

Exhibit 11

**Casualty Hospital submission on service area
Case 72-1**

RECEIVED

CASUALTY HOSPITAL'S PRIMARY SERVICE AREA

JAN 6 1973

INTRODUCTION

Zoning Office, D.C.

In long-range hospital facility and program planning it is essential to know what geographical populations the institution has been serving predominantly in the past and what geographical areas and populations it is most likely to be serving predominantly into the future. When this has been identified, it is also essential to determine characteristics and environment of the populations being served and likely to be served in the future.

Experience has demonstrated that geographic populations yielding 5 percent or more of a hospital's inpatients are within and should be identified as that hospital's primary service area.

This chapter records methodology and findings in terms of encompassing Casualty Hospital's primary service area, and the nature of populations and environmental conditions within it.

METHODOLOGY

Records of 500 inpatient admissions occurring between January 1, 1968 and June 30, 1968 were randomly selected by home address. The home addresses of 500 consecutive admissions following July 7, 1968 were recorded.

This universe of home addresses of 1,000 inpatients was cross-checked against and identified with postal zip code areas, and by census tracts within zip code areas; then it was tabulated to show patient-percentage volumes generating within segments of the District of Columbia and its Maryland and Virginia suburbs. Product of this effort is tabulated and analyzed in Tables II-1, and II-III.

In similar fashion home addresses of 1,000 emergency patients were recorded, identified by geographic segments of the metropolitan area, then tabulated and analyzed in summary as found in Tables II-II and II-III. ...

The primary service area of Casualty Hospital is readily identifiable with respect to both inpatients and emergency patients, i.e., zip code areas 20001, 20002, 20003, 20019, and 20020, which yield 60% of its inpatients and over 80% of its emergency cases. Map II-I reflects graphically the primary service area of Casualty Hospital.

Environmental, racial, and economic characteristics of the Hospital's primary area of service were determined by analysis of data for census tracts (1960 U.S. Census) for postal zip code areas 20001, 20002, 20003, 20019, and 20020. These are tabulated and analyzed in Table II-IV, and are identified on Map II-I. Racial and environmental characteristics of all zip code areas of the District of Columbia plus southern Maryland which produce 97.3% of Casualty Hospital's inpatients and 98.9% of its emergency cases are also found in Table II-IV, and shown on Map II-I.

It is observed that zip code area 20032 in the District (far southeast in Anacostia) yielded 4.1% of Casualty Hospital's inpatients; and that zip code areas 20023, 20027, 20028, and 20031 in Prince Georges County yielded collectively 15.6% of Casualty Hospital's patients. However, as the regional service role of and public identification with Cafritz Memorial Hospital stabilizes, and with the addition of 100 extended care beds now under active consideration at Cafritz, and with some possible increment in beds at Hadley Hospital and proprietary hospitals in Prince Georges County, plus the opening by January 1, 1969 of 200 new medical-surgical beds and 100 new extended care beds at Prince Georges County Hospital, utilization of Casualty Hospital by populations in those jurisdictions is likely to fall off. Geographic proximity and easier accessibility to these hospitals plus availability of additional beds before Casualty Hospital will be able to increase its bed capacity are practical matters to which the public responds. Moreover, physicians in these areas are likely to become more and more active at those hospitals as more beds become available. On top of the foregoing realities, Cafritz Hospital is now covering its emergency service with a full-time, experienced physician group -- a most appealing factor in terms of reactions and responses of publics within reach of such sophisticated care.

All other population segments of the Washington Metropolitan Area, excepting those specifically mentioned above, (13 in the District; 10 in southern Maryland; 4 in northern Virginia), each yielded under 2% of Casualty Hospital's patients. These are not significant in terms of Casualty Hospital's short-term or long-term future potentialities or service role.

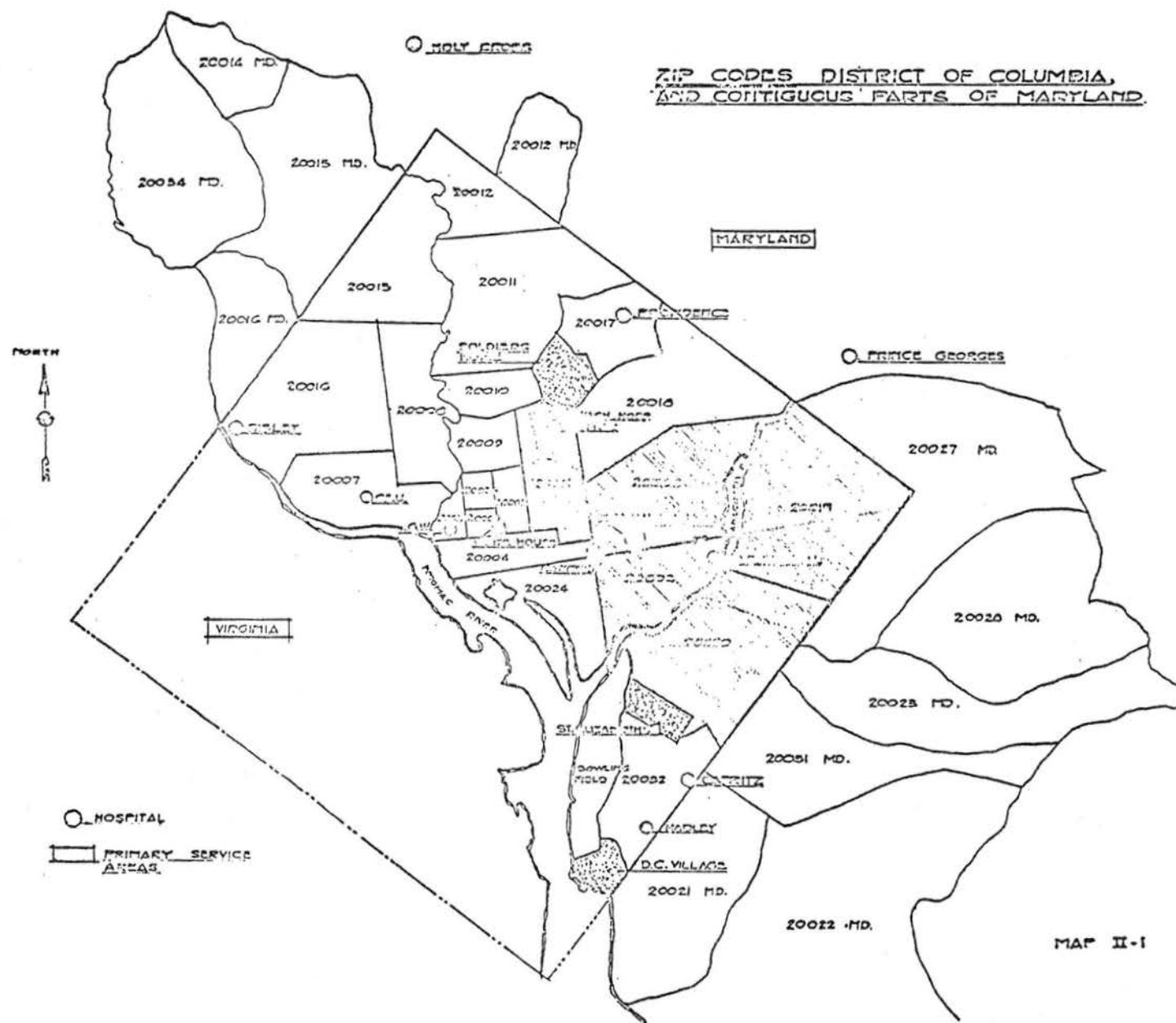


TABLE II-1

SOURCE OF 1,000 INPATIENTS (500 RANDOM ADMISSIONS
1/1/68 - 6/30/68 AND 500 CONSECUTIVE ADMISSIONS
AFTER 7/1/68)

