Mr. BRINDLE. You mean housing versus equipment?

Mrs. DWYER. Yes.

Mr. BRINDLE. I just gave as $5.2 million the cost of the facilities needed. The figure of 20 percent of that amount, perhaps a little higher in our case because our medical centers are not connected to hospitals necessarily—something around 30 percent in addition to the $5.2 million would be needed for equipment.

Mrs. DWYER. This is New York?

Mr. BRINDLE. I am just talking about the health insurance plan. If you look at the attachments to the statement I made here, Dr. Dearing totalled them up. They run about $18,400,000. I don't think that these needs are sorted out between equipment and facility. For instance, HIP's figure is $5.2 million and that is just the facilities—just the buildings we are talking about.

Mrs. DWYER. I totaled them up as we were going along and I got a total of $29 million.

Mr. BRINDLE. Some of that is for hospitals. The Community Health Association figure includes nursing homes and some other things. Puget Sound has $3.5 million in here for hospital extension and this we took out. They were talking about their total needs but it wouldn't seem correct to add them in when we are talking about this bill.

Mrs. DWYER. When you consider you take $18 million or $29 million and then consider the needs of the entire country, how much would this program really cost?

Mr. BRINDLE. I don't think you can say. As a matter of fact, this is just a fraction of what might advantageously be used if we get the encouragement of legislation like this. All of us would really try to help consumer groups to develop new programs. I have had some experience in this myself, Kaiser has had extensive experience and GHAA has instances where we believe we could get new group practice prepayment plans started if this legislation was available. I don't think you could very accurately predict this, but I would think that putting, as you do, a 4-year limit on the operation of this act, and specifying the amount of money available, we would see how far it goes. It might all be needed. My feeling is that the $200 million suggested in the bill is not an unreasonable figure for loan guarantees.

Mrs. DWYER. I was very much interested in the statement made by the AFL–CIO on their recognition of the shortage of nurses and nursing homes and hospitals and doctors when this medicare plan goes into effect. I am not yet convinced that this plan is going to take up the slack which we need to properly function as far as the medicare plan is concerned. I am very much concerned that we did not do enough work before we passed this bill in getting nurses and doctors, and I am not sure whether this group plan is the answer to the problem.

Mr. VOORHIS. I just want to comment on both those points, if I may.

First of all, I don't think the Federal program has cost the Government anything. We don't anticipate this is going to cost the Government any money. We are going to pay these debts back. This is a guarantee for private loans so I urge that you not consider the $29 million or the $18 million, either one as a cost to the Government. It certainly won't be. We want to pay back every dime. I am sure we will. The plans will.