care may be available and methods of caring for such groups can be developed. How many such people can be made more productive members of society cannot be readily calculated.

Expansion of job opportunities in the field of dental assisting has been a definite result of the programs in dental schools and junior colleges.

The primary benefit from the training branch program is the increase in the effectiveness of those professional health workers who attend training branch courses in their efforts to reduce the disability and mortality of infectious diseases.

The cost in human misery and death, as well as the cost to the Nation in man-days of labor, productivity, and wealth, is difficult to measure. However, some figures are available:

> The National Health Survey data indicated that, during the period 1963–64, there were over 30 million incidences of infective and parasitic diseases (excluding upper respiratory infections, such as the common cold and influenza, and the common childhood diseases). Among employed persons, these diseases alone extracted a total of 20,735,000 days lost from work.

However, there are some indications that an impact is being made. For example: (1) As a direct result of an educational seminar on viral hepatitis held in Indiana, five physicians changed their procedures for sterilizing instruments from boiling to autoclaving. This one change will considerably reduce the possibility of an outbreak of serum hepatitis among the more than 5,000 patients cared for by these physicians. (2) Another example can be found in the analysis of the cost benefit (medical, wage, burial) of U.S. tularemia control, 1950–1964. Training branch, CDC, in addition to training in the control of some 100 other vector-borne diseases, has done training in the control of tularemia since 1950. Since 1948, the incidence of this disease has decreased but still remains a serious problem. Reduction in incidence can be attributed to widespread control efforts at the State and local level to which training branch, CDC, furnishes support. As a conservative minimum, it is estimated that 1,000 cases per year (average considering that tularemia is highly cyclical) would have occurred had the control program not been effective. Cost benefits, 1950–64, from medical expenses, wage loss, and related costs alone total $7,803,000 which rises to $10,920,000 when population increase is taken into account. The total benefit in terms of the gross national product is probably much greater than this, especially if effects on tourism are calculated. The impact of the training branch activities in the field of vector-borne disease control becomes even more impressive when it is considered that the total budget for training in all vector-borne disease over the last 25 years has only been $3½ million.

Quality of hospital and medical care furnished to aged patients.—The program will enhance the quality of care furnished to aged patients because it will:

(*a*) Remove economic barriers to needed care and eliminate financial considerations from decisions concerning the need for hospitalization;

(*b*) Facilitate continuous medical supervision by the patient's own physician by guaranteeing free choice of institution;

(*c*) Provide for the establishment of national standards in consultation with appropriate professional and other organiza-