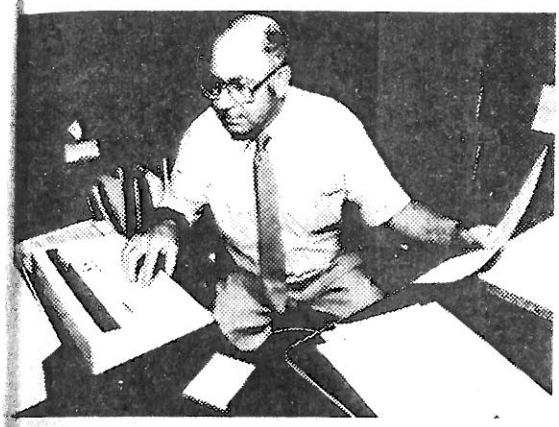
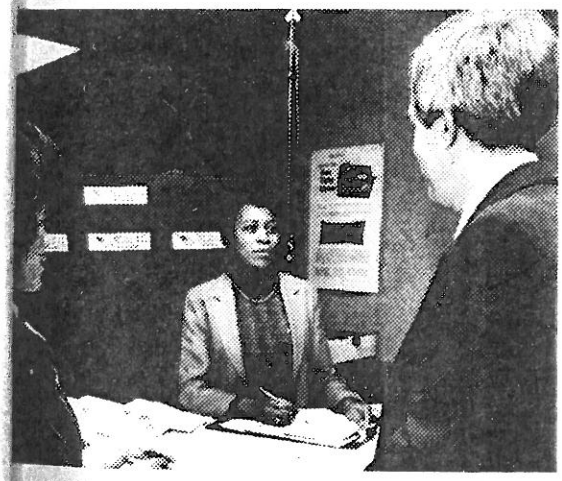
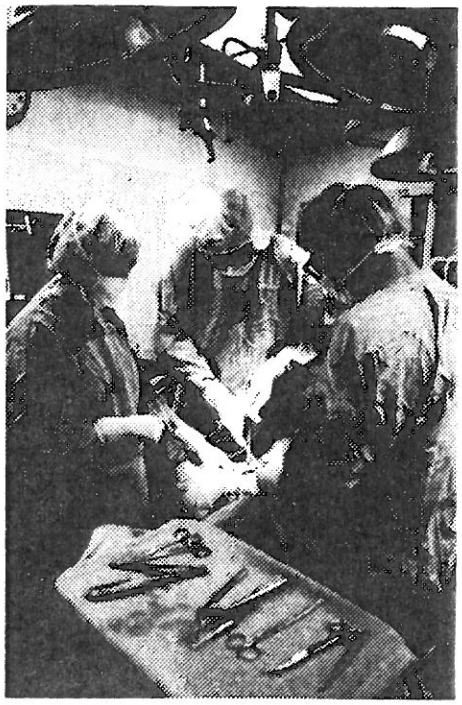
Veterans Administration

Annual Report 1984

America is #1 Thanks to our Veterans







Administrator of Veterans Affairs

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 99th Congress:

In accordance with the provisions of section 214, title 38, U.S.C., I have the honor of submitting a report on the activities of the Veterans Administration for the fiscal year ending September 30, 1984.

Our Nation's veterans have served us for many generations. They have borne the battles, manned the defenses, and made great sacrifices - for us. It is our duty to serve them as they enter the personal battles of disability, illness and old age. That is the Veterans Administration's mission.

This past year has been an important and an eventful one for the Veterans Administration and for those whom it serves. This *Annual Report* illustrates the extent of our commitment to provide number one care - and number one service - to every eligible veteran or family member who comes to our Agency.

America is #1 *Thanks to our Veterans!*

HARRY N. WALTERS
Administrator of Veterans Affairs

"...at this place, for all time, it is our hearts that speak.

--Everett Alvarez, Jr.
Deputy Administrat

The service and sacrifices of America's Vietnam Veterans will never be forgotten.

Introduction

A Brief History of the Veterans Administration

The United States, through the VA, "...is more than ever dedicated to serving America's finest." Our comprehensive national system of assistance and care for veterans can trace its roots back to the earliest English settlers. Following the precedent set by England, the 17th century colonists made certain that compensation would be provided to those injured in military service. The first colonial law concerning veterans was enacted in 1636 by the Pilgrims of Plymouth while they were at war with the Pequot Indians. This law provided that "if any man shalbee sent forth as a souldier and shall return maimed, hee shalbee maintained competently by the collonie during his life." Other colonies followed with similar laws for disabled veterans - Virginia in 1644, Maryland in 1661, New York in 1691, and Rhode Island in 1718.

In 1776, the Continental Congress encouraged enlistments during the Revolutionary War by providing pensions for soldiers who were disabled. Benefits were paid to veterans of the American Revolution and their dependents until 1911.

Early veteran legislation mainly concerned pensions for veterans, while direct medical and hospital care was provided by the individual states and communities. It was not until 1811 that the first domiciliary and medical facility for veterans was provided by the Federal Government. In that year Congress authorized the U.S. Naval Home in Philadelphia as a "permanent asylum for disabled and decrepit Navy officers, seamen and Marines." A Federal home for disabled and invalid soldiers, the U.S. Soldiers' Home (as distinguished from the Philadelphia home for naval veterans), was authorized by Congress in 1851 and is still in operation in Washington, D.C., as the U.S. Soldiers' and Airmen's Home.

When the Civil War began in 1861, Congress authorized pension benefits for Federal volunteers on the same basis as those already provided for members of the regular Army, and in 1862 it passed the "general law" pension system for those disabled in the line of duty, and for widows and other dependent relatives of those who had died during active duty. In his second inaugural address in March 1865, President Abraham Lincoln called upon Congress and the American people "to care for him who shall have borne the battle, and for his widow and his orphan." This phrase has become the motto of the VA.

At the end of the Civil War, the number of disabled veterans was so great that Congress established the National Asylum for Disabled Volunteer Soldiers. In 1873 the word "home" was substituted for "asylum," and the organization, with its individual homes known as branches, provided domiciliary, hospital, and medical care. Since all of these homes provided domiciliary care, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not they were of service-connected origin. In the years that followed, these homes cared for the disabled and indigent veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border period, as well as the discharged regular members of the armed forces. One of the basic requirements for admission was an honorable discharge from military service.

When the United States entered World War I in 1917, Congress established a new system of veterans benefits. Included were programs of disability compensa-

tion, insurance for servicemen and veterans, a family allotment program for ser ice personnel, and vocational rehabilitation for the disabled. By the 1920's, the and other veterans benefit programs were administered by three different Fede agencies - the Veterans' Bureau, the Bureau of Pensions of the Interior Department, and the National Homes for Disabled Volunteer Soldiers. The Veterans A ministration was established in 1930 when Congress authorized the President "consolidate and coordinate government activities affecting war veterans." Brigadier General Frank Hines, who had headed the Veterans' Bureau for seven years, was named as the first Administrator of Veterans Affairs, a position he held until 1945.

Since the establishment of the VA 55 years ago, the benefits programs and responsibilities of the Agency have grown enormously. In 1930, there were about 4.7 million veterans; today there are more than 28 million. The end of World War II brought a huge influx of veterans into the population. A large expa sion of VA facilities quickly became necessary not only because of the vast increase in the veteran population, but also because of the significant number of new benefits enacted by Congress for World War II veterans. The World War II Bill, signed into law June 22, 1944, has impacted the American way of life to degree comparable with the Homestead Act in 1862. Through the years, other veterans educational assistance bills have been passed since that original GI Bill Also, in 1973 the National Cemetery System (except for Arlington National Cemetery) was transferred to the VA from the Department of the Army, and the VA's Department of Memorial Affairs is now charged with ensuring that all veterans receive a respectable, deferential burial.

There has been a continuing growth in the personnel and resources required to administer the programs and provide the services that have been earned by our Nation's veterans. Today the Veterans Administration - comprised of the Department of Medicine and Surgery, the Department of Veterans Benefits, and the Department of Memorial Affairs, along with the staff offices that support these departments - is the largest of all the independent Federal agencies, with employment of more than 218 thousand.

Table of Contents

Letter of Transmittal iii

Introduction v

The Veterans Administration: An Overview xiii

The Veteran

Comparative Highlights 1
Summary 1
Number of Veterans and Period of Service 1
Age of Veterans 2
Geographic Distribution of Expenditures 3
Female Veterans 3
Veterans and Their Families 4
Characteristics of Veterans 5
- Education Attainment and Income 5
  - All Veterans 5
  - Vietnam Era Veterans 7
- Work Experience 7
  - All Veterans 7
  - Vietnam Era Veterans 7
- Employment Status 7
  - All Veterans 7
  - Vietnam Era Veterans 7
- Family Income 7
  - War Veterans 7
  - Vietnam Era Veterans 8

Health Care

Comparative Highlights 9
Summary 9
Types of Care 11
- Hospital Care 11
- Ambulatory Care 11
- Geriatrics and Extended Care 11
- VA Nursing Home Care 12
- VA Domiciliary Care 13
- State Veterans' Homes 14
- Geriatric Evaluation Units 14
- Hospital Based Home Care 14
- Adult Day Health Care 15
- Respite and Palliative Care 15
- Community Residential Care Program 15
- Geriatric Research, Education and Clinical Centers 15
- Medical Care for Dependents 16

Services 16
- Medicine 16
- Surgery 17
- Mental Health and Behavioral Sciences Service 18
  - Mental Hygiene Clinics, Day Hospitals, and Day Treatment Centers 19

Table of Contents—*Continued*

Vocational Evaluation and Counseling 1
Alcohol and Drug Dependence Treatment Programs 1
Readjustment Counseling Service 2
Rehabilitation Medicine Service 2
Spinal Cord Injury Service 2
Blind Rehabilitation Service 2
Audiology and Speech Pathology Service 2
Prosthetic and Sensory Aids Service 2
Agent Orange 2
Health Care for Female Veterans 2
Health Care for Former Prisoners of War 2
Preventive Health Services 2
Neurology Service 3
Nuclear Medicine Service 3
Radiology Service 3
Dentistry 3
Optometry Service 3
Podiatric Service 3
Pathology Service 3
Nursing Service 3
Pharmacy Service 3
Dietetic Service 3
Social Work Service 4
Recreation Service 4
Chaplain Service 4
Veterans Canteen Service 4
Voluntary Service 4
Academic Affairs 4
VA Health Professional Scholarship Program 4
Assistance for Health Manpower Training Institutions 4
Graduate and Undergraduate Education 4
Fellowships 4
Interdisciplinary Team Training in Geriatrics 4
Summer Traineeships 4
Clinical Nurse Specialist 4
Geriatric Associated Health Training 4
Continuing Education 4
Continuing Education Center 4
Regional Medical Education Centers 4
Dental Education Centers 4
Engineering Training Center 4
Cooperative Health Manpower Education Program 4
Patient Health Education 4
VAMC and Outpatient Clinic Continuing Education 4
Library Services 4
Medical Media 5
Education Space and Facilities 5
Research and Development 5
Medical Research 5
Rehabilitation Research and Development 5
Health Services Research and Development 5
Medical Administration 5
Resources 5
Funds 5
Resource Allocation Development 5
Employment 5
Personnel 5
Management Systems Service 5
Facility Planning Service 6

Table of Contents—*Continued*

Engineering Service 60
Biomedical Engineering 60
Energy Management Program 61
Occupational Safety, Health, and Fire Protection 62
Security and Law Enforcement Service 63
Building Management Service 63
Emergency Management and Resource Sharing Service 64
Medical District Initiated Program Planning 65
Medical Information Resources Management 67
Quality Assurance 68
Patient Satisfaction Surveys 68
Internal Control Systems 68
Characteristics of VA Patients 69
Age 69
Service-connected Patients and VA Pensioners 70
Diagnoses 70
Duration of Stay 71
Disposition Status 72

Compensation and Pension

Comparative Highlights 73
Summary 73
Compensation 74
Pension 76
Period of Service 77
Vietnam Era 77
Korean Conflict 78
World War II 78
World War I 78
Other Periods 78
Burial Allowance 79

Educational Benefits

Comparative Highlights 81
Summary 81
Education and Training 81
Veterans' Education Assistance (GI Bill) 81
Post-Vietnam Era Veterans' Educational Assistance 82
Noncontributory Educational Assistance Programs 82
Emergency Veterans' Job Training Act of 1983 83
Dependents' Educational Assistance 83
State Approving Agencies 83

Housing Assistance

Comparative Highlights 85
Summary 85
Manufactured Home Loans 86
Plant Inspections 86
Manufactured Home Onsite Inspections 87
Compliance with Warranty 87
Profile of Manufactured Home Market vs. GI Home Market 88
Defaults 88
Direct Loans 88
GI Home Loans 88
Credit Market Conditions 89
Funding Operations 89
Specially Adapted Housing Assistance 89
Fair Housing Program 89

Life Insurance

Comparative Highlights 91
Summary 92

Government Administered Programs
United States Government Life Insurance
National Service Life Insurance
Veterans Special Life Insurance
Service Disabled Veterans Insurance
Veterans Reopened Insurance
Total Disability Income Provision
Government Supervised Programs
Servicemen's Group Life Insurance
Veterans Group Life Insurance
Veterans Mortgage Life Insurance
Disbursements

Veterans Assistance

Comparative Highlights
Summary
Outreach
Elderly Beneficiaries
Prisoner of War Outreach Program
Other Outreach Efforts
Equal Opportunity Compliance
Employment Assistance
Fiduciary and Field Examination Activity
Veteran-Student Services Program

Vocational Rehabilitation and Counseling

Comparative Highlights
Summary
Vocational Rehabilitation
Pilot Program of Independent Living Services 1
Employment Services 1
Program Management 1
Educational and Vocational Counseling 1
Veterans' Advisory Committee on Rehabilitation 1

Cemeteries and Memorials

Comparative Highlights 1
Summary 1
Headstones and Markers 1
State Cemetery Grants 1

Administration and Management

Comparative Highlights 1
Office of the General Counsel 1
New Legislation 1
Office of Inspector General 1
Office of Budget and Finance (Controller) 12
Financial Management 12
Manpower Management 12
Board of Veterans Appeals 12
Board of Contract Appeals 12
Office of Program Planning and Evaluation 12
Office of Personnel and Labor Relations 13
Personnel Managment 13
Staffing 13
Employment of Veterans 13
Labor Management Relations 13
Executive Development and Training 13
Employee Recognition 13
Office of Equal Employment Opportunity 13
Discrimination Complaints 13
Affirmative Action 13
Employment of Minorities and Women 13

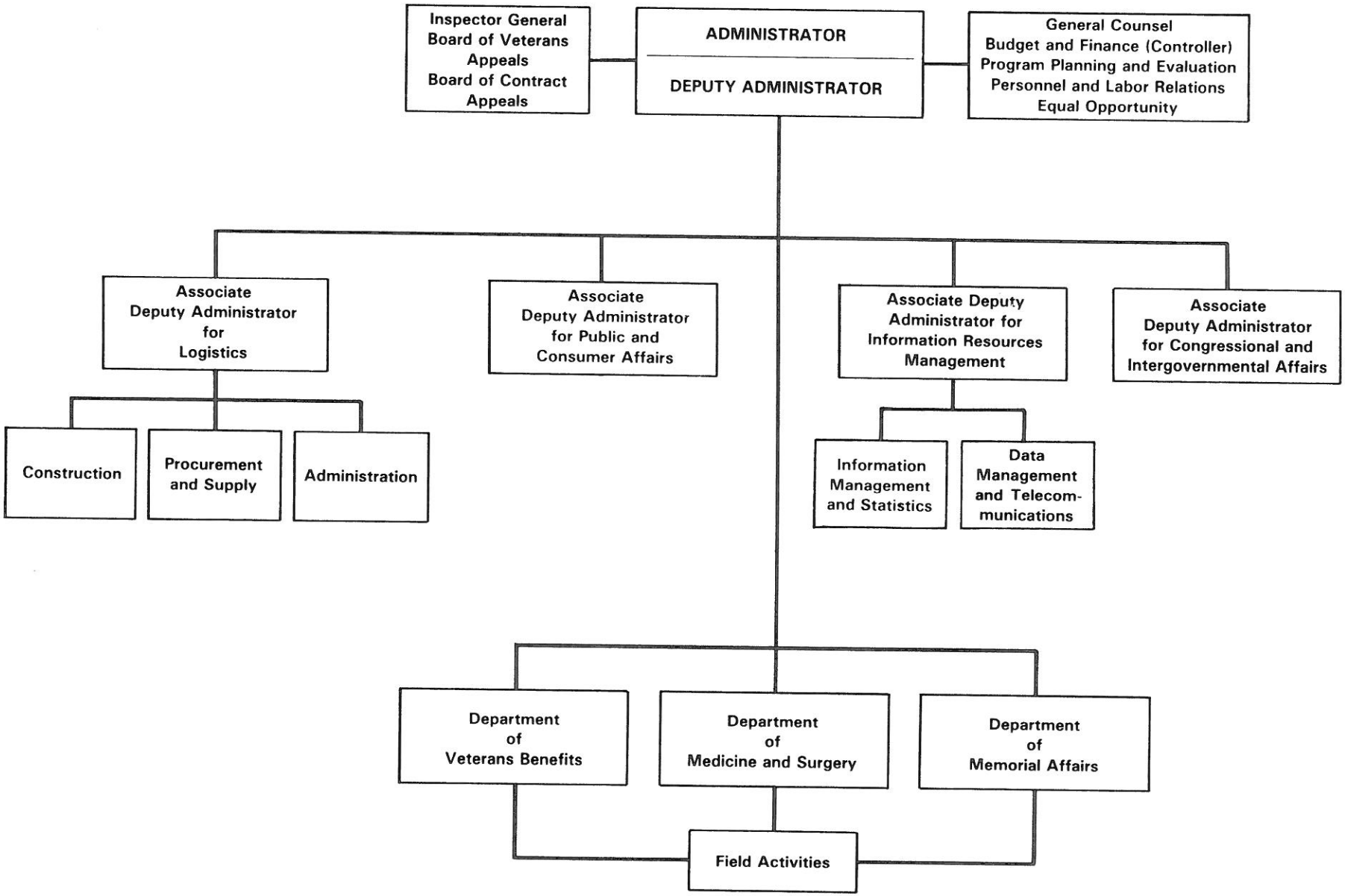
Table of Contents—*Continued*

Employment of Handicapped Persons 135
Historically Black Colleges and Universities 135
Associate Deputy Administrator for Congressional and Intergovernmental Affairs 136
Associate Deputy Administrator for Public and Consumer Affairs 136
Associate Deputy Administrator for Information Resources Management 138
Office of Data Management and Telecommunications 138
Office of Information Management and Statistics 143
Statistical Research and Analysis 143
Reporting Policy and Review 144
Paperwork Management and Regulations 145
Associate Deputy Administrator for Logistics 147
Office of Administration 148
Presidential Memorial Certificate Program 148
Audiovisuals 149
Office of Construction 149
Architect-Engineer Contracts 150
Construction Contracts 150
Real Estate and Space Management 151
Barrier-Free Design 151
Capital Facilities Study 152
Energy Engineering 152
State Veterans' Homes 152
Cost Estimating 152
Value Engineering 152
Asbestos Abatement 153
Construction Research and Development 153
VA Historic Properties 153
Office of Procurement and Supply 154
Office of Small and Disadvantaged Business Utilization 156

Statistical Appendix 159

Index 257

VETERANS ADMINISTRATION



The VA: An Overview

Organization of the Veterans Administration

The VA (Veterans Administration) is organized such that the Administrator is the Chief Executive Officer and the Deputy Administrator is the Chief Operating Officer. Together, they are responsible for the administration of veterans' affairs and the laws which govern them.

There are three major operating departments which provide programmatic direction and services to veterans and their beneficiaries: the Department of Medicine and Surgery, the Department of Veterans Benefits, and the Department of Memorial Affairs, all of which report to the Administrator through the Deputy Administrator.

Three staff offices report directly to the Administrator, five report to the Deputy Administrator, and the remaining staff offices report to four Associate Deputy Administrators. They are responsible for management of the following specific functional areas: Congressional and Intergovernmental Affairs, Public and Consumer Affairs, Information Resources Management, and Logistics.

The Office of the Administrator also has staff designated to provide advice and assistance to the Administrator in specific areas, including veterans' service organization liaison, maintenance of the level and quality of services, female veterans' issues, and employer support of veterans employment.

VA Mission, Goals and Objectives

In late 1982, the Administrator and Deputy Administrator worked with the Department Directors to articulate their shared understanding of the VA's mission in providing the care, support, and recognition veterans have earned in service to this Nation. This effort resulted in the development of goals and objectives in three operational areas: medical care, non-medical benefits, and memorial affairs. Following the development of department goals and objectives, organizational (management, human and leadership) goals and objectives were formulated. Together these statements comprise the VA Mission and Goals. Each VA staff office then provided objectives to support the Agency's goals. During 1984 all goals and objectives were integrated into the program operating plans and the program planning and budgeting documents of each organization. This integration enabled progress in accomplishing the goals and objectives to be measured during 1984.

The Department goals which support the VA's mission include:

Department of Medicine and Surgery

- Maintain a comprehensive system of health care.
- Effectively plan and manage resources.
- Provide appropriate medical facilities.
- Provide for the needs of an increasing number of aging veterans.
- Provide for the needs of female veterans.
- Provide comprehensive rehabilitation services for veterans.

VETERANS ADMINISTRATION
MISSION & GOALS

The mission of the Veterans Administration is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation.

Medical

TO ENSURE that quality medical care is provided on a timely basis within the law to all authorized veterans.

Benefits

TO ENSURE that an appropriate level of benefits is provided within the law to eligible veterans and beneficiaries.

Memorial Affairs

TO ENSURE that the memorial affairs of eligible veterans are appropriately provided for and conducted in a dignified manner which recognizes the honorable status of veterans.

Leadership

TO SERVE as the leader within the Federal Government on all matters directly affecting veterans and their families and to be their advocate in representing their just needs.

Human

TO ENSURE that the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition.

Management

TO PROVIDE timely, high quality health care, benefits, and services to veterans and their families as efficiently as possible.

ADMINISTRATOR OF VETERANS AFFAIRS

DEPUTY ADMINISTRATOR

CHIEF MEDICAL DIRECTOR

CHIEF BENEFITS DIRECTOR

CHIEF MEMORIAL AFFAIRS DIRECTOR

America is #1 Thanks to our Veterans

- Meet the needs and concerns of veterans with special requirements such as Vietnam veterans and former POWs.
- Provide equal opportunity in employment.
- Provide appropriate administrative services.

Department of Veterans Benefits

- Maintain an effective benefits delivery system.
- Improve and expand the application of automated technology to delivery of benefits.
- Effectively plan and manage resources.
- Plan with DM&S for construction of DVB buildings where available land exists.

Department of Memorial Affairs

- Ensure that interment needs of eligible veterans and dependents are appropriately provided for and memorialized in a dignified manner.
- Effectively plan and manage human, financial, and physical resources to continually assure that interment needs are met in a timely and high quality manner.
- Maintain state-of-the-art ADP technology in the delivery of interment services.
- Provide financial assistance to individual states in establishing, expanding, and improving state veterans' cemeteries.

Magnitude of the VA Programs

The programs administered by the Veterans Administration have an enormous impact on the lives of millions of Americans. Congress appropriated $25.7 billion in fiscal year 1984 to ensure that the Agency would provide benefits and services to the Nation's 28 million veterans and their dependents. The magnitude of VA Programs is evident in the following services rendered by the VA in fiscal year 1984:

- Provided $13.9 billion in compensation and pension payments to 4.0 million veterans and their survivors; $1.3 billion for educational assistance payments to 629,000 trainees; special assistance to disabled veterans; and $122.9 million in burial benefits.
- Guaranteed or insured over 251,000 loans to veterans. Operated the fifth largest individual life insurance program in the United States: nearly $155 billion was administered or supervised to over 7.3 million insureds.
- Operated 109 national cemeteries in 40 states and Puerto Rico. Ordered over 238,000 headstones, markers, and niche covers for the graves of eligible decedents at a cost of $13.7 million. Interred over 47,000 eligible veterans and their dependents in national cemeteries.
- Treated 1.3 million inpatients in 172 medical centers and treated an additional 92,000 veterans in non-VA hospitals and extended care homes. Provided over 18.6 million visits for outpatient medical care.
- Provided clinical training to over 100,000 students from affiliated schools in all health care disciplines. Provided nearly 55,000 continuing education episodes to the Department of Medicine and Surgery employees.
- Spent $218 million for medical research, rehabilitation research and development, and other health services research and development. Over 5,300 principal investigators participated in research projects and cooperative studies.

Employment

The energies and talents of the nearly 240,000 full-time, part-time and inte tent employees were used to carry out the mission of the Veterans Adminis tion. The Agency develops, adapts, and administers progressive personnel policies to ensure that the talents of these employees are used, to accomm handicapped employees, to make certain that women and minorities are tre fairly, to award employees who merit special recognition, and to enhance th abilities and skills of all. The VA's innovative management techniques also h ensure that the Agency's many employees are using their talents in the mos cient and creative manner. The VA is recognized as a leader in government management innovations: it combines the experience of more than 50 years managing the Nation's largest medical system and veterans' benefits systen totaling billions of dollars, with management training programs that incorpor the latest methods from government, business, and the Nation's universities

At the end of the year, 5 percent of all VA employees were disabled veterar and 20 percent were Vietnam era veterans.

Approximately 164,000 VA employees are represented by unions, and since fiscal year 1980, four unions have consolidated their local units of recognitic within the Veterans Administration. Nearly all unionized VA employees are covered by negotiated agreements.

There were numerous actions taken in the area of personnel management to sure that the employees of the Agency receive "...quality leadership, adequa compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition."

Budget

Congress appropriated $25.7 billion in FY 1984 to fund benefits and service ministered by the VA. This represents an increase over FY 1983 of $1.1 billi

Item	FY 1984	FY 1983	Percent Change
Total appropriations (millions)	$25,685	[1]$24,611	+ 4.4
Benefit programs	15,889	[1]$15,103	+ 5.2
Medical programs	8,547	8,003	+ 6.8
Construction programs	531	813	-34.7
General operating expenses and miscellaneous	719	[1]693	- 3.8

[1] *Corrected data.*

Monthly compensation and pension benefits paid to some 4.0 million veterans and survivors in FY 1984 totaled $13.9 billion, an increase of $436 million ov FY 1983. During FY 1984, a 3.5 percent cost-of-living increase in compensat payments and pensions payments was provided, effective April 1, 1984, and December 1, 1983, respectively.

For the first time, Korean conflict and Vietnam era veterans were trained under the Emergency Veterans Job Training Program. During FY 1984, 15,695 jobs were filled by veterans due to this program.

More than $8.2 billion was appropriated for medical care and treatment of veterans in FY 1984, an increase of $471 million over FY 1983. Medical and prosthetic research efforts to improve the delivery of health care to veterans an

to improve the treatment of the disabilities and diseases most common to veterans were funded by a $218 million appropriation in FY 1984, an increase of $63 million over FY 1983. Of this increase, $55 million was for the Centers for Disease Control to conduct an epidemiology study on the effects of Agent Orange and other dioxins on Vietnam era veterans.

Congress moved $263 million from the 1984 appropriation into the 1983 supplemental appropriation for construction of major projects in order to expedite construction of the Minneapolis and Cleveland projects. This action made the FY 1984 appropriation appear to be a decrease from FY 1983.

Facilities

The Veterans Administration operates 172 medical centers; 226 outpatient clinics; 16 domiciliaries; a prosthetic center; a prosthetic distribution center; 58 regional offices, including two insurance centers; 17 VA regional office activities; 109 cemeteries with one under construction; 3 cemetery area offices; 3 canteen field offices; a canteen finance center; 5 data processing centers; a records processing center; a marketing center; and 3 supply depots. These facilities are located in every state, the District of Columbia, and in Puerto Rico and the Philippines.

During fiscal year 1984, the VA Medical Center, Little Rock, Arkansas, replacement construction project was completed; two research and education construction projects were completed at VA medical centers in San Francisco, California and Shreveport, Louisiana; three nursing home care unit construction projects were completed at VA medical centers in Wichita, Kansas Ann Arbor, Michigan, and Coatesville, Pennsylvania; an air conditioning project was completed at the VA Medical Center, Coatesville, Pennsylvania; and seven national cemetery projects and 729 other construction projects were completed.

The Veteran

Comparative Highlights

Period of Service	Veteran Population 9/30/83 (revised)	Net Separations from the Armed Forces	Deaths in Civil Life	Veteran Population 9/30/84	Percent Change in Veteran Population	Females	
						Number	Percent of Total Veteran Population
Total Veterans[1]	28,202,000	233,000	407,000	28,027,000	- 0.6	1,163,000	4.1
Wartime Veterans[1, 2]	23,109,000	50,000	377,000	22,782,000	- 1.4	730,000	3.2
Vietnam era-Total	8,238,000	50,000	25,000	8,263,000	+0.3	262,000	3.2
With no Korean conflict service	7,584,000	48,000	16,000	7,616,000	+0.4	251,000	3.3
With Korean conflict service	653,000	3,000	9,000	647,000	- 0.9	12,000	1.9
Korean conflict-Total	5,294,000	3,000	59,000	5,237,000	- 1.1	117,000	2.2
With no World War II or Vietnam era service	3,900,000	0	34,000	3,866,000	- 0.9	90,000	2.3
With World War II service only	1,044,000	0	23,000	1,022,000	- 2.1	22,000	2.2
With Vietnam era service only	350,000	3,000	3,000	349,000	- 0.3	5,000	1.4
World War II-Total	10,978,000	0	278,000	10,700,000	- 2.5	375,000	3.5
With no Korean conflict service	9,934,000	0	255,000	9,678,000	- 2.6	353,000	3.6
With Korean conflict service	1,044,000	0	23,000	1,022,000	- 2.1	22,000	2.2
World War I	297,000	0	47,000	250,000	-15.8	10,000	4.0
Peacetime -Total	5,093,000	183,000	30,000	5,245,000	+3.0	432,000	8.2
Service between Korean conflict and Vietnam era only	3,051,000	0	14,000	3,037,000	- 0.5	85,000	2.8
Post-Vietnam era	1,623,000	183,000	3,000	1,803,000	+11.1	216,000	12.0
Other Peacetime[3]	419,000	0	14,000	405,000	- 3.3	131,000	32.3

NOTE: These data represent the number of veterans living in the U.S. and Puerto Rico. Detail may not add to totals due to rounding.

[1] Not included are 22 Spanish-American War veterans and 82 Mexican Border period veterans.

[2] Comprised of Vietnam era with no Korean conflict service, Korean conflict with no World War II or Vietnam era service, Korean conflict with Vietnam era service only, World War II total, and World War I.

[3] Includes veterans who served either between World War I and World War II only, or between World War II and the Korean conflict only.

Summary

Throughout the last 200 years of United States history, more than 38 million men and women have served in the armed forces during wartime periods. About 90 percent of these veterans served in conflicts during the 20th century. At the close of fiscal year 1984, there were slightly more than 28 million veterans living in the U.S. and Puerto Rico; 22.8 million of these were veterans of America's wars while the remaining 5.2 million veterans served during peacetime periods only.

Number of Veterans and Period of Service

At the end of September 1984 the number of veterans in civilian life was still on the decline with an estimated 28,027,000 veterans residing in the U.S. and Puerto Rico. This total, 175,000 below the figure one year earlier, was the direct result of the increasing number of veteran deaths over net separations from the armed forces. Veteran deaths in civil life numbered 407,000 during fiscal year 1984 while net separations from the armed forces totalled 233,000.

Numbering 10,700,000, World War II veterans remained the largest subgroup of former military personnel although they were also the sector of the veteran population which recorded the largest number of deaths (278,000). This group accounted for nearly two of every five living veterans as of September 30, 1984.

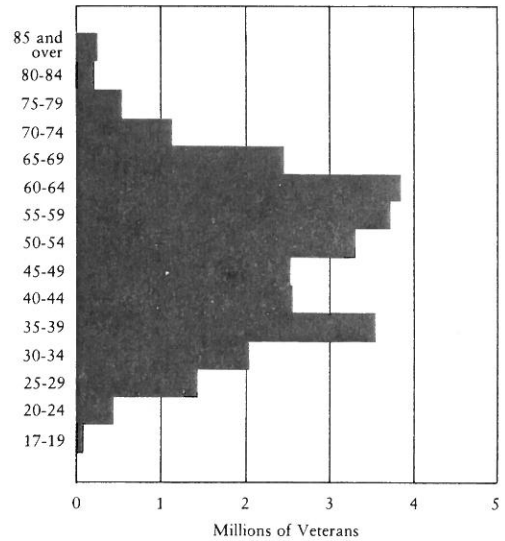
The second largest component consisted of veterans from the Vietnam era, 8,263,000 in number or 29 percent of the overall figure. This was one of the two groups of former military personnel to show an increase at a time when the overall veteran population is on the decline.

Also growing was the post-Vietnam era veteran population which increased by 180,000 during fiscal year 1984 as their count rose from 1,623,000 to 1,803,000. Survivors of the Korean conflict numbered 5,237,000 (19 percent) at the end of September 1984, and World War I veterans 250,000. Peacetime only veterans collectively accounted for 19 percent (5.2 million) of the overall veteran count. This number consisted of 3.0 million veterans who served only between the Korean conflict and the Vietnam era, the 1.8 million who participated during only the post-Vietnam era, and 405,000 who were in the armed forces either only between World War I and World War II or only between World War II and the Korean conflict.

Age of Veterans

The median age of veterans in civilian life at the end of September 1984 was 52.3 years. This figure will continue to rise over the next two decades. The primary cause of this aging process is the advancement of a vast number of World War II veterans into the 65 years old and over age group. Veterans at least 65 years old represented 16 percent of all veterans, while those 45-65 made up 48 percent. Veterans under the age of 45 constituted 36 percent of the total veteran count on September 30, 1984.

ESTIMATED VETERAN POPULATION
BY AGE
SEPTEMBER 30, 1984

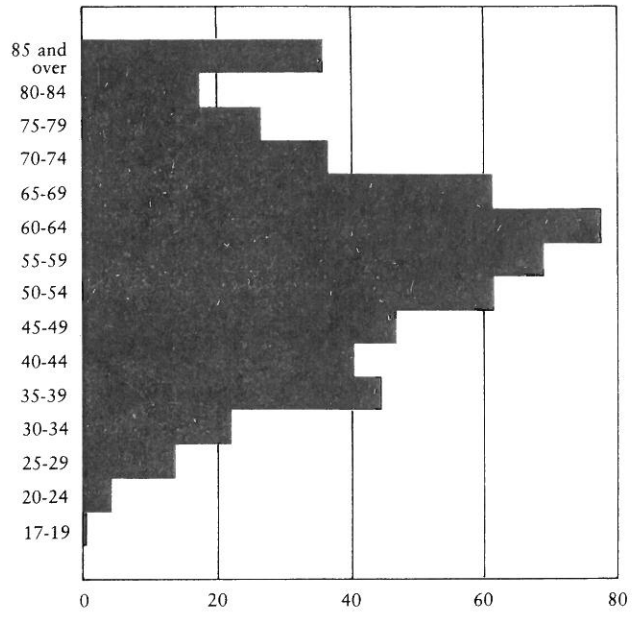


NOTE: Approximately 1,000 veterans are under 20 years of age.

Post-Vietnam era veterans were the youngest sector of the veteran population with a median age of 27.1 years. This group was followed by veterans who served only during the Vietnam era, 37.3 years of age. Spanish-American War veterans were the oldest segment, the 22 living veterans from this period having a median age of 102 years. World War II veterans' median age was 63.3 years, while it was 88.3 years for survivors of World War I.

At the end of fiscal year 1984 veterans accounted for 34 percent of all civilian males 17 years old and over. This proportion varied noticeably by age, reflecting the nation's military involvement during the four major armed conflicts in the 20th century. The percentage of veterans in the general civilian population of males 17 and older increased with age and peaked in the 60-64 year old age group. Evidence of the extent of our participation in World War II is shown by the fact that 78 percent of civilian males in this age bracket were veterans. Beyond age 65, the ratio of veterans to males in the general civilian population dropped steadily before increasing again among those 85 years old and over. Our involvement in World War I was reflected in this oldest age group, where 36 percent of all civilian males were veterans.

VETERANS AS A PERCENT OF ALL CIVILIAN MALES, BY AGE SEPTEMBER 30, 1984



NOTE: The number of veterans under 20 years of age is less than 0.05 percent.

Geographic Distribution of Veterans

With veteran deaths currently outnumbering new separations from the armed forces in every state, veteran population increases occur only in those areas experiencing noticeable in-migration of veterans. The Sunbelt states continue to be the high in-migration areas, with states like Florida, Arizona, and Texas leading the way.

At the end of September 1984 eight states accounted for 48 percent of the total veteran population. California (2,952,000), the only state to record a veteran population total in excess of two million, represented the highest state veteran total in the nation. New York (1,896,000) and Texas (1,734,000) headed the list of the states having the next seven highest totals, followed by Pennsylvania (1,571,000), Florida (1,413,000), Ohio (1,364,000), Illinois (1,319,000), and Michigan (1,102,000).

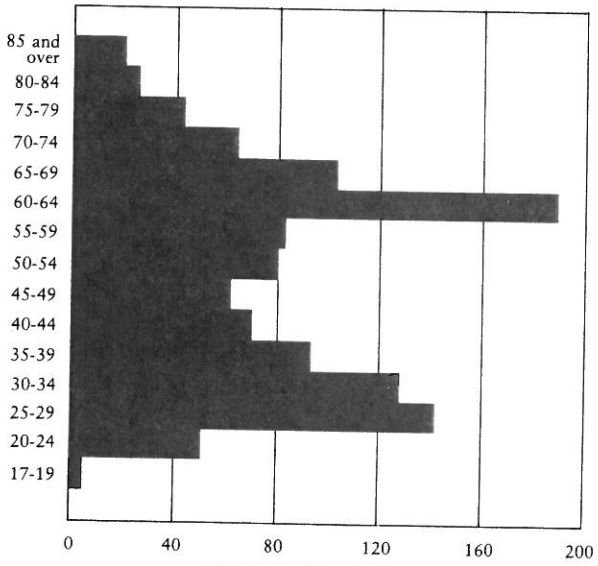
Female Veterans

On September 30, 1984, the estimated number of female veterans living in the U.S. and Puerto Rico was 1,163,000. This figure represented an increase of 10,000 (0.9 percent) since September 1983. Although the female veteran count is gradually increasing, a trend expected to continue for the remainder of the cen-

tury, the number still represented only 4.1 percent of the overall veteran popula tion. Nevertheless, the growth rate, which stands in contrast to the decline in tl male veteran count, is very likely to increase if women's share of all active duty military personnel remains at or near its present level. Women currently compris nearly 10 percent of all active duty military personnel.

Although the age structure of female veterans was significantly different from that for all male veterans, the median ages were almost the same (52.0 years f female veterans versus 52.3 for all males). Because of the increased participatic of females in the military during the last decade and the greater life span of women, female veterans were clustered more in the lower (42 percent) and upp (22 percent) age ranges.

ESTIMATED FEMALE VETERAN POPULATION BY AGE SEPTEMBER 30, 1984



NOTE: Less than 100 female veterans are under 20 years of age.

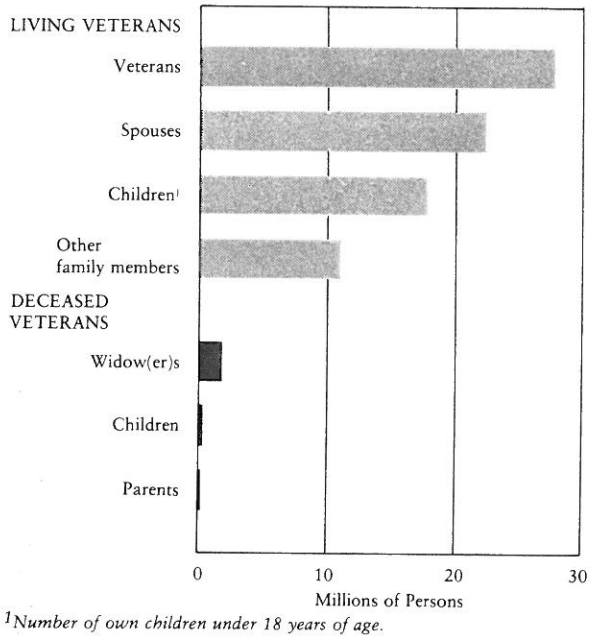
The period of service distribution of the female veteran population was also vastly different from that for veterans in general. Due largely to the stepped up involvement of women in the military in recent years, a greater share of female veterans than of all veterans (18.6 percent and 5.8 percent, respectively) served only during the peacetime period following the Vietnam era, i.e., only after May 7, 1975. Peacetime only veterans accounted for more than one-third (37 percent) of the fiscal year 1984 total for female veterans compared to 19 percent for veterans in general. World War II veterans were the single largest component of the female veteran population with the 375,000 veterans accounting for 32 percent of the total. Veterans from the Vietnam era made up the second largest segment, 22.5 percent of all female veterans.

Veterans and Their Families

Living veterans account for only a part of the total number of persons potentially eligible for VA benefits and services. As of September 30, 1984, the 28 million living veterans had an estimated 22.5 million spouses, 17.9 million dependent children under 18 years of age, and 11.0 million parents and children over 18 years old who are unable to support themselves. Although only a small number of these dependents are likely to seek benefits directly from the VA at anytime in the near future, benefits paid to veterans indirectly affect the socioeconomic well-

being of a great number of these dependents. The survivors of deceased veterans numbered 2.2 million at the end of fiscal year 1984. This number included 1.9 million widows and widowers, 230,000 surviving children, and 85,000 dependent parents. The total of all potential beneficiaries is approximately 81.5 million, or 34.5 percent of the resident population of the United States.

VETERANS AND THEIR FAMILIES
SEPTEMBER 30, 1984



[1]*Number of own children under 18 years of age.*

Characteristics of Veterans

The VA obtains data on various socioeconomic characteristics of male[1] veterans and nonveterans from the CPS (Current Population Survey) through a contract agreement with the Bureau of the Census and approval of the Department of Labor, the survey's sponsor. Socioeconomic data from the CPS include educational attainment, income, work experience, school enrollment, and employment status.

Educational Attainment and Income

All veterans

In March 1984 there were 75.9 million male veterans and nonveterans, aged 20 years and over, in the civilian non-institutional population of the United States. Veterans, who comprise 26.4 million of this number, had a median education level of 12.7 years, the same as their 49.5 million nonveteran male counterparts.

[1]*During FY 1984 only male members of households included in the Current Population Survey were asked if they had ever served in the armed forces. The Bureau of the Census is in the process of phasing women veterans into the survey but socioeconomic data for veterans of both sexes will not be available until the summer of 1985.*

Population Group	Noninstitutional Population (Millions)	Percent of Total
War veterans	22.0	29.0
Peacetime veterans (Post-Vietnam era and service between Korean conflict and Vietnam era only)	4.4	5.8
Nonveterans	49.5	65.2
Total	75.9	100.0

Seventy-seven percent of the war veterans 25 years old or more had completed the requirements for a high school diploma or its equivalent, as had 85 percent o peacetime veterans and 73 percent of nonveteran males. The percentages of each of these groups who had earned a college degree were: war veterans, 21 percent; peacetime veterans, 20 percent; and nonveterans, 21 percent.

Greater educational attainment results, almost without exception, in increased earnings. In calendar year 1983 this correlation was experienced, in general, by both veterans and nonveteran males. The differences in incomes were substantial; individuals with four or more years of college had a median income approximately three times as large as those whose education was terminated before attending high school. The median income for veterans ranged from a low of $10,060 for veterans who had no high school training, to a high of $32,410 for those who had received at least a baccalaureate degree. Nonveteran males with less than a high school education had a median income of $7,280, but those who were college graduates had a median income of $24,340. The increment in income which accrues to those who complete college, whether they are veterans or nonveterans, is considerable.

An exception to the general rule, stated above, that income rises with educational attainment appears in the column captioned ''Nonveterans''. The median income of high school graduates was $14,000, nearly $900 more than that of high school graduates who had some college. This difference may be traced to the fact that the average age of nonveterans with some college is much lower than the average age of nonveteran high school graduates; these younger nonveterans have less work experiences and less job seniority. In addition, there is a much greater chance that they have been in school during most of the year. The median income of veterans was higher than that of nonveterans at every level of educational attainment, as the table shows.

Attained Level of Education	Median Income 1983	
	Veterans	Nonveterans
No high school	$10,060	$ 7,280
Some high school	13,000	9,710
High School graduate	18,440	14,000
Some college	21,940	13,110
College graduate	32,410	24,340

Differences between the median income levels of veterans and nonveterans can be largely explained by variances in their age distributions. If the nonveterans' age distribution is made to conform with that of veterans, differences in income are reduced considerably.

Vietnam Era Veterans

The median education level of male Vietnam era veterans under the age of 45 was 13.2 years as of March 1984 and their median income was $21,670 during calendar year 1983. Similar-aged nonveteran males had completed 12.9 years of education and their median personal income was $18,730. If the distribution of educational attainment for Vietnam era veterans and nonveterans are compared, it can be seen that 93 percent of the Vietnam era veterans had completed high school while 83 percent of the similar-aged nonveterans had done so. Despite the greater proportion of high school graduates among the veterans, the percentages of veterans and nonveterans who had completed a college degree were about the same — 24.4 percent of the Vietnam era veterans and 24.2 percent of nonveterans 20 to 45 years old.

Work Experience

All Veterans

About 78 percent of all male veterans in the civilian noninstitutional population worked at some time during calendar year 1983, compared with 76 percent of nonveteran males. Seventy-eight percent of the 21.4 million working veterans and 66 percent of the 43.3 million working nonveterans worked throughout the year, either full-time or part-time. Ninety-six percent of the veteran year-round workers and 91 percent of the nonveteran year-round workers held full-time jobs for all or part of the year.

Vietnam Era Veterans

Ninety-five percent of all noninstitutional male Vietnam era veterans under 45 years of age worked during calendar year 1983. Seventy-seven percent of the 6.6 million male Vietnam era veterans who worked had year-round employment. Among similar-aged nonveterans, 92 percent worked during the year and about 70 percent of working nonveterans worked year-round.

Employment Status

War Veterans

The unemployment rate for all male war veterans (5.4 percent) in FY 1984 declined 1.9 percentage points below the 7.3 percent average for FY 1983. The unemployment rate for male nonveterans declined also (by 3.0 percentage points) to 8.8 percent.

Vietnam Era Veterans

During FY 1984, an average of 7.4 million Vietnam era veterans were in the civilian labor force. Of this number, an average of 470,000 were unemployed. The unemployment rate for the year was 6.3 percent, 3.0 percentage points lower than in FY 1983. At the end of the fiscal year, 373,000 Vietnam era veterans were unemployed, 110,000 fewer than last year and 7,080,000 were employed, 213,000 more than last year. The unemployment rate had declined by 1.6 percentage points — from 6.6 percent in September 1983 to 5.0 percent in September 1984.

Family Income

War Veterans

The median income of the 17.3 million families headed by male war veterans was $29,760 in calendar year 1983, compared with $25,240 for families headed by male nonveterans. Wives worked in 51 of 100 families headed by war veterans and 55 of 100 headed by nonveterans. Among families headed by war veterans, the wife's earnings increased the median family income to $34,590 compared with $24,480 for families in which the wife did not work. Median family income increased from $23,020 for families headed by war veterans 25 to 29 years old to a high point of $37,300 for families whose head is 40 to 44 years but then subsided to $15,730 among families headed by a veteran 75 or more years old. Median family income declines rapidly among veteran-headed families as the veteran reaches retirement age; when the veteran's age is between 55 and 59, the median family income was $34,170; when his age is 60-64, it falls to $26,720; when he is 65-69, the median drops to $21,730; and if the veteran is 70 years and over, the median family income is down to $20,510. If all 17.3 million veteran-headed families are considered, one family in twelve had an income under $9,900, the approximate poverty level for a family of four in 1983.

Vietnam Era Veterans

There were 5.1 million families in the United States headed by male Vietnam e veterans under 45 years of age in March 1984. Their median family income v $30,460 compared with $28,270 for families headed by similar-aged male nonveterans. In 66 of 100 families headed by Vietnam era veterans the wife worked increasing the median income to $32,940 compared with $26,340 fo those families in which the wife did not work.

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Health Care

Comparative Highlights

Item	FY 1984	FY 1983	Percent Change
Facilities at end of year			
Medical centers	172	172	-
Hospital care	(172)	(172)	-
Outpatient care	(172)	(172)	-
Nursing home care	106	100	+ 6.0
Domiciliary care	15	15	-
Independent and satellite clinics	53	53	-
Independent domiciliary	1	1	-
Employment (net full-time equivalent)	199,242	197,352	+ 1.0
Obligations (millions)	$8,582	$8,053	+ 6.6
Medical care	8,301	7,817	+ 6.2
Research in health care	190	161	+18.0
Medical administration and miscellaneous operating expenses	66	62	+ 6.5
Other medical programs	25	13	+92.3
Inpatients treated	1,411,834	1,401,018	+ 0.8
VA facilities	1,320,269	1,311,008	+ 0.7
Other facilities	91,565	90,010	+ 1.7
Average daily inpatient census	102,367	103,955	- 1.5
VA facilities	78,390	80,693	- 2.9
Other facilities	23,977	23,262	+ 3.1
Outpatient medical visits	18,616,073	18,509,552	+ 0.6
VA staff	16,935,050	16,617,485	+ 1.9
Fee basis	1,681,023	1,892,067	-11.2

Summary

The basic goal of the DM&S (Department of Medicine and Surgery) is to ensure that quality medical care is provided on a timely basis, within the law and regulations, to eligible veterans now and in the future. During FY 1984, all activities within the Department were aimed at achieving this goal. Over 1.4 million inpatients were treated either within VA medical care facilities or in non-VA facilities under VA authorization. There were approximately 16,935,000 outpatient visits to VA staff and 1,681,000 visits to non-VA physicians under VA auspices. To meet these patient care demands, DM&S had over 199,000 full-time equivalent employees and budget obligations of almost $8.6 billion. In addition, over 82,000 volunteers provided 12.1 million hours of service.

DM&S continuously monitors its health care programs to assure that they are meeting the needs of the veteran, expanding, contracting, deleting, or adding

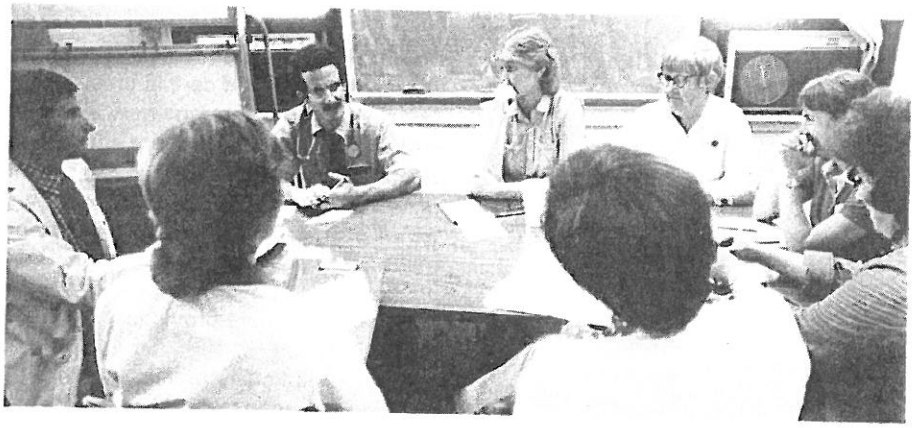
new programs as necessary. During FY 1984, a dental research center for dental materials was established in Arbor, Michigan, and three new cardiac catheterization laboratories were opened. Six new nursing home care units and two GRECC's (Geriatric Research, Education and Clinical Centers) were activated in keeping with the VA's emphasis on the aging veteran's needs. One outpatient clinic was opened and one was closed.

Former POW's (Prisoners of War), women veterans, veterans exposed to Agent Orange and radiation, aging veterans, and preventive health services were in the forefront of DM&S' concerns this year. A POW statistical tracking system was developed, and funding was provided to the National Academy of Sciences for an ongoing study on the morbidity and mortality of former POW's. The VA Advisory Committee on Women Veterans was rechartered, and a detailed report on the needs of women veterans was submitted to Congress. A two-volume update of scientific literature on Agent Orange and other phenoxy herbicides was published in June. Greater emphasis was placed on preventive health services for service-connected veterans, and a task force was established to develop such a program. A survey which was made of current efforts in this area showed that many programs are already underway. The task force on preventive health services was established which has recommended stressing five areas of risk factor intervention: hypertension, alcohol abuse, nutrition/weight control, smoking, and physical fitness/exercise.

Quality health care in the VA is also the result of an extensive research and development program. Numerous national and international awards and honors were given to VA employees for their research endeavors. High priority in medical research is being given to aging, schizophrenia, alcoholism, spinal cord injury and tissue regeneration, delayed stress, and other health problems prevalent among veterans.

The VA continued to play an important role in the training of medical personnel and allied health professionals. One hundred thousand students from 1,000 educational institutions received some or all of their clinical training in the VA in FY 1984. Of these, 7,800 were full-time medical residents from 101 medical schools. The remainder of the students represented over 50 other health professions and occupations. DM&S also provided extensive training to its own employees, including an executive development program, to assure that there will always be qualified people to fill future vacancies. DM&S sponsored a participant for the Office of Personnel Management's new women's executive leadership program and one for the President's executive exchange program with the private sector.

By the end of the fiscal year, over 120 VA medical centers had DHCP (Decentralized Hospital Computer Program) hardware and operating system software installed. All application software training for the initial core functions (admissions, discharges, transfers, and schedulings, and outpatient pharmacies) had been completed for all VA medical centers. The DHCP process was developed to help VA medical centers meet critical clinical and administrative needs.



Geriatric team at VA Medical Center, Denver, Colorado.

Types of Care

Hospital Care

All VA medical centers combined treated an average of 63,094 patients daily in 79,222 average operating beds during FY 1984, for a total of 1,290,029 patients treated, including one-day dialysis patients. This continued the trend of an increasing number of patients treated while the average daily census decreased. Of the patients treated during the year, 780,570 were cared for in 39,241 medical beds; 332,384 in 16,292 surgical beds; and 177,075 in 23,689 psychiatric beds. The average length of stay for all discharges was 25.0 days, a decrease of almost one day from the previous year. If only short-term patients were considered, that is, those with lengths of stay of 99 days or less, the average stay was 14.3 days, a decrease of 0.4 days from FY 1983. The average occupancy rate for FY 1984 was 79.6 percent.

Ambulatory Care

Ambulatory care continued to play a vital role within the Veterans Administration's commitment to optimize the supply of health care available to eligible veterans. In keeping with this goal, VA considers it important that the most appropriate level of care be used consistent with the medical needs of veterans; for many, this is ambulatory care. In FY 1984, there were over 16.9 million outpatient medical visits provided by the VA staff at 226 outpatient clinics, and nearly 1.7 million visits made to private physicians which were authorized on a fee-for-service basis.

Ambulatory care accounted for over 18.6 million visits during FY 1984.

The upgrading of the physical facilities of VA outpatient clinics continued with the completion of construction, renovation, and improvement projects. These involved the expansion of available outpatient space, the inclusion of new services, and the improvement of patient flow. During the year, a new satellite clinic was opened in Sayre, Pennsylvania, which is under the direction of the VA Medical Center, Wilkes-Barre, Pennsylvania. One outpatient clinic at St. Petersburg, Florida was closed which coincided with the opening of the replacement medical center at Bay Pines, Florida.

Geriatrics and Extended Care

Today one of ten Americans is 65 years old or over. Fifty years from now one of five Americans will be 65 years or older. The doubling of this portion of the population has been popularly labelled "the graying of America." Understanding of the impact of an aging population, and the basic changes in the social fabric which will result, is now developing. For society at large, it seems like a problem of the future.

For one large group in the American population—America's veterans—the aging phenomenon and the changing needs which accompany it, are not a matter for future speculation. The Veterans Administration is dealing with a beneficiary population whose average age is increasing much faster than that of the population in general. In 1980, the proportion of veterans 65 and over was approximately the same as that in the general population. By 1990, it will be double the general population rate, and by 2000, nearly triple that rate.

The VA has been aware for some time of the special opportunity and special responsibility it has as a result of the aging of its client population. Over the past decade, VA researchers and clinicians have been at the forefront of the developing fields of gerontology and geriatrics—the study of aging and the care of aging members of a population, respectively. The VA's gerontology research and training programs are a primary national resource preparing physicians and other health workers to deal with the problems of the aging. Special projects and individual VA medical center initiatives have developed and tested a variety of innovative, medically sound programs for meeting the needs of older persons. These programs have provided care in both institutional and community settings, often in cooperation with non-VA caregivers, educators, and researchers.

National health data show that American men 65 and over have more than twice the number of hospital stays per capita than do men in the 45-64 age group. Studies of veterans' use of VA hospitals show a similar pattern. An older population also experiences a different mix of diseases than does a younger population. Conditions such as diseases of the coronary and circulatory system, respiratory

diseases, neoplasms, organic brain disorders, and musculoskeletal diseases are a more prevalent in those over 65. This group of conditions, while initially requirin acute care, tends to be chronic, progressive, and degenerative in nature, and the damage they cause is often permanent, requiring rehabilitation or long-term care. Older individuals often have more than one chronic condition, further complicatir their clinical management and increasing the demands the make on their source of care.

In addition to exerting pressure on inpatient hospital care, the aging veteran phenomenon is also affecting the need for outpatient care. This treatment modality i an integral part of the VA medical center effort to provide care for the aging veteran.

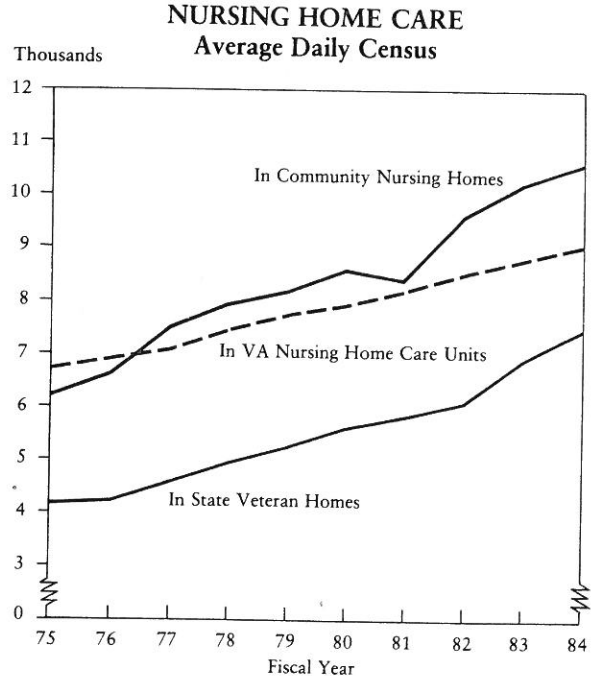
Older veterans represent the majority of patients being cared for in the VA, and i community and state nursing homes. The proportions now range from 58 percen in community placements to 71 percent in state homes. These proportions are expected to increase in the future at a rate greater than the increase in the average age of veterans.

As is the case with other health care programs in the Nation, the VA is increasing the number and diversity of non-institutional extended care programs. The purpose is to facilitate independent living by making available the appropriate sustaining medical and human services.

Because the VA's Extended Care programs encompass a broad spectrum of care for veterans of all ages who need such care, these programs are not solely focused on care for elderly veterans. The range of programs, in addition to extended hospital care (intermediate care) and outpatient care, includes the following: nursing home care, which has three components — the VA's own nursing home care program, the community (contract) nursing home care program, and the domiciliary programs of both the VA and the states; geriatric evaluation units; the hospital based home care program; the adult day health care program; the community residential care program; and one prototype hospice program caring exclusively for the terminally ill.

VA Nursing Home Care

The nursing home care units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional,



recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and supervision and rehabilitation services to attain or maintain optimal function.

In FY 1984, 17,187 veterans were treated in VA nursing homes, which had an average daily census of 9,060. The average age of veterans in VA nursing homes on census day (September 30, 1984) was 70.3 years; 65.5 percent were 65 and over, and their average length of stay was 2.9 years. Approximately 24.5 percent were receiving compensation for service connected conditions and 28.9 percent were receiving VA pensions. The trend toward the increased provision of nursing home care by the VA is shown in the chart.

Six new nursing home care units have been activated. They are located at VA Medical Centers Atlanta, Georgia; Batavia, New York; Richmond, Virginia; Portland, Oregon; Ann Arbor, Michigan; and Wichita, Kansas. These and other changes resulted in a net increase of 536 operating beds for a total of 9,956 nursing home beds at 106 VA medical centers by the end of FY 1984.

Initiatives in Geriatrics and Extended Care include many programs such as this exercise class for elderly patients.

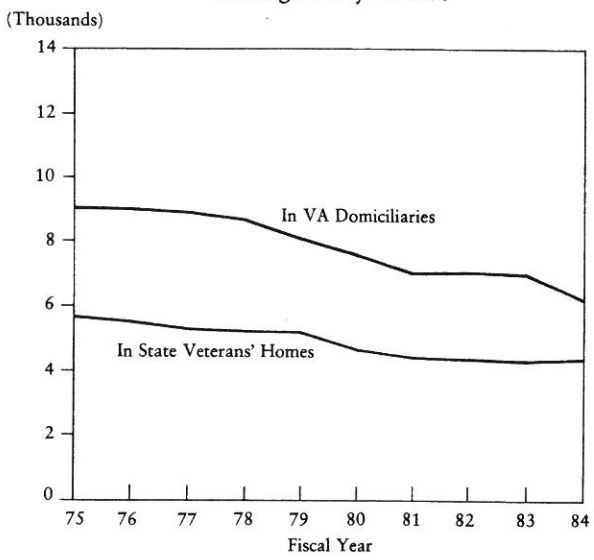
VA Domiciliary Care

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by age, disease, or injury and are in need of care but do not require hospitalization or the skilled services of a nursing home.

Ongoing initiatives designed to enhance therapeutic programming continue to facilitate the preparation of many veterans for early return to the community and to improve the quality of life for others who require extended periods of care. Special emphasis has been placed upon the identification and satisfaction of needs unique to elderly veterans so that they may reach and maintain the highest possible levels of health and functional independence.

In FY 1984, there were 13,053 veterans treated in VA domiciliaries with an average daily census of 6,236, a decrease of 9.0 percent from the previous year. A significant portion of the decrease in average daily census is attributed to the initiation of a number of major facility renovation projects. The average age of veterans in VA domiciliaries on census day (September 30, 1984) was 58.6 years; 27.2 percent were 65 years of age or older, and their average attained length of stay was 4.1 years. Approximately 9.8 percent were receiving compensation for service-connected conditions, and 31.6 percent were receiving a VA pension.

DOMICILIARY CARE
Average Daily Census



State Veterans' Home

The VA's relationship to state veterans homes is based on two grant programs. One is a per diem program which enables the VA to assist the states in providing care to veterans eligible for VA care and who are furnished domiciliary, nursing home, or hospital care in state home facilities. The other grant program provides VA assistance of up to 65 percent Federal funding in the acquisition and construction of domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

During FY 1984 the state homes maintained an average daily census of 7,467 nursing home, 4,401 domiciliary, and 514 hospital patients. During FY 1984, construction was begun on a new state home in Truth or Consequences, New Mexico, to provide 133 nursing home and 53 domiciliary beds, funded in part by a VA grant. The VA obligated funds totaling $21.7 million for construction and renovation programs, including a new 300-bed nursing home in Manteno, Illinois, and two new 50-bed nursing care wings, one each at the established state homes in Vermont and Nebraska.

Geriatric Evaluation Units

GEU's (Geriatric Evaluation Units) are being developed in medical centers to improve diagnostic assessment, treatment, and placement of older patients who may have some physical impairments, multiple chronic diseases, or psychosocial problems which need to be fully assessed. In addition, GEU's provide training and research opportunities for physicians and other health care professionals. The success of these units depends on the presence of an interdisciplinary health care team to ensure that patients undergo comprehensive evaluation of functional, psychological, socioeconomic, and medical status.

There are more than 25 GEU's operating in the VA hospital system. During FY 1984, 20 additional VA medical centers expressed an intention to establish these units.

Hospital Based Home Care

The HBHC (Hospital Based Home Care) program arranges for selected patients, who would otherwise remain in the hospital, to return to their own homes for further care. The patient and the family are provided instruction in nursing procedures and in daily care under the coordinated supervision of the hospital based treatment team. The team provides medical, nursing, social, rehabilitative, and dietetic regimens as follow-ups to hospital care. During FY 1984, 43 VA medical centers provided HBHC services to veterans. More acute-care beds in hospitals

are made available by providing increased days of care in the home. During the year 199,000 home visits were made by health professionals and 9,851 patients were treated under the HBHC program.

Adult Day Health Care

ADHC (Adult Day Health Care) centers provide a program of health maintenance and therapeutic activities in a congregate setting for veterans who, without the program, would require continued and full-time institutionalization. Advances in the understanding and treatment of certain illnesses of the elderly now make it possible for many of these persons to function independently with the partial care offered by these centers. Staff in numerous VA medical centers have expressed strong interest in the value of adult day health care programs in facilitating the return of older veterans to their own homes, to shorten their length of stay in acute beds, and to provide an environment in which these veterans can continue rehabilitation programs among their peers in the community. Program models are already in operation at the VA medical centers in North Chicago, Illinois; American Lake, Washington; Palo Alto, California; and Butler, Pennsylvania.

During the year legislation was passed which authorized the VA to operate a contract program for the provision of ADHC to eligible veterans (with a provision for the VA to provide in-kind assistance to the centers), and to operate in-house programs in ADHC. The VA will initiate these two varieties of ADHC in a limited number of carefully chosen facilities and conduct, as required by the law, an evaluation of the medical efficacy and cost effectiveness of these programs. Intensive training in the provision of adult day health care will be provided to VA staff at new sites as they are established.

Respite and Palliative Care

Hospital Based Home Care and Adult Day Health Care permit the veteran to be cared for at home, which enhances the patient's quality of life without diminishing the quality of care. These programs depend upon a caregiver in the home to provide daily care and supervision. Because of the intense responsibilities, there is a need for brief periods of relief for the caregiver to support his or her own health and emotional stability. This need is met by arranging for respite care in a VA medical center. Respite care is particularly applicable to the home component of palliative or hospice care provided for terminally ill patients.

Community Residential Care Program

This is the largest of the extended care programs. It is operated at minimal expense since the only cost to the VA is for administration. The residential care home program provides residential care, including room, board, personal care, and general health care supervision, to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly follow-up visits from VA social workers and other health care professionals and are outpatients of the local VA facilities. In FY 1984, an average daily census of 11,600 veterans was maintained in this program, which utilized approximatley 3,155 homes.

During the year legislation was passed which clarifies and strengthens the VA's authority to operate this program and allows it to establish more explicit standards for its operation. VA regulations will be published during the coming year.

Geriatric Research, Education, and Clinical Centers

The GRECC's (Geriatric Research, Education, and Clinical Centers) were conceived in 1973 to integrate research, education, and clinical achievements in geriatrics and gerontology. They were designed to increase the basic knowledge to health care providers, and to improve the quality of care to the aged.

The first GRECC's were established in FY 1975. In 1980, Congress passed Public Law 96-300, "Veterans Administration Health Care Amendments." Title III of that law authorized the expansion of the number of GRECC's up to 15. At present there are ten GRECC's: Bedford-Brockton/West Roxbury, Massachusetts; Durham, North Carolina; Gainesville, Florida; Little Rock, Arkansas; Minneapolis, Minnesota; Palo Alto, California; St. Louis, Missouri; Seattle/American Lake, Washington; Sepulveda, California; and West Los Angeles (Wadsworth), California. The newest GRECC's, Durham and Gainesville, were designated in FY 1984.

Each GRECC focuses on a particular area of gerontology including cardiology, endocrinology, geropharmacology, immunology, metabolism, neurology, oncology, and organic brain disease. The unique aspect of the GRECC's is the integration of research, education, and clinical care. Through this integrated approach the GRECC's are developing practitioners, educators, and researchers in the field of geriatrics.

Medical Care for Dependents

Eligible dependents and survivors of certain veterans receive medical care under CHAMPVA (Civilian Health and Medical Program of the VA). Benefits under this program are similar to those provided to dependents of military retirees under CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), and the VA shares the cost of the medical benefits with those dependents.

Under CHAMPVA, medical care is provided to the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability; the surviving spouse or child of a veteran who dies as a result of a service-connected disability, or who at the time of death had a total disability, permanent in nature, resulting from a service-connected disability; and, the surviving spouse or child of a person who died while on active duty. CHAMPVA care may be furnished to these eligible dependents provided they are not eligible for medical care under CHAMPUS or Medicare. Eligibility for CHAMPVA may be reinstated for a beneficiary who loses eligibility by virtue of becoming entitled to Medicare hospital insurance benefits (Part A) and subsequently exhausts a Part A benefit. At the end of FY 1984, there were approximately 205,000 individuals (127,000 adults and 78,000 children) in 136,340 families who had established entitlement for medical care under CHAMPVA. Since the program began in September 1973, $403,136,000 has been expended for hospital care, physician visits, and prescriptions; in FY 1984, the cost of the program was just over $68 million.

