8. Laws and regulations

Section 306 of the Public Health Service Act (42 U.S.C. 242d) as amended by Public Law 88–497.

Prior to fiscal year 1965 there was no limitation on the amount authorized for this program. Appropriations are now authorized and ceilings established for each fiscal year through June 30, 1969 (legislative authorization will expire at that time).

Fiscal year:	*Authorization*
1957 to 1964	(1)
1965	$4, 500, 000
1966	7, 000, 000
1967	8, 000, 000
1968	10, 000, 000
1969	10, 000, 000

[1] No limitation

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

9. Economic effects

Studies have been done on the efficacy of stipend support in enabling individuals to pursue graduate study, but no comprehensive study on the public health traineeship program has been conducted. A survey for a national conference in 1963 did suggest that over one-half of these recipients did not believe they would have completed the training without these awards. Nonetheless, over 60 percent of the respondents sustained a loss of income, over 30 percent consumed a significant amount of savings at the effective stipend level ($200 baccalaureate, $250 post-bachelors, $300 post-masters, and $400 post-doctoral, plus $30 per dependent).

Graduate public health training is often required in merit system criteria for positions in public health and completion of such training enables recipients to advance. Nonetheless, salaries in public health employment for many categories are substantially below those paid to the same professional groups in the private sector of the economy (that is physicians, engineers, etc.).

A sizable portion of the student bodies of schools of public health, and some other professional schools, are supported under this program and curtailment would inevitably cause a major reduction in the size and employment of those institutions.

The delivery of effective health services throughout the Nation, including home care services to the aged, preventive health programs of official agencies, programs for the abatement of environmental pollution, and the U.S. commitment to provide technical assistance in the area of public health to other countries are directly dependent upon the number of public health personnel being trained. This program supports a significant portion of that training.

Current analyses of the distribution of trainees by State and the distribution of short-term training courses by State are in process. A report on long-term trainees by State of residence for the first 7 years of program operations is included in the report of the Second National Conference on Public Health Training. (Table 17, p. 56.)