<u>Geographical Region</u>	<u>Total For Region</u>	<u>% Of Region</u>	<u>Zip Code Source</u>	<u>No. By Zip Code</u>	<u>% By Zip Code</u>	<u>Cumulative %</u>	<u>Intern Pop.S</u>
District of Columbia	748	74.8	20002	264	26.4		N.E.
			20003	99	9.9	36.3	S.E.
			20001	86	8.6	44.9	N.W.
			20020	74	7.4	52.3	S.E.
			20019	69	6.9	59.2	S.E.
			20032	41	4.1	63.3	S.E.
			20009	17	1.7	65.0	N.W.
			20011	16	1.6	66.6	NE-N
			20024	16	1.6	68.2	S.W.
			20005	14	1.4	69.6	N.W.
			20015	10	1.0	70.6	N.W.
			20017	8	.8	71.4	N.E.
			20010	7	.7	72.1	N.W.
			20012	5	.5	72.6	NE-N
			20018	5	.5	73.1	N.E.
			20016	5	.5	73.6	N.W.
			20004	4	.4	74.0	N.W.
			20007	4	.4	74.4	N.W.
			20008	4	.4	74.8	N.W.
Maryland	225	22.5	20028	54	5.4		Suitla
			20023	41	4.1	9.5	Suitla
			20027	37	3.7	13.2	Cap.
			20031	23	2.3	15.5	Temp
			20022	7	.7	16.2	Oxon
			20021	6	.6	16.8	Oxon
			20034	8	.8	17.6	Bethe
			20015	6	.6	18.2	Chev
			20014	2	.2	18.4	Bethe
				41	4.1	22.5	Other
							urban
Virginia	23	2.3		23	2.3	24.8	Arling
							Alexa
							Fairf
							Falls
Other States	4	.4		4	.4	25.2	Thre

Comment: Table H-I:

1. Seventy-five percent of Casualty Hospital's inpatients generate within the District of Columbia.
2. Fifty percent of its patients generate within about 1-1/2 miles of the Hospital.
3. Seventy percent of its patients generate within about 2 miles of the Hospital.
4. S.E. and N.E. segments of the District generate 57.3% of all admissions, and 76.6% of D.C. admissions of Casualty Hospital.
5. Population segments of southern Maryland contiguous to the District of Columbia or within ten miles of it generate 22.5% of the admissions to Casualty Hospital. Of these, 16.8% reside in Suitland, Capitol Heights, Oxon Hill, and Temple Hills.
6. Only 2.3% of Casualty Hospital's inpatients come from Virginia.
7. Primary Service Area: Distinguishable geographic jurisdictions that yield 5% or more of a hospital's inpatients are considered to be parts of that hospital's primary service area. In the case of Casualty Hospital this primary service area comprises zip code areas 20001, 20002, 20003, 20020, and 20019, from which were admitted 26.4%, 9.9%, 8.6%, 7.4%, and 6.9% respectively of all inpatients. This represents 60% of Casualty Hospital's total admissions. Geographic identification of this primary service area is that covered by the following zip code boundaries, and which are delineated on Map II-I.

20001: East of 7th Street NW., south of Soldiers' Home to the Mall, and west of North Capitol Street. (26.4% of admissions).

20002: East of North Capitol Street, south of Rhode Island Avenue, north of East Capitol Street, and west of the Anacostia River. (9.9% of admissions).

20003: East of South Capitol Street, south of East Capitol Street to the Anacostia River. (8.6% of admissions).

20020: Northeast from St. Elizabeth's Hospital along the Anacostia River to the District line, then along the District line east and south to a point in line with the northeast property line of St. Elizabeth's Hospital. (7.4% and 6.9% of admissions respectively).

Comment: Table II-I (continued)

Note; Although zip code area 20032 yielded 4.1% of Casualty Hospital's inpatients, lying as it does south of St. Elizabeth's Hospital between Bolling Field and the District Line and virtually surrounding Cafritz Hospital, it was not included in Casualty Hospital's primary service area because its patient yield is only 4.0% and because it is likely that this percentage will fall in the future as Cafritz Hospital consolidates its position in this jurisdiction.

8. The same five zip code zones yielding 60% of Casualty Hospital's inpatients, also generated 83.6% of its emergency department patients.
9. Approximately 65% of all Casualty Hospital's inpatient admissions come through the emergency department. This means that 65% of the inpatients are "unattached" with respect to a private physician and wind up under the care of active staff members and the resident staff.

TABLE II-II

SOURCE OF 1,000 CONSECUTIVE EMERGENCY PATIENTS; APRIL 1968

<u>Geographical Region</u>	<u>Total For Region</u>	<u>% Of Region</u>	<u>Zip Code Source</u>	<u>No. By Zip Code</u>	<u>% By Zip Code</u>	<u>Cumulative %</u>	<u>Internal Pop. Seq.</u>
District of Columbia	938	93.8	20002	391	39.1		N.E.
			20003	211	21.1	60.2	S.E.
			20001	115	11.5	71.6	N.W.
			20019	81	8.1	79.7	S.E.
			20020	39	3.9	83.6	S.E.
			20024	25	2.5	86.1	S.W.
			20032	19	1.9	88.0	S.E.
			20009	16	1.6	89.6	N.W.
			20011	13	1.3	90.9	NE-N.W.
			20010	5	.5		N.W.
			20004	5	.5		N.W.
			20005	3	.3		N.W.
			20018	3	.3		N.E.
			20007	2	.3		N.W.
			20008	2	.2		N.W.
			20016	2	.2		N.W.
			20017	2	.2		N.E.
			20006	1	.1		N.W.
			20012	1	.1		N.E.
			20036	1	.1		N.W.
			20037	1	.1	93.8	N.W.
MARYLAND	51	5.1				98.9	Contiguous to or within 10 miles of D.C.
VIRGINIA	6	.6				99.5	Arlington, Alexandria - 5; Richmond - 1.
OTHER STATES	5	.5				100.0	Four

Comment: Table II-II:

1. Approximately 90% of Casualty Hospital's emergency cases involve persons living within 1-1/2 miles of the Hospital.
2. Only about 4% of Casualty Hospital's emergency cases are persons living within the District but more than 1-1/2 miles from the Hospital.
3. 93.8% of all emergencies treated at Casualty Hospital are generated in the District of Columbia, which yields 74.8% of its inpatients.
4. 99% of all emergencies treated at Casualty Hospital generate in the District or in populations contiguous to it.
5. 75% of all emergencies treated at Casualty Hospital generate in Northeast and Southeast segments of the District.
6. Less than one percent of Casualty Hospital's emergency cases involve residents of Virginia.
7. Only 5.1% of Casualty Hospital's emergency cases involve residents of Maryland. Of these, the majority reside in Suitland, Capitol Heights, Oxon Hill, or Temple Hill.
8. Since almost all outpatients are discharged inpatients (a relatively small proportion) or are patients seen first or screened through the emergency department, geographical sources of Casualty Hospital's outpatients rationally may be said to mirror almost identical sources as those which have been demonstrated for emergency cases.