Services

Medicine

During FY 1984, the VA's first "in-house" bone marrow transplant unit at Seattle, Washington, VA medical center performed transplants for 16 patients. There are plans to expand this program in the Seattle replacement hospital. Bone marrow transplant is a promising new form of therapy in which bone marrow from a related doner is used in the treatment of selected patients with such otherwise fatal conditions as severe aplastic anemia and leukemia.

The hepatitis B vaccine immunization program continued throughout FY 1984. At midyear over 17,000 patients and employees had been vaccinated against this serious infection, which poses a significant risk to hospital employees and certain high risk patients. VA medical services continued to emphasize the areas of hypertension, sickle cell disorders, dialysis, rheumatology-immunology, cardiology, angioplasty, thrombolysis, pulmonary disease, intensive care, pacemakers, geriatrics, and use of computers for diagnosis and administration.

Thirty-two VA medical centers are now participating in the special hypertension screening and treatment program. Forty-five thousand veterans are being treated in this program; in 60 percent of these cases, the hypertension has been brought under complete control. More than 25,000 veterans who were considered at high risk but were using therapeutic agents are being followed at intervals of three months to one year. Eighty-five percent of these veterans receive their primary care from allied health professionals (registered nurses or physician assistants) under the supervision of a physician coordinator. The continued decrease in

Respiratory care is one of the many services provided by Medical Service.

strokes, heart disease, and renal disease seen in patients treated under this program is attributed to a significant degree to the control of hypertension. An in-depth study of this program was completed during 1984. The results proved the efficacy of this model and showed a better than national average of control and compliance. Patients in this program are counseled regarding smoking, obesity, diet, exercise, and alcohol consumption, all factors contributing to hypertension and cardiovascular disease.

The number of patients in the VA dialysis program, including patients dialyzed in non-VA units at VA expense, remained at approximately 4,000. The large-scale rheumatology-immunology center continued to function at the VA medical center in Philadelphia, Pennsylvania, along with a smaller program previously begun at the VA medical center in Wood, Wisconsin. These centers provide comprehensive care to patients suffering from arthritis, rheumatism, connective tissue diseases, and related disorders.

Cardiac catheterizations were performed on approximately 25,000 patients in 67 CCL's (cardiac catheterization laboratories). Three new CCL's have been authorized. Worn or antiquated equipment was replaced in cardiac catheterization laboratories at five VA medical centers. Clinical diagnostic services, echocardiography, nuclear cardiology, stress testing, arrhythmia monitoring, and electrophysiology were expanded in 12 medical centers. Computer-based pacemaker surveillance centers are functioning at two VA medical centers, and purchasing of pacemakers and pulse generators from the Federal Supply Schedule has continued. A clinical phase pacemaker registry is being implemented, and all explanted pacemakers are analyzed by VA staff.

There were 46,126 patients identified and screened for hemoglobin disorders and glucose-6-phosphate dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency in the 39 medical centers participating in the VA sickle cell screening and education program.

Education sessions on sickle cell anemia were attended by 73,496 persons and 3,681 were counseled. Professional staff for this program at each medical center consists of a physician, a counselor, and a technician. The VA film on sickle cell disease, *A Matter of Chance*, and mobile exhibits have also been displayed, not only in VA medical centers, but also at meetings of various community organizations.[1]

Further progress has been made with the establishment of national networks of automated electrocardiographic interpretive systems, and ten new systems are being added. The VA and Department of Defense have entered into an agreement for the shared use of these systems to improve service for both agencies and to effect economies in the acquisition of equipment, in accordance with recent legislation encouraging sharing between the agencies.

More than 75,000 patients were treated in VA coronary care and medical intensive care units. New construction criteria were implemented to modernize the intensive care units and to make provision for step-care units. Many older intensive care units have been renovated.

Surgery

During fiscal year 1984, 436,455 surgical procedures were performed in 133 VA medical centers. There were 777 full-time and 1,614 part-time surgeons assigned with 2,916 residents.

Over 6,000 cardiac surgery procedures were performed during fiscal year 1984. Assistance by the members of the VA Central Office Cardiac Surgery Consultants' Committee was extremely valuable in reviewing this program and assuring its quality. The cardiac transplant program at the VA medical center in Richmond, Virginia, attained eminence, performing 17 transplants. In addition, five

[1] *This information is included in compliance with section 654, title 38, U.S.C.*

cardiac transplants were performed at other hospitals under VA auspices (two at the VA medical center in Buffalo). Through MEDIPP (Medical District Initiatied Planning Process), several surgical programs were identified for change, such as conversion of contract cardiac surgery programs to in-house programs. Requests to establish heart transplant centers also have been received from three medical centers.

Surgical Service participated in the plans for establishing STAMP (Special Team for Amputation, Mobility, and Prosthetics/Orthotics) programs designed to improve the interdisciplinary care of the handicapped, especially amputees. Workshops sponsored by the VA Central Office Surgical Service included "Recent Advances in the Use of Antibiotics for Surgical Patients," presented in conjunction with the annual meeting of the Association of VA Surgeons, and "Care of Cardiac Problems During Anesthesia," presented in conjunction with a meeting of VA Nurse Anesthetists. It has become apparent that the criteria for construction of surgical spaces are in need of review and possible revision. Plans are being made to initiate a study that ultimately will fulfill this need. The use of computers for Surgical Services is being reviewed by a special interest users group that will identify these needs that could be addressed by computers.

As funds have become available, acquisition of high technology equipment has commenced and is being planned for the future. VA medical centers are adopting these equipment items as "state-of-the-art" dictates. These items include surgical lasers, mass spectrometry, operating microscopes, ultrasonic dissectors and lithotriptors. The increasing sophistication and advances in patient monitoring equipment warrant replacement of these capabilities as present equipment becomes outdated or is in need of replacement.

VA medical centers have been successful in recruiting and retaining highly competent staff surgeons and chiefs of service.

Mental Health and Behavioral Sciences Services

The Mental Health and Behavioral Sciences Service has three divisions: psychiatry, psychology, and substance abuse. Professional services were rendered to eligible beneficiaries in a confident and caring manner. The VA maintains organized psychiatry services in 129 of 172 medical centers and 154 psychology services in medical centers and outpatient clinics, 102 alcohol dependence treatment programs, and 51 drug dependence treatment programs. Outpatient services included 40 day hospital programs; 63 day treatment centers; 156 mental hygiene clinics; and outpatient components of the alcohol and drug dependence treatment program.

During FY 1984, there were 23,689 average operating psychiatric beds. The bed occupancy rate was 82.9 percent and the average monthly turnover rate was 67.0 percent. The VA treated 177,075 psychiatric patients in FY 1984, with an average daily census of 19,643. Committed psychiatric patients treated by the VA during the fiscal year totaled 13,164. On any given day, an average of 1,959 patients were on involuntary commitment.

Services rendered to eligible beneficiaries included chemotherapy and psychotherapies; group, individual, and family therapy; treatment such as behavior modification; incentive work programs; and programs for vocational appraisal for training and education. Many of the centers with psychology services provided therapies for long-term pain problems through the use of biofeedback

VA Psychiatric Bed Sections	FY 1984	FY 1978	Percent Change
Average operating beds	23,689	27,669	−14.4
Average daily census	19,643	22,836	−14.0
Admissions	150,671	159,160	− 5.3
Average monthly turnover rate	67.0	60.6	+10.6
Patients treated	177,075	188,808	− 6.2

and relaxation methods. The trend indicated in the table below reflects the effort to maintain the number of patients treated while concurrently reducing the number of psychiatric beds.

As the figures show, the reduction in average operating psychiatric beds since 1978 (14.4 percent) has been significantly greater than the decline in the number of patients treated (6.2 percent). Outpatient mental health program visits numbered 3,458,247 in FY 1984.

Mental Hygiene Clinics, Day Hospitals, and Day Treatment Centers

Continued emphasis on outpatient care and rapid intensive treatment, with shorter periods of hospital stay, has resulted in an increase in the number of veterans treated by the VA's mental hygiene clinics, day treatment centers, and day hospitals. Mental hygiene clinics serve as the basic units in the delivery of ambulatory psychiatric care. During FY 1984, 1,271,823 visits were made to mental hygiene clinics.

Day treatment centers provide supportive, maintenance, and learning environments for chronic psychiatric patients experiencing long-term difficulties with community adjustment, interpersonal relations, vocational, educational, emotional or behavioral problems. These centers, which help each individual achieve an optimal level of community living, received 550,125 visits from long-term psychiatric veterans in fiscal year 1984.

Day hospital programs are ambulatory care programs for patients able and willing to come on a daily basis to a VA medical center to receive intensive individual and group therapy. These veterans' problems are of an acute, intensive, or situational nature and can be resolved within a short period of time. During FY 1984, 150,336 visits were made to day hospital programs.

Vocational Evaluation and Counseling

The Mental Health and Behavioral Sciences Service is responsible for the complex psychological process of providing counseling and assisting veterans as they adjust to the psychological impact and disabling consequences of injury or illness. VA medical centers employ psychiatrists, counseling psychologists, psychiatric nurse specialists, rehabilitation specialists, and psychiatric social workers to assist veterans in reestablishing their ability to function independently. Specific targets in treatment and rehabilitation involve productive work.

During FY 1984, the VA provided psychological evaluation and assessment as a part of treatment and medical rehabilitation to 109,986 patients.

Alcohol and Drug Dependence Treatment Programs

The Veterans Administration operates 102 specialized ADTP's (alcohol dependence treatment programs). These programs are specialized units which provide for the diagnosis and treatment of eligible alcohol-dependent veterans. Inpatient units range from 15 to 30 beds; length of stay averages 23 days. Each program has the capability to diagnose and treat alcohol-related medical emergencies, either on the alcoholism unit or the intensive care unit. Admission to the inpatient unit is elected when there is need for crisis management, treatment of alcohol-related system diseases, or medical, psychological, or vocational assessment. Data obtained through these assessments are reviewed by the multidisciplinary treatment team, and a detailed, comprehensive, individualized treatment plan is formulated in collaboration with the patient. The treatment plan is a dynamic rather than a static document and is reviewed and modified, when indicated, throughout the treatment continuum, which usually bridges into ambulatory and follow-up care. The trend in VA care is for shorter inpatient stays and proportionately more outpatient or ambulatory care when immediate treatment at the outpatient or ambulatory level of care obviates the need for hospitalization. During the entire treatment process, a close collaboration with Alcoholics Anonymous is encouraged and maintained.

The VA operates 51 DDTP's (drug dependence treatment programs). These are specialized programs which provide for the care and treatment of eligible drug

dependent veterans with special emphasis on veterans dependent on narcotics. Each DDTP has the capability for treating drug related medical emergencies. Eligible veterans may be self-referred or referred by family, courts, or other treatment facilities. Major treatment components utilized include methadone detoxification, methadone maintenance, "drug free" treatment, and therapeutic communities. The average length of inpatient stay is 22 days. Outpatient/ambulatory treatment is longer. The total number of inpatients treated for drug dependence during FY 1984 was 19,632. Of this number, 13,184 were treated in DDTP beds.

The average monthly turnover rate in DDTP beds was 115.3 percent in FY 1984. The bed occupancy rate was 92.6 percent. The number of outpatient visits for drug dependence treatment was 990,566, and of this number, 984,067 were visits to DDTP's. The number of follow-up contacts for therapeutic counseling or for assistance with social/economic problems was 27,218.

During FY 1984, inpatients treated for alcoholism numbered 94,089; 47,342 of these were treated in the specialized alcoholism treatment units. The average monthly turnover rate in ADTP's was 130.5 percent, and the bed occupancy rate was 87.7 percent. The number of outpatient visits for alcohol dependence treatment was 495,397, reflecting a 5.5 percent increase compared with FY 1983. Follow-up contacts with former patients for therapeutic/counseling purposes or for assistance with social/economic problems was 135,269, an increase of 0.9 percent over FY 1983.

Requests for treatment of alcoholism and/or drug dependence are medically and administratively processed in the same manner as requests for treatment of any other disability, disease, or defect susceptible to cure or decided improvement. When veterans apply voluntarily for treatment, they are fully informed of program goals, ethics, and norms of behavior, and are instructed concerning patient responsibilities.

Any eligible veteran who is diagnosed as having an alcohol and/or drug dependence and who requests treatment for that disease may be admitted to a VA alcohol dependence program or drug dependence treatment program.

Section 104 of Public Law 96-22 provided the VA with authority to contract with non-VA community programs for treatment and rehabilitation services for veterans with alcohol or drug dependence and/or abuse disabilities. Two-hundred and ninety-six contracts sponsored by 83 VA medical centers were in operation at the close of FY 1984.

Other planning initiatives include the continued development and operation of on-campus residential programs for the treatment of alcohol and drug dependent veterans. VA-operated halfway house programs are located at the VA medical centers in Murfreesboro, Tennessee, and West Haven, Connecticut.

The VA conducts an extensive program of intramural alcoholism research through individual and cooperative (multi-hospital) studies. A particularly encouraging stage in the formatting of VA alcoholism research is about to be reached with the activation of clinical alcoholism research centers on several VA hospital campuses.

RMEC's (Regional Medical Educational Centers) located at seven VA medical centers provide technical training for all levels and disciplines of clinical staff. To accomplish this, the RMEC's use their own budget and augmented faculty. These RMEC's respond to medical centers in their regions with customized training packages, and they provide the per diem, travel budgets, and management support necessary for success.

Physician training in substance abuse is being implemented through two current initiatives: a two-year university- affiliated fellowship training program is offered at five VA medical centers; and multimedia videotapes are being produced at the

St. Louis, Missouri, Audiovisual Center (RMEC) for physician training in the recognition and management of alcoholism and in the range of medical complications encountered by specialists in neurology, gastroenterology, hematology, and psychiatry. When the videotape training aids are completed, a companion package will be produced for VA nurses.

Readjustment Counseling Service

The Readjustment Counseling Service was authorized by Public Law 96-22, on June 13, 1979. The program was extended by Public Law 97-72, on November 3, 1981, and further extended by Public Law 98-160, on November 21, 1983.

Counseling centers (Vet Centers) are authorized through FY 1988. Presently, there are 136 Vet Centers in operation throughout the country. Recent legislation authorized the VA to expand this number by 52. The Readjustment Counseling Service is now proceeding to open these new centers, and emphasis is being placed on the hiring of qualified personnel. VA's goal is to hire as many Vietnam era veterans as possible. Presently, 70 percent of the Vet Center program staff is made up of Vietnam era veterans. It is expected this trend will continue as new staff members are hired.

Since the program began keeping statistics in January 1980, Vet Center counselors have seen 270,553 Vietnam era veterans. In addition, there has been a total of 2,240,932 45-minute equivalent visits. These statistics represent data from January 1980 to September 30, 1984.

There are also 557 private vendors who have contracted with the VA to provide readjustment counseling services to eligible Vietnam era veterans. These services are generally provided to veterans who are geographically distant from a VA medical center. Since April 1982, 50,231 Vietnam era veterans have visited contract providers.

Overall, the Readjustment Counseling Program continues to see a high volume of clients. Counseling centers are seeing approximately 6,300 new Vietnam era veterans each month. A significant number of these veterans are suffering from moderate or severe post-traumatic stress disorders. In addition, the Vet Centers are seeing 19,000 clients each month who are actively involved with the program.

Rehabilitation Medicine Service

The DM&S priority for the provision of comprehensive rehabilitation services was further expanded in FY 1984 by several activities. A supplemental budget allocation enabled additional staff resources and over $500,000 to be allocated to the VA Medical Center, Palo Alto, California, to fully implement their CRC (Comprehensive Rehabilitation Center) program. The CRC staff and VA Central Office Rehabilitation Medicine Service representatives held two task force meetings this year, which resulted in the publication of a circular which defines the mission, goals, objectives, and evaluation criteria of the program.

Surveys conducted throughout the past fiscal year have demonstrated the existence and expansion of a wide variety of rehabilitation programs. As an example, although only one formalized and centrally-funded cardiopulmonary rehabilitation program exists in the VA health care system (located at the VA Medical Center, Wood, Wisconsin), at least 65 other medical centers have indicated their involvement in various levels of cardiac or pulmonary rehabilitation efforts. These programs are financially supported at the local level, and are staffed by teams of physicians, nurses, psychologists, physiologists, dieticians, rehabilitation therapists, and other technicians. Comprehensive cardiac care is available and has taken its place as a viable rehabilitation effort.

Another survey defined the need for a specific mix of therapeutic equipment necessary to provide high quality rehabilitation care to spinal-cord-injured veterans. Utilizing the equipment needs data, an updated and progressive space criteria manual was developed for the VA's Spinal Cord Injury Center construction efforts in the future.

The VA has increased programs to help the disabled veteran become more adept at managing his or her everyday home-bound activities. Formal horticultural therapy programs exist at 44 VA medical centers and provide a meaningful teaching experience in flower and plant growing and other garden-related activities. The elderly veteran appears to gain significant benefit from these programs. Therapeutic printing plants are also established at 38 medical centers. These programs have provided services to 1,741 veterans during the fiscal year. They are equipped to teach the skills of printing to interested veterans; and although carry-over of such skills into community living is limited, exposure to these activities expands the skill levels of many veterans who use the knowledge in avocational pursuits.

The work restoration programs provided 79,515 patients with vocational and avocational activities in order to assist them in employment and to maximize the quality of life for the more severely disabled veterans. The compensated work therapy program involved 7,250 patients at 40 medical centers and resulted in earnings of over $3 million. This self-sustaining program is designed to contract with private industry and encompass real work situations which can lead to competitive employment. Incentive therapy programs at 85 medical centers involved 30,347 veterans and showed earnings of over $5 million. In addition, 41,918 patients were referred to the vocational rehabilitation therapy programs.

The driver training program for the handicapped veteran added 2,925 referrals during the year making nearly 21,500 veterans who have either been evaluated or completed the specialized training since January 1, 1976. Over 241,000 driver training hours have been recorded over the intervening years with 9,754 veterans being licensed or relicensed to drive as a result of the training — a major factor in regaining independence and mobility in the life of a severely disabled person.

Spinal Cord Injury Service

The SCI (Spinal Cord Injury) Service treated 7,686 inpatients and 11,310 outpatients, with a total of 32,523 patient visits during FY 1984. There were 823 patients who made their first visit to a SCI center, and 515 of these had sustained their injury less than six months before admission. Of the total new patients, 436 were paraplegics and 387 were quadriplegics.

As a result of an increased effort to help patients remain in their homes and community, the SCI home care program was expanded to include all SCI centers. Over 19,301 home care visits were made to patients in FY 1984. The home care reporting system was revised to reflect the wide variety of services provided by the health care team ranging from hands-on care to teaching patients and family.

The independent living program has expanded to include programs at various levels which will assist severely disabled veterans to live and function at their maximum level of independence within the community. Special programs have been implemented including peer counseling, computer training, special recreational programs, development of self-teaching audio visuals, and transportation programs.

Urinary disease is one of the most life-threatening complications of spinal cord injury. For this reason, it is imperative that the VA attract and retain qualified staff to provide services to ensure quality care for prevention of renal problems. Therefore, a new classification series, the SCI Health Technician, was developed in order for SCI staff to expand their range of duties, increase the grade structure, provide for deficiencies in training, facilitate consistency in duty assignments, and enhance career opportunities.

The VA and the American Paraplegia Society sponsored the annual spinal cord injury seminar for approximately 350 VA SCI nurses and physicians. Three other SCI workshops were given: SCI Care for Physicians and Nurses in Non-SCI Medical Centers; the SCI home care coordinators meeting; and the SCI chiefs' meeting.

All new nursing home care units beginning in FY 1986 will provide, for each 60 beds, 4 beds to accommodate patients with spinal cord injuries as well as other patients with severe physical disabilities.

SCI Service staff members completed their first program planning cycle within the Medical District Initiated Program Planning process. The results, for the most part, supported an earlier demographic study which had resulted in the identification of five new SCI centers: Salt Lake City, Utah; Albuquerque, New Mexico; San Antonio and Dallas, Texas; and Indianapolis, Indiana. In addition, Seattle, Washington is in the process of activation and San Diego, California will start construction in FY 1985.

Blind Rehabilitation Service

During FY 1984, there were 734 blind veterans given training at the four Blind Rehabilitation Centers and three Blind Rehabilitation Clinics. In addition, approximately 9,610 blind veterans received services from the 82 VIST (Visual Impairment Services Teams).

A total of 28 Kurzweil reading machines were issued to eligible veterans using criteria and training programs developed by the Blind Rehabilitation Service last year. The Kurzweil reading machine converts print to speech and enables blind persons to access most printed material without sighted assistance.

Blind Rehabilitation Service monitors a field service contract with the BVA (Blinded Veterans Association) which provides assistance to blind veterans who may not be integrated into the VA service system. The BVA accomplishes this with five blind veterans traveling around the country motivating and counseling other blind veterans, and attempting to get them to the VA for continuing services. Over 1,000 veterans were visited during the year.

Blind Rehabilitation Service collaborated with the Rehabilitation Education Program, Continuing Education Center, and Regional Medical Education Centers to provide two VIST training programs during fiscal year 1984. More than 80 coordinators were given training to assist them in developing optimum service delivery to blind veterans.

Blind Rehabilitation Service collaborated with various Services in VA Central Office to develop plans for a 10-bed mini Blind Rehabilitation Center for San Juan, Puerto Rico. This center will provide blind rehabilitation for the large number of Puerto Rican blind veterans while taking into consideration the cultural, climatic, and language differences that have been a deterrent to blind rehabilitation on the mainland in the past. The center has been approved for next year.

Audiology and Speech Pathology Service

During FY 1984, there were more than 613,000 patient visits reported by 133 VA audiology and speech pathology programs throughout the nation. This represents a 3.2 percent increase in these services over the previous year.

The number of hearing aids issued to veterans through the VA during 1984 also increased. The more than 37,000 hearing aids issued is double the number of hearing aids issued just six years ago. This significant increase in the demand for hearing aids within the VA is attributed to the increasing age of veterans, as well as to the advanced technology being utilized by hearing aid manufacturers. In the past few years, hearing aids have been produced that allow veterans with sensorineural hearing losses to use hearing aids in what used to be difficult listening situations. In addition, hearing aids are now smaller and yet, in some instances, more powerful than they have been in the past. The VA hearing aid program has always contracted for the aids used in the program on a yearly basis. This approach allows the VA the opportunity to incorporate new developments from the hearing aid industry in the instruments that are made available to the veterans. The hearing aid selection procedures that are used in determining which aids will be placed on contract each year have been developed to assure that each year the best hearing aids available commercially are being offered to the veterans for their use.

The demands for both audiology and speech pathology services are increasing significantly each year. With the average age of veterans becoming greater each year, there is a rapid growth in hearing and speech problems that can be directly related to aging. It is conservatively estimated that the current prevalence of speech and hearing problems needing professional assistance is 65 percent for the veterans in medical centers, nursing homes, and domiciliaries.

As the age of the veteran population increases, this prevalence statistic will also increase. Projections for speech and hearing problems within the VA for the year 1990 estimate that at least 85 percent of the veterans in the VA's medical centers will be in need of professional audiology and speech pathology assistance.

Prosthetic and Sensory Aids Service

The P&SAS (Prosthetic and Sensory Aids Service) provided prosthetic services costing approximately $90.6 million during fiscal year 1984. Appliances and services were furnished to 1.1 million disabled veterans. The P&SAS is a high-profile service because its patient load is composed of disabled veterans.

The P&SAS budget nationwide has tripled in eight years. The major reasons for the increased costs have been the ever-increasing sophistication of technology available for use by the handicapped, the increasing population of veterans who are becoming disabled because of age and continuing liberalization of eligibility by Congress. These trends are expected to continue.

A sample of items distributed in FY 1984:

Item	Number	Total Cost
Aids for blind	16,153	$ 797,197
Artificial limbs	10,000	13,000,000
Braces	32,242	3,283,835
Corset belts	19,693	239,458
Eyeglasses	103,179	2,740,754
Hearing aids	37,051	5,901,148
Shoes	30,618	857,304
Wheelchairs	36,098	11,723,348

Prosthetic & Sensory Aids Service has intensified comprehensive training programs for new trainees, Chiefs of Prosthetic & Sensory Aids Service, and Chiefs of orthotic laboratories, and has scheduled training for all regional amputee clinic teams. In coordination with the Office of Program Planning and Evaluation, a study of both orthotic and restoration laboratories is being conducted. Outdated manuals and circulars have been rewritten. Workload analyses are being conducted; staffing criteria are being established; and information and guidance are being provided through monthly conference calls. Personnel requirements of the program are also being evaluated.

Agent Orange

The VA expanded its activities, begun in 1978, to resolve the complex health care issues raised by the defoliant Agent Orange. The possible adverse health effects of Agent Orange remained a key issue for some Vietnam veterans. The Agent Orange Projects Office, within the VA's Department of Medicine and Surgery, served as the Agency's primary office responsible in FY 1984 for the conduct of significant Agent Orange research and other related activities. This office also assumed responsibility for monitoring Agency and interagency activities undertaken to resolve the health care issues raised by phenoxy herbicides and other defoliants used during the Vietnam conflict.

During FY 1984 the VA continued to monitor the conduct of a major epidemiological study of the health status of Vietnam veterans conducted under the terms of an interagency agreement between the VA and the CDC (Centers for Disease Control), Atlanta, Georgia. Under the terms of the interagency agree-

ment, the VA is providing the CDC with resources and authority for the implementation, analysis, and scientific interpretation of a valid epidemiological study in accordance with the provisions of section 307 of Public Law 96-151, as amended by Public Law 97-72. The study consists of three major research efforts including a Vietnam experience component expected to be completed in May 1987; an Agent Orange component targeted for completion in September 1988; and a selected cancers study component which will complete this research in September 1989.

During FY 1984, the VA continued to pursue the initiation and conduct of several significant Agent Orange-related research efforts. These included the Vietnam veterans mortality study, a review of soft tissue sarcoma cases in the Patient Treatment File for Vietnam era veterans, a retrospective study of dioxins and furans in adipose tissue, a soft tissue sarcoma study conducted in cooperation with the Armed Forces Institute of Pathology, and ten specially solicited animal research projects.

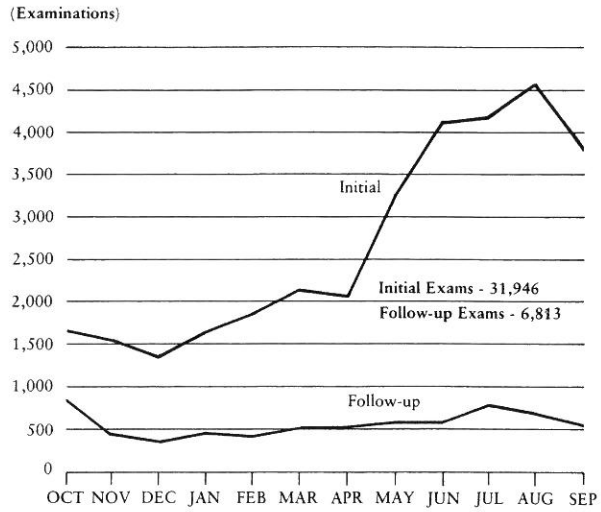
Public Law 96-151, enacted December 20, 1979, mandated preparation by the VA of a review and critical analysis of the worldwide scientific literature on Agent Orange and other phenoxy herbicides. Subsequently, a two-volume report, prepared under contract by J.R.B. Associates, Inc., of McLean, Virginia, was submitted to the VA on October 1, 1981. Public Law 97-72, enacted November 3, 1981, provided the Administrator of Veterans Affairs with authority to expand the literature review to include other studies relating to whether there may be long-term adverse health effects in humans from exposure to phenoxy herbicides. In April 1983, a contract for an updated review and analysis was awarded to Clement Associates, Inc., Arlington, Virginia. During June 1984, Volumes III and IV, providing an update of the literature since publication of the original report, were published and widely distributed both within and outside the VA. Plans were initiated at this time to prepare a lay language summary of Volumes III and IV for the general public. Provision was made for continuing updates, including the preparation of lay language summaries in fiscal years 1985 and 1986.

The passage on November 3, 1981, of Public Law 97-72, the "Veterans Health Care, Training and Small Business Loan Act of 1981," gave the VA legislative authority to provide medical care to Vietnam veterans, subject to guidelines established by the Chief Medical Director, for health conditions possibly related to their exposure to Agent Orange without proof that it was the cause. During fiscal year 1984 VA health care facilities had 3,800 inpatient admissions and 444,080 outpatient visits under the authority of this legislation. There have been 24,100 inpatient admissions and 1,245,000 oupatient visits since FY 1982.

In addition, during FY 1984, other program activities including conduct of the VA's Agent Orange registry, chloracne task force reviews, and preparation of a monograph series were continued as part of the total Agency efforts related to Agent Orange. A review of records of a selected sample of 15,000 Vietnam era veterans treated at VA medical centers was completed in August 1984.

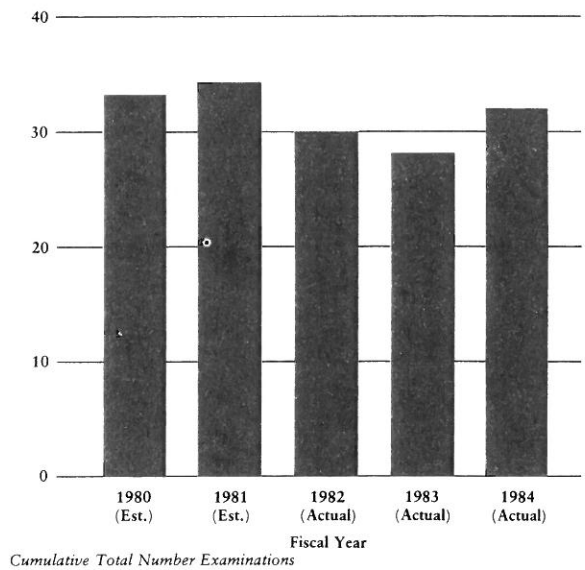
As of September 30, 1984, a total of 157,595 Vietnam veterans had reported to VA health care facilities to participate in the VA's Agent Orange registry program of physical examinations. This program, coordinated by the environmental physicians located at each VA health care facility, is being conducted to identify those veterans concerned about the possible adverse health effects of exposure to Agent Orange. Approximately 32,000 of these veterans participated in the examination program during FY 1984. Personal, service, and medical information from the examinations is put into a special computer file to assist the VA in its efforts to serve these individuals. The Agent Orange registry is being utilized for the periodic updating of addresses of registry participants to assist in providing them with significant information on Agent Orange. Specially prepared Agent Orange-related pamphlets and newsletters developed by the VA's Office of Public and Consumer Affairs, in cooperation with the Agent Orange Projects Office, have highlighted this effort.

AGENT ORANGE EXAMINATIONS
FY 1984



Through Agency directive and special ongoing nationwide bimonthly conference calls with environmental physicians and other key staff members, the VA is pursuing its goals of keeping its health care staff fully aware of the latest scientific and medical developments concerning Agent Orange. This effort is supplemented through the periodic mailout from VA Central Office to each environmental physician of significant scientific, medical, and other information.

AGENT ORANGE EXAMINATIONS



Cumulative Total Number Examinations as of September 30, 1984 - 157,595

During FY 1984, the VA multi-faceted approach towards resolving the many complex health issues surrounding Agent Orange assisted in advancing the Agency's goal of ensuring that every eligible Vietnam veteran receives those health care benefits provided by law.

The VA cooperated with other Government agencies and public institutions involved in Agent Orange research. A dialogue was maintained with several foreign

governments concerned with the possible adverse health effects of exposure to dioxin among civilian and military populations.

On August 17, 1984, the Centers for Disease Control announced the results of the birth defects study conducted in the Atlanta, Georgia, area to determine if exposure of Vietnam veterans to Agent Orange may have contributed to birth defects in their offspring. The study, jointly funded by the VA, the Department of Health and Human Services, and the Department of Defense, indicated that, in general, Vietnam veterans who had greater estimated opportunities for exposure did not seem to be at a greater risk of fathering babies with birth defects.

The VA continued its participation as an active member of the White House-established Agent Orange working group and its science panel. Membership in this committee enables the VA to share information and interact with other Federal agencies concerned with resolving the issue of Agent Orange. The VA Advisory Committee on Health-Related Effects of Herbicides, along with its two subcommittees (the Subcommittee on Veterans Education/Information and the Subcommittee on Epidemiology/Biostatistics) advises the Administrator on scientific and policy matters of concern to Vietnam veterans exposed to herbicides. During fiscal year 1984, it continued to work toward its goals of providing a better forum for discussions of epidemiology and biostatistics and enhancing further dialogue with veterans who can advise the VA on matters related to Agent Orange.

Representatives of the various state Agent Orange commissions and programs continued to interact as members or as general participants in this committee in order to improve communication and coordination between the VA and concerned state organizations. The committee, which meets in open sessions at VA's Central Office on a quarterly basis, provides an important forum for comments by the general public.

In FY 1984 plans were initiated by the VA for the preparation of an updated series of videotapes on Agent Orange to be used for information purposes for its professional health care and other staff, Vietnam veterans, and the general public. When completed, the videotapes will be distributed to all VA health care facilities and VA regional offices and made available to the general public. The videotape series will supplement and complement the videotapes, "Agent Orange: A Search for Answers," and "Agent Orange: Where Do We Stand?," previously produced by the VA.

Health Care for Female Veterans

During FY 1984, the Department of Medicine and Surgery continued its emphasis on the goal of providing equitable health care for female veterans. All VA medical centers and outpatient clinics reviewed their plans for the care of female veterans with special attention to the provision of adequate gynecological services. Projects to correct physical limitations in health care facilities which might limit access or interfere with the care of females are in process.

The VA Advisory Committee on Women Veterans was rechartered to conform to Public Law 98-160 which made it a congressionally mandated committee.[1] The 18-member committee is made up of 16 women and two men representing veterans from World War II, the Korean conflict, and the Vietnam era, as well as those with service-connected disabilities, and authorities in fields pertinent to the needs of women veterans. The committee met three times in FY 1984 and submitted a detailed report to Congress concerning the needs of women veterans and outlining a series of recommendations. The Survey of Female Veterans, due to be completed in 1985, will provide the committee with previously unavailable information on demographic, socioeconomic, and health status of women veterans.

[1] *This information is included in compliance with section 222, title 38, U.S.C.*

Health Care for Former Prisoners of War

In 1981, Congress passed Public Law 97-37 entitled, "Former Prisoners of War Benefit Act." The law established an Advisory Committee to the Administrator on Former Prisoners of War. Eight diagnoses were identified to be considered presumptive for service-connection for former prisoners of war. The diagnoses were avitaminosis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra, and other nutritional deficiency, and any of the anxiety states which became manifest to a degree of 10 percent or more after active military service. Public Law 98-223 added dysthymic disorder to the list of diagnoses effective October 1, 1983. The Chief Medical Director is an ex-officio member of the Advisory Committee.

There are an estimated 85,987 former prisoners of war alive; 402 from World War I, 81,347 from World War II, 3,618 from the Korean conflict, and 620 from the Vietnam era. One of the early recommendations of the Former Prisoner of War Advisory Committee was that the Department of Medicine and Surgery develop a specialized protocol for obtaining the history and the medical evaluation of ex-prisoners of war. Consequently a special history-taking and medical evaluation protocol was developed and has been in use since July 1983.

DM&S established a physician coordinator, an administrative coordinator, and a social work coordinator at all VA Medical centers to handle the ex-POW examination program. DM&S also established 28 senior medical clinical coordinators, one in each medical district. A new chapter to the *Physician's Guide* was published, entitled "Medical Evaluation for Former Prisoners of War."

An educational conference was conducted in VA Central Office for the 28 senior medical clinical coordinators. These senior coordinators were trained in the use of the new history and medical evaluation protocol. As an aftermath of this conference, over 100 educational programs were conducted in the VA health care facilities.

In early 1984, DM&S developed a former POW statistical tracking system. Each medical facility was requested to provide information on ex-POW's who had entered the program as of July 1, 1983. The first report from the tracking system revealed that 179 facilities (including VA Medical centers and outpatient clinics) reported that they had examined approximately 10,500 ex-POW's. The second report in September 1984 showed that approximately 13,600 ex-POW's had been examined.

DM&S has been conducting quarterly conference calls to all VA medical centers and clinics since June 1983. It has been emphasized that personnel in VA health care facilities must be especially sensitive and compassionate to the special needs of former prisoners of war.

In May 1984, a systematic external review program was established with the Medical Inspector and Evaluation Office in DM&S to evaluate the ex-POW program in VA medical centers.

The VA provided funding ($110,885) to the National Academy of Sciences for an ongoing study on morbidity and mortality in former prisoners of war.

A VA research psychologist at the VA Medical Center, Washington, D.C., is developing a research protocol entitled, "Multi-Center Study on the Chronic Effects of Stress Using WWII and Korean Conflict ex-POW's as the Cohort."

An investigator at VA Medical Center, Wichita, Kansas, is continuing his ongoing study of strongyloidiasis in ex-POW's who worked on the Thai-Burma Railroad.

[1] *This information is included in compliance with section 221, title 38 U.S.C.*

Preventive Health Services[1]

In January 1984, a preventive health care task force was established in DM&S to develop a preventive health program targeted to veterans with service-connected disabilities. A survey was conducted to assess the extent of preventive health activities throughout the system. Ninety-six percent of the facilities responding offered services which fell within eleven broad categories of preventive health:

- periodic medical and dental examinations;
- patient health care education;
- maintenance of drug profiles, patient drug monitoring, and drug utilization education;
- mental health preventive services;
- substance abuse preventive measures;
- immunizations against infectious disease;
- prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;
- genetic counseling concerning inheritance of genetically determined diseases, i.e., sickle cell anemia;
- routine vision testing and eye care services;
- periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention, i.e., routine hearing testing;
- other health-care services that provide preventive health care include mammography; diabetic, hypertension, and colo-rectal cancer screening; and pap tests for female veterans.

The survey revealed that the average number of preventive health care services offered per facility was 7.8. Those offered most commonly were patient health education; periodic medical and dental exams; maintenance of drug profiles, patient drug monitoring, and drug use education; and other health care services encompassing a broad range of screening activities such as diabetes, hypertension, and cancer screening.

As a result of the task force's deliberation, a program is being developed for the target population stressing five areas of risk factor intervention:

- Hypertension
- Alcohol abuse
- Nutrition and weight control
- Smoking
- Physical fitness and exercise

These risk factors address areas of high mortality and morbidity in the VA patient population, as follows:

- Heart disease - most prevalent diagnosis and second leading cause of death in VA patients.

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[1] *This information is included in compliance with section 663, title 38, U.S.C.*

- Lung cancer - leading cause of death and second most prevalent diagnosis in VA patients.

- Alcohol dependency - third most frequent diagnosis.

- Respiratory diseases - third leading cause of death.

It is anticipated that the program of preventive health services will be implemented in all DM&S facilities in FY 1985.

Neurology Service

During FY 1984, there were neurological services provided at 85 VA medical centers. This represents a 17 percent growth in the number of medical centers offering neurological services compared to five years ago. These services are staffed by 317 physicians who provide a variety of subspecialized services as well as general neurological care. For instance, there are programs for audiovisual monitoring of patients with complicated diagnostic problems at 26 medical centers, neurobehavioral programs at 29 medical centers, and laboratories for the study of sleep disorders at 32 medical centers. The number of patients treated increased slightly compared to last year. The average daily census decreased, however, since the average length of stay also decreased.

Nuclear Medicine Service

The era of high technology in diagnostic medicine was inaugurated when the Veterans Administration established nuclear medicine as a distinct new medical discipline in 1947. Nuclear Medicine was a progeny of the Manhattan Project, and it, in turn, laid the groundwork and techniques for such recent developments as computed tomography and digital subtraction procedures in radiology. In the VA system, nuclear medicine introduced the new process of nuclear magnetic resonance into patient care.

In the past year the VA Nuclear Medicine Service employed 163 physicians, 48 physicists, 29 chemists, and 503 technical personnel. The 130 Nuclear Medicine programs provide diagnostic (imaging and in vitro [Radio-immunoassay]) and therapeutic services. Ultrasound examinations are performed in 22 Nuclear Medicine Services. Approximateley 3.4 million nuclear medicine procedures are done annually. The Nuclear Medicine professional staff at the VAMC St. Louis (Cochran), Missouri, provides excellent diagnostic care to veteran patients at seven satellite facilities by a telecommunication computerized nuclear medicine network. The first NMR (nuclear magnetic resonance) unit was installed at the St. Louis (Cochran) medical center in the fall of 1983 and began patient care operations in early 1984. Plans are underway to develop NMR spectroscopy.

In addition to patient care activities, areas of research such as the following are pursued in Veterans Administration Nuclear Medicine Services:

- atherosclerosis, adrenal function, alcoholism, cardiac albumin turnover, bacterial function, blood-brain barrier, blood cell tumor localization, bone marrow, cerebral circulation cardiology, catecholamines, endocrine function, immunology, inflammation, kinetics of tumor localization, nuclear magnetic resonance, peripheral vascularity, positron scanning, radiation wound healing, radiopharmaceuticals, renal transplants, thyroid function, and monoclonal antibodies for the diagnosis and therapy of cancer.

The scope and developments in high technology is shown by these activities:

- computer network-core and six satellite VAMC's;

- installation of VA's first nuclear magnetic resonance unit at St. Louis (Cochran);

- funding approval for spectroscopic NMR at VAMC San Francisco, California, two additional NMR imaging units, and two nuclear medicine computer networks;

- siting of first VA cyclotron, West Los Angeles, California;

- establishment of the first VA PET (positron-electron transformation) scanner at VAMC Madison, Wisconsin and second PET scanner at West Los Angeles, California;

- concept of diagnostic processing center, total record archive communication systems, picture archival communication systems and diagnostic algorithms.

The VA Central Office Nuclear Medicine Service, in its responsibility for matters pertaining to veterans who were at sites of temporarily augmented ionizing radiation (STAIR), addressed these subjects:

- development of framework for epidemiological study;

- monitoring implementation of Public Law 97-72 and work on Public Laws 98-160 and 98-542;

- dissemination of low-level radiation health effects books and literature together with examination protocol to all VA medical centers and regional offices;

- meetings and correspondence with Defense Nuclear Agency, Committee on Interagency Radiation Research Policy Coordination, and STAIR veterans;

- interagency liaison with agencies whose work is germane to STAIR veterans.

Educational activities include participation in the RMEC at the VA Medical Center, St. Louis (Cochran), Missouri, on nuclear magnetic resonance, and planning for a nuclear medicine technologist program at the VA Medical Center, Northport, New York.

Planned new activities include the development of NMR spectroscopy and implementation of two computer nuclear medicine network cores.

Radiology Service

As noted above (in Nuclear Medicine) the first NMR (Nuclear Magnetic Resonance) unit became operational in early 1984. This is a 0.15 tesla resistive magnet located at the VA Medical Center, St. Louis, Missouri. Two additional units were purchased to be delivered in September 1985. These will be 1.5 tesla superconducting magnets that will be located at the VA Medical Centers, Boston, Massachusetts, and Richmond, Virginia. Magnetic resonance imaging is a new technology that uses radio waves in a strong magnetic field to produce sectional images of the body. There is no x-radiation involved. The images produced are, in many cases, superior to those produced by x-rays.

Radiologists are now performing interventional radiographic procedures, such as percutaneous transluminal angioplasty (a procedure that uses a catheter to open blocked blood vessels) and percutaneous needle biopsies and drainage procedures. Patients who previously required major surgery can, in many instances, have a relatively simple radiographic procedure instead, often on an outpatient basis. There were 7,322 of these performed in the VA last fiscal year.

Radiology Service participated in the planning of 40 projects involving x-ray equipment in FY 1984.

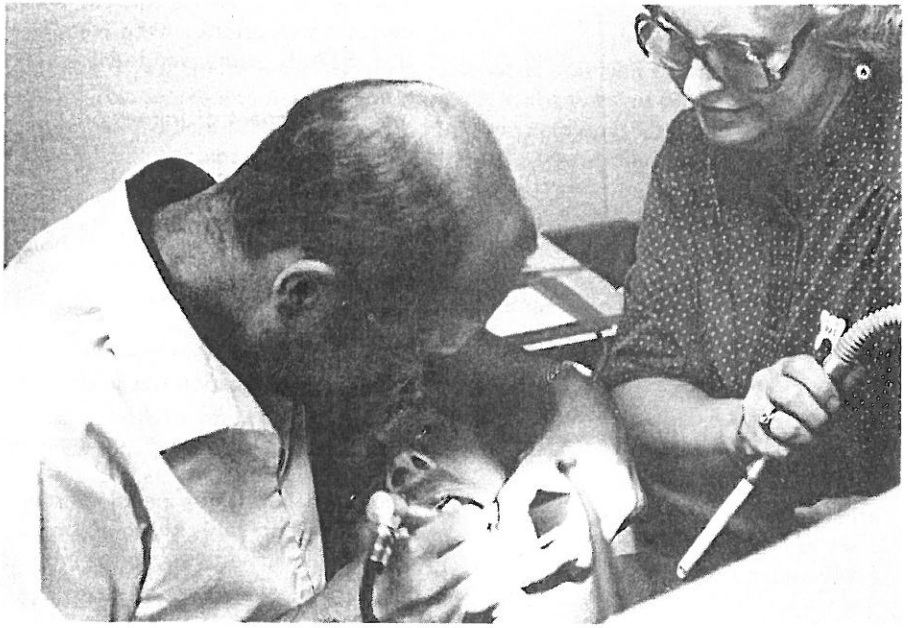
There were 5,430,128 studies performed. These included 171,075 ultrasound examinations.

There are currently 26 VA medical centers which have "in-house" radiation therapy capability; 24,078 patients were treated last year.

Dentistry

The VA manages the leading hospital-based dental care system in the United States, operating dental facilities and providing full-time staff at all VA medical centers and at a number of outpatient clinics.

During FY 1984, the first five VA-trained dentist geriatric Fellows completed their two-year program. Through an innovative process involving submission of proposals by VA health care facilities, five sites were chosen in which to place these uniquely trained individuals. This highly successful recruiting procedure will allow the Department to capitalize on the training investment and provide a mechanism for evaluating the contributions of dental geriatricians. Most importantly, however, their knowledge and clinical expertise is now available to the ever-burgeoning population of elderly veterans.



Providing quality care includes the beneficiaries who received dental treatment during fiscal year 1984.

The VA also entered into a collaborative project with the National Institute on Aging and the National Institute for Dental Research to develop a research agenda for the oral health and related problems of the elderly. A catalog of relevant resources and activities and an implementation plan that would recommend cooperative efforts among the participating agencies are being produced to achieve their objective.

A Dental Research Center for dental materials was established at the VA Medical Center, Ann Arbor, Michigan. The Center will complement the activities of the VA Research Center for Oral Disease in Houston, Texas, by examining a different, yet equally important, area of clinical dentistry.

Interdisciplinary health care protocols are being developed to afford better integration of dental care with the overall medical needs of veterans admitted to VA health care facilities. In conjunction with the implementation of these protocols at VA facilities, programs will be instituted in the Dental Education Centers and Regional Medical Education Centers to provide advanced knowledge in the management by staff dentists of medically compromised patients.

Several task forces, derived from the Dental Field Advisory Group, met and developed recommendations on matters which are vital to the successful implementation of departmental initiatives. These included task forces on the dental data system, diagnosis related groupings, education, the oral examination form, dental legislative need, and the innovative use of dental auxiliaries. The Field Advisory Group has proven to be a valuable planning and management resource because of its members' contact with private dental practitioners and VA dental and medical staff at the local level.

As shown in the accompanying table, 111,643 outpatient beneficiaries were seen by VA dental staff, representing a 4 percent increase over FY 1983. A 23 percent decrease in the number of patients seen by private sector dentists over the previous year also took place, resulting in a savings of approximately $3.6 million.

Class I-VI Outpatient Dental Program

Item	FY 1984	FY 1983	FY 1982	FY 1981	FY 1980
Staff and fee cases Total completed	135,556	138,534	149,700	160,564	145,881
Staff cases completed	111,643	107,653	97,768	86,036	74,331
Yearly change	+ 3,990	+ 9,885	+ 11,732	+ 11,705	+ 14,230
Percent change	+ 4	+ 10	+ 14	+ 16	+ 24
Fee cases completed	23,913	30,881	51,899	[1]74,528	[1]71,550
Yearly change	- 6,968	- 21,018	- 22,629	+ 2,978	+ 3,648
Percent change	- 23	- 40	- 30	+ 4	+ 6
Funds oblig. (000's)	$ 13,330	$ 16,954	$ 30,548	$ 50,305	$ 54,195
Yearly change (000's)	- 3,624	- 13,594	- 19,757	- 3,890	+ 14,978
Percent change	- 21	- 45	- 39	- 7	+ 38

[1]*P.L. 96-22 increased workloads*

Optometry Service

An eye clinic comprehensive needs assessment was begun in 1983 and concluded in 1984. The assessment found that the optometry staff that had been added since the organization of the Optometry Service in 1976 had made significant improvements in the quality and quantity of eye/vision care available to veterans; that the team concept of unified eye clinics staffed by optometrists and physicians was judged by their Chiefs of Staff to be excellent; and, that staff optometrists had been credentialed and given appropriate clinical privileges, with resulting improvements in patient care. The staffing shortages ascertained by the needs assessment are now being addressed. The Optometry Service continued to be a leader in the development of hospital residency training programs for graduate doctors of optometry, with some 40 residents now in training for one-year periods at 28 medical centers or outpatient clinics.

This year marked the end of a multiyear trial VA and DOD (Department of Defense) sharing agreement for VA purchase of ophthalmic prescriptions from DOD optical fabrication laboratories. The assessment of the professional parameters of quality, delivery times, and patient acceptance has shown almost identical results with that for prescriptions purchased from civilian laboratories.

The VA was awarded the Carel Koch Medal for its contributions towards furthering interprofessional cooperation in eye care by the American Academy of Optometry. Also, the American Optometric Association presented the Apollo Medal to the VICTORS (Vision Impairment Center to Optimize Remaining Sight) program at the VA Medical Center, Kansas City, Missouri, for the VA's improvements made in optometry care.

Podiatric Service

During FY 1984 the Podiatric Service continued to encourage the growth of its patient care programs in the Veterans Administration.

The Podiatric Service continues to provide valuable in-service education to its VA Podiatric Staff. On May 17 and 18, 1984, the VA Central Office Podiatric Service, in conjunction with the VA Medical Center, Wood, Wisconsin, and the

Medical College of Wisconsin, sponsored a clinical symposium entitled, "The High Risk Foot." The program was attended by podiatry, orthopedic, medical, and vascular specialists from around the country.

Podiatry residency and student training programs are continuing to respond to the demand for improved educational programs increases. Three new second-year residency programs were established in podiatry surgery in addition to the 34 first-year residency programs that currently are in operation in VA medical centers across the nation. All colleges of podiatric medicine in the United States continue to rely on VA medical centers for providing a portion of the clinical training to their students.

Major research projects have been approved for funding at VA medical centers at San Francisco, California, and Lebanon, Pennsylvania. Both projects are related to improving the diagnosis and care of diabetic foot pathology. Each project is sponsored by the medical center podiatric section and works cooperatively with the medical and surgical services at the VA and the affiliated medical college.

Pathology Service

Pathology Service realized its major goal during this past year by computerizing management reporting systems and improving methodologies for optimizing laboratory diagnostic test protocols, known as LDRG's (Laboratory Diagnostic Related Groups). Furthermore, a cost methodology was developed which allows each medical center laboratory to determine how much it costs to perform lab tests for each DRG (diagnosis related group). This graphic information has been distributed to medical center top management in several regions, and has been used to review fiscal and staff management based on a peer group concept.

In addition, a laboratory management and productivity analysis protocol was developed to provide each medical center with a custom-designed graphic and narrative analysis of its fiscal and staffing expenditures. The protocol incorporates data from several reporting systems into a report that is designed to assist VA laboratory managers in their daily laboratory operations, again using the concepts of peer group comparison.

The completion of the field in-service management education program, Optimizing Laboratory Productivity, for laboratory chiefs and managers was realized with the presentation of the final seminar at the Regional Medical Education Center at Northport, New York, in November 1984.

Comparative laboratory statistics for three selected years are shown in the table below:

Total Procedures

Clinical Pathology	FY 1984	FY 1982	FY 1981
Procedures (unit count) (in millions)	166.6	232.0	216.0
Workload (unit value) (in millions)	553.6	721.8	674.7
Blood transfusions	727,539	623,510	[1]587,613

[1] *Corrected data.*

Total workload for FY 1984 decreased in comparison with FY 1982 due to the following factors:

- The method used for counting laboratory workload for most automated instruments was radically changed by the CAP (College of American Pathologists), which sets the standard values for unit count and unit value.

- The unit of count is now the panel or batch as opposed to an individual test performed in such a panel or batch set-up. Panel and batch testing form a large component (about 40 percent) of all VA laboratory testing.

- The unit value associated with many procedures was reduced by the CAP.

- The change in counting laboratory procedures (panel as opposed to individual tests), initiated in FY 1983, rendered the data for FY 1983 incompatible and they have not been included in the above table.

Blood transfusions in FY 1984 showed a 16.7 percent increase over FY 1982. Veterans Administration laboratories again maintained their usual high percentage of blood procured from voluntary donors. For the past several years this had been 98 percent. FY 1984 demonstrated an increase in voluntary donors to 99 percent. Similarly, the VA's record for outdated blood has remained at two percent, which is below that of the national average for private sector hospitals.

Productivity in Anatomic Pathology

Item	FY 1984	FY 1982
Surgical accessions	419,152	380,960
Cytology accessions	194,567	202,904
Autopsies	15,251	14,772
Autopsies as percent of deaths	32.0	33.2
Deaths	48,318	[1]44,546

[1] *Corrected data.*

Surgical accessions in FY 1984 showed a gain of 10.0 percent over FY 1982, while autopsy percentage showed a slight decline. Cytologies decreased by 4.1 percent from FY 1982.

Efforts to computerize VA laboratories continued during FY 1984 in cooperation with the VA Medical Center, Salt Lake City, Utah information system center. The Laboratory special interest user group, composed of pathologists, technologists, and laboratory data processing experts, recommended changes and improvements which were incorporated into the VA's laboratory software system currently under development. Completed modules for chemistry, hematology, microbiology, and ward reporting, as well as other laboratory subspecialty areas, will be installed in February, April, June, and August of 1985 based on the DHCP hardware schedule.

Training for the laboratory software takes place in January 1985 for the laboratorians who will be implementing the system and teaching the trainees from the VA medical centers prior to bringing the system on line.

As of October 1, 1984, all 198 laboratory services enrolled in the College of American Pathologists laboratory inspection program were inspected and fully accredited. This accreditation is recognized by the JCAH (Joint Commission on Accreditation of Hospitals) in lieu of their own inspection process for the accreditation of a VA medical center laboratory.

During FY 1984, Pathology Service extensively revised quality control measures for diagnostic surgical pathology and autopsies (systematic external review of surgicals and systematic external review of autopsies). This was accomplished through a contract with the Armed Forces Institute of Pathology. The revision

becomes effective in the first quarter of FY 1985 and is expected to enhance diagnostic aspects of these programs throughout the VA Laboratory Services.

The laboratory at the West Haven, Connecticut, VA Medical Center became the first system-wide VA virology reference laboratory. This special laboratory will serve the VA's Northeastern Region as a clearinghouse for specific virus culture and identification. In addition to providing strong clinical support, this resource is involved with the development and testing of new viral diagnostic techniques, as well as with sensitivity testing for anti-viral drugs. The laboratory is expected to provide support for medical centers requiring diagnostic assistance for AIDS (acquired immune deficiency syndrome) and other complicated diseases suspected to be of viral origin.

During FY 1984, the computer module for laboratory space planning and construction was programmed to incorporate all changes to a recent revision of space criteria. This included adding LCAP (laboratory clinical activities profile) levels and space/staffing matrices which were previously non-existent. This program will become a part of the Professional Services personal computer network which will allow other users to modernize space planning.

Nursing Service

During FY 1984, Nursing Service redefined its mission and goals for the next five-year period. New priorities in the delivery of care have been recognized based on the challenge to assure excellence in the provision of care for the aging and more acutely ill veterans. Additional program initiatives emphasize female veterans, rehabilitation, and new technological advances in the provision of care. Nurses involved in research, education, and clinical and administrative areas are focusing on planning, implementing, and evaluating programs to deliver quality care in a cost-effective manner.

Bioethical issues are receiving increased attention as the impact of scarce resources is realized by caregivers. Bioethical topics were addressed during monthly conference calls by Central Office and medical center nursing staff members. Discussions highlighted the need for Nursing Services to contribute to and participate in processes within medical centers to address bioethical considerations in patient care.

Nursing Service continued in its initiatives for recruitment and development of nurses with clinical expertise in geriatrics/gerontology. A centralized preceptorship program includes training for leadership positions in VA nursing home care units. Five nurses who received full-time scholarships for graduate study of geriatrics/gerontological nursing began their service obligation. Sixty-three positions were funded for master's level nursing students preparing to become clinical specialists in geriatrics/gerontological nursing or rehabilitation nursing.

A continuing education program on rehabilitation nursing care of the aged and severely disabled was developed as a result of Nursing Service's FY 1983 initiative. The program was supported by the VA Continuing Education Center and the Mid-Atlantic Regional Medical Education Center.

Nursing Service addressed issues related to the care of female veterans in a variety of forums. The special needs of female veterans have been the focus of workshops and conference calls to increase the awareness of nursing staff in this area. Construction designs are carefully reviewed to determine if adequate facilities are provided for female veterans.

Nursing Service maintains active involvement with DM&S Facility Engineering, Planning and Construction, and the Office of Construction. The participation of Nursing Service in establishing criteria, reviewing designs, and attending post-occupancy evaluation visits is essential in promoting an effective environment for providing quality patient care.

The executive development of nurse leaders continues to receive priority attention through preceptorship training for the positions of Assistant Chief, Nursing Serv-

ice; Associate Chief, Nursing Service for Education; and Associate Chief or supervisor, Nursing Home Care Unit. Performance-based interview concepts are used to provide relevant data and consistency in the selection of key nursing personnel.

A three-year project for a practicum in nursing administration in highly affiliated VA medical centers was implemented. Nurses who are enrolled in broad-based master's degree programs in nursing administration are considered for this practicum, with both the Medical Center Director and Chief, Nursing Service, serving as preceptors. In FY 1984, one position was funded in one VA medical center, and 21 positions have been approved in eight medical centers for FY 1985.

The full-time scholarship program under Public Law 96-330 moved into the third cycle. Since its beginning, 890 scholarships have been awarded. Ninety-one were for study at the master's degree level in medical/surgical, psychiatry/mental health, geriatrics/gerontology, rehabilitation, and nursing administration, the areas most critical to the VA. Under Public Law 97-251, 91 awards were made in the first cycle to full-time VA health care employees for part-time study in baccalaureate level nursing programs. By the close of FY 1984, 186 full-time and seven part-time awardees had begun their service obligations in 93 VA medical centers.

Nursing Service encourages appointments of nursing school deans and participation of chief nurses on VA medical center Dean's Committees to address issues of competency, educational levels, credentialing, and accountability. During FY 1984, 44 deans of schools of nursing were members of Dean's Committees. The Deputy Assistant Chief Medical Director for Nursing Programs continues regular meetings with officials from the American Association of Colleges of Nursing.

A one-day conference for Chiefs of Nursing Services was held in New Orleans, Louisiana, during the Biennial Convention of the American Nurses' Association; approximately 129 chief nurses met with Central Office regional nurses as part of the overall program. New VA initiatives were addressed, including alternatives for long-term care of the chronically ill, care of the aging and women veterans, and executive development for nurses.

Highly qualified professional nurses are being recruited to meet the increasingly complex needs of patients. A newly revised recruitment brochure describes career opportunities and the qualifications necessary for appointment. An audiovisual program which describes the VA nurse qualification standards has been prepared for each medical center.

The final report of the recruitment and retention study mandated by Public Law 96-330, section 118, was submitted to Congress in 1984. This study, as well as nursing studies published by the National Commission on Nursing, the American Academy of Nursing, and the Institute of Medicine, has been useful in developing appropriate recruitment and retention initiatives.

Nursing Service is collaborating with the Great Lakes Region information systems center on the development of a computerized nursing information system. This system separates nursing into six areas: order entry/results reporting, clinical, administration, education, research, and quality assurance.

In 1984, Research and Development information systems listed 190 nursing research projects; of these, 151 projects were for investigation of clinical nursing issues. Funded nursing research projects are increasing. VA Health Services Research and Development is funding ten nursing projects; medical research merit review is the source of funds for two nursing research studies; and Rehabilitation Research and Development is financing other nursing investigations. Nurses are also receiving funds from local or regional research and development offices, as well as from other government and private sources.

VA nurses received significant recognition for outstanding professional contributions. The Royal College of Nursing of the United Kingdom conferred an honorary fellowship upon Vernice Ferguson, Deputy Assistant Chief Medical Director for Nursing Programs. Other significant awards received by VA Nurses included two awards from the American Nurses' Association, the Congressional Excalibur Award, and the Arthur S. Flemming Award. Nursing Service recognized that other VA nurses who are responding creatively to the challenges imposed by changes in health care systems have received other awards for excellence in nursing practice.

Pharmacy Service

During FY 1984, approximatley 43 million prescriptions for ambulatory patients were dispensed from 227 pharmacies. In addition, over 285 million inpatient medication doses and approximately 10 million intravenous and total parenteral nutrition solutions were prepared and distributed. Acquisition costs for drugs and pharmaceuticals exceeded $469 million.

In FY 1984, the major issues confronting Pharmacy Service were cost containment of spiraling drug expenditures; automatic data processing and pharmacy management information requirements; the continuing implementation of the unit-dose medication system; recruitment and retention of personnel; drug procurement activities; and promotion of more patient-oriented services. The Pharmacy Service had prepared a mission and goals statement consistent with that of the Agency and the Department of Medicine and Surgery, and continued to implement its objectives of providing safe and effective drugs to veteran patients and assuring appropriate drug utilization in the VA health care system.

Drug expenditures in the past several years had climbed precipitously. In FY 1981, the increase was 15.9 percent; FY 1982, 16.4 percent; and FY 1983, 28.8 percent. Pharmacy Service expended major efforts in promoting cost avoidance and efficient operational management in FY 1984, producing the lowest rate of increase in acquisition cost of drugs in the past five years, i.e., 9.1 percent, inclusive of inflation and greater utilization.

A special interest users group composed of Pharmacy Service personnel from the field and Central Office has been formed to assist in the planning, development, and implementation of computerized pharmacy programs. By the end of FY 1985, it is anticipated that all VA medical centers will have outpatient data processing pharmacy programs in operation. Inpatient programs will be tested and will possibly be available for implementation. To improve management effectiveness, Pharmacy Service has developed a strategic plan for Pharmacy Service computer programs. It is intended to integrate the operational modules in outpatient and inpatient programs with enhanced designs from related research and development, a management information system, clinical information interface, and quality assurance activities.

At the end of the fiscal year, there were 118 VA medical centers and over 62,500 beds having a total unit-dose medication system. The program has brought about a reduction in potential medication losses, lower probability of medication errors, less potential for diversion of drugs to street traffic, savings in nursing time devoted to medication activities, and complete medication profiles on inpatients.

Competition for pharmacists in all segments of health care was high in FY 1984. Pharmacy Service has intensified its recruiting efforts by working closely with Personnel Service and the VA Special Examining Unit for Allied Health Professionals based at the VAMC, Richmond, Virginia. The VA provided support for 71 pharmacy residents in 32 medical centers for one-year and two-year programs. The two-year program is closely affiliated with universities, leading to a Master's or doctorate degree in pharmacy. The one-year program is post-Master's or Phar. D.

Over 285 million doses of medication were dispensed to inpatients in FY 1984.

in pharmacy. Funding was also provided for nine pharmacy trainees in interdisciplinary team training in geriatrics and three in geriatric research, education and clinical center expansion training programs. In addition, eight pharmacy trainees received on-the-job managerial experiences from selected preceptors. A draft of revised OPM (Office of Personnel Management) classification standards for pharmacists was reviewed. It was necessary to modify a number of standards as they did not represent the state-of-the-art as practiced in the VA.

The VA continues to support the shared procurement program with the DOD (Department of Defense) for drugs, pharmaceuticals and medical devices. During FY 1984, standardization of drug procurement, drug nomenclature, product description, drug selection and drug elimination for the VA/DOD depot systems was accomplished. A policy and procedure manual has been jointly written to make the necessary changes which will improve the system's compatibility for the continued joint monitoring of drug standardization and acquisition. The shared procurement program for drugs, pharmaceuticals, and services resulted in cost savings or cost avoidance which exceeded $22.4 million.

A national pharmacy advisory council continues to consult with the Director, Pharmacy Service regarding new and innovative trends and practices in pharmacy services, education, and research that can benefit the care of veterans. A specific area to which the Council contributed in FY 1984 was cost containment strategies and methodologies.

Information has been widely disseminated to the medical centers over the past two years to highlight potential problems which might occur in the handling of antineoplastic drug preparations. A concerted effort was made this past year to supply vertical flow laminar hoods to those medical centers needing them. Preparation is underway of guidelines for the safe handling of antineoplastics and their waste contaminants.

The rapid introduction and dissemination of new drugs and drug technologies which are often complex, sophisticated and costly necessitate planning and implementing cost containment measures and patient-oriented pharmacy services. In FY 1984, the Pharmacy Service achieved some success in dampening the escalating trend of drug costs. The Pharmacy Service will continue cost containment efforts as well as primary patient-oriented or clinical services to assure the high quality of the drugs used by VA patients.

Dietetic Service

In FY 1984, Dietetic Service served more than 84 million meals at a raw food cost of nearly $97 million or $1.14 per meal (an increase of 4 cents per meal from FY 1983).

One of the priorities for Dietetic Service during the fiscal year has been to improve the nutritional care of geriatric veterans. Special emphasis was focused on menu modifications, facility planning, and education to ensure that geriatric patients received adequate nutritional intake.

The Field Advisory Group assisted in developing strategies for effective program management and coordinated an educational conference for VA dietitians. Areas of concern addressed at this conference included cost containment, preventive health measures, and computer applications.

Forty-five Chiefs, Food Production and Service, received specialized training to enhance their administrative knowledge and management skills. Individualized training for new chiefs in the Dietetic Service continued.

In addition to 12 VA-sponsored dietetic internships, clinical and administrative dietitians served as training preceptors for dietetic trainees from baccalaureate and master's degree programs. Upon completion of this training, participants will be eligible for the American Dietetic Association's registration examination.

Nutrition and diet planning are an integral part of the overall patient treatment plan.

Guidelines for providing high quality nutritional care for ambulatory and neuropsychiatric patients were developed by clinical dietitians from selected medical centers. These guidelines will be distributed and implemented in FY 1985.

At its annual meeting, the clinical nutrition advisory group re-emphasized the need for medical centers to formulate multidisciplinary nutrition support teams. Through education and training these teams will provide specialized nutritional care for veterans.

Computer software programs for nutritional assessment and analysis were developed and tested for implementation in FY 1985. Plans are being made to automate all internal repetitive functions and to share data bases in an effort to design an integrated hospital system supportive of management decisionmaking.

Dietetic Service continues to work with the Office of Construction to establish criteria and designs for food service systems. Efficient and effective overall designs are accomplished through post-occupancy evaluation visits. During FY 1984, new kitchen facilities were completed at eight medical centers which incorporated energy efficient equipment and the minimal cooking concept.

Social Work Service

Social Work Service provided direct treatment services to approximately 1.6 million patients through VA's institutional, ambulatory, and community-based health care services. Coordination and integration of efforts with community agencies and organizations ensured availability of the resources necessary to successfully place 235,587 veterans in the full range of community, residential, and continued care facilities.

To facilitate early identification of patients who are "at risk" of continued institutional care, Social Work Service implemented systemwide patient screening procedures. The early identification and interdisciplinary assessment of these patients will facilitate appropriate services and application of DRG's (diagnosis related groups) within the system.

Public Law 98-528 and the Administrator's report, "Caring for the Older Veteran," (1984) clearly identify the need for expansion of VA's partnership with the community in the planning and coordination of service delivery systems that are complementary and effective. To expand upon, strengthen, and increase coordination of VA/community program planning and service activities, a member of the Social Work staff at each VA medical center has been designated community services coordinator. Linkages are being expanded with the full range of community health and social agencies, with special emphasis on state and Area Agencies on Aging and other services to the elderly. Continued development of the medical district initiated program planning community planning consortium has further integrated efforts of the previously designated medical district community services coordinator, council of chiefs of Social Work Service, and district planning staff to ensure incorporation of community resources into VA plans and service development.

Joint conferences, training activities, and local program initiatives are underway between VA medical centers and appropriate agencies within their primary service areas to ensure integration and coordination of VA and community resources in the continued development of a comprehensive system of community and institutionally based health and social services.

Specialized services and programs have been developed and strengthened to provide comprehensive, individualized treatment and community support services to patients with special needs. Social Work staff are focusing on psychosocial needs of female veterans and working with community shelters, prenatal care clinics, and child care resources for female veterans requiring hospitalization. Staff are working with Area Agencies on Aging and the broad community resource network in developing services to assist families in the continued care of patients with Alzheimer's disease.

