

economic benefits from the salaries of Government personnel employed in the installations.

Besides military personnel, their families, and veterans, other groups eligible for medical care administered directly by the Federal Government are 380,000 American Indians and natives of Alaska, 118,000 American seamen, 21,500 inmates of Federal prisons, civilians in the Panama Canal Zone, narcotics addicts, and patients with leprosy.

As table 8 shows, research is the third largest category of health-related Federal Government expenditures, with \$1,448 million estimated for the fiscal year 1967. Of this sum, \$1,325 million is for the conduct of research, and \$123 million for research facilities. Most health-related research expenditures are made by the NIH, but other units of the Public Health Service and several other Federal agencies contribute to the total. Sizable health and medical research expenditures outside the Department of Health, Education, and Welfare are made by the Department of Defense, Atomic Energy Commission, National Aeronautics and Space Administration, and National Science Foundation. By far the largest part of the Federal outlays for health-related research are for extramural work, performed in universities, medical schools, laboratories, clinics, and other research centers outside Government establishments.

Outlays for research training generally are not included in the foregoing totals but are combined with other health-related training in a separate category in table 8. Research training and other health-related training expenditures were estimated at \$546 million for fiscal 1967.

The primary importance of the Federal Government as a source of research financing is indicated in table 11, covering all U.S. expenditures for the conduct and support of medical and other health-related research during the fiscal years 1960 through 1966. Expenditures for research facilities and for research training are not included. During this period, national expenditures for performing research in this field rose from \$845 million to more than \$2 billion a year, and the Federal Government share of the total advanced from 53 percent in 1960 to 66.5 percent in 1966.

TABLE 11.—*National expenditures for performance of medical and health-related research, by source of funds, fiscal years, 1959-60 through 1965-66*

[In millions]

Source of funds	1960	1961	1962	1963	1964	1965 ¹	1966 ¹
Total	\$845	\$1,045	\$1,290	\$1,486	\$1,652	\$1,825	\$2,050
Government	471	604	819	964	1,099	1,230	1,425
Federal	448	574	782	919	1,049	1,175	1,364
State and local	23	30	37	45	50	55	61
Industry	253	312	336	375	400	435	460
Private support	121	129	135	147	153	160	165
Foundations and health agencies	76	77	78	85	88	90	90
Other private contributions	12	15	18	21	22	25	28
Endowment	19	19	19	19	19	19	19
Institutions' own funds	14	18	20	22	24	26	28

¹ Preliminary estimates.

Source: Resources Analysis Branch, Office of Program Planning, National Institutes of Health, Department of Health, Education, and Welfare Appropriations for 1967, Hearings before House Subcommittee on Appropriations, 89th Cong., 2d sess., pt. 4, p. 179. Reproduced in Ida C. Merriam, "Social Welfare Expenditures, 1965-66," Social Security Bulletin, December 1966, as table 6.