TABLE II-III

GENESIS OF 938 EMERGENCIES AND 748 ADMISSIONS TO
CASUALTY HOSPITAL FROM WITHIN THE DISTRICT OF COLUMBIA

<u>D.C. Segment</u>	<u>% All Emergencies</u>	<u>% All Admissions</u>	<u>% D.C. Emergencies</u>	<u>% D.C. Admissions</u>
S.E.	35.0	28.3	37.31	37.83
N.E.	40.4	29.0	43.07	38.77
N.W.*	15.9	15.9	16.95	21.26
S.W.	2.5	1.6	2.66	2.14
S.E.-N.E.	75.4	57.3	80.38	76.60

*Majority from population cells east of 16th Street, and south of Quincy Street to the Mall.

Comment: Table II-III:

1. 75.4% of all of Casualty Hospital's emergency cases and 57.3% of all of its inpatients generate in S.E. or N.E. Washington.
2. 80.38% of Casualty Hospital's Washington-based emergencies, and 76.6% of its Washington based inpatients generate from the District's S.E. or N.E. segments.
3. 91.3% of all of Casualty Hospital's emergency cases, and 73.2% of all of its inpatients generate from the S.E., N.E., or the southeast section of N.W. Washington.
4. 96.3% of Casualty Hospital's Washington-based emergencies, and 97.9% of its Washington-based inpatients generate from the District's S.E., N.E., or the southeast section of N.W. segments of the District.
5. 83.6% of Casualty Hospital's emergency cases are generated within its primary service area, zip code zones 20001, 20002, 20003, 20019, and 20020.

PROFILE OF CASUALTY HOSPITAL'S
PATIENT SOURCES BY PRIMARY SERVICE
AREA, AND ELSEWHERE IN THE DISTRICT
OF COLUMBIA: AND BEYOND ITS CONFINES

Sources of all Casualty Hospital's patients are identified in Table II-IV, next following. It breaks down such sources as:

- Those areas within the District of Columbia representing its primary service area by: population, population composition, housing, family composition, family income, etc.
- Those areas within the District of Columbia which, in addition to its primary service area, generate in total 75% of its admissions, as measured by their population structures, housing, family composition, etc.
- Those areas in Washington suburbia (mostly Maryland) generating about 25% of the Hospital's admissions and inpatients.

Table II-IV should be studied and analyzed thoroughly and thoughtfully. Statistics presented in Table II-IV derive from the 1960 U.S. Census of Population and Housing for D.C., Md., and Va. Meanwhile, it has been discovered that non-white population in the District of Columbia was undercounted and under-recorded by about 58,000 persons. This should be kept in mind by the reader as he equates statistics presented in Table II-IV to an 810,000 population of the District now, and over 900,000 by 1980; or a District population somewhat less than 810,000 at 1968 and somewhat less than 900,000 at 1980 (depending upon which commission, council, committee or planning-group report he last read). And, with respect to the non-white population statistics found in Table II-IV, these obviously are understated and are obviously under-calculated, but the extent to which under-calculation exists cannot be determined at this time with respect to specific population sections of the District.

TABLE II-IX

POPULATION, ENVIRONMENTAL, AND ECONOMIC CHARACTERISTICS D. C. AREAS
GENERATING 75 PERCENT OF CASUALTY HOSPITAL'S ADMISSIONS

<u>Zip Code</u>	<u>% Of Adm's</u>	<u>Total Population</u>	<u>Non-White Population</u>	<u>Percent Non-White</u>	<u>Number Of Housing Units</u>	<u>Old Housing (Pre-1939)</u>	<u>% "Old" Housing Units</u>	<u>Housing Units Deteriorating or Dilapidated</u>	<u>% Housing Units Deteriorating or Dilapidated</u>
20002	26.4	85,728	75,625	88.2	24,444	19,016	77.7	4,143	16.9
	Range by Census Tracts			99.0-23.0			97.8-33.8		51.6-46
20003	9.9	45,222	32,159	71.1	13,117	10,639	81.1	2,992	22.8
	Range by Census Tracts			90.7-24.9			96.2-35.8		32.7-9.02
20001	8.6	55,978	52,409	95.5	16,368	15,528	94.8	5,047	30.8
	Range by Census Tracts			99.8-51.1			98.8-87.8		66.9-3.3
20020	7.4	58,501	26,637	45.5	18,972	5,358	28.2	973	5.1
	Range by Census Tracts			98.6-.05			62.5-3.8		9.2-.31
20019	6.9	74,254	66,470	88.2	19,820	4,135	20.8	1,378	7.0
	Range by Census Tracts			99.9-23.9			28.7-7.1		23.4-1.2

THE FIVE ZIP CODE ZONES ABOVE COMPRISE CASUALTY HOSPITAL'S PRIMARY SERVICE AREA WHICH GENERATES
60% OF ITS INPATIENTS

Totals and Averages	60%	319,683 (41.8%) (of D.C.)	252,300 (60% of) (D.C.)	(99.8-45.5) (78.9%) (in S.A.)	92,721 (35.3%) (of D.C.)	54,675 (32.7%) (of D.C.)	(98.8-20.8) (59%) (in S.A.)	14,533 (53.9%) (of D.C.)	(66.9-1.2) (15.6%) (In S.A.)
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<u>Zip Code</u>	<u>Number of Families</u>	<u>Median Family Income*</u>	<u>Non-White Family Income*</u>	<u>Persons Per Household</u>	<u>Non-White Persons Per Household</u>
20002	19,281	\$4,771	\$4,690	3.1	3.8
20003	9,116	4,723	4,200	3.2	4.2
20001	11,162	4,003	3,944	2.7	3.2
20020	15,366	5,988	4,738	3.0	3.8
20019	17,175	5,274	5,059	3.1	3.8
Totals & Averages	72,100	5,019	4,516	3.1	3.75

*As reported for "families", not "families and unrelated individuals" in the 1960 Census. (If "family and unrelated individuals" income factor had been used, disparities would have been much greater.)

