PRESIDENT OF THE UNITED STATES TRANSMITTING AN AMENDMENT TO THE BUDGET, FOR THE FISCAL YEAR 1964, IN THE AMOUNT OF $804,000, FOR THE DISTRICT OF COLUMBIA

THE WHITE HOUSE,
Washington, September 26, 1963.

The PRESIDENT OF THE SENATE.

SIR: I have the honor to transmit herewith for the consideration of the Congress an amendment to the budget for the District of Columbia for the fiscal year 1964 in the amount of $804,000.

The details of this amendment, the necessity therefor, and the reason for its submission at this time are set forth in the attached letter from the Director of the Bureau of the Budget, with whose comments and observations thereon I concur.

Respectfully yours,

JOHN F. KENNEDY.

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., September 25, 1963.

The PRESIDENT,
The White House.

SIR: I have the honor to submit herewith for your consideration an amendment to the budget for the District of Columbia for the fiscal year 1964 in the amount of $804,000 in appropriations from District of Columbia funds, as follows:

DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA FUNDS

Budget page (District of Columbia volume)	Heading	Original estimate, as amended	Revised estimate	Increase
40	Capital outlay	$55,129,000	$55,933,000	$804,000

This amendment to the budget is to enable the District of Columbia to provide additional funds for the purchase of three school sites. It is in addition to those amendments transmitted to the Congress on September 9, 1963 (S. Doc. 32).

I recommend that the foregoing amendment to the budget for the fiscal year 1964 be transmitted to the Congress.

Respectfully yours,

KERMIT GORDON,
Director of the Bureau of the Budget.

CAPITAL OUTLAY

LETTER FROM BUREAU OF THE BUDGET ON PROPOSED AMENDMENT

[Estimate No. ——; 88th Cong., 1st sess.]

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., October 30, 1963.

THE PRESIDENT,
The White House.

SIR: I have the honor to submit herewith for your consideration and amendment to the budget for the District of Columbia for the fiscal year 1964 in the amount of $308,000 in appropriations from District of Columbia funds, as follows:

DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA FUNDS

Budget page (District of Columbia volume)	Heading	Original estimate as amended	Revised estimate	Increase
40	Capital outlay (Delete the paragraph under this heading and insert in lieu thereof the following:) For reimbursement to the United States of funds loaned in compliance with section 4 of the Act of May 29, 1930 (46 Stat. 482), as amended, the Act of August 7, 1946 (60 Stat. 896), as amended, the Act of May 14, 1948 (62 Stat. 235) [, and section 108 of the Act of May 18, 1954 (68 Stat. 103), including interest as required thereby]; construction projects as authorized by the Acts of April 22, 1904 (33 Stat. 244), February 16, 1942 (56 Stat. 91), May 18, 1954 (68 Stat. 105 [, 110]), June 6, 1958 (72 Stat. 183), and August 20, 1958 (72 Stat. 686); including acquisition of sites; preparation of plans and specifications for the following buildings and facilities: [New junior high school, North Dakota and Kansas Avenues, Northwest, Bunker Hill Elementary School addition, new junior high school in the vicinity of 48th and Meade Streets, Northeast, Hine Junior High School replacement, Southwest Branch Library, and Engine Company Number 18 replacement; for conducting a preliminary survey of the locking system at the District of Columbia Jail] *Raymond Elementary School addition, elementary school in the vicinity of 17th and E Streets, Northeast, new junior high school in the vicinity of 16th and Irving Streets, Northwest, new junior high school in the vicinity of Ozon Run Parkway, Southeast, new elementary school in the vicinity of Wheeler Road and Mississippi Avenue, Southeast, new elementary school in the vicinity of 7th and Webster Streets, Northwest, West End Branch Library, School Building at the Junior Village, Washington Cottage addition at the Maple Glen School and Industrial Arts Building at the Youth Center; for conducting preliminary surveys for the construction of the West Administration Building, the Northwest Community and Mental Health Center, a juvenile facility, and the installation of a sprinkler system at the District of Columbia Jail;* erection of the following structures, including building improvement and alteration and the treatment of grounds: [Garrison Elementary School replacement, elementary school in the vicinity of Fifty-third and C Streets, Southeast, elementary school in the vicinity of Camp Simms, Hart Junior High School addition, Capitol View Branch Library, Palisades Branch Library, Kelly-Miller Swimming Pool, Third Police Precinct replacement, Thirteenth Police Precinct replacement, Harbor Police Precinct replacement, Engine Company Number 8 replacement, consolidation and expansion of	$55,933,000	$56,241,000	$308,000

