teer their establishments as sites for carrying out medical examinations of workers and evaluations of the work environment. As an example, the recent study of coal pneumoconiosis involved the examination of over 2,000 employees in 75 mining companies. The re-evaluation of silicosis in the metal-mining industry involved the examination of 15,000 miners and the study of the work environment of 69 metal mines. Other recent studies include those on the effect of heat, which was carried out in aluminum reduction and glass manufacturing plants, and at construction sites. The conduct of epidemiologic studies in these industries results from the smooth working relationship which has been established with the industries of the United States but does not call for any signed agreement, reimbursement, or document which would obligate the Federal Government to a set course of action. In any one year, our studies call for admittance to about 100 different businesses or industrial enterprises.

(*i*) The successful pursuit of the mission of the Division of Occupational Health calls for cooperation with many other kinds of organizations and enterprises, including professional and trade organizations, societies for the development of standards, universities, and other professional groups. In this category there exist no agreements or formalized statements of cooperative effort. However, joint interest and the sharing of common missions have brought informal working relationships which are in the best interest of the Government and the Division. Examples of these organizations are:

American Industrial Hygiene Association.
American Conference of Governmental Industrial Hygienists.
Industrial Medical Association.
American Medical Association.
Industrial Hygiene Foundation.
American Standards Association.
Manufacturing Chemists Association.
American Mining Congress.
American Public Health Association.
American Association of Industrial Nurses.
American Nurses Association.
National League for Nursing.

8. Laws and regulations

The program has no specific or enabling legislation but operates under the legal basis of the Public Health Service Act, as amended, particularly sections 301, 311, 314 (42 U.S.C. 241, 243, 246).

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

9. Economic effects

Since its inception in 1914, this program has had many significant economic effects and impacts on the working population of the United States. Statistics and figures, however, are not maintained or available which would measure the various economic aspects that are outlined in this question. Some examples may nevertheless be offered of the economic aspects and impact of occupational health on certain disease problems, as well as on the general health of the American worker. Although no single organization or event can be isolated as the sole source of these improvements, the research and