Special milk program (also listed for environmental improvement and education).
National school lunch program (also listed for environmental improvement and education).
Food stamp program (also listed for environmental improvement and income maintenance).
Department of Health, Education, and Welfare:
Public Health Service: All programs described in part III (including several programs which are listed also for environmental improvement or for education and training).
St. Elizabeths Hospital: All programs described in part III.
Social Security Administration: Old-age, survivors, disability, and health insurance—health insurance aspects (also listed as primarily for income maintenance).
Welfare Administration:
Grants to States for public assistance—health and medical care aspects (also listed as primarily for income maintenance).
Children's Bureau:
Grants for maternal and child health services.
Services for crippled children.
Special project grants for maternal and infant care.
Special project grants for health of school and preschool children.
Department of Housing and Urban Development:
College housing program—housing at hospitals (also listed as primarily for education).
Federal Housing Administration: Nursing home program (also listed as primarily for environmental improvement).
Atomic Energy Commission: Division of Biology and Medicine.
Civil Service Commission: Federal employees' health benefits program.
Railroad Retirement Board:
Railroad unemployment insurance and sickness (temporary disability) insurance—sickness insurance aspects (also listed as primarily for income maintenance).
Hospital and health care insurance.
Tennessee Valley Authority:
Public health—vector control.
Employee health services.
Employee health—industrial hygiene services.
Employees hospital and medical insurance plans.
Employee safety (also listed as primarily for environmental improvement).
Veterans' Administration:
Hospital and domiciliary care and facilities.
State veterans' home and nursing home program (also listed as primarily for environmental improvement).

Measurement of economic impacts and effects of expenditures for medical care and health improvement is beset by many difficulties. Basically, families and the Nation pay for health services and preventive measures because people want to enjoy good health—not because they identify it as a prudent investment. Good health, in short, is a consumer good and, thus considered, is an end in itself. Much of the content of education (as distinguished from training) shares this quality of ultimate desirability for its own direct contribution to the quality of individual human lives; but good health is even more universally prized than good education as a final product from which no separable secondary returns need be derived to justify the costs of its acquisition.

Yet everyone recognizes that for most persons, good health enhances productivity and contributes to uninterrupted and long continuing earning power. Such gains are even more discernible when health improvements accrue to a group of people, a community, or an entire population. Estimates can be made of economic losses attributable to sickness, incapacity, and premature deaths, and of economic gains