

7. *Coordination and cooperation.* (The distinction between (i) and (ii) is that noted in the committee print, question 7.)

(a)(i) Establishment of joint facilities in selected areas with the Division of Indian Health for beneficiary care, for example, Alaska; also with the Foreign Quarantine Division. (ii) By formal agreement between divisions.

(b)(i) Participate as treatment and demonstration centers for PHS programs requiring "laboratory" facilities and patient populations.

(ii) By formal agreement and grants from other PHS Divisions and the National Institutes of Health.

(c)(i) Provides direct service and consultation to the Bureau of Employees' Compensation, Maritime Administration, Coast and Geodetic Survey (ESSA), and other Federal agencies as requested. (ii) On basis of statute and Economy Act.

(d) Not applicable except in respect to supporting treatment of leprosy in Hawaii as provided in appropriation act.

(e) Not applicable.

(f) Not applicable except for orientation and training provided nationals of foreign countries as arranged by AID, State Department, and other Federal agencies operating in the international area.

(g)(i) Not applicable except in respect to affiliated training and research programs with university medical schools and community hospitals. (ii) Arrangements consummated through affiliation agreements for residency training in medical and adjunctive areas and collaborative research.

(h)(i) Not applicable.

8. *Laws and regulations*

Public Law 410, 78th Congress, as amended (PHS Act) title III, part C. Section 301 in respect to research.

Public Law 569, 84th Congress, Dependents' Medical Care Act.

Public Law 156, 89th Congress, Appropriation Act.

Public Law 71, 88th Congress, C. & G.S. retired ships' officers and dependents.

Public Law 658, 79th Congress, as amended, Federal employee health program.

Public Law 89-74, Drug Abuse Control Amendments of 1965.

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

9. *Economic effects*

(a) Persons served are provided free medical care. To that extent, personal incomes are not used for medical care expenses. The families of seamen are not eligible for similar benefits. The families of uniformed service personnel, active duty and retired, receive varying and limited benefits. To the extent that dependents must procure medical and dental benefits at their own expense, the disposable personal income of their sponsors is affected.

(b) Medical benefits provided seamen, uniformed service members, and other beneficiaries help these persons to maintain their employability and productive years of life in the maritime industry, the uniformed services, and the Federal establishments. Both the size and productivity of the labor force are maintained as a result of the program with the broader effect of a reduction in the economic loss from sickness absenteeism.