do not include any conspicuous numbers of physicians or professional nurses; but consider for a moment the staffing pattern in nursing homes, with their heavy reliance on nurses' aids, orderlies, and attendants. If added funds were made available, to pay for nursing home care, vastly increasing the number of patients in nursing homes, the nursing homes would—even if they substantially increased their ratio of professional nurses and licensed practical nurses to the less skilled personnel—be able to acquire prospective aids, orderlies, and attendants by suitable selection from among the unemployed and brief training of them. There would thus be an increase in nursing home care without a proportionate decline in the other services and goods produced by the economy.

Hospital and medical facilities.—The ideas and practices emerging from this research grant program are best viewed as having their effect—economic and other—through nonresearch programs focused on the construction of hospital and medical facilities. The economic effect of the latter sort of programs is discussed in the Bureau of State Services—Community Health report, under, "Construction Grants."

2. FELLOWSHIPS

If these fellowships were viewed primarily as an education program rather than as a health program, the consideration of economic impact might be very different from what it needs to be in view of the fact that the fellowships are granted for furtherance of health. As a health measure, the fellowships have whatever economic impact is achieved through the health services ultimately rendered by the health professionals thus trained. This is a diverse and complex matter, not susceptible of estimation of such results as the prospective savings in the man-years of labor by prospective patients who are kept alive or made healthy. But the economic impact is both large and important.

For this program, publication No. 1178 as a whole is relevant, for the reason that the training of health professionals is essential to all types of health programs and makes itself felt through them. In addition, there are specific references in that report (such as that on p. 20), to the need for more personnel in the health professions, for greater effectiveness of health programs.

3. STUDENT LOANS

The economic impact is discussed in the BSS(CH) report.

The comment made above, regarding fellowships, is equally relevant here.

4. FORMULA GRANTS

The economic impact is discussed in the BSS(CH) report. The following additional comments are offered:

Cancer control program.—Substantial work has been done in estimating the economic burden of cancer. See the remarks in publication No. 1178, pages 4 and 7, and the estimates in volume II of the Report of the President's Commission on Heart Disease, Cancer, and Stroke. However, what needs to be done—as a first installment in estimating economic benefits from cancer control—is to study both the economic burden of the disease and the cost of its prevention, so far as they concern some category (such as cervical cancer) that is relatively specific as to site and is susceptible of early detection by mass methods and susceptible of effective treatment.