Budget page (District of Columbia volume)	Heading	Original estimate as amended	Revised estimate	Increase
	structures at the District of Columbia General Hospital, improvement of communications at Lorton Reservation, Chapel at the Maple Glen School, Dining Room addition and three children's cottages at the Junior Village and Security Cottage addition at the Cedar Knoll School; $162,000] *Rudolph Elementary School addition, Hendley Elementary School addition, Kimball Elementary School addition, heating plant addition at the District of Columbia Village, Rabaut Junior High School, North Dakota and Kansas Avenues, Northwest, Roper Junior High School, 48th and Meade Streets, Northeast, Hine Junior High School replacement, Bunker Hill Elementary School addition, Southwest Branch Library, Engine Company Number 18 replacement, dog pound replacement, a children's cottage at the Junior Village, street cleaning tool houses replacement; $388,000* for the purchase of equipment for new school buildings; to remain available until expended, [$49,451,000] *$56,241,000*, of which [$14,500,000,] *$7,300,000* shall not become available for expenditure until July 1, [1963] *1964*, [$9,871,142] *$11,865,500* shall be payable from the highway fund [(including $60,000 from the motor vehicle parking account)], *including $80,000 for replacement of a school site*, [$1,748,053] *$2,970,000* shall be payable from the water fund, [$7,083,636] *and $10,052,000* shall be payable from the sanitary sewage works fund, and [$1,193,700] *$1,469,100* shall be available for construction services by the Director of Buildings and Grounds or by contract for architectural engineering services, as may be determined by the Commissioners, and the funds for the use of the Director of Buildings and Grounds shall be advanced to the appropriation account, "Construction services, Department of Buildings and Grounds": [Provided, That not to exceed $300,000 of funds heretofore appropriated under the heading "Capital Outlay" shall be available for purchase of furniture and equipment for new dormitories at the District of Columbia Village] *Provided, That $228,271 of funds heretofore appropriated under the heading "Capital Outlay, Public Building Construction" in the District of Columbia Appropriation Act, 1961, is hereby rescinded: Provided further, That not to exceed $49,000 of funds heretofore appropriated under the heading "Capital Outlay, Washington Aqueduct," in such Act shall be available for improvements at the Dalecarlia Plant.*			

This amendment to the budget is to enable the District of Columbia to undertake preliminary planning of a facility for the detention and treatment of juvenile offenders and construction of an additional cottage at Junior Village. It is in substitution for those amendments for "Capital outlay" transmitted to the Congress on September 9, 1963 (S. Doc. 32) and September 26, 1963 (S. Doc. 37) which are hereby canceled.

I recommend that the foregoing amendment to the budget for the fiscal year 1964 be transmitted to the Congress.

Respectfully yours,

(Signed) KERMIT GORDON,
Director of the Bureau of the Budget.

ONE ADDITIONAL COTTAGE FOR JUNIOR VILLAGE

Funds in the amount of $248,000 are requested for the purpose of initiating a program to replace the old buildings at Junior Village with new cottages. These funds are required to construct one cottage based upon the following cost estimates:

Plans and specifications	$14,000
Construction	200,000
Equipment	34,000
Total	248,000

It is proposed to construct one additional cottage at this time in order to initiate the replacement program. As this cottage is completed, the occupants would be moved from one of the old buildings and, unless the old building was required to meet space needs, it would be taken out of use. This replacement program could be followed through further, if need be, based on population.

