Dr. ENGLISH. I think I have the figures here. It would ordinarily be $54 per year in the Kaiser plant.

Mr. GIBBONS. Per person, we are talking about.

Dr. ENGLISH. Yes, sir. In this instance for this population where really the sickness is much greater it will be about $81 per year.

Mr. GIBBONS. $54 to $81.

Dr. ENGLISH. Yes, sir.

Mr. GIBBONS. That is all.

Chairman PERKINS. Mrs. Green.

Mrs. GREEN. I wonder if I could pursue that a moment. You were asked a question if you had $2 would you use it for one person or divide it among two. How would you answer a letter to a person out there dying because he needs a dialysis machine and doesn't have enough money to have the operation? He knows that we are supplying this medical care and he writes me a letter and says:

> While I don't qualify in the $3,000 poverty group—yet I have paid taxes all my life and supported a family and I may die in a few weeks because I can't afford medical care but you are giving elective surgery to the thousand families out there who could probably live even if they didn't have it.

How would you people answer these letters which I suspect may come in in great numbers?

Mr. ENGLISH. Yes, ma'am. I think that is a good example. The kinds of services that these centers will give will be basic family medicine, the kind of service that a family practitioner would give. When a family practitioner on his own in the community is presented with that situation the dialysis would sometimes be done in a sophisticated hospital. He would have difficulty getting a patient in because of the cost associated but in these programs, the center is under the auspices of a medical school or teaching hospital so that when someone in the neighborhood needs that service he will be referred to a hospital where this service is available and his chances will be a lot greater of getting that help. It won't necessarily be our dollars that will pay for it because the hospital is getting support from other funds. We would hope that the hospitals will be able to give the service to more people.

I think what will happen is, that the chance of someone in a poor neighborhood seeing a doctor who is able to get in where that machine is, will be much greater.

Mr. SHRIVER. That makes the man whose family doctor doesn't get it for him even more irritated. That is your point; is it not?

Mrs. GREEN. Yes. I would like to have massive health care for everybody but I am wondering how you are going to play God and select the thousand and make a determination that this man lives and this man dies, or to this family we give maximum health care and this family, who may not be in the thousand because their income is $6,000 a year or perhaps they didn't know somebody, doesn't get any help.

Mr. SHRIVER. Isn't that what that committee does at the Portland Hospital? They had a committee of five doctors who have had to play God to determine who gets those kidney transplants.

Mrs. GREEN. We can take any other of 50 ailments where there is help available if people had the money. I really wondered what democratic process we are going to use in spending the $800,000 in taxpayers' money for certain people and deny any medical assistance to