<u>Zip Code</u>	<u>% of Adm's</u>	<u>Total Population</u>	<u>Non-White Population</u>	<u>Percent Non-White</u>	<u>Number Of Housing Units</u>	<u>Old Housing (Pre-1939)</u>	<u>% Old Housing Units</u>	<u>Percentage of Dilapidated</u>	<u>Dilapidated</u>
20032	4.1 Range by Census Tracts	37,328	31,000	8.3 22.5-1.3	12,842	1,501	11.7 41.9-1.5	767	6.0 21.6-.25
20009	1.7 Range by Census Tracts	48,165	28,608	59.3 98.7-12.6	22,731	19,898	87.5 100.0-72.4	1,783	7.9 19.3-1.3
20011	1.6 Range by Census Tracts	62,896	37,309	59.3 85.6-12.5	20,007	15,024	75.1 94.0-42.5	1,214	6.0 11.0-0.64
20024	1.6 Range by Census Tracts	7,480	5,909	79.0 98.7-50.5	2,220	667	30.0 100.0-5.3	450	20.3 60.0-0.8
20005	1.4 Range by Census Tracts	19,009	10,474	55.1 77.9-2.7	9,686	8,515	87.9 93.1-48.5	435	4.5 13.3-.4
20015	1.0 Range by Census Tracts	17,927	542	3.0 3.5-2.3	6,055	3,890	64.2 77.6-52.7	106	1.8 2.4-.69
20017	.8 Range by Census Tracts	16,405	6,174	37.6 46.5-14.0	4,702	1,498	31.8 43.7-9.6	186	4.0 7.4-.62
20010	.7 Range by Census Tracts	29,011	15,636	53.8 93.7-26.9	12,122	9,984	82.3 96.6-71.1	593	4.9 6.9-4.1
20012	.5 Range by Census Tracts	10,929	1,197	10.9 18.4-2.0	3,696	2,373	64.2 70.0-56.6	279	7.5 12.8-.68
20018	.5 Range by Census Tracts	41,027	27,016	65.8 89.4-44.6	11,777	8,655	73.5 87.3-62.3	753	6.4 8.4-5.0
20016	.5 Range by Census Tracts	32,175	691	2.1 2.8-1.2	14,508	5,797	39.9 61.8-30.4	113	.76 1.3-.08
20004	.4 Range by Census Tracts	12,069	1,613	13.3 39.9-1.9	7,831	5,438	69.4 99.5-39.5	912	11.6 34.2-3.4
20007	.4 Range by Census Tracts	24,336	783	3.4 5.3-1.7	9,415	6,992	74.2 92.7-53.7	332	3.5 8.0-1.5
20008	.4 Range by Census Tracts	25,225	1,030	4.1 6.8-2.8	12,176	7,886	64.7 90.4-30.8	328	2.7 5.6-.13

TABLE II-IV (continued)

POPULATION AND HOUSEHOLD CHARACTERISTICS OF MARYLAND SUBURBS GENERATING 22.5% OF CASUALTY HOSPITAL'S ADMISSIONS

MD. Zip Codes P.G. County	Census Tracts	Tract Populations	Non-White Population	% Non-White	All Housing Units	Old (Pre 1939) Housing	% Old Pre 1939 Housing	# Det. or Dilapidated	% Det. or Dilapidated
20021-22	17	6,255	90	1.4	1,715	1,571	54.1	74 *	4.3
(1.3% of Adms.)	19	9,366	251	2.6	2,858	376	27.6	132	4.6
Totals		13,621	341	2.5	4,573	1,847	33.1	206	4.5
20031 (2.3% of Adms.)	18	13,885	80	0.5	3,817	726	19.0	86	2.3
Totals		13,885	80	0.5	3,817	726	19.0	86	2.3
20023	20	4,141	51	1.2	1,487	24	1.7	64	4.3
(4.1% of Adms.)	24	4,976	473	9.5	1,359	1,011	74.4	103	7.6
Totals		9,117	524	5.7	2,846	1,035	39.7	167	5.9
20028	21	4,169	52	1.2	1,160	106	5.4	56	4.8
(5.4% of admissions)	22	5,246	697	13.2	1,298	234	16.5	89	6.9
	23	7,524	58	0.7	2,083	201	8.5	5	.24
	28	4,796	306	6.3	1,198	463	46.5	117	9.8
Totals		21,735	1,063	4.9	5,739	1,004	17.5	267	4.7
20027	25	5,010	37	0.7	1,596	428	59.5	95	5.9
	26	3,258	12	0.3	891	486	19.5	130	14.6
(3.7% of admissions)	27	4,527	73	1.6	1,210	69	4.8	310	25.6
	29	5,365	434	8.0	1,503	527	35.0	87	5.8
	30	4,511	4,508	99.9	1,030	101	10.0	344	33.4
	31	4,297	4,210	97.9	1,062	102	7.7	129	12.1
	33	3,547	84	0.9	913	0	0.0	24	2.6
Totals		30,515	9,308	30.5	7,205	1,713	23.7	1,119	15.5

NOTE: Although slightly more than 9% of Casualty Hospital's patients have been coming from zip code zones 20027 and 20028 in Maryland contiguous to the most easterly corner of the District line, this patient yield may be expected to decrease when Prince Georges County Hospital in Cheverly Md. opens 200 new medical-surgical beds and 100 Extended Care beds by the beginning of 1969.

Comment: Table II-IV:

1. Specific characteristics of Casualty Hospital's Primary Service Area:

Population:

(a) Population in the primary service area is 319,683 (1960 Census), or 41.8% of the population of the District.

(b) Non-white population is 252,300, or 60% of the non-white population of the District, and 78.9% of the population of the primary service area. Range in non-white population by census tracts in the primary service area is 99.9% to 23%. Only 4.0% of the non-white population in the Hospital's service area is age 65 or over.

Age Composition:

Age composition of the population within the Hospital's primary service area as compared with the District as a whole is:

<u>Area:</u>	<u>Under-5</u>	<u>5-14</u>	<u>15-44</u>	<u>45-64</u>	<u>65-over</u>	<u>Med. Age</u>
District of Columbia	10.2	15.1	42.6	23.0	9.1	32.2
Casualty Hospital Service Area	12.8	18.5	42.7	19.6	5.8	27.5

Housing:

There are 92,721 housing units in the primary service area which is 35.3% of the housing units in the District. Of these: 59% were built prior to 1939, as compared with 32.7% for the District; 15.6% of these housing units are deteriorating or dilapidated as against 10.2% for the District as a whole, and in some census tracts of the area deteriorating or dilapidated housing runs as high as 66.9%. Of a total of 3,870 dilapidated housing units in the District, 69.0% are occupied by non-white families; and of 23,143 deteriorating households in the District, 66.8% are occupied by non-white families.

Crowded Living Conditions:

Number of persons per household in the primary service area of Casualty Hospital is 3.1, with a census tract high of 4.6 and census tract low of 1.4. Average occupancy of non-white households in the area is 3.75, with a census tract high of 5.19 and a census tract low of 2.29. This compares with average occupancy of housing units of 2.87 for the District as a whole. Additionally, in a total of 31,142

household units in the District with more than 1.0 persons per room, 78.8% are occupied by non-white families.

Family Income:

Median family income in the primary service area is \$5,019.00; and among non-white families is \$4,516.00. These compare with median family incomes of \$5,995.00 for the District as a whole; and with non-white family incomes of \$4,800.00 for the District as a whole. To put it another way, family incomes in the Hospital's primary area of service on the average are 16.3% lower than in the District as a whole; and non-white family incomes in the Hospital's primary area of service are 23.3% lower than in the District as a whole, and 8.4% lower than average family incomes in the primary service area, and 4.25% lower than non-white family incomes in the District as a whole.

If relative median income of families in Casualty Hospital's defined service area had been compared on the basis of "families and unrelated members of households" (1960 Census) rather than by "family income" alone (as utilized in this analysis) one would have found, by way of example, that such "group-family" median income in the District as a whole was \$4,532 against a median group-family income of \$3,848 for non-white families which comprise more than 80% of the families in the Hospital's service area.

2. General characteristics of Casualty Hospital's primary service area:

- (a) 44.9% of all admissions are generated in zip code areas 20001, 20002, and 20003, which immediately surround Casualty Hospital. Area 20001 runs south of the Soldiers' Home to Massachusetts Avenue between 14th Street and North Capitol Street in N.W.; Area 20002 is east of North Capitol Street and south of Rhode Island Avenue in N.E. Area 20003 is south of East Capitol Street to the Anacostia River in S.E. This has a total population of about 187,000, 85.6% of which is non-white. It has 53,929 households, 83% of which were built prior to 1939, and 22.6% of which are identified as deteriorating or dilapidated. Number of persons per household in this area is 3.4 as compared with 2.3 for the District as a whole. In some sections of this area households built prior to 1939 runs as high as 100%, and deteriorating or dilapidated households run as high as 70%. Persons per household runs as high as 5.6 in some tracts of the area. This serious overcrowding of households is consistent for that area of the District producing almost 50% of Casualty Hospital's admissions.