During FY 1984, Social Work Service initiated a series of professional and administrative actions designed to improve staff and program efficiency and effectiveness. Professional standards for social workers in all clinical and administrative areas were revised and published, criteria for systematic external review were revised, and considerable progress has been accomplished in the development of staffing guidelines. Through utilization of consultants, professional faculty, and VA staff, a wide range of task groups, conferences, and continuing education programs were conducted. Subjects addressed included needs of the aging, high-risk screening, Alzheimer's disease, discharge planning, care management services, preventive health care, research, quality assurance, and program evaluation.

As part of the DHCP (decentralized hospital computer program), Social Work Service's SIUG (special interest users group) has developed a basic service ADP plan based on major information requirements. A conceptual plan has been developed for a Social Work case management module which will provide ADP support for screening, targeting, and care coordination of specific high-risk populations. Software modules for the community resource file and contract nursing home census and budget system have been developed and are in use at selected sites. Modules for the screening of high-risk patients and for monitoring them through VA and community service systems are in final stages of development.

Recreation Service

During FY 1984, Recreation Service directed special attention to handicapped, chronically ill, and elderly veterans participating in the VA's national recreation programs. Representative of these programs are the wheelchair games, music festivals, arts, chess, script writing, and bowling tournaments.

Interagency efforts at the Central Office level with governmental, civic, and veteran advocate organizations have expanded veterans' involvement in and benefits from these programs. These model programs will serve as prototypes for future development.

Efforts have been directed toward assisting the recreation staff in VA Medical centers in developing activities to enhance veterans' quality of life.

During FY 1984, over $10 million in community support for recreation supplies, equipment, and programs were given to local VA medical centers. These resources were utilized in providing over 900,000 hours of recreation programs for veterans.

Sports, fitness, and cultural activities are being emphasized to strengthen the effectiveness of recreational services to patient care.

Chaplain Service

The primary mission of the Chaplain Service is to provide for the spiritual welfare of the patients. To accomplish this mission, a program of religious ministry to meet the needs of patients includes opportunities for religious worship in the appropriate setting, pastoral ministry to individual patients and ministration in crisis situations, opportunities for sacramental ministry and pastoral counseling, and other supportive services to aid in the total care and treatment of veteran patients.

Central Office Chaplain Service is presently organized under the Assistant Chief

Medical Director for Professional Services with a director and two deputy directors. At field facilities, there is a chief of Chaplains at each of the 172 VA medical centers with a recommended ratio of one staff chaplain per 100 patien Chaplain Service has 416 full-time, 294 part-time, 194 intermittent, and 140 contract chaplains, totaling 1,044.

During the past year, Chaplain Service accomplished the following:

- completed the study, justification, and initial planning for the reestablishme of the Chaplain School;
- completed needs assessment for continuing education for chaplains;
- held two meetings with the Endorsers Conference (religious executives of American churches and synagogues providing chaplains to the Veterans Administration); and
- completed task forces on education, professional standards, and recruitmer of minorities and women.

A member of VA Chaplain Service was singularly honored with the prestigious Excalibur Award for accomplishments in the field of biomedical ethics.

Chaplain Service now employs eight female chaplains.

Chaplains have responded to the Harris Associates' study on the aging veteran through the following activities:

- designed pastoral care for aging;
- designed worship to benefit aging veterans;
- reallocated staff hours to service the aging veteran; and
- developed treatment programs to aid the terminally ill and their families.

Chaplains have worked to integrate all holistic care with Department of Medicine and Surgery Professional Services to provide optimum care for American veterans.

Veterans Canteen Service

The Veterans Canteen Service, which has a canteen in each VA medical center, is a nonappropriated-fund activity. Charged by Congress to provide America's hospitalized veterans with items or services of convenience or necessity to enhance their well-being, VCS (Veterans Canteen Service) accomplishes its mission by operating retail stores, and, as a secondary mission, cafeterias to feed V/ personnel, volunteers, and visitors at the medical centers.

In FY 1984, VCS total sales were $182,564,789, an increase of 1.7 percent from last year. Retail sales totaled $104,069,946, and all food sales totaled $73,860,316. Barber shops and other services contributed sales of $4,634,527. From these sales, the VCS through its revolving funds makes an annual payment to the VA for rent, utilities, and other services provided by VA medical centers. All VCS expenses, including salaries, are paid through its nonappropriated revolving fund. The VCS is able to offer the same high level of service at each of its canteens by using income generated by its larger operations to defray the costs of smaller, less profitable canteens.

In 1984, VCS expanded its women's ready-to-wear clothing program. The Service has always had a limited clothing program available to hospitalized women veterans. Now, VCS has implemented plans to accommodate the expected in-

crease in women veteran patients brought about by the increase in women on active military duty. Based upon information provided by the Administrator's Advisory Committee on Women Veterans and its own surveys, VCS has made pajamas, robes, and certain undergarments for women available at all canteens, and additional women's ready-to-wear items available at 109 of its 172 canteens.

The VCS's computer operation at the centralized VCS Finance Center was initiated in 1983 and became operational in late 1984. Today the system provides monthly statements to canteens, field offices, and Central Office concerning financial results, inventory management, productivity, and revolving fund status. In addition, the system processes accounts-payable vouchers for all canteens.

VCS keeps up with current private sector cafeteria trends; for example, one can find in many VCS cafeterias multipurpose bars for selected items along with gourmet or deli-style sandwiches and service areas for grilled-to-order foods.

For the past several years, VCS has worked closely with the VA's Learning Resources Production Center at the VA Medical Center, St. Louis, Missouri, which is now producing a VCS catering guide. The majority of canteens already provide some catering for on-station functions. The 200-page guide features the various forms of catering canteens can supply. Also, the VCS and the Learning Resources Production Center are designing personnel training modules using video and print media for an in-service VCS training program to improve productivity and service to VCS's customers. Accountability and employee orientation are the first two categories to be designed.

In 1984, nine retail stores and 10 food departments were remodeled, with 13 canteens opening totally new retail stores and cafeteria spaces.

Voluntary Service

In FY 1984 volunteers continued to be a significant resource for the VA medical treatment system. Over 82,000 volunteers provided in excess of 12 million hours of service and millions of dollars in supplies, equipment, and donations.

Volunteers play an important role in serving the needs of all veterans.

Volunteer contributions to patients and staff may also be characterized in terms of the number and variety of volunteer assignments. In the larger medical facilities, the types of services provided by volunteers may exceed 150. The areas of voulnteer activity range from direct patient contact to assistance in laboratories, pharmacies, prosthetic shops, diet kitchens, offices, hospital radio stations, grounds, supply centers, and security offices. The role of the volunteer in the VA continued to expand and diversify during the past year to match the trends of the Agency's health care delivery system. As treatment and care extended to the community in such areas as contract nursing homes, foster care homes, and veterans outreach centers, volunteers have extended themselves and their activities to those locations and specialities. Similarly, older veterans and female veterans benefited from volunteer programs and activities designed to enhance the quality of their care.

Volunteers offer public relations benefits to the VA as well. They act as good will ambassadors, presenting the Agency to their communities as one that cares about people and is open to community involvement. The Voluntary Service program draws most of its volunteers from the membership of local and national organizations. Of the 350 organizations, the 51 most active are represented on the VA Voluntary Service National Advisory Committee. Included are the major veterans organizations, service and patriotic groups, as well as fraternal and community service organizations.

A major public relations effort every year and moral booster for patients has been the Annual National Salute to Hospitalized Veterans. The FY 1984 Salute was the most successful ever. With the support of the Office of Public and Consumer

Affairs, over $2 million worth of free advertising attracted the public's attention to the nationwide event. Contributing to this effort were all of the national service organizations and many local fraternal, civic, and community organizations. In addition, numerous local, state, and national organizations and celebrities from the fields of government, entertainment, and sports were involved. Traditionally, the Salute's Honorary Patron is the First Lady, and in FY 1984, this tradition was continued. The Honorary Chairperson this year was Mr. Harry Morgan of televisions "M*A*S*H" and "After M*A*S*H" fame. The purpose of the National Salute to Hospitalized Veterans is four-fold: (1) to pay tribute and express appreciation to the thousands of veterans hospitalized each year; (2) to establish and promote a continuing awareness of these deserving Americans; (3) to enhance and broaden community involvement beyond those who work regularly at medical centers throughout the year; and (4) to encourage Americans of all ages to participate and to interest them in serving as medical center volunteers year-round.

Recruitment of volunteers is a year-long effort. Voluntary Service staff work in partnership with voluntary organizations to aggressively recruit, train, and place volunteers to meet the ever-increasing needs of our health care facilities. In FY 1984, the number of regularly scheduled volunteers and the number of hours served increased. Youth volunteer recruitment continued to receive a great deal of emphasis. This year the number of young volunteers approached 12,000. To encourage youth volunteers and to show appreciation for their efforts, each year the VA's Voluntary Service National Advisory Committee presents the James H. Parke Memorial Youth Scholarship Award to the young person who is judged to be the most outstanding youth volunteer.

Recognition ceremonies for volunteer services are held each year, and volunteers are awarded a series of handsome certificates, pins, medallions, silver bowls and trays, depending upon the number of hours served. In FY 1984, the awards were expanded by the addition of the 750-hour certificate and the 1,000-hour pin. The highest recognition that can be bestowed upon any volunteer is the Administrator's Award. For FY 1984, 17 individuals were so honored. In addition, the VA Voluntary Service National Advisory Committee established a subcommittee to study the program's award system.

Academic Affairs

The VA conducts the health professions' largest coordinated education and training effort in the country. Its purpose is twofold:

- To develop sufficent numbers of all categories of professional health service and administrative personnel to meet the needs of a high quality VA health care system and contribute to the nation's health manpower pool. Each year, nearly 100,000 students receive some or all of their clinical training in VA facilities through affiliation with over 1,000 educational institutions.

- To provide continuing education and staff development activities for DM&S employees involved in health care delivery through a series of continuing education field units. Nineteen such field units are geographically dispersed across the VA system. Nearly 55,000 training episodes for VA employees were supported in fiscal year 1984.

The VA education and training effort is accomplished through coordinated programs and activities administered by the Assistant Chief Medical Director for Academic Affairs. At 84 VA medical centers, educational programs justify the presence of an ACOS/E (Associate Chief of Staff for Education) to provide a single focus for health education activities. The ACOS/E also serves the facility by involvement in quality assurance programs, the medical district initiated program planning process, research, and patient care, in addition to having educational responsibilities.

VA Health Professional Scholarship Program

The purpose of the Health Professional Scholarship Program is to assist in providing health care personnel for the VA. At the present time, scholarship awards are made in the field of nursing to both baccalaureate and master's degree nursing students. Since 1982, 890 awards have been made to full-time students; 205 received awards in FY 1984.

The enabling legislation for the Scholarship Program was amended in 1982 to permit awards to full-time VA health care employees who are enrolled part-time in a baccalaureate nursing degree program. The first awards were made in 1984 to 91 part-time students.

Approximately 200 scholarship participants have completed degree requirements and are serving their two-year obligation of 93 VA medical centers. During their mandatory payback period, these assignees bring current knowledge and clinical skills to the care of veteran patients.

Assistance for Health Manpower Training Institutions

Since 1974, when the Health Manpower Training Grant Program was initiated, the VA has:

- Provided essential resources for the creation of five new state medical schools to be operated in affiliation with VA facilities and community hospitals.

- Supported 18 medical schools with established VA affiliations to improve and expand existing programs.

- Supported 138 grants to other health manpower training institutions for a variety of program enhancements in cooperation with one or more VA health care facilities.

Four of the five new state medical school grants and support to the 18 medical schools have concluded. Of the 138 grants to other health manpower training institutions, the last five will complete their final VA funding period in FY 1985.

Graduate and Undergraduate Education

In FY 1984, the VA supported approximatley 7,800 full-time medical residency positions under affiliations with 101 medical schools. Special emphasis was given to supporting programs in psychiatry, anesthesiology, geriatrics, radiology, and physical medicine and rehabilitation. Through similar arrangements, VA facilities also provided clinical education experiences for undergraduate medical students.

Discipline	Number of Trainees	
	FY 1984	FY 1983
Total	100,860	99,684
Medical house staff	27,380	26,307
Medical students	22,334	22,517
Dental house staff	911	767
Dental students	811	1,074
Nursing	27,393	26,665
Social Work	999	977
Psychology	1,166	1,233
Other health professions and occupations	19,243	19,395
Administrative	623	749

Three hundred and twenty-eight positions were supported for dental residency programs. Advanced training in dental general practice received the largest portion of these positions. Students in nearly 50 additional, recognized associated health professions and occupations came to VA facilities for clinical experience.

The table on the preceding page reflects the status of VA's health care training efforts by discipline.

All VA medical centers participated to some extent in these education and training efforts. Approximately 20 percent of the students coming to VA health care facilities to complete their clinical training received a stipend or trainee salary. Payment is in recognition of the significant commitment of time and patient care involvement that is necessary in the field of medicine, dentistry, nursing, psychology, social work, and a small number of other related health professions.

At mid-FY 1984, 9,384 VA physicians, dentists, and other staff held faculty appointments at affiliated health sciences schools and colleges. A decade earlier, the number was 4,076.

VA Physicians, Dentists, and Other Staff
(Full-time and Part-time)
With Faculty Appointments

April 15, 1984

Academic Title	Total	Physicians	Dentists	Other Staff
Total faculty appointments	9,834	7,368	433	2,033
Professor	1,296	1,183	13	100
Clinical professor	195	157	16	22
Associate professor	1,431	1,194	45	192
Associate clinical professor	557	411	50	96
Assistant professor	2,836	2,401	86	349
Assistant clinical professor	1,243	937	86	220
Instructor	784	499	27	258
Clinical Instructor	837	363	90	384
Lecturer	82	39	4	39
Other titles	573	184	16	373

Fellowships

To meet the special needs of veterans served by DM&S and to provide national leadership in areas not adequately addressed by existing training programs, specialized physician fellowship programs were established in 1978 beginning with the geriatric fellowship program for physicians. Since then, fellowship programs for physicians in spinal cord injury and substance abuse, and for dentists in geriatric dentistry have been implemented. These physicians and dentists receive two years of advanced training which enables them to provide leadership to the VA and to community programs dealing with these special health problems.

Program Category	Year Initiated	No. of VAMC Training Sites	No. of Fellowships Funded FY 1984	Fellowships Completed Through June 1984
Geriatrics/Gerontology				
Physician	1978	12	51	79
Dentist	1982	5	10	5
Spinal cord injury	1980	5	11	20
Substance abuse	1980	5	12	16
Total			84	120

Interdisciplinary Team Training in Geriatrics

Based on the premise that health care delivery by a team of health professionals holds promise of more efficien t utilization of personnel and results in better patient management, especially for the elderly, twelve interdisciplinary training teams have been established. Physicians, nurses, social workers, psychologists, physical and occupational therapists, and other health related disciplines participate in interdisciplinary team training in conjunction with ongoing geriatrics programs located at 12 VA medical centers.

Summer Traineeships

VA medical centers experiencing difficulty recruiting students because of their geographic location or the schools' class schedules were assisted by a special summer traineeship program. In FY 1984, 423 traineeships were funded. Disciplines supported in this program include alcohol rehabilitation, audiology and speech pathology, blind rehabilitation, psychology, and social work

Clinical Nurse Specialists

Students who were clinical nurse specialists at the master's degree level received training at 27 VA facilities in the priority areas of geriatrics, rehabilitation, or mental health.

Geriatric Associated Health Training

A special priority program for geriatric education and training was recognized in the allocation of associated health training positions and funding support to VAMC's, including those hosting GRECC's (Geriatric Research, Education and Clinical Centers). In FY 1984, a total of 97 associated health trainee positions were approved at 64 VA facilities. Disciplines supported in this program include social work, psychology, clinical pharmacy, audiology and speech pathology, and optometry.

Continuing Education

The goal of the DM&S continuing education program is to maintain and update the skills and activities necessary to provide and administer quality health care for veterans. Training is provided in all clinical, management, administrative, technical, and support areas based on health program and career development requirements.

The organization of continuing education field units and of other support activities is summarized in the following table.

Continuing Education and Learning Resources Field Organization

	National/Regional Units[1]						
VAMC Site	CEC	RMEC	RegLib	RPHEC	LRPC	DEC	ETC
Washington, DC	X					X	
Birmingham, AL		X	X	X	X		
Cleveland, OH		X	X	X			
Long Beach, CA		X	X	X			
Minneapolis, MN		X	X	X			
Northport, NY		X	X	X			
Salt Lake City, UT		X	X	X	X		
St. Louis, MO		X	X	X	X		
Little Rock, AR					X		X
West Los Angeles, CA						X	

Facility Centered Units

Component	No. of VA Facilities
Cooperative health manpower education programs (Boise, Dublin, Erie, Fort Meade, Lincoln, Saginaw, Togus, Tuskegee	8
Medical media production services	99
Patient health education programs	175
Library services	175

[1]Legend:
CEC - Continuing Education Center
RMEC - Regional Education Medical Center
RegLib - VALNET Regional Library
RPHEC - Regional Patient Health Education Coordinator
LRPC - Learning Resources Production Center
DEC - Dental Education Center
ETC - Engineering Training Center

Continuing Education Center

The CEC at the VA Medical Center at Washington, DC, serves as a central coordinating point for designated education projects which are national in scope, including the national rehabilitation education program formerly located at the VAMC West Los Angeles (Wadsworth), California.

Regional Medical Education Centers

Consultation, coordination, support, and educational programming are provided by the seven DM&S RMEC's. The RMEC program, established by Congress in Public Law 92-541, plays a pivotal role in the DM&S continuing education effort. Each RMEC supports between 20 and 30 DM&S facilities by providing extensive and

intensive analyses of educational needs within its region as well as expert consultation and assistance to facilities on continuing education administration and operations. RMEC's sponsored 1,747 educational courses or activities in FY 1984 for 44,207 DM&S staff members. In addition to meeting regional needs, the RMEC's are the major vehicle for providing training in support of high priority VA initiatives.

Dental Education Centers

Two DEC's provide specialized continuing education activities for dental employees. Activities include short courses, mini residencies, and development of independent learning packages and audiovisuals. Several of the DEC courses are unique to the VA in that they focus on hospital dentistry.

Engineering Training Center

The ETC at the VA Medical Center, Little Rock, Arkansas, provides short courses and correspondence courses for DM&S engineers and engineering technicians. This training program has proven highly cost-effective in containing maintenance expenditures for biomedical equipment, particularly in the electronics area.

Cooperative Health Manpower Education Program

At eight remote VAMC's, community-based sharing arrangements under the VA's Cooperative Health Manpower Education Program provide a wide variety of educational offerings to joint audiences of VA and community health care personnel.

Patient Health Education

Patient health education is an important component of health care services. Full-time patient health education coordinators are assigned to 21 VAMC's and each RMEC. In addition, 90 percent of VA medical centers have established institutional patient education committees responsible to the office of the Chief of Staff. Patient health education consists of activities designed to contribute to the improved health status of veteran beneficiaries. These activities include institutional management of patient health education services, development of patient health education programs for identified target populations, staff training, and direct interaction with individual patients and families.

VAMC and Outpatient Clinic Continuing Education

VA medical centers and outpatient clinics provided continuing education experiences through developing their own in-service programs, and by supporting staff participation in extra-mural training offered by universities, governmental agencies, or other education sources.

Library Services

The 174 Library Services and Central Office Library Division, comprising the VALNET (VA Library Network), support the information and education needs of patients, as well as staff engaged in medical care, research, and administrative activities. Participation in VA educational, vocational, and recreational programs as part of the health care team involves provision of reference, bibliographic, interlibrary loan, and circulation services and use of non-VA sharing arrangements to expedite delivery of needed information and documents.

In FY 1984, VALNET focused on Agency priorities, such as Agent Orange, geriatrics, and DRG's (Diagnosis Related Groups) in selecting 89 audiovisuals and 19 books for network-wide distribution. To reduce the need for individual VA libraries to purchase, rent, or incur loan charges to obtain needed materials, VALNET issued updates to national lists of books and journals available for free loan within VALNET. In response to the VA's emphasis on using automation to increase access to information, VALNET:

- Created a computerized data base of the 13,000 AV's (audiovisuals) owned

by VALNET to enable the sharing of expensive AV's and the testing of the feasibility of maintaining online files of library materials.

- Awarded contracts to recommend options for an automated system for linking VALNET, and methods for merging two separate data bases on VA-owned journals.

- Coordinated two RMEC-sponsored courses on library automation, attended by 66 VALNET librarians.

In its review of centrally coordinated or funded library activities, the Library Division analyzed the delivery and costs of commercial data base access to VALNET, revised the Agency's periodical procurement contract, and initiated contractor provision of centralized cataloging services. The Library Division also continued to use VALNET needs assessment surveys and statistical reports to measure VALNET progress in meeting Library Service goals related to VA priorities.

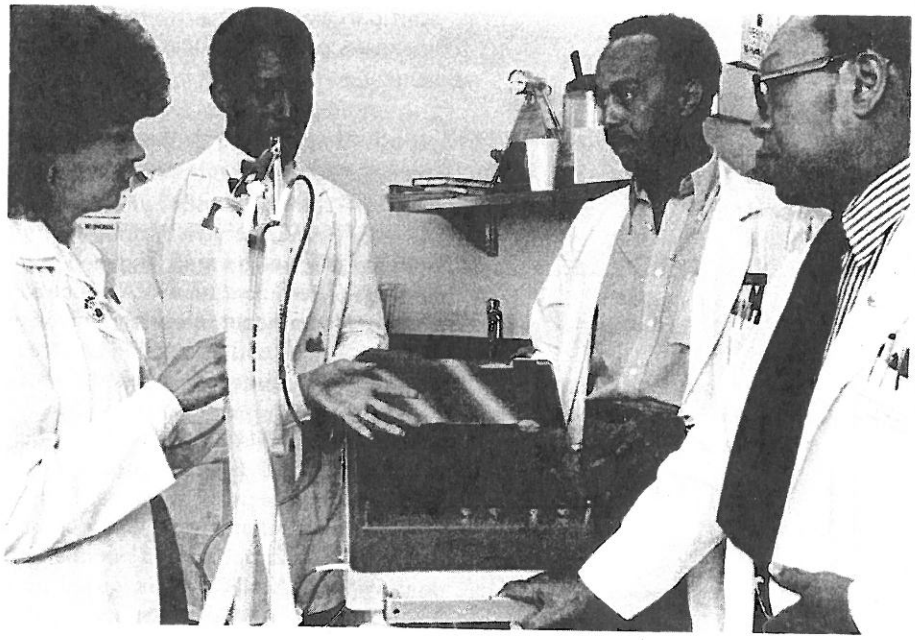
Medical Media

Media Services within DM&S provide a broad spectrum of audio-visual products and services in support of VA medical center clinical, research, affiliations, and continuing education programs. During FY 1984, the four Learning Resources Production Centers completed and distributed 48 productions, and had an additional 104 titles under production. Five productions received awards at the U.S. Industrial Film Festivals. Two productions received top awards from the Health Sciences Communication Association. In addition, one production received awards from the Houston International Film Festival, Columbus International Film Festival, and the Council on International Non-Theatrical Events.

Education Space and Facilities

Education space and facilities are provided in support of programs for patient education, continuing education for medical center staff, and training of students and house staff from affiliated academic institutions.

In FY 1984, support was provided to VA medical centers for 25 approved projects, including renovation of existing structures to improve or provide new conference/classrooms, libraries, and medical media production facilities.



Education and training are ongoing efforts from which both veterans and affiliated institutions benefit.

Research and Development

Research and Development continues to make significant contributions towards fulfilling the VA's pledge to provide the Nation's veterans with the best possible health care. These contributions have been made possible by the longstanding policy of linking VA medical centers with major medical schools and encouraging clinical and non-clinical investigators to study the wide variety of health care issues affecting veterans. The efforts of these investigators in biomedical, rehabilitation, and health services research and development have helped the VA keep pace with and, in many instances, set the standard for modern quality health care in the United States.

The extent of the VA contribution is reflected in the variety of honors and awards bestowed on VA investigators during the fiscal year. They included:

- The William S. Middleton Award, the highest award given by the VA for achievement in biomedical research, was shared by Norman H. Bell, M.D., of the VA Medical Center, Charleston, South Carolina, and Sydney M. Finegold, M.D., of the West Los Angeles Medical Center, Los Angeles, California. Dr. Bell was honored for his work on Vitamin D metabolism in health and disease, and Dr. Finegold for his pioneering studies on anaerobic bacteria — tiny organisms that can live only in the absence of atmospheric oxygen — and their role in human health and disease.

- Ludwik Gross, M.D., Chief, Cancer Research Unit, VA Medical Center, Bronx, New York, the first recipient of the Leukemia Society of America's Robert Roesler de Villiers Award, was rehonored with a gold medal that was not part of the original presentation. Dr. Gross was cited for his work in isolating a mouse leukemia virus.

- Marguerite Kay, M.D., Associate Chief of Staff for Research and Development at the Olin E. Teague Veterans Center, Temple, Texas, was among 10 Federal employees honored with Arthur S. Flemming Awards for outstanding and meritorious work for the Federal Government. Dr. Kay is one of the Nation's leading experts on the biology of aging.

- Donald R. Poggi, a member of the Seattle, Washington, VA Medical Center Rehabilitation Research and Development team headed by Dr. Ernest Burgess, won a Federal Design Achievement Award for his design of the revolutionary Seattle Foot.

- Gustav Rubin, M.D., Chief of the Special Prosthetic Clinic team at the VA Prosthetic Evaluation Testing and Information Center, New York, New York, won the 1984 Olin E. Teague Award for his contributions to veterans with service-connected injuries. Dr. Rubin was also named Physician of the Year by the President's Committee on Employment of the Handicapped.

Other achievements by VA investigators and scientists included the following:

- Millie Hughes-Fulford, Ph.D., Research Chemist at the VA Medical Center, San Francisco, California, was selected by National Aeronautics and Space Administration to be one of four scientists to be considered for the January 1986 Spacelab IV mission, which will be devoted to life sciences experiments.

- Research and Development chronicled its medical and prosthetic research accomplishments in a 52-page booklet entitled, "Medical Advances: The VA's Contribution to Health Care."

Medical Research

VA medical research plays a key role in fulfilling the VA's mission to provide the nation's veterans with quality medical care. Research creates new medical knowledge that increases our understanding and improves the diagnosis and treatment of diseases that are prevalent among the veteran population. In addition, the presence of a quality research program at a VA medical center improves

health care because it is closely linked to the patient care functions of the facility. Research projects are conducted by medical center staff members whose proposals pass the rigorous review procedures that have been established to maintain the quality of VA research. Currently, the Medical Research Service's high priority program stresses research projects dealing with aging, schizophrenia, alcoholism, spinal cord injury and tissue regeneration, delayed stress, health problems of female veterans, and Agent Orange. Other significant studies focus on health problems prevalent among veterans; for example, diabetes, chronic heart disease, and chronic pulmonary disease.

Former Prisoners of War continue to be of major concern to the VA. In addition to continuing studies by the National Academy of Sciences and by individual VA investigators, a cooperative study of the psychiatric status of former Prisoners of War is nearing the end of the planning phase and will be ready for peer review in FY 1985. The current National Academy of Science's Medical Follow-up Agency questionnaire to former POW's seeks information regarding latent depression and recent medical history.

Because of the close relationship between research and patient care activities in VA medical centers, a great deal of emphasis is placed on the practical application of research findings to patient care. The cooperative studies program provides the best example. This program consists of multi-hospital studies in which investigators at different VA medical centers test a common protocol on large numbers of patients under strictly controlled conditions. Twenty-three such studies are in progress; an additional 14 are in the planning phase; and seven are in the final phase of analysis. The following examples illustrate the effectiveness of the cooperative study approach.

- A study of community nursing and VA Nursing homes as an alternative to continued psychiatric hospitalization has recently been completed in a cooperative study involving eight VA medical centers. It is estimated that there are 1.7 million chronic psychiatric patients in the United States, and this study represents the first controlled effort to find a viable substitute for permanent hospitalization for these patients.

- A study comparing surgical and medical treatment for asymptomatic carotid stenosis and its importance in the development of stroke is being conducted in 10 VA medical centers.

- A study comparing the efficacy of percutaneous transluminal angioplasty and bypass surgery for the treatment of patients with arteriosclerosis in the lower extremities is being conducted in eight VA medical centers. Cost-effectiveness analysis will be performed for both types of treatment.

- Ten VA medical centers are involved in a study to determine if steroid administration will help patients with severe systemic infections and sepsis. The study is particularly important because of the increased prevalence and high mortality rate of sepsis/septic shock in older veterans.

Rehabilitation Research and Development

The mission of the Rehabilitation R&D (Research and Development) program is to improve the quality of life for impaired, disabled, and handicapped veterans by making them more functionally independent. This mission has been significantly advanced by ongoing research and development projects in the priority areas of prosthetics/amputation, spinal cord injury, and sensory aids.

In prosthetics/amputation, researchers are using new materials and computer technology to develop a new generation of artificial limbs; lighter, better fitting, and more comfortable limbs that permit more natural movement and more vigorous activities, including running, skiing, and swimming. In spinal cord injury, the use of robotics is being studied, as is the possibility that computer controlled electrical stimulation can be used to restore function to paralyzed limbs. Research projects in the area of sensory aids include the development of advanced mobility

aids for the visually impaired, computer-based hearing aids, and a multi-hospital study in which remote machine-assisted therapy is provided to stroke patients who are aphasic. During FY 1984, 104 merit-reviewed projects were conducted involving 41 VA medical centers, two Rehabilitation Research and Development Units, an Office of Technology Transfer, and four interagency agreements.

To find ways to use advanced medical and engineering science and technology for the direct benefit of severely disabled veterans, special rehabilitation R&D centers have been established at the VA medical centers at Palo Alto, California, and Hines, Illinois. A rehabilitation R&D unit, smaller in scope and funding than a center, is in operation at the VA Medical Center, Atlanta, Georgia.

A special R&D evaluation unit has been established at the VA Medical Center, Washington, DC. Now one year old, the unit evaluates devices and techniques that emerge from the rehabilitation R&D program and determines the feasibility of speeding their transfer to private industry. The unit also assists in the development of training materials for the proper use of devices and implementation of techniques. Five evaluation projects were initiated during FY 1984: the VA-Seattle Foot; the American Foundation for the Blind's Folding Cane; the Allied Physics Laboratory-Johns Hopkins University Robotic Arm; the Atlanta, Georgia, VA Medical Center's Bathroom Fixtures; and the Allied, Inc. Exercise Bed.

The OTT (Office of Technology Transfer) in New York, New York, is charged with promoting the results of VA-sponsored scientific and engineering projects among scientists, engineers, clinicians, and consumers in the United States and abroad.

As part of this effort, OTT publishes the "Journal of Rehabilitation Research and Development" and a supplement series that presents newly reported scientific findings and procedures. The annual "Rehabilitation Progress Reports" is a comprehensive world-wide summary of ongoing scientific research. OTT's exhibit program presented scientific findings to eight major professional organizations last year.

Health Services Research and Development

The mission of the HSR&D (Health Services Research and Development) Service is to help VA clinicians and administrators improve veterans' health care. It does this by supporting projects to evaluate alternative medical interventions and administrative policies and by providing clinicians and administrators with information that enables them to make intelligent choices. The result is an improved and more efficient health care delivery system for the Nation's veterans.

HSR&D investigators and students have gained national attention and some of their research results are being applied to patient care. Examples include the following:

- The GEU (Geriatric Evaluation Unit) is designed to provide elderly patients with improved medical and psychological assessment and treatment so that they may avoid unneeded institutionalization. Early results of an HSR&D supported study at the VA Medical Center, Sepulveda, California, indicate reduced mortality, reduced rehospitalization, and fewer nursing home stays for GEU patients in its medical center.

- A decision-making approach for evaluating diagnostic needs of chest pain patients developed and used at the Palo Alto, California, VA Medical Center is estimated to be saving $50,000 per year at this facility alone.

- An HSR&D field program project in the Western Region led to a telephone-assisted cardiopulmonary resuscitation instruction program in which emergency center dispatchers provide telephone instructions when a cardiac arrest is reported. The program has been positively received by dispatchers and by bystanders who have been involved.

Research and development is a critical element in the VA's effort to maintain and improve the quality of health care provided to veterans.

In FY 1984, HSR&D expanded efforts to transfer research results to patient care by increasing the number of bulletins to appropriate clinicians and administrators. Capacity- building activities also continued, with HSR&D-supported activities underway at 45 VA facilities, a 10 percent increase over FY 1983 and a 55 percent increase over FY 1982. Projects undertaken in collaboration with other VA offices included the development of the following:

- A special survey of veterans' demands for VA medical care (with support from Medical District 17 HSR&D field program and the offices of the Chief Medical Director and the Associate Chief Medical Director);

- An evaluation of adult day health care (the Office of Extended Care and the Northwestern HSR&D field program); and

- Systematic Technology Transfer (with the Offices of the Associate Deputy Chief Medical Director and Professional Services).

Under the VA's pilot program of preventive health care, established in response to Public Law 96-22, HSR&D continued to support projects dealing with schizophrenia, psychiatric screening, dentistry, and the evaluation of a selected set of preventive health care services.

HSR&D field programs are designed to conduct relevant, high-quality health services research, stimulate such research and provide technical assistance; provide support and consultation to area managers and providers; and inform and educate VA managers and providers about the uses and methods of HSR&D. Eight field programs were supported during FY 1984 and two more were developed.

Seven investigator-initiated research projects completed during FY 1984 contributed information concerning the following:

- the effectiveness of periodic medical screening in psychiatric outpatients;

- the social network characteristics and clinical phenomenology of Anglo and Hispanic Americans with schizophrenia;

- the degree to which psychiatry residents and social work students are trained to deal with substance abusers;

- helping elderly patients who suffer with urinary incontinence;

- the effects of introducing a ward pet into the social milieu of geriatric nursing home patients; and

- a cost-effective diagnostic strategy for patients with rectal bleeding.

Medical Administration

Medical Administration activities center around patients and the professional and administrative staffs of health care facilities. Employees perform such diverse functions as determination of eligibility for medical benefits; reception; clerical support to wards and to outpatient clinics; billing procurement of services from private hospitals, physicians, and clinics; telecommunications; forms and records management; and medical record administration, including release of information, maintaining statistical information on patient activity for the facility, and active participation in the quality assurance program and other program requirements of the Joint Commission on Accreditation of Hospitals.

During FY 1984, Medical Administration modules on registration, admissions, discharges and transfers, outpatient scheduling, PTF (Patient Treatment File), data capture/reporting, and DRG's (Diagnosis Related Groups) were developed for the DHCP (Decentralized Hospital Computer Program). Training was held at several locations nationwide to implement this new system.

A revised format was developed for the NPTF (New Patient Treatment File) allowing the VA to capture more detailed information on inpatient activity. The annual patient census was incorporated as a component of the NPTF. The importance of the medical record activity was enhanced and highlighted with the implementation of a DRG-based model for resource allocation within the VA.

Throughout the year, a test has been underway in one of the VA's medical districts of the feasibility of a system in which the VA would provide care directly to CHAMPVA (Civilian Health and Medical Program of the VA) beneficiaries and would directly process payments for non-VA care to CHAMPVA beneficiaries without using a fiscal intermediary. This test is ongoing. Medical Administration Service also has been involved in a study to provide incentive pay to employees doing medical transcription.

Resources

Funds

Obligations by the VA's Department of Medicine and Surgery during FY 1984 were over $8.5 billion, an increase of 6.6 percent over FY 1983. The accompanying table summarizes the distribution of these funds by major program.

Activity	Obligations (in thousands)	
	FY 1984	FY 1983
Total DM&S	$8,581,997	$8,053,202
Medical care	8,300,867	7,816,775
Medical administration and miscellaneous operating exenses	65,576	62,283
Medical and prosthetic research	190,299	161,387
Other medical programs[1]	25,255	12,757

[1] *Excludes Revolving and Trust Funds.*

Uncontrollable inflation and payroll increases and the funding of facility activations were the major factors in the growth of obligations. Other contributing factors were the higher costs associated with VA efforts to improve the quality of care. The latter can be demonstrated by the technological cost of procuring and maintaining innovative medical equipment and systems, and of providing a trained work force to utilize these innovations effectively.

Workload

Fiscal Year	Hospital Inpatient Program				Outpatient Program	
	Average Daily Patient Census		Patients Treated		Staff Visits	
	Number	Index (1975 = 100)	Number	Index (1975 = 100)	Number (in thous.)	Index (1975 = 100)
1975	79,973	100	1,113,873	100	12,596	100
1976	78,264	98	1,178,894	113	14,223	113
1977	75,285	94	1,209,763	109	14,675	117
1978	73,008	91	1,228,755	110	15,070	120
1979	69,821	87	1,230,252	110	15,053	120
1980	68,109	85	1,247,516	112	15,752	125
1981	66,376	83	1,248,502	112	15,828	126
1982	64,894	81	1,242,544	112	16,024	127
1983	64,992	81	1,280,468	115	16,627	132
1984	63,094	79	1,290,029	116	16,935	134

Cost Per Average Day of Care and Inpatient Treated

Fiscal Year	Per Diems		Cost Per Hospital Inpatient Treated	
	Amount	Index (1975 = 100)	Amount	Index (1975 = 100)
1975	$ 75.71	100	$1,984	100
1976	87.86	116	2,135	108
1977	103.27	136	2,346	118
1978	119.10	157	2,583	130
1979	133.82	177	2,772	140
1980	154.00	203	3,077	155
1981[2]	166.05	219	3,222	162
1982	190.36	251	3,629	183
1983	206.89	273	3,833	193
1984	220.49	291	3,947	199

[1] *Include physicians fees, medications, and all other direct care costs plus administrative costs and assets acquisitions.*
[2] *Beginning with 1981, data are calculated on the basis of obligations rather than cost.*

The VA strives to deliver the highest quality medical care possible and at the same time contain costs by assuring delivery of services through the most appropriate type of care and the most cost efficient mode. The two accompanying charts illustrate the success of these efforts. Over the past 10 years, both the number of patients treated and the number of staff outpatient visits have increased (1,113,873 patients treated in 1975 to 1,290,029 in 1984, or an increase of 15.8 percent; 12,595,514 outpatient visits in 1975 to 16,935,050 in 1984, or an increase of 34.5 percent) while the average daily census decreased from 79,973 in 1975 to 63,094 in 1984, a reduction of 21.1 percent. The change in these workload factors has resulted in a decrease in inpatient length of stay.

Resource Allocation Development

The ADS (Allocation Development Service) is charged with performing some of the functions required to establish an integrated, systematic method to manage, distribute, maintain, and justify DM&S medical care resources. The Service tests, reports, and evaluates potential resource allocation systems for acute hospital care, psychiatric care, long-term care, and outpatient care.

The initial resource allocation study conducted in FY 1982 and the validation study completed in FY 1983 demonstrated the validity of using the patient case-mix model to explain a significant proportion of variation in expenditures among VA health care facilities for inpatient medicine, surgery, and psychiatry. These studies also provided a sound statistical basis for making future resource allocation decisions that better reflect patient care requirements. The results were used partly in distributing the FY 1985 allocations to facilities.

During FY 1984, the Allocation Development Service refined the DRG (Diagnosis Related Groups) case-mix methodology for incorporation in the FY 1986 budget. Significant progress has been made in the following areas:

- analyzing variation in costs and workload associated with a VA medical center's affiliation level as determined by the Office of Academic Affairs;
- analyzing costs associated with inter-service transfers; and
- testing a new method of estimating weighted work units.

A number of budget items are excluded from each of the analyses. Such exclusions or pass-throughs include the following:

- Research appropriations
- Medical Care support for research
- Support for graduate medical education
- Renal dialysis
- Fee basis and CHAMPVA
- Spinal cord injury units
- Blind Rehabilitation units

A major effort of ADS during FY 1984 was to modify the case-mix methodology to improve its applicability to services not included in earlier analyses. The long-term care project focused on development of a model to allocate resources among VA nursing homes and intermediate medicine bed services. Experience showed that variation in the costs of long-term care patients was directly related to nursing care requirements which were, in turn, dependent on the patient's ability to carry out the activities of daily living. Analyses were carried out to assign patients to RUG's (Resource Utilization Groups) according to their physical and functional characteristics, calculate mean nursing minutes per nursing activity, and develop a workload measure for each type of patient. Information from these analyses will be used to estimate the workload for each facility based on the number of patients in each category and consequently to determine the so-called long-term care portion of medical center allocations for FY 1986.

Similarly, recommendations are being considered to implement an ambulatory care resource allocation model. Four factors involved in DM&S outpatient activities are incorporated in the model: (1) high cost special services, such as CAT (computerized axial tomography) scans and ambulatory surgery; (2) the requirements of two groups, long-term care (high use) psychiatric patients and short-term (low use) standard patients, whose resource consumption patterns appear to be significantly different; (3) geographic variations in salary costs; and (4) medical education. Work units have been calculated for both patient groups; salary adjustments have been applied, and work unit prices have been computed to reflect teaching affiliation.

With the development and implementation of these allocation models, approximately 55 percent of the medical care budget will be allocated on a case-mix basis.

Employment

The net FTEE (full-time equivalent employment) in the Department of Medicine and Surgery increased from 197,352 in FY 1983 to 199,242 in FY 1984.

Total Health Care: Net Full-Time Equivalent Employment

Appropriation/Fund	FY 1984	FY 1983
Total	199,242	197,352
Medical care	190,463	188,713
Inpatient care	155,345	154,948
Hospitals	141,744	142,167
Nursing homes	11,241	10,159
Domiciliaries	2,360	2,622
Outpatient care	30,476	31,951
All other	4,642	1,813
Medical administration and miscellaneous operating expenses	875	862
Research	4,394	4,281
Medical research	4,052	3,954
Rehabilitation research	203	215
Health services research	139	112
Canteen service	3,510	3,496

NOTE: Totals may not add due to rounding.

Staff ratio trends for major health care activities in VA facilities are shown in the accompanying table.

Fiscal Year	Hospital Care (FTEE/Census)	Outpatient[1] Care (FTEE/1000 Visits)	Nursing Home Care (FTEE/Census)	Domiciliary Care (FTEE/Census)
1975	1.65	1.45	0.97	0.30
1976	1.75	1.48	1.00	0.32
1977	1.85	1.48	1.02	0.33
1978	1.99	1.53	1.08	0.35
1979	2.04	1.52	1.05	0.35
1980	2.11	1.54	1.09	0.36
1981	2.13	1.78	1.11	0.37
1982	2.18	1.87	1.13	0.37
1983	2.19	1.85	1.15	0.38
1984	2.25	1.72	1.24	0.38

[1] *Restated for all years to exclude fee FTEE and visits.*

Personnel

The OMB (Office of Management and Budget) and the OPM (Office of Personnel Management) initiated a program for improved position management of GS/GM 11-15 positions. This program will decrease the number of GS/GM 11-15 positions in the Government by two percent in FY 1985 with further reductions planned for the next four years. Funds for these positions have been withdrawn from the Agency budget. The Department of Medicine and Surgery conducted a thorough analysis on the impact of the reductions on Title 38 positions and Title 5 health care administrative positions and has developed guidelines which will allow implementation of reductions with minimum disruption to patient care.

Organizational analyses in six program areas resulted in the implementation of new organizations, realignment of existing organizations, or specific management improvements. Two reorganizations having major impact on the VA are the establishment of the Occupational Safety and Health Staff and the Office of the Deputy Associate Chief Medical Director for Prosthetics Services, Research and Development. The Occupational Safety and Health Staff will constitute a proactive organization with Agency responsibility for the management and operation of the Occupational Safety and Health Program, which will serve to enhance the Departmental and Agency program. The consolidation of Prosthetics and Rehabilitation Research will provide a focal point responsible for guidance and coordination of all prosthetics and rehabilitation research activities to assure the prosthetic program's mission is fulfilled.

In September 1983, Public Law 98-160, the "Veterans Administration Health Care Amendments of 1983," was enacted. Among other things, this legislation provided for the conversion of licensed practical nurses, licensed physical therapists, and certified or registered respiratory therapists from title 5 to title 38 for recruitment and pay purposes. This means that the VA can now appoint applicants to these positions under its own authority rather than having to go to the Office of Personnel Management, thereby speeding up the appointment process and enabling the VA to compete effectively for these personnel in the highly competitive health care market.

In FY 1984, the DM&S Executive Development Program made a significant contribution to the quality of VA medical center management by providing 977 individual development experiences to medical center and Central Office executives. A new VA/AAMC (Association of American Medical Colleges) Management of Clinical Affiliations Seminar and a new Executive Seminar in Health Care Administration were conducted to meet medical center directors' highest executive development priorities. The Interagency Institute, attended by senior executives, was redesigned to meet the needs of the VA, the uniformed services, and the Public Health Service. Public affairs training was initiated in conjunction with labor management relations updates to meet the needs of medical center associate or assistant directors. To fill the Department's future executive vacancies, 34 DM&S executives entered the following development programs: the Senior Executive Service and Health Systems Executive Service Candidate Programs, the Associate Medical Center Director Training Program, and the Executive Medicine Program. In FY 1984, in order to further redefine the Executive Medicine Program, an orientation seminar was conducted, senior advisors were formally selected, the Chief of Staff was added as a target position, and clear curriculum guidelines were established. The Department sponsored a participant for the Office of Personnel Management's new Women's Executive Leadership Program, and for the fourth consecutive year sponsored a participant in the President's Executive Exchange Program with the private sector.

Management Systems Service

The mission of the Management Systems Services is to develop, implement, and maintain staffing guidelines in conjunction with program services on an on-going basis. Guidelines have been developed for 26 medical center operational functions, and reporting of these data is on a quarterly basis. Congressional requests for staffing data have been answered on a timely basis.

Guidelines for the remaining medical center operational functions will be developed and implemented during FY 1985. By September 30, 1985, guidelines will have been developed and implemented to 90 percent of the medical centers' operational functions. Various management engineering techniques are used in the development of staffing guidelines, i.e., time study, work sampling, and operational audit.

The Agency has entered into a contract with the Institute of Medicine for the development of a methodology for determining physician resource needs. These guidelines will be developed during FY 1986.

Facility Planning Service

Each medical center annually prepares a construction and facility improvement plan covering a five-year period. This plan, which is reviewed and approved in Central Office, proposes construction strategies based upon program and maintenance needs. Approval of a program change through the MEDIPP (Medical District Initiated Program Planning) process frequently establishes the construction need.

The Five-Year Medical Facility Construction Needs Assessment is submitted to Congress each year and identifies the major construction needs of the health care system. The plan supports the VA's construction goals, and its implementation directly improves the quality of care provided in VA medical centers. The June 1984 submission, covering the period FY 1985-FY 1989, identified 341 projects with a combined estimated cost of $6.4 billion.

In addition to the major projects identified in the plan, a total of $958 million in minor construction projects was identified for the same FY 1985-FY 1989 period.

In an effort to enhance facility construction planning and to effect further improvements in individual medical center five-year facility plans, a facility strategic planning process has been implemented. This process provides for early conceptualization of medical center construction needs. The changes dictated by MEDIPP must be translated into a specific plan of action, which is often in the form of proposed construction projects. These projects must be realistic, when weighed against district, region, and nationwide priorities and the availability of resources. A team composed of medical center, district, and Central Office representatives works together to insure that projects in the medical center five-year plan are realistic and will support MEDIPP changes and the requirements of the medical center's mission. Facility strategic planning was accomplished during the fiscal year for medical centers loated in Fort Harrison, Montana; Jackson, Mississippi; Lebanon, Pennsylvania; Marion, Indiana; Phoenix, Arizona; Roseburg, Oregon; and Wichita, Kansas.

In order to implement changes and improvements in the design, construction, and operational systems, a multidisciplinary team visits major new construction sites, approximately one year after beneficial occupancy, and together with the medical center staff recommends changes that will reduce costs and improve the delivery of health care services in future construction projects. Post occupancy evaluation visits were performed at Bay Pines, Florida; Gainesville, Florida; North Little Rock, Arkansas; and Reno, Nevada, during the past fiscal year.

Engineering Service

The mission of the Engineering Service is to provide necessary support in the areas of minor construction, maintenance, repair, and plant operations. This is accomplished at 172 medical centers comprising over 5,000 buildings and totaling more than 117 million square feet of building space valued at approximately $20 billion. To accomplish its mission, over $398 million was expended on recurring maintenance and repair; $407 million on plant operations, and over $133 million on capital improvements. In addition, the Chiefs of Engineering Service at VA medical centers functioned as the resident engineers for design and construction of 243 delegated FY 1984 construction projects totaling some $136 million.

The accompanying table provides a summary of FY 1984 obligated nonrecurring maintenance and repair and capital improvement projects. Top priority for funding was given to projects for correction of deficiencies identified by the JCAH (Joint Commission on Accreditation of Hospitals) and fire safety surveys.

Biomedical Engineering

he Biomedical Engineering sections of the individual VA medical center Engineering Services have continued their successful medical equipment support program of combining in-house medical equipment maintenance activities with judicious

Category	No. of Projects	Cost of Projects (millions)
Electrical	109	$21.2
Fire protection	68	7.2
Safety and health	77	9.2
Air conditioning and refrigeration	102	17.2
Boiler plant	34	15.4
Automatic transport	32	11.7
Exterior maintenance (buildings)	134	29.0
Exterior maintenance (utilities)	40	9.3
Interior maintenance (buildings)	113	16.8
Interior maintenance (utilities)	49	6.8
Exterior minor improvement (buildings)	51	3.6
Exterior minor improvement (utilities)	7	1.0
Interior minor improvement (renovation)	368	45.3
Energy conservation	121	13.8
Other	36	5.3
Total	1,341	$212.8

use of private sector sources. The exact blend differs among medical centers, depending on varying local conditions. Systemwide, 80 percent of medical equipment is maintained in-house with back-up assistance from manufacturers, and the remaining 20 percent is supported by service contract. The resultant overall cost for FY 1984 was 5.9 percent of the over $1 billion medical equipment inventory. This compares to a systemwide average service contract cost of 9.0 percent. The 3.1 percent cost differential translates to an FY 1984 cost avoidance of approximately $31.1 million.

The computer support project for VA Engineering Services, known as the AEMS/MERS (Automated Engineering Management System/Medical Equipment Reporting System) has been designed, and is currently being implemented at all VA medical centers. The systems will provide automated management support for resources and responsibilities assigned to Engineering Services including cost accounting, equipment repair and inventory documentation, and project tracking. AEMS/MERS will replace the existing Engineering Management Information System, which is a centralized batch processing system implemented in the mid-1960's with decentralized multi-user microcomputer systems installed at each VA Engineering Service.

Energy Management Program

The VA has been actively involved in energy management since 1975. The current program is guided by national laws and requirements mandated by regulatory agencies. Long- and short-range planning provides specific energy reduction targets to be achieved. The long-range planning goal for the VA is to achieve a 20 percent reduction in energy consumption per square foot by the end of FY 1985, compared to FY 1975, with a cost-effective energy conservation program, and without reduction of the VA's high standards for health care and services.

The program's achievements can been seen in the individual medical centers which have successfully implemented energy management programs. Twenty-one medical centers have already achieved more than 100 percent of their 1985 established target goal, and 72 medical centers have achieved more than 90 percent of that goal.

The basic plan provides for research in new products in order to stay current with modern technology, a detailed study of each medical center to determine its specific requirements, training of medical center's personnel, an updated five-year

energy management plan for each medical center, review and priority assignment of projects for funding, and a central review of the overall program to insure that each action or retrofit will save more than it will cost.

The VA is widely accepted as one of the leaders in the energy management field and acts as a consultant for many Federal and private institutions. The major benefactors of the energy management program are the recipients of VA medical care, since the savings from this program have allowed resources, otherwise unavailable, to be used to improve medical care programs. The VA's leadership in energy management has been recognized by seventeen American Hospital Association awards to VA medical centers in recent years.

The VA Medical Center, San Diego, California, received one of only 15 National Organizational Energy Efficiency Awards from the Department of Energy for its accomplishments during FY 1983.

The energy management program, to date, has spent $115 million and has already saved $255 million. The VA is currently saving 11.05 trillion BTU and $55.3 million per year.

Occupational Safety, Health, and Fire Protection

The President announced in October 1983, that for each year of a five-year period, beginning with FY 1984, a 3 percent reduction in the number of compensable claims for occupational injuries and illnesses would be the goal for all Federal agencies and departments. Incorporating this goal, the VA's target (ceiling) for FY 1984 was set at 16,703 compensable claims. The Occupational Safety and Health Administration has announced that the VA achieved much more than the 3 percent reduction for FY 1984 and may have met the goal for FY 1985 one year in advance.

The VA continues to emphasize this important Agency responsibility. In March 1984, the Administrator formally elevated the organizational location of the DASHO (Designated Agency Safety and Health Official) to the Deputy Chief Medical Director. Agencywide policy and program responsibility will reside with the DASHO, who will be supported by a newly created Office of Occupational Safety and Health. These steps are expected to provide a sharpened focus for the Occupational Safety and Health Program, leading to continued improvements in the areas of accident prevention and claims cost reductions.

The DM&S Safety, Occupational Health, and Fire Protection Program continued progress on three significant programs introduced during FY 1983 and initiated new programs for FY 1984. These programs will provide medical centers with improved management of safety programs as well as the ability to correct physical plant deficiences in the most cost-effective manner consistent with operational needs.

The new VA fire department standards begun in FY 1983 were finalized. The requirements are being evaluated by the medical centers to measure their impact in terms of personnel, training, and equipment. Training courses are being developed to augment the on-going education of VA firefighters and VA employees who volunteer for various fire protection duties during a fire emergency.

Ethylene oxide, a gas sterilant used to sterilize medical instruments, was evaluated to determine procedures for safe use and handling, in response to the Occupational Safety and Health Administration's review of the VA. These procedures were transmitted to staff members at all VA Medical centers, who then evaluated their own procedures and installations and in 37 cases initiated corrective action.

A total of 142 asbestos removal projects are either planned or underway with nine projects having already been completed.

The VA has completed the bulk of the Fire Safety Evaluation System studies begun in FY 1983 at over 100 medical centers. These studies have enabled the medical centers to develop strategies to provide levels of safety equivalent to those required by the Life Safety Code. New construction projects have been initiated while the scope of many existing projects has been changed to make them less costly and more acceptable to the medical centers.

Security and Law Enforcement Service

Losses suffered at VA medical centers due to thefts of government property and vandalism declined slightly in FY 1984. Although physical arrests by VA police declined by 25 percent, nonphysical arrests through issuances of U.S. District Court citations increased by 54 percent for a total of 6,975 arrests. The overall increase in law enforcement actions reflects improved management and police attention to property protection and the enforcement of personal safety regulations. VA police officers accomplished over 32,000 "stops" for the questioning of persons observed in suspicious circumstances during this first full year in which the "Stop and Question" procedure was in effect. The deterrent effect of the increased emphasis on active law enforcement activities at medical centers also resulted in a decline in personal assaults.

The enactment of Public Law 98-528 in October 1984 strengthened the Administrator's authority to enforce rules for the protection of life and property at VA facilities by sharply increasing the limit of penalties for violations of these rules and clarifying the authority of VA police to carry out their enforcement. The Act also prescribes several measures to improve the training, recruitment, and retention of VA police officers.

Building Management Service

A major effort of Building Management Service - the introduction of low, controlled temperature laundering to achieve energy savings, yet produce hygienically clean linen - is nearing completion. Reducing wash temperatures will have an enormous impact on energy consumption in hospital laundries. It is estimated that the VA will save more than $2.5 million every year as the result of this effort. With the initiation of the final system changes in the Western Region in December 1984, the VA will have completed nationwide implementation of the process.

As a result of the continuing program to provide efficient laundry operations, seven laundry modernization projects were completed during FY 1984. By modernizing and consolidating operations and making maximum use of state-of-the-art laundry system design, these projects will result in savings of $1.4 million in capital and operating expenses.

In FY 1984, the VA entered into cooperative education agreements with Hunter College, New York, and the University of Wisconsin, Whitewater, Wisconsin, to train students majoring in Environmental Health. This program has been expanded from agreements between six VA medical centers and three universities in FY 1983 to this year's total of 14 VA medical centers and five universities. These agreements provide an invaluable source of professionally trained candidates for recruitment into the Building Management Service career intern program.

A technical advisory on AIDS (Acquired Immune Deficiency Syndrome) has been published to provide available knowledge to Building Management Service employees, to dispel unfounded fears associated with AIDS, and to make employees aware of necessary precautions they should take to prevent possible cross infection. As medical knowledge of AIDS increases, and if further precautions become necessary, additional information will be issued to the field staff.

A video cassette and workbook training package has been developed on interior design for health care facilities. Chiefs of Building Management Service are responsible for making interior design decisions at the facility level, yet most of them have had only limited training in the field. This package will enhance their knowledge of interior design. The material is presently being validated prior to

beginning production. Once production has begun, the finished product should be available for use within 18 to 24 months.

Emergency Management and Resource Sharing Service

Responsibilities for the development, coordination, and direction of the VA-wide NSEP (National Security and Emergency Management Programs) are assigned to the Emergency Management and Resource Sharing Service.

Generally, NSEP responsibilities include the emergency conduct of inpatient and outpatient care and treatment in VA medical facilities and participation with the DHHS (Department of Health and Human Services) as provided for in interagency agreements; serving as the primary health care backup to the DOD (Department of Defense) during a war or national emergency; the emergency conduct of compensation, pension, rehabilitation, education and insurance payments consistent with overall Federal plans for the continuation of Federal benefit payments; and the emergency performance of insurance and loan guaranty functions in accordance with indirect stabilization policies and controls designed to deal with various emergency conditions.

During FY 1984, the VA assumed an expanded role in support of NSEP objectives by assigning two staff employees to work with the Emergency Mobilization Preparedness Board and the National Communications System.

The VA is in the final stage of establishing a nationwide high frequency emergency radio network to permit communications in the event that the national switched telephone resources are disrupted. The high frequency emergency radio network is scheduled for activation in January 1985. This network will link the VA's three supply depots and three emergency operations facilities with VA Central Office. These stations will be able to communicate with one another initially by two-way radio, with radio teletype, facsimile service, and possible voice privacy capability to be added. Plans are currently under development to expand the network. In support of this network the VA has executed a Memoranda of Understanding with FEMA (Federal Emergency Management Agency) and NASA (National Aeronautics and Space Administration) which permits the VA access to the FEMA national radio system and to 55 NASA high frequency channels.

The first of several STU-II (Secure Telephone Unit, Model II) telephones was installed at Central Office to support NSEP activities, with additional equipment to be installed at key VA locations as it becomes available. The Administrator and other senior management officials can now discuss classified subjects with other government officials anywhere in the world who have access to secure voice telephone equipment.

In addition, the VA maintains two major telecommunications systems which can support the Agency's NSEP requirements during a national emergency. The systems are VADATS (VA Data Transmission System) and SS-1 (VA Selective Signalling Voice Conference System). VADATS is the VA's primary means of transmitting administrative messages and data communications between all VA field stations. The SS-1 is a voice conference network system which allows VA Central Office to have selective or simultaneous communications with the medical centers and regional veterans benefits offices.

During FY 1984 the VA took an active role in implementing elements to reduce earthquake hazards in ongoing construction programs. The VA is an active member of the Interagency Committee on Seismic Safety in Construction and participates in the development of design and construction standards. In addition, the VA is an active member on the Interagency Coordination Committee comprised of program manager-level officials from all Federal agencies that conduct programs to deal with earthquake-related hazards. VA representatives participated in the development of the new Federal-level response plan for catastrophic earthquakes.

During the past year, the VA participated in numerous Federal readiness exercises, generally involving the DOD and state Emergency Preparedness Offices.

These exercises permit participants to test plans and procedures to be used in the event of a national emergency.

In accordance with Presidential directives, the VA is well on the way to establishing the first of three Emergency Operations Facilities which will provide VA executive officials a base of operation, away from the Washington metropolitan area, from which command and control could be exercised during a national emergency.

The sharing program is one of the most cost-effective undertakings in the health care community at this time. Generally, the program permits the VA to share its specialized medical resources with private sector hospitals, and vice versa, in an effort to contain health care costs and avoid duplication of expertise and expensive facilities such as those required for open heart surgery, radiation therapy, computerized tomographic scanning, and magnetic resonance imaging. The program, in operation since the late 1960's, has grown from 90 contracts at 64 VA medical centers in 1972 to 324 contracts at 120 VA medical centers by the end of FY 1984.

Sharing was considered in the MEDIPP (Medical District Initiated Program Planning) as an alternative to providing increased space, equipment and personnel, or for initiating new programs or increasing workload in ongoing, under-utilized programs. The needs of the VA medical center and needs of the surrounding medical community were analyzed in each district submission, and specific goals for sharing were established.

The Veterans Administration and Department of Defense Health Resource Sharing and Emergency Operations Act, Public Law 97-174, provides military and VA health care facilities incentives for sharing medical resources that were not present in prior legislation. These include modified reimbursement procedures, expansion of shared resources, expediting of sharing agreements, and the use of joint agency workloads as justification for the purchase of new equipment. During FY 1984, the first year of implementation of the law, 54 VA medical facilities negotiated 81 agreements with 57 military facilities.

The Act also mandated an additional mission to the VA, to serve as the principal health care backup to DOD in the event of war or national emergency.

Bed capability assessments were conducted at the VA medical centers, and contingency capabilities were reported to DOD in April 1984 and to Congress in May 1984. The VA would use its authority under Public Law 97-174 to transfer some patients to hospitals designated as secondary support centers, to transfer others to civilian community hospitals, to curtail all but emergency admissions in 72 primary receiving centers, and to give priority to active duty military personnel over all patients except service-connected beneficiaries.

Medical District Initiated Program Planning

A major initiative was undertaken by the VA in FY 1981 with the implementation of the MEDIPP (Medical District Initiated Program Planning) process, which is designed to involve administrative and clinical personnel at all levels of DM&S. The process has so far resulted in the formulation and submission of district plans in November of 1982, 1983, and will be required in November 1984. These plans described changes necessary to meet future health care delivery needs in all elements of the VA's health care system.

The purpose of the MEDIPP process is to create district plans which have the following characteristics:

- Responsive to the health care needs of veterans.
- Reflective of resource needs, as determined at the medical district level.

- Based on local and national demographic analyses.

- Supportive of the approved mission of each VA health care facility in a district.

- Build upon specific professional and supportive programs and activities.

- Reflective of current directives and policies, as set forth under the Chief Medical Director's guidance.

The MEDIPP process emphasizes field involvement and requires coordination among personnel in VA health care facilities, medical districts, regions, and Central Office. Each level has a specific responsibility designed to enhance cooperation at all levels of DM&S and to ensure successful implementation of the planning function.

The functions of the VA health care facility are demographic analysis, workload forecasting, review of local resources in and outside the facility, and subsequent implementation of the approved district plan.

Each medical district initiates and directs the planning process, develops the district plan, responds to comments from the regions and Central Office, and reviews and assesses documentation following approval of the plan

The region reviews and comments on the district plans, coordinates and monitors the resolution of programs relating to regional issues, and implements and monitors the approved plans.

Central Office reviews and comments on the plans and coordinates the resolution of problems, following the Chief Medical Director's guidance, prior to final approval of the plans.

The MEDIPP cycle is formed by a series of events, beginning each year on November 1, and ending on October 31. The preparation of plans has involved over 500 administrative and clinical personnel who serve on medical district planning boards, advisory committees, and task forces. The plans completed thus far have provided extensive information on the impact of changes in the veteran population and on other important factors in the medical facility operating environment. The district plans proposed close to 3,000 specific actions to meet anticipated future health care needs of veterans. Implementation of approved MEDIPP actions occurs through existing planning, budgeting, and operational activities.

Through the MEDIPP planning process, DM&S has established a systematic approach to delineate trends in the health care needs of veterans and describe the types and sizes of facilities and the mix of health care services necessary to meet identified needs. This information has been provided through a series of briefings to the Congress and veteran constituency groups.

MEDIPP plans have projected significant impacts on VA services resulting from an expected increase in the aging veteran population. These identified needs provided the impetus for two years of intensive study which culminated in the issuance in 1984 of a VA report, "Caring for the Older Veteran." The report, which projects a tripling in the population of veterans age 65 and older by the year 2000, recognized that the increase in the number of older veterans will pose a challenge for the VA in effectively making available appropriate medical and human services to veterans at an affordable cost.

The VA intends that the report serve as an important resource in stimulating and giving a solid, statistical dimension to the national dialogue which must take place on how this country will care for its elderly veterans.

Medical Information Resources Management

In February 1982 a policy of decentralization was adopted to provide clear management authority and responsibility over ADP (automatic data processing) activities and to provide for more participation by medical centers in the development and implementation of automated information systems. The decentralization policy provides for the location and operation of computers in the medical centers, the coordinated development of a standard package or "core" of computer programs at six Verification and Development Centers, installation of these core programs at VA medical centers, and the overall direction of ADP activities by the Chief Medical Director.

The DHCP (Decentralized Hospital Computer Program) is the process developed to provide immediate deployment of computers to VA medical centers to meet critical clinical and administrative needs. During FY 1984 the following DHCP objectives were accomplished:

- Over 120 VA medical centers had hardware and operating system software installed.

- All basic systems management training for all VA medical centers was completed.

- VA application software training for the initial core unctions was completed for all VA medical centers.

- DHCP/DVB (Department of Veterans Benefits) prototype data interchange was initiated between the VA Medical Center, Albany, New York and DVB's Regional offices in Buffalo and New York City.

- DOD (Department of Defense) was provided copies of DHCP application software.

- Indian Health Service is beginning implementation of 60 systems using DHCP software.

A parallel effort, Integrated Hospital System, was mandated by Congress to test commercial hospital information systems at three VA medical facilities. The commercial vendors and test sites are Shared Medical Systems, at Philadelphia, Pennsylvania; McDonnell Douglas Automation, at Saginaw, Michigan; and Electronic Data Systems, at Big Springs, Texas. These prototypes are to run more than two years. An evaluation contract was awarded to Arthur Anderson.

- To meet current management information needs and satisfy future requirements, an MIS (Medical Information System) task force was established in late 1983. The task force is composed of VA field and Central Office officials. Both short-term improvement in accuracy and accessibility of management information, and longer-term solutions to DM&S information needs are being addressed. Accomplishments in FY 1984 include:

- development of an "Interim Executive Management Information System" which meets the special information needs of DM&S top management;

- establishment of local DMMS (Decentralized Medical Management System) prototypes at selected VA medical centers to measure health care needs, the type and amount of resources required to meet health care needs, and the efficiency and effectiveness of resources utilization;

- identification of reports processed centrally that can be eliminated or prepared locally by VA medical centers; and

- the adoption of new requirements that all new reports be justified by showing the need for and usefulness of the information.

Improvements were made in the area of office automation in FY 1984. In VA Central Office, the OA (Office Automation) prototype system was implemented with 39 work stations serving more than 100 active users. An interagency agreement with the Office of Personnel Management provided user training and materials. An OA needs assessment for VA medical centers was conducted to integrate field OA with DHCP.

Quality Assurance

The DM&S initiated improved guidance and educational support for quality assurance activities in 1984 at three major organizational levels (VA Central Office, field facilities, and the district and regions), furthering the integration of quality assurance into management systems and the strategic management process. At the Central Office level, the DM&S, in association with the JCAH (Joint Commission on Accreditation of Hospitals), provided educational activities regarding quality assurance and provided increased support to Central Office program officials through the aggregation of JCAH, SERP (Systematic External Review Program), and Inspector General deficiencies in the External Review Management Information System. At the field facility level, support was improved through an increased frequency of HSRO (Health Services Review Organization) newsletters directed toward current quality assurance concerns; the coordination of national education programs through the Regional Medical Education Centers; the implementation of a training program for the new HSRO quality assurance coordinators; provision of on-site consultation to individual medical centers; assessment and analysis of HSRO coordinators' backgrounds, skills, and experiences; and development and implementation of an assessment tool for evaluating the effectiveness of the medical center HSRO programs. Additionally, the Department developed a district-based peer review approach to monitor patterns of quality and utilization on an on-going basis and provide DM&S with profiles of the quality of care and utilization of resources of all facilities, providers, and practitioners. This approach will provide feedback to individual facilities with comparative data on their quality of care and utilization of resources.

Patient Satisfaction Surveys

A survey of patients' satisfaction with VA health care delivery services in conducted biennially. The most recent survey was conducted in late November 1983. The survey included approximately 74,000 inpatients and outpatients at all VA medical centers and outpatient clinics, including satellite clinics. A comprehensive range of reports is generated for facilities, with a focus on bed service, program, and clinic. The reports provide facilities with extensive information about patients' opinions of the care received in comparable facilities and trend information for each facility. The survey also provides systemwide information and indicates areas of concern where satisfaction is declining significantly or where relevant standards are not met.

For the VA system as a whole, satisfaction with services remains at a very high level. For both inpatients and outpatients, favorable responses are consistently received for all components; generally favorable responses exceed 90 percent in outpatient areas. Inpatient responses compare favorably with private sector studies and reflect that patients perceive the VA as a satisfactory health care provider. The next survey is scheduled for October 1985.

Internal Control Systems

The DM&S implemented Office of Management and Budget Circular A-123, Internal Control System, in 1982. Each Federal agency is required to develop a system which will assess and review existing safeguards for the detection and prevention of fraud, waste and abuse. In 1984 the Medical Inspector and Evaluation Office developed and conducted a national training program which was coordinated through the Regional Medical Education Centers. The program proved very beneficial to health care facilities and provided them with the necessary information to implement an effective internal control system.

