possible in the way of prevention and treatment, have made the broadening of the base of action not only desirable but necessary. The programs of the Bureau of State Services—Community Health reflect this diversity and variation. Because the mission of the Bureau is to facilitate the delivery of high quality health services to the people who need them, its programs emphasize the practical application of knowledge, and their setting is the community in which people live. The Bureau's programs range from the construction of schools, hospitals and long-term treatment facilities, to demonstrations in treatment and diagnostic techniques for the practitioner, to education programs for the public, to experiments in the design of comprehensive community programs for the chronically ill and aged, to wide-scale preventive activities, such as the vaccination programs.

A summary showing the amounts expended by the Bureau of State Services—Community Health on all intramural and extramural activities appears in table 1. Major examples of the type of programs which result from these expenditures are given in the narrative supplied by each of the Divisions within the Bureau. Many of our programs are carried on in cooperation with the Social Security Administration, the Office of Education, and other components of the Department. Other programs are complemented by the activities of different government agencies, such as the Office of Economic Opportunity and the Department of Labor. The majority are centered in State and local health agencies and other organizations at the community level, with the Bureau supplying financial support and expert consultation. Indeed, health matters are so closely interwoven with the total economic and cultural fabric of American life that any agency concerned with social improvement will undoubtedly have programs which supplement or strengthen Bureau efforts to achieve better health.

It is difficult to measure, in economic terms, the benefits the American people derive from their investment in health protection.

We cannot precisely estimate the cost of disease itself. However, with regard to cancer and cardiovascular diseases, for example, the President's Commission on Heart Disease, Cancer, and Stroke estimates that in 1962, the direct costs of prevention, treatment, rehabilitation, facilities, etc., amounted to $4.3 billion and the costs of estimated losses in the gross national product traceable to death and disability caused by these diseases was $38.8 billion. These estimates do not cover hidden costs—special diets, special housing facilities, additional household help, etc.—much less the pain and grief diseases and death cause.

Because we cannot precisely measure the cost of disease, we cannot state the exact monetary value of prevention, control or cure. We can say that, in humanitarian terms, it is beyond price.

Another example can be found in a program like that conducted under the Nurse Training Act. The goal of the program is to produce more nurses in a time of shortage and, therefore, to assure higher standards of nursing care. These goals will be accomplished. But there are additional benefits. It opens the door to a health profession for girls who otherwise might never have had such an opportunity. It gives them a chance to exercise their skills at the highest possible level. It can mean a higher economic status, not only for the individual, but for her family as well.