- (b) The same areas as above plus census tracts 74.1, 74.2, and 74.3 (Anacostia, generated exactly 50% of Casualty-Hospital's admissions. In these consolidated areas there is a population of 212,102, 86.2% of which is non-white. In some sections of it the non-white population is 99.8%. Households in the area total 60,422, 75.8% of which were built before 1939, and "old" housing runs as high as 100% in some of its sections. 19.4% of the households in these areas are deteriorating or dilapidated, and it runs as high as 70% in some tracts. Persons-per-household in these areas is 3.3 as against 2.3 for the District as a whole. Persons per household runs as high as 5.6 in some tracts of the areas. Thus, significant overcrowding of households is characteristic of that area of the District producing more than 50% of Casualty Hospital's admissions. This same population (27.7% of the District population) produces 46.0% of the public assistance case load of the Department of Public Welfare. And, whereas the ratios of persons receiving public assistance is 1:58 for the District as a whole and 1:78 outside Casualty Hospital's contiguous service area, it is 1:35 within the area that produces 50% of Casualty Hospital's inpatients.
- (c) Casualty Hospital's primary service area which generates 60% of its inpatient admissions, also generates 63.3% of the public assistance case load of the D.C. Department of Public Welfare.
- (d) The same geographic area of the District, i.e., zip code zones 20001, 20002, 20003, 20019, and 20020 generating 60% of Casualty Hospital's inpatients (primary service area) also produces 83.6% of its emergency room patients, with zip zone 20002 immediately surrounding Casualty Hospital yielding 39.1% of its emergency patients.

PRIMARY SERVICE
AREA - - SUMMARY

Casualty Hospital's primary service area consists of zip code zones identified below within the District of Columbia.

- 20001: East of 7th Street N.W., south of Soldiers' Home to the Mall, and west of North Capitol Street. (26.4% of admissions).
- 20002: East of North Capitol Street, south of Rhode Island Avenue north of East Capitol Street, and west of the Anacostia River. (9.9% of admissions).

- 20003: East of South Capitol Street, south of East Capitol Street to the Anacostia River. (8.6% of admissions).
- 20020: Northeast from St. Elizabeth's Hospital along the Anacostia River to the District line, then along the District line east and south to a point in line with the northeast property line of St. Elizabeth's Hospital. (7.4% and 6.9% of admissions respectively).

The primary service areas:

- Had a 1960 population of about 320,000, of which 78.9% was non-white.
- May very well reach a population upwards of 380,000 by 1980 and 400,000 by 1985. The proportion of non-white persons in the future populations is expected to remain fairly constant, at 75-80%.
- Is characterized by older, deteriorating, overcrowded households, and blighted neighborhoods, but this circumstance will improve materially in the next two decades as the result of massive urban redevelopment projects now programmed and major residential restoration projects through private auspices, much of which is already underway.
- Is characterized by the lowest median family incomes of any region of the District; but this will improve materially in the next decade as non-white incomes begin to reach parity with white incomes for similar work, as educational levels of non-white persons go up as a result of more and better school resources in the region, and as a result of the development of new pockets of small industry and office building complexes at selected areas throughout the region.
- Is characterized by traffic congestion which will be greatly reduced in the future as the new rapid transit and new free-way systems come into being.
- Is characterized by a population with a lower median age, and lower proportion of persons over age 65 than is true anywhere else in the District, or for the District as a whole.

The future of Casualty Hospital's primary service area is promisingly bright by almost any demographic or ecological measurement that might be applied.

BIBLIOGRAPHY

Alternative Approaches to Rebuilding Seventh Street, 14th Street, N.W., and H Street N.E., D.C. Government and National Capital Planning Commission, August 1968.

Application for Federal Grant to Plan a Comprehensive Plan for a Model Neighborhood in the District of Columbia, (submitted to Department of Housing and Urban Development, U.S. Government) by the Board of Commissioners, District of Columbia, April 1967.

Clapp, Raymond F., Edited by National Capital Regional Planning Council, The 1980 Population of Metropolitan Washington, October 1964, 35 pp., tables, ill. Prepared for the NCRPC, National Capital Planning Commission, and the District of Columbia Government.

Comprehensive Planning Division, Objectives and Planning Standards for the National Capital Region, fall 1965, approx. 150-200 pp. Unpublished memorandums.

General Hospitals in Metropolitan Washington - A Guide for Planning and Development, June 1964.

Health and Welfare Council of the National Capital Area, Metropolitan Population Project - Area Profile Manual, 75 pp.

Health and Welfare Council of the National Capital Area, Metropolitan Population Project-Users Guide, 90 pp.

Housing and Home Finance Agency, Office of the Administrator, Our Non-white Population and its Housing - The Changes Between 1950 and 1960, July 1963. C.f. Statistical appendix for thorough comparison of white and nonwhite demographic and housing characteristics, pp. 15-104.

Metropolitan Housing, Inc., Prospectus for Organization and Objectives, Washington, Dec. 1, 1965, 24 pp. Preliminary draft for review, comments, and discussions only.

Metropolitan Washington Council of Governments, 1960 Census Facts by Tracts - Metropolitan Washington, August 1963, 144 pp., tables and maps.

- Metropolitan Washington Health Facilities Planning Council, Regional Needs for General Hospital Beds Within Metropolitan Washington, 1965-1980, December 1964, table 10, p.11, table 11, p.12, p.16 footnote.
- National Capital Planning Commission, Changes Programmed for Housing Stock, Unpublished staff study, September 1964.
- National Capital Planning Commission, 1965/1985 Proposed Physical Development Policies for Washington, D.C., Washington, D.C., September 1965.
- National Capital Planning Commission, A Policies Plan for the Year 2000 - The Nation's Capital, 1961, 114 pp., ill.
- National Capital Regional Planning Council, Local Zoning and Planning Standards, Appendix V of the Regional Development Guide, Washington, 1966.
- National Capital Planning Commission, Selected Statistics, By Transportation Survey Zone for the National Capital Region, 1948. Reports also for: 1955, 1965, 1980. Approximately 22 pp. each. Mass Transportation Survey, 1956. Unpublished memorandums.
- National Capital Transportation Agency, Prospective Growth of the Washington Metropolitan Area and Its Central Core, Vols. 1 and 2, prepared by Economic Assoc., Washington, August 1963.
- NCRPC Policies, 1952-1966, Appendix III of the Regional Development Guide, 1966-2000; National Capital Region, approximately 100 pp., memorandums, August 1966.
- Olds, Dr. Edward B., The Small Area Patterning of Population and Housing Characteristics in the Washington Metropolitan Area, November 1964.
- Population of Metropolitan Washington, Raymond F. Clapp, Consultant to the National Capital Regional Planning Council, in joint sponsorship with the National Capital Planning Commission, and the District of Columbia, October 1964.
- Problems of Housing People in Washington, D.C., National Capital Planning Commission, July 1966.
- Proposed Comprehensive Plan for the National Capital Area, the National Capital Planning Commission, February 1967.