Characteristics of VA Patients

The demographic and medical characteristics of VA patients are derived from the Patient Treatment File (discharges during FY 1984) and the Annual Patient Census (taken on September 30, 1984). The data on discharges during FY 1984 exclude 239,206 one-day hemodialysis discharges. Census figures for hospital, domiciliary, and nursing home patients in VA facilities are based on a 100 percent survey.

Age

As the veterans's average age increases, so does the utilization of VA medical centers. This phenomenon is demonstrated in the table which shows the number of hospital, domiciliary, and nursing home patients discharged during FY 1984 from VA facilities and from community nursing homes in which patients were placed at VA expense. Particularly notable is the heavy use of hospitals and nursing homes by the "old old" - those who are aged 85 and older. These veterans experience twice as many hospital discharges as those aged 65-74 and nearly three times as many nursing home discharges.

Age	Veteran Population on 3.31.84 (Thousands)[1]	Hospital Patients Discharged From VA Facilities[2]		Domiciliary Patients Discharged From VA Facilities[2]		Nursing Home Patients Discharged From VA and Community Facilities[2]			
		Number	Discharges Per 1,000 Veterans	Number	Discharges Per 1,000 Veterans	VA Nursing Home Care Units	Community Nursing Home	Total	Discharges Per 1,000 Veterans
TOTAL	28,135	996,975	35.4	5,914	0.2	6,395	18,219	24,614	0.9
Under 25	492	10,892	22.1	44	0.1	6	17	23	0.1
25-44	9,656	198,274	20.5	1,305	0.1	188	536	724	0.0
45-54	5,958	136,015	22.8	1,195	0.2	398	971	1,369	0.2
55-64	7,656	342,213	44.7	2,233	0.3	1,763	4,846	6,609	0.9
65-74	3,396	222,491	65.5	902	0.3	1,870	5,639	7,509	2.2
75-84	709	52,120	73.5	160	0.2	960	2,959	3,919	5.5
85 & over	267	34,970	131.0	75	0.3	1,210	3,251	4,461	16.7
Under 65	23,762	687,394	28.9	4,777	0.2	2,355	6,370	8,725	0.4
65 & over	4,372	309,581	70.8	1,137	0.3	4,040	11,849	15,889	3.6

[1] *Detail may not add to total shown due to rounding.*
[2] *Source of data: Patient Treatment File*

As the table below shows, the age of VA patients is also increasing. On census day in 1975, 24.5 percent of patients were 65 or older; by 1984, 32 percent were 65 or older.

Census Date	Percent Age Distribution of Hospital Patients in VA Medical Centers on Census Day					
	Under 35	35-44	45-44	55-64	65 and Over	Total[1] (percent)
September 30, 1984	10.3	11.8	13.4	32.5	32.0	100.0
June 15, 1983	11.4	9.8	14.7	34.2	29.8	100.0
July 28, 1982	12.4	8.5	16.3	34.9	27.8	100.0
June 24, 1981	12.9	8.5	17.9	33.8	26.9	100.0
September 24, 1980	12.7	7.7	19.6	33.6	26.2	100.0
September 26, 1979	12.7	7.8	20.6	32.5	26.4	100.0
October 4, 1978	12.1	8.2	22.8	31.0	26.0	100.0
September 28, 1977	11.7	8.7	23.9	30.3	25.3	100.0
September 29, 1976	12.2	9.5	25.2	28.3	24.7	100.0
October 1, 1975	11.5	10.7	27.4	25.9	24.5	100.0

[1] *Detail may not add to total shown due to rounding.*

Service-connected Patients and VA Pensioners

Of the FY 1984 hospital discharges from VA medical centers, 29.8 percent were veterans who had a service-connected disability, virtually unchanged from 29.9 percent in FY 1983.

Among hospital patients in VA medical centers on census day (September 30, 1984), 30.6 percent had a service-connected disability. The table below shows the percentage distribution of hospital patients in VA medical centers on the annual census days in 1980 through 1984, according to their compensation and pension status.

Compensation and Pension Status	Percent Distribution of Hospital Patients In VA Medical Centers On Census Day[1]				
	1984	1983	1982	1981	1980
Receiving care for a service-connected disability	16.0	16.1	16.4	15.9	16.2
Receiving care for a nonservice-connected disability and has a service-connected disability which does not require medical care	14.6	13.9	14.7	13.5	13.2
Total service-connected	30.6	29.9	31.1	29.4	29.4
Receiving care for a nonservice-connected disability and on VA pension rolls	18.6	23.8	24.1	25.9	24.6
Receiving care for a nonservice-connected disability and not on VA compensation or pension rolls	50.6	45.9	44.5	44.2	45.5
Nonveterans	0.3	0.4	0.4	0.4	0.4

[1] *Detail may not add to total shown due to rounding.*

Diagnoses

Diagnoses are classified by the VA as either principal or associated. The principal diagnosis is the one that the discharging physician considers to be responsible for the major part of the patient's length of stay, whereas the associated diagnoses are all other diagnoses for which the patient has been treated up to the time of discharge. The VA data system permits the reporting of a maximum of ten diagnoses per patient discharge. Thus, a count of total diagnoses includes the

Major Categories of Principal Diagnosis ICD-9-CM[1]	Percent by Diagnosis of Hospital Patients Discharged from VA Medical Centers				
	FY 1984	FY 1983	FY 1982	FY 1981	FY 1980
Mental disorder	19.7	20.3	21.5	22.0	22.7
Circulatory	16.2	16.3	16.1	15.7	15.5
Neoplasms	10.8	10.9	10.7	10.3	10.3
Digestive	9.7	9.3	9.2	9.3	9.1
Respiratory	7.0	6.7	6.5	6.6	6.4

[1] *International Classification of Diseases, 9th Revision, Clinical Modification.*

primary diagnosis and up to nine associated diagnoses. As shown in the table, five major categories have accounted for the majority of principal diagnoses among patients discharged from VA medical centers during the past five years. When both principal and associated diagnoses are considered, and attention is focused on more specific diagnostic categories, the two most common are heart disease and alcoholism, accounting for 34 and 18 percent, respectively, of the total diagnoses.

The number of hospital patients remaining in VA medical centers on census day by age and major diagnostic category is shown in the following table. As in previous years, general medical and surgical patients tend to be older (39.5 percent 65 years of age and over) than psychotic patients (24.6 percent 65 and over) or patients with other psychiatric diagnoses (14.4 percent).

Type of Patient	Percent of Hospital Patients in VA Medical Centers Census Day—September 30, 1984				
	Under 45	45-54	55-65	65 and Over	Total (Percent)
All patients[1]	22.1	13.4	32.5	32.0	100.0
General Medicine & Surgical	10.8	12.3	37.4	39.5	100.0
Psychotic	31.7	14.9	28.8	24.6	100.0
Other Psychiatric	51.1	15.4	19.1	14.4	100.0

[1] *Detail may not add to total shown due to rounding.*

Duration of Stay

There has been a steady decline in the average length of stay of patients discharged from VA hospitals over the past several years. Fiscal year 1984 continued that trend with an overall average length of stay of 25.0 days, down from 25.8 days in FY 1983. For general medical and surgical patients, who represent 80.3 percent of all FY 1984 discharges, the average length of stay was 17.4 days compared to 18.9 days in FY 1983. Among psychotic patients, the average length of stay increased from 86.1 days to 91.7 days, whereas among psychiatric patients it increased from 31.2 days to 31.5 days.

The complex combination of long and short-term and acute and chronically ill patients who receive VA hospital care means that a single measure of duration of stay - such as the average - may obscure as well as explain the process. The following observations about length of stay in VA hospital beds illustrate the point.

During FY 1984, 84.7 percent of the 996,975 hospital patients discharged from VA medical centers spend 30 days or less in a hospitalized status. Though this group comprised the majority of the discharges, they accounted for only 31.4 percent of the 24,973,709 days of care received since admission by all the

Type of Patient	Percent of Hospital Patients in VA Medical Centers With 90 Days or Less of Attained Stay on Census Day			
	FY 1984	FY 1983	FY 1982	FY 1981
All Patients	73.1	72.6	72.1	69.4
Psychotic	45.1	42.9	43.3	40.2
Other psychiatric	78.9	77.0	75.6	72.7
General medicine & surgery[1]	84.1	84.1	83.6	82.2

[1] *Includes tubercular and neurological patients.*

discharges. These patients had an average length of hospital stay of less than 9 days. At the other extreme, 0.5 percent of discharges had stays of more than one year and had received 26.2 percent of all the days of care. Their average length of stay was 1,196 days.

As the table shows, among hospital patients in VA medical centers on census day for the past four years, there has been an overall gradual increase in the pr portion with stays of 90 days or less since FY 1981.

Disposition Status

Of the FY 1984 hospital discharges from VA medical centers for whom disposi tion data are available, 88.2 percent returned to the community. Although this overall percentage has changed little over the past five years, two of its components have changed. The percentage of patients discharged for further care a VA outpatients has increased progressively from 66.7 percent in FY 1978 to 72.4 percent in FY 1984. Correspondingly, the percentage discharged for no fu ther care has decreased from 16.4 to 11.5 percent in the same period.

As shown in the table, 7.2 percent of hospital patients were discharged from V medical centers for further care (hospital, domiciliary, or nursing home care) in another VA facility or a community nursing home. Deaths accounted for 4.5 pe cent of discharges.

Manner of Disposition	Hospital Discharges from VA Medical Center During FY 1984	
	Number	Percent Total
Total	996,975	100
To community	879,748	88
Further care as VA outpatients	721,989	72
No further care	114,736	11
Release of committed or institutional award for trial in community	43,023	4
To further VA inpatient care	72,250	7
Another VA medical center for hospital care	33,654	3
Another VA medical center or community nursing home for nursing home care	31,693	3
VA facility for domiciliary care	6,903	1
Deaths	44,977	4

[1] *Detail may not add to total shown due to rounding.*

Compensation and Pension

Comparative Highlights

Item	Fiscal Year		
	FY 1984	FY 1983	Percent Change
Cost (billions)	$ 13.9	$13.9	–
Disability cases on rolls	2,980,406	3,043,968	- 2.1
Service connected	2,250,782	2,263,335	- 0.6
Non service connected	729,520	780,515	- 6.5
Special acts and retired officers	104	118	-11.9
Death cases on rolls	1,143,007	1,241,807	- 8.0
Service connected	341,702	346,291	- 1.3
Non service connected	801,294	895,504	-10.5
Special acts	11	12	- 8.3

Summary

Compensation and pension programs administered by the VA fall into five broad categories:

1. Disability Compensation - A veteran is entitled to compensation for disability resulting from injury or disease incurred or aggravated while on active duty. The amount of compensation is based on the degree of disability.

2. DIC and Death Compensation - Dependents of a veteran who died of service-connected causes on or after January 1, 1957, are entitled to DIC (dependency and indemnity compensation). Dependents of veterans who died before that date are entitled to death compensation, or may elect to receive DIC.

3. Disability Pension - Veterans who served in time of war are eligible for pension benefits for nonservice-connected disabilities. The veteran must either be permanently and totally disabled or be age 65 or older, and meet specific income limitations. Spanish-American War veterans are entitled to a pension on the basis of their service.

4. Death Pension - The surviving spouse and children of a war veteran who died of nonservice-connected causes are eligible for death pension benefits, subject to specific income limitations.

5. Burial Allowances - These benefits include a burial allowance, a burial plot allowance, and a flag to drape the casket of a deceased veteran. All benefits require separation from the Armed Forces under other than dishonorable conditions. The burial allowance of up to $300 is limited to veterans who at the time of death were in receipt of pension and compensation, or who, but for the receipt of military retired pay, would have been entitled to compensation. Eligibility is also established when death occurs in a Veterans Administration facility to which the

deceased was properly admitted. A plot allowance of up to $150 is available when burial is not in a national cemetery or a state veterans cemetery. An award of $1,100 in lieu of basic burial and plot allowances is payable for veterans who die of service-connected disabilities.

During FY 1984 the cost of compensation and pension benefits continued to rise, reaching $13.9 billion, an increase of $48.4 million from last fiscal year. This increased cost is attributable to new legislation which granted cost-of-living increases.

Public Law 98-223 (March 2, 1984) increased the rates of disability and dependency and indemnity compensation, as well as the clothing allowance, by approximately 3.5 percent. This law also resulted in the following changes:

- Modification of 38 U.S.C. 312(b) to provide presumption of service connection for dysthymic disorder for former prisoners of war.

- Modificiation of 38 U.S.C. 314(o) and 314(p) to increase rates of compensation for certain blinded veterans who are also deaf.

- Modification of 38 U.S.C. 3011(c) to increase compensation on account of certain periods of hospitalization or convalescence.

- Modification of 38 U.S.C. 101(4)(A) to include certain adopted persons within the title 38 definition of child.

- Modification of the veterans' Compensation, Education, and Employment Amendments of 1982 to revise the effective date for eligibility for Veterans Administration benefits of certain Reserve Officer's Training Corps participants.

Public Law 98-369, Deficit Reduction Act of 1984, provided that the effective date of disability pension shall be the date of application unless an earlier effective date is warranted by reason of the veteran having been prevented by disability from filing for benefits at the time he or she became permanently and totally disabled. Death pension benefits shall be payable from date of claim unless the application is received within 45 days from the date of death of the veteran, in which case the effective date would be the first day of the month of death.

Compensation

As shown in the accompanying chart, the number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1984, because of the declines among World War I, World War II, and Korean conflict cases. There was a net decrease of 12,553 from FY 1983.

Period of Service	Disability Compensation Cases				
	FY 1984		FY 1983		Percent Change
	Cases	Percent of Total [1]	Cases	Percent of Total [1]	
World War I	15,078	0.7	18,078	0.8	-16.6
World War II	1,080,364	48.0	1,110,971	49.1	- 2.8
Korean conflict	225,542	10.0	228,651	10.1	- 1.4
Vietnam era	594,938	26.4	587,032	25.9	+ 1.3
Peacetime	334,859	14.9	318,599	14.1	+ 5.1
Spanish-American	1	(2)	3	(2)	-66.7
Mexican Border	0	(2)	1	(2)	-100.0
Total	2,250,782	100.0	2,263,335	100.0	- 0.6

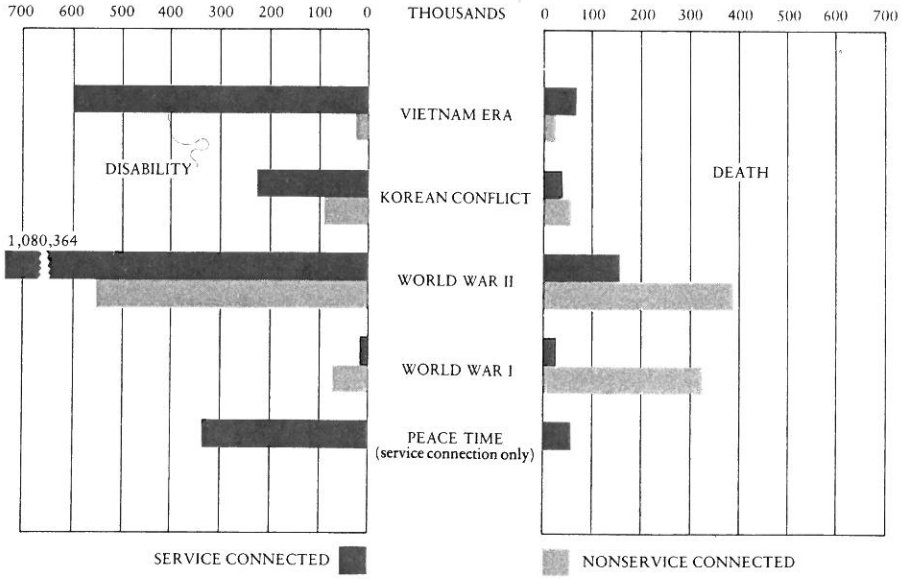
[1] *May not add to 100.0 percent due to rounding.*
[2] *Less than 0.05 percent.*

For the eighth straight year there has been a decline in the number of service-connected death cases for which payments are made to dependents of deceased veterans. The overall decline was 1.3 percent. Only Vietnam era and peacetime cases showed an increase from FY 1983.

Period of Service	Service Connected Death Cases				
	FY 1984		FY 1983		Percent Change
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	
World War I	24,027	7.0	25,696	7.4	– 6.5
World War II	158,607	46.4	162,432	46.9	– 2.4
Korean conflict	38,302	11.2	38,609	11.1	– 0.8
Vietnam era	68,905	20.2	68,341	19.7	+ 0.8
Peacetime	51,774	15.2	51,118	14.8	+ 1.3
Spanish-American	83	(2)	91	(2)	– 8.8
Mexican Border	1	(2)	1	(2)	–
Civil War	3	(2)	3	(2)	–
Total	341,702	100.0	346,291	100.0	– 1.3

[1]May not add to 100.0 percent due to rounding.
[2]Less than 0.05 percent.

COMPENSATION AND PENSION CASES
AS OF SEPTEMBER 1984



Pension

The improved pension rates were adjusted on December 1, 1983. The maximum annual rate of pension payable is shown in the accompanying table.

Class of Beneficiary	Rates of Pension
Veteran	
Alone	$ 5,515
One dependent	7,225
Alone, A&A allowance	8,823
One dependent, A&A allowance	10,533
Alone, housebound	6,741
One dependent, housebound	8,451
Surviving Spouse	
Alone	3,695
One child	4,841
Alone, A&A allowance	5,912
One child, A&A allowance	7,056
Alone, housebound	4,518
One child, housebound	5,661

The decrease of 6.5 percent in the disability pension rolls during FY 1984 is similar to that experienced last year. Two periods of service showed increases during the year - the Korean conflict and the Vietnam era.

	Disability Pension Cases				
	FY 1984		FY 1983		
Period of Service	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Percent Change
World War I	71,939	9.9	95,914	12.3	-25.0
World War II	550,828	75.5	579,898	74.3	- 5.0
Korean conflict	85,391	11.7	84,601	10.8	+ 0.9
Vietnam era	21,262	2.9	19,966	2.6	+ 6.5
Spanish-American	20	(2)	37	(2)	-45.9
Mexican Border	80	(2)	99	(2)	-19.2
Total	729,520	100.0	780,515	100.0	- 6.5

[1] *May not add to 100.0 percent due to rounding.*
[2] *Less than 0.05 percent.*

As shown in the table, the number of death pension cases decreased in all periods of service. The overall decrease of 10.5 percent is a larger decline than that recorded during the previous fiscal year (6.5 percent).

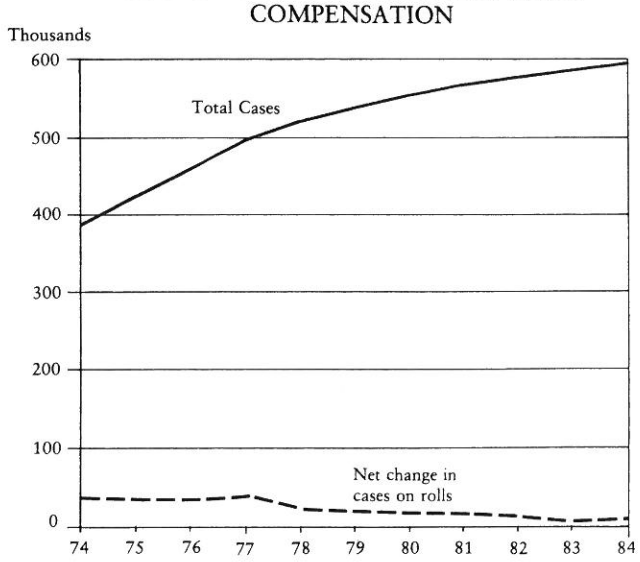
Period of Service	Death Pension Cases				
	FY 1984		FY 1983		
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Percent Change
World War I	323,742	40.4	374,811	41.9	– 13.6
World War II	389,900	48.7	419,732	46.9	– 7.1
Korean conflict	57,518	7.2	66,738	7.5	– 13.8
Vietnam era	22,161	2.8	25,020	2.8	– 11.4
Spanish-American	7,526	0.9	8,659	1.0	– 13.1
Mexican Border	325	(2)	401	(2)	– 19.0
Indian Wars	23	(2)	27	(2)	– 14.8
Civil War	99	(2)	116	(2)	– 14.7
Total	801,294	100.0	895,504	100.0	– 10.5

[1] *May not add to 100.0 percent due to rounding.*
[2] *Less than 0.05 percent.*

Period of Service
Vietnam Era

There were 7,906 more Vietnam era veterans receiving compensation at the end of FY 1984 than at the end of the previous year. The chart shows the trend in new Vietnam era compensation cases since 1974. The total number of Vietnam era veterans receiving compensation continues to increase and, with new cases exceeding losses, the trend is expected to continue.

VIETNAM ERA VETERANS RECEIVING COMPENSATION



A total of 21,262 Vietnam era veterans were receiving disability pension at the end of the fiscal year, an increase of 6.5 percent from the number a year ago. Since the median age of these veterans was 37 years, a gradual increase in the number of those applying for disability pension is expected. The number of service-connected death cases increased by 0.8 percent to 68,905. The nonservice-connected death pension cases numbered 22,161 at the end of the fiscal year, a decrease of 11.4 percent from last year.

Korean Conflict

The number of Korean conflict veterans receiving compensation decreased to 225,542 during FY 1984, the eleventh consecutive annual decline. The high mark on the rolls (240,765) was reached in June 1973, 18 years after that conflict ended. For comparison, the highest number of World War II veterans receiving compensation was reached in FY 1953, only eight years after the end of the war.

In contrast to compensation, the number of Korean conflict veterans receiving a pension continued to rise. At the end of the fiscal year there were 85,391 Korean conflict veterans on the pension rolls, a 0.9 percent increase over FY 1983. As this group grows older, the number on the pension rolls can be expected to increase.

The number of service-connected death cases at the end of the fiscal year was 38,302, a decrease of 0.8 percent, and the number of death pension cases decreased 13.8 percent to 57,518.

World War II

Veterans of World War II still constitute the largest single group receiving compensation for service-connected disabilities, although their numbers continued to decline in FY 1984. Nonservice-connected pension showed a decrease of 5.0 percent to 550,828. Service-connected death cases declined by 3,825 cases, or 2.4 percent in FY 1984. The nonservice-connected death pension caseload decreased to 389,900 or 7.1 percent, in FY 1984.

World War I

The number of World War I veterans receiving disability compensation declined during the past fiscal year by 16.6 percent. World War I disability pension also decreased by 25.0 percent in the past fiscal year. The advanced age of this group of veterans will accelerate these decreases in the next few years. Decreases were also recorded for service-connected death cases (6.5 percent) and death pension cases (13.6 percent).

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there was one veteran of the Spanish-American War receiving disability compensation as of September 30, 1984, and 20 Spanish-American War veterans were receiving disability pension in FY 1984. The service-connected death and death pension caseloads for Spanish-American War veterans were 83 and 7,526, respectively.

During FY 1984, the last veteran of the Mexican Border service receiving disability compensation died, and there were 80 veterans of this period receiving disability pension, down 19 from last fiscal year. There was one service connected death case, while the death pension cases decreased by 19.0 percent to 325.

Although there are no living veterans of the Indian Wars, 17 widows and 6 helpless children are receiving death pension benefits. There are one widow and

two helpless children receiving service-connected death benefits with Civil War entitlement and 24 widows and 76 helpless children receiving death pension. There were 334,859 peacetime veterans receiving compensation as of September 30, 1984, an increase of 5.1 percent from the previous year. Beneficiaries of deceased peacetime veterans increased by 656 to 51,774 in FY 1984.

Burial Allowance

Statutory burial allowances are designed to assist in providing a respectable burial for certain deceased veterans who were separated from the armed service under other than dishonorable conditions.

Generally, the VA will pay a sum not to exceed $300 to help cover burial and funeral expenses for a veteran whose death occurs while the veteran is under VA care or entitled to disability compensation or pension. After October 1, 1982, eligibility may also be established in cases of certain indigent veterans whose remains are unclaimed. Transportation charges are payable when the veteran dies while a patient in a VA medical center. An additional allowance of $150 is payable for a burial plot when a veteran is not buried in a national cemetery or a state veterans cemetery. An award of $1,100 in lieu of these basic allowances is authorized for an eligible veteran who died of a service-connected disability.

In FY 1984, basic burial allowance was paid for 126,985 claims in an amount of nearly $44.8 million. This was an increase of approximately $3.8 million from last year. Cemetery plot allowances amounting to nearly $45.7 million were paid to 308,753 claimants; service-connected burial benefits amounting to $8.5 million were paid to 8,655 claimants.

A total of 341,555 burial flags were issued, an 8.5 percent increase from FY 1983. The cost of each flag was $23.36, for a total cost of $7.9 million. Over 210,000 headstones or markers were provided at a cost of $12.6 million. Reimbursements in lieu of government headstones or markers were paid to 51,994 claimants for a total of nearly $3.4 million, a slight increase from last year. Burial benefits totaled $122.9 million in FY 1984.

Educational Benefits

Comparative Highlights

Item	FY 1984	FY 1983	Percent Change
Education benefit costs (millions)	$ 1,302	$ 1,566	−16.9
Post-Korean trainees	528,468	644,390	−18.0
Post-Vietnam	38,310	29,508	+29.8
Sons and daughters	63,553	70,923	−10.4
Spouses	7,641	8,779	−13.0

Summary

Several education benefits programs are administered by the Department of Veterans Benefits Education Service. These include educational assistance for veterans and service personnel, commonly termed the 'GI Bill;' dependents' educational assistance for eligible spouses and children of veterans who died of service-connected causes, whose service-connected disability is rated permanent and total, or who are missing in action or prisoners of war for more than 90 days; the post-Vietnam era veterans' educational assistance for veterans and service-persons entering active duty after December 31, 1976; and the provisions of the Emergency Veterans Job Training Act.

Other education benefits administered include payments to eligible veterans, survivors, and dependents to aid defraying expenses of tutoring, and an education loan program for certain veterans or other eligible persons who are enrolled full-time in approved educational programs and have entitlement remaining after their period of eligibility for using education benefits has passed.

Education and Training

Veterans' Educational Assistance (GI Bill)

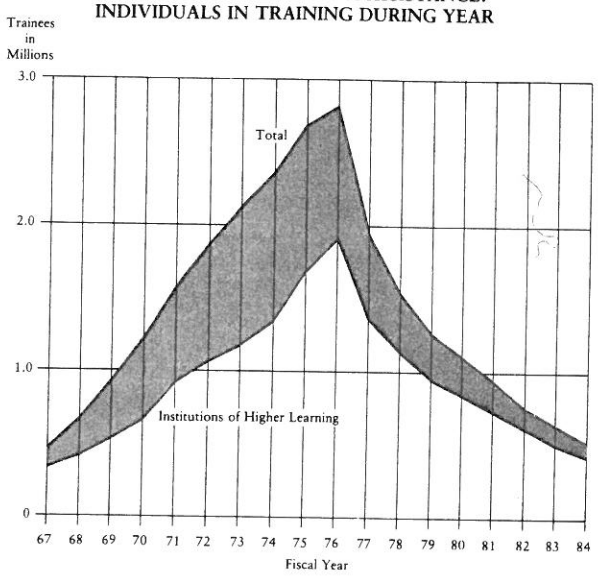
Over 528,000 veterans and active duty personnel received educational benefits in FY 1984 under the post-Korean GI Bill. This figure is down 18.0 percent from FY 1983 and is expected to continue to decline in coming years.

Veterans and service personnel who have neither completed high school nor received an equivalency certificate are considered to be educationally disadvantaged. They may, without charge to their basic entitlement, receive training to overcome their educational handicaps. At the end of September 1984, over 910,000 veterans and servicepersons had participated in these 'free entitlement' programs.

Through September 1984, the total number of veterans and servicepersons ever trained under the current GI bill exceeded 8 million. Over 82 percent of these were Vietnam era veterans and servicepersons, and nearly 75 percent were Vietnam era veterans only. More than half have trained at the college level (excluding correspondence). The remainder pursued vocational and technical training, correspondence training, flight training, cooperative training, and on-the-job training. The participation rate for Vietnam era veterans exceeds 72 percent, well over the 51 percent participation rate for World War II veterans.

At the end of FY 1984, cumulative expenditures for veterans' educational assistance for post-Korean conflict trainees exceeded $38.5 billion. This compares to expenditures of $4.5 billion for the Korean conflict program and $14.5 billion for the World War II program.

VETERANS' EDUCATIONAL ASSISTANCE:
INDIVIDUALS IN TRAINING DURING YEAR



Post-Vietnam Era Veterans' Educational Assistance

At the end of FY 1984, there were nearly 238,000 active participants (in-service contributors) in the post-Vietnam era veterans' educational assistance fund. Of the more than 754,000 persons who have contributed, approximately 364,000 have disenrolled and nearly 152,000 who have some remaining eligibility have ceased their contributions. The number of trainees during FY 1984 exceeded 38,000, up 29.8 percent from last year. There were 17,418 veterans and servicepersons enrolled at the end of the fiscal year. The program is under continuing review by both the VA and the Department of Defense.

Item	FY 1984	FY 1983	Percent Change
Accounts established	754,064	629,583	+19.8
Gross contributions	$831, 640, 814	$656, 170, 476	+26.7
Active participants	237,858	224,804	+ 5.8
Trained during year	38,310	29,508	+29.8
Benefits paid during year	$ 55,375, 016	$ 39,600, 478	+39.8

Noncontributory Educational Assistance Programs

The Department of Defense Authorization Act of 1981 (Public Law 96-342) provided for two educational assistance incentive programs to encourage enlistments and re-enlistments in the Armed Forces.

The Educational Assistance Test Program (section 901) is a noncontributory program in which an eligible participant, or in some cases his or her dependent(s), may receive an educational assistance and subsistence allowance while training at an accredited institution.

The Noncontributory VEAP - Educational Assistance Pilot Program (section 903) - is a modification of the VEAP (Post-Vietnam Era Veterans Educational Assistance Program). This program differs from basic VEAP in that the Department of Defense will pay the participant's monthly contribution, and it allows certain participants to transfer their entitlement to a spouse or child.

Eligibility in both programs is limited to persons who enlisted or reenlisted in the Army, Navy, Air Force, or Marine Corps after November 30, 1980, and before October 1, 1981.

The first participant was paid benefits in early 1983. At the end of the fiscal year, there were 65 persons training under section 901, and 103 persons training under section 903.

Emergency Veterans' Job Training Act of 1983

On August 15, 1983, the Emergency Veterans' Job Training Act of 1983 (Public Law 98-77) was enacted. Provisions of the Act took effect on October 1, 1983, with funding becoming available on November 29, 1983.

The Job Training Act is administered by the VA, but the law also assigns responsibility for promoting the development of employment and job training opportunities to the Department of Labor. Both Agencies have joint responsibilities for providing public information and for assisting veterans and employers who apply to participate in this program.

The major provision of the law provides payments to employers on behalf of certain veterans of the Korean conflict or the Vietnam era who have been unemployed for long periods of time. It is intended to help defray the costs of hiring and training these veterans for stable and permanent positions that involve significant training.

During FY 1984, nearly 262,000 applications for a Certificate of Eligibility were received from veterans. Over 219,000 Certificates of Eligibility were issued. More than 32,000 employers applied to participate in the program, offering nearly 66,000 job openings. By the end of September 1984, nearly 16,000 job matches had been made, with over $64 million obligated.

An additional provision of this law provides for an extension in certain instances of a veteran's delimiting date under the G.I. Bill educational assistance program for the pursuit of an associate degree program which is predominantly vocational in content.

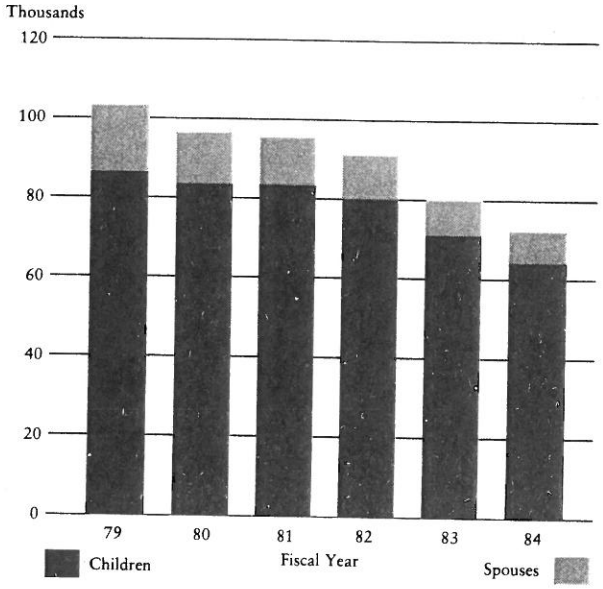
Dependents' Educational Assistance

This program provides educational assistance for eligible surviving spouses and children of veterans who died from service-connected causes or whose service-connected disabilities are rated total and permanent. Spouses and children of service personnel who are listed as prisoners of war, or as missing in action or interned by a foreign government for more than 90 days, are also eligible under the program. Up to 45 months of full-time training are provided in approved schools. Nearly 64,000 children and 8,000 spouses took advantage of the program during FY 1984. Approximately 90 percent used their entitlement to acquire college-level training. See chart on page 84.

State Approving Agencies

State approving agencies were created originally to meet the requirements of the World War II programs. Courses offered for training to veterans and other eligible persons must be approved by the approving agency of the state where the training facility is located, or, when no state approving agency has been designated, by the Administrator. A number of states have designated two or more agencies to carry out this function. In Fy 1984, the VA negotiated contracts with state approving agencies at a cost of approximately $12.8 million.

DEPENDENTS' EDUCATIONAL ASSISTANCE: BENEFICIARIES IN TRAINING DURING YEAR



Housing Assistance

Comparative Highlights

Item	FY 1984	FY 1983	Percent Change
Number of loans			
Guaranteed home[1]	238,478	231,620	+ 3.0
Guaranteed manufactured home	13,110	13,502	- 2.9
Direct	8	22	-63.6
Average loan amount			
GI primary home[1]	$64,014	$61,069	+ 4.8
Manufactured home	$21,273	$20,759	+ 2.5
Direct	$30,562	$29,527	+ 3.5
Maximum interest rate[2]			
GI and direct home	14.0%	13.5%	- - -
Manufactured home unit	16.0%	15.5%	- - -
GI home loans outstanding[3]	4,227,982	4,170,475	+ 1.4
GI home loans in default[3]	102,009	96,777	+ 5.4
As a percent of loans outstanding	2.4	2.3	+ 4.3
Substitutions of entitlement	3,719	3,785	- 1.7
Properties on hand[3]	21,895	19,962	+ 9.7

[1] *Includes condominiums*
[2] *During year*
[3] *End of year*

Summary

The loan guaranty program provides housing credit assistance whereby mortgage credit needs of veterans and service personnel may be satisfied by private capital on more liberal terms than are generally available to nonveterans, without the assumption of undue risks by the Federal Government.

Assistance is primarily through substituting the Government's quaranty on loans in lieu of the substantial downpayments, relatively short terms, and other investment safeguards applicable to conventional mortgage transactions.

Loans may be used to purchase a home; to purchase a residential unit in certain condominium projects; to build a home; to repair, alter, or improve a home; to refinance an existing home loan; to improve a home by installing solar heating or other energy conservation measures; to buy a manufactured home, with or without a lot; or to buy a lot for a manufactured home the veteran already owns.

Loans are available to veterans with sufficient qualifying service since September 16, 1940; to unmarried surviving spouses of veterans who died from service-connected causes; to spouses of service personnel officially listed as missing in

action, or captured, for more than 90 days; and to service personnel who have served at least 181 days.

During FY 1982 a record was established when the volume of loans guaranteed was the lowest in any fiscal year since the inception of the program in 1944. During FY 1983, as a result of favorable economic conditions, another record was established when the percentage increase in the volume of loans guaranteed was the highest in any fiscal year since the inception of the program. During FY 1984, because economic conditions remained favorable, the volume of loans guaranteed remained at a high level and showed an increase of 2.6 percent above the record increase of the prior year.

Over 255,000 veterans were assisted with home ownership during FY 1984. The VA guaranteed 251,588 home loans in the amount of $15.6 billion; disbursed 8 direct loans amounting to over $244,000; made 406 grants for specially adapted housing totaling $13 million; and approved 3,719 substitutions of entitlement.

Manufactured Home Loans[1]

Since the inception of the manufactured home loan program in February 1971, the VA has guaranteed almost 89,000 manufactured home loans, thereby assisting lenders in providing over $1.5 billion in loanms to veterans who probably would have been unable to afford a hom in the conventional market.

During FY 1984, 12,698 applications were received and 13,110 manufactured home loans amounting to more than $278 million were guaranteed. The number of loans guaranteed during the fiscal year represents a decrease of 2.9 percent from FY 1983. Of these loans, over 87 percent were made by non-supervised lenders that were approved for automatic processing as provided by the Veterans Housing Act of 1974.

Of the loans guaranteed during the fiscal year, 12,217 were for the purchase of new manufactured homes while 893 were for used units. Loans for the purchase of single-wide manufactured homes accounted for nearly 74 percent of the FY 1984 total. The average loan amount for single-wides was $19,421 while for double-wides it was $26,466. These amounts are higher than those of previous years partially because the Veterans' Housing Benefits Act of 1978 removed the statutory loan maximums for manufactured home units and lots.

Plant Inspections

In October 1981, the HUD (Department of Housing and Urban Development) advised the VA that it could provide the inspections and inspection report related to monitoring of the fabrication process of manufactured homes. Consequently, the VA discontinued its formal program of manufactured home plant inspections and elected to accept the results of the HUD inspections, which involve all manufactured home factories, i.e., those producing projects which are sold to veterans and nonveterans.

These reports on the activities of any particular manufacturing plant are available to the VA Loan Guaranty Service from either the HUD or the NCSBCS (National Conference of States on Building Codes and Standards).

Complaints from veterans, which are discussed in greater detail in the section entitled 'Compliance with Warranty,' were not of such a nature that inspections of manufacturing facilities by the VA should have been made in addition to the HUD inspections, and it appears that veterans are being adequately protected by the HUD inspection program and follow-up procedures.

The HUD's current biennial report to Congress covers the years 1982 and 1983. That report indicates that HUD and NCSBCS continue to use the acceptable quality

[1] *This information is included in compliance with section 1819, title 38, U.S.C.*

level system to measure IPIA (In-Plant Primary Inspection Agency) performance, and the effectiveness of the manufacturer's quality control staff and procedures. An IPIA is a third-party qualified by HUD to inspect the manufacturing process in the factory to assure compliance with Federal Manufactured Home Construction and Safety Standards. In 1983, the national average performance rating for all IPIA's was 89.7 percent (a 100 percent performance rating would indicate that no nonconformances with the Federal Standard were found by NCSBCS during its plant inspection).

To further improve the quality and effectiveness of IPIA monitoring, HUD and NCSBCS recently initiated the use of a computerized data analysis system. Using manufacturing plan production and inspection data, the system makes possible a number of previously unavailable analyses of IPIA performance.

Manufactured Home Onsite Inspections

During FY 1984, the VA randomly selected for inspection 844 manufactured homes secured by GI loans. Each inspection covered the home and its site.

In some instances the inspectors were unable to check certain items. Therefore, total responses relating to a particular item do not always equal the total number of inspections. The percentage figures given below relate to the total number of responses for a particular item.

- The average size of the manufactured home units was 1,232 square feet.
- 76 percent of the manufactured homes had skirting and 86 percent had tiedowns installed.
- 68 percent of the homes were connected to community or public water facilities and 65 percent disposed of their sewage through public or community disposal systems.
- 71 percent of the units were located in manufactured home parks and 29 percent occupied individual sites.
- 99 percent of the manufactured homes have remained at their original locations as specified in the loan applications.
- Nearly all sites were judged to be adequate.

Compliance with Warranty

Every new manufactured home financed by a GI loan must have a written warranty from the manufacturer to the purchaser, which includes a specific statement that the manufactured home meets the standards prescribed by the VA.

During FY 1984, VA field stations reported 186 complaints from veterans expressing dissatisfaction in some manner with their manufactured home unit. Of these complaints, 179 were considered justified and 7 were determined to be unjustified. By the end of the fiscal year, 150 (83.8 percent) of the justified complaints had been resolved and 29 (16.2 percent) were pending resolution. Of these complaints, 172 (96.1 percent) were under warranty; 2 (1.1 percent) were due to faulty setup; and 5 (2.9 percent) were attributed to both warranty and faulty setup.

The nature of the complaints covered under warranty varied from minor defects to severely defective items to be repaired. A total of 171 justified (95.5 percent) complaints were reported because of flawed construction of the unit; complaints received on both the construction and furnishings of the manufactured home accounted for 8 (4.5 percent) of the complaints; and none expressed dissatisfaction with only the furniture and appliances in the manufactured home.

VA field stations are continuing to act promptly in determining the validity of the complaints, which are widely distributed among manufacturers and models, with no single manufacturer accounting for a significant percentage of the total complaints.

Profile of Manufactured Home Market vs. GI Home Market

The primary beneficiaries of the VA manufactured home program are, for the most part, the younger, lower-income veterans and servicepersons who cannot afford conventional housing.

Although the number of manufactured home loans represents only a small percentage of the total loans guaranteed, it is evident that veterans obtaining manufactured home loans are those for whom the program is intended, as evidenced by the following data:

During FY 1984, the median loan amount for conventional homes was 3.1 times greater than for manufactured homes and the purchase price was 3.3 times greater. The net montly income of veterans purchasing conventional homes was 1.5 times greater than that of veterans purchasing manufactured homes. The monthly housing expense of veterans obtaining conventional homes was 1.7 times greater than that of veterans who obtained manufactured homes, and the assets of those purchasing conventional homes amounted to 4.5 times the amount of assets of those purchasing manufactured homes. In addition, the median age of manufactured home buyers is 28 years, while the median age of conventional home buyers was 36 years.

The above statistics are based upon loans submitted for VA approval prior to loan disbursement. Condominium loans are not included with conventional home loan data.

Defaults

When the VA manufactured home loan program was established, it was anticipated that the incidence of defaults and claims would be greater than that experienced for loans on conventional homes. During FY 1984, claims paid, as a percent of the average number of outstanding manufactured home loans, rose to 4.2 percent, as compared to 0.6 percent for conventional homes.

Direct Loans

Congress authorized the direct loan program via Public Law 81-475, enacted April 20, 1950, as a supplement to the quaranteed loan program in rural areas where private financing was not generally available. A review of the program in 1980 revealed that private sector funding was generally available in all areas of the country. The review resulted in a suspension of the program by Congressional action during FY 1981, with the exception of loans to severely disabled veterans for specially adapted housing. During FY 1984, the VA made eight direct loans to severely disabled veterans amounting to $244,500.

GI Home Loans

During FY 1984, 238,478 homes loans were guaranteed. This total includes refinancing loans, condominium loans, alteration and repair loans, and direct loans sold and guaranteed, in addition to loans for the purchase of the traditional single-family home.

Over 63 percent of the veterans obtaining a primary home loan with a VA guaranty were able to obtain no-downpayment loans. Loans to finance the purchase of previously occupied housing accounted for 68 percent of the primary home loans guaranteed during the fiscal year. These loans averaged $60,378 and financed homes with an average purchase price of $63,878. On newly constructed homes, the average loan was $71,760 and the average purchase prices was $76,439.

Of the total home loans guaranteed during FY 1984, slightly over 55 percent went to Vietnam and post-Vietnam era veterans, 19 percent to servicepersons, over 11 percent to veterans whose entitlement was restored, 8 percent to post-Korean conflict veterans, 4 percent to World War II veterans, 3 percent to Korean conflict veterans, 0.1 percent to post-World War II veterans, and unmarried surviving spouses accounted for 0.2 percent of the total. Fourteen loans were guaranteed for spouses of servicepersons classified as prisoners of war or missing in action.

Between June 22, 1944, and September 30, 1984, veterans obtained over 11.3 million home loans totaling over $230 billion under the GI home loan program.

Credit Market Conditions

The lifeblood of the VA home loan program is private capital. As a result, the availability and cost of funds in the money and capital markets have an immense impact on VA home loan activity. During FY 1984, the VA home loan program operated under restrictive credit market conditions. Mortgage interest rates during most of the year remained high despite a very low inflation rate. For example, interest rates on new commitments by lenders for 25 years or longer on fixed-rate conventional home mortages generally fluctuated between 13.68 percent and 15.09 percent. The VA interest rate ceiling, reflecting the general pressure in the mortgage market, peaked at 14 percent in August and then started to trend slowly down. At the end of the fiscal year, the VA ceiling was 13.50 percent, the same level as at the start of the fiscal year.

Funding Operations

For the first time since the inception of the Loan Guaranty Revolving Fund, appropriations were necessary to meet program expenditures. A total of $260 million dollars was added to the fund. One hundred million dollars was appropriated directly to the fund while $160 million was transferred from the Readjustment Benefits Account.

During FY 1984, the VA collected $158.6 million in principal and interest payments, with the interest portion amounting to $100.9 million. Loan sales from VA's own portfolio of loans netted $853.7 million, up 13 percent from last year.

Specially Adapted Housing Assistance

The lack of mobility and the psychological problems associated with a severe disability often impose tremendous burdens on its victims. The simplest tasks become difficult, and some procedures, such as acquiring a suitable home, are almost impossible without assistance. Frequently VA representatives escort or take the veteran's place during contacts with builders, lenders, and architects.

Severely disabled veterans declared eligible for grants for specially adapted housing have distinctive housing needs such as wide doorways to accommodate wheelchairs, ramps instead of steps, oversized and specially equipped bathrooms, etc. The VA extends whatever help is required, as determined on an individual basis. Assuring that structural requirements are met is only one aspect of the specially adapted housing program.

During FY 1984, 406 severely disabled veterans, who may be wheelchair-bound, received grants totaling $13 million to buy, build, or modify homes specially adapted for their use.

Public Law 96-385, The Veteran's Disability Compensation and Housing Benefits Amendments of 1980, effective October 1, 1980, authorized a new category of specially adapted housing grants. Under this amendment, a disabled veteran who is either blind in both eyes or who has lost, or lost the use of, both hands qualifies for a benefit of up to $5,000 to make minor adaptations to his or her house. During FY 1984, there were 78 grants of this type, totaling $361,234.

Fair Housing Program

A key aspect of the VA's fair housing program is the statistical monitoring of minority participation in the VA- guaranteed home loan program. This monitoring includes both quantitative and qualitative analysis.

Minority veterans continued to obtain a significant share of VA-guaranteed loans during FY 1984. While comprising 12 percent of the veteran population, minority veterans obtained about 18 percent of the home loans closed. Black veterans obtained 11.8 percent, Hispanic veterans 3.5 percent, Asian/Pacific Island veterans 1.7 percent, and American Indian/Alaskan Native veterans 0.8 percent of the total loans.

Qualitative indexes show a continued strong reliance on spouse's income in order to qualify for home loans. A significant 47 percent of the VA-guaranteed loans closed in FY 1984 were approved because of the supplemental income of the spouse. Spouse's income was especially important for minority buyers; 53 percent of the blacks, Asian/Pacific Islanders and American Indian/Alaskan Natives, and 51 percent of the Hispanics who obtained VA guaranteed home loans relied upon help from spouse's income.

From FY 1983 to FY 1984, there were small increases in the average annual incomes of American Indian/Alaskan Native, Asian/Pacific Islander and black home buyers using VA- guaranteed loans to finance their home purchases. Meanwhile, average income for white (non-Hispanic) participants decreased slightly.

Group	Average Annual Income		Percen Chang
	FY 1984	FY 1983	
American Indian/Alaskan Native	$32,600	$31,800	+ 2.5
White (not Hispanic)	32,400	32,800	– 1.2
Asian/Pacific Islander	32,100	31,800	+ 0.9
Hispanic	30,200	29,600	+ 2.0
Black (not Hispanic)	29,800	29,600	+ 0.7

VA guaranteed home loans covering the full purchase price of the home (no downpayment) were obtained by 80 percent of the black, 74 percent of the Hispanic, 68 percent of the American Indian/Alaskan Native, 65 percent of the white, and 62 percent of the Asian/Pacific Islander participants in FY 1984.

The VA's fair housing program includes an ongoing effort to increase minority business participation in work related to the loan guaranty program. This includes assigning appraisers and compliance inspectors, and engaging the service of repair contractors, management brokers, and sales brokers. During FY 1984, these minority businesses received $20.2 million, or 12 percent, of all commissions and fees paid and assignments made by the VA. The dollar breakdown was as follows: $6.5 million to minority fee appraisers and compliance inspectors, $5.5 million to minority repair and maintenance contractors, $5.4 million to minority sales brokers, and $2.8 million to minority management brokers.

Another important aspect of the VA's fair housing opportunity program is its home counseling service. The VA conducts this home counseling service in 23 cities to provide prospective home-buying veterans advice and assistance in practical aspects of home buying and homeownership. Minority veterans comprised 6,321 of the 11,505 veterans counseled in FY 1984, reflecting the thrust of the program toward aiding minority veterans. Since the inception of the program in 1973, over 63,000 minority veterans and 111,500 veterans overall have been assisted by this home counseling service.

Life Insurance

Comparative Highlights

Program (thousands)	Fiscal Year		Percent Change
	FY 1984	FY 1983	
USGLI			
Policies	70	77	– 9.1
Amount	$275,231	$304,082	– 9.5
Death benefits	$26,173	$29,070	– 10.0
NSLI[1]			
Policies	3,198	3,286	– 2.7
Amount	$22,589,213	$23,027,156	– 1.9
Death benefits	$396,134	$377,860	+ 4.8
VSLI[1]			
Policies	383	477	– 19.7
Amount	$3,345,554	$4,205,074	– 20.4
Death benefits	$22,374	$22,734	– 1.6
SDVI			
Policies	189	191	– 1.0
Amount	$1,713,293	$1,727,590	– 0.8
Death benefits	$20,047	$19,577	+ 2.4
VRI[1]			
Policies	152	156	– 2.6
Amount	$1,047,263	$1,075,883	– 2.7
Death benefits	$18,742	$17,594	+ 6.5
SGLI			
Policies	3,397	3,393	+ 0.1
Amount	$118,114,032	$117,982,312	+ 0.1
Death benefits	$157,124	$153,826	+ 2.1
VGLI			
Policies	293	349	– 16.0
Amount	$7,552,240	$8,070,345	– 6.4
Death benefits	$22,102	$19,108	+ 15.7
VMLI			
Policies	6	6	–
Amount	$178,809	$173,415	+ 3.1
Death benefits	$4,857	$5,353	– 9.3

[1] *Includes paid-up additional insurancce purchased by dividends.*

Program	Abbreviated Reference	Policy Prefix Letter	Program Beginning	Ending Date of New Issues
U.S. Government Life Insurance	USGLI	K	01-01-19	04-24-51
National Service Life Insurance	NSLI	V H	10-08-40 08-01-46	04-24-51 12-31-49
Veterans Special Life Insurance	VSLI	RS,W	04-25-51	12-31-56
Service Disabled Veterans Insurance	SDVI	RH	04-25-51	Open
Veterans Reopened Insurance	VRI	J,JR, JS	05-01-65	05-02-66
Servicemen's Group Life Insurance	SGLI	—	09-29-65	Open
Veterans Mortgage Life Insurance	VMLI	—	08-11-71	Open
Veterans Group Life Insurance	VGLI	—	08-01-74	Open

Summary

Life insurance protection for the Nation's service personnel and veterans is provided under five separate programs administered by the VA and three programs supervised by the VA.

The first five programs shown in the table are entirely VA administered and provide for a maximum coverage amount of $10,000. The latter three programs are supervised through a contractual relationship with private companies. The Servicemen's Group Life Insurance and Veterans' Group Life Insurance programs are administered by the Prudential Insurance Company of America, Newark, New Jersey, and both provide up to $35,000 in coverage. The Veterans' Mortgage Life Insurance program is administered by the Bankers Life Insurance Company of Lincoln, Nebraska, although some policy maintenance activities are performed by the VA Insurance Center in St. Paul, Minnesota. This program provides coverage up to $40,000.

At the end of FY 1984, these eight programs provided coverage of nearly $155 billion to over 7.3 million insureds.

Government Administered Programs

United States Government Life Insurance

USGLI is the oldest government administered insurance program still active, established in 1919 as an outgrowth of the War Risk Term Insurance program begun during World War I.

War Risk Term Insurance was the government's first attempt to offer life insurance to servicemen, and it proved to be surprisingly successful. USGLI was established, in part, to provide a means of converting from the War Risk program, which was not intended to be a long-range insurance program. At the end of FY 1984, 70,129 USGLI policies remained in force, a decline of approximately 9.1 percent from the previous year. The program is self-supporting except for administrative expenses and the rare claims that are traceable to the extra hazards of military service, which are paid by the government. There has been a steady decline in the number of policyholders, and this decline will continue to accelerate, as the average age of these insureds is now over 78 years.

Effective January 1, 1983, premium payments were no longer required on USGLI policies since the VA's actuarial staff determined that the USGLI fund reserves were adequate to meet all future liabilities of the program.

The 1984 dividend for USGLI policies will average $244 per insured.

National Service Life Insurance

NSLI was established October 8, 1940, to serve the insurance needs of World War II service personnel. At its height, this program insured more than 22 million individuals. By the end of FY 1984, 3.2 million policies remained in force with a face value of $22.6 billion. The program is self-supporting except for administrative expenses and claims traceable to the extra hazards of military service, which are paid by the government. Dividend payments from the surplus earnings of the trust fund averaged nearly $211 per insured in 1984, compared to $199 last year.

Approximately 31 percent of NSLI policies are term plans which renew every five years at the current attained age, causing premiums to increase with each renewal. Previously, as policyholders grew older, the premiums could become prohibitive, causing many to drop their insurance coverage entirely or reduce the face amount of their policies. Effective September 1, 1984, however, a regulation that capped NSLI term premiums at the age 70 rate, which is $6.18 per month per $1,000 of insurance coverage, was approved. Insureds whose term policies renew at an insurance age of 70 or older will never have to pay a higher premium. Also, those veterans whose term policies had already renewed after age 70 had their premiums rolled back to the age 70 rate. This regulation change affected some 30,000 insured veterans during FY 1984.

NSLI policy holders may use dividends to buy more insurance as paid-up additions to their policies, which allows them to have more than $10,000 of government life insurance in force. These paid-up additions have cash and loan values, and earn dividends. A total of 745,000 policies have paid-up additions with a face value of over $2.19 billion. This represents an increase of 11 percent over the 1983 face amount.

Holders of permanent plans in this program, as well as in the other VA-administered programs, may borrow up to 94 percent of the cash value of their policies. Since July 29, 1981, the interest rate on such loans has been 11 percent.

Veterans Special Life Insurance

VSLI was first made available to veterans separated from service on or after April 25, 1951. Application had to be made within 120 days of separation. VSLI was a means of providing post-service government life insurance for Korean conflict veterans. There was no premium-paying insurance during service at this time, although the government did provide insurance protection with a $10,000 Servicemen's Indemnity. Policies in the VSLI program were issued through December 31, 1956. During the period that VSLI was available, about 800,000 policies were issued, of which 383,000 remained in force on September 30, 1984, with a face value of $3.3 billion.

Initially, only renewable but non-convertible term insurance was available. Effective January 1, 1959, legislation modified the program to permit exchange to either a permanent plan or to a lower cost term policy which was nonrenewable after age 50, but which could later be converted to a permanent plan of insurance. Because the bulk of VSLI policyholders who took this term plan are expected to reach age 50 within the next few years, the VA is making strong efforts to encourage conversion rather than allowing these policies to automatically expire.

Dividends were not paid on policies in this program until after the passage of Public Law 93-289 on May 24, 1974. The 1984 dividend payments amounted to $56.9 million. The average dividend payment was $124 per insured, compared to $74 in 1983.

A total of 89,000 policies have paid-up additions with a face value of nearly $101 million.

Service Disabled Veterans Insurance

The only government administered insurance program remaining open to new issues, SDVI was designed to assure that service disabled veterans could obtain life insurance at standard rates. Every veteran separated from service on or after April 25, 1951, who receives a service-connected disability rating for which compensation would be payable if 10 percent or more in degree, and who is otherwise in good health, has one year from the date of notice of the VA rating to apply for this coverage. The VA notifies veterans of their eligibility for this coverage after a VA service-connected rating is granted.

Since all SDVI policyholders have some service-connected disability, the program is, in effect, insuring substandard risks at standard premium rates. As a result, the program is not self-supporting and requires periodic appropriations to meet its costs. At the end of FY 1984, there were approximately 189,000 policies in force with a face value of over $1.7 billion. Approximately 5,000 new SDVI policies were issued in FY 1984, but the total number in force still declined by 0.8 percent.

Veterans Reopened Insurance

The VRI Program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean conflict veterans who, because of their disabilities, would be unable to obtain commercial life insurance or could not obtain it at a reasonable cost. Applications for this insurance were accepted from May 1, 1965, through May 2, 1966. About 210,000 policies were issued, of which approximately 152,000 remained in force at the end of FY 1984 with a face value of over $1 billion. Premiums on individual VRI policies are determined by the health of the individual veteran.

Public Law 96-128, enacted in 1979, provided that dividends would be payable on VRI policies for the first time in 1980. The 1984 dividend payments averaged $192 per insured, compared to $102 in 1983.

Total Disability Income Provision

TDIP is an optional rider stating that an insured may add to the basic policy to provide a monthly income in case of disability. This rider may be added to most government administered policies except for those issued under SDVI and some of those issued under VRI, if a veteran pays an extra premium and meets the age and good health requirements.

TDIP provides a monthly benefit of $5.75 per $1,000 under USGLI with a finding of total disability. As of September 30, 1984, over 1,000 of these TDIP riders were in force with a face value of $6 million.

TDIP riders have been issued on NSLI, VSLI, and VRI policies under three versions of the law. Under the original provisions, these riders paid $5 per $1,000 of insurance with coverage extended to age 60. Subsequent changes first increased the payment to $10 per $1,000 of insurance with coverage to age 60 and finally, in 1965, coverage was extended to age 65. The table shows the modifications to the law affecting NSLI policies and the current status of these three different riders.

Effective Date of Modification	Monthly Income Per $1,000 of Insurance	Coverage To Age	In Force as of September 30, 1984	
			No. of Policies	Amount of Insurance (in thousands)
Aug. 1, 1946	$ 5.00	60	5,481	$ 39,710
Nov. 1, 1958	10.00	60	68,811	517,491
Jan. 1, 1965	10.00	65	335,284	2,640,863

Government Supervised

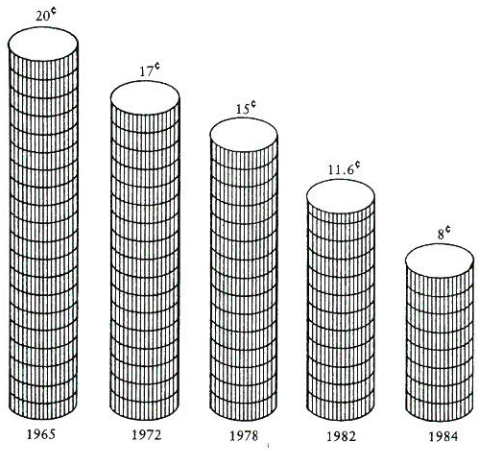
Servicemen's Group Life Insurance

The SGLI program was developed in 1965 to provide insurance coverage for members of the uniformed services. It is supervised by the VA, but administered by the Prudential Insurance Company of America as primary insurer. Prudential administers the program through the Office of Servicemen's Group Life Insurance in Newark, New Jersey. During FY 1984, 347 other commercial companies also participated in the SGLI program on a reinsurer/converter or converter only basis. By the end of FY 1984, 3.4 million active duty service personnel and reservists were insured in the amount of $118 billion, and death benefits paid during the year amounted to $157 million, compared to $154 million last year.

In addition to full-time coverage for active duty service personnel, full-time or part-time SGLI coverage is available to certain members of the Reserve, National Guard, and ROTC. Members in the four service academies (U.S. Military Academy, U.S. Naval Academy, U.S. Air Force Academy, and U.S. Coast Guard Academy) as well as uniformed members of the Public Health Service and National Oceanic and Atmospheric Administration are entitled to full-time coverage.

Effective December 1, 1981, the maximum coverage amount was raised to $35,000. The serviceperson is automatically insured for this amount unless he or she submits a written request for less ($30,000; $25,000; $20,000; $15,000; $10,000; or $5,000) or declines coverage. Coverage was previously limited to $20,000. Effective July 1, 1984, the premium rate for active duty and ready reserve members in this program was reduced from $.116 to $.08 per thousand dollars of coverage per month. This has been the fourth SGLI premium reduction since the program's inception in 1965, as the following graph indicates.

SGLI MONTHLY PREMIUM
PER $1000 OF INSURANCE



Veterans Group Life Insurance

VGLI is a program that provides for the conversion of SGLI to a 5-year nonrenewable term policy. It was designed to provide low-cost government supervised insurance to the veteran in the readjustment period immediately following separation or release from service. Prior to establishment of the VGLI program, SGLI could only be converted directly to a commercial policy with one of the participating companies after separation from service. Studies had shown that very few veterans were taking advantage of the conversion privilege for a variety of reasons, such as uncertain employment prospects, a desire to complete some type of education or training, and the lack of immediate family commitments. VGLI was designed to provide low-cost protection during this period of transition into civilian life.

VGLI became effective August 1, 1974, and is available in amounts of $35,000; $30,000; $25,000; $20,000; $15,000; $10,000; or $5,000, but for not more than the amount of SGLI which was in force at the time of separation. VGLI has no cash, loan, paid-up, or extended insurance values, but can be converted to a permanent policy with one of the participating companies at the end of the 5-year term period. As of September 30, 1984, 293,000 veterans were insured for nearly $7.6 billion.

The VA mails an information pamphlet and an application for VGLI to all eligible veterans shortly after their release from duty. Veterans will be accepted for VGLI, regardless of their health, if they apply within 120 days of separation. If they do not apply within this time, they have an additional year to do so, but good health requirements must be met.

This program is also available to reservists, who while performing active or inactive duty for training under a call or order specifying a period of less than 31 days, suffer an injury or disability which renders them uninsurable at standard premium rates.

Veterans Mortgage Life Insurance

The VMLI program is supervised by the VA and administered by the Bankers Life Insurance Company of Lincoln, Nebraska, although the St. Paul, Minnestoa, VA Regional Office and Insurance Center performs routine maintenance activities. It provides up to $40,000 of mortgage life insurance protection for any veteran who receives a VA grant for specially adapted housing. Coverage is automatic unless the veteran declines, fails to furnish information to establish the premium, or does not pay the premium. VMLI death benefits are paid directly to the holder of the veteran's mortgage. Any unused portion is transferable to a subsequent home mortgage after the preceding one is disposed of, and coverage ceases when the mortgage is paid off, the home is sold, or the veteran reaches age 70.

The monthly premiums paid by disabled veterans covered by VMLI are the same as those charged for standard life insurance and, therefore, are not sufficient to pay claims. The government pays the extra mortality costs and administrative expenses by transfers from the Compensation and Pension appropriation.

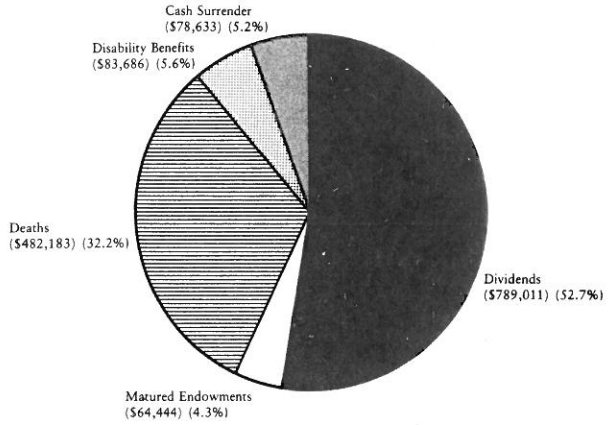
As of September 30, 1984, there were approximately 6,000 VMLI policyholders, with coverage totaling over $178 million. Death benefits paid during the fiscal year totaled nearly $4.9 million.

Disbursements

The government administered insurance programs disbursed over $1.4 billion to policyholders and beneficiaries in FY 1984. These disbursements were in the form of dividends, death benefits, disability benefits, proceeds paid to insureds who surrendered their policies for cash, and proceeds paid to insureds whose endowment policies matured.

The following chart depicts amounts and percentages of disbursements by type.

VA—ADMINISTERED INSURANCE DISBURSEMENTS
FISCAL YEAR 1984 (IN THOUSANDS)



Veterans Assistance

Comparative Highlights

Item	FY 1984	FY 1983	Percent Change
Outreach			
Public telephone calls—toll-free	5,390,087	5,133,417	+ 5.0
Public telephone calls—other	8,071,298	8,431,590	- 4.3
Interviews away from office	129,947	124,320	+ 4.5
Interviews at office	1,629,930	1,703,040	- 4.3
Patient interviews	506,951	537,233	- 5.6
Correspondence	2,011,010	2,118,520	- 5.1
Equal opportunity			
Compliance reviews	684	357	+91.6
Complaints of discrimination	35	12	+191.7
Employment assistance			
Requests from veterans	36,518	45,591	-19.9
Veterans obtaining employment	4,561	4,282	+ 6.5
Through OPM	29	339	-91.4
Through SESA's	4,160	3,246	+28.2
Through VA contacts	117	474	-75.3
Through other contacts	255	223	+14.3
Fiduciary activities			
Cases under supervision	125,083	128,210	- 2.4
Field examinations	88,914	93,690	- 5.1
Fiduciary account audits	37,785	39,205	- 3.6
Legal actions prepared	15,603	17,856	-12.6
Court appearances	5,106	3,645	+40.1
Miles traveled (000)	4,925	4,895	+ 0.6
Work-study agreements	43,411	50,000	-13.2
Hours worked (000)	6,634	8,000	-17.1

Summary

Veterans Assistance personnel in VA field stations conducted nearly 16 million interviews during 1984. Of this number, 96 percent were interviews conducted over the telephone. During the year, over 2 million pieces of correspondence were processed. Interviews with patients at VA medical facilities totaled 506,951.

Compliance surveys of establishments approved for the education or training of veterans totaled 7,542.

Central Office staff made 38 facility visits, analyzing management practices and determining local compliance with current requirements and directives. Recommendations on ways to improve service to veterans and their dependents were made to the field facilities.

Outreach[1]

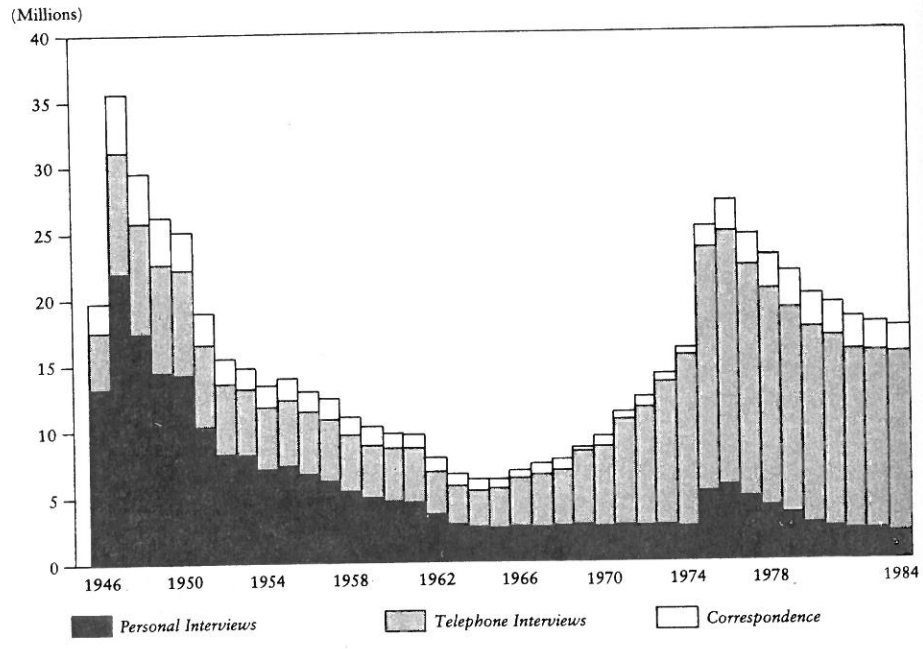
The VA conducts an outreach program to inform veterans of the benefits and services to which they may be entitled. The outreach program, originally designed to reach recently separated veterans, particularly the educationally disadvantaged, now also embraces other categories of veterans. This includes the aged, the incarcerated, the disabled, female veterans, former prisoners of war, and all other veterans, dependents of veterans and survivors who may be entitled to benefits but are unaware of them.

Toll-free telephone service makes outreach services available in all 50 states and the Commonwealth of Puerto Rico. The use of toll-free lines increased 5.0 percent in FY 1984. The 916 local, FX (Foreign Exchange), 800 service, and Zenith service lines provide fast, easy, and inexpensive access to the VA for veterans' benefits information and assistance.

Telephone interviews were first reported as a means of public contact in 1946. At that time telephone interviews comprised over 22 percent of the 19,864,551 total contacts, with personal interviews and correspondence making up 66.5 percent and 11.5 percent, respectively. Through the next three decades, telephone and personal interview statistics completely inversed. By FY 1975, the end of our military involvement in Vietnam, telephone interviews made up 73.4 percent of the 25 million total public contacts. Personal interviews then comprised 20.6 percent and correspondence 6.1 percent. In recent years the increase in the percent of total public contacts made up of telephone interviews has continued to grow, but more gradually.

