

Federal and non-Federal facilities, construction of health facilities, health research and training, and a multitude of preventive and community health and health-related programs in Federal, State, and local governmental institutions and by private hospitals, research organizations, and individual practitioners. The expenditures from administrative budget funds continue to be the largest segment of health spending and they will account for 7 percent of total administrative budget spending. However, the program for hospital insurance and supplementary medical benefits for the aged under the social security system will be financed through trust funds which will account for 29 percent of health expenditures in 1967.

Recent trends in Federal health-related expenditures.—Health programs are among the oldest activities of the Federal Government, some of them predating the Constitution. The earliest were for medical care of soldiers, merchant seamen, and veterans. Around the beginning of the present century, the Federal efforts in health research and consumer protection, such as those under the Pure Food and Drug Act, made their appearance. Following World War II, the directly operated patient care programs of the Defense Department and Veterans' Administration overshadowed the other segments of Federal health expenditure. Since that time, while expenditures for these programs increased moderately, the role of the Federal Government shifted rapidly to one of large-scale grant support for health infrastructure—at first hospital and other facility construction, medical research, and State and local community services for specific disease categories or health problems, and, subsequently, health manpower, especially physicians, dentists, and nurses, and provision of a full range of facilities and services for comprehensive care to individuals or for specific problems such as water pollution. Today, with hospital and supplementary health insurance for the aged through the social security system and medical assistance payments for aged and other needy through welfare grants, the Government role has moved toward assuring to all citizens the availability and accessibility of high quality medical care, regardless of income.

Although this special analysis has not existed long enough to provide a long-term series of data, comparable information is available for fiscal 1958. The figures provide some perspective on the sharp change taking place. In 1958, obligations for health activities totaled \$3 billion, of which \$1.9 billion were by the Defense Department and Veterans' Administration, largely for patient care in Federal facilities. By 1967, total expenditures will have grown to \$10.3 billion, and \$3.3 billion of this spending will be for the new program of care of aged patients who, traditionally, have not been Federal beneficiaries. Thus, these expenditures for the social insurance medical programs will exceed in 1967 the total Federal spending for health in 1958.

Another important change from the situation in 1958, reflecting the changing content of the Federal Government's health role, is the relative portion of the Federal health budget which is managed by the Department of Health, Education, and Welfare. In 1958, the programs of Health, Education, and Welfare accounted for \$0.8 billion of the \$3 billion Federal total. In 1966, the Department of Health, Education, and Welfare is expected to spend \$3 billion, 48 percent of the total of \$6.3 billion. Almost all of that spending is from administrative budget funds. In 1967, with the addition of the trust fund programs, HEW's total is expected to rise to \$6.6 billion (adjusted for interfund transfers), 64 percent of the total.

For the health care and improvement programs reported in responses to the human resources inquiry, as with the other broad categories of purpose, it has not been feasible to summate Federal Government expenditures. The list that follows identifies programs described in part III which appear to be directed at least in part to those general purposes. Not all the separate programs are named here; the large number of Public Health Service programs and a group of St. Elizabeths Hospital programs are covered by summary references.

Department of Defense: Medical care of military personnel and their families.
Department of the Interior: Water pollution control.

Department of Agriculture:

Consumer and Marketing Service:

Commodity distribution program (also listed for environmental improvement and education).