Real Estate Research Corp., Preliminary Forecast of Economic Growth, Population and Housing, and Formulation of Economic and Housing Goals and Policies, May 1965.

Social and Economic Characteristics, D.C. Statistical Areas, Department of Public Health, April 1960.

Some Facts About Physicians in Metropolitan Washington, Monograph Series No. 1, February 1965.

Statistics, Washington Metropolitan Area, Metropolitan Council of Governments, January 1968.

Summary of The Regional Development Guide, 1966-2000: National Capital Region, 18 by 24 inches, brochure, map, proposals on one side; on other side, summary of Regional Development Guide, August 1966.

The Regional Development Guide, 1966-2000: The National Capital Regional Planning Council, June 30, 1966.

The Regional Development Guide, 1966-2000: Appendices (1) (2) (3) each 100 pages +, June 1966.

The Small Area Patterning of Population and Housing Characteristics in the Washington Metro Area, by Edward B. Olds, Ph.D., D.C. Community Renewal Program. (Office of Urban Renewal), February 1965.

The Growth of the Washington Metropolitan Area and Its Central Core, 1960-2000, Appendix I of the Regional Development Guide, 1966-2000: National Capital Region, Economic Associates, Inc., Consultants, June 30, 1966.

Wise, Harold Franklin, A Program for Comprehensive Planning and Development in the National Capital Region - A Design for Decision-Making and Action, prepared for the Metropolitan Washington Council of Governments, Dec. 15, 1965, 352 pp. .

The Anatomy of The Federal Interest (Improving the Government of the National Capital), by Royce Hanson, 1967, Washington Center for Metropolitan Studies. (Absolutely must-reading for analysts of this Block report). Price \$1.00.

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DISTRICT OF COLUMBIA AND ENVIRONS

Zoning Office, D.C.

The central city of Washington, its suburbs, and rural areas of its general region are changing rapidly; and, when changes occur in one area of a region they affect others within the region. High mobility of the populations in the Washington metropolitan region, or more precisely in the Washington Standard Metropolitan Statistical Area (SMSA), has caused high turnover in residential neighborhoods leading to lacks in identification of residents with their neighborhoods and consequent lacks in investment in their neighborhood's long range future. This causes neighborhoods to decline in structural quality to the extent that many eventually become blighted. That phenomenon has characterized the District of Columbia for the past quarter century, and its impact is still in motion.

Rapid growth, which has characterized the Washington SMSA is expected to continue to the year 2000. This will be true, according to well informed demographers, in terms of "growth" whether expressed as population, employment, labor force, housing units, or socio-economic conditions.

It is predicted for the Washington SMSA that: Population will double from 2,700,000 in 1968 to 5 million by the year 2000, representing about a 3-1/2% annual increase. Employment is expected to more than double, increasing from 966,000 jobs in 1966 to over 2 million in the year 2000. Every year, 34,000 new jobs are expected to be created. With labor force increments, and doubling of housing units, the District may also expect a vast improvement in socio-economic conditions of persons now in deprived groups.

The Washington SMSA area is one of the richest in the nation; and is the second fastest growing, and has the lowest unemployment rates, and is among the highest family income rates in the nation.

Despite this seeming prosperity, a substantial amount of poverty still exists in the region, most of it being centered in the District of Columbia's Southeast and Northeast segments (Casualty Hospital's primary service area) where concentrations of non-white families is greatest. Yet, there are promising indicators to suggest that gaps

between incomes of the white community and incomes of Negro and other disadvantaged persons is narrowing and will increasingly narrow into the future as these groups begin to reap the harvest of better incomes, better standards of living, and higher levels of education. With this is bound to come: Lower levels of poverty and anti-social behavior on parts of heretofore disadvantaged segments of the population within the District of Columbia. Also, the "marketplace", including purchase of health services, should be enhanced by socio-economic changes now accelerating.

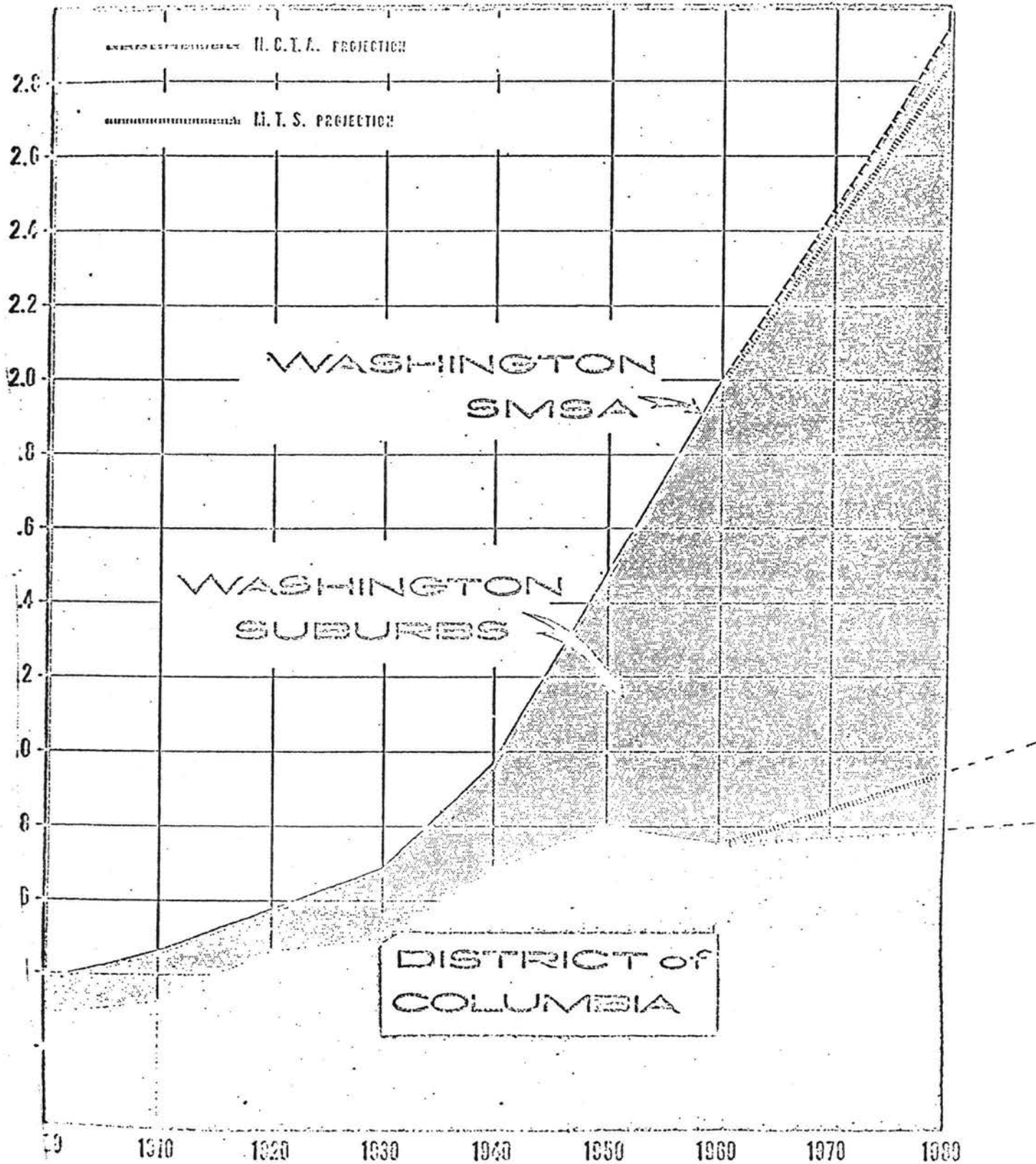
There are many years of agonizing self-appraisal and intra-area adjustments facing the government and the residents of the District of Columbia, but from most of what is currently of record, one can only draw optimistic expectancies for the District of Columbia in general, and for its Southeast and Northeast segments in particular.