The chart shows the trend of total public contacts in each category as reported by regional offices from fiscal year 1946 through fiscal year 1984.

TREND OF PUBLIC CONTACTS, FY 1946-1984



[1] *This information is included in compliance with section 245, title 38, U.S.C.*

The availability of the VA through toll-free telephone numbers is widely publicized in commercial telephone directories and in newspaper, radio, and TV announcements. Toll-free telephone service is also advertised by posters displayed in appropriate locations, by enclosures inserted in outgoing mail, and in VA pamphlets.

Elderly Beneficiaries

An awareness of the special needs of elderly veterans and dependents for information and assistance has generated specific VA responses to meet these needs. Participation in the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies has been an important part of this response since 1974. The specially designed pamphlet, 'Veterans Benefits for Older Americans,' highlights pertinent program areas and has received wide distribution in our liaison with over 600 community-based Area Agencies on Aging. Concerted efforts to develop interdisplinary approaches with the health care delivery system to address the concerns of elderly veterans and other beneficiaries characterize VA direction in responding to this rapidly increasing segment of the population.

Prisoner of War Outreach Program

Public Law 97-37 provided expanded service-connected eligibility and medical benefits to former POW's (prisoners of war). Public Law 98-223, effective October 1, 1983, amended POW legislation to include presumptive service connection for dysthymic disorder (or depressive neurosis). The law requires the VA to seek out possible beneficiaries and provide them with information about their entitlement to various VA benefits and services. The following key activities on POW outreach have been implemented:

- POW coordinators have been designated at all VA regional offices and medical centers.

- National POW/MIA Recognition Day ceremonies were held on July 20, 1984, at nearly all regional offices, medical centers, and national cemeteries in recognition of the POW experience. The POW/MIA flag was flown over the Veterans Administration Central Office building in recognition of the unswerving commitment to secure the fullest possible accounting for our servicemen still missing in action.

- The Department of Medicine and Surgery published a directive to improve an established medical examination protocol and medical history form for former prisoners of war. The VA is presently using this protocol to examine former prisoners of war in each of its VA health care facilities.

The Advisory Committee on Former Prisoners of War, established pursuant to Public Law 97-37, is composed of members appointed from the general public and includes former prisoners of war, disabled veterans, and members of the medical profession who are recognized authorities in fields pertinent to disabilities prevalent among former POW's. The purpose of the committee, as expressed in its charter, is to advise the Administrator of Veterans Affairs on the administration of benefits under title 38, United States Code, for veterans who are former prisoners of war, and on the needs of such veterans with respect to compensation, health care, and rehabilitation. The first report was submitted by the committee to the Administrator in June 1983. The next committee report is due no later than July 1, 1985.

The committee report included a recommendation for the installation of a national toll-free number for POW's to inform the VA if they are not recognized as POW's, or if their treatment is not consistent with the intent of Public Law 97-37. A 24-hour number was installed in December of 1983 with live coverage during office hours, and a recorder used to take messages after hours, weekends, and holidays. Initially, there were an average of 60 calls received daily, with the current daily average of calls leveling at 35. Most of the callers want information

which can be provided immediately. However, approximately 20 percent of the inquiries have required referral to field facilities for resolution.

A consumer sampling system instituted to gauge the effectiveness of the hotline and increase its responsiveness indicates that all callers have received courteous and beneficial services.

Other Outreach Efforts

Service to incarcerated veterans began after World War II and has continued throughout the years. Field facilities provide informational material such as fact sheets, pamphlets, or available audiovisual aids at the request of correctional facility officials. "On-call" visits to Federal and state institutions are provided upon request of appropriate prison officials and approved self-help groups, depending on availability of travel funds at field facilities.

Outreach to veterans' organizations with predominantly female membership has been initiated. Field facilities have identified such organizations and maintain rosters of their primary contacts. An exhibit highlighting benefits for female veterans has been produced and is available for display at national meetings of service organizations. Women who are former members of the U.S. Armed Forces total nearly 1.2 million with 262,000 serving during the Vietnam era.

Educationally disadvantaged veterans of the Vietnam era continue to receive special consideration. Specific outreach procedures have been established and continue to operate at all regional offices to communicate directly with newly discharged veterans who are considered educationally disadvantaged. The purpose of this special effort is to urge and motivate them to take advantage of the liberal education and other benefits provided by the Congress for this group.

Equal Opportunity Compliance

VA field facility personnel conducted an equal opportunity compliance program to ensure that education and training offered to veterans and other eligible beneficiaries were provided without discrimination as to race, color, national origin, sex, or handicap. The compliance program was conducted to carry out provisions of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, and section 504 of the Rehabilitation Act of 1973. At the end of the fiscal year, there were 192 field facility employees assigned to equal opportunity compliance functions along with their VA education compliance activities. They conducted 205 equal opportunity compliance reviews during FY 1984 in proprietary schools below college level. This number represents a 43 percent decrease from the 357 onsite reviews conducted in proprietary schools during FY 1983. Compliance personnel also conducted reviews of 479 job training programs which trained veterans under the Emergency Veterans Job Training Act of 1983. Overall, there were 91.6 percent more compliance reviews conducted in FY 1984 than last year.

The VA received 35 complaints of discrimination filed against schools which were approved for training veterans, up 191.7 percent from last year. One complaint, in an institution of higher learning, was referred to the Department of Education. Investigations are in progress at 20 schools and investigations have been completed in 14 schools. No instance of noncompliance was found during either the onsite reviews or the 14 investigations of complaints which have been completed by the VA.

Employment Assistance

Although the principal responsibility for employment assistance to veterans belongs to the DOL (Department of Labor), the delivery of services requires close interagency cooperation. The VA has continued to work closely with the DOL to improve the coordination of job and on-the-job (OJT apprenticeship) training programs, and other employment services. Veterans with employment problems are given counseling and job assistance at career development centers in VA regional offices, and they are also encouraged to register at the SESA (State Employment Security Agency) job service office in their community. The VA cooperates in the DOL's DVOP (Disabled Veterans Outreach Program) by providing names, addresses, and veterans' benefits training. The VA also provides lists of names and addresses of on-the-job training employers to be used by the SESA's in developing job opportunities. Veterans' employment representatives and DVOP representatives are located in some VA regional offices. In FY 1984, 36,518 veterans requested VA employment assistance, and through various referrals, 4,561 obtained employment, up 6.5 percent from last year. Of this total, 29 obtained employment through the Office of Personnel Management; 4,160 through SESA's; 117 through VA contacts; and 255 through other contacts.

Fiduciary and Field Examination Activity

The F&FE (Fiduciary and Field Examination) activity supervised the payment of benefits to fiduciaries on behalf of over 125,000 VA beneficiaries: 113,334 adults who were incompetent or under some other legal restriction, and 11,749 minor beneficiaries. This supervision resulted in 88,914 fiduciary program field examinations; 37,785 fiduciary account audits; 15,603 legal actions prepared; 5,106 court appearances; and almost 5 million miles traveled. The F&FE activity also conducted 14,989 nonfiduciary program field examinations and 1,310 special investigations in support of other VA activities.

It is projected that the rise in the average age of the veteran population will cause the number of adults under supervision to increase slightly, although there was a 2.4 percent decrease in FY 1984 from last year.

Veteran-Student Services Program

During FY 1984, veteran-students pursuing full-time programs of education or training continued to receive a supplemental educational allowance from the Veterans Administration by participating in the Veteran-Student Services (VA Work-Study) Program.

Working in a variety of VA activities throughout VA regional offices, medical centers, and national cemeteries, these work-study students were also placed with various community organizations in support of VA outreach initiatives. For the year, over 43,000 veteran-students performed VA-related services totaling 6.6 million hours for which they were reimbursed at a rate equal to the minimum wage. The efforts of these work-study students significantly contributed to the VA's ability to accomplish its overall mission of serving veterans and their dependents and survivors.

Vocational Rehabilitation and Counseling

Comparative Highlights

Item	FY 1984	FY 1983	Percent Change
Vocational rehabilitation evaluations	42,078	52,995	-20.6
Vocational rehabilitation participants[1]	29,024	[2]31,266	- 7.2
Vocational and educational counseling under Chapters 32, 34 and PL 98-77	28,924	15,381	+88.1

[1] *Veterans who have participated in the Vocational Rehabilitation Program at some time during the fiscal year.*

[2] *Corrected data.*

Summary

The primary mission of the VR&C (Vocational Rehabilitation and Counseling) Service is to provide all services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. Service-connected disabled veterans who are eligible for these services are identified and encouraged by local VR&C staff members to apply for these benefits.

Applicants who are found to need assistance because they have a handicap to employment based on a service-connected disability are evaluated to determine if they need services to enable them to be more independent in the activities of daily living, education or training to provide them with job skills, or placement or other direct employment assistance. Disabled veterans for whom a training program or employment is not presently feasible are provided all necessary assistance in acquiring the skills needed for daily living. Disabled veterans who do not have appropriate job skills are assisted in developing a plan of education and training which will provide an opportunity to learn needed skills. Disabled veterans who complete programs of education and training, and others who are determined to be job-ready, are provided employment services to assist them in finding employment which is compatible with their aptitudes, interests, abilities, and disability limitations.

The VR&C Service also provides comprehensive counseling and assessment services on request to veterans, servicepersons, and other persons who are eligible for VA educational assistance under chapters 32, 34, and 35 of section 903, title 38 U.S.C., Public Law 96-342, the Department of Defense Authorization Act, 1981, or Public Law 98-77, the Emergency Veterans' Job Training Act of 1983. Career development centers are available at many of the regional offices to provide Vietnam era veterans and other beneficiaries with individualized job and career assistance services.

The following items are highlights of FY 1984 accomplishments:

- Over 80,000 disabled veterans, veterans' dependents, and unemployed veterans received rehabilitation, training, counseling, and employment services from VR&C staff.

- Over 15,000 unemployed veterans received job counseling assistance under the Emergency Veterans' Job Training Act of 1983.

- An interim report on the outcome of a pilot program of independent living services during FY 1982 through FY 1984 was submitted to the Congress.

- The first total revision since 1943 of the regulations governing the provision of services under chapter 31 was completed.

- An interagency agreement among the VA and state-federal agencies involved in rehabilitation of veterans expedited interagency referral and increased joint planning when the services of more than one agency contribute to the rehabilitation process.

- Training to update employment assistance and placement skills was provided to staff at a national conference.

Vocational Rehabilitation

All veterans requesting vocational rehabilitation services who incurred a compensable service-connected disability on or after September 16, 1940, are provided an initial evaluation. The purpose of the initial evaluation is to determine whether the veteran is eligible for and entitled to chapter 31 services and what kind of specialized assistance is needed. The VR&C field staff made 36,422 determinations of eligibility during FY 1984 and provided 29,024 eligible and entitled veterans with one or more specialized services.

Another determination in the initial evaluation process is whether the veteran is job-ready and whether either employment or training leading to employment is feasible for the veteran. If feasibility is not readily apparent, a period of extended evaluation to determine feasibility is authorized. More than 1,200 veterans were placed in extended evaluation during the year.

Every veteran who is determined eligible for and entitled to rehabilitation services develops a formal rehabilitation plan with the assistance of VR&C field staff. In general, these individualized written plans include several intermediate objectives related to the veteran's rehabilitation goals and one or more types of service along a continuum leading to qualification for and placement in suitable long-term employment.

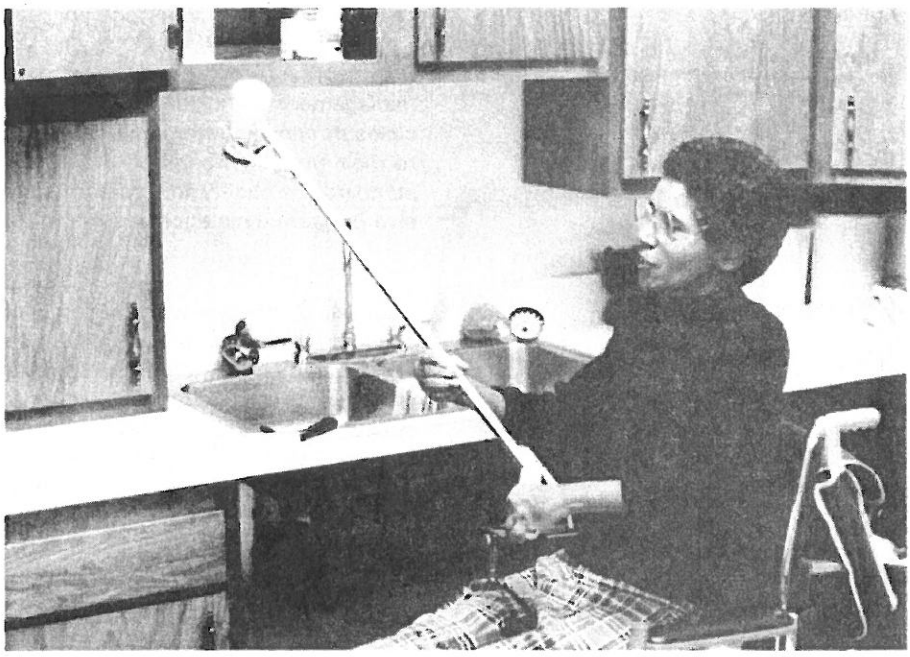
Educational and vocational training programs were planned with 13,974 service-disabled veterans to help them develop job skills to qualify for suitable employment. More than 5,000 veterans who were determined to be job-ready planned a rehabilitation program to obtain the employment services and placement assistance they needed to reach their goals of suitable long-term employment.

As shown in the table at the beginning of this section, although the number of chapter 31 cases has decreased, other counseling cases increased. During FY 1984 significant resources were diverted from traditional VR&C program activities to satisfy the urgent need for counseling services under the Emergency Veterans' Job Training Act of 1983. As this need decreases, resources will be utilized in the re-establishment of motivation and outreach activities to service-disabled veterans who may need assistance under chapter 31.

Pilot Program of Independent Living Services

During FY 1984, severely disabled veterans for whom a vocational goal was determined not to be reasonably feasible, but who needed assistance to achieve maximum independence in daily living, were provided services under the pilot program of independent living services and assistance. During the fiscal year, 37 veterans were approved for the pilot program. The total number of approved candidates during the three years of the program's operation is 199. The typical services provided this year were similar to services provided during the last two fiscal years. Such services included those necessary to meet needs in the areas of transportation, attendant care, basic living skills, adaptive equipment, family and peer counseling, housing, and health maintenance. An interim report to Con-

gress on the program's accomplishments and cost-effectiveness was completed. Final recommendations for legislative changes were deferred pending the collection of additional data and the outcome of a supplemental study.



Services and assistance necessary to help severely disabled veterans to live independently in the community may be provided to eligible persons under a time-limited program.

Employment Services[1]

During FY 1984, the importance of employment services and assistance continued to be emphasized. A national training conference was held to strengthen staff skills necessary to provide these services.

Individualized employment assistance plans, totaling 5,093, were developed by disabled veterans with the aid and assistance of VR&C field staff. These plans identified the specific services needed by particular veterans to assist them in obtaining suitable employment. In some cases, specialized assistance was needed to help seriously disabled veterans plan for self-employment. Generally, the plans provided for services and assistance extending over an 18-month period, but in some cases longer periods of employment assistance were needed.

Several cooperative efforts between the VA and the Deapartment of Labor have benefited veterans seeking employment assistance. The VR&C staff assisted in the marketing and promotion of the Targeted Jobs Tax Credit program by explaining the advantages of the credit to veterans and employers. This program is designed to encourage employers to hire persons from targeted groups with high unemployment rates, including economically disadvantaged Vietnam era veterans and service-disabled veterans who have been vocational rehabilitation participants.

A sharing of resources through the disabled veterans outreach/program, which was initiated in October 1981, was continued. Since a substantial number of disabled veterans outreach program counselors are stationed at VA regional offices, medical centers, and outpatient clinics, service to disabled veterans was expedited.

Finally, 15,125 veterans were provided employment counseling under the Emergency Veterans' Job Training Act of 1983. This act provides that eligible, long-term unemployed Vietnam era and Korean veterans may receive job counseling. In addition, 186 veterans with 10 percent and 20 percent disabilty ratings were found by VR&C field staff to have a serious employment handicap and to be entitled to 15 months, rather than nine months, of benefits.

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[1] *This information is included in compliance with section 220, title 38, U.S.C.*

Program Management

A total reorganization and restructuring of the VR&C program regulations was completed. This revision, the first comprehensive one since 1943, updates the program to reflect changes in the area of rehabilitation which have taken place during the past three decades. Program guides and other training material have been developed to assist field staff with the effective delivery of services as specified in the program regulations.

Emphasis has also been placed on training field-level program managers in management techniques. All managers attended training sessions on general principles of administration and participated in exercises relating the general principles to their work environment. Projects have been initiated to develop more specific standards of quality for program activity reviews and to formulate a comprehensive program evaluation system to enhance management decisions.

Educational and Vocational Counseling

Counseling services are provided upon request to assist non-disabled veterans, servicepersons, and other eligible persons who plan to use their chapter 32, 34, or 35 benefits. Comprehensive counseling and assessment services focus on planning for the use of VA benefits for education and vocational training. Requests for counseling services from veterans under chapter 34 decreased approximatley 7 percent during the fiscal year but there was a 40.1 percent increase in requests from post-Vietnam era veterans under chapter 32. Requested counseling under the Survivors' and Dependents' Education Assistance (chapter 35) program declined significantly (26.8 percent), continuing a trend evident since the lifting of the requirement of mandatory counseling.

Counseling and evaluation services were provided by VA counseling psychologists, supplemented as needed by fee-basis contract counseling psychologists in guidance centers. These comprehensive services were available at 106 locations, including 58 VA regional offices, 35 outbased locations, and 13 guidance centers.

Cases Counseled	FY 1984	FY 1983	Percent Change
Veterans educational assistance (Chapter 34)	11,559	12,473	- 7.3
Dependents' educational assistance (Chapter 35)	2,006	2,741	-26.8
Post-Vietnam era veterans (Chapter 32)	234	167	+40.1

Veterans' Advisory Committee on Rehabilitation[1]

The Veterans' Advisory Committee on Rehabilitation provides advice and consultation to the Administrator of Veterans Affairs regarding the administration of veterans' rehabilitation programs under title 38, United States Code. During FY 1984 the Committee developed and adopted a formal statement of Mission and Goals to provide a framework for its current review of the VA's rehabilitation programs and services for disabled veterans.

The Committee members initiated a review to determine the status and degree of implementation of the 19 most significant recommendations made in the Rehabilitation Task Force Report (January 22, 1980). Consideration will also be given in future meetings to the recommendations on rehabilitation service delivery from VA and other Federal government offices, e.g., the Inspector General's Office, the Program Planning and Evaluation Office, and the General Accounting Office. The committee will prepare a report to the Administrator detailing its findings regarding the provision of rehabilitation services and programs throughout the Veterans Administration.

[1] *This information is included in compliance with section 1521(c), title 38, U.S.C.*

Cemeteries and Memorials

Comparative Highlights

Item	FY1984	FY 1983	Percent Change
Interments	47,021	44,684	+ 5.2
Applications for headstones/markers	272,476	289,371	- 5.8
Canceled	37,756	55,352	-31.8
Headstones/markers ordered	238,160	233,372	+ 2.1
National cemeteries	51,222	44,167	+ 16.0
Private cemeteries	186,938	189,205	- 1.2
Replacement headstones/markers	5,619	5,470	+ 2.7

Summary

The DMA (Department of Memorial Affairs) administers veterans' interment benefits that include the National Cemetery System, headstones and markers, memorial plots and markers, and the state cemetery grants program.

In FY 1984, DMA accomplished 47,021 interments in the National Cemetery System, up 5.2 percent from last year, and ordered 238,160 headstones and markers for graves of eligible persons, up 2.1 percent from last year. Sixteen applications were submitted by 11 states for grant assistance and five grants were awarded. Among other significant events that took place during the year are the following:

- Fort Custer National Cemetery, Michigan, the new regional cemetery for Standard Federal Region V, was dedicated in September 1984.

- Fort Richardson Post Cemetery, Alaska, was acquired from the Department of the Army and was designated a VA national cemetery in May 1984.

- A 279-acre tract of land for the Standard Federal Region IV national cemetery at Fort Mitchell, Alabama, was transferred to the VA. Action continues for acquisition of land for the national cemetery in Florida, a part of the Withlacoochee National Forest. Master plans are underway for both the Region IV and the Florida sites.

- Other lands were transferred to the VA during FY 1984 for the expansion of Lebanon National Cemetery, Kentucky (1.3 acres); Fort Richardson National Cemetery, Alaska (39 acres); and Wood National Cemetery, Wisconsin (8 acres).

- Two previously closed national cemeteries were reopened during FY 1984. Florence National Cemetery, South Carolina, reopened in June and Bay Pines National Cemetery, Florida, reopened in July.

- Numerous construction projects were completed during the fiscal year. Phase II at Quantico National Cemetery, Virginia, which is designed to develop 48,000 gravesites, and a project to develop 25 acres and construct a new service building at Calverton National Cemetery, New York, were completed. A project to develop 37,000 gravesites at Fort Snelling National Cemetery, Minnesota, was completed in August, and in July, development of two acres at Lebanon National

Cemetery, Kentucky, was completed. Phase I development to construct the administration and service buildings and develop gravesites at Fort Custer National Cemetery, Michigan, was completed in September.

- At the end of FY 1984, the National Cemetery System consisted of 110 national cemeteries (62 open, 47 closed, and one approved for construction) totaling over 9,000 acres, and soldiers' lots and plots totaling 28.6 acres. Over 3,800 acres have been developed for burials. There were approximately 450,000 gravesites available for burial in open cemeteries; over 63,000 reserved gravesites; 30,000 in-ground sites for cremated remains; and 14,800 columbarium niches. Potential gravesites, including those in undeveloped acreage and in cemeteries not yet open for interments, amount to over three million.

- The National Cemetery Area Office previously located in San Francisco, California, was relocated to Denver, Colorado, in February 1984.

- A realignment of national cemeteries under NCAO's (National Cemetery Area Offices) was accomplished during 1984 and became effective on October 1. Under this realignment, all national cemeteries in Virginia except Danville National Cemetery, were transferred from the Atlanta NCAO to the Philadelphia NCAO. Alton National Cemetery and North Alton Confederate Cemetery, Illinois, were transferred from the Philadelphia NCAO to the Atlanta NCAO. The Denver NCAO remained unaffected by the realignment.

- An extensive DMA study which assessed the regional concept in establishing national cemeteries and explored alternatives in meeting veterans' future burial needs was completed in April 1984.

Headstones and Markers

During the eleven years the Veterans Administration has had responsibility for administering the headstone and marker program, almost 2,560,000 monuments were ordered for placement in private and national cemeteries in this country and abroad. The vast majority of the monuments were furnished to mark veterans' graves, with a much smaller number provided for eligible dependents buried in national and state veterans cemeteries. In those cases where veterans' remains were not available for burial, memorial headstones and markers were provided.

During FY 1984, over 272,000 applications for headstones or markers were received and 238,160 orders were placed with contrators — an increase of 2.1 percent over last year in the number of orders placed. It stands among the highest production years recorded by the Veterans Administration. Almost 14 percent of the applications received were returned to applicants because of incomplete or inconsistent data. This is a five percent reduction from last fiscal year when 19 percent were returned. The number of applications to be processed at the close of the fiscal year was one of the lowest on record.

Type Headstone/Marker	Number Ordered		Percent Change
	FY 1984	FY 1983	
Upright marble	30,172	32,518	- 7.2
Flat marble	8,195	8,585	- 4.5
Flat granite	74,868	67,940	+10.2
Flat bronze	123,043	122,652	+ 0.3
Niche covers	1,717	1,429	+20.2
Special purchase orders	165	248	-33.5
TOTAL	238,160	233,372	+ 2.1

The average in-house processing time for applications was slightly under 12 calendar days. This represents a downward trend in application processing time. Efforts continue to speed applications processing and to maintain the quality of service to the veterans' families.

In addition to providing monuments to recently deceased veterans, headstone and marker replacements are also made. The most frequent reason for replacement at government expense is deterioration or damage to the original monuments through natural wear.

Monuments are most often replaced at private expense when damaged by private cemetery personnel or when the applicant made an inscription error. In FY 1984 a total of 5,619 replacements were made, up 2.7 percent from last year.

Exclusive of overhead costs, the VA spent over $13.7 million to purchase and ship the 238,160 headstones, markers, and niche covers ordered in FY 1984. The average cost per monument was $57.46.

Seventy-eight percent of the monuments were ordered for placement at private cemeteries, the remainder going to national and state veterans cemeteries. Over half of the monuments ordered were flat bronze markers.

During FY 1984 there were 3,283 headstones and markers shipped to cemeteries outside the 48 contiguous states. These monuments were sent by surface transportation. American Embassy offices ensured that monuments destined for foreign countries were correctly forwarded.

Destination	Flat Bronze	Flat Granite	Flat Marble	Upright Marble	Niche Marker	Flat Granite Uninscribed	Total
Alaska	60	12	11	60			143
American Samoa	1	1	3	3			8
Australia	1	1					2
Bermuda	1						1
Brazil	1						1
Canada	11	3		4			18
Costa Rica		1					1
Cuba				2			2
Dominican Republic			1				1
El Salvador	1						1
England			1	1			2
France	1			1			2
Germany	4	4	3	5			16
Guam	3	3	6	1			13
Hawaii	34				88	600	722
Ireland	1			9			10
Italy	1						1
Japan			1				1
Korea	1						1
Mexico	8	1					9
Panama	2			552			554
Philippines	272	10	33	9			324
Puerto Rico	521	778	110	13			1,422
Scotland	1						1
Trinidad				1			1
Virgin Islands	5	1	10	9			25
Zaire	1						1
Totals	931	815	179	670	88	600	3,283

State Cemetery Grants

The VA's relationship to state veterans cemeteries is based on a Federal assistance program to aid any state in establishing, expanding, or improving veterans cemeteries owned by it. The program became operational on October 1, 1979, and as of September 30, 1984, the VA had received applications from 11 states requesting $10.1 million. An application from California was withdrawn

during the year. Over $9.2 million has been obligated in support of the construction projects. The accompanying table provides details on the active projects in FY 1984.

Location	Project	Grant (thousands)	
		Request	Funds Obligated
Arizona Phoenix	Well and water distribution system	$ 188	$ 188
Connecticut Middletown	Establish cemetery/construct administration building	[1]682	682
Guam	Establish cemetery/site development, administration building, and chapel	2,000	[2]1,600
Illinois Quincy	Construct storage and maintenance shed	70	70
Maine Augusta	Cemetery improvement/expansion	[1]246	216
Maryland Crownsville	Site development and construct administration/maintenance buildings and chapel, and Phase II development	[1]916	916
Garrison Forest	Site development and construct administration/maintenance building and chapel	[1]862	[3]862
New Jersey Arnytown	Establish cemetery/construct administration, maintenance building and committal shelter	[1]1,454	1,454
Rhode Island Exeter	Cemetery improvement/expansion	[1]754	[3]750
Utah Bluffdale	Establish cemetery	410	
Wyoming Evansville	Establish cemetery/construct administration/maintenance building and chapel	[1]717	717
	Construct roadway	[1]785	[1]718
	Total	$9,084	$8,173

[1] *Revision of grant request.*
[2] *Statutory limit on amount state could receive.*
[3] *Project completed (amount reflects final cost).*

Administration and Management

Comparative Highlights

Item	FY 1984	FY 1983	Percent Change
Debt collection (millions)	$14.0	[1]$11.3	+23.9
Settlement of administrative tort claims under $2,500	$237,335	[1]256,660	-7.5
Cost of administering FOIA (millions)	$1.7	$1.6	+0.1
FOIA fees assessed	$24,809	$37,742	-34.3
Audit reports issued	294	426	-31.0
Audit reports resolved	274	348	-21.2
Investigation cases closed	1,270	1,225	+3.7
Direct deposit/electronic fund transfer (C&P payments) participants	1,312,000	1,275,537	+2.9
Forms and forms letters	12,744	12,780	-0.2
Presidential Memorial Certificates issued	260,000	303,400	-14.3
Major construction contracts awarded	28	44	-36.4
Number of construction projects	819	863	-5.1
Estimated construction cost (millions)	$2,319	$3,369	-31.2
Supply fund sales (millions)	$600	$570	+5.3
Equipment assets (billions)	$2.0	$1.8	+11.1

[1] Corrected data.

Office of the General Counsel

The General Counsel serves as the chief officer in the VA on all matters of law, litigation, and legislation, interprets all laws pertaining to the VA, and provides all necessary legal services. Among these services are the following:

- Collections for the government. Debts owed the government are referred to the General Counsel by the Departments when their collection efforts fail.

- Settlement of claims against the government. Claims against the government based on alleged malpractice or negligence of VA employees are investigated and resolved.

- Legislative program. The General Counsel develops and prepares for submission to the Congress the proposed legislative program of the VA, coordinates testimony, and provides reports and drafting services in pending legislative matters.

- Opinions of the General Counsel. General Counsel opinions which are of sufficient importance are printed and digested. Copies of the opinions and digests are maintained in the Central Office Law Library and all District Counsel offices.

- Litigation. Civil or criminal court actions involving the VA are conducted by the General Counsel directly, or in cooperation with the Department of Justice. Litigation most frequently involves real estate transactions, incompetency, decedent estates, commitment of mentally ill patients, personal injuries, and civil and criminal actions involving VA benefits or facilities.

The Office of the General Counsel assisted in the defense of two relatively serious court challenges to the constitutionality of the statutory attorney fee limitation. (An attorney is prohibited from charging more than $10 for representing a VA claimant.) The plaintiffs in both cases asserted that the fee limitation effectively prevents VA claimants from engaging legal representation and thereby violates the due process requirement of the Constitution. In one case, the limitation statute was upheld at both the district and circuit court levels, and the United States Supreme Court denied certiorari. In the case still pending, however, a Federal district court issued a nationwide preliminary injunction prohibiting enforcement of the fee limitation. United States Supreme Court Justice Rehnquist has stayed implementation of the injunction pending the outcome of the government's appeal, which was taken directly to the Supreme Court. This latter case includes an assertion that the fee limitation violates a VA claimant's right petition to government for redress of grievances guaranteed under the first amendement of the Constitution as well as the claimant's right to due process.

Legal support was provided in defense of several suits challenging laws and regulations governing VA's disability payment programs. In one case, a Federal court upheld the VA's pension regulations against contentions that in computing a veteran's eligibility, to count as income Social Security retirement benefits but not Supplemental Security Income payments violates the constitutional guarantee of equal protection of the laws. Other lawsuits initiated, but not resolved during the year, include a challenge to VA's regulation implementing the statutory requirement that disability compensation awards be reduced by the value of military disability severance pay veterans receive. Another involves the statute requiring that a veteran waive military retirement pay before disability compensation can be awarded. In addition, a suit is pending which challenges, on due process grounds, VA procedures in providing notice to beneficiaries prior to termination or reduction of benefits. Such lawsuits continue to arise, as the concept of 'due process' and its requirements gradually evolve in the courts.

Increased litigation was seen in connection with VA care of chronically ill patients. In one of these cases, *Hanke v. Walters,* the U.S. Court of Appeals for the Eighth Circuit held that a statutory provision governing the transfer of veterans to nursing homes 'creates an objective expectation' that a veteran will not be transferred absent a determination that the veteran has received the maximum benefits of VA hospitalization. The Court deemed that expectation to rise to the level of a constitutionally protected liberty interest. The Court did not, however, grant the plaintiff a right to a formal or quasiformal hearing. The Court stated that granting the family or patient representative notice and the opportunity to present medical information to the staff physician which they believe material to the transfer decision would provide adequate due process. The Court expressed the view that the transfer decision then made by that staff physician would be a final one, not subject to judicial review, pursuant to title 38 U.S.C., section 211(a).

In the area of schools' liability for overpayments resulting from failure to timely or properly certify student enrollment status, the government has continued to press ahead with its litigation. Three related cases are nearing trial in Federal court against state schools in Georgia; two cases were settled and one is pending against a state school in Florida; a case has been filed against a state school in Texas involving a substantial amount of overpayment liability; and another case has been authorized against a private school in Puerto Rico. Other cases in California and Georgia have been filed by the Department of Justice. While no cases have yet been tried, extensive pretrial activity has been going forward in these cases, and the next fiscal year should bring judicial rulings on these issues. The VA has also been successful in settling a number of school liability claims for amounts ranging from $12,500 to $250,000.

The VA has had continued success in defending challenges to the Public Law 96-466 provisions restricting the educational benefits of incarcerated convicted felons to only the cost of tuition and fees. Actions brought by incarcerated veterans have involved complex issues of due process, civil rights, bill of attainer, and ex post facto law, among others. Most cases, however, were disposed of on motion, based upon principles of sovereign immunity and lack of subject matter jurisdiction. At the end of FY 1984, only one case remained unresolved; all other cases were decided favorably to the government, with a reported decision favorable to the government rendered in September on a case in Tennessee.

In the 1970's, the VA funded an education program for servicepersons by providing them with an opportunity to enroll in, and pursue, an education at an approved institution prior to their discharge from active duty with the Armed Forces. This programs was known as the PREP (Predischarge Education Program).

After PREP terminated in October of 1976, the VA Inspector General audited several educational institutions which participated in the program and reported that, although the schools were not supposed to make a profit on PREP, numerous educational institutions had unjustly accumulated surplus funds. The United States has sued on behalf of the VA to recover such surplus funds from several schools in Washington and Texas. Extensive pretrial discovery has been taken on this case, and trial is scheduled for early next year.

The Supreme Court vacated an unfavorable decision by lower Federal courts that, if it had been allowed to stand, could have hampered the VA's efforts to combat fraud, waste, and abuse. The lower courts had ruled that the VA was stopped (legally precluded) from recouping an erroneous loan guaranty claim payment where a signature on the loan document was a forgery. The Supreme Court sent the case back for further consideration. On remand, the Court of Appeals ordered a judgment for the VA.

The number of legal actions related to procurement of construction, supplies, and services continued to increase in FY 1984. For FY 1984, a total of 219 new appeals were filed with the VA Board of Contract Appeals compared to 160 for FY 1983, 121 in FY 1982, and 102 in FY 1981. Approximately 10 cases were appealed directly to the U.S. Claims Court. This Court also heard cases where contractors sought to prevent the Agency from awarding a contract. In FY 1984, the number of bid protests filed with the Agency, as well as the GAO (General Accounting Office), and mistake-in-bid cases continued to require considerable time and attention of the General Counsel's office, preparing bid protest reports to GAO or concurring in those prepared by the VA's Office of Procurement and Supply in 120 cases and concurring in 87 mistakes-in-bid decisions.

In the environmental area, the Office of General Counsel participated in the revision of the Agency's environmental regulations. In addition, numerous environmental assessments were reviewed and a public hearing was conducted by the Office of General Counsel regarding the Allen Park, Michigan, replacement hospital.

In FY 1984, the Office of General Counsel, along with the Office of Procurement and Supply personnel, continued its procurement training of VA personnel, with particular emphasis on construction contracting.

The Office of General Counsel continued its review and interpretation of congressional statutes and Office of Management and Budget directives in the area of fiscal and appropriation matters. Through this input, the Office of General Counsel assists the various Agency staff and department offices in developing their fiscal plans and policies.

The Office of General Counsel remained concerned with the numerous information disclosure laws which affect the Veterans Administration. Beyond interpreting these laws and training VA Personnel in their application, the Office of General Counsel assists the U.S. attorneys in representing the Agency in lawsuits involving information law. One such lawsuit, *Harrell v. United States*, in which

the VA's confidentiality statute for its medical quality assurance records, title 38, U.S.C., section 3305, was challenged, was successfully concluded when the 4th Circuit Court of Appeals found in favor of the VA.

Of the information disclosure laws pertinent to the VA, the FOIA (Freedom of Information Act) has perhaps the largest impact. This law requires that each Federal agency submit a report to Congress by March 1 for each preceding calendar year. The report submitted by the VA indicates that of the thousands of FOIA requests made in 1984, the Agency granted all but 746 of the requests received. Of those initial denials, 38 were appealed to the Administrator of Veterans Affairs for a final Agency determination. The Office of General Counsel prepares FOIA appellate decisions for the Administrator's review and approval. Five of the appeals were granted in full; 17 were denied in full, and 16 were granted in part. The VA recovered $24,809 in FOIA fees of the total reported cost to the Agency of $1,710,614 in FOIA administration expenses.

During FY 1984, the Office of the General Counsel made 493 final decisions regarding complaints of discrimination. Those decisions involved procedural questions of the acceptability of complaints for further investigation, as well as substantive decisions involving the issue of the occurrence of discrimination. In addition, 95 cases referred to the Office of the General Counsel for final decisions were remanded for further information or fact finding. During FY 1984, 34 decisions were received from the Office of Review and Appeals of the EEOC (Equal Employment Opportunity Commission) on appeals from decisions made by the Office of General Counsel. Of those, 30, or 91.5 percent, of the VA decisions were upheld on either procedural grounds or substantive questions concerning the existence of discrimination. Also, the Office of the General Counsel processed an additional 132 employee appeals to the EEOC of final Agency decisions.

The number of administrative litigation briefs filed regarding labor and personnel issues more than doubled during the past year, from 18 to 41.

The Office of General Counsel provided training on labor-management relations and collective bargaining to personnel officers in the VA regional offices and medical centers.

During the past year, the VA has reemphasized its commitment and policy that employees avoid conflicts of interest. Principally, the Administrator sent a letter calling on all employees to continue maintaining high standards of conduct and emphasizing the need to avoid even the appearances of conflicts of interest.

The VA also continues to implement fully the standards and requirements of the Ethics in Government Act with respect to the annual filing, review, and maintenance of both public and confidential financial disclosure reports which must be submitted by certain VA employees. The Assistant General Counsel, who serves as the Agency designated ethics official, reviewed and signed over 400 public financial disclosure reports of senior employees during FY 1984.

The Office of the General Counsel also developed closer working relationships with the Department of Justice, the Office of Government Ethics, and the VA Office of Inspector General, each of which has a role in enforcing provisions that prohibit conflicts of interest. The Office of General Counsel also addressed numerous complex conflict-of-interest questions from employees and others, including those involving post-employment restrictions, financial interests, and outside activities. Based on these reviews, a significant number of possible violations of law or regulation were referred to the Department of Justice or the Office of Inspector General for appropriate actions.

The AFGE (American Federal of Government Employees) and the VA, supported by full-time legal advice from the General Counsel, continued negotiations on the master contract for the professional employees in the Department of Medicine and Surgery. The United States Court of Appeals for the Second Circuit agreed with last year's decision of the Eighth Circuit Court of Appeals that title 38

disciplinary board actions are not subject to being negotiated into coverage of any labor agreement grievance procedure. The Fair Labor Relations Agency, reversing itself, decided it would no longer require the VA to negotiate on grievance proposals that would encompass such actions. Those decisions will have major influence on the scope of bargaining for title 38 professional employees. District Counsels continued to provide close support to VA managers in administering collective bargaining agreements.

Representation of the vast majority of claimants for VA benefits is performed, without charge, by individuals affiliated with veterans service organizations recognized by the Administrator. Each service organization representative must be accredited through application to the General Counsel, and the office processes hundreds of such applications annually. At the close of FY 1984, some 5,000 accreditations were in effect.

Training efforts in the areas of medical administration and medico-legal affairs received increased attention this year. The office held a national conference on these subjects for attorneys from District Counsel's offices. Individual attorneys also particiapted as instructors on such topics as patients' rights in Regional Medical Education Center programs throughout the country.

Medical care reimbursements have been collected from third-party tort-feasors, medical insurance, and worker's compensation plans. These amounted to $14.5 million in FY 1984, a $2 million (16 percent) increase over FY 1983.

Progress continues to be made in the area of debt collection. During FY 1984, debts representing $72 million were referred to District Counsels. Cash collections in these cases totaled $14 million, an increase of 16 percent over collections for FY 1983.

Medical malpractice claims under the Federal Tort Claims Act continued to be filed at record levels with 889 new claims received during the fiscal year. However, funds paid out in settlement of administrative tort claims under $2,500 decreased 5.1 percent to $237,335.

New Legislation

Public Law 98-109-Temporary Extension of Certain Insurance Programs Relating to Housing and Community Development

This Act, similar to Public law 98-35, extended certain insurance programs relating to housing to December 1, 1983.

Public Law 98-117-Omnibus Budget Reconciliation Act of 1982 Amendment

This Act delayed the effective date of a scheduled bookkeeping change in the way hourly rates of pay are computed for Federal employees.

Public Law 98-139-Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations, FY 1984

This Act provided funding for certain Federal agencies for FY 1984. With respect to veterans, funds appropriated to the DOL (Department of Labor) in the amount of $108,800,000 were allocated to veterans' employment and training programs authorized under 38 U.S.C. §§ 2003A and 2004. These programs included the DVOP (Disabled Veterans' Outreach Program) and the Local Veterans' Employment Representatives Program.

Public Law 98-144-Martin Luther King, Jr., Holiday

This Act designated the third Monday in January of every year, beginning in 1986, as 'Martin Luther King, Jr., Day.' It is the first national holiday honoring a black American.

Public Law 98-151-Further Continuing Appropriations for FY 1984

This Act provided additional continuing appropriations for various Federal agencies through September 30, 1984. Of interest to the VA are funds for the Emergency Veterans' Job Training Program established by Public Law 98-77, $75 million, which remain available through September 30, 1986. However, the Emergency Veterans' Job Training Act of 1983 authorized funding of $150 million for each fiscal year that the program is in operation. In this regard, the Congress followed a two-step funding procedure by appropriating half of the funds in this continuing appropriations Act, and including the remainder in the supplemental appropriations measure for FY 1984. The Act also limited to $25 million the amount that may be transferred to the Readjustment Benefits Account for education assistance payments authorized for use in extending the delimiting date authority under 38 U.S.C. § 1662(a)(2), which permits individuals enrolled in degree programs of a vocational nature to be paid assistance benefits. Any unused portion of the $25 million transfer may be returned to the jobs training appropriation by December 31, 1984.

Public Law 98-152-National Disabled Veterans Week

The purpose of this Act, designating the week beginning November 1, 1983, as 'National Disabled Veterans Week,' was to bring to the attention of all Americans the sacrifices that disabled veterans have made for the security and freedom of all U.S. citizens.

Public Law 98-160 - Veterans' Health Care Amendments of 1983

The Act was directed at improving the quality, scope, and efficiency of health care services provided by the VA. Changes were made to VA health care programs in the areas of readjustment counseling; post-war psychological problems; adult day health-care services; community residential care; state veterans' homes; preventive health care services; health care for veterans in Puerto Rico; beneficiary travel; DM&S personnel qualifications; appointments, promotions, and pay; disciplinary boards; and female health-care services. The Act also established the Advisory Committee on Women Veterans, dealt with real property management, and expressed the sense of the Congress that the Administrator of the VA should be a Cabinet-level official. Further, it directed the VA to conduct an epidemiological study, if scientifically feasible, of long-term health effects of exposure to ionizing radiation from the testing of nuclear weapons or from serving with the occupation forces of Hiroshima and Nagasaki, Japan.

Public Law 98-166 - Departments of Commerce, Justice, State, the Judiciary, and Related Agencies Appropriations for FY 1984

This Act provided appropriations for certain Federal agencies, including $1,800,000 for the Office of Veterans Affairs in the SBA (Small Business Administration) and $25,000,000 for the SBA's veteran loan program.

Public Law 98-167 - Debt Collection Amendment

This Act allowed more efficient collection of debts through the use of private collection agencies without requiring advance appropriations to pay for such services.

Public Law 98-168 - Federal Physicians Comparability Allowance Amendment of 1983

This Act extended the period within which Federal agencies may enter into comparability contracts with physicians and dentists in exchange for special allowances. The Act also addressed the problem of double coverage of Federal employees hired after December 31, 1983, under Social Security and other Federal staff retirement systems.

Public Law 98-181 - Supplemental Appropriations for FY 1984

This Act provided additional funds to Federal agencies for use during FY 1984, including $53,974,000 for an epidemiological study of the effects of Agent

Orange and $75,000,000 for the implementation of the Emergency Veterans' Job Training Program.

Public Law 98-190 - Naming of VA Medical Centers

This Act designated the VAMC in Altoona, Pennsylvania, as the "James E. Van Zandt Veterans' Administration Medical Center," and the VAMC in Dublin, Georgia, as the "Carl Vinson Veterans' Administration Medical Center."

Public Law 98-223 - Veterans' Compensation and Program Improvements Amendments of 1984

This Act increased the rates of compensation for disabled veterans, the rates of DIC (dependency and indemnity compensation) for survivors, and the rates of compensation for certain blinded veterans; provided that dysthymic disorders suffered by certain ex-POW's will be presumed service connected; modified the periods for which temporary increases in compensation are paid to hospitalized veterans; improved the VA's home loan guaranty program; authorized expansion of the BVA (Board of Veterans' Appeals); and improved certain other veterans' programs.

Public Law 98-259 - Federal Income Tax Forgiveness for Certain U.S. Military and Civilian Employees Killed Overseas

This Act provides income tax relief for the families of individuals who died in active military service as members of the Armed Forces or in the civilian employment of the U.S., if death resulted from wounds or injuries due to terrorist or military actions occurring outside the United States. No Federal income tax applies for income earned by the individual during the year of death or the previous year.

Public Law 98-262 - National P.O.W./M.I.A. Recognition Day

This Act designated July 20, 1984, as 'National P.O.W./M.I.A. Recognition Day,' and acknowledged the Nation's debt of gratitude to the Americans still missing or unaccounted for in Southeast Asia.

Public Law 98-270 - Omnibus Budget Reconciliation Act of 1983

This Act contained provisions pertaining to Federal employees COLAs (cost-of-living adjustments) and COLAs for Federal civilian and military retirees.

Public Law 98-291 - Disabled American Veterans

This Act relieved the General Accounting Office from auditing the financial accounts of the Disabled American Veterans.

Public Law 98-301 - Unknown Soldier of the Vietnam Era

This Act authorized the award of the Medal of Honor to the unknown American who lost his life while serving in the Armed Forces in Southeast Asia during the Vietnam era and was buried at Arlington National Cemetery.

Public Law 98-304 - AMVETS

This Act amended the charter of the American Veterans of World War II by extending eligibility for membership to individuals who qualify on or after May 8, 1975.

Public Law 98-311 - D-Day National Remembrance Day

This Act designated the fortieth anniversary of D-Day - June 6, 1984 - as "National D-Day Remembrance Day" in honor and remembrance of the 153,000 American, British, and Canadian troops who served with bravery, courage, and self-sacrifice in the invasion of Normandy.

Public Law 98-314 - American Gold Star Mothers

This Act granted a Federal charter to the American Gold Star Mothers, Inc.

Public Law 98-330 - Veterans' Preference Month

This Act recognized the contributions of veterans who served this country in military and civilian life.

Public Law 98-353 - Bankruptcy Amendments and Federal Judgeship Act of 1984

This Act made technical changes which require altered VA procedures regarding automatic stays in bankruptcy proceedings.

Public Law 98-369 - Deficit Reduction Act of 1984

This Act attempted to lessen the Federal deficit through tax reforms and spending reductions. It affected the VA by changing the effective date of pension awards and by increasing the loan fee in the VA home loan guaranty program. It also affected significant changes in the Federal procurement process by (1) placing the competitive negotiation process on a par with formal advertising; (2) significantly limiting the use of noncompetitive procurement; (3) establishing a uniform amount of $100,000 for obtaining contract cost or pricing data; (4) establishing competition advocates in each agency; (5) authorizing the GSA Board of Contract Appeals to hear and decide protests on ADP procurements, including the authority to suspend contract awards or performance; and (6) codifying and expanding GAO bid protest procedure, with an agency now required to respond to the protest within 25 days of receipt of notice of the protest.

Public Law 98-371 - HUD-Independent Agencies Appropriations, FY 1985

This Act provided appropriations totaling $25,755,408,000 to the VA for FY 1985 as follows:

Compensation & Pension	$13,992,900,000
Readjustment Benefits	1,137,800,000
Veterans Insurance & Indemnities	11,000,000
Medical Care	8,792,165,000
Medical & Prosthetic Research	192,695,000
Medical Administration & Miscellaneous Operating Expenses	70,000,000
General Operating Expenses	750,454,000
Construction, Major Projects	568,194,000
Construction, Minor Projects	200,200,000
Grants for Construction of State Extended Care Facilities	34,500,000
Grants for Construction of State Veterans Cemeteries	5,000,000
Grants to the Republic of the Philippines	500,000

Public Law 98-372 - Polish Legion of American Veterans, U.S.A.

This Act granted a Federal charter to the Polish Legion of American Veterans, U.S.A.

Public Law 98-382 - Catholic War Veterans of the United States of America, Inc.

This Act granted a Federal charter to the Catholic War Veterans of the United States of America, Inc.

Public Law 98-391 - Jewish War Veterans of the United States, Inc.

This Act granted a Federal charter to the Jewish War Veterans of the United States, Inc.

Public Law 98-396 - Second Supplemental Appropriations Act, FY 1984

This Act appropriated funds to Federal departments and agencies for use through September 30, 1984.

The VA's supplemental appropriations, totaling $645,757,000 are as follows:

Compensation and Pension	$284,900,000
Readjustment Benefits	82,200,000
Medical Care	15,000,000
General Operating Expenses	3,588,000
Loan Guaranty Revolving Fund	100,000,000
Medical Care	158,688,000*
Medical and Prosthetic Research	1,381,000*

**additional amounts appropriated for increased pay costs*

Public Law 98-399 - Martin Luther King, Jr., Federal Holiday Commission

This Act established a commission to assist in the first observance of the Federal holiday honoring Dr. King.

Public Law 98-411 - Departments of Commerce, Justice, State, the Judiciary, and Related Agencies Appropriations, FY 1985

This Act made appropriations available for certain Federal agencies for FY 1985. It provided $25 million for the SBA (Small Business Administration) veterans' loan program and appropriated funds to enhance the SBA's outreach program for veterans.

Public Law 98-415 - World War I Aces and Aviators Day

This Act designated September 21, 1984, as 'World War I Aces and Aviators Day' to make the public aware of the remarkable individuals who gained distinction defending the skies of Europe in World War I.

Public Law 98-438 - National Women Veterans Recognition Week

This Act designated the week beginning November 11, 1984, as 'National Women Veterans Recognition Week' to bring to the attention of all Americans the sacrifices and contributions made by women veterans and to inspire more responsive care and services for their needs.

Office of Inspector General

The OIG (Office of Inspector General), in accordance with the Inspector General Act of 1978 (Public Law 95-452), directs an independent and objective organization whose purpose is to plan, organize, staff, direct, control and report on audits and investigations of VA programs and operations and other activities carried out and/or financed by the VA; to recommend policies for the purpose of promoting economy, efficiency and effectiveness, and to prevent and detect fraud, waste, and abuse in VA programs, operations, and other activities; to provide a means

for keeping the Administrator and Congress fully informed about problems and deficiencies and the necessity of corrective actions; and to provide leadership and coordination on complex audit and investigative matters.

During FY 1984, the OIG operations focused on areas which would assist in improving services to veterans and their survivors; assist VA managers in economically accomplishing program goals; and prevent recurring and potential errors, fraud, and inefficiencies. Potential efficiencies and cost savings from 294 audits and 1,270 investigations amounted to over $709 million in this fiscal year.

Program audits showed opportunities for significant efficiencies in operations. Facility audits showed that overall medical center operations were generally satisfactory. However, there were specific instances where economies could be realized through improved administration, service delivery, and planning and development of construction projects. The following chart summarizes audit accomplishments.

Item	FY 1984	FY 1983	Percent Change
Total audit reports issued	294	426	-31.0
Internal audit reports issued	115	140	-17.9
External audit reports issued			
Audits by VAOIG	7	10	-30.0
Audits by others	172	276	-37.7
Costs audited (millions)	$480.7	$329.8	+45.8
Value of audit reports issued			
Potential recoveries (millions)	$171.4	$107.1	+60.0
Potential cost efficiencies (millions)	$522.9	$397.0	+31.7
Total (millions)	$694.3	$504.1	+37.7
Audit reports resolved (issued this and prior periods)	274	348	-21.2
Costs sustained on resolved audits (issued this and prior periods)			
Recovery commitments (millions)	$149.0	$106.6	+39.8
Estimated cost efficiencies (millions)	$531.9	$283.5	+87.6
Total (millions)	$662.9	$390.1	+69.9
Audit reports unresolved (9/30/83)	5	10	+50.0
Value of unresolved audit reports			
Potential recoveries (millions)	$ 0	$0.2	-
Potential cost efficiencies (millions)	$117	$115.5	+1.3

Investigative activities were directed to individual cases with high prosecutive potential. Significant investigatory findings included disclosure of fraudulent receipt of beneficiary travel expenses and compensation, pension, and education benefits. Successful prosecutions of criminal cases continue to increase with a total of 201 convictions obtained in FY 1984.

In our prevention efforts, we participated with Agency management officials in the implementation of OMB Circular A-123, Internal Control Systems. In addition to reviewing the Internal Control evaluation process, coverage of internal control issues is included during cyclic audits.

The Inspector General's Employee Awareness Program continues to promote managers' and employees' sensitivity to their roles in preventing fraud and waste. Proactive investigations and the VA Hotline have continued their part in the identification, prevention, and ereduction of fraud, waste, and abuse.

Item	FY 1984	FY 1983	PERCENT CHANGE
Investigation cases opened	1,444	1,574	−8.3
Investigation cases closed	1,270	1,225	+3.7
Investigation cases pending at the end of the year	906	732	+23.8
Investigation cases referred for prosecution	1,128	1,153	−2.2
Prosecution accepted	100	194	−48.5
Indictments	236	170	+38.8
Convictions	201	114	+76.3
Prison sentences (years)	37	76	−51.3
Fines, penalties, and settlements (millions)	$3.0	$1.6	+87.5
Administrative sanctions	151	88	+71.6

Legislative and regulatory proposals were reviewed for their impact on economy and efficiency in the Agency and the detection of fraud and abuse.

The Inspector General serves as the Chairman of the PCIE (President's Council on Integrity and Efficiency) Training Committee, which consists of three subcommittees: auditor training, investigative training, and executive development training. Representatives from various government departments and agencies participate in subcommittee activities. The objective of the training committee is to identify, develop, and implement training programs that are responsive to the needs of various Offices of Inspector General.

Office of Budget and Finance (Controller) Financial Management

The direct deposit electronic funds transfer program ensures that a benefit or salary payment is automatically deposited in a checking or savings account at a designated financial organization. This represents considerable savings by reducing check processing and replacement. Payees benefit because fewer checks are late, lost, or stolen. Electronic deposits for compensation and pension payments increased to 1,312,000 participants monthly at the end of FY 1984, a participation rate of 32 percent. Electronic deposits for VA employees increased to 94,000 payments every two weeks, or over 40 percent of VA employees.

An additional 118 field facilities were completely incorporated into the VA's centralized accounting for local management system. This essentially completes the conversion program which has resulted in considerable savings and a more efficient and uniform system for making payments to over 300,000 VA suppliers. A significant improvement in processing and accounting was added to the system through making selected accounting files available on-line to VA field stations. This eliminates errors, speeds processing of critical transactions, and gives each facility current knowledge on all outstanding items.

A new division was established in the Finance Service to implement the coordination and reporting requirements of the Federal Manager's Financial Integrity Act of 1982 (Public Law 97-255) and subsequent regulations. Section 2 of the Act deals with internal controls and focuses on three areas. First, cost and obligations should be in compliance with applicable laws. Second, funds, property, and other assets must be safeguarded against waste, loss, unauthorized use, or misappropriation. Third, revenues and expenditures should be properly recorded and accounted for to facilitate reports and control of assets. Section 4 of the Act deals with accounting systems. Annual statements of conformance with General Accounting Office's principles and standards are required. Where deficiencies are reported, plans for corrective action are also needed.

Several improvements were made in cash management:

- A commercial (lock-box) system which will result in faster deposit of loan collections for the VA's loan guaranty program was installed in Atlanta.

- Investments for all VA life insurance programs total over $10 billion. The cash management policy for the program, was modified during the year to assure that precise investment and/or redemption decisions are made on a daily basis. By noon of each day the VA's two insurance centers (Philadelphia and St. Paul) analyze their receipts and demands in order to make daily investments or redemption decisions. Excess cash is invested with the Treasury Department and cash shortages are covered by redemptions from existing investments with the Treasury. This assures that 'idle' cash balances are held to a minimum.

- The "General Post Fund" is the account in which donations to the VA are collected. A "central bank" approach was initiated in FY 1984 for investments of this fund. Investment decisions are made centrally based on a nationwide assessment of cash excesses and requirements. This will generate an additional $750,000 per year in interest and reduce paperwork requirements for field facilities.

Two other major accounting and reporting improvements were made, as follows:

- As part of the governmentwide management improvement program (Reform '88) a standardized reporting system Financial/Administrative Management Information System was designed to provide top management and Office of Management and Budget a uniform process for collecting and summarizing data on key financial and management information. The system encompasses ten categories of information including budget authority, budget execution, collections, accounts receivable and loan guarantees, procurement, grants, cash management, inspector general audit activities, travel management, and employment. It will become operational in FY 1985.

- The "Report of Medical Care Distribution Accounts" furnishes costs of patient care by various categories within a medical center. The report is used for allocating funds to VA medical centers; as a basis for determining costs of sharing agreements with nongovernment medical institutions; as a tool for arriving at interagency and nongovernment billing rates; and as a basis for budget presentations to Congress. During FY 1984, reporting instructions were modified and additional cost categories and cost centers added which considerably improved the quality of the reporting system at each managerial level.

Manpower Management

In a continuing effort to improve productivity and quality of services, the VA has strongly advocated effective manpower management and the efficient use of staffing. In support of this commitment, a series of manpower utilization reviews were conducted throughout the agency the agency to identify possible improvements in work distribution, functions, organization, and productivity. These efforts contributed to a better understanding of programs and provided new or improved performance measurement systems for use by program elements and staff offices in monitoring program performacne and forecasting future requirements.

Management engineering assistance was provided to departments and staff offices in the development of work rate standards, methods and procedures studies, and performance measurement systems. Analyses of manpower requirements and related staffing issues were conducted in connection with the VA budget development process. This integration of staffing requirements and the budget formulation process provided a more accurate determination of staffing needed to support VA programs and services.

In addition to conducting several management and organizational studies, Manpower Service represented the VA on the Assistant Secretaries for Management Group - President's Council on Management Improvement Task Force on staffing guidelines and consolidation of common administrative support areas. The VA's participation in the Federal Productivity Measurement Project has continued to reflect a continued upward trend in agencywide productivity performance.

Board of Veterans Appeals

A claimant for VA benefits, not satisfied with the determination made by a field office, may file a written notice of disagreement. If, after reviewing the case in light of the claimant's disagreement, the field office is not able to grant benefits sought, it sends the appellent a statement of the case. This statement outlines the issue, evidence of record, pertinent law and regulations, and the reason for the decision. If the appellant, after reading the statement of the case, still disagrees with the field office, he or she may submit an appeal to the BVA (Board of Veterans Appeals). Again, the field office reviews the case. If unable to resolve the appeal to the satisfaction of the claimant, the field office certifies the case to the BVA for review and final decision.

During FY 1984, the Board of Veterans appeals handed down 44,064 appellate decisions. This is a new record in the post-statement of the case period (since 1962). The only years during which there were more BVA decisions were those in the peak years following World War II and the Korean conflict. At the same time, the Board's allowance rate, appeals in which the veteran received all or part of the benefit sought, was 13.8 percent. This is the highest allowance rate since FY 1975.

The portion of appeals filed by veterans of the Vietnam era reached 38.4 percent, larger than that of any other period. Also, the Board's allowance rate in those cases was 17.6 percent. This is significantly higher than the overall allowance rate of 13.8 percent. An accompanying chart shows breakouts of decisions by periods of service and by disposition.

Period of Service	Decisions								Other Dispositions				
	Total		Allowed		Denied		Remanded		Other		Benefits Granted		Letter Reconsiderations
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent[1]	Number
Total	44,064	100.0	6,094	13.8	30,992	70.3	6,574	14.9	404	0.9	1,376	20.9	85
World War I	333	0.8	25	7.5	240	72.1	58	17.4	10	3.0	14	24.1	-
World War II	15,215	34.5	1,625	10.7	11,396	74.9	2,004	13.2	190	1.2	414	20.7	40
Korean conflict	6,467	14.7	708	10.9	4,784	74.0	920	14.2	55	0.9	199	21.6	14
Vietnam era	16,943	38.5	2,983	17.6	11,097	65.5	2,745	16.2	118	0.7	611	22.3	24
Regular establishment	5,082	11.5	748	14.7	3,465	68.2	838	16.5	31	0.6	137	16.3	7
Other	24	0.1	5	20.8	10	41.7	9	37.5	-	-	1	11.1	-

[1] *Benefits granted, as a percent of remands.*

NOTE: Percent totals may not add to 100 percent due to rounding.

Perhaps reflecting changes in the Nation's economy, the input of appeals dropped from 69,391 in FY 1983 to 61,328 in FY 1984, the lowest level since FY 1979. This downturn, coupled with record production of appellate decisions, had favorable impacts on the backlog of appeals and the BVA's response time.

With the addition of new appeals to those carried forward, the FY 1984 appellate workload was nearly 125,600 cases. Of these, 28,644 appeals were resolved in field offices; another 44,064 were decided by the Board of Veterans Appeals. Combined, there were 66,154 final dispositions of appeals, 21.6 percent of which were allowances of benefits sought by claimants. The accompanying chart lists appellate activities for FY 1984 and shows FY 1983 for comparison.

At the end of fiscal year 1984 there were 46,818 appeals in process in VA field stations. About 47 percent of these were in the initial, or notice of disagreement, stage; the remainder were in the final stages of field processing. Including 14,497 cases on the BVA docket, the total number of appeals pending at the end of FY 1984 was 61,315, down 2,933 from a year earlier.

Average overall response time to appeals, measured from the date of notice of disagreement until BVA decision, was 445 days (about 14.5 months) at the end of FY 1984. This is down from 499 days (nearly 16.5 months) at the start of the year. The biggest change was in the time appeals were held for callup by the Board.

The VA uses two data processing systems to provide positive case management and control of appeals. When a claimant files a notice of disagreement, the DVB (Department of Veterans Benefits) field station creates an appeal record in VARMS (Veterans Appeals Record Management System). VARMS then tracks the

Appellate Processing	FY 1984	FY 1983
Appeals pending, start of period	64,248	59,776
Undocketed, in field stations	(49,498)	(47,661)
Docketed, in BVA	(14,750)	(12,115)
Notices of disagreement filed during period	61,328	69,391
Settled in field stations	28,664	28,921
Allowed	(8,183)	(8,775)
Closed	(13,934)	(13,208)
Withdrawn	(6,547)	(6,938)
Submitted to BVA[1]	35,597	35,998
Decided by BVA	44,064	38,591
Allowed	(6,094)	(5,271)
Remanded	(6,574)	(5,972)
Withdrawn	(404)	(379)
Denied	(30,992)	(26,969)
Appeals pending, end of period	61,315	64,248
Undocketed, in field stations	(46,818)	(49,498)
Docketed, in BVA	(14,497)	(14,750)
Summary		
Number of final dispositions	66,154	61,540
Percentage of final dispositions		
Allowed	21.6	22.8
Closed	21.1	21.5
Withdrawn	10.5	11.9
Denied	46.8	43.8
Response Times (calendar days)		
Notice of disagreement to statement of the case	50	53
Statement of the case to substantive appeal	53	55
Substantive appeal to ready for transfer	210	90
Awaiting callup by the BVA	15	190
Processing through the BVA	117	111
Total	445	499

[1] *Flow of cases from field stations to the BVA controlled through VARMS (Veterans Appeals Records Management System) to maintain optimum level of cases at the Board.*

appeal until its final disposition. Once an appeal reaches the BVA, it is picked up in VACOLS (Veterans Appeals Control and Locator System). VACOLS is an on-line system that gives the up-to-the-minute status and location of each case before the Board and statistical and historical information on all decisions entered. Thus, in addition to being a docket tracking system, VACOLS is a data base for studying BVA decisions from various aspects and for planning and budget formulation.

The BVA continued to use VARMS to call for cases. Each month the Board determines the number of appeals to be called. DVB, using VARMS, selects the cases, oldest first, and sends them to VA Central Office. Through April 1984, the number of cases ready for transfer to the Board exceeded the number of callups. Starting in May, the number of cases available for transfer fell short of the number of callups. This is the first time this situation has occurred since 1979 when callup procedures were initiated to control case flow from field stations to the Board. Experience factors are used to estimate the portion of substantive appeals in field stations that require further action before they are ready for transfer to the BVA. Based on the situation in 1978-1979, an assumption was made that 11,000 substantive appeals were still undergoing field station processing, the

rest were awaiting callup. This estimate proved to be much too low. Recent studies show that, although the total number of substantive appeals has dropped only slightly, the number still undergoing field station action has increased markedly. Appeals pending action on supplemental statements of the case and those in remand status are much higher, and constitute much greater portions of substantive appeals, than was the case five years ago. Coupling these shifts with the Board's expansion to 20 sections in March 1984, and to 21 sections in August 1984, permitted BVA to call for all available cases. These significant changes in status of substantive appeals in field stations caused big shifts in response times to appeals. The estimates of time charged to the BVA for cases awaiting callup have been reduced, and estimates of time required for field stations to complete actions in this stage of appeals processing have been increased.

Appellants, their representatives, and other case advocates continued their interest in claims for disabilities involving Agent Orange, exposure to radiation, PTSD (post-traumatic stress disorder), and incarceration as prisoners of war. The Board of Veterans Appeals handles each of these categories of appeals as a specialty area and assigns them only to sections designated to handle them. In FY 1984 the Board received 343 appeals involving Agent Orange (down from 367 in FY 1983), 207 involving radiation (down from 213), 558 claiming PTSD (up sharply from 58), and 775 from former prisoners of war or their beneficiaries (down slightly from 785 in FY 1983).

The BVA continued to be active in its liaison and coordination with the VA Agent Orange Research Section, VA Chloracne Task Force, and the U.S. Army Agent Orange Task Force. In addition, Board members and key senior attorneys attended conferences and symposiums on Agent Orange and PTSD. This permitted the Board to maintain expertise in these sensitive areas and to ensure consistency in the application of laws and regulations.

Interest in personal hearings before the Board continued high in FY 1984. The BVA held 1,777 personal hearings for appellants in FY 1984, 1,191 in Central Office and 586 before traveling sections of the Board sitting in 48 field stations. At Central Office, the Board schedules eight personal hearings per workday. In FY 1984 the no-show rate for hearings was slightly over 40 percent—down from 45 percent in FY 1983. Several years ago, as many as 70 percent of appellants who asked for hearings appeared for them. Most appellants who fail to show up for their scheduled hearings do not notify the Board in time to schedule a replacement. At the end of FY 1984 the waiting time on the hearing docket was about 18 weeks, up from about 10 weeks at the end of FY 1983.

Three years ago the BVA started a program to reduce the time required for cases with personal hearings before the Board. When possible and when agreeable to the appellant, the Board provides a copy of a hearing recording to the appellant, in lieu of a transcription. This significantly reduced (to less than 50 percent) the number of transcriptions made of formal hearings held in Washington with an attendant reduction in the Board's response time in those cases. Because of the success and acceptance of this procedure, it was expanded to cover travel board hearings in FY 1984. During the year, approximately 39 percent of the travel board hearings were transcribed.

The portion of appellants who chose to be represented by one of the veterans service organizations continued to grow. During FY 1984, 86.6 percent of the appellants selected one of the accredited organizations; about 1.9 percent used attorneys or agents; and 11.5 percent chose to pursue their appeals without representation. The proportion of appellants handling their appeals without representation has declined steadily from about 20 percent to less than 12 percent over the past decade.

The Board was authorized resources for 19 full sections for FY 1984. With added authorizations of personnel and funds, the Chairman activated Sections 20 and 21 to cut back on the backlog of appeals. This proved very fruitful, since the BVA produced 44,064 decisions, by far the largest number since introduction of the Statement of the Case (Public Law 87-666).

Headed by a Chairman, a Vice Chairman, and two Deputy Vice Chairmen, the Board of Veterans Appeals had an average of 37 legal and 14 medical members. Supporting staff included six medical advisers, 141 staff attorneys, and an administrative service. Excluding overtime, the Board has an average employment level of 411 during the year.

Section 208(b), Public Law 98-223, March 2, 1984, amends 38 U.S.C. 4001. This amendment directs the Administrator of Veterans Affairs to provide an annual report, in terms of full-time employee equivalents (FTEE), of the number of temporary Board members and acting Board members designated by the Board of Veterans Appeals. To ensure that no individual serves as an acting member of the Board for more than 270 days during any 12-month period, the Chairman designates, in writing, acting Board members on a quarterly basis. At various times during the period from April 1, 1984, through September 30, 1984, the Board used 18 attorneys as acting Board members for a total of 4.9 FTEE. Similarly, eight physicians served as acting Board members for a total of 4.6 FTEE. The BVA did not employ any temporary Board members.

