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

9. Economic effects

(a) Effects on personal incomes of persons:

An Indian or Alaska native whose health is good is better equipped for work to earn an income. Our responsibility is limited to health. We do cooperate with efforts such as those of the poverty program by giving physical examinations to our beneficiaries and referring those

whose physical condition insures the best chance of success.

(b) Effects on the placement or productivity of workers:

The answer to (a) applies here. Healthy individuals with proper motivation are usually most productive and have the best chance of increased earnings. We have no measurement of the effect of our health work in this regard but we are certain that many Indians benefit in this way as a result of health improvement.

(c) Effects on business or industrial organization and management:
Effect of our program in this respect is general and results from location of facilities and overall Federal regulations.

(d) Effects on the stability, level, volume, or other aspects of em-

ployment, wages, costs, productions, sales, prices, or other phases of economic activity:

No measurable effect.

(e) Other benefits resulting from the particular governmental pro-

The major operation of the program is in the Western States including Alaska where the Indians and Alaska natives live.

(f) Pertinent geographic differentials:
See (e).
(g) The measurable contribution of the program to either the magnitude or the rate of growth of the gross national product, if such a contribution can be identified.

The only measurable impact is in the appropriations made to support the program. Healthy Indians who obtain gainful employment also have an impact, but we have no statistics concerning this.

Exhibits follow which illustrate the magnitude of the Indian

health problem and recent trends.