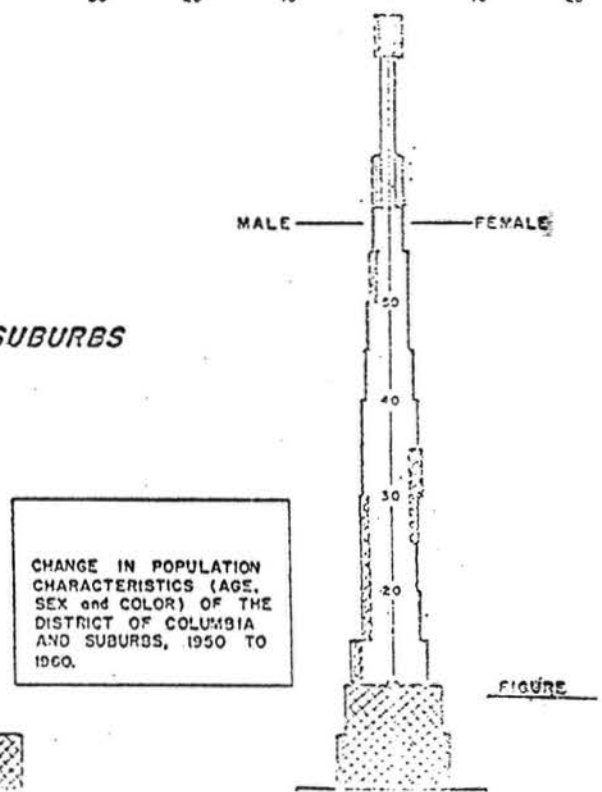
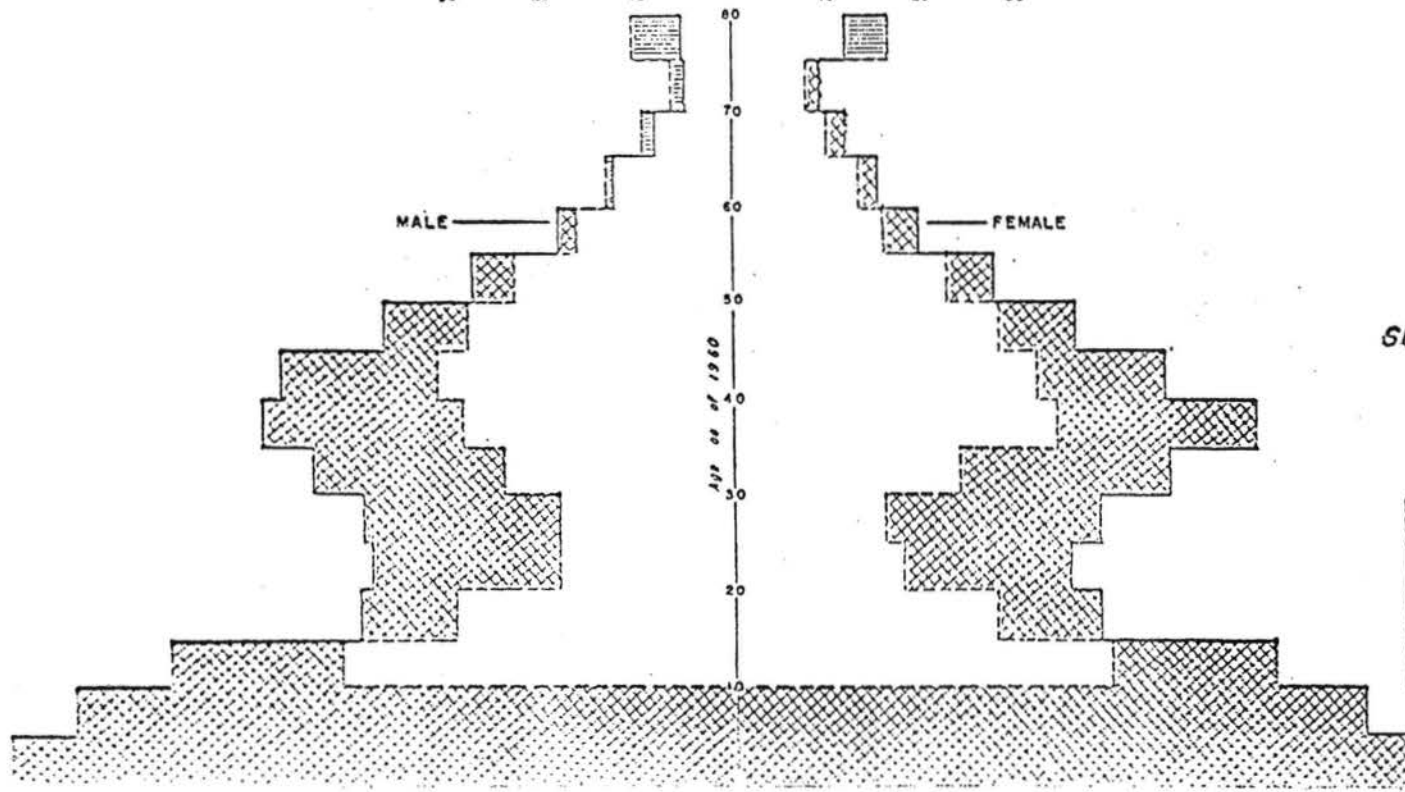
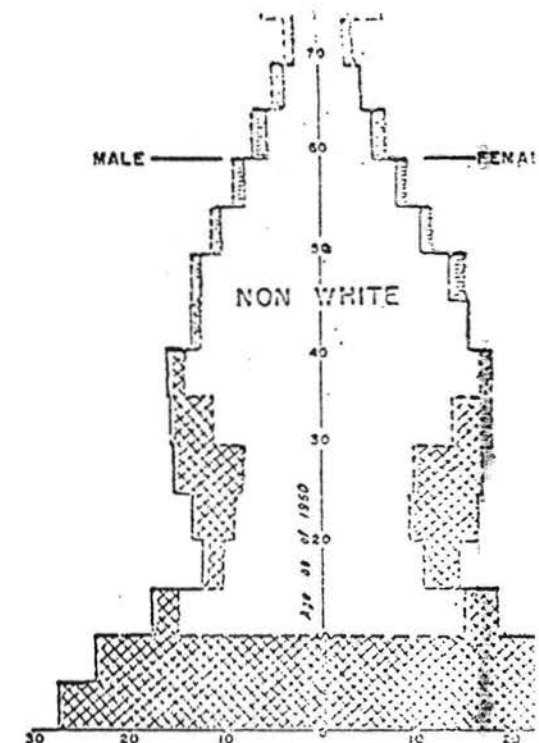
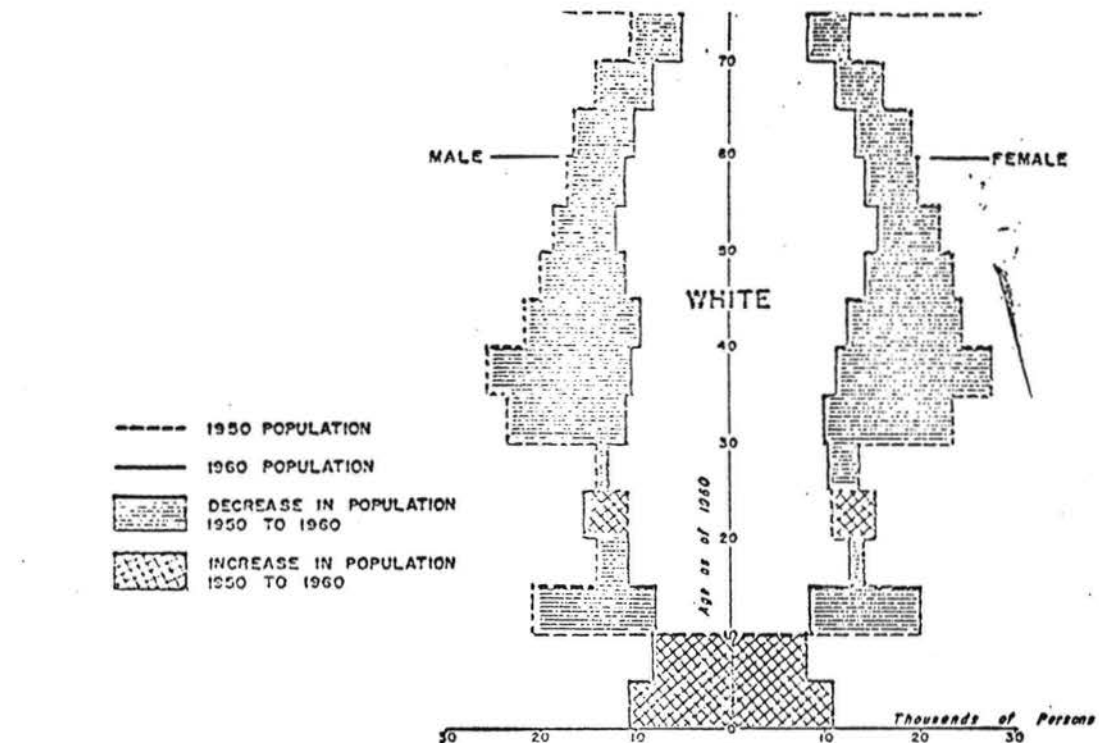
Exhibit I-I (next following) which shows what happened between 1900-1960, and what might be expected to happen between 1960 and 1980 with respect to the D.C. population, is revealing. Exhibit I-II graphically portrays what took place in the District of Columbia population between 1950 and 1960, and what patterns of change are continuing, but will probably decelerate into future years. Exhibit I-II also reveals what follows in discussion of change in composition of the D.C. population, and in racial compositions at particular age levels as exodus from the District to the suburbs has been occurring. It is evident that the major exodus from the city has been largely white under age fifty.