Other professional support available within the VA included advisory medical opinions from the Chief Medical Director and legal opinions from the General Counsel. In addition, under the authority of section 4009, title 38, U.S.C., the Board requested 227 opinions from independent medical experts who were not VA employees. The accompanying chart shows the medical specialties covered by these opinions.

Medical Speciality	Number of Advisory Opinions Requested	
	Fiscal Year 1984	Fiscal Year 1983
All Specialties	204	227
Number requested in connection with:		
Appellate consideration	193	211
Reconsideration	11	16
Internal Medicine:		
General	9	6
Cardiovascular	19	28
Gastroenterology	9	9
Pulmonary diseases	7	7
Surgery:		
General	3	1
Orthopedic	16	6
Thoracic	0	0
Otolaryngology & Ophthalmology	9	11
Psychiatry	42	64
Neurology—medical and/or surgical	17	20
Pathology—medical and/or surgical	52	58
Other	21	17

The Freedom of Information Act requires the BVA to produce an index of its final decisions on appeals and to make the decisions available to the public. Developed in compliance with the act, AIRS (Appellate Index and Retrieval System) includes quarterly and cumulative annual subject indexes on microfiche and BVA decisions, stripped of personal identifiers, on microfilm. Appellants and others interested in decisions of the Board are able to check these indexes to locate specific types of cases. They can request copies of the decisions. At the end of FY 1984, AIRS indexes covered the period from July 1, 1977 through June 30, 1984, more than 240,000 BVA decisions.

Board of Contract Appeals

The Board of Contract Appeals was established by the Administrator in 1979, pursuant to the Contract Disputes Act of 1978. The Board, which consists of four administrative judges, is a statutory, quasi-judicial tribunal that hears and decides appeals from decisions of contracting officers relating to VA contracts for construction, supplies, and services. It is one of 12 such boards in the Federal Government. Decisions of the Board are final within the VA, but may be appealed to the United States Court of Appeals for the Federal Circuit.

During fiscal year 1984, the Board conducted 34 formal hearings (an increase of 54.5 percent over last year) and 171 prehearing conferences. Disposition was made of 168 appeals, and there were 231 new appeals received, an increase of 40.9 percent over last year. The number of new appeals received marks a continuation of the increase in the volume of such appeals which has been experienced in recent years. Since fiscal year 1979, the number of appeals filed has increased by approximatley 90 percent. At the close of FY 1984, there were 240 appeals pending, approximately 91 percent of which were related to construction contracts.

Office of Program Planning and Evaluation

The Office of Program Planning and Evaluation supports the Agency's mission and goals primarily by providing analysis to support VA decision-makers.

The VA's IMS (Integrated Management System) integrates the policy and planning process with budget formulation and financial management. As part of the IMS, Agency and program goals and objectives are reviewed and revised to facilitate more effective reporting of department and staff office major activities. The following policy and planning milestones were achieved in FY 1984: formulation and analysis of FY 1986-90 program plans and budget estimates; conducting of internal review hearings; and issuance of a program decision memorandum reflecting the Administrator's decision on program plans and budget resources. Milestones achieved in assessing the accomplishment of goals and objectives and the approved program plans and initiatives included coordinating and presenting status reports on Agency goals and objectives and analyzing and conducting performance reviews for FY 1984 program and financial operating plans.

The VA's policy review process ensures an efficient and effective response to the changing needs of veterans through the study of policy issues and the development of policy options in areas of key concern to management and veterans. For instance, this office assisted the Department of Memorial Affairs in reassessing the regional cemetery concept and collaborated with the Department of Medicine and Surgery in the preparation of an Administrator's Digest, "Caring for the Older Veteran."

In support of the Administrator, departments, and staff offices, the office conducted 15 management and organization studies. These studies ranged from general management reviews to organizational analyses and cost-benefit studies of proposed ADP systems. Among the major studies performed was an evaluation of the cost-effectiveness of redesigning the VA's payroll and personnel system. In addition, the office coordinated the VA response to the Grace Commission report, which is the President's Private Sector Survey on Cost Control, and interacted closely with the White House on follow-up issues. Management initiatives for CCMA (Cabinet Council on Management and Administration) were identified which enabled the office to coordinate the VA response to the Presidential memorandum on Federal Field Structure Reform. Upon completion of the Agency's response to the CCMA working group, the VA was selected as an exemplary agency in terms of streamlining Federal field structure, notably its effective use of ADP applications.

The Office of Program Planning and Evaluation also served as the contracting officer's technical representative for two major consultant studies. The first examined the $1-billion-a-year health care facilities' capital construction program to assess the quality, cost-containment, and timeliness of construction. The second evaluated the VA's procurement, contracting, and distribution system for medical

supplies and non-perishable subsistence to determine cost-savings and alternatives to the current system.

The VA is one of a small group of Federal agencies with a Congressional mandate for ongoing evaluation of the efficiency, effectiveness, and impact of its legislated programs. In response to that mandate, the office completed nine program evaluations for transmittal to Congress, veterans service organizations, and the general public this fiscal year including evaluations of the Department of Medicine and Surgery's spinal cord injury program, readjustment counseling program (administration and management), and domiciliary care program, and the Department of Veterans Benefits' compensation and pension programs. Program evaluations are designed to provide independent analyses of programs and to assist program officials, department heads, the Administrator, and Congress in improving services to veterans and their families.

In addition to identifying areas of potential improvement to program administration and operations, the office continues to pioneer efforts in Federal program evaluation design and methodology, including rapid and multiple feedback evaluation approaches.

Office of Personnel and Labor Relations

Personnel Management

The VA's human goal is to ensure "that the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition." In support of this goal and the goals and objectives developed by the Departments of Medicine and Surgery, Veterans Benefits, and Memorial Affairs, the VA in FY 1984 took many actions in the area of personnel management (including staffing, employment of veterans, labor-management relations, executive development and training, and employee recognition).

Implementation of the VA Health-Care Amendments of 1980 (Public Law 96-330) and the VA Health-Care Programs Improvement and Extension Act of 1982 (Public Law 97-251) continued, and included the following actions:

- Implemented the authority to establish special pay rates for DM&S General Schedule employees providing direct patient care services or services incident to direct patient care. Began reviewing the first new requests from VA medical centers for special rates under the new authority (section 112, Public Law 96-330).

- Transferred from OPM (Office of Personnel Management) to the VA responsibility for 100 existing authorizations for special pay rates for DM&S General Schedule patient care employees (section 112, Public Law 96-330).

- Implemented new authorities relating to pay and work schedules for nurses and certain other health-care personnel (section 2d, Public Law 97-251).

Implementation of the Veterans' Health Care Amendments of 1983 (Public Law 98-160) was initiated with the following actions:

- Developed draft policies authorizing individual appointments above the minimum rate of the grade for licensed physical therapists, certified or registered respiratory therapists, licensed practical/vocational nurses and DM&S health-care personnel who provide direct patient-care services or services incident to direct patient care (section 206).

- Developed draft policies authorizing premium pay (e.g., on-call pay, overtime pay, holiday pay, etc.) on the same basis as registered nurses for licensed physical therapists, certified or registered respiratory therapists, and licensed practical/vocational nurses when necessary to obtain or retain these employees (section 204).

- A report was made to the House and Senate Committees on Veterans Affairs on the implementation of the law's personnel management authorities.

- Issued policy implementing the veteran preference principles of the law.

A policy permitting employees to make voluntary allotments to repay debts owed the Federal Government was issued to enable employees to avoid involuntary salary offset procedures.

Policies were developed implementing alternative work schedules (flexible and compressed workweeks) under the provisions of Public Law 97-221; implementation will occur during FY 1985.

The VA completed Federal Wage System surveys in 25 areas and issued pay schedules applying to all Federal "blue collar" employees in those areas.

A total of 41 personnel management evaluation reviews were conducted. Reviews focused on classification and position management, and overall adherence to legal, regulatory, and merit system requirements. The effectiveness in conducting required internal personnel management self-evaluations at local field facilities was also monitored.

The classification of positions was reviewed, and formal guidelines were issued, to ensure intra-agency equity and consistency with OPM standards.

The annual review of OPM-authorized special salary rates for recruitment and retention was completed. The review covered five local authorizations for police officers, one for clerical employees, two for engineering and architectural employees, and one covering General Schedule physicians.

The increased demands for management information require an expansion of the Agency's automated personnel and accounting integrated data system. The preliminary work leading to a complete redesign of the system is continuing.

Staffing

The Office of Personnel and Labor Relations continued to assist the centralized SEU (Special Examining Unit) located at the VA Medical Center, Richmond, Virginia. The unit was activated during FY 1983 and established registers for the following positions during FY 1984: dietitian, pharmacist, psychologist, social worker, audiologist/speech pathologist, physical/occupational therapist and medical record administrator. The unit provides all VA medical centers with lists of applicants and features a toll-free telephone number that is prominently displayed in recruitment advertising for these shortage health-care occupations. The SEU is very active, receiving an average of 130 applications per week and issuing almost 60 applicant listings per week to medical centers with vacant positions.

The VA's nurse and medical technologist recruitment program continued during FY 1984. Components of the program included recruitment advertisements in national professional journals and publications, attendance at national conventions and job fairs, and operation of a toll-free telephone service. The programs supplemented local medical center recruitment for registered and practical nurses and medical technologists, and assisted individuals seeking VA employment in obtaining information about, and referral to, medical centers with vacant positions. A similar program for medical record administrators was implemented this year.

To facilitate the recruitment of candidates for the Vietnam era veterans readjustment counseling program, the VA has OPM approval to appoint up to 600 persons at grades GS-3 through GS-11 under Schedule A authority. This authority has been used to fill nearly half of the positions in readjustment counseling program. As of September 30, 1984, 70 percent of those appointed under this authority were veterans. Of this group, 93 percent were Vietnam era veterans.

Employment of Veterans

The VA has consistently been one of the major Federal employers of veterans; new hires in FY 1984 included 13,828 veterans, (33 percent of all newly hired employees). As of September 30, 1984, five percent of all VA employees were disabled veterans and 20 percent were Vietnam era veterans. Veterans con-

stituted 64 percent of all male employees; 60 percent of male and female veteran employees served during the Vietnam era and 16 percent were disabled. The VA also employed 8,836 female veterans and females with veterans preference at the end of the fiscal year, which ranked the Agency among the Federal leaders in employment of women with military experience.

The VA made full use of greater flexibility in hiring VRA (veterans readjustment appointment) eligibles under the expanded provisions of Public law 95-520. The VRA authority allows eligible Vietnam era veterans to be hired directly, then serve a two-year period during which they also pursue training or education. Following successful completion of these requirements, VRA appointees may be converted to a competitive civil service status. The more than 80,000 Vietnam era veterans hired by the VA under this authority since it was established in April 1970 represent more than a third of the VRA appointments made throughout the Federal Government. The VA hired 5,818 veterans under this authority during the past year, and it continues to rank among the Federal leaders in the use of VRA authority. To help meet short-term staffing needs, the VA temporarily employed 1,892 Vietnam era veterans in FY 1984.

Under the Civil Service Reform Act, Federal agencies are authorized to employ, non-competitively, veterans with service-connected disabilities of 30 percent or more in positions for which they qualify. The VA has hired 2,223 veterans under this authority.

A sizable number of Vietnam era veterans serve in VA jobs where they meet, work closely with, and provide services to other Vietnam era veterans and their families. Over 61 percent of veterans benefits counselors are Vietnam era veterans, as are 46 percent of veterans claims examiners. Vietnam era veterans also account for over half of all prosthetic representatives, and 42 percent of vocational rehabilitation specialists. Among the first VA representatives a patient encounters are the medical administrative assistants in medical center admission areas, 30 percent of whom are Vietnam era veterans.

Labor Management Relations

Approximately, 164,000 VA employees (or nearly 70 percent of the total) are represented by unions. Since FY 1980 four unions have consolidated their local units of recognition within the VA, resulting in a great deal of bargaining activity at the national level.

During FY 1984, negotiations were conducted with NAGE (National Association of Government Employees) and on October 2, 1984, a master agreement was signed between NAGE and the VA covering the consolidated units of non-professional and GS professional employees. The agreement, which covers approximatley 9,500 employees at 14 medical facilities, is the first master agreement to be renegotiated

Negotiations for a master agreement between the VA and the AFGE (American Federation of Government Employees) covering a consolidated unit of professional employees began on October 24, 1983, and terminated on February 2, 1984, with eleven issues, which the VA declared to be non-negotiable, still outstanding.

Eleven additional labor organizations represent other VA employees at local field facilities, and nearly all unionized VA employees are covered by negotiated agreements.

Executive Development and Training

Leadership VA was conducted for 60 outstanding managers at middle and senior levels. During the course of five 1-week seminars presented throughout the year, the participants undertook a probing examination of the programs and administration of the VA, the various political, social, and economic influences which have impacts on the Agency, and the nature and meaning of creative leadership.

Programs for executive and management development continue, with additional offerings to address recognized needs in such areas as computer literacy and

public relations and consumer needs. Special sessions were held for key VA field personnel concerning new national contract provisions affecting facilities having AFGE professional units. Training instances in various management areas were provided to 1,290 executives and management personnel.

Additional emphasis was also placed on training for supervisors and personnel officers. Six units in a supervisory training program were developed and distributed to all field stations, and five courses for field station personnel office employees were developed and conducted nationwide.

Employee Recognition

Employees of the Veterans Administration share a unique pride in all their accomplishments. The focal point of every contribution is fulfillment of the Agency's responsibility for relations with veterans and their dependents. The knowledge that each employee serves the men and women who served our country in the Armed Forces enhances the deeds recognized through the incentive awards program. Highlights of the FY 1984 awards program include the following:

- The 6th Annual Olin E. Teague Award to Gustav Rubin, M.D., Chief, Special Prosthetic Clinic Team, VA Prosthetic Center, New York, New York, for outstanding and consistent success in solving difficult prosthetic and orthotic fitting problems, including the design of new devices when standard approaches are not satisfactory.

- The Administrator's Great Expectations plaque to Dr. Millie Hughes-Fulford, VA Medical Center, San Francisco, California, for her selection by NASA (National Aeronautics and Space Administration) as a competitor for a seat aboard the first all-biology spacelab flight in 1986.

- The 1984 Sam Rose Award presented to George R. Burgess, Contact Representative, VA Regional Office, Pittsburgh, Pennsylvania, for his efforts on behalf of veterans interested in operating their own small businesses; and to Edith B. Fowler, Supervisory Veterans Benefits Counselor, VA Regional Office, Jackson, Mississippi, for assisting veterans, spouses of deceased veterans and veterans' dependents with courtesy and helpfulness that exceed normal expectations.

- Candace Carter-Childs, R.N., Oncology Clinical Nurse Specialist, VA Medical Center, San Francisco, California, a veteran of the Vietnam conflict, received the Air Force Association's Veterans Administration Employee of the Year plaque, for major inroads in changing perceptions in providing care for cancer patients.

- Two employees were among the 10 recipients of the prestigious Arthur S. Flemming Awards. Dwight J. Wilson, III, Supervisor, Nursing Home Care Unit, VA Medical Center, Palo Alto, California, was recognized for his continuous contributions to the quality of life for the aging veteran. Marguerite M. B. Kay, M.D., Associate Chief of Staff for Research and Development, Olin E. Teague Veterans' Center, Temple, Texas, was honored in the scientific division for exceptional advances in research and development projects in cellular biology, immunology, and membrane chemistry, including her most recent work with red blood cells to determine the mechanism of aging.

- William R. Hairston, Vocational Rehabilitation Specialist, VA Medical Center, Northampton, Massachusetts, won the GEICO Public Service Award for achievements in the field of alcohol rehabilitation.

- Christina R. Frias, Associate Chief Nurse, Nursing Home Care Unit, VA Medical Center, Dallas, Texas, and Reverend William A. Nelson, Chaplain, VA Medical and Regional Office Center, White River Junction, Vermont, received Congressional Excalibur Awards for excellence in public service.

- The Award for Valor was established by the Administrator to recognize VA employees who risk their lives in the line of duty to prevent the loss of human life or Government property. The award was granted to 23 employees in FY 1984

for a variety of heroic acts, and to the employees at the VA Medical Center in Denver, Colorado, in recognition of the many deeds performed during an emergency evacuation and return of patients at that medical center.

- Suggestions and other achievements beyond job requirements by VA employees saved the Federal Government almost $5 million dollars. High level performance and special contributions were also recognized when 6,620 employees received quality step increases and 37,345 others were awarded special achievement awards, including cash payments.

Office of Equal Employment Opportunity

Discrimination Complaints

The incidence of formal complaints of employment discrimination continued at a high level; however, progress during the year was made in dealing with the volume of complaints pending within the Agency. During the fiscal year 613 complaints were closed, as contrasted to FY 1983 when administrative action was completed on just 359 cases. For the first time in seven years, more complaints were closed than were filed.

Contributing to this modest improvement was a renewed emphasis by the Administrator on his expectations that top-level officials involve themselves personally in efforts to resolve, informally, employee-management differences that otherwise would result in costly formal complaints. Authority to accept for processing (but not to reject) complaints that meet the requirements of law and regulation was delegated in mid-year to the directors of the field facilities. Previously this authority was exercised by the Director, Office of Equal Opportunity, VA Central Office. This delegation was intended to shorten complaint processing times. It has accomplished this. In addition, it appears to be having the effect of causing the facility directors concerned to ask, "Can we not resolve this matter informally?" before signing off on an acceptance that commits the Agency to spending, potentially, thousands of dollars in processing costs.

The training programs for equal employment opportunity counselors were totally revised to emphasize the development of skills in fact-finding and presentation and in the informal conciliation of complaint matters. Nine sessions, providing training to 275 counselors, were conducted by the Office of Equal Opportunity during the year.

Investigations were initiated on 582 complaints during the year, as compared with 406 in FY 1983. About half of these were assigned to a small cadre of full-time investigators established in the Office of Equal Opportunity and to private investigators working under contract. This is the first time contract investigators, supplementing the services of "ad-hoc" investigators (regular VA employees who conducted occasional investigations on a part-time basis), have been utilized in the VA.

Affirmative Action

In spite of the need to direct the bulk of staff resources to the backlog of discrimination complaints, affirmative action to identify and eliminate the barriers to full representation of minorities, women, and the physically impaired in the VA workforce continued essentially unabated. Strategies for progress included the traditional and proven ones of formal upward mobility training programs, recruitment at job fairs and minority group conventions, and networking with local and national minority organizations such as the American GI Forum and IMAGE, both Hispanic organizations. Agency-sponsored upward mobility training programs continue to be a particularly effective approach. Roughly 60 percent of the 800-plus upward mobility trainee opportunities during the year were awarded to women (of all races and ethnic groups), and 40 percent to minorities (both males and females).

Employment of Minorities and Women

Minority employment increased by 1,206 during this year. Minorities now account for 32.5 percent of the total VA full-time and part-time permanent workforce of over 212,000. Numerical gains were noted in all five of the targeted racial and ethnic groups:

Ms. Carolyn Greaf, Special Assistant to the Director and Construction Coordinator, VAMC San Francisco, CA

Millie Hughes-Fulford, Ph.D.

Employment of Handicapped Persons

Mr. Michael Tomsey

Historically Black Colleges and Universities

- Employment of blacks increased by 500 and now stands at 53,619. The percentage of blacks remained relatively constant at 25.3.

- Hispanic employment increased by 235, to 4.2 percent of total VA employment.

- Asian American/Pacific Islanders gained 402 positions, bringing their numbers to 5,369.

- The employment of American Indians/Alaskan Natives increased to 961 (up from 883).

The gradual movement of minorities to the upper levels of the Agency continued, with 15.6 percent of Agency positions at the GS/GM 13-15 level now filled by members of these groups.

Over 53 percent of all VA positions were held by women at the end of the fiscal year—a numerical increase of 1,542 over FY 1983. Women now occupy 14.6 percent of all VA full-time jobs in grades GS/GM-13 through 15 and equivalent. This compares with 10.7 in the Federal Government as a whole.

With the placement of VA women in high level management, professional, and technical positions now relatively commonplace, attention turns to their integration into occupations heretofore the private domain of males. Prior to 1978 all VA chaplains were males; currently eight women perform these positions of spiritual guidance to the veteran patient population. During the year the first woman, advancing from the ranks of police officer, was appointed as Chief, Security Service, at the San Francisco Medical Center. Women now hold positions in such atypically female occupations as barbers, electronic engineers, electrician and plumber helpers, and high-level window washers.

Of particular pride to the VA was the selection by the National Aeronautics and Space Administration of Millie Hughes-Fulford, Ph.D., as a citizen-astronaut in the first spacelab mission that will be devoted solely to life science research, scheduled for launch in January 1986. Dr. Hughes, also a pilot, is a research chemist at the VA Medical Center, San Francisco.

Progress also was noted in the employent of handicapped persons. As of the end of the fiscal year the VA employed 22,761 such individuals, including 3,836 with severe disabilities, such as blindness or missing limbs. Forty field facilities were given the Administrator's Commendation for outstanding achievements in the employment of the handicapped. Mr. Michael Tomsey, a counseling psychologist at the Washington, D.C. Regional Office was named as one of the 10 Outstanding Handicapped Federal Employees of the year. Tomsey is the tenth VA employee so honored.

The Agency met its FY 1984 goal to minimize the decline in the employment of disabled veterans, caused by the retirement of World War II veterans, by hiring 2,230 disabled veterans, about half with a 30 percent or more service-connected disability. In addition, the Agency promoted 2,133 disabled veterans, 721 of whom had a 30 percent or more service-connected disability.

The VA's support of the White House Initiative on Historically Black Colleges and Universities (Executive Order 12320) was expanded during the year. The goal of this program is to increase the participation of historically black institutions of higher learning in Federally-sponsored programs. Notable among the VA initiatives during the year were the following:

- The affiliation of VA health care facilities for health professional and technical education in such disciplines as medical, dental, nursing, social work, rehabilitation, and pharmacy. Under the umbrella of such affiliations, over 1,200 students

Clinical training in Orthopedics—VAC Washington, DC and Howard University affiliation.

who are enrolled in 25 historically black colleges in 11 states receive part of their clinical training in VA facilities.

- The affiliation, established in FY 1983, between the Morehouse School of Medicine and the VA Medical Center, Tuskegee, Alabama. Under the affiliation agreement, Morehouse will have full educational and research/association with the VA for primary and secondary care. In excess of $15 million was allocated to this affiliation during FY 1984.

- Cooperative education programs which provide paid job experiences which relate to a student's major field of study in a secondary school. Such agreements exist between VA field facilities and educational institutions with established cooperative education curricula. Fourteen students at seven historically black colleges and universities participated in the program in FY 1984.

Associate Deputy Administrator for Congressional and Intergovernmental Affairs

The commencement of FY 1984 brought to the Office of Congressional Affairs the new function of executing Executive Order 12372, "Intergovernmental Review of Federal Programs." Hence, the office is referred to as the Office of Congressional and Intergovernmental Affairs.

While the new program function is still in the process of being developed, during FY 1984 the Intergovernmental Affairs Staff established liaison with Federal, state, and local officials and organizations who have an interest in or who are affected by Federal assistance programs administered by the VA. The staff ensured that VA officials were informed of the recommendations by these officials and organizations. Ongoing interaction also took place with internal departments and staff offices that administer Federal assistance programs.

The Congressional Affairs Staff continued its support to the Agency in its mission of developing and maintaining a favorable working relationship between the VA and Members of Congress and key Congressional Committees. This continuing function is performed in accordance with the President's policies and in the best interest of our Nation's veterans.

The Agency and Congress were served in three separate locations in order to be more accessible to those who take advantage of these services. Offices are located in the VA's Central Office, the Hart Senate Office Building, and the Rayburn House Office Building. The offices located on Capitol Hill provide a continual unique constituent service to individual Members of Congress.

During the course of FY 1984, the offices that provided individualized constituent casework to Members of Congress handled approximately 12,000 cases; responded to or placed approximately 100,000 telephone calls concerning congressional veteran constituents; and received approximately 5,000 walk-in visits.

In a combined effort, the two staffs that form the Office of Congressional and Intergovernmental Affairs provided information to their respective outside organizations concerning such subjects as the VA's budget; legislation, programs, and policy; organizational changes within the Agency; and developments in the construction program and the grants programs. Additionally, information and assistance concerning veterans' rights and benefits was given which aided congressional offices in providing help to their veteran constituents.

Associate Deputy Administrator for Public and Consumer Affairs

In FY 1984, the Office of Public and Consumer Affairs was reorganized in order to provide enhanced Agency ability to communicate and interrelate with the variety of publics served by, and involved in, VA programs and services. One major thrust of the reoganization was the consolidation of the Public and Consumer Affairs field area offices into five new regional offices, the establishment of a field director in VA's Central Office, and the realignment of the Central Office staff to provide more efficient channels of communications and workflow. The organizational change has put the public affairs function in a position to act more as a

proactive, positive force for veterans. The office continues to pursue the use of technology to provide greater capacity and efficiency in the dissemination of information to VA's constituents.

One of the primary missions of the Office of Public and Consumer Affairs is to support the delivery of VA benefits and health care with a total communications concept. This involves dealing with mass and specialty media, VA employees, veterans service organizations, educational institutions, professional societies, and other entities with a direct interest in the Agency or which have the ability to represent the VA to others. The office also administers various Agency functions that provide for consumer contact and manages certain statutory responsibilities of the VA's 30 Federal advisory committees.

During FY 1984 efforts were made to increase the flow of public information on two major health concerns — the possible aftereffects of exposure to the herbicide Agent Orange, used in Vietnam, and the consequences, if any, for veterans who participated in nuclear weapons tests and in the aftermath of the World War II atomic bombing of Japan.

Agent Orange Review, a quarterly newsletter, is widely circulated and mailed directly to all veterans who participate in a special Agent Orange registry. To support internal emphasis on the Agent Orange issue, VA employees viewed a special half-hour videotape describing recent research activities and emphasizing the Agency's commitment to resolving veterans' concerns. A new pamphlet on ionizing radiation was added to the array of public information literature published by the VA.

In February the office successfully initiated a comprehensive public information campaign designed to increase public participation in and awareness of the annual National Salute to Hospitalized Veterans. It is conservatively estimated that the VA received from the media over $4 million in free (public service) advertising through a creative, integrated design and visual communications approach undertaken for the first time in the Agency.

In June, national attention was drawn to the 40th anniversary of the GI Bill, which was enacted shortly after the 1944 D-Day invasion of Normandy. A variety of media retrospectives appeared on the impact this landmark legislation has had on the lives of millions of Americans who earned rights to its educational and home-loan benefits. Communications support was also provided as a component of other national recognition events including Memorial Day, Interment of the Vietnam Unknown, Dedication of the Vietnam Memorial Sculpture, Veterans Day, National Women Veterans Week, POW-MIA Day, and National Consumers' Week.

VAnguard, the monthly employee newsletter, was improved in design to enhance its communication of regular news emphasizing individual and organizational contributions to meet the VA mission and goals. In addition to the Agent Orange videotape, VA employees are viewing a series of 17 half-hour television programs highlighting progress and accomplishments in VA medical research. These films are also being used on cable television to reach the veteran population. A seminar on PTSD (Post-Traumatic Stress Syndrome) was co-sponsored by the Office of Public and Consumer Affairs to provide VA employees a better understanding of the problems and difficulties some veterans may be experiencing and to improve the sensitivity of VA employees in providing service for veterans. In order to encourage sharing of consumer-oriented activities which improve service to the veteran, a periodic informational news bulletin was published for VA consumer representatives. The popular annual publication, *Federal Benefits for Veterans and Dependents*, was distributed early in the year. Among other publications collaborated on by the office were pamphlets relating to veterans organizations, the Vietnam Veterans' Memorial, and benefits for women veterans.

Associate Deputy Administrator for Information Resources Management

The ADA/IRM (Associate Deputy Administrator for Information Resources Management) is the Agency's senior official responsible for managing the information resources of the Agency. This office is also responsible for managing the VA's implementation of Reform '88 activities and the Paperwork Reduction Act of 1980, and for coordinating the Agency participation in the OMB Management Review. The ADA/IRM recommends policy and has oversight responsibility of IRM functional areas including ADP and telecommunications, systems acquisition, office automation, information systems, Agency reports and statistics, paperwork management, mail and travel policy, implementation of the Federal Managers' Financial Integrity Act of 1982, and the administrative handling of VA regulations.

The ADA/IRM serves as the Agency representative on the President's Council on Management Improvement (formerly the Assistant Secretaries for Management Group) and the Executive Secretariat of the President's CCMA (Cabinet Council on Management and Administration). The ADA/IRM served as the Executive Secretariat for the Administrator's Council on Management Administration, which parallels the President's CCMA and was established to keep the VA's senior officials apprised of improvement efforts undertaken and to foster support for those efforts from all VA components.

During FY 1984, responsibility for conducting the Agency's FY 1986 OMB Review was focused in the office of the ADA/IRM. A VA-wide IRM planning process, which will assist the VA in effectively managing information resources as well as provide an overview of the Agency's information resources management strategies and projects, was initiated this year.

The management control staff provides support for all information resources management functions and programs.

The Offices of Data Management and Telecommunications and Information Management and Statistics report to the ADA/IRM.

Office of Data Management and Telecommunications

ODM&T (Office of Data Management and Telecommunications) provides ADP and telecommunications support to VA departments and staff offices. A full range of support services is offered, beginning with computer equipment and telecommunications system planning. Other services include designing, developing, and implementing computer equipment applications systems, technical and telecommunications support, long-range planning, and special studies to advise users about the latest technology and services available. Telecommunications services include designing and engineering communications systems for VA facilities. ODM&T works closely with the Office of Construction to introduce cost-effective audio and visual communications systems into new construction and renovation projects. ODM&T is also responsible for computer operations in the VA's five data processing centers, which process most of the VA's computer programs.

The VA strives to derive the maximum benefit from those new technologies which are cost-effective, and improve the efficiency and quality of service provided to veterans and their families. To achieve this goal, the VA's ADP program focuses on three major strategies:

- Systems design and integration management
- Telecommunications
- Integrated computing support services

These strategies promote VA-wide data and technology sharing, to decrease costs and put technology in the hands of end-users. All ODM&T services are provided within the framework of these strategies.

- The first strategy promotes expanded and speedier access for authorized users to the vast store of VA data.

During FY 1984, ODM&T began working with the DM&S (Department of Medicine and Surgery) and the DVB (Department of Veterans Benefits) to develop a method to exchange medical and eligibility information. When this project is completed, the VAMC's (VA medical centers) will be able to access the benefits delivery network from their own computer terminals to determine applicant's eligibility for medical care. This will provide VAMC's with a better means to control incidents of treatment given to ineligible persons.

The information exchange project will also automate selected medical and administrative forms processing, and transmit this information by telecommunications between VARO's (VA regional offices) and VAMC's. This will eliminate the need for physical transfer of forms between VAMC's and VARO's, and provide these facilities with immediate access to this information. This will expedite the processing of veterans' benefits claims. In addition, rapid access to these data could result in significant savings for the VA.

The information exchange project will link the DHCP (Decentralized Hospital Computer Program) in VAMC's with the VADATS (VA Data Transmission System) network. The personnel at VAMC's will then be able to transmit data directly to the Austin, Texas DPC (data processing center). This will eliminate the need for time-consuming and expensive manual processing and mailing of keypunch cards.

During FY 1984, ODM&T made considerable progress in developing AMAS (Automated Monument Application System) for the DMA (Department of Memorial Affairs). This system, scheduled for installation in FY 1985, will automate the order, inventory, and shipment process for grave markers furnished by the VA. AMAS will speed delivery of grave markers by eliminating the time-consuming clerical work now required to process and ship orders and maintain an accurate inventory.

AMAS offers another example of the value of information sharing within the VA. One of the first notices received by the VA of a veteran's death is the request for burial. The VA is developing a method to automatically transmit this notice to the DVB data bases. This will provide an automatic stop payment for active benefits, thus preventing overpayments. The action will also activate the request for insurance claims, providing faster service to veterans' survivors in a time of need.

To improve services to insureds and beneficiaries, the Administrator approved plans and protocols in January 1984 to modernize and enhance the VA's insurance ADP system. The plans, developed jointly by ODM&T and DVB, contain two major initiatives which will be implemented over a period of about four years.

An early phase of this project, providing on-line inquiry capability for VA's Philadelphia, Pennsylvania, and St. Paul, Minnesota, insurance centers, was completed during FY 1984. This represents the most significant technological improvement in the insurance ADP system since the original automation during the 1960's.

Insurance center personnel now have immediate access to all the information insurance master files. Information which once took 21 to 45 hours to receive can now be obtained in a matter of seconds. This capability significantly speeds the VA's response time to inquiries from insureds and beneficiaries.

During FY 1984, a program and procedures were developed which would enable selected end users to access their AMIS data and generate ad hoc reports. The Office of Information Management and Statistics, which manages AMIS, is serving as a pilot group for this project.

The AMIS (Automated Management Information System) is a statistical data system which provides data on virtually every operating element of the VA. AMIS is the primary source of program information for management officials in Central Office.

Upgrade of Austin DPC's computer equipment will allow this capability to be extended to all Central Office elements. Managers will then be able to access their AMIS data to produce ad hoc reports and perform projections and trend analyses. Plans are being developed to allow access to certain AMIS data from personal computers. This would enable the authorized user to transfer selected data to a personal computer and use microcomputer software for data manipulation.

Another FY 1984 accomplishment improved the input process for AMIS data. An automated procedure was installed which allows the use of a time-share option to enter certain administrative transactions in lieu of the antiquated and cumbersome teletype method.

The PAID (Personnel Accounting and Integrated Data) system issues payroll checks and provides personnel records for the VA's employees. During FY 1984, the VA completed a cost-benefit and feasibility study to evaluate alternatives to replace this ongoing system. Once installed, important payroll and personnel information from PAID will be made available on-line for managers to make critical, informed decisions.

FAMIS (Financial and Administrative Management Information System) was installed at the request of the Office of Management and Budget to provide uniform and timely corporate-level financial and administrative information. The system allows authorized users to inquire, edit, and update the data base on-line using data from standard Agency reports. Further improvements will permit interactive uses to automatically generate hardcopy data and on-line reports during 1985.

As a result of other efforts in FY 1984, DM&S personnel now have immediate access to the information in the abbreviated Agent Orange registry file. The registry houses demographic and administrative information on veterans who claim exposure to herbicides and were examined at a VAMC. Access to the abbreviated file improves the VA's overall responsiveness to veteran and Congressional inquiries, and eliminates the time and costs involved in the manual research of specific veteran information. Also, the ability to keep veteran name and address information current ensures accurate distribution of the periodic *Agent Orange Review*, thus sharply reducing mail handling time and costs.

In April 1984, an automated POW (Prisoner of War) tracking system was implemented to provide DM&S with the information necessary to assess the effectiveness of the VA's Ex-Prisoner of War Medical Evaluation Program. This system assists in management decisions necessary to carry out the requirements of the program. Various reports are produced which enable management officials to assess and track the activities undertaken at the VAMC's in response to the needs of the former POW's.

A significant enhancement to the way the VA processes awards through the C&P (Compensation and Pension) system was completed during FY 1984. New dependents can be added to, changed, or removed from the data base, while preventing the addition of incorrect dependency data. This accomplishment means fewer errors on awards, faster system response for regional office personnel, and better accountability of veterans' dependency information. Additional improvements to awards processing are planned for FY 1985.

Two other FY 1984 redesign efforts aimed at providing expanded and speedier access involve LGY (Loan Guaranty) and BIRLS (Beneficiary Identification and Records Locator Subsystem). During FY 1984, the VA completed a feasibility study and began developing specifications for the LGY Rapid Access System. On-line access to the LGY data base will lead to faster responses to veterans' inquiries, fewer transaction errors, and more accurate information in the data base.

The BIRLS redesign was necessitated by a concern that the VA's on-line beneficiary index and retrieval system could not process projected workloads or expand to meet user needs. BIRLS will be fully integrated into the benefits delivery network to run under the control of a data base management system.

The redesign will focus on BIRLS as the network data hub providing data integrity and integration.

Equipment augmentations to the benefits delivery network will support the LGY redesign and enhancements to the C&P system. The augmentations have resulted in processing improvements of ten to fifteen percent over last year. Ninety-seven percent of all responses are now made in fewer than five seconds. Overall availability of the benefits delivery network was greater than 97 percent this past year. Since this equipment is approaching at the end of its life cycle, the system is being analyzed to evaluate alternatives for the continuation of data processing support. Work will begin next year to prepare for the equipment replacement.

- The second major strategy in the VA's ADP program involves the concept of viewing VA data communications as a utility, available for all Agency programs to access and transport data.

With a VA facility located in every state, the District of Columbia, Puerto Rico, and the Philippines, an efficient and cost-effective data communications network is essential to carry out the Agency's mission.

In January 1984, the VA assumed management and operational responsibility for GSA's (General Services Administration) advanced record system. Renamed VADATS, this system serves as the VA's primary means of transmitting administrative messages and data communications. The VADATS network also supports 24 other governmental agencies.

VADATS now provides direct message service covering thirteen time zones, from Manila to San Juan, and from Anchorage to Austin. During FY 1984, the VA succeeded in providing the Manila and Anchorage VARO's with their first direct connection to VADATS. This significantly speeded response time to inquiries from these VARO's, resulting in faster service for veterans and their families.

During fiscal years 1985 and 1986, the VA plans to further enhance VADATS to provide interactive real-time data communications. At present, most data communications between VA facilites and the Austin, Texas data processing center are sent to the VADATS message switching center, which stores the data and later forwards them. In this computer age, the VA needs an interactive telecommunications network which allows VA computers and terminals to "talk" to one another directly. The VA's present and future needs demand this type of network, to enable departments and staff offices to share and exchange information contained in the Agency's various data bases.

VADATS will eventually support most of the VA's near-term data communications needs. The ultimate goal for VADATS is to provide an efficient, high-quality and cost-effective communications network for the Agency. Efforts to identify other uses of the VADATS network, to fully exploit its capabilities and reduce costs, will continue.

- The third strategy in the VA's ADP program promotes the use of new and emerging technologies to improve services and support organizational data needs.

This strategy focuses on both centralized computer systems and decentralized equipment and skills. The goal is to provide on-line access to centralized data bases for authorized VA users, so they can use their distributed technology to meet their information needs faster and more efficiently.

To satisfy this goal and meet the VA's other present and long-range ADP needs, the VA is replacing all the computer equipment at the Austin, Texas data processing center. Significant progress was made on this project during FY 1984. In August 1984, the VA awarded a contract to replace the communications processors, which were installed during September. The procurement for the replacement mainframe computers and peripheral equipment was in the final stage by the end of FY 1984.

The replacement computer system will support Agency needs through 1992, and will significantly increase ODM&T's capacity to provide user support and services. Major improvements will include support for users' on-line access to Agency data bases, enhanced time-sharing services, and support for major system redesigns.

To encourage and enable VA employees to use the new personal computing technologies, the VA opened an ITC (Information Technology Center) in January 1984. The ITC, one of the first in the government, provides a full range of personal computing services. These include computer literacy and advanced end-user training, consultation, and technical assistance.

In a recent survey, employees reported a dramatic improvement in speed and accuracy when using ITC's automated resources to complete tasks previously done by hand. On the average, over 800 employees each month are using ITC services to improve their on-the-job efficiency and effectiveness.

In January 1985, the VA will initiate a new program for handicapped persons in the ITC. ODM&T worked closely with DM&S and DVB in developing this program to serve handicapped employees in VA Central Office. The program will orient participants to the personal computer environment, train them on equipment adapted for their handicap, and expose them to the most popular office computer software packages.

The VA has purchased equipment to accommodate the blind, quadraplegics, amputees, and persons with limited motor coordination. Special equipment which facilitates communication between hearing and hearing-impaired persons will also be available. The ITC will showcase microtechnology available for the handicapped, and serve as a model for other agencies interested in beginning this type of program.

The VA has made significant progress in providing a vehicle to improve the integration and efficiency of purely administrative functions among VA organizations. During FY 1984, the VA developed an Agency-level office automation contract to simplify procurement of integrated office automation systems. VA Central Office and field stations will have the option of using this contract, which was nearing award at the end of FY 1984. Advantages of the contract include a guarantee of future expandability to take advantage of technical advances, compatibility between office automation systems, and a significant cost incentive.

Office automation initiatives have already become a reality for many VA Central Office staff offices. The Office of Administration tracking system and work order tracking system are now being used by the Office of Administration. These systems track procurements from beginning to end and provide immediate, on-line information upon request.

During FY 1984, the General Counsel's computer system was upgraded to support their word processing and system application requirements. System applications developed and installed include litigation and correspondence tracking systems, library, control desk, and work measurement systems. These on-line systems allow rapid access to information and automated control of functions previously handled manually.

During FY 1984, the VA expanded its electronic data link to the Executive Office of the President. This electronic communication between the VA and the Executive Office has two features. One is the executive data link for sending Reform '88 initiatives to the Executive Office and for receiving White House correspondence. The other is for the receipt of budgetary reports from the Executive Office's centralized budget management system. During the last half of FY 1984, this telecommunications capability was expanded to provide electronic mail, messaging, newswire, and airline services to various VA Central Office staff offices. In addition, the data link network was expanded to allow the Executive Office to also communicate with the General Counsel, Associate Deputy Administrator for Information Resources Management, Office of Public and Consumer Affairs, and the Inspector General.

This overview of FY 1984 major ADP and telecommunications activities demonstrates the VA's commitment to using those new technologies which are cost-effective and which improve the quality of service for veterans and their families. The VA will continue to apply modern data processing and telecommunications technology in a manner that enables VA managers to reduce overall operating costs and increase responsiveness to the needs of veterans.

Office of Information Management and Statistics

The Office of Information Management and Statistics is the management information and statistical research arm of the VA. With the April 1984 realignment of staff office functions to streamline information resources management activities, the OIM&S (Office of Information Management and Statistics) is responsible for VA-wide paperwork management, records management, and mail and travel policy. The office also provides statistical data and analyses to VA management for budgeting, program management, and policy formulation, and coordinates the VA's internal, interagency, and public use reporting needs.

Statistical research and analysis staff members provide estimates and projections of the veteran population, including socioeconomic data on veterans' needs and resources. They analyze mortality levels, patient stay, and results of health care treatment, using data from various reporting systems, and conduct special and recurring studies to measure the impact of specific benefit programs. The professional staff also provides statistical consultation to VA managers in analyzing program data and in developing statistical research studies.

The reporting policy and review staff formulates standards and policies for operating the VA's integrated reporting system, and reviews and controls all proposals to obtain VA, interagency, or public use reports. Other responsibilities include the application of ADP systems for management information, preparation and distribution of various agency-level reports and tabulations, and coordinating improved reports management as required by the Paperwork Reduction Act.

The paperwork management and regulation staff formulates and recommends general policies and plans for the creation, maintenance, and disposition of VA records, and advises and assists the departments and staff offices in connection with mail and travel management. The Freedom of Information Act and the Privacy Act are administered, the Agency policy is developed on the use of micrographic and word processing systems and equipment.

Statistical Research and Analysis

During the fiscal year, the Survey of Aging Veterans was completed. This survey provides detailed information on the demographic, socioeconomic, and medical status of veterans 65 years of age and older, and examines the extent to which these veterans expect to use the VA medical care system during the next 10 years. In conjunction with this survey, a series of brief reports are being prepared which will analyze specific topics covered in the survey. In FY 1984 one of these reports, *The Aging Female Veteran*, was prepared for publication.

A contract was awarded to Louis Harris and Associates to conduct the Survey of Female Veterans. The purpose of this survey is to provide information to the VA which can be used to establish baseline data for the current population of female veterans and their knowledge of, attitudes towards, and usage of VA programs. A questionnaire was developed and pretested and in August, the study plan and questionnaire were submitted to the Office of Management and Budget for approval. Interviewing of the nationwide sample of 3,000 female veterans is planned for early in fiscal year 1985 with the final report expected in the middle of the fiscal year.

Other studies were conducted during the year to determine the impact of benefit programs on the veteran population, and veterans' use of VA services. The following information based on the 1980 Census data was developed: semiannual female veteran population estimates by age, state of residence, and period of service as of September 30, 1983. A research monograph was published which traces the growth of the female veteran population by age and period of service

since 1980 and a projection through 2030 including text, tables, and charts. In FY 1984 female veteran population estimates by age, state of residence, and period of service as of March 31, 1984, was prepared and distributed.

A publication entitled, *Data on Female Veterans*, was distributed during the year. It contains a variety of information on four major areas of concern: the population, health care, compensation and pension, and education benefits. This document is of particular importance because it is the first to bring together into a single publication the most critical statistical data covering several different topics of interest on female veterans.

Reporting Policy and Review

The Office of Information Management and Statistics provides the Agency's policy and working-level representatives to OMB on the Federal Assistance Awards Data System. This governmentwide data system provides Federal expenditures data to Members of Congress, to the states, and to the general public. Additionally, these data feed into the congressionally mandated Consolidated Federal Funds Report system.

One of the major missions of this office is to provide timely and useful information concerning various VA activities. Such information often takes the form of publications such as the *Geographic Distribution of VA Expenditures, Data on Vietnam Era Veterans, Trend Data, Directory of VA Facilities, the Administrator's Annual Report, Inventory of Active ADP Systems*, and others. These publications were distributed internally as well as to the Congress and its committees, veterans service organizations, local and state government and the general public.

As in the past, this office continues to serve as the reports processing center for the Agency. This operation provides various services for numerous internal report projects, and helps fulfill VA responsibilities regarding interagency reporting requirements. Recently, service for these reports processing activities was improved with the integration of personal computers into the work place.

A preliminary study for the IMIS (Improved Management Information System) was completed. The preliminary study was the first phase of the system development cycle and included an agencywide assessment of the current AMIS (Automated Management Information System) and the information needs of VA managers. Data for the study were obtained from department and staff office managers in Central Office and a random selection of field facilities through the use of questionnaires, interviews, and field facility visits. The final report included recommendations for the succeeding phases of the system development cycle and enhancements of the current system. The overall objective of the IMIS study is to develop a centralized agencywide information system that will include data from the Agency's major information systems and that will accommodate the information needs of VA managers at all levels of administration.

The AMIS (Automated Management Information System) is used by management officials in Central Office as the primary source of program, budget, and personnel information. Over 3,000 reports are produced by the system, which provides data on virtually every operating element of the VA.

During FY 1984, over 200 Department of Medicine & Surgery reports and approximately 300 budget reports were modified, revised, or created, and another 650 miscellaneous reports were revised. Eight new trend data reports were developed for inpatient and outpatient activities, and complete revisions were made to Audiology and Speech Pathology and Outpatient Health Service Workload reports. Extensive changes were developed for Prosthetic Service reports as well as medical care cost distribution reports.

For the first time, AMIS administrative transactions for the end of the year processing were completed via the Austin network system rather than by manual processes. AMIS staff in the Office of Information Management and Statistics became involved in extensive computer training during FY 1984 in order to be prepared for the increased use of automation technology in managing the AMIS.

Under U.S.C., title 38, the Administrator is authorized to release names and addresses of present or former members of the armed forces and their dependents to nonprofit organizations provided the intended use is directly connected with the conduct of programs and utilization of benefits in title 38. The Office of Information Management and Statistics is the manager of the RONA (Release of Names and Addresses) program. During FY 1984, 169 requests from Federal and state agencies, Members of Congress, veterans service organizations, educational institutions, and private individuals were processed. This office is also responsible for protecting the confidentiality of names and addresses released by the VA and for ensuring that the information is not misused. Several years ago a monitoring program using the names and addresses of VA employees was instituted. A nationwide campaign was conducted in FY 1984 to increase employee participation in the RONA monitor program. As a result, 1,168 VA employees volunteered, representing the 50 states, the District of Columbia, and Manila, and are now participating in the program.

In January 1984, a new numbering system for identification of internal reports was implemented. Existing recurring reports and history files were converted to the new system. A bulletin was published which provides a cross-reference of old and new numbers. The system assures a constant identifier for historical, inventory, and control purposes. The numbering scheme consists of a prefix and a unique four-digit number which always remains the same. The system for nonrecurring reports provides for a sequential number assigned within the calendar year for the requiring office. The implementation of both numbering schemes was preparatory to the project undertaken in late 1984 to automate report history data. The new system will enhance the administration of the Agency reports control program by providing a permanent tracking method for all reports.

A review of the Veterans Administration Tasks and Status under the Paperwork Reduction Act of 1980, Public Law 96-511, was completed in December 1983. The review was conducted to assess the VA's compliance with the requirements imposed by the Act. The review revealed that the VA had already accomplished many of its responsibilities and identified the areas where additional emphasis is necessary. Plans for implementation of the recommendations contained in the review have been developed.

Paperwork Management and Regulations

The Agency maintained an active program to ensure that the record of veterans, beneficiaries, and other individuals were maintained and protected in accordance with the Privacy Act of 1974 and VA confidentiality statutes. During the year the Agency had a total of 57 systems of records subject to the Act. The VA was active in conducting computer matching programs involving records subject to the Act, and was a participant in six programs as a matching agency and 15 as a source agency.

Agreements with the Army Military Review Boards Agency and the Air Force Discharge Review Board were finalized to permit the exchange of records and information needed by the VA to adjudicate benefits claims. The agreements are a culmination of a long series of discussions on how to expedite VA benefits claims when necessary records are being held by the Boards for discharge review hearings.

As the office responsible for appraising the effectiveness and economy of agencywide micrographics applications, the Paperwork Management and Regulations Service approved the procurement of more than $290,000 worth of micrographics equipment and service in FY 1984. Two of the largest agencywide acquisitions included the procurement of a microfilm camera/processor and three reader-printers for the Office of Budget and Finance (Controller) and the procurement of ten state-of-the-art microfilm reader-printers, two readers, and a rotary microfilm camera with accessories for finance activities at the VA Data Processing Center, Austin, Texas.

The VA increased its records holdings in Agency space during FY 1984 for the third time in the past six years. The increase in the active and inactive records holdings is significantly higher when compared to FY 1983 figures. The FY 1984

holdings of 1,894,522 cubic feet represent a 26.7 percent increase, or 400,124 cubic feet, above the FY 1983 figures.

The significant growth rate in the volume of records is primarily due to an increase in the overall records holdings at the VA health care facilities. Several factors contributed to the increase; however, it is mainly the result of the first time inclusion of records maintained by the Outreach Counseling Centers and more patient activities at the health care facilities. The holdings of veterans' medical records increased by 16,861 cubic feet, or 5 percent, over FY 1983 holdings. Clinical x-ray holdings increased by 2.2 percent.

The volume of new records created during the year was 578,115 cubic feet, an increase of 309,152 cubic feet, or 115 percent, over FY 1983 figures. The volume of records destroyed under authority of the NARS (National Archives and Records Service) was 117,673 cubic feet. An additional 60,318 cubic feet were transferred to FARCS (Federal Archives and Records Centers).

During the year the VA maintained an active and aggressive program to relocate and transfer inactive veterans' claims folders from regional offices. A total of nearly 13,000 cubic feet of inactive claims folders (death cases) was transferred to FARCs. An additional 5,888 cubic feet of inactive claims folders were relocated to the VA Records Processing Center. These two initiatives freed filing space equal to almost 2,500 five-drawer file cabinets valued at $501,400, which would have required 17,444 square feet of space valued at over $183,000. A total net cost-avoidance savings of $685,000 resulted from these two initiatives.

The VA initiated other records management projects throughout the year. Approximately 9,200 cubic feet of unscheduled insurance premium record cards were approved by the Archivist of the United States for disposal. Approximately 6,000 cubic feet of these records were housed in FARCs. The VA Regional Office and Insurance Centers disposed of nearly 2,000 cubic feet of similar microform records. A substantive change to the Department of Veterans Benefits records control schedule for field stations was developed and published. Approval was obtained from NARS to automate and then destroy certain claims folders located at the VA Records Processing Center.

The VA is activating some of the latest and most sophisticated equipment in the Federal Government to manage its forms program. This equipment enables forms and form letters to be electronically designed and then printed in final type quality. The VA forms program uses every means available to exercise control over every form and form letter used in the Agency. The goals of the forms management program are to reduce costs, improve service, eliminate nonessential forms and form letters, and design forms considered essential to the VA's goals and mission. All forms and form letters are designed in accordance with generally accepted quality standards. Current savings and improvements have been achieved partly from the assistance of computers and partly from standardization projects and periodic concentrated efforts to reduce the number of forms and form letters in use.

Paperwork Management and Regulations Service again prepared the VA information collection budget required by the Paperwork Reduction Act of 1980, Public Law 96-511. For FY 1984, the VA was able to report a 5 percent reduction in the paperwork burden placed on the public. This year the reporting process was automated with the various reports generated from the Austin, Texas Data Processing Center.

The VA has had an ongoing paperwork burden control program for over a decade. VA's paperwork burden control strategy has been to continue the review process that is currently in effect, using a variety of information management techniques. These include standardization, consolidation, use of modern technology, and data exchange efforts with other government agencies.

As one of the government's major procurement agencies, the VA reduced by 10 percent the burden placed on the public by procurement paperwork requirements. This was accomplished through the elimination of several VA forms and through consolidation and standardization of ordering requirements. This reduction effort will continue into fiscal year 1985 with further implementation of consolidating requirements and planned standardization activities.

The Federal Information Locator System (FILS) was developed as another means, under the Paperwork Reduction Act of 1980, to eliminate the duplication of information collections which seek to obtain information available from another source within the Federal Government. The VA became a user of FILS on June 1, 1984. FILS is an information referral service which will eventually be expanded to include a directory of information resources and a data element dictionary. The FILS steering committee is currently looking at various dictionaries in an effort to determine whether to adopt an existing one or develop its own for this purpose.

Issues which require approval of the Administrator or his staff, such as *Federal Register* notices and certain directives and regulations, are first reviewed and cleared by the Directives Management Division. Issues to be referred are systematically scrutinized to ensure appropriateness of media, formats, and organization; suitability of manuscripts for final review and subsequent reproduction; quality of narrative presentations, style, syntax, logic and simplicity; adequacy of coordination; accuracy and completeness of supporting documents; and adherence to directives management system requirements. In FY 1984, 422 such issues were cleared.

The VA has established an automated regulations systems known as ARMIRS (Agency Regulation Management and Information Retrieval System). This system is designed to be used to process VA regulations. Its data base contains all codified VA regulations (Title 38, Code of Federal Regulations). ARMIRS is on-line and provides browse and print capabilities of the most recent version of Title 38, Code of Federal Regulations, as well as text-editing functions, indexing, cross-referencing, and control of all VA regulations and upcoming revisions. The Departments of Veterans Benefits and Medicine and Surgery, as well as the General Counsel, now have immediate access to the most recent version of any VA regulation published as final in the *Federal Register.*

The employee travel area saw major developments during FY 1984. Plans were finalized for a six-month test, scheduled to begin January 1, 1985, of a new travel and transportation expense payment system at 12 field facilities and VA Central Office. During the test, travelers will use contractor-provided charge cards to cover transportation, subsistence, and other allowable travel and transportation expenses incurred while on official travel. Travel advances will be limited to no more than 45 percent of the anticipated subsistence cost at the test stations.

The VA also began planning for an assessment of the Agency's relocation services needs and the services offered by third-party relocation companies. Public Law 98-151 allows agencies, at their own discretion, to independently contract for home purchase and other relocation services. The study will provide the information necessary for formulation of VA policy in this area of employee travel management.

Associate Deputy Administrator for Logistics

The ADA (Associate Deputy Administrator) for Logistics is responsible for policy-level oversight of the Agency's construction, procurement, supply activities, Central Office administrative support programs, environmental affairs, and small and disadvantaged business utilization. Reporting to the ADA are the Office of Construction, Procurement and Supply, and Administration. The ADA also serves as the Agency's Procurement Executive and Director of the Office of Small and Disadvantaged Business Utilization and Office of Environmental Affairs.

At the direction of the ADA, a number of initiatives were undertaken in FY 1984 to improve the VA's procurement, administrative, and construction programs in

order to enhance program efficiency and cost-effective allocation of budget resources.

Initiatives taken in the area of procurement and supply included the ADA's continued participation in the Executive Committee on Federal Procurement Reforms for the purpose of drafting revised guidance to streamline the Federal procurement process and to make it more cost-effective; implementation of an intensive VA contracting officer training program; award of a contract study of the VA's national contracting and distribution program for medical supplies and nonperishable subsistence; a substantial reduction in investment costs for medical supply inventories in the VA depot system; implementation of a new outreach program for improving access to procurement information for Vietnam era veteran-owned and disabled veteran-owned small businesses; and improvement in identifying and publicizing procurement actions with small and minority business potential.

Office of Administration program initiatives undertaken by the ADA include continued implementation of an agreement with the General Services Administration to assign additional space to assist in the efficient consolidation of the VA's Central Office activities; development of a physical fitness center and enhanced physical fitness program to VACO employees; and completion of a comprehensive capital facility assessment of the VA headquarters building using in-house personnel.

Initiatives undertaken in the VA's construction program included award of a contract to comprehensively study the VA's organization and procedures for constructing health care facilities to seek improved effectiveness and efficiencies; implementation of a number of new procedures to enhance VA medical center participation in the design and construction process; award of contracts to survey the physical plants of VA medical centers to provide a comprehensive, first time overview of the physical plant needs of the Agency's medical facilities; development of a nursing home care unit prototype on a computer-aided design system which will result in significant time and design cost savings as well as the development of additional facility prototypes; initiation of a complete review of the VA's leasing and environmental regulations and policies; oversight over the development and Congressional enactment of the largest construction budget in the VA History (FY 1985); and overall improvement in the management effectiveness and program efficiencies in the Office of Construction through enhanced automated information systems planning.

Office of Administration

The Office of Administration has staff and operational responsibility for the Agency's printing, reproduction and distribution program, and the audiovisual program, exclusive of research and educational activities in health care facilities. The Office also has responsibility for Central Office administrative support programs such as management of real property, supplies, equipment, furniture, and furnishings; receipt, distribution, and dispatch of mail; communications service; records management; and the Presidential Memorial Certificate Program. The Director is the Agency liaison with the Joint Committee on Printing of the U.S. Congress, the National Audiovisuals Center, and the General Services Administration in regard to space acquisition, telephone service, and other general support functions within the Washington metropolitan area.

The VA's printing plant was closed at the end of the fiscal year. Printing formerly accomplished in-house will now be obtained through the Government Printing Office from private-sector vendors.

Presidential Memorial Certificate Program

The Presidential Memorial Certificate Program honors the memory of honorably discharged deceased veterans. Statutory authority for the program is contained in section 112, title 38, U.S.C. President Reagan approved continuation on February 4, 1981. The VA issues to the next of kin certificates which bear the President's signature and express the country's grateful recognition of the

veteran's service in the armed forces. Eligibility for the certificate is determined by the VA when notice of the veteran's death is received and next-of-kin information is available. Certificates may also be issued upon request to other relatives and friends of the deceased veteran.

Over 4.8 million certificates have been issued since the program was initiated in March 1962. The VA issued an average of 1,000 certificates daily for a total of 260,000 during FY 1984.

Audiovisuals

The VA produced four film documentaries during the fiscal year. The film, *America is #1 - Thanks to our Veterans*, documents the 1983 Veterans Day Ceremonies at Arlington National Cemetery. This historical presentation features the Administrator of Veterans Affairs placing the Presidential Wreath at the Tomb of the Unknowns and delivering the Veterans Day Address from the Amphitheater.

The film, *A Conversation with Joe Foss*, presents excerpts from a conversation between General Foss, noted World War II combat flyer, and hospitalized veterans at the VA Medical Center, Washington, D.C. In addition to relating his war experiences, General Foss encourages veterans to raise their self-esteem because of their valuable service to our Nation. Copies were furnished to VA medical centers as an excellent support tool in VA's health care mission.

The film, *Golden Age Games*, documents the VA's 1983 regional athletic competitions among older veteran patients and the physical and therapeutic benefits they receive from these activities. The competitions were held at VA medical centers at Perry Point, Maryland; Danville, Illinois; and Palo Alto, California. The film was selected to receive a Golden Eagle Certificate by the CINE (Counsel on International Non-theatrical Events) and to represent the U.S. in international film festivals. It was also awarded second place in the video category of WAVE (Wes Francis Audiovisual Excellence) contest.

The film, *1984 Music Festival*, featured veteran patients displaying their talents at the President's Entertainment Festival on May 2, 1984, in Washington, D.C. In addition to its therapeutic value, the film attests to the talents of the men and women who have served in the armed forces and will increase public awareness of their abilities.

Two television public service announcements were produced during the fiscal year. *National Salute to Hospitalized Veterans*, featuring actor Harry Morgan, from the television series *M*A*S*H*, invited the public to visit hospitalized veterans during the week of February 14 in support of the VA's Annual National Salute to Hospitalized Veterans. The second spot announcement, *Small Business*, encourages small business owners who are Vietnam era veterans or disabled veterans to seek building and supply contracts with the Veterans Administration.

Office of Construction

The OC (Office of Construction) is responsible for the planning, design, and construction of facilities in which VA benefits are delivered to our Nation's veterans. This responsibility includes the largest medical facility construction program in the Nation, one which has won international recognition, as well as major expansion of the VA national cemetery system to meet the projected demand to the year 2000 and beyond.

For the Department of Medicine and Surgery, in addition to the planning, design, and construction of new facilities, the services offered by OC also include additions, alterations, and major repairs of existing buildings at all VA medical centers, outpatient clinics, domiciliaries, nursing homes, and related facilities.

The OC has supported the DVB (Department of Veterans Benefits) in space acquisition by leasing or renovating present facilities. One of DVB's options may be to reduce the acquisition of leased space by collocating some of their offices in medical center space where feasible.

Services provided by OC for the Department of Memorial Affairs include the acquisition and development of new national cemeteries, as well as planning, design, and construction support in the expansion of existing national cemeteries.

As of the end of FY 1984, projects being administered by the OC in the planning, design, and construction stages totaled more than $11.3 billion.

Obligations for FY 1984 totaled $550 million. Significant projects completed for occupancy or dedicated during FY 1984 include nursing homes at Ann Arbor, Michigan (delegated to the medical center for completion); Coatesville, Pennsylvania; and Wichita, Kansas; and replacement hospitals at Little Rock, Arkansas; and Martinsburg, West Virginia.

The OC is also responsible for real property management for the Agency. This includes the acquisition and disposal of real estate, as well as space management in VA facilities, and GSA (General Services Administration) facilities leased to the VA in either government-owned or government-leased buildings. The OC supports the DVB in this latter role.

Architect-Engineer Contracts

During FY 1984, the OC awarded 81 architect-engineer contracts for projects, with fees totaling $33.7 million. The design services covered by these contracts will translate into approximately $560 million worth of new or improved VA facilities.

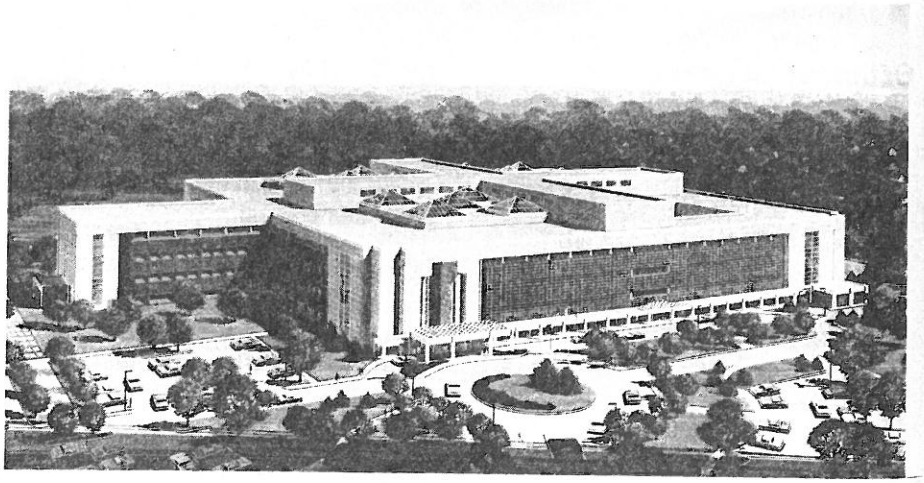
The three largest contracts, worth about $7.4 million, were for projects at Dallas, Texas (preliminary design to construct an eight-story clinical addition and renovate existing space in Building 2 and construct two separate 30-bed spinal cord injury units); Houston, Texas (preliminary design to provide for replacement and modernization of the facility); and a project to develop a nursing home care unit prototype design on a computer-aided design system.

The other 78 contracts ranged in price from $25,000 to $979,697. Seventy of the contracted architect-engineer firms were small businesses, three of which were minority firms.

Construction Contracts

In FY 1984, the OC awarded 28 major construction contracts totaling about $343 million in capital improvements for the VA.

Nine of the contracts, worth about $250 million, and awarded to large business firms, were for projects at the VA medical centers in Biloxi, Mississippi (modernization of buildings); Biloxi, Mississippi, Gulfport Division (modernization of buildings); Chicago, Illinois (outpatient addition and renovation); Fargo, North



845-bed replacement hospital - Minneapolis MN

Dakota (addition for clinical improvements); and Hampton, Virginia (200-bed domiciliary); also, two contracts at Minneapolis, Minnesota (one for the combined energy center maintenance building phase and complete hospital phase; and the other for foundation and framework); Pittsburgh, Pennsylvania (clinical education and outpatient addition); and Sioux Falls, South Dakota (addition and renovation for ambulatory care). Two of these contracts, at Chicago and Pittsburgh, were designated as labor surplus area set-asides.

The other 19 contracts, totaling $93 million, were awarded to small business firms. Three, with a value of $19 million, were awarded to small firms in direct competition with large firms; ten were small business set-asides worth over $50 million; and six, for about $24 million, were negotiated with disadvantaged firms under section 8(a) of the Small Business Act. Four of the 19 contracts were designated for firms in labor surplus areas.

Real Estate and Space Management

During FY 1984, the OC completed land acquisitions that will permit the expansion of the Lebanon National Cemetery, Kentucky; the establishment of national cemeteries at Ft. Richardson, Alaska, and Ft. Mitchell, Alabama; and a new outpatient clinic in Los Angeles, California. In addition, 202 outgrants were issued in the form of leases, licenses, permits, agreements, and easements authorizing non-VA use of real property. Frequently this allows improvements to public utilities that directly benefit the operations of a VA medical center to national cemetery.

Another major development was the complete revision of the OC's automated data base on real property holdings to include many new data elements and permit the updating and reporting of these data on a quarterly basis. This information will be used to improve responses to Congressional and other inquiries concerning the VA's use of its real property holdings.

An interagency Memorandum of Understanding implementing the delegation of authority from the GSA to the Administrator of Veterans Affairs to lease medical space on a long-term (20 years) basis went into effect in FY 1984. This will enable the VA to expedite acquisitions and improve management of leased space. This authority has already been used to extend leases and relocate outpatient clinics in Chattanooga, Tennessee; Los Angeles, California; Greenville, South Carolina; and Portland, Oregon. New clinic space was solicited for Pensacola, Florida; and Daytona Beach, Florida.

The OC verified and approved for payment $63.4 million for the rental of 7.7 million square feet of space leased through GSA and $12.3 million for almost 1.7 million square feet leased directly by the VA.

Administrative improvements in the area of space management include the following: the development of a RFP (Request for Proposal) to replace GSA's Solicitation for Offers to comply with the Federal Acquisition Regulations; revision of VA policy on space management to improve management and accountability of leased space; and development of procurement procedures for space leased by field or Central Office contracting officers.

The VA also continued to improve its accomplishments in the area of employee ridesharing. As the only Executive Agency to receive the Exemplary Ridesharing Award from GSA in FY 1983, the VA increased its participation rate from 33 to 36 percent.

Barrier-Free Design

Accessibility of all VA facilities to the disabled continues to be a major objective of the OC. All new construction and renovation projects reflect barrier-free design. During FY 1984, the VA established priorities for 38 projects at a cost of approximately $5 million to correct deficiencies.

Another accomplishment was the publication by the OC of a Barrier-Free Design Handbook, containing a checklist for barrier-free design. The handbook is intended as

a guide for VA personnel, as well as private architect-engineer firms involved in the construction and renovation of VA facilities. It will ensure compliance with Federal and VA accessibility requirements.

Capital Facilities Study

The capital facilities study is a comprehensive technical evaluation of approximately 135 VA facilities built prior to 1970. This initiative marks the first time that the VA has conducted a centrally directed total assessment of its facilities.

During FY 1984, contracts were awarded to 18 architect-engineer firms to undertake these reviews. The OC will use this information to determine the deficiencies of the physical plant in meeting present occupancy requirements based on current codes and standards. Estimates will be made for correcting these deficiencies, and the data base will provide a tool for each facility to use in preparing capital improvement proposals. The study results will also improve short and long-term planning, budgeting, and decisionmaking with both the medical center and VA Central Office staffs.

To deal with the amount of information generated by the studies, the OC provided for the computerization of the data collection. The final report, which is expected in late 1985 or early 1986, will provide paper copies of an executive summary and backup data on tape.

Energy Engineering

The energy aspects of new construction will continue to be addressed in a cost-effective manner through the use of renewable energy sources and the efficient use of nonrenewable sources. To ensure that the economics of potential energy conservation and renewable energy investments in new VA construction are properly addressed, they are evaluated using methods and procedures mandated by the National Energy Conservation Policy Act. Only those alternatives which result in superior life-cycle cost analysis are adopted.