By replacing the existing building with the new facility we would have ready made space as required.

FACILITIES TO REPLACE NATIONAL TRAINING SCHOOL

Funds in the amount of $60,000 are requested for design planning for facilities to replace the National Training School for Boys. Under the District of Columbia Juvenile Court Act delinquent boys may be committed to the National Training School as well as to the Department of Public Welfare. This institution under the jurisdiction of the U.S. Department of Justice will be relocated by 1966 and will no longer be available to the District of Columbia after 1966.

(The following material was received subsequent to the close of the hearings:)

PETITION

From: Neighborhood Preservation Association.
To: ----------

The officers and members of the Neighborhood Preservation Association whose signatures appear below respectfully submit for your consideration this petition regarding the proposal to build an elementary school on Webster Street NW., between Webster and Buchanan, Seventh and Eighth Streets NW., in the District of Columbia.

Upon being advised that the Board of Education proposed to build this school, we made a survey of this area and find the following to exist: that within 12 blocks of the proposed site for the building of this school there are eight public elementary schools and one private school. In our judgment, these are adequate schools to accommodate the children of grammar school age in this area, particularly in view of the fact that this neighborhood has been relatively stable for the last 7 years. The area is comprised of single-family homes of people generally out of the child-bearing age, and the area is not zoned in such a manner as to encourage apartment development. Consequently there is not expected any dramatic population explosion in the near future among children of grammar school age.

It is noted that the Petworth School, now located in this area, has adjacent to it adequate space already owned by the District of Columbia upon which to build additional facilities if the Board of Education so decides.

The people who live within this area and whose signatures appear hereon are people who have purchased their homes within the last 7 to 10 years and have made substantial improvement upon their property. In the plans for the proposed school, more than 62 single family homes will have to be demolished. Such an extensive demolition will add to our urban problems of family displacement and increase the burden of the already overtaxed low and medium income families.

Within a two-block area of this proposed building there are two arteries, Kansas Avenue and New Hampshire Avenue, used by suburbanites to commute daily; the heavy traffic coming at the time when the children would be on their way to school, hence creating a traffic hazard to children of tender years.

It is, therefore, respectfully urged that this petition be considered and that representatives of this association be permitted to appear with additional information in support of our position before any deliberating body considering this matter.

LOUIS F. MILTONBURGER,
St. Gabriels Church
(And 86 cosigners).

(See p. 2213)

DEPARTMENT OF PUBLIC WELFARE, DISTRICT OF COLUMBIA—OFFICE OF THE DIRECTOR

Number of recipients of assistance by category, race, and percent distribution by race, June 1962 and July 1963 [1]

Year and category	Number			Percent distribution		
	Total	White	Nonwhite	Total	White	Nonwhite
June 1962 total	33,612	3,414	30,198	100.0	10.2	89.8
Old-age assistance	2,997	857	2,140	100.0	28.6	71.4
Aid to dependent children	25,834	1,834	24,000	100.0	7.1	92.9
Aid to the blind	216	12	204	100.0	5.6	94.4
Aid to the disabled	2,851	442	2,409	100.0	15.5	84.5
General public assistance	1,714	289	2,455	100.0	15.7	84.3
July 1963 total	26,896	2,287	24,609	100.0	8.5	91.5
Old-age assistance	2,821	750	2,071	100.0	26.6	73.4
Aid to dependent children	19,990	913	19,077	100.0	4.6	95.4
Aid to the blind	193	18	175	100.0	9.3	90.7
Aid to the disabled	3,102	484	2,618	100.0	15.6	84.4
General public assistance	790	122	668	100.0	15.4	84.6

[1] This information is not available for prior year

Senator BYRD. I express appreciation to the clerk of the committee, Mr. Merrick, for his good assistance.

May I express appreciation to you, Mr. Hally, for your contributions and for your good attendance—you have been present, I think, at all of the hearings—and to Mr. Herman.

The subcommittee stands adjourned.

(Whereupon, at 8:20 p.m., Tuesday, October 15, 1963, the hearings were concluded.)

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