The most pervasive force in the national capital area (Washington, SMSA) is the Federal Government. Myriad relationships between it and the so-called government of the District of Columbia are an amorphous concept. Much of the Federal Government interest and involvement is taken for granted; but too much of it still consists of manipulation within a domain of uncertainty, if not of actual controversy. All of the Federal-District of Columbia history of joint relationships might cause one to ask - "what's-the-use?" But that stance would be to discount existence of fundamentally good citizenship of leaders in the Washington city community, such as has comprised and does comprise the Board of Trustees of Casualty Hospital, and other such community groupings which are driving forward to produce a better and more respectable Nation's Capital.

Unbeknownst to anyone prior to the writing of this report, the primary consultant personally "walked" roughly 20 miles of streets in Northeast, and Southeast, observing, reacting, and concluding.

DISTRICT OF COLUMBIA AND
WASHINGTON S.M.S.A. WITH
PROJECTIONS TO 1980





CHANGE IN POPULATION CHARACTERISTICS (AGE, SEX and COLOR) OF THE DISTRICT OF COLUMBIA AND SUBURBS, 1950 TO 1960.

FIGURE

Population - District Of Columbia

In 1940 about 68% of the Washington Metro (SMSA) Area's population lived in the District of Columbia and 32% lived in suburbs surrounding the District." By 1970 it is expected this ratio will be reversed; and it is anticipated that by 1980, of a Metro population estimated at 3,520,000 only 23% (810,000 - low estimate) will live in the District and 77% will live in its suburbs.

During the 1950's net white out-migration from the District increased about 1700% over the 1940's with most of it going to the suburbs. Out-migrants consisted largely of younger white married couples of moderate income who sought housing suitable for raising children. Non-white families, unmarried young, and older whites tended to remain in the District of Columbia. This fantastic population movement was the result of various contributing factors, the major ones of which appear to be the initial desegregation of D.C. schools, an accelerated birth rate following World War II and the Korean conflict, plus the ready availability of automobiles from 1946 on.

Magnitude of out-migration will probably not maintain the pace of the past two decades into the future. A substantial proportion of the Metro (SMSA) region's older white adults and unattached younger white adults probably will remain in the District, together with a lesser number of white families with children. With a population of 810,000 (low projection) for the District of Columbia in 1980, it is expected that 300,000 will be white. The non-white population will be around 510,000 (low estimate), or 63% of the District population. This compares with a percentage of 54.8 for non-white in the District's population of 764,000 at the 1960 Census. Some population analysts contend that an 810,000 population has been reached already (1968) and project its 1980 population potential as being on the order of 900,000. Something between the two, say 850,000 or so, is probably closer to realistic expectancies.

Graphic portrayal of population dynamics in the District of Columbia and its suburbs between 1950 and 1960 is to be found in population Exhibits I-I and I-II (next preceding).

During the past decade in the District of Columbia percent of lower income families has been decreasing. Over-all, median family incomes reported in the 1960 U.S. Census for D.C. showed an increase of 25.2% over median family incomes (adjusted to 1959 dollars) reflected by the 1950 U.S. Census. Nonetheless, there is still a sizable number of families (about 30,000 of 180,000) in the District with incomes under

\$3,000 per year. Such families (about 17%, and mainly within Casualty Hospital's primary service areas or contiguous thereto) are classed as living in poverty.

What has been profiled in this chapter, so far, may be thought of as being depressing and discouraging, or at least frustrating with respect to future prospects for the District of Columbia. Such an interpretation would be far afield from realities of the future which findings and facts as reported in Chapters II and III, next following, should disprove beyond doubt.

No city in the world, compared to the District of Columbia, is the "beneficiary of", or the "victim of" (however one wishes to view it) of more planning concentration than is focused upon it. Granted that much of the "planning" is uncoordinated and in certain respects is "competitive" the end result (say within twenty years) simply has to be a better ordered total District of Columbia within which Casualty Hospital must play a significant role (with others) as a health-center-island for a major part of that community.

~~LIST OF POTENTIAL WITNESSES~~
IN SUPPORT OF APPLICATION

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Rev. James A. Finan	St. Joseph's Church RMH Chaplaincy Program	313 - 2nd St., N.E. Wash., D. C. 547-1223
Hon. B. F. Sisk	U.S. Congress	Longworth Bldg. 225-6131
David Porter	Wilmot & Porter Architects	8780 Georgia Ave. Silver Spring, Md. 587-1228
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