The average energy consumption for projects awarded during FY 1984 was reduced approximately 48 percent compared to consumption for similar buildings in 1975. This reduction was calculated based on computer simulations of the design of these facilities using 1975 criteria standards and practices. This reduction can be expected to change each year depending on the type of facilities and their geographical locations, and is in response to Executive Order 12003, which requires a 45 percent reduction in design energy usage by 1985. The VA fully expects to continue meeting these goals, as the Agency's program to date clearly demonstrates.

State Veterans' Home

The OC provides technical assistance to the Department of Medicine and Surgery for state domiciliary, nursing home, and hospital facilities in 33 states. During FY 1984, five awards, totaling $13.1 million, were made for state home projects. New requests from eight states, totaling $23.1 million, were reviewed. Grant requests for 46 projects estimated at $71.4 million are being held pending Federal funding in future years.

Cost Estimating

The OC is establishing a methodology to determine the cost of the various functional departments of a facility (e.g., surgery, radiology, administration, etc.) as well as for the complete facility. A project was started in FY 1984 that will enable the estimators to better predict the cost of each department based on net square feet. This will provide a valuable tool for planners and decisionmakers to use in the early stages of project development.

Value Engineering

Value engineering is a creative effort to remove anything that adds cost to an item but does not add to the required function. Value engineering in the VA construction program is applied in several ways. A system study is made during the preparation of preliminary drawings by the OC staff, value engineering consultants, or construction consultants. In a final effort to reduce possible unnecessary costs in design, the construction contractor also is invited to submit

value engineering change proposals through the incentive clause which is included in all construction contracts.

During FY 1984, the OC's value engineering efforts were responsible for construction cost savings of $7.6 million. Of this total, two projects accounted for almost $5 million. These projects were in Grand Junction, Colorado (outpatient and clinical addition), and in Houston, Texas (replacement hospital).

Asbestos Abatement

Prior to the discovery that asbestos poses serious health hazards to human beings, asbestos was a material commonly used in building construction, including VA facilities. In the process of renovating these buildings, the OC ensures that the latest state-of-the-art methods are used to minimize the exposure of patients, employees, visitors, and workers to the airborne asbestos fibers. On every project involving asbestos abatement, the OC retains a certified industrial hygienist to assist during both preliminary and working drawing design. If asbestos removal is necessary, separate working drawings show what must be removed. The industrial hygienist will monitor the abatement work during the removal project.

Construction Research and Development

The OC research and development program covers architectural and engineering projects in health care building technology. The primary purpose of this program is to improve the quality, safety, and cost efficiency of VA facilities. The results of these efforts also are incorporated into national building codes and design manuals used throughout the Nation in public and private sectors.

During FY 1984, a major project initiated was the development of a computer-aided design system for VA nursing homes. An architect-engineer firm, using VA prototype nursing home floor plan layouts, is developing a system that can be utilized to site adapt the prototype drawings for future facilities. This approach permits the VA to take advantage of the benefits of prototyping while allowing necessary site changes to be readily accommodated. This endeavor is being funded from the research and development program.

Construction Status 1984

Description	Total		Completed		Under Construction		Authorized but not Under Construction	
	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost(millions)	Number	Estimated Construction Cost(millions)	Number	Estimated Construction Cost(millions)
Totals	819	$2,319.0	180	$306.4	382	$1,612.5	157	$400.2
Replacement and relocation hospitals	7	864.5	1	131.9	6	732.8	0	-0-
Modernizations	10	316.6	1	5.2	9	311.3	0	-0-
Cemeteries	31	24.2	7	7.3	8	5.7	16	11.2
Nursing home care units	24	154.4	3	15.3	15	88.3	6	50.8
Domiciliaries	2	15.7	0	-0-	2	15.7	0	-0-
Research and education	15	22.6	2	2.4	8	14.0	5	6.2
Other improvements	730	921.0	166	144.5	334	444.6	230	332.0
Air conditioning	1	1.3	1	1.3	0	-0-	0	-0-
Other	729	919.7	165	143.1	334	444.6	230	332.0

NOTE: Totals may not add due to rounding.

Other projects underway during this period included the following:

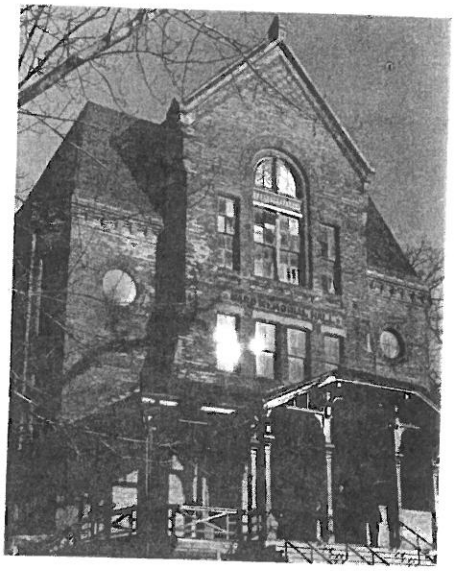
- The continuation of a study of the VA's standards, specifications, and technical requirements in an effort to reduce VA construction costs.
- Hot water metering to determine the basis of design.
- A study by the National Institute of Building Science to develop guidelines for startup, operation, and maintenance of energy-conserving building service equipment.
- National Bureau of Standards testing in the areas of fire resistance and smoke control systems.

- The design of an innovative environmental data gathering system for a research room for animals at the VA Medical Center, Memphis, Tennessee.

- The use of performance documents in lieu of prescriptive specifications in the construction of a 120-bed nursing home facility to evaluate and improve the VA's design and construction requirements.

VA Historic Properties

The VA holds one of the larger inventories of historic properties owned by Federal agencies. These range from a .03-acre national cemetery on the grounds of VA Medical Center, Hampton, Virginia, to the 11 former National Military Homes. The National Memorial Cemetery of the Pacific is one of the top tourist attractions in Hawaii.



Ward Memorial Hall, VA Medical Center, Ward Wisconsin

During FY 1984, three more VA properties were listed on the National Register of Historic Places. These were the VA Medical Center, Albuquerque, New Mexico, the Puerto Rico National Cemetery in Bayamon, Puerto Rico, and the Balls Bluff National Cemetery in Leesburg, Virginia. This brings the total VA properties listed on the National Register to 29 and those eligible to 129.

Historic properties must be given special consideration in VA planning to comply with both Federal historic preservation and archeology laws. The major activities during FY 1984 have been directed toward new initiatives to improve the VA historic preservation program. These initiatives included the following:

- The first direct contract award for an archeological survey at VA Medical Center, Prescott, Arizona. Under a new agreement with the Department of Labor, the VA will award and supervise survey contracts.

- An agreement with the Advisory Council on Historic Preservation which ensures that the same individual, the senior architect on the Council's staff, will review all VA projects affecting architecturally important historic properties. This will permit consistency in reviews and will expedite the process.

- Negotiations to permit a private nonprofit foundation to use historic Ward Memorial Hall at VA Medical Center, Wood, Wisconsin. The foundation is initiating a fund-raising campaign to restore the theater. This innovative Federal-private sector effort is significant because it is a nonprofit venture based on restoring an important historic resource to its former role of service to the larger community.

Office of Procurement and Supply

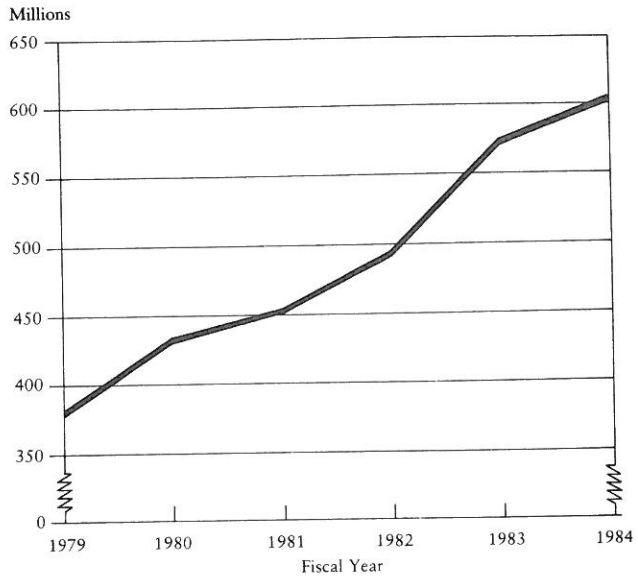
The VA supply program renders supply support to the largest health care system in the free world. In FY 1984, expenditures for supplies, equipment, and services were $2.2 billion.

The Office of Procurement and Supply manages the operation of a self-sustaining revolving supply fund that finances both depot and medical center inventories. It also finances direct delivery purchases, and the costs of the three depots and a marketing center. In FY 1984 these operating costs were less than 4 percent of the fund's total obligation figure. Supply Fund sales in FY 1984 were $600 million. Yearly sales from 1979 through 1984 are shown on the chart.

The VA Marketing Center is responsible for the acquisition of medical material under the VA centralized management system. Approximately 55 percent of the items stocked by the supply fund were purchased centrally at volume discounts and achieved savings of $117 million for the various appropriations. The Marketing Center also prepares national contracts which are used by the medical centers and other Government agencies to realize further savings. In total, the Marketing Center participated in procurements of $947 million, resulting in annual savings of $257 million to users.

During FY 1984, contracts for more than $90 million were solicited and awarded for automatic data processing equipment. These procurement actions represent a

SUPPLY FUND SALES



marked increase of procurement activity in the field of automation. The Procurement Service anticipates similar or increased contracting requirements for FY 1985 as the VA moves forward in the ever-changing high technology field of automation.

The VA's equipment assets increased 12 percent in FY 1984 to $2 billion. This increase over 1983 in acquisition value of $214 million reflects continued requirements for state-of-the-art equipment and activation of new facilities.

VA Equipment Assets
September 30, 1984

Equipment on Hand	Value (Millions)	Percent of Total
Lab	$336	16.8
Dietetic, housekeeping, and laundry	111	5.5
X-ray	438	21.8
Hospital furnishings and equipment	176	8.8
Medical, surgical, dental, and optical	380	19.0
Office machines	99	4.9
Furniture	19	0.9
Motor vehicles, tractors, material handling, and firefighting	57	2.8
Communications	111	5.5
Musical instruments, recreational, and athletic equipment	19	0.9
Maintenance and repair—tools and hardware	7	0.3
Refrigeration	23	1.1
ADP equipment	131	6.5
All other	98	4.9
Total	$2,005	100.0

The VA remains a leader among Government agencies in the reclamation of precious metals. Through an effective recovery program the VA saves money and conserves valuable natural resources. Silver is reclaimed from X-ray processing solutions and scrap medical X-ray film from all VA medical centers. In addition, gold and other precious metals are recovered from VA dental clinics and laboratories. During FY 1984 the VA received almost $2.3 million through the sale of these items. Proceeds from such sales are used to reduce the cost of supplies purchased by the medical centers.

The VA/DOD (Department of Defense) shared procurement program for medical products has resulted in joint usage of 322 contracts with a value of $338 million. This program, which is directed toward the reduction of duplication in medical products, has resulted in cost avoidance of approximately $65 million to date. During the past year, the VA and DOD expanded the program to include requirements of the PHS (Public Health Service). This is another significant step toward the elimination of duplicate contracting for medical items. The inclusion of the PHS requirements will increase the dollar value of shared procurement contracts by approximately $50 million.

In January 1984, the Office of Procurement and Supply assumed responsibility from the General Services Administration for administering contracts associated with the VA data transmission system. The system, formerly known as the advanced record system, is provided by three separate contracts. One contract is for the telecommunications network lines which transmit the information from one point to another. The second contract is for equipment at the two message switching centers at Romney, West Virginia, and Austin, Texas, and the third is for terminal systems located at VA facilities. The VA recently completed negotiations with Western Union, the contractor providing the equipment and service at the message switching centers, to purchase the equipment that had been leased. The savings resulting from the "buyout" are conservatively estimated at $6 million. Reprocurement of the maintenance and other services and equipment has begun, and it is estimated that this process will take approximately three years.

The Office of Procurement and Supply received authority from the General Services Administration in FY 1983 to procure, competitively, complete computer systems for 164 VA field facilities. These systems include central processing units, printers, terminals, video display terminals, and communication devices. The original systems have been expanded through the execution of contractual options to allow for additional and improved processing capacity. These systems are the first step in implementing the Department of Medicine and Surgery's DHCP (Decentralized Hospital Computer Program). This program is intended to provide data processing support for key operational functions in VA medical centers with a single VA patient data base which can be accessed by all system users. All of the contracts associated with the DHCP have a seven-year systems life with options for maintenance service after the warranty period expires. Contractual support for this program will continue throughout the life of the contracts.

Office of Small and Disadvantaged Business Utilization

The Office of Small and Disadvantaged Business Utilization is the Agency's advocate for the participation of small businesses, minority businesses, and female-owned businesses in VA contracts. The office provides support and assistance in stimulating and coordinating VA programs for small and disadvantaged businesses, as directed by statutes and executive orders establishing preferential procurement programs. The office ascertains the effectiveness of current policy, procedures, and plans for application throughout the VA in promoting these programs and advises and assists procurement activities in identifying suppliers.

The office has responsibility for the VA's new programs for increasing awareness of VA contracting opportunities among small business owners who are Vietnam era veterans or disabled veterans. Under the program, VA procurement activities around the country will engage in outreach activities for locating these firms and keeping them informed of upcoming business opportunities.

A new initiative has been developed to promote participation by minority architect-engineer firms in VA contracts for architect-engineer services; such services form the basis of a professional service industry in which minority firms traditionally have had limited involvement. Under this new program the first of its kind in a Federal agency, selected medical design contracts for VA major construction projects are reserved for competition among minority architect-engineer companies. In the first year minority firms were selected for projects at Coatesville, Pennsylvania; St. Louis, Missouri; Hampton, Virginia; Kerrville, Texas; and San Juan, Puerto Rico.

Statistical Appendix

	Page No.	Table No.	
Veteran Population	163	1	Estimated Number, State, Period of Service
	164	2	Estimated Number, Regional Office, Period of Service
	165	3	Estimated Age, Period of Service
Health Care	166	4	Hospital and Extended Care: Average Daily Census
	166	5	Hospital and Extended Care: Admissions
	166	6	Hospital and Extended Care: Average Operating Beds
	167	7	Hospital and Extended Care: Patients Remaining (On Rolls) at End of Period
	167	8	Hospital and Extended Care: Total Discharges
	167	9	Hospital and Extended Care: Patients Treated
	168	10	Inpatient and Ambulatory Care: Program Summary
	174	11	Actions on Applications for Medical Care
	174	12	Total Health Care: Obligations by Program and Appropriation
	175	13	VA and Non-VA Facilities: Average Obligations
Inpatient Care	176	14	VA Medical Centers-Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges and Deaths, and Remaining by Type of Hospital and Bed Section
	177	15	VA Medical Centers-Hospital Care Component and Non-VA Hospitals: Patient Movement by Type of Bed Section and by Type of Hospital
	178	16	VA Medical Centers-Hospital Care Component: Selected Data
	181	17	Non-VA Hospitals: Selected Data
	183	18	VA Medical Centers-Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence- September 30, 1984
	184	19	VA Medical Centers-Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group- September 30, 1984
	188	20	VA Medical Centers-Hospital Care Component: Patients Remaining, Percent by Attained Stay, Diagnostic Group-September 30, 1984
	189	21	VA Medical Centers-Hospital Care Component: Patients Remaining, Age, Diagnostic Group-September 30, 1984
	190	22	VA Medical Centers-Hospital Care Component: Patients Remaining, Age, by State-September 30, 1984
	193	23	VA Medical Centers-Hospital Care Component: Patients Discharged, Disposition, Diagnostic Group
	194	24	VA Medical Centers-Hospital Care Component: Patients Discharged, Age, Diagnostic Group
	198	25	VA Medical Centers-Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay
	200	26	VA Medical Centers-Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group

Statistical Tables—*Continued*

	Page No.	Table No.	
	201	27	VA Medical Centers-Hospital Care Component: Patients Remaining, Compensation and Pension Status, Type of Patient, Age- September 30, 1984
	202	28	VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age
	203	29	VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex
	204	30	VA Medical Centers-Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence
	205	31	VA Medical Centers-Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay
	210	32	VA Medical Centers-Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service
	211	33	Surgical Procedures Performed in VA Medical Centers-Hospital Care Component by Hospital Affiliation
	213	34	Operating Costs of VA Inpatient Facilities
Extended Care	213	35	VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement
	214	36	State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement
	214	37	VA Medical Centers-Domiciliary Care Component: Selected Data
	215	38	VA Medical Centers-Nursing Home Care Component: Selected Data
	217	39	Community Nursing Homes: Selected Data
	220	40	State Domiciliary Homes: Selected Data
	220	41	State Home Hospitals: Selected Data
	221	42	State Nursing Care Homes: Selected Data
Ambulatory Care	222	43	Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-for-Service Basis
Pharmacy	222	44	Pharmacy Activity
Construction	223	45	Replacement and Relocation Hospital Construction Projects
	223	46	Modernization Construction Projects
	224	47	Nursing Home Care Units Construction Projects
	224	48	Research and Education Construction Projects
	225	49	Other Improvement Construction Projects
	230	50	National Cemetery Projects
	230	51	Domiciliary Construction Projects
Guardianship and Veterans Assistance	231	52	Incompetent and Minor Beneficiaries Served
National Cemetery System	232	53	National Cemeteries: Location, Interments, and Status of Gravesites
Compensation and Pension	234	54	Disability, Death: Number of Cases, Expenditures by Period of Service
	235	55	Disability Cases: by Age Group, by Period of Service

Statistical Tables—*Continued*

	Page No.	Table No.	
	236	56	Reasons for Termination of Disability and Death Awards, by Period of Service
	237	57	Veterans Receiving Disability Compensation or Pension Compared with Estimated Veteran Population by Period of Service
	237	58	Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence
	237	59	Death Benefit Cases (Compensation, Dependency & Indemnity Compensation or Pension) Compared to the Number of Deceased Veterans Who Participated in Each Period of Service
Compensation	238	60	Disability: Class of Dependent, Period of Service
	239	61	Death: Class of Beneficiary, Period of Service
	240	62	Disability: Degree of Impairment, Type of Major Disability, Period of Service
Pension	242	63	Disabilty: Type of Major Disability and Pension by Period of Service
	242	64	Death: Class of Beneficiary, Period of Service
Educational Assistance	243	65	Persons in Training by Program and Period of Service During Last Five Fiscal Years
Housing Assistance	244	66	Guaranteed or Insured Loans, Direct Loans, and Property Management
Insurance	244	67	VA Administered Insurance Programs-Assets and Liabilities
	245	68	Summary of Operations (Accrual Basis)
	245	69	Insurance in Force
	246	70	Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)
Employment	246	71	Employment: Full, Part-time and Intermittent by Facility Type
	246	72	Employment: Full, Part-time and Intermittent by Pay System
	247	73	Employment: Sex and Veteran Preference
	247	74	Employment: Minority Groups by Grade Full-time and Part-time with Permanent Appointments
	247	75	Employment of Women by Pay Category Full-time, Part-time and Intermittent
Fiscal	248	76	Appropriations, Expenditures, and Balances-Cash Basis
	249	77	Comparative Consolidated Balance Sheet
	250	78	Supply Fund Comparative Balance Sheet
	250	79	Supply Fund-Statement of Income and Expense
	251	80	Gross Expenditures
	253	81	Estimated Selected Expenditures by State

Estimated Number, State, Period of Service—September 30, 1984

(In Thousands)

State	Total Veterans	Veterans per 1,000 Civilian Population [1]	Wartime Veterans							Peacetime Veterans			
			Total [2]	Vietnam Era		Korean Conflict		World War II [4]	World War I	Total	Post-Vietnam Era [5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [6]
				Total [3]	No Service in Korean Conflict	Total [3 4]	No Service in World War II						
Total	28,027#	(x)	22,782#	8,263	7,616	5,237	4,215	10,700	250	5,245	1,803	3,037	405
State Total	27,899	120.1	22,681	8,226	7,581	5,200	4,182	10,669	249	5,219	1,790	3,025	404
Alabama	437	111.0	349	130	115	89	70	160	3	88	35	46	8
Alaska	48	106.1	38	22	21	8	7	10	([7])	11	4	6	([7])
Arizona	388	132.3	318	121	106	73	53	155	4	71	27	38	5
Arkansas	271	117.1	220	79	70	50	38	109	3	52	19	28	5
California	2,952	118.6	2,410	917	829	598	441	1,114	25	542	181	313	48
Colorado	399	128.8	322	149	133	78	60	126	3	77	28	45	4
Connecticut	406	130.1	334	104	99	77	65	167	4	72	20	47	5
Delaware	76	127.1	62	22	20	14	12	30	1	14	5	8	1
District of Columbia	63	101.6	51	17	15	13	10	25	1	12	5	6	1
Florida	1,413	133.5	1,177	384	322	274	186	649	19	236	86	122	28
Georgia	633	111.8	505	220	195	123	95	212	3	128	50	68	10
Hawaii	97	100.1	78	34	30	21	16	32	([7])	19	7	10	1
Idaho	122	124.1	98	41	38	21	17	42	1	24	8	14	1
Illinois	1,319	115.2	1,072	357	345	233	204	512	12	246	76	151	18
Indiana	672	122.8	539	194	187	120	104	242	6	133	47	77	9
Iowa	349	120.3	288	102	99	63	56	128	5	62	20	37	4
Kansas	295	123.1	242	88	81	54	44	113	4	53	18	31	3
Kentucky	402	109.2	327	118	110	72	61	152	4	75	25	43	6
Louisiana	450	102.0	359	142	130	79	63	162	3	90	35	48	8
Maine	153	134.5	125	46	42	29	23	57	2	28	10	16	1
Maryland	535	125.9	433	165	148	109	84	198	3	102	35	60	7
Massachusetts	704	122.4	579	172	163	130	107	302	8	125	39	77	8
Michigan	1,102	121.6	889	323	313	188	167	400	9	213	73	125	15
Minnesota	518	125.1	419	159	154	92	80	178	6	99	32	62	5
Mississippi	244	95.0	196	66	58	49	38	98	2	48	18	25	5
Missouri	642	130.0	522	185	173	121	100	243	7	120	43	68	9
Montana	107	131.8	87	35	33	18	15	37	1	20	7	13	1
Nebraska	188	118.5	153	56	53	36	31	67	2	35	12	21	2
Nevada	140	158.9	113	47	41	30	22	50	([7])	27	8	17	2
New Hampshire	138	145.1	112	44	41	26	21	50	1	26	9	16	1
New Jersey	908	122.0	744	215	204	170	145	387	8	164	45	105	14
New Mexico	162	117.3	131	55	49	31	23	58	1	32	14	16	2
New York	1,896	107.5	1,544	442	429	334	295	801	19	352	114	207	31
North Carolina	657	109.9	533	203	182	126	102	244	4	124	45	68	10
North Dakota	68	101.3	54	21	21	12	11	22	1	14	5	8	1
Ohio	1,364	127.0	1,104	380	365	234	204	524	11	260	91	151	18
Oklahoma	396	121.3	324	128	117	75	57	146	4	72	25	41	6
Oregon	402	151.3	327	137	130	65	51	142	4	75	26	44	5
Pennsylvania	1,571	132.2	1,288	392	376	275	234	665	13	283	87	175	21
Rhode Island	124	130.7	103	33	30	23	18	54	1	21	7	12	2
South Carolina	350	109.5	280	116	100	69	52	126	2	70	28	36	6
South Dakota	79	113.8	64	22	21	16	14	28	1	15	6	9	1
Tennessee	544	116.6	438	170	156	98	81	197	4	105	38	59	9
Texas	1,734	111.3	1,398	586	523	327	249	613	12	336	125	185	26
Utah	155	95.9	127	51	48	28	23	54	1	28	9	17	1
Vermont	64	122.2	51	20	19	12	10	22	1	13	5	8	1
Virginia	655	121.7	536	227	191	144	102	239	4	119	42	67	10
Washington	631	148.8	512	230	207	121	89	210	5	119	40	71	8
West Virginia	242	123.0	197	72	67	42	35	93	2	45	15	26	4
Wisconsin	569	119.7	455	163	158	99	88	202	7	114	35	72	7
Wyoming	68	132.5	55	27	26	11	10	19	1	13	5	8	([7])
Puerto Rico	127	(x)	101	37	35	37	33	31	1	27	13	12	1

NOTE: These estimates have been developed from "benchmark" veteran population statistics for the states as of April 1, 1980, based on 1980 Decennial Census data on veterans' place of residence. They are independent of, and therefore not directly comparable with, estimates previously published. (Refer to the general note below table 3.) Excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only.

Detail may not add to total due to rounding.

See footnotes at end of table 3.

Estimated Number, Regional Office, Period of Service—September 30, 1984

(In Thousands)

Regional Office		Total Veterans	Wartime Veterans							Peacetime Veterans			
			Total [2]	Vietnam Era		Korean Conflict		World War II [4]	World War I	Total	Post-Vietnam Era [5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [6]
				Total [3]	No Service in Korean Conflict	Total [3 4]	No Service in World War II						
Total		28,027#	22,782#	8,263	7,616	5,237	4,215	10,700	250	5,245	1,803	3,037	405
Alabama	Montgomery	437	349	130	115	89	70	160	3	88	35	46	8
Alaska	Anchorage	48	38	22	21	8	7	10	([7])	11	4	6	([7])
Arizona	Phoenix	388	318	121	106	73	53	155	4	71	27	38	5
Arkansas	Little Rock	276	223	80	71	51	38	111	3	53	19	29	5
California	Los Angeles	1,387	1,128	403	376	273	213	528	11	259	83	151	24
	San Diego	354	294	129	106	81	48	137	4	60	25	30	6
	San Francisco	1,205	983	383	345	243	179	448	10	222	73	131	18
Colorado	Denver	399	322	149	133	78	60	126	3	77	28	45	4
Connecticut	Hartford	406	334	104	99	77	65	167	4	72	20	47	5
Delaware	Wilmington	76	62	22	20	14	12	30	1	14	5	8	1
District of Columbia	Washington	352	289	120	101	83	57	129	2	63	21	38	4
Florida	St. Petersburg	1,413	1,177	384	322	274	186	649	19	236	86	122	28
Georgia	Atlanta	633	505	220	195	123	95	212	3	128	50	68	10
Hawaii	Honolulu	97	78	34	30	21	16	32	([7])	19	7	10	1
Idaho	Boise	122	98	41	38	21	17	42	1	24	8	14	1
Illinois	Chicago	1,319	1,072	357	345	233	204	512	12	246	76	151	18
Indiana	Indianapolis	652	539	194	187	120	104	242	6	133	47	77	9
Iowa	Des Moines	349	288	102	99	63	56	128	5	62	20	37	4
Kansas	Wichita	295	242	88	81	54	44	113	4	53	18	31	3
Kentucky	Louisville	402	327	118	110	72	61	152	4	75	25	43	6
Louisiana	New Orleans	450	359	142	130	79	63	162	3	90	35	48	8
Maine	Togus	153	125	46	42	29	23	57	2	28	10	16	1
Maryland	Baltimore	375	303	113	103	73	58	141	2	71	25	41	5
Massachusetts	Boston	622	511	151	144	115	95	266	7	111	35	68	7
Michigan	Detroit	1,102	889	323	313	188	167	400	9	213	73	125	15
Minnesota	St. Paul	485	392	149	145	86	75	166	5	93	30	58	5
Mississippi	Jackson	244	196	66	58	49	38	98	2	48	18	25	5
Missouri	St. Louis	642	522	185	173	121	100	243	7	120	43	68	9
Montana	Ft. Harrison	107	87	35	33	18	15	37	1	20	7	13	1
Nebraska	Lincoln	188	153	56	53	36	31	67	2	35	12	21	2
Nevada	Reno	145	118	48	42	31	23	52	([7])	28	8	18	2
New Hampshire	Manchester	138	112	44	41	26	21	50	1	26	9	16	1
New Jersey	Newark	908	744	215	204	170	145	387	8	164	45	105	14
New Mexico	Albuquerque	162	131	55	49	31	23	58	1	32	14	16	2
New York	Buffalo	548	445	142	137	97	85	218	5	103	36	59	8
	New York	1,348	1,099	300	292	237	210	583	14	249	78	148	23
North Carolina	Winston-Salem	657	533	203	182	126	102	244	4	124	45	68	10
North Dakota	Fargo	101	81	31	30	18	16	34	2	20	7	12	1
Ohio	Cleveland	1,364	1,104	380	365	234	204	524	11	260	91	151	18
Oklahoma	Muskogee	396	324	128	117	75	57	146	4	72	25	41	6
Oregon	Portland	402	327	137	130	65	51	142	4	75	26	44	5
Pennsylvania	Philadelphia	987	805	248	236	176	148	413	8	181	56	112	13
	Pittsburgh	609	503	151	146	104	90	262	5	106	32	66	8
Puerto Rico	San Juan[8]	127	101	37	35	37	33	31	1	27	13	12	1
Rhode Island	Providence	206	171	54	49	38	30	90	2	35	11	20	3
South Carolina	Columbia	350	280	116	100	69	52	126	2	70	28	36	6
South Dakota	Sioux Falls	79	64	22	21	16	14	28	1	15	6	9	1
Tennessee	Nashville	544	438	170	156	98	81	197	4	105	38	59	9
Texas	Houston	793	639	275	249	148	113	271	5	155	57	85	12
	Waco	936	756	310	273	178	135	340	7	181	68	99	13
Utah	Salt Lake City	155	127	51	48	28	23	54	1	28	9	17	1
Vermont	White River Junction	64	51	20	19	12	10	22	1	13	5	8	1
Virginia	Roanoke	526	427	176	151	109	81	192	3	98	36	54	9
Washington	Seattle	631	512	230	207	121	89	210	5	119	40	71	8
West Virginia	Huntington	217	176	65	61	38	31	83	2	41	14	23	4
Wisconsin	Milwaukee	569	455	163	158	99	88	202	7	114	35	72	7
Wyoming	Cheyenne	68	55	27	26	11	10	19	1	13	5	8	([7])

NOTE: For all regional offices whose jurisdiction includes only part of a state or extends into another state, the estimates of veterans are computed by applying the most recent veteran population ratio factors for the counties or urban places involved. Refer to the general note below table 1. Detail may not add to total due to rounding.

See footnotes at end of table 3.

Estimated Age, Period of Service—September 30, 1984

(In Thousands)

Age	Total Veterans	Wartime Veterans							Peacetime Veterans			
		Total [2]	Vietnam Era		Korean Conflict		World War II [4]	World War I	Total	Post-Vietnam Era [5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [6]
			Total [3]	No Service in Korean Conflict	Total [3 4]	No Service in World War II						
All Ages	28,027#	22,782#	8,263	7,616	5,237	4,215	10,700	250	5,245	1,803	3,037	405
Under 20 years	1	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....
20-24 years	445	.....	.....	.....	.....	.....	.....	.....	445	445	.....	.....
25-29 years	1,419	470	470	470	.....	.....	.....	.....	949	949	.....	.....
30-34 years	2,041	1,749	1,749	1,749	.....	.....	.....	.....	292	292	.....	.....
35-39 years	3,515	3,381	3,381	3,381	.....	.....	.....	.....	135	63	72	.....
40-44 years	2,574	1,571	1,571	1,571	.....	.....	.....	.....	1,003	26	977	.....
45-49 years	2,537	956	431	351	605	605	.....	.....	1,581	18	1,556	8
50-54 years	3,300	2,823	293	68	2,684	2,646	109	.....	477	8	386	83
55-59 years	3,734	3,627	186	19	1,265	885	2,723	.....	107	1	32	74
60-64 years	3,863	3,819	108	6	371	45	3,768	.....	44	.....	7	37
65-69 years	2,460	2,414	52	1	194	18	2,396	.....	46	.....	4	42
70-74 years	1,132	1,077	16	([7])	75	9	1,067	.....	55	.....	2	53
75-79 years	542	490	5	([7])	31	5	485	.....	52	.....	1	51
80-84 years	200	159	1	.....	10	2	118	39	41	.....	1	41
85 years and over	264	246	([7])	.....	3	1	34	211	18	.....	([7])	18
Median age[9]	52.3	55.7	37.7	37.3	53.9	53.0	63.3	88.3	44.3	27.1	46.4	65.2

NOTE: These veteran population estimates reflect all final 1980 Decennial Census data on veterans, and include only those veterans living in the U.S. and Puerto Rico. Estimates of veterans living in other areas outside the U.S. will no longer be made due to insufficient data. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total due to rounding.

[1] *Based on provisional civilian population estimates for July 1, 1983, provided by the U.S. Department of Commerce, Bureau of the Census.*

[2] *Veterans who served in both World War II and the Korean conflict, or in both the Korean conflict and the Vietnam era, are counted only once.*

[3] *Includes 647 (thousand) who served in both the Korean conflict and the Vietnam era.*

[4] *Includes 1,022 (thousand) who served in both World War II and the Korean conflict.*

[5] *Service only after May 7, 1975.*

[6] *Includes those who served only between World War I and World War II, and those who served only between World War II and the Korean conflict.*

[7] *Less than 0.5 (thousand).*

[8] *Includes veterans living in Puerto Rico only.*

[9] *Computed from data by single year of age.*

 # There are also 21 living Spanish-American War veterans whose median age is 102 years, and 80 living veterans from the Mexican Border Service.

X-Not applicable.

TABLE 4

Hospital and Extended Care: Average Daily Census[1]
Fiscal Years 1975–1984

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1984 ..	102,359	64,586	63,086	986	514	10,637	6,236	4,401	27,136	9,060	10,609	7,467
1983 ..	103,955	66,634	64,992	1,101	541	11,341	6,852	4,489	25,980	8,849	10,212	6,919
1982 ..	102,601	66,582	64,894	1,108	580	11,580	7,087	4,493	24,439	8,486	9,525	6,428
1981 ..	102,751	68,479	66,376	1,222	881	11,925	7,353	4,572	22,347	8,145	8,348	5,855
1980 ..	105,085	70,251	68,109	1,213	929	12,786	7,894	4,892	22,048	7,933	8,529	5,586
1979 ..	106,816	71,983	69,821	1,182	980	13,744	8,448	5,296	21,089	7,760	8,126	5,203
1978 ..	109,769	75,390	73,008	1,378	1,004	13,957	8,721	5,236	20,422	7,480	7,997	4,945
1977 ..	111,164	77,671	75,285	1,344	1,042	14,214	8,933	5,281	19,279	7,166	7,507	4,606
1976 ..	113,055	80,519	78,264	1,233	1,022	14,652	9,090	5,562	17,884	6,993	6,646	4,245
1975 ..	114,384	82,253	79,973	1,267	1,013	15,030	9,181	5,849	17,101	6,739	6,239	4,123

[1] *Fiscal year averages based on total patient bed days during year divided by the number of days in year.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there was an average daily patient census of 654 with one day duration of stay during FY 1984.*

TABLE 5

Hospital and Extended Care: Admissions[1]
Fiscal Years 1975–1984

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1984 ..	1,312,719	1,263,347	1,230,058	29,411	3,878	10,125	5,995	4,130	39,247	8,056	25,614	5,577
1983 ..	1,297,666	1,249,690	1,216,348	29,079	4,263	10,846	6,378	4,468	37,130	7,520	23,923	5,687
1982 ..	1,255,753	1,210,828	1,178,421	28,370	4,037	10,876	6,491	4,385	34,049	6,530	22,635	4,884
1981 ..	1,258,648	1,217,342	1,183,458	29,397	4,487	11,142	6,571	4,571	30,164	5,368	20,265	4,531
1980 ..	1,256,186	1,216,367	1,182,603	28,760	5,004	10,746	6,115	4,631	29,073	4,666	19,610	4,797
1979 ..	1,236,987	1,196,169	1,162,566	28,403	5,200	12,278	6,920	5,358	28,540	4,428	19,925	4,187
1978 ..	1,233,818	1,193,613	1,157,787	30,369	5,457	12,382	7,230	5,152	27,823	4,157	19,314	4,352
1977 ..	1,211,029	1,170,563	1,133,380	31,449	5,734	12,998	7,755	5,243	27,468	3,966	19,340	4,162
1976 ..	1,175,148	1,136,285	1,102,271	28,238	5,776	14,134	8,169	5,965	24,729	4,023	16,553	4,153
1975 ..	1,107,808	1,069,757	1,036,101	27,710	5,946	14,478	7,831	6,647	23,573	3,767	16,056	3,750

[1] *Interhospital transfer data are excluded.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 239,206 admissions for one day duration of stay during FY 1984.*

TABLE 6

Hospital and Extended Care: Average Operating Beds[1]
Fiscal Years 1975–1984

Fiscal Years	Total	VA Hospitals				Extended Care	
		Total	Bed Section			VA Domiciliaries	VA Nursing Homes
			Medical	Surgical	Psychiatric		
1984	96,797	79,214	39,233	16,292	23,689	7,882	9,701
1983	97,474	79,859	39,578	16,517	23,764	8,201	9,414
1982	97,556	80,154	39,539	16,866	23,748	8,277	9,125
1981	99,169	82,079	40,501	17,533	24,045	8,390	8,700
1980	101,740	84,129	41,203	18,040	24,886	9,217	8,394
1979	105,469	87,713	42,772	18,542	26,402	9,389	8,357
1978	108,891	91,215	44,372	19,175	27,669	9,792	7,884
1977	109,906	92,401	44,583	19,618	28,200	9,946	7,559
1976	111,574	94,075	44,943	19,854	29,278	10,101	7,398
1975	112,143	94,801	44,893	19,725	30,183	10,310	7,032

[1] *Fiscal year averages for fiscal years 1975-1976 are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with June of the prior year and ending with June of the indicated fiscal year. Beginning with fiscal year 1977 averages are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with September of the prior year and ending with September of the indicated fiscal year.*

Hospital and Extended Care: Patients Remaining (On Rolls) At End of Period[1]—Fiscal Years 1975–1984

Fiscal Years	Total	Hospitals								Extended Care						
										Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component			Non-VA			State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
			Total	Bed Occupants	ABO[2]	Total	Bed Occupants	ABO[2]								
1984	100,654	61,178	59,902	59,388	514	772	768	4	504	10,976	6,607	4,369	28,500	9,586	11,180	7,734
1983	103,190	64,623	63,345	62,539	806	760	757	3	518	11,352	7,017	4,335	27,215	9,260	10,563	7,392
1982	106,319	67,810	66,345	65,633	712	862	859	3	603	12,258	7,720	4,538	26,251	9,069	10,582	6,600
1981	104,617	67,837	66,118	65,420	698	827	824	3	892	12,573	8,063	4,510	24,207	8,641	9,492	6,074
1980	105,842	70,519	68,626	67,862	764	999	996	3	894	12,997	8,306	4,691	22,326	8,289	8,330	5,707
1979	106,350	69,828	67,897	66,914	983	945	923	22	986	14,245	9,061	5,184	22,277	8,093	8,836	5,348
1978	108,530	72,284	70,134	69,062	1,072	1,165	1,163	2	985	14,858	9,595	5,263	21,388	7,893	8,336	5,159
1977	111,267	75,271	73,116	72,010	1,106	1,138	1,123	15	1,017	15,282	9,902	5,380	20,714	7,603	8,310	4,801
1976	112,114	77,750	75,786	74,413	1,373	957	942	15	1,007	15,317	10,120	5,197	19,047	7,419	7,196	4,432
1975	113,422	79,499	77,432	76,007	1,425	1,031	1,008	23	1,036	15,882	10,226	5,656	18,041	7,075	6,869	4,097

[1] *Patients remaining (on rolls) on June 30 of each fiscal year 1975 through 1976, and September 30, thereafter.*

[2] *Denotes absent bed occupants, i.e. patients on authorized absence.*

Hospital and Extended Care: Total Discharges[1] Fiscal Years 1975–1984

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2 3]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1984	1,311,180	1,263,450	1,230,127	29,439	3,884	10,603	6,446	4,157	37,127	7,601	24,371	5,155
1983	1,297,828	1,250,621	1,217,123	29,167	4,331	11,629	7,050	4,579	35,578	7,213	23,529	4,836
1982	1,251,228	1,208,573	1,176,199	28,327	4,047	11,060	6,815	4,245	31,595	6,003	21,076	4,516
1981	1,255,639	1,216,359	1,182,384	29,524	4,451	11,606	6,814	4,792	27,674	4,913	18,750	4,011
1980	[4]1,253,427	1,212,447	1,178,890	28,457	5,100	11,969	6,874	5,095	[4]29,011	4,461	20,206	[4]4,344
1979	1,235,811	1,195,884	1,162,355	28,323	5,206	12,832	7,480	5,352	27,095	4,190	18,971	3,934
1978	1,233,634	1,194,367	1,158,621	30,253	5,493	12,914	7,680	5,234	26,353	3,778	18,660	3,915
1977	1,211,506	1,173,740	1,136,647	31,378	5,715	13,173	8,103	5,070	24,593	3,714	17,048	3,831
1976	1,174,973	1,137,231	1,103,108	28,316	5,807	14,635	8,288	6,347	23,107	3,522	15,802	3,783
1975	1,106,685	1,069,945	1,036,441	27,573	5,931	14,668	8,262	6,406	22,072	3,457	14,880	3,735

[1] *Includes deaths.*

[2] *Interhospital transfer data are excluded.*

[3] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 239,206 one-day dialysis discharges during fiscal year 1984.*

[4] *Corrected data.*

Hospital and Extended Care: Patients Treated[1]— Fiscal Years 1975–1984

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1984	1,411,834	1,324,628	1,290,029	30,211	4,388	21,579	13,053	8,526	65,627	17,187	35,551	12,889
1983	1,401,018	1,315,244	1,280,468	29,927	4,849	22,981	14,067	8,914	62,793	16,473	34,092	12,228
1982	1,357,547	1,276,383	1,242,544	29,189	4,650	23,318	14,535	8,783	57,846	15,072	31,658	11,116
1981	1,360,256	1,284,196	1,248,502	30,351	5,343	24,179	14,877	9,302	51,881	13,554	28,242	10,085
1980	[3]1,359,269	1,282,966	1,247,516	29,456	5,994	24,966	15,180	9,786	[3]51,337	12,750	28,536	[3]10,051
1979	1,342,161	1,265,712	1,230,252	29,268	6,192	27,077	16,541	10,536	49,372	12,283	27,807	9,282
1978	1,342,164	1,266,651	1,228,755	31,418	6,478	27,772	17,275	10,497	47,741	11,671	26,996	9,074
1977	1,322,773	1,249,011	1,209,763	32,516	6,732	28,455	18,005	10,450	45,307	11,317	25,358	8,632
1976	1,287,087	1,214,981	1,178,894	29,273	6,814	29,952	18,408	11,544	42,154	10,941	22,998	8,215
1975	1,220,107	1,149,444	1,113,873	28,604	6,967	30,550	18,488	12,062	40,113	10,532	21,749	7,832

[1] *Fiscal year data based on number of discharges and deaths during year plus number of patients on the rolls at the end of the year.*

[2] *Patients coming to VA hospitals for chronic dialysis are considered inpatients; there were 239,206 patients treated for one day during fiscal year 1984.*

[3] *Corrected data.*

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1984

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA[2 3]	State Home[2 4]	VA Medical Centers—Nursing Home Care Component	Community[2 3]	State Home[2 4]	VA Medical Centers—Domiciliary Care Component	State Home[2 4]	VA Staff	Fee Basis[2 5]	Exams	Treatment Cases	Cases Authorized[2 7]
All facilities — Total	1,290,029	30,211	4,388	17,187	35,551	12,889	13,053	8,256	16,935,050	1,681,023	103,680	98,159	25,051
Alabama:									112,550	.....	2,056	1,457	.....
Birmingham	13,112	.....	.....	.....	306	.....	.....	.....	30,495	38,404	355	751	224
Montgomery	3,148	210	.....	.....	86	.....	.....	.....	43,638	.....	352	348	.....
Tuscaloosa	3,431	2	.....	162	93	.....	.....	.....	39,575	.....	268	290	.....
Tuskegee	6,902	.....	.....	144	119	.....	.....	.....	22,666	34,133	.....	.....	170
Alaska: Anchorage (RO-OC)	.....	4,416	.....	.....	62	.....	.....	.....	133,770	30,411	1,632	1,507	798
Arizona:	13,003	302	.....	234	620	.....	.....	.....	52,422	.....	215	193	.....
Phoenix	3,464	.....	.....	.....	42	.....	440	.....	122,450	.....	194	202	.....
Prescott	10,203	117	.....	55	271	.....	.....	.....	35,676	.....	559	583	.....
Tucson	4,656	.....	.....	.....	85	.....	.....	.....	169,217	39,318	1,020	1,009	888
Arkansas:	20,824	314	.....	275	505	.....	.....	269	106,356	39,318	1,016	976	888
Fayetteville	20,824	314	.....	275	505	.....	.....	269	62,861	.....	4	33	.....
Little Rock[8]	.....	.....	.....	.....	.....	.....	.....	.....	87,271	.....	444	521	.....
Little Rock Div.	5,476	72	.....	.....	187	.....	.....	.....	31,240	.....	175	306	.....
No. Little Rock Div.	2,426	.....	.....	178	64	.....	.....	.....	158,019	.....	816	822	.....
California:	10,976	176	.....	187	221	.....	.....	.....	322,989	.....	1,845	1,140	.....
Fresno	18,414	20	.....	429	578	.....	.....	.....	191,240	50,205	1,038	1,302	1,870
Livermore	.....	318	.....	.....	.....	.....	.....	.....	190,250	.....	809	1,273	.....
Loma Linda	8,741	6	.....	.....	173	.....	.....	.....	101,564	.....	180	362	.....
Long Beach	8,741	6	.....	.....	173	.....	.....	.....	32,799	.....	.....	.....	.....
Los Angeles (OC)	.....	.....	.....	.....	.....	.....	.....	.....	55,887	.....	629	911	.....
Martinez	.....	.....	.....	.....	.....	.....	.....	.....	245,093	.....	599	673	.....
Oakland (OCS)	13,708	.....	.....	622	205	.....	.....	.....	150,945	.....	549	612	.....
Sacramento (OCS)	13,708	.....	.....	622	205	.....	.....	.....	94,148	.....	50	61	.....
Martinez	.....	.....	.....	.....	.....	.....	.....	.....	206,024	9,831	1,701	2,027	228
Palo Alto[8]	12,912	136	.....	124	171	.....	.....	.....	151,843	9,831	1,100	1,488	.....
Palo Alto Div.	12,912	136	.....	124	171	.....	.....	.....	54,181	.....	601	539	228
Menlo Park Div.	.....	.....	.....	.....	.....	.....	.....	.....	178,943	60,151	729	709	1,730
San Diego	11,309	807	974	.....	207	1,519	.....	1,393	227,703	.....	1,462	1,247	.....
San Diego (La Jolla Village Dr.)	11,137	.....	.....	234	207	.....	.....	.....	393,952	.....	1,233	997	.....
San Diego (Camino Del Rio North) (OCMC)	21,886	42	.....	.....	625	.....	577	.....	201,188	.....	1,079	695	.....
San Francisco	21,886	42	.....	.....	625	.....	577	.....	165,256	.....	154	302	.....
Sepulveda	.....	.....	.....	.....	.....	.....	.....	.....	27,508	.....	.....	.....	.....
West Los Angeles[8]	.....	.....	.....	.....	.....	.....	.....	.....	143,618	12,733	794	1,127	38
West L.A.—Wadsworth Div.	.....	.....	.....	.....	.....	.....	.....	.....	139,155	12,733	581	868	38
West L.A.—Brentwood Div.	11,141	510	.....	.....	300	190	.....	132	4,463	.....	213	259	.....
Santa Barbara (OCS)	11,141	510	.....	.....	300	190	.....	132	28,978	.....	77	82	.....
Colorado:	.....	.....	.....	.....	.....	.....	.....	.....	18,458	.....	121	105	.....
Denver	1,234	3	.....	54	41	.....	.....	.....					
Denver	2,390	.....	.....	61	94	.....	.....	.....					
Colorado Springs (OCS)													
Ft. Lyon													
Grand Junction													

Connecticut:													
Newington	3,500	151	807	.....	131	.....	.....	859	62,590	16,184	669	661	125
West Haven	11,275	.....	.....	108	88	.....	.....	.....	105,796	.....	636	592	.....
Delaware: Wilmington	4,628	18	.....	104	176	281	.....	.....	45,519	1,761	613	533	11
District of Columbia:													
Washington	17,058	35	.....	.....	206	.....	.....	.....	187,427	1,530	1,247	901	341
Washington (RO) (Foreign)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	24
Florida:													
Bay Pines	10,522	2,505	.....	542	732	.....	455	.....	178,008	102,439	1,784	1,791	1,949
Bay Pines	10,522	2,505	.....	542	732	.....	455	.....	146,221	102,439	1,561	1,322	1,949
Ft. Myers (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	31,787	.....	223	469	.....
Gainesville	11,763	5	.....	238	220	.....	.....	.....	138,758	.....	1,205	1,254	.....
Gainesville	11,763	5	.....	238	220	.....	.....	.....	99,002	.....	536	520	.....
Jacksonville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	39,756	.....	669	734	.....
Lake City	7,873	4	.....	55	108	.....	.....	.....	26,952	.....	239	424	.....
Miami	17,600	336	.....	270	558	.....	.....	.....	306,550	.....	3,510	2,279	.....
Miami	17,600	336	.....	270	558	.....	.....	.....	188,878	.....	1,228	717	.....
Oakland Park (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	67,865	.....	1,336	923	.....
Riviera Beach (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	49,807	.....	946	639	.....
Tampa	18,005	25	.....	.....	746	.....	.....	.....	225,648	.....	2,276	2,553	.....
Tampa	18,005	25	.....	.....	746	.....	.....	.....	150,826	.....	1,326	1,192	.....
Orlando (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	74,822	.....	950	1,361	.....
Georgia:													
Atlanta	12,375	364	.....	55	393	.....	.....	.....	145,880	41,452	2,023	1,443	1,810
Augusta[8]	10,771	23	.....	52	380	330	.....	.....	102,276	.....	806	430	.....
Forest Hills Div.	10,771	23	.....	52	380	330	.....	.....	79,998	.....	.....	.....	.....
Lenwood Div.	.....	.....	.....	.....	.....	.....	.....	.....	22,278	.....	806	430	.....
Dublin	5,264	.....	.....	108	202	273	593	300	28,391	.....	79	130	.....
Hawaii: Honolulu (RO-OC)	.....	1,723	.....	.....	37	.....	.....	.....	56,290	5,535	725	736	97
Idaho: Boise	3,725	184	.....	.....	167	113	.....	277	54,487	12,528	424	516	232
Illinois:													
Chicago (Lakeside)	14,534	1	.....	.....	409	.....	.....	.....	142,330	.....	97	78	.....
Chicago (West Side)	12,112	425	.....	.....	431	.....	.....	.....	233,798	60,736	891	645	376
Danville	6,933	12	.....	318	156	.....	.....	.....	88,900	.....	223	210	.....
Danville	6,933	12	.....	318	156	.....	.....	.....	53,851	.....	86	138	.....
Peoria (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	35,049	.....	137	72	.....
Hines	25,026	.....	.....	334	643	.....	.....	.....	249,393	.....	306	264	.....
Marion	4,616	11	.....	.....	211	.....	.....	.....	51,271	.....	400	353	.....
Marion	4,616	11	.....	.....	211	.....	.....	.....	26,781	.....	400	353	.....
Evansville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	24,490	.....	.....	.....	.....
North Chicago	6,911	.....	.....	229	351	.....	.....	.....	118,549	.....	326	245	.....
Indiana:													
Ft. Wayne	3,917	.....	.....	71	150	.....	.....	.....	21,353	.....	216	204	.....
Indianapolis[8]	12,750	389	.....	149	276	322	.....	139	105,162	22,048	568	612	160
Cold Spring Road Div.	.....	.....	.....	.....	.....	.....	.....	.....	15,860	.....	.....	.....	.....
West Tenth Street Div.	12,750	389	.....	149	276	322	.....	139	89,302	22,048	568	612	160
Marion	2,723	.....	.....	105	210	.....	.....	.....	31,824	.....	154	150	.....
Iowa:													
Des Moines	6,141	76	324	.....	210	888	.....	158	76,137	17,322	752	679	488
Iowa City	11,028	129	392	.....	386	879	.....	191	72,455	.....	114	167	.....
Knoxville	2,727	.....	.....	246	152	.....	.....	.....	24,198	.....	132	83	.....
Kansas:													
Leavenworth	4,526	10	.....	61	193	.....	1,051	.....	39,945	.....	96	128	.....
Topeka	5,955	3	.....	97	191	.....	.....	.....	96,165	.....	452	454	.....
Wichita	4,112	78	.....	84	130	89	.....	101	45,045	14,542	385	410	128
Kentucky:													
Lexington[8]	13,777	70	.....	155	377	.....	.....	.....	104,876	.....	431	463	.....
Leestown Div.	13,777	70	.....	155	377	.....	.....	.....	36,963	.....	.....	.....	.....
Cooper Drive Div.	.....	.....	.....	.....	.....	.....	.....	.....	67,913	.....	431	463	.....
Louisville	7,472	119	.....	.....	221	.....	.....	.....	81,981	12,242	833	930	131

See footnotes at end of table.

TABLE 10—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1984

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA[2,3]	State Home[2,4]	VA Medical Centers—Nursing Home Care Component	Community[2,3]	State Home[2,4]	VA Medical Centers—Domiciliary Care Component	State Home[2,4]	VA Staff	Fee Basis[2,5]	Exams	Treatment Cases	Cases Authorized[2,7]
Louisiana:													
Alexandria	6,072	2	.....	121	157	.....	.....	.....	34,435	.....	141	391	.....
New Orleans	12,510	542	.....	.....	181	131	.....	184	241,722	27,122	556	690	49
New Orleans	12,510	542	.....	.....	181	131	.....	184	212,663	27,122	318	439	49
Baton Rouge (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	29,059	.....	238	251	.....
Shreveport	10,036	162	.....	.....	319	.....	.....	.....	74,477	15,766	583	532	149
Maine: Togus	6,700	146	.....	130	157	212	.....	.....	49,627	18,969	453	423	199
Maryland:													
Baltimore	6,580	70	.....	.....	164	.....	.....	.....	166,374	9,743	626	780	175
Baltimore (Loch Raven Blvd.)	6,580	70	.....	.....	164	.....	.....	.....	114,992	9,743	.....	.....	175
Baltimore (Federal Bldg.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	51,382	.....	626	780	.....
Ft. Howard	2,054	.....	.....	59	63	.....	.....	.....	21,201	.....	36	29	.....
Perry Point	2,962	.....	.....	113	102	.....	.....	.....	37,538	.....	80	73	.....
Massachusetts:													
Bedford	3,768	13	.....	232	175	.....	.....	.....	97,244	.....	334	506	.....
Boston	15,639	.....	.....	.....	337	216	.....	558	163,692	.....	89	270	.....
Boston (So. Huntington Ave.)	15,639	.....	.....	.....	337	216	.....	558	132,585	.....	89	270	.....
Lowell (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	31,107	.....	.....	.....	.....
Boston (Court Street) (OC)	.....	253	1,535	.....	.....	.....	.....	.....	191,329	43,063	2,581	1,055	51
Brockton[8]	8,511	.....	.....	129	190	.....	.....	.....	159,536	.....	1,177	875	.....
Brockton	8,511	.....	.....	129	190	.....	.....	.....	93,935	.....	705	482	.....
West Roxbury	.....	.....	.....	.....	.....	.....	.....	.....	45,971	.....	472	393	.....
Worchester (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	19,630	.....	.....	.....	.....
Northampton	2,293	18	221	65	153	411	.....	65	79,786	.....	459	474	.....
Northampton	2,293	18	221	65	153	411	.....	65	59,594	.....	459	474	.....
Springfield (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	20,192	.....	.....	.....	.....
Michigan:													
Allen Park	14,757	261	.....	108	265	778	.....	237	200,229	30,000	2,286	850	368
Ann Arbor	12,340	44	.....	25	321	.....	.....	.....	124,748	.....	986	1,008	.....
Ann Arbor	12,340	44	.....	25	321	.....	.....	.....	90,590	.....	632	662	.....
Toledo, OH (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	34,158	.....	354	346	.....
Battle Creek	4,773	67	.....	247	235	.....	.....	.....	93,573	.....	826	775	.....
Battle Creek	4,773	67	.....	247	235	.....	.....	.....	69,694	.....	235	244	.....
Grand Rapids (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,879	.....	591	531	.....
Iron Mountain	6,154	22	.....	200	66	84	.....	94	23,747	3,309	222	151	84
Saginaw	4,362	.....	.....	156	238	.....	.....	.....	36,829	.....	465	430	.....
Minnesota:													
Minneapolis	21,053	483	.....	.....	854	372	.....	706	237,467	49,541	498	999	820
Minneapolis	21,053	483	.....	.....	854	372	.....	706	203,477	49,541	498	999	820
St. Paul (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	33,990	.....	.....	.....	.....
St. Cloud	3,402	.....	.....	69	228	.....	.....	.....	58,015	.....	184	193	.....
Mississippi:													
Biloxi[8]	6,381	.....	.....	48	365	.....	313	.....	85,250	.....	537	456	.....
Biloxi Div.	6,381	.....	.....	48	365	.....	313	.....	55,008	.....	458	389	.....
Gulfport Div.	.....	.....	.....	.....	.....	.....	.....	.....	24,686	.....	79	67	.....
Mobile, AL (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	5,556	.....	.....	.....	.....
Jackson	15,577	81	.....	157	218	.....	.....	.....	87,921	26,262	509	507	272

Missouri:														
Columbia	7,614	204	.....	68	178	.....	.....	.....	66,456	.....	220	245	.....
Kansas City	11,658	135	.....	.....	316	.....	.....	.....	115,114	26,807	396	326	22
Poplar Bluff	4,367	.....	.....	97	160	.....	.....	.....	32,755	.....	174	175	.....
St. Louis[8]	18,834	48	.....	194	377	481	.....	114	241,945	8,605	701	670	10
John Cochran Div.	18,834	48	.....	194	377	481	.....	114	182,902	8,605	373	366	4
Jefferson Barracks Div.	.....	.....	.....	.....	.....	.....	.....	.....	59,043	.....	328	304	6
Montana:													
Ft. Harrison	3,481	156	.....	.....	128	95	.....	87	18,892	22,154	87	76	314
Miles City	1,899	.....	.....	28	88	.....	.....	.....	11,722	.....	23	17	.....
Nebraska:													
Grand Island	2,867	.....	.....	99	16	676	.....	174	19,590	.....	86	102	.....
Lincoln	4,064	87	.....	.....	70	.....	.....	.....	37,259	13,184	246	222	.....
Omaha	8,774	6	.....	.....	248	.....	.....	.....	80,518	.....	274	292	139
Nevada:													
Las Vegas (OC)	.....	199	.....	.....	6	.....	.....	.....	62,473	3,329	770	949	73
Reno	4,668	129	.....	174	116	.....	.....	.....	63,550	5,890	332	354	1
New Hampshire: Manchester	3,737	136	.....	296	106	116	.....	.....	68,659	12,726	565	440	18
New Jersey:													
East Orange	15,096	129	.....	86	315	404	.....	42	171,592	27,380	1,454	1,170	203
East Orange	15,096	129	.....	86	315	404	.....	42	117,718	27,380	1,454	1,170	203
Newark (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	53,874	.....	.....	.....	.....
Lyons	3,928	.....	.....	165	126	.....	.....	.....	43,055	.....	662	339	.....
New Mexico: Albuquerque	9,599	85	.....	125	216	.....	.....	.....	127,805	9,423	867	1,023	554
New York:													
Albany	9,973	25	.....	166	95	.....	.....	.....	114,969	18,802	606	720	233
Batavia	1,914	2	.....	61	41	.....	.....	.....	61,254	.....	197	264	.....
Batavia	1,914	2	.....	61	41	.....	.....	.....	21,358	.....	197	264	.....
Rochester (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	39,896	.....	.....	.....	.....
Bath	1,976	12	.....	266	89	.....	906	.....	19,228	.....	128	134	1
Bronx	14,666	.....	.....	.....	143	.....	.....	.....	144,402	.....	552	479	.....
Brooklyn[8]	18,017	78	.....	399	177	.....	.....	.....	302,219	62	1,594	1,439	.....
Brooklyn Div.	18,017	78	.....	399	177	.....	.....	.....	163,209	62	293	274	.....
St. Albans Div.	.....	.....	.....	.....	.....	.....	.....	.....	27,594	.....	160	156	.....
Brooklyn (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	111,416	.....	1,141	1,009	.....
Buffalo	15,197	56	.....	71	119	.....	.....	.....	167,770	7,583	851	966	40
Canandaigua	3,132	6	.....	183	100	.....	.....	.....	39,024	.....	240	228	.....
Castle Point	3,756	.....	.....	235	60	.....	.....	.....	32,864	.....	292	397	.....
Montrose	3,905	.....	.....	166	25	.....	.....	.....	66,032	.....	553	374	.....
New York	13,242	219	.....	.....	105	.....	.....	.....	282,575	16,193	1,616	946	356
New York (First Ave.)	13,242	219	.....	.....	105	.....	.....	.....	132,461	16,193	1,616	946	356
New York (Seventh Ave.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	150,114	.....	.....	.....	.....
Northport	12,981	.....	.....	.....	153	.....	.....	87	206,179	.....	1,570	852	.....
Syracuse	6,768	119	.....	101	92	104	.....	.....	85,776	29,965	538	433	195
North Carolina:													
Asheville	8,642	21	.....	136	252	.....	.....	.....	77,379	.....	437	471	.....
Durham	10,000	70	.....	.....	295	.....	.....	.....	103,253	.....	559	213	.....
Fayetteville	6,233	.....	.....	56	152	.....	.....	.....	53,179	.....	567	522	.....
Salisbury	5,760	210	.....	168	172	.....	.....	.....	81,653	53,682	601	832	319
Salisbury	5,760	210	.....	168	172	.....	.....	.....	59,596	53,682	601	590	.....
Winston-Salem (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	22,077	.....	.....	242	319
North Dakota: Fargo	4,643	390	.....	115	106	.....	.....	168	36,620	18,606	492	472	226
Ohio:													
Chillicothe	6,246	.....	.....	191	505	.....	.....	.....	55,816	.....	127	98	.....
Cincinnati	9,722	154	.....	353	238	.....	.....	.....	126,526	10,093	314	480	.....
Cleveland[8]	16,122	207	.....	157	418	332	.....	461	267,939	12,937	788	1,315	40
Wade Park Div.	16,122	207	.....	157	418	332	.....	461	164,058	12,937	373	659	.....
Brecksville Div.	.....	.....	.....	.....	.....	.....	.....	.....	63,519	.....	123	223	40
Canton (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	40,362	.....	292	433	.....
Columbus (Kenny Rd.) (OC)	.....	396	.....	.....	.....	.....	.....	.....	77,220	13,921	585	642	119
Dayton	8,229	.....	.....	414	231	.....	916	.....	63,070	.....	521	482	.....

See footnotes at end of table.

TABLE 10—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1984

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA[2 3]	State Home[2 4]	VA Medical Centers—Nursing Home Care Component	Community[2 3]	State Home[2 4]	VA Medical Centers—Domiciliary Care Component	State Home[2 4]	VA Staff	Fee Basis[2 5]	Exams	Treatment Cases	Cases Authorized[2 7]
Oklahoma:													
Muskogee	4,095	258	.....	.....	273	.....	.....	.....	97,399	56,354	1,414	1,194	240
Muskogee	4,095	258	.....	.....	273	.....	.....	.....	52,897	56,354	725	625	240
Tulsa (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	44,502	.....	689	569	.....
Oklahoma City	12,783	93	135	.....	381	1,099	.....	361	151,940	.....	557	712	.....
Oregon:													
Portland[8]	15,759	413	.....	179	365	.....	.....	.....	141,257	39,150	867	757	685
Portland Div.	15,759	413	.....	179	365	.....	.....	.....	89,968	39,150	546	456	685
Vancouver Div.	.....	.....	.....	.....	.....	.....	.....	.....	26,514	.....	321	301	.....
Portland (SW Stark St.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	27,775	.....	95	.....	.....
Roseburg	4,956	2	.....	107	264	.....	.....	.....	45,148	.....	.....	124	.....
White City (Ind. Dom.)	.....	46	.....	.....	.....	.....	1,494	.....	11,169	.....	126	118	.....
Pennsylvania:													
Altoona	2,530	86	.....	46	96	469	.....	305	23,075	13,100	420	292	21
Butler	2,455	23	.....	142	88	.....	.....	.....	31,059	2,165	270	225	19
Coatesville	3,766	18	.....	162	162	297	.....	.....	52,184	2,378	103	115	.....
Erie	3,220	38	.....	55	75	98	.....	82	32,134	2,620	160	173	49
Lebanon	3,377	139	.....	169	233	.....	.....	.....	59,851	23,547	253	277	214
Lebanon	3,377	139	.....	169	233	.....	.....	.....	45,120	23,547	253	277	214
Harrisburg (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	14,731	.....	.....	.....	.....
Philadelphia	9,865	347	.....	.....	415	.....	.....	.....	253,075	26,171	1,183	1,122	226
Philadelphia (Univ. & Woodland Aves.)	9,865	347	.....	.....	415	.....	.....	.....	173,630	26,171	143	375	.....
Philadelphia (Cherry St.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	79,445	.....	1,040	747	226
Pittsburgh (Highland Dr.)	3,266	25	.....	.....	237	.....	.....	.....	67,859	3,905	470	473	36
Pittsburgh[8]	12,287	34	.....	312	334	.....	.....	.....	155,084	8,364	312	519	66
Pittsburgh (Univ. Dr.) Div.	12,287	34	.....	312	334	.....	.....	.....	142,744	8,364	220	417	66
Aspinwall Div.	.....	.....	.....	.....	.....	.....	.....	.....	2,846	.....	92	102	.....
Pittsburgh (Liberty Ave.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	9,494	.....	.....	.....	.....
Wilkes-Barre	6,301	349	.....	156	127	.....	.....	.....	128,621	22,200	1,920	1,762	108
Wilkes-Barre	6,301	349	.....	156	127	.....	.....	.....	88,098	22,200	1,479	1,332	108
Allentown (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	31,291	.....	441	430	.....
Sayre (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	9,232	.....	.....	.....	.....
Philippines: Manila (RO-OC)	.....	880	.....	.....	.....	.....	.....	.....	6,557	672	.....	.....	8
Puerto Rico:													
San Juan	17,026	3,707	.....	.....	172	.....	.....	.....	242,534	97,691	1,390	1,405	675
San Juan	17,026	3,707	.....	.....	172	.....	.....	.....	200,008	97,691	782	839	675
Mayaguez (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	42,526	.....	608	566	.....
Rhode Island:													
Providence	8,892	161	.....	.....	156	356	.....	81	131,667	15,642	1,016	1,103	101
Providence	8,892	161	.....	.....	156	356	.....	81	124,505	15,642	1,016	1,103	101
New Bedford, MA (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	7,162	.....	.....	.....	.....
South Carolina:													
Charleston	7,061	.....	.....	.....	129	.....	.....	.....	70,404	.....	193	353	.....
Columbia	10,076	238	.....	275	202	273	.....	.....	102,039	15,744	1,323	1,303	102
Columbia	10,076	238	.....	275	202	273	.....	.....	78,384	15,744	557	595	102
Greenville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,655	.....	766	708	.....

