

of all research and development which may be of interest to the Department of Defense in the medical area. In addition, this office maintains membership on the Health Resources Advisory Council of the Executive Office of the President and representation within the National Research Council; civilian professional advisers in the area of medicine and dentistry are also available to this Office for consultation and development of professional policies.

In March 1965 the Department of Defense and the Veterans' Administration entered into an agreement regarding utilization of beds in VA facilities for military patients in support of a national emergency when the United States is not under attack.

(d) (See "i" below).

(e) (See "i" below).

(f) None.

(g) The Deputy Assistant Secretary of Defense (Health and Medical), Dr. Shirley C. Fisk, is a member of the board of governors of the American National Red Cross and by this means coordination of the relationships of the Red Cross and the three medical services is effected.

(h) None.

(i) Teams consisting of representatives of the Deputy Assistant Secretary of Defense (Manpower—Health and Medical), Bureau of the Budget, and the Army, Navy, and Air Force Surgeons General conduct surveys of civilian hospital capabilities in the vicinity of any planned construction of military medical facilities. These studies are for the purpose of determining the impact of the local community hospital capabilities on the planning for dependent facilities in military hospitals. Appropriate coordination of plans is carried out with various State Hill-Burton planning agencies.

8. *Laws and regulations*

Chapter 55 of title 10, U.S. Code, contains the Federal law authorizing medical and dental care in the Armed Forces.

A joint directive, Department of Defense and Department of Health, Education, and Welfare, implements the medical and dental care programs.

PART II. DATA BEARING ON ECONOMIC ASPECTS AND IMPACTS OF THE PROGRAM

9. *Economic effects*

The overall economic effects of the medical program of the Department of Defense are difficult to determine.

The military medical program does, however, provide a means for the military to take care of its own and, therefore, reduces the impact upon civilian medical facilities which are in themselves experiencing shortages in capabilities to care for the existing civilian workload.

Civilian communities adjacent to military medical installations receive the economic benefit of salaries of military personnel and civilian employees attached to the installation.

The availability of military medical installations influence retired personnel to locate nearby, thus benefiting the economic situation in terms of increased population and funds.