Greenville (OCS)	.....	.....	.....	.....	273	202	273	.....	.....	78,384 23,655	15,744	557 766	595 708	102 .....
South Dakota:														
Ft. Meade	3,698	11	.....	.....	34	.....	.....	.....	36,626	.....	118	110	.....	
Hot Springs	4,453	.....	.....	.....	27	41	827	108	20,266	.....	62	65	.....	
Sioux Falls	4,535	32	.....	189	168	.....	.....	.....	37,499	9,959	244	202	129	
Tennessee:														
Memphis	16,868	.....	.....	502	209	.....	.....	.....	158,936	.....	837	675	.....	
Mountain Home	7,426	.....	.....	71	353	.....	1,336	.....	59,702	.....	350	333	.....	
Murfreesboro	2,866	.....	.....	60	87	.....	.....	.....	32,320	.....	127	125	.....	
Nashville	13,502	212	.....	.....	242	.....	.....	.....	126,818	18,268	1,129	1,180	744	
Nashville	13,502	212	.....	.....	242	.....	.....	.....	92,093	18,268	1,129	1,180	744	
Chattanooga (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	19,583	.....	.....	.....	.....	
Knoxville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	15,142	.....	.....	.....	.....	
Texas:														
Amarillo	3,780	257	.....	.....	147	.....	.....	.....	55,673	12,724	482	559	141	
Amarillo	3,780	257	.....	.....	147	.....	.....	.....	28,749	12,724	246	319	.....	
Lubbock (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	26,924	.....	236	240	141	
Big Spring	3,358	.....	.....	73	85	.....	.....	.....	24,144	.....	122	97	.....	
Bonham	2,094	.....	.....	136	185	.....	414	.....	18,774	.....	217	224	.....	
Dallas	17,984	260	.....	.....	445	.....	.....	.....	192,491	25,982	1,166	1,237	400	
El Paso (OC)	.....	873	.....	.....	.....	.....	.....	.....	49,040	8,714	710	641	365	
Houston	18,563	92	.....	131	380	.....	.....	.....	288,232	3,212	1,219	1,299	74	
Houston	18,563	92	.....	131	380	.....	.....	.....	268,417	3,212	973	1,074	74	
Beaumont (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	11,815	.....	246	225	.....	
Kerrville	5,054	.....	.....	47	163	.....	.....	.....	26,042	.....	120	102	.....	
Marlin	2,228	.....	.....	.....	62	.....	.....	.....	11,181	.....	107	120	.....	
San Antonio	20,125	330	.....	.....	503	.....	.....	.....	196,290	5,226	686	1,161	371	
San Antonio (Merton Minter Blvd.)	20,125	330	.....	.....	503	.....	.....	.....	147,752	5,226	686	1,161	371	
Corpus Christi	.....	.....	.....	.....	.....	.....	.....	.....	19,093	.....	.....	.....	.....	
McAllen	.....	.....	.....	.....	.....	.....	.....	.....	14,341	.....	.....	.....	.....	
San Antonio (Dwyer Ave.) (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	15,104	.....	.....	.....	.....	
Temple	10,374	.....	.....	240	276	.....	1,097	.....	84,633	.....	736	633	.....	
Waco	4,616	96	.....	108	175	.....	.....	.....	92,150	12,965	404	473	190	
Utah: Salt Lake City	11,441	45	.....	3	406	.....	.....	.....	135,244	7,079	536	617	50	
Vermont: White River Junction	4,601	93	.....	189	76	240	.....	27	51,760	11,633	351	269	76	
Virginia:														
Hampton	7,425	1	.....	227	200	.....	934	.....	87,908	.....	716	676	.....	
Richmond	14,976	9	.....	87	279	.....	.....	.....	147,358	.....	1,293	1,327	.....	
Salem	7,675	275	.....	280	179	.....	.....	.....	129,898	40,023	392	387	472	
Washington:														
American Lake (Takoma)	3,390	274	.....	88	135	.....	.....	.....	55,321	.....	741	704	.....	
Seattle	8,820	455	.....	.....	479	414	.....	404	145,752	29,823	503	469	565	
Spokane	3,966	.....	.....	.....	195	.....	.....	.....	38,214	.....	400	353	.....	
Walla Walla	2,496	.....	.....	.....	139	.....	.....	.....	25,359	.....	115	114	.....	
West Virginia:														
Beckley	5,070	1	.....	50	131	.....	.....	.....	26,320	.....	202	251	.....	
Clarksburg	5,533	.....	.....	.....	266	.....	.....	.....	34,430	.....	206	180	.....	
Huntington	4,446	64	.....	.....	274	.....	.....	272	49,312	16,349	569	612	48	
Martinsburg	6,474	8	.....	161	206	.....	887	.....	65,836	2,665	236	207	1	
Wisconsin:														
Madison	9,238	.....	.....	.....	195	603	.....	25	56,084	.....	183	142	.....	
Tomah	3,402	.....	.....	153	166	.....	.....	.....	34,789	.....	100	61	.....	
Wood	14,481	304	.....	269	408	.....	819	.....	172,810	24,442	682	680	1,941	
Wyoming:														
Cheyenne	2,660	38	.....	64	102	.....	.....	.....	20,862	3,636	204	203	86	
Sheridan	1,991	34	.....	.....	45	.....	.....	65	18,657	.....	24	29	.....	

[1] *Based on the number of discharges and deaths during FY 1984, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1984. Excludes interhospital transfers.*

[2] *As reported by VA authorizing facility.*

[3] *Authorized and paid for by VA.*

[4] *Supported by VA.*

[5] *Medical visits to private physicians authorized by VA on a fee-for-service basis.*

[6] *Treatment cases completed may be related to examinations reported for prior periods or previous fiscal years; some exams conducted by the VA staff result in fee-basis treatment; some data may be reported in a period later than that in which the service was actually performed; exams and treatment for patients may be performed at more than one clinic; staff exams include initial screening examinations and initial complete exams with no prior screening; and treatment cases include cases treated—completed or terminated.*

[7] *Net number of dental cases authorized by VA to private dentists on a fee-for-service basis.*

[8] *Includes data for two divisions of the VA medical center.*

NOTE: The following abbreviations are used to denote type of facility: OC (outpatient clinic - independent); OCMC (outpatient clinic under jurisdiction of medical center, but not physically located in a medical center); OCS (outpatient clinic satellite or substation); RO-OC (regional office outpatient clinic); and Ind. Dom. (independent domiciliary).

TABLE 11

Actions on Applications For Medical Care—Fiscal Years 1983—1984

Item	FY 1984	FY 1983
Total applications	3,102,529	3,006,314
Pending determination of need at beginning of period	2,196	1,347
Received during period	3,100,333	3,004,967
Processed – Total	3,025,888	2,932,815
In need of care	2,721,374	2,627,164
Hospital care	948,980	937,234
Ambulatory care	1,760,573	1,677,550
Nursing home care	7,538	7,107
Domiciliary care	4,283	5,273
Not in need of care	304,514	305,651
Cancelled	75,360	69,038
Pending determination of need at end of period	1,799	2,196
Acceptance rate[1]	89.9%	89.6%

[1] *Acceptance rate is determined by dividing "In Need of Care" total by "Total Processed" and multiplying by 100.*

TABLE 12

Total Health Care: Obligations by Program and Appropriation—Fiscal Year 1984

	Obligations (in thousands)
Total	$8,581,997
Medical care	8,300,867
Inpatient care	5,950,667
Hospitals	5,211,776
VA hospitals[1]	5,091,579
Contract hospitals	116,943
State home hospitals	3,254
Nursing homes	631,135
VA nursing homes[1]	357,592
Community nursing homes	231,738
State nursing homes	41,805
Domiciliaries	107,756
VA domiciliaries[1]	95,054
State domiciliaries	12,702
Outpatient care (staff and fee)	1,553,788
CHAMPVA	66,643
Education and training[2]	446,233
Miscellaneous benefits and services	283,536
Medical administration and miscellaneous operating expenses	65,576
Medical administration	49,810
Post graduate & inservice training	11,191
Health professional scholarship	4,575
Medical & prosthetic research	190,299
Medical research	174,348
Rehabilitative research	10,845
Health services research	5,106
Other medical programs[3]	25,255

[1] *Excludes Education and Training which is separately identified.*
[2] *Includes inpatient and outpatient.*
[3] *Does not include revolving or trust funds.*

VA and Non-VA Facilities: Average Obligations—Fiscal Years 1983–1984

Type of Facility	Avg. Obligations per Patient Treated		Avg. Obligations per Patient Day	
	FY 1984	FY 1983	FY 1984	FY 1983
VA hospitals				
All bed sections	$3,947	$3,833	$220.49	$206.89
Medical bed sections	2,960	2,895	273.21	256.74
Surgical bed sections	4,102	3,886	314.41	287.20
Psychiatry bed sections	6,111	5,928	150.51	142.59
Intermediate bed sections	15,242	16,834	122.33	117.26
Non-VA (contract) hospitals[1]	3,708	3,401	310.45	252.63
VA nursing home care units	20,806	19,210	107.84	98.00
Community nursing homes[1]	6,027	5,556	55.19	50.81
VA domiciliaries	7,282	7,018	41.65	39.47
State homes[1]				
Hospital care[2]	593	524	13.84	13.25
Nursing home care[2]	3,095	2,398	14.60	12.10
Domiciliary care[2]	1,341	1,341	7.10	6.35

[1] *Data for this table are based on direct obligations and exclude support costs.*
[2] *Per diems impacted by statutory limitations.*

TABLE 14

VA Medical Centers—Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges and Deaths, and Remaining by Type of Hospital and Bed Section—Fiscal Year 1984

Item	Type of Bed Section			
	Total	Medical	Surgical	Psychiatric
ADMISSIONS[1]				
All hospitals	1,263,347	[2] 786,383	[2] 315,506	[2] 157,580
VA medical centers – Total	1,230,058	767,822	311,565	150,671
Non-VA (contract) hospitals – Total	29,411	18,561	3,941	6,909
Federal government hospitals – Total	2,603	1,697	572	334
Army	2,127	1,238	567	322
Air Force	445	440	5	.....
Navy	18	16	.....	2
Public Health Service	3	3	.....	.....
Other[3]	10	.....	.....	10
State and local government hospitals	8,627	5,576	791	2,260
Non-Public hospitals	18,181	11,288	2,578	4,315
State home hospitals	3,878	([4])	([4])	([4])
DISCHARGES AND DEATHS				
All hospitals	1,263,450	[2] 769,414	[2] 325,244	[2] 164,908
VA medical centers – Total	1,230,127	750,861	321,309	157,957
Non-VA (contract) hospitals – Total	29,439	18,553	3,935	6,951
Federal government hospitals – Total	2,602	1,705	572	325
Army	2,117	1,237	567	313
Air Force	456	451	5	.....
Navy	17	15	.....	2
Public Health Service	2	2	.....	.....
Other[3]	10	.....	.....	10
State and local government hospitals	8,649	5,588	798	2,263
Non-Public hospitals	18,188	11,260	2,565	4,363
State home hospitals	3,884	([4])	([4])	([4])
BED OCCUPANTS REMAINING				
Total occupants remaining on September 30, 1984	60,660	[2] 29,804	[2] 11,021	[2] 19,331
VA medical centers – Total	59,388	29,595	10,950	18,843
Non-VA (contract) hospitals – Total	768	209	71	488
Federal government hospitals – Total	91	48	24	19
Army	84	41	24	19
Air Force	5	5	.....	.....
Navy	1	1	.....	.....
Public Health Service	1	1	.....	.....
Other[3]	.....	.....	.....	.....
State and local government hospitals	104	51	17	36
Non-Public hospitals	573	110	30	433
State home hospitals	504	([4])	([4])	([4])
ABSENT BED OCCUPANTS REMAINING				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1984	518	116	126	276
VA medical centers – Total	514	114	125	275
All other hospitals	4	2	1	1

[1] *Excludes interhospital transfers for VA medical centers; includes transfers for all other hospitals.*
[2] *Excludes data by bed section for State Home Hospitals.*
[3] *St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Data not available.*

TABLE 15

VA Medical Centers—Hospital Care Component and Non-VA Hospitals: Patient Movement By Type of Bed Section and by Type of Hospital—Fiscal Year 1984

Item	VA Medical Centers				Non-VA (Contract) Hospitals						
	Total	Type of Bed Section[1]			Total	Type of Bed Section			Type of Hospital		
		Medical[2]	Surgical	Psychiatric		Medical	Surgical	Psychiatric	Federal[3]	State & Local	Non-Public[4]
Gains — Total	1,432,575	889,368	366,168	177,039	29,453	18,590	3,952	6,911	2,605	8,656	18,192
Admissions	1,230,058	767,822	311,565	150,671	29,411	18,561	3,941	6,909	2,603	8,627	18,181
Transfers in from other hospitals[5]	31,997	15,750	8,945	7,302	([6])	([6])	([6])	([6])	([6])	([6])	([6])
Change in bed section (+)	170,520	105,796	45,658	19,066	42	29	11	2	2	29	11
Losses — Total	1,435,708	877,624	375,581	182,503	29,481	18,582	3,946	6,953	2,604	8,678	18,199
Regular discharges — Total	1,182,990	711,033	314,225	157,732	28,700	17,907	3,853	6,940	2,474	8,439	17,787
To ambulatory care	805,921	512,295	240,314	53,312	([7])	([7])	([7])	([7])	([7])	([7])	([7])
Other	377,069	198,738	73,911	104,420	28,700	17,907	3,853	6,940	2,474	8,439	17,787
Deaths	47,137	39,828	7,084	225	739	646	82	11	128	210	401
Transfers out to other hospitals[5]	35,061	20,967	8,614	5,480	([7])	([7])	([7])	([7])	([7])	([7])	([7])
Changes in bed sections (—)	170,520	105,796	45,658	19,066	42	29	11	2	2	29	11
Remaining on September 30, 1984 — Total	59,902	29,709	11,075	19,118	772	211	72	489	91	105	576
Bed occupants	59,388	29,595	10,950	18,843	768	209	71	488	91	104	573
On leave of absence	514	114	125	275	4	2	1	1	.....	1	3
Patients treated[8] [9]	1,290,029	780,570	332,384	177,075	30,211	18,764	4,007	7,440	2,693	8,754	18,764
Episodes of care[10]	1,460,549	886,366	378,042	196,141	30,253	18,793	4,018	7,442	2,695	8,783	18,775
Average daily census[11]											
Total	63,086	31,595	11,848	19,643	986	349	98	539	83	182	721
Excluding days while patients on authorized leave of absence of 96 hours or less	61,688	31,115	11,533	19,040	.....	.....	.....	.....	.....	.....	.....

[1] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.*
[2] *Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine and blind rehabilitation.*
[3] *Includes Department of Defense and Public Health Service hospitals, and St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.*
[5] *Includes only patients transferred as VA beneficiaries.*
[6] *Included with admissions.*
[7] *Included with "other" regular discharges.*
[8] *Based on the number of discharges and deaths during FY 1984, plus the number remaining on the rolls on September 30, 1984.*
[9] *Patients admitted to VA hospitals for chronic dialysis are considered to be inpatients; there were 239,206 such patients with one day duration of stay treated during the fiscal year.*
[10] *Based on the number of discharges and deaths during FY 1984, plus the number remaining on the rolls on September 30, 1984. Interhospital transfers are excluded but intrahospital transfers are included.*
[11] *Based on the number of patient days divided by the number of days in the fiscal year. Totals may not add due to averaging.*

TABLE 16

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1984

Location	Average Operating Beds[1]				Patients Treated Total[2,3]	Episodes of Care[4]			Average Daily Census[5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
All hospitals	79,214	39,233	16,292	23,689	1,290,029	886,366	378,042	196,141	63,086
Alabama:									
Birmingham	417	211	206	.....	13,112	8,852	5,242	.....	296
Montgomery	200	172	28	.....	3,148	2,734	817	.....	139
Tuscaloosa	535	178	.....	357	3,431	1,285	.....	2,722	469
Tuskegee	835	447	79	309	6,902	4,417	1,842	2,130	688
Arizona:									
Phoenix	470	210	124	136	13,003	7,347	4,283	2,264	366
Prescott	187	113	46	28	3,464	2,346	973	434	135
Tucson	325	157	120	48	10,203	6,816	3,698	797	245
Arkansas:									
Fayetteville	180	113	67	.....	4,656	3,026	1,797	.....	130
Little Rock[8]	1,269	458	321	490	20,824	12,008	8,604	4,015	982
California:									
Fresno	219	109	75	35	5,476	3,154	2,474	774	167
Livermore	169	122	47	.....	2,426	1,790	867	.....	127
Loma Linda	436	212	164	60	10,976	6,153	3,341	861	349
Long Beach	1,100	739	226	135	18,414	12,776	4,762	1,911	855
Martinez	401	203	136	62	8,741	4,459	3,820	1,006	326
Palo Alto[8]	1,277	422	119	736	13,708	8,383	3,928	6,412	1,051
San Diego	576	268	204	104	12,912	8,686	4,078	1,274	353
San Francisco	357	134	173	50	11,309	6,537	5,139	752	244
Sepulveda	582	301	89	192	11,137	8,297	2,235	1,670	442
West Los Angeles[8]	1,225	517	223	485	21,886	15,191	5,142	4,023	961
Colorado:									
Denver	271	98	113	60	11,141	7,325	3,831	829	250
Ft. Lyon	335	82	.....	253	1,234	645	.....	764	315
Grand Junction	102	53	25	24	2,390	1,580	704	324	71
Connecticut:									
Newington	186	67	79	40	3,520	1,819	1,516	498	141
West Haven	641	358	135	148	11,275	8,395	2,770	1,263	432
Delaware: Wilmington	311	176	135	.....	4,628	2,789	3,118	.....	195
District of Columbia: Washington	708	327	201	180	17,058	13,782	3,241	1,461	576
Florida:									
Bay Pines	642	370	150	122	10,522	6,317	3,689	1,649	412
Gainesville	475	165	220	90	11,763	6,110	5,277	1,014	377
Lake City	327	255	72	.....	7,873	6,258	1,902	.....	278
Miami	708	340	211	157	17,600	12,608	4,775	2,913	563
Tampa	692	298	244	150	18,005	12,357	4,951	1,961	556
Georgia:									
Atlanta	463	181	186	96	12,375	7,198	4,547	1,601	406
Augusta[8]	1,029	441	150	438	10,771	6,565	3,183	2,983	834
Dublin	310	274	36	.....	5,264	5,248	1,080	.....	251
Idaho: Boise	162	88	44	30	3,725	2,377	1,120	543	116
Illinois:									
Chicago (Lakeside)	460	264	156	40	14,534	11,722	2,812	436	354
Chicago (West Side)	469	222	168	79	12,112	7,972	3,430	1,742	397
Danville	855	518	58	279	6,933	4,825	2,175	1,973	683
Hines	1,165	659	266	240	25,026	18,806	5,920	3,469	936
Marion	171	133	38	.....	4,616	3,803	1,054	.....	141
North Chicago	1,063	387	82	594	6,911	4,786	1,433	3,288	867
Indiana:									
Ft. Wayne	176	132	42	2	3,917	3,605	1,171	31	125
Indianapolis[8]	463	213	154	96	12,750	8,653	3,863	965	336
Marion	714	425	.....	289	2,723	2,209	.....	1,494	637
Iowa:									
Des Moines	274	137	137	.....	6,141	3,813	2,649	.....	180
Iowa City	326	143	137	46	11,028	7,012	3,869	777	243
Knoxville	444	188	.....	256	2,727	1,874	.....	2,136	345
Kansas:									
Leavenworth	442	250	40	152	4,526	4,046	901	871	338
Topeka	792	252	57	483	5,955	3,077	1,550	2,355	662
Wichita	150	84	66	.....	4,112	3,051	1,389	.....	116
Kentucky:									
Lexington[8]	894	475	130	289	13,777	9,262	4,487	1,764	763
Louisville	363	158	156	49	7,472	3,938	3,278	1,223	276
Louisiana:									
Alexandria	338	215	84	39	6,072	4,801	2,540	486	290
New Orleans	456	200	179	77	12,510	8,339	4,342	949	393
Shreveport	377	211	114	52	10,036	6,262	3,794	732	285
Maine: Togus	454	144	63	247	6,700	3,205	1,525	2,640	359
Maryland:									
Baltimore	278	135	106	37	6,580	4,128	2,673	320	212
Ft. Howard	215	198	.....	17	2,054	2,016	.....	223	190
Perry Point	813	407	.....	406	2,962	2,484	.....	1,423	726
Massachusetts:									
Bedford	741	352	.....	389	3,768	2,342	.....	2,253	670
Boston	735	370	279	86	15,639	11,582	6,321	1,428	542
Brockton[8]	1,006	506	63	437	8,511	4,946	2,357	2,594	868
Northampton	539	237	.....	302	2,293	1,578	.....	1,389	472

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1984

Location	Average Operating Beds[1]				Patients Treated Total [2 3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Michigan:									
Allen Park	539	269	150	120	14,757	11,130	3,238	1,637	421
Ann Arbor	294	134	102	58	12,340	8,517	4,064	852	252
Battle Creek	836	370	.....	466	4,773	2,663	.....	3,509	731
Iron Mountain	205	124	81	.....	6,154	4,745	1,664	.....	152
Saginaw	158	115	43	.....	4,362	3,000	1,470	.....	115
Minnesota:									
Minneapolis	713	345	269	99	21,053	14,482	6,795	1,489	561
St. Cloud	821	423	.....	398	3,402	1,889	.....	2,260	618
Mississippi:									
Biloxi[8]	837	306	59	472	6,381	3,718	1,854	2,196	597
Jackson	443	221	152	70	15,577	10,534	4,328	1,381	363
Missouri:									
Columbia	339	147	132	60	7,614	4,076	3,584	683	248
Kansas City	401	168	143	90	11,658	8,413	3,578	1,294	348
Poplar Bluff	176	132	43	1	4,367	3,372	1,197	.....	140
St. Louis[8]	840	403	184	253	18,834	13,261	4,978	3,076	701
Montana:									
Ft. Harrison	129	85	44	.....	3,481	2,371	1,412	.....	104
Miles City	89	71	18	.....	1,899	1,346	758	.....	44
Nebraska:									
Grand Island	155	123	32	.....	2,867	2,445	552	.....	101
Lincoln	162	62	47	53	4,064	1,906	1,310	1,355	125
Omaha	372	189	116	67	8,774	6,076	2,746	923	304
Nevada: Reno	182	87	66	29	4,668	2,744	1,904	497	122
New Hampshire: Manchester	164	89	45	30	3,737	2,293	1,173	509	131
New Jersey:									
East Orange	859	529	222	108	15,096	12,056	3,538	1,211	690
Lyons	1,168	432	.....	736	3,928	2,937	.....	2,663	974
New Mexico: Albuquerque	370	166	139	65	9,599	6,443	3,168	814	278
New York:									
Albany	618	352	167	99	9,973	6,544	3,233	1,377	508
Batavia	211	209	2	.....	1,914	2,104	.....	.....	166
Bath	208	187	.....	21	1,976	1,781	.....	482	196
Bronx	656	358	235	63	14,666	11,194	3,562	856	486
Brooklyn[8]	847	541	205	101	18,017	14,718	3,342	1,869	684
Buffalo	737	424	189	124	15,197	10,521	4,114	2,094	650
Canandaigua	1,009	626	.....	383	3,132	2,484	.....	1,891	861
Castle Point	255	185	70	.....	3,756	2,564	1,599	.....	192
Montrose	1,228	438	.....	790	3,905	2,107	.....	3,829	1,012
New York	838	385	306	147	13,242	8,464	4,372	1,521	679
Northport	778	291	151	336	12,981	9,040	4,257	2,332	669
Syracuse	334	139	131	64	6,768	3,796	3,267	564	255
North Carolina:									
Asheville	526	356	140	30	8,642	6,223	3,215	471	426
Durham	444	180	190	74	10,000	5,869	4,050	862	362
Fayetteville	310	197	82	31	6,233	5,064	2,133	547	247
Salisbury	801	354	40	407	5,760	2,540	909	3,213	732
North Dakota: Fargo	200	133	67	.....	4,643	3,534	1,439	.....	149
Ohio:									
Chillicothe	801	374	.....	427	6,246	5,168	.....	2,996	673
Cincinnati	354	132	130	92	9,722	5,957	3,249	1,191	254
Cleveland[8]	1,298	435	252	611	16,122	10,728	3,749	3,518	851
Dayton	526	328	160	38	8,229	5,700	2,527	978	414
Oklahoma:									
Muskogee	202	108	94	.....	4,095	2,584	1,706	.....	131
Oklahoma City	423	169	157	97	12,783	8,715	3,883	1,277	321
Oregon:									
Portland[8]	623	353	199	71	15,759	11,846	4,642	1,125	431
Roseburg	342	161	22	159	4,956	3,653	1,029	1,639	238
Pennsylvania:									
Altoona	109	75	34	.....	2,530	2,177	1,047	.....	81
Butler	272	272	.....	.....	2,455	2,862	.....	.....	193
Coatesville	1,044	303	.....	741	3,766	1,038	.....	3,368	902
Erie	138	98	40	.....	3,220	2,265	1,438	.....	116
Lebanon	825	398	29	398	3,377	2,635	575	1,294	730
Philadelphia	419	189	187	43	9,865	6,360	3,509	843	323
Pittsburgh (Highland Drive)	731	273	.....	458	3,266	1,444	.....	2,828	618
Pittsburgh (University Drive)[8]	648	435	195	18	12,287	9,590	3,902	.....	469
Wilkes-Barre	462	229	121	112	6,301	3,482	1,967	1,538	367
Puerto Rico: San Juan	692	279	173	240	17,026	10,856	4,014	3,217	637
Rhode Island: Providence	305	172	68	65	8,892	8,029	1,862	697	223
South Carolina:									
Charleston	244	118	86	40	7,061	4,507	2,495	642	204
Columbia	460	232	168	60	10,076	6,544	3,370	924	349
South Dakota:									
Ft. Meade	409	174	25	210	3,698	1,178	1,300	1,667	331
Hot Springs	229	156	34	39	4,453	3,561	1,145	543	145
Sioux Falls	245	117	90	38	4,535	2,592	1,748	451	166

See footnotes at end of table.

VA Medical Centers–Hospital Care Components: Selected Data–Fiscal Year 1984

Location	Average Operating Beds[1]				Patients Treated Total [2 3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Tennessee:									
Memphis	885	502	203	180	16,868	14,714	6,550	2,018	672
Mountain Home	474	263	138	73	7,426	4,351	2,488	1,419	388
Murfreesboro	601	287	.....	314	2,866	1,627	.....	1,726	482
Nashville	446	203	197	46	13,502	9,742	4,599	839	371
Texas:									
Amarillo	121	59	62	.....	3,780	2,331	1,747	.....	106
Big Spring	220	118	57	45	3,358	2,141	1,534	1,093	150
Bonham	78	63	.....	15	2,094	2,057	.....	238	71
Dallas	677	275	232	170	17,984	11,890	6,707	2,072	555
Houston	1,007	431	222	354	18,563	11,046	6,088	3,330	878
Kerrville	243	198	45	.....	5,054	4,276	1,323	.....	180
Marlin	201	201	.....	.....	2,228	2,372	.....	.....	171
San Antonio	664	279	205	180	20,125	14,272	5,376	2,183	554
Temple	562	276	196	90	10,374	6,015	3,770	1,298	420
Waco	945	397	.....	548	4,616	2,141	.....	3,608	750
Utah: Salt Lake City	399	183	109	107	11,441	7,650	3,124	1,656	305
Vermont: White River Junction	194	82	79	33	4,601	2,597	1,685	556	148
Virginia:									
Hampton	434	233	91	110	7,425	4,977	1,856	1,234	348
Richmond	694	460	160	74	14,976	12,510	3,798	1,397	550
Salem	727	322	76	329	7,675	6,325	2,286	2,431	602
Washington:									
American Lake	423	132	.....	291	3,390	2,030	.....	1,683	361
Seattle	300	137	97	66	8,820	6,035	2,488	912	246
Spokane	175	112	63	.....	3,966	3,044	1,589	.....	142
Walla Walla	149	87	25	37	2,496	1,672	410	584	100
West Virginia:									
Beckley	173	113	60	.....	5,070	4,171	1,436	.....	142
Clarksburg	216	93	86	37	5,533	3,681	1,583	706	178
Huntington	180	113	67	.....	4,446	2,703	1,956	.....	145
Martinsburg	405	322	60	23	6,474	5,131	1,497	388	340
Wisconsin:									
Madison	329	166	140	22	9,238	6,597	3,118	307	213
Tomah	772	333	.....	439	3,402	1,988	.....	2,141	547
Wood	715	382	259	94	14,481	9,544	4,839	1,852	525
Wyoming:									
Cheyenne	128	94	34	.....	2,660	2,183	570	.....	94
Sheridan	339	127	.....	212	1,991	1,288	.....	1,147	287

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1983–September 1984).*

[2] *Based on the number of discharges and deaths during FY 1984, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1984. Inter-hospital transfers are excluded from the overall total but are included in the individual hospital totals.*

[3] *Beginning with FY 1973, patients coming to VA hospitals for chronic dialysis are considered to be inpatients; there were 239,206 patients treated for one day during fiscal year 1984.*

[4] *Based on the number of discharges and deaths during FY 1984, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1984. Inter-hospital transfers (35,062) are excluded from the overall totals. Intrahospital transfers (i.e., movement of patients from one type of bed section to another) are included in both the overall bed section totals and in the individual hospital bed section totals.*

[5] *Based on total patient days during FY 1984 divided by the number of days in the fiscal year.*

[6] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on diagnostic basis.*

[7] *Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.*

[8] *Includes data for two divisions of the VA medical center.*

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1984

Location of Authorizing VA Facility	Average Daily Census [2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1984 [4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Total	986	29,411	29,439	30,211	2,693	8,754	18,764	772
Medical Bed Section Total	349	18,561	18,553	18,764	1,753	5,639	11,372	211
Surgical Bed Section Total	98	3,941	3,935	4,007	596	815	2,596	72
Psychiatric Bed Section Total	539	6,909	6,951	7,440	344	2,300	4,796	489
Alabama:								
Montgomery	2	205	210	210	.....	129	81	.....
Tuscaloosa	.....	1	2	2	.....	2	.....	.....
Alaska: Anchorage (RO)	100	4,358	4,318	4,416	239	141	4,036	98
Arizona:								
Phoenix	4	299	302	302	.....	16	286	.....
Tucson	1	115	112	117	.....	96	21	5
Arkansas: Little Rock	4	314	314	314	.....	107	207	.....
California:								
Fresno	1	71	72	72	.....	72	.....	.....
Loma Linda	2	168	174	176	.....	176	.....	2
Long Beach	.....	20	20	20	.....	7	13	.....
Los Angeles (OC)	4	317	318	318	.....	125	193	.....
Martinez	.....	6	6	6	.....	4	2	.....
San Diego	1	135	136	136	.....	42	94	.....
San Francisco	12	807	807	807	.....	453	354	.....
West Los Angeles (Wadsworth)	.....	42	42	42	.....	2	40	.....
Colorado:								
Denver	7	506	510	510	121	150	239	.....
Fort Lyon	.....	3	3	3	.....	3	.....	.....
Connecticut: Newington	4	151	151	151	.....	47	104	.....
Delaware: Wilmington	.....	18	17	18	.....	.....	18	1
District of Columbia: Washington	1	33	35	35	26	.....	9	.....
Florida:								
Bay Pines	33	2,484	2,485	2,505	3	918	1,584	20
Gainesville	.....	5	5	5	.....	.....	5	.....
Lake City	.....	4	4	4	.....	.....	4	.....
Miami	5	335	334	336	.....	336	.....	2
Tampa	.....	24	25	25	.....	.....	25	.....
Georgia:								
Atlanta	5	364	364	364	.....	364	.....	.....
Augusta	.....	23	23	23	.....	23	.....	.....
Hawaii: Honolulu (RO)	64	1,670	1,651	1,723	1,179	291	253	72
Idaho: Boise	1	184	184	184	.....	112	72	.....
Illinois:								
Chicago (Lakeside)	.....	1	1	1	.....	.....	1	.....
Chicago (West Side)	7	425	425	425	.....	176	249	.....
Danville	.....	12	12	12	.....	.....	12	.....
Marion	.....	11	11	11	.....	11	.....	.....
Indiana: Indianapolis	7	388	387	389	.....	190	199	2
Iowa:								
Des Moines	1	75	76	76	.....	11	65	.....
Iowa City	1	129	129	129	.....	129	.....	.....
Kansas:								
Leavenworth	.....	10	10	10	1	3	6	.....
Topeka	.....	3	2	3	.....	3	.....	1
Wichita	1	78	78	78	.....	.....	78	.....
Kentucky:								
Lexington	.....	70	70	70	.....	70	.....	.....
Louisville	1	119	118	119	.....	94	25	1
Louisiana:								
Alexandria	.....	2	2	2	.....	.....	2	.....
New Orleans	11	539	530	542	.....	39	503	12
Shreveport	4	162	162	162	.....	1	161	.....
Maine: Togus	1	146	146	146	.....	.....	146	.....
Maryland: Baltimore	2	69	68	70	.....	1	69	2
Massachusetts:								
Bedford	.....	13	13	13	.....	.....	13	.....
Boston (OC)	4	253	253	253	.....	8	245	.....
Northampton	.....	18	18	18	.....	18	.....	.....
Michigan:								
Allen Park	7	261	261	261	.....	131	130	.....
Ann Arbor	.....	43	44	44	.....	44	.....	.....
Battle Creek	1	67	67	67	.....	67	.....	.....
Iron Mountain	.....	22	22	22	.....	22	.....	.....
Minnesota: Minneapolis	8	483	483	483	.....	186	297	.....
Mississippi: Jackson	1	81	80	81	.....	64	17	1
Missouri:								
Columbia	3	201	202	204	.....	204	.....	2
Kansas City	3	135	135	135	.....	.....	135	.....
St. Louis	2	48	48	48	3	.....	45	.....
Montana: Fort Harrison	2	155	156	156	.....	.....	156	.....

See footnotes at end of table.

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1984

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1984[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Nebraska:								
Lincoln	2	87	87	87	.....	23	64	.....
Omaha	.....	6	6	6	.....	4	2	.....
Nevada:								
Las Vegas (OC)	5	197	195	199	.....	83	116	4
Reno	1	126	129	129	.....	118	11	.....
New Hampshire: Manchester	1	135	133	136	.....	7	129	3
New Jersey: East Orange	2	128	127	129	.....	6	123	2
New Mexico: Albuquerque	1	85	85	85	.....	6	79	.....
New York:								
Albany	1	25	25	25	.....	.....	25	.....
Batavia	.....	2	2	2	.....	2	.....	.....
Bath	.....	12	12	12	.....	.....	12	.....
Brooklyn	1	78	78	78	.....	70	8	.....
Buffalo	1	55	56	56	.....	6	50	.....
Canandaigua	.....	6	6	6	.....	6	.....	.....
New York	6	219	219	219	.....	105	114	.....
Syracuse	1	117	118	119	.....	.....	119	1
North Carolina:								
Asheville	.....	21	21	21	.....	.....	21	.....
Durham	1	70	70	70	.....	.....	70	.....
Salisbury	5	210	210	210	.....	69	141	.....
North Dakota:								
Fargo	6	378	386	390	246	2	142	4
Ohio:								
Cincinnati	3	153	154	154	.....	117	37	.....
Cleveland	3	207	207	207	.....	71	136	.....
Columbus (OC)	7	391	396	396	.....	155	241	.....
Oklahoma:								
Muskogee	9	256	256	258	1	257	.....	2
Oklahoma City	1	93	93	93	.....	63	30	.....
Oregon:								
Portland	4	413	413	413	.....	43	370	.....
Roseburg	.....	2	2	2	.....	2	.....	.....
White City (Dom)	1	46	46	46	.....	.....	46	.....
Pennsylvania:								
Altoona	1	86	86	86	.....	.....	86	.....
Butler	.....	23	23	23	.....	23	.....	.....
Coatesville	.....	18	18	18	.....	18	.....	.....
Erie	.....	37	38	38	.....	38	.....	.....
Lebanon	1	139	138	139	.....	5	134	1
Philadelphia	8	347	347	347	1	53	293	.....
Pittsburgh (Univ. Dr.)	1	34	34	34	.....	.....	34	.....
Pittsburgh (Highland Dr.)	.....	24	23	25	.....	.....	25	2
Wilkes-Barre	7	346	346	349	.....	32	317	3
Philippines: Manila (RO)	40	839	835	880	.....	865	15	45
Puerto Rico: San Juan	462	3,211	3,252	3,707	.....	468	3,239	455
Rhode Island: Providence	3	160	160	161	.....	46	115	1
South Carolina: Columbia	7	236	236	238	.....	126	112	2
South Dakota:								
Fort Meade	.....	11	11	11	.....	11	.....	.....
Sioux Falls	1	32	32	32	.....	1	31	.....
Tennessee: Nashville	3	212	212	212	.....	102	110	.....
Texas:								
Amarillo	8	253	255	257	.....	1	256	2
Dallas	4	260	260	260	.....	155	105	.....
El Paso (OC)	21	854	854	873	533	76	264	19
Houston	1	92	92	92	.....	11	81	.....
San Antonio	7	326	327	330	68	93	169	3
Waco	4	96	96	96	.....	29	67	.....
Utah: Salt Lake City	.....	45	45	45	.....	.....	45	.....
Vermont: White River Junction	1	88	93	93	.....	5	88	.....
Virginia:								
Hampton	.....	1	1	1	.....	.....	1	.....
Richmond	.....	9	9	9	.....	9	.....	.....
Salem	7	274	275	275	.....	20	255	.....
Washington:								
American Lake	4	268	274	274	272	.....	2	.....
Seattle	5	447	453	455	.....	133	322	2
West Virginia:								
Beckley	.....	1	1	1	.....	1	.....	.....
Huntington	1	64	64	64	.....	64	.....	.....
Martinsburg	.....	8	8	8	.....	8	.....	.....
Wisconsin: Wood	5	299	304	304	.....	20	284	.....
Wyoming:								
Cheyenne	.....	38	38	38	.....	38	.....	.....
Sheridan	.....	34	34	34	.....	.....	34	.....

[1] *Excludes State Home hospitals. As reported by authorizing VA facility.*

[2] *Based on the number of patient days during the fiscal year divided by the number of days in the year rounded to the nearest whole number.*

[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

[4] *Total on rolls (bed occupants and patients on authorized leave of absence).*

NOTE: Excludes one-day dialysis visits.

TABLE 18

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—September 30, 1984

Reported State of Residence	All Patients			Type of Patient					
				Medical and Surgical		Psychotic		Other Psychiatric	
	Total	Hospitalized in Same State		Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
		Number	Percent						
Total	58,557	51,126	87.3	34,757	87.6	15,453	87.2	8,347	86.4
United States	57,923	50,518	87.2	34,366	87.5	15,256	87.1	8,301	86.3
Alabama	1,321	1,162	88.0	665	86.5	508	91.1	148	83.8
Alaska	9	.....	.....	8	.....	1	.....	.....	.....
Arizona	761	691	90.8	550	93.1	86	73.3	125	92.8
Arkansas	1,065	931	87.4	717	85.5	196	92.9	152	89.5
California	4,280	4,199	98.1	2,654	98.3	917	98.1	709	97.5
Colorado	562	455	81.0	228	86.0	191	88.5	143	62.9
Connecticut	637	471	73.9	365	87.7	165	41.8	107	76.6
Delaware	176	90	51.1	113	74.3	39	2.6	24	20.8
District of Columbia	333	252	75.7	206	91.3	66	34.8	61	67.2
Florida	2,143	1,882	87.8	1,546	92.7	313	64.9	284	86.6
Georgia	1,414	1,107	78.3	886	80.5	358	73.7	170	76.5
Hawaii	5	.....	.....	4	.....	.....	.....	1	.....
Idaho	205	105	51.2	169	53.8	18	38.9	18	38.9
Illinois	3,070	2,712	88.3	1,850	86.8	758	91.8	462	89.0
Indiana	1,349	1,023	75.8	632	68.4	517	84.7	200	76.5
Iowa	666	555	83.3	410	77.6	157	96.2	99	86.9
Kansas	949	823	86.7	450	79.6	328	94.2	171	91.2
Kentucky	1,131	883	78.1	676	73.1	253	86.6	202	84.2
Louisiana	870	710	81.6	618	91.7	151	43.0	101	77.2
Maine	337	315	93.5	131	87.0	112	97.3	94	97.9
Maryland	1,128	848	75.2	641	68.3	310	87.1	177	79.1
Massachusetts	2,229	2,100	94.2	999	90.3	916	98.0	314	95.5
Michigan	1,607	1,520	94.6	763	92.8	585	97.1	259	94.2
Minnesota	1,039	928	89.3	547	84.8	321	96.3	171	90.6
Mississippi	756	606	80.2	472	79.2	188	80.3	96	84.4
Missouri	1,303	1,027	78.8	916	83.6	223	62.3	164	74.4
Montana	283	146	51.6	183	72.1	49	6.1	51	21.6
Nebraska	562	441	78.5	372	85.5	90	43.3	100	84.0
Nevada	175	86	49.1	133	46.6	15	46.7	27	63.0
New Hampshire	247	100	40.5	181	41.4	30	20.0	36	52.8
New Jersey	1,727	1,449	83.9	835	80.7	684	89.5	208	78.4
New Mexico	276	215	77.9	190	85.3	48	58.3	38	65.8
New York	5,899	5,774	97.9	3,547	98.7	1,622	96.5	730	96.8
North Carolina	1,623	1,474	90.8	1,025	88.9	444	95.0	154	91.6
North Dakota	149	74	49.7	94	72.3	35	.....	20	30.0
Ohio	2,092	1,846	88.2	1,167	86.9	589	90.2	336	89.6
Oklahoma	556	400	71.9	385	84.4	68	14.7	103	63.1
Oregon	538	492	91.4	387	90.2	74	91.9	77	97.4
Pennsylvania	3,388	3,180	93.9	1,804	92.9	1,173	95.2	411	94.2
Rhode Island	203	139	68.5	121	79.3	46	30.4	36	80.6
South Carolina	840	498	59.3	590	65.1	159	33.3	91	67.0
South Dakota	489	426	87.1	242	86.0	164	87.8	83	89.2
Tennessee	1,353	1,281	94.7	834	96.8	328	89.0	191	95.3
Texas	3,597	3,374	93.8	2,210	93.8	881	95.8	506	90.1
Utah	239	216	90.4	132	97.0	50	76.0	57	87.7
Vermont	118	91	77.1	78	84.6	13	61.5	27	63.0
Virginia	1,480	1,196	80.8	983	82.0	356	82.6	141	68.1
Washington	795	695	87.4	486	86.6	199	93.0	110	80.9
West Virginia	655	454	69.3	446	81.6	120	32.5	89	57.3
Wisconsin	1,080	920	85.2	612	83.3	278	85.6	190	90.5
Wyoming	214	156	72.9	113	61.9	64	90.6	37	75.7
Outside United States	634	608	95.9	391	93.9	197	99.0	46	100.0
Puerto Rico	615	608	98.9	374	98.1	195	100.0	46	100.0
Others	19	.....	.....	17	.....	2	.....	.....	.....

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 2 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 30, 1984

Diagnostic Composition of Patients[2]	All Patients	Period of Service						Average Age	Age						
		Vietnam Era	Post Korean[3]	Korean Conflict[4]	WW II	WW I	All Others[5]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions[7]	58,557	10,535	3,811	7,365	30,782	2,366	3,698	57.2	6,034	6,889	7,845	19,037	12,842	3,528	2,382
I. Infective and parasitic diseases	586	87	34	90	326	28	21	59.3	34	54	86	216	135	32	29
Pulmonary tuberculosis (011)	177	20	15	33	102	3	4	58.2	4	13	38	78	36	5	3
Tuberculosis, other (010, 012-018)	18	7	1	4	5	1	....	(6)	1	4	6	4	2	....	1
All other infectious and parasitic diseases (001-009, 020-136)	391	60	18	53	219	24	17	60.1	29	37	42	134	97	27	25
II. Neoplasms	5,531	283	229	661	4,017	209	132	63.5	64	136	595	2,351	1,739	425	221
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	522	21	32	93	360	7	9	60.7	2	13	91	272	122	15	7
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	884	26	32	92	672	39	23	65.0	4	9	86	356	297	92	40
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	1,419	62	51	181	1,073	28	24	63.2	3	16	150	670	476	80	24
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	249	12	15	35	183	2	2	62.1	....	8	24	130	75	10	2
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	357	34	13	32	252	13	13	62.4	16	19	31	134	101	40	16
Malignant neoplasm of genitourinary organs (179-189, 233)	810	18	18	55	636	64	19	67.8	3	7	39	265	322	104	70
Malignancies of all other systems (170-175, 190-199, 232, 234)	1,021	89	53	139	664	44	32	61.7	23	53	145	421	266	65	48
Neoplasms, benign (210-229)	181	15	11	24	118	7	6	61.6	8	8	23	68	54	14	8
Neoplasms of unspecified nature (235-239)	88	6	4	10	59	5	4	(6)	5	3	6	37	26	5	6
III. Endocrine, nutritional and metabolic diseases and immunity disorders	1,280	126	71	176	805	52	50	60.5	51	85	187	506	305	95	51
Diabetes mellitus (250)	834	71	46	122	544	20	31	60.3	25	54	127	345	209	54	20
Diseases of the endocrine glands (240-246, 251-259)	115	15	8	15	69	6	2	60.1	8	6	16	45	22	12	6
Gout (274)	27	3	1	5	18	....	....	(6)	....	1	6	9	9	2	....
Obesity (278.0-278.1)	29	6	4	5	13	....	1	(6)	2	4	7	14	2	....	....
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	250	17	11	28	158	26	10	64.6	3	13	29	91	62	27	25
Disorders involving the immune mechanisms (279)	25	14	1	1	3	....	6	(6)	13	7	2	2	1	....	....
IV. Diseases of the blood and blood-forming organs	257	21	11	27	172	21	5	64.4	6	17	24	79	85	21	25
Anemias (280-282.4, 282.7-285)	172	13	7	17	117	16	2	64.9	5	11	16	46	61	16	17
Other diseases of the blood and blood-forming organs (286-289)	85	8	4	10	55	5	3	(6)	1	6	8	33	24	5	8

V. Mental Disorders	23,800	7,036	1,976	2,944	8,893	670	2,281	51.2	4,437	4,731	3,584	6,040	3,401	939	668	
Alcohol psychosis (291)	1,130	72	57	160	804	10	27	61.8	19	41	145	473	363	78	11	
Drug psychosis (292)	47	18	2	2	15	1	9	(6)	16	11	3	9	6	1	1	
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	2,351	119	85	193	1,585	306	63	68.2	33	73	145	624	789	372	315	
Schizophrenic disorders (295)	9,158	2,730	916	1,281	3,102	109	1,020	48.7	2,001	1,839	1,570	2,540	962	146	100	
Other psychoses (296-299)	2,767	674	235	361	1,237	45	215	53.1	406	461	438	802	513	101	46	
Neurotic disorders (300)	734	252	54	95	252	2	79	48.9	123	194	108	202	93	12	2	
Personality disorders (301)	426	224	31	32	57	3	79	39.9	184	130	40	49	16	4	3	
Alcohol dependence or abuse (303, 305.0)	3,943	1,612	458	592	812	1	468	44.9	928	1,125	850	815	203	22	....	
Drug dependence or abuse (304, 305.1-305.9)	687	470	27	19	9	....	162	33.8	399	243	29	11	5	....	....	
Other nonpsychotic mental disorders (302, 306-319)	2,557	865	111	209	1,020	193	159	55.1	328	614	256	515	451	203	190	
VI. Diseases of the nervous system and sense organs	3,478	339	206	447	2,215	145	126	61.5	140	208	432	1,256	1,021	274	147	
Quadriplegia (344.0)	84	19	6	14	37	5	3	(6)	8	12	12	32	11	4	5	
Paraplegia (344.1)	29	3	4	6	15	1	....	(6)	1	2	9	8	7	1	1	
Epilepsy (345)	189	32	10	33	99	4	11	55.5	18	24	30	69	37	8	3	
Disorders of the peripheral nervous system (350-359)	226	30	13	50	123	3	7	57.9	14	13	42	100	48	5	4	
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	2,506	222	155	292	1,649	99	89	62.2	86	140	299	860	800	220	101	
Glaucoma (365)	28	1	1	5	17	3	1	(6)	....	1	1	13	8	2	3	
Cataract (366)	177	7	3	22	125	17	3	66.8	1	1	9	74	53	23	16	
Blindness (369)	44	4	2	2	24	8	4	(6)	3	2	4	15	11	1	8	
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	134	10	7	20	88	5	4	61.2	5	5	17	61	34	6	6	
Diseases of the ear and mastoid process (380-389)	61	11	5	3	38	....	4	(6)	4	8	9	24	12	4	....	
VII. Diseases of the circulatory system	6,787	388	270	863	4,693	407	166	64.0	75	193	728	2,815	2,018	550	408	
Chronic rheumatic heart disease (393-398)	37	3	2	6	24	....	2	(6)	1	3	6	20	6	1	....	
Hypertensive disease without heart involvement (401, 403, 405)	305	28	20	47	188	7	15	60.3	9	13	62	125	77	13	6	
Hypertensive heart disease (402, 404)	100	3	2	14	74	7	....	(6)	....	2	8	41	34	8	7	
Acute myocardial infarction (410)	456	33	21	68	292	18	24	62.4	3	22	62	198	114	40	17	
Other ischemic heart disease (411-414)	1,176	72	60	169	758	85	32	63.4	3	29	157	547	294	68	78	
Other forms of heart disease (391, 392.0, 420-429)	1,346	68	42	136	966	105	29	65.9	14	32	108	494	440	145	113	
Cerebrovascular diseases (430-438)	1,785	62	65	208	1,311	106	33	64.9	14	36	151	727	585	163	109	
Atherosclerosis (440)	188	4	5	28	126	25	....	67.1	1	1	20	65	60	15	26	
Other diseases of arteries, arterioles and capillaries (441-448)	793	49	26	96	579	31	12	64.0	5	17	74	357	250	61	29	
Varicose veins of lower extremities (454)	129	10	8	25	81	4	1	61.6	3	3	25	44	40	10	4	
Hemorrhoids (455)	50	8	2	10	29	....	1	(6)	3	4	9	19	14	1	....	
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	422	48	17	56	265	19	17	60.6	19	31	46	178	104	25	19	
VIII. Diseases of the respiratory system	2,760	149	90	286	1,979	185	71	64.8	54	79	230	1,026	893	287	19	
Acute respiratory infections (460-466)	103	12	1	10	74	5	1	62.0	7	4	7	42	29	8		
Pneumonia and influenza (480-487)	624	41	19	54	400	89	21	67.2	22	21	39	177	189	81		
Chronic bronchitis (491)	120	6	4	14	91	3	2	64.8	....	....	7	53	47	11		
Emphysema (492)	60	2	1	5	49	3	....	(6)	....	....	3	24	24	6		
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	1,853	88	65	203	1,365	85	47	64.1	25	54	174	730	604	181		

TABLE 19—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 30, 1984

Diagnostic Composition of Patients[2]	All Patients	Period of Service						Average Age	Age						
		Vietnam Era	Post Korean[3]	Korean Conflict[4]	WW II	WW I	All Others[5]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
IX. Diseases of the digestive system	3,118	383	200	466	1,810	131	128	59.5	153	258	484	1,191	722	180	130
Diseases of oral cavity, salivary glands and jaws (520-529)	90	17	3	11	47	4	8	([6])	12	7	6	35	21	6	3
Ulcers of the digestive system (530.2, 531-534)	299	24	20	42	183	18	12	60.5	13	21	36	130	68	13	18
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	305	29	17	48	187	14	10	60.7	14	18	46	114	83	14	16
Hernia of the abdominal cavity (550-553)	421	40	21	62	271	15	12	61.1	20	23	56	150	129	28	15
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	977	110	48	107	597	61	54	61.3	45	65	129	358	243	79	58
Alcohol related liver disorders (571.0-571.3)	326	44	35	74	161	1	11	55.7	9	35	78	155	45	4	....
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577)	700	119	56	122	364	18	21	57.2	40	89	133	249	133	36	20
X. Diseases of the genitourinary system	1,741	137	85	166	1,138	147	68	64.2	58	94	172	549	562	181	145
Nephritis, nephrotic syndrome and nephrosis (580-589)	312	24	19	34	200	25	10	63.7	5	19	39	112	85	24	28
Other diseases of the urinary system (590-599)	818	83	40	78	484	91	42	63.7	41	56	84	230	232	88	87
Diseases of the prostate (600-602)	433	8	14	29	350	27	5	67.9	....	4	19	126	199	59	26
Other diseases of the male genital organs (603-608)	158	19	10	23	95	4	7	59.0	8	12	26	59	40	9	4
Disorders of breast and gynecological diseases (610-629)	20	3	2	2	9	....	4	([6])	4	3	4	2	6	1	....
XII. Diseases of the skin and subcutaneous tissue	1,238	211	91	190	647	39	60	57.2	97	151	189	431	257	75	38
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	435	69	28	73	232	8	25	56.8	34	45	73	168	87	22	6
Other diseases of skin and subcutaneous tissue (700-709)	803	142	63	117	415	31	35	57.4	63	106	116	263	170	53	32
XIII. Diseases of the musculoskeletal system and connective tissue	1,819	320	117	260	958	48	116	56.7	166	210	286	622	389	97	49
Osteoarthrosis and allied disorders (715)	250	16	6	25	185	12	6	65.1	2	5	27	90	82	32	12
Other arthropathies and related disorders (710-714, 716-719)	384	71	19	53	198	9	34	55.5	48	43	55	122	96	12	8
Dorsopathies (720-724)	482	104	37	80	224	10	27	55.4	39	70	100	158	81	23	11
Rheumatism, excluding the back (725-729)	183	26	15	31	92	4	15	56.0	19	19	30	62	41	7	5
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	520	103	40	71	259	13	34	55.1	58	73	74	190	89	23	13
XIV. Congenital deformities (740-759)	85	14	9	15	37	4	6	([6])	8	10	21	24	13	5	4
XVI. Symptoms, signs and ill-defined conditions (780-799)	1,617	171	107	202	993	83	61	60.9	75	112	212	604	411	123	80

XVII. Injury and poisoning	2,184	359	137	285	1,076	115	212	56.7	283	233	280	697	436	132	123
Fracture of skull (800-804)	54	15	3	9	19	2	6	([6])	12	9	9	18	4	....	2
Fracture of neck and trunk (805-809)	204	42	13	21	64	12	52	48.9	56	34	27	44	21	10	12
Fracture of upper and lower limb (810-829)	584	70	32	83	294	61	44	61.0	58	41	74	164	127	56	64
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	107	25	4	14	43	2	19	50.5	24	18	11	33	13	6	2
Intracranial injury, excluding those with skull fracture (850-854)	135	32	10	14	50	8	21	51.4	30	21	16	40	16	4	8
Internal injury of chest, abdomen and pelvis (860-869)	17	4	3	1	6	1	2	([6])	3	3	2	2	5	1	1
Open wounds (870-897)	107	34	5	10	37	3	18	50.7	30	15	10	31	13	5	3
Burns (940-949)	46	8	5	3	23	2	5	([6])	7	6	6	15	9	1	2
Poisoning by drugs, medicinal and biological substances (960-979)	62	20	6	7	21	2	6	([6])	9	15	10	13	12	1	2
Toxic effects of substances chiefly nonmedical as to source (980-989)	10	2	2	1	4	....	1	([6])	1	2	3	3	....	....	1
All other injuries (900-904, 910-939, 950-959, 990-995)	146	27	13	24	68	6	8	56.4	18	12	24	56	21	6	9
Complications of surgical and medical care, NEC (996-999)	712	80	41	98	447	16	30	59.7	35	57	88	278	195	42	17
XVIII. Factors influencing health status and contact with health services (V01-V82)	2,276	511	178	287	1,023	82	195	54.4	333	318	335	650	455	112	73

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 2 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification, Category XI, "Complications of Pregnancy, Childbirth and Puerperium" and Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, are not included in this table.*

[3] *Service between February 1, 1955 and August 4, 1964.*

[4] *Service between June 22, 1950 and January 31, 1955.*

[5] *Consits of 5 Spanish-American War veterans; 777 peacetime, 2,698 post-Vietnam, 112 active military and 106 nonveterans.*

[6] *Average age not calculated for totals less than 100 cases.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Group[1]—September 30, 1984

Diagnostic Composition of Patients[2]	Total	Percent in Each Diagnostic Category for Specified Length of Stay						
		90 Days or Less	91 Days or More	More Than (Years)				
				1	2	5	10	20
All patients	58,557	73.1	26.9	15.2	10.8	5.3	2.1	.8
Psychotic	15,453	45.1	54.9	37.2	27.9	14.7	6.5	2.7
Alcohol psychoses (291)	1,130	32.5	67.5	47.3	36.0	14.6	4.1	.2
Drug psychoses (292)	47	70.2	29.8	21.3	17.0	8.5	.....	.....
Other psychoses (290, 293-299)	14,276	46.1	53.9	36.4	27.3	14.7	6.7	2.9
Other psychiatric	8,347	78.9	21.1	10.3	7.3	3.4	1.1	.2
Alcohol dependence and abuse (303, 305.0)	3,943	95.8	4.2	.5	.3	.1	.....	.....
Drug dependence and abuse (304, 305.1-305.9)	687	87.5	12.5	.1	.....	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	3,717	59.3	40.7	22.7	16.2	7.5	2.5	.5
Medical and surgical	34,757	84.1	15.9	6.6	4.1	1.6	.4	.1
All infectious and parasitic diseases (001-139)	586	82.1	17.9	3.4	2.4	1.7	1.0	.7
Malignant neoplasms (140-208, 230-234)	5,262	92.7	7.3	1.2	.5	.1	.1	.0
Benign and unspecified neoplasms (210-229, 235-239)	269	92.6	7.4	1.9	.4	.....	.....	.....
Diabetes mellitus (250)	834	83.1	16.9	4.4	2.2	.4	.1	.....
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	421	88.1	11.9	3.6	2.4	1.0	.2	.2
Disorders involving the immune mechanisms (279)	25	92.0	8.0	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	257	95.7	4.3	.8	.4	.4	.4	.4
Quadriplegia (344.0)	84	6.0	94.0	72.6	57.1	33.3	8.3	2.4
Paraplegia (344.1)	29	17.2	82.8	55.2	34.5	20.7	6.9	.....
Other diseases of the nervous system (320-343, 344.2-359)	2,921	41.7	58.3	38.1	25.5	9.4	2.3	.2
Diseases of the sense organs (360-389)	444	92.6	7.4	2.3	1.6	1.1	.9	.2
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,115	92.8	7.2	2.8	1.6	.7	.3	.1
Cerebrovascular diseases (430-438)	1,785	71.9	28.1	12.5	8.3	2.8	.3	.....
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,887	88.1	11.9	2.8	1.5	.9	.2	.1
Acute respiratory diseases (460-466, 480-487)	727	91.9	8.1	2.3	1.1	.....	.....	.....
Chronic bronchitis and emphysema (491-492)	180	76.1	23.9	10.6	5.6	1.7	.....	.....
Other respiratory diseases (470-478, 490, 493-519)	1,853	82.7	17.3	7.2	4.0	1.2	.2	.1
Diseases of the oral cavity, salivary glands, and jaws (520-529)	90	90.0	10.0	.....	.....	.....	.....	.....
Hernia of the abdominal cavity (550-553)	421	98.1	1.9	.....	.....	.....	.....	.....
Alcohol related liver diseases (571.0-571.3)	326	94.8	5.2	1.5	.6	.3	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,281	94.5	5.5	.9	.6	.2	.....	.....
Diseases of the male genital organs (600-608)	591	97.0	3.0	.8	.2	.....	.....	.....
Other diseases of the genitourinary system (580-599)	1,130	89.6	10.4	3.5	1.9	.8	.3	.....
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	20	100.0	.....	.....	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,238	78.4	21.6	6.9	4.0	2.4	1.1	.....
Diseases of the musculoskeletal system and connective tissue (710-739)	1,819	90.4	9.6	3.1	1.5	.7	.2	.....
Congenital anomalies (740-759)	85	88.2	11.8	3.5	3.5	2.4	.....	.....
Symptoms, signs and ill-defined conditions (780-799)	1,617	88.2	11.8	3.6	1.4	.4	.....	.....
Injuries and poisonings (800-904, 910-999)	2,184	85.7	14.3	3.4	2.1	1.1	.5	.1
Factors influencing health status and contact with health service (VO1-V82)	2,276	84.5	15.5	3.1	1.8	.9	.4	.1

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 2 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group[1]

September 30, 1984

Diagnostic Composition of Patients[2]	Total		Age							
			Under 55		55-64		65-74		75 and Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients	58,557	100.0	20,768	100.0	19,037	100.0	12,842	100.0	5,910	100.0
Psychotic	15,453	26.4	7,201	34.7	4,448	23.4	2,633	20.5	1,171	19.8
Alcohol psychoses (291)	1,130	1.9	205	1.0	473	2.5	363	2.8	89	1.5
Drug psychoses (292)	47	.1	30	.1	9	(3)	6	(3)	2	(3)
Other psychoses (290, 293-299)	14,276	24.4	6,966	33.5	3,966	20.8	2,264	17.6	1,080	18.3
Other psychiatric	8,347	14.3	5,551	26.7	1,592	8.4	768	6.0	436	7.4
Alcohol dependence and abuse (303, 305.0)	3,943	6.7	2,903	14.0	815	4.3	203	1.6	22	.4
Drug dependence and abuse (304, 305.1-305.9)	687	1.2	671	3.2	11	.1	5	(3)	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	3,717	6.3	1,977	9.5	766	4.0	560	4.4	414	7.0
Medical and surgical	34,757	59.4	8,016	38.6	12,997	68.3	9,441	73.5	4,303	72.8
All infectious and parasitic diseases (001-139)	586	1.0	174	.8	216	1.1	135	1.1	61	1.0
Malignant neoplasms (140-208, 230-234)	5,262	9.0	742	3.6	2,248	11.8	1,659	12.9	613	10.4
Benign and unspecified neoplasms (210-229, 235-239)	269	.5	53	.3	103	.5	80	.6	33	.6
Diabetes mellitus (250)	834	1.4	206	1.0	345	1.8	209	1.6	74	1.3
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	421	.7	95	.5	159	.8	95	.7	72	1.2
Disorders involving the immune mechanisms (279)	25	(3)	22	.1	2	(3)	1	(3)	.....	.....
Diseases of the blood and blood-forming organs (280-289)	257	.4	47	.2	79	.4	85	.7	46	.8
Quadriplegia (344.0)	84	.1	32	.2	32	.2	11	.1	9	.2
Paraplegia (344.1)	29	(3)	12	.1	8	(3)	7	.1	2	(3)
Other diseases of the nervous system (320-343, 344.2-359)	2,921	5.0	666	3.2	1,029	5.4	885	6.9	341	5.8
Diseases of the sense organs (360-389)	444	.8	70	.3	187	1.0	118	.9	69	1.2
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,115	5.3	450	2.2	1,300	6.8	888	6.9	477	8.1
Cerebrovascular diseases (430-438)	1,785	3.0	201	1.0	727	3.8	585	4.6	272	4.6
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,887	3.2	345	1.7	788	4.1	545	4.2	209	3.5
Acute respiratory diseases (460-466, 480-487)	727	1.2	100	.5	219	1.2	218	1.7	190	3.2
Chronic bronchitis and emphysema (491-492)	180	.3	10	(3)	77	.4	71	.6	22	.4
Other respiratory diseases (470-478, 490, 493-519)	1,853	3.2	253	1.2	730	3.8	604	4.7	266	4.5
Diseases of the oral cavity, salivary glands, and jaws (520-529)	90	.2	25	.1	35	.2	21	.2	9	.2
Hernia of the abdominal cavity (550-553)	421	.7	99	.5	150	.8	129	1.0	43	.7
Alcohol related liver diseases (571.0-571.3)	328	.6	122	.6	155	.8	45	.4	4	.1
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,281	3.9	649	3.1	851	4.5	527	4.1	254	4.3
Diseases of the male genital organs (600-608)	591	1.0	69	.3	185	1.0	239	1.9	98	1.7
Other diseases of the genitourinary system (580-599)	1,130	1.9	244	1.2	342	1.8	317	2.5	227	3.8
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	20	(3)	11	.1	2	(3)	6	(3)	1	(3)
Diseases of the skin and subcutaneous tissue (680-709)	1,238	2.1	437	2.1	431	2.3	257	2.0	113	1.9
Diseases of the musculoskeletal system and connective tissue (710-739)	1,819	3.1	662	3.2	622	3.3	389	3.0	146	2.5
Congenital anomalies (740-759)	85	.1	39	.2	24	.1	13	.1	9	.2
Symptoms, signs and ill-defined conditions (780-799)	1,617	2.8	399	1.9	604	3.2	411	3.2	203	3.4
Injuries and poisonings (800-904, 910-999)	2,184	3.7	796	3.8	697	3.7	436	3.4	255	4.3
Factors influencing health status and contact with health service (VO1-V82)	2,276	3.9	986	4.7	650	3.4	455	3.5	185	3.1

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 2 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Less than .05 percent.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1] September 30, 1984

Location	Total	Age					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Total	58,557	644	5,390	6,889	7,845	19,037	18,752
Alabama:							
Birmingham	243	1	18	21	38	105	60
Montgomery	132	1	4	3	20	47	57
Tuscaloosa	468	2	62	70	86	120	128
Tuskegee	655	11	75	84	87	192	206
Arizona:							
Phoenix	335	5	40	45	44	92	109
Prescott	142	.....	13	12	19	44	54
Tucson	226	.....	16	19	20	75	96
Arkansas:							
Fayetteville	114	.....	6	4	13	49	42
Little Rock (Little Rock)	326	5	21	30	44	111	115
Little Rock (North Little Rock)	655	6	62	91	102	206	188
California:							
Fresno	149	1	17	12	19	38	62
Livermore	107	.....	4	2	13	39	49
Loma Linda	329	2	18	32	37	115	125
Long Beach	833	10	64	87	123	307	242
Martinez	311	.....	23	32	49	97	110
Palo Alto (Palo Alto)	442	5	53	48	50	143	143
Palo Alto (Menlo Park)	387	8	105	132	51	57	34
San Diego	306	2	33	34	39	104	94
San Francisco	208	.....	17	22	31	73	65
Sepulveda	394	1	35	52	53	118	135
West Los Angeles (Brentwood)	433	16	112	115	70	77	43
West Los Angeles (Wadsworth)	468	5	13	40	63	167	180
Colorado:							
Denver	217	3	20	28	24	75	67
Fort Lyon	320	3	35	64	63	92	63
Grand Junction	58	.....	7	12	14	8	17
Connecticut:							
Newington	130	2	5	15	15	51	42
West Haven	388	10	54	38	51	126	109
Delaware: Wilmington	183	.....	6	6	20	70	81
District of Columbia: Washington	526	10	69	57	72	177	141
Florida:							
Bay Pines	376	3	43	44	39	100	147
Gainesville	331	2	28	37	39	130	95
Lake City	250	.....	8	13	30	90	109
Miami	519	6	55	73	60	176	149
Tampa	506	15	44	47	84	179	137
Georgia:							
Atlanta	380	6	31	58	48	140	97
Augusta (Forest Hills)	261	8	19	19	33	106	76
Augusta (Lenwood)	493	7	69	100	72	146	99
Dublin	247	1	7	12	37	90	100
Idaho: Boise	112	2	6	15	8	33	48
Illinois:							
Chicago (Lakeside)	300	2	12	26	36	118	106
Chicago (West Side)	353	1	38	41	46	128	99
Danville	620	6	34	62	67	188	263
Hines	851	16	90	99	99	329	218
Marion	137	.....	6	9	4	54	64
North Chicago	775	8	70	112	104	251	230
Indiana:							
Fort Wayne	145	.....	11	11	19	61	43
Indianapolis (W. Tenth St.)	282	3	13	17	31	122	96
Indianapolis (Cold Spr. Rd.)	79	8	21	26	8	10	6
Marion	596	5	71	83	72	186	179
Iowa:							
Des Moines	160	1	10	8	13	49	79
Iowa City	220	.....	11	19	26	75	89
Knoxville	310	3	55	50	49	86	67
Kansas:							
Leavenworth	337	6	21	25	49	119	117
Topeka	656	17	85	131	102	173	148
Wichita	105	.....	4	4	15	46	36
Kentucky:							
Lexington (Leestown)	487	2	29	52	86	124	194
Lexington (Cooper Drive)	218	2	11	16	29	84	76
Louisville	269	3	19	32	35	114	66
Louisiana:							
Alexandria	246	4	24	10	26	90	92
New Orleans	359	3	42	51	42	124	97
Shreveport	238	3	13	17	23	96	86

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1]
September 30, 1984

Location	Total	Age					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Maine: Togus	330	8	38	60	47	91	86
Maryland:							
Baltimore	194	1	20	23	27	70	53
Fort Howard	182	3	13	15	24	64	63
Perry Point	700	4	51	70	99	224	252
Massachusetts:							
Bedford	663	9	65	63	72	219	235
Boston	522	15	63	48	68	184	144
Brockton (Brockton)	642	3	67	71	104	193	204
Brockton (West Roxbury)	169	5	10	10	27	62	55
Northampton	427	4	41	73	55	120	134
Michigan:							
Allen Park	410	6	51	45	62	153	93
Ann Arbor	230	4	25	28	32	86	55
Battle Creek	754	7	139	167	109	202	130
Iron Mountain	135	.....	2	8	13	41	71
Saginaw	100	.....	10	9	9	27	45
Minnesota:							
Minneapolis	587	7	28	44	58	194	256
St. Cloud	501	5	58	53	62	144	179
Mississippi:							
Biloxi (Biloxi)	242	.....	3	10	36	103	90
Biloxi (Gulfport)	318	6	52	66	65	92	37
Jackson	323	1	23	23	46	126	104
Missouri:							
Columbia	232	4	14	21	22	77	94
Kansas City	340	6	21	43	45	110	115
Poplar Bluff	119	3	5	5	8	45	53
St. Louis (John J. Cochran)	287	1	13	27	37	107	102
St. Louis (Jefferson Barracks)	375	9	59	65	66	101	75
Montana:							
Fort Harrison	112	1	11	8	18	27	47
Miles City	42	.....	2	2	6	17	15
Nebraska:							
Grand Island	93	1	9	7	13	26	37
Lincoln	125	1	8	17	27	25	47
Omaha	298	2	22	35	43	101	95
Nevada: Reno	115	1	10	14	15	39	36
New Hampshire: Manchester	120	1	12	14	10	36	47
New Jersey:							
East Orange	597	4	47	73	84	197	192
Lyons	948	7	80	113	129	302	317
New Mexico: Albuquerque	261	3	26	25	36	86	85
New York:							
Albany	470	5	25	30	51	133	226
Batavia	163	1	1	9	13	50	89
Bath	195	.....	5	6	11	42	131
Bronx	390	5	28	46	57	130	124
Brooklyn (Brooklyn)	571	6	40	59	71	185	210
Brooklyn (St. Albans)	77	.....	1	1	5	25	45
Buffalo	642	3	43	60	70	197	269
Canandaigua	810	3	50	78	102	249	328
Castle Point	176	3	10	13	23	58	69
Montrose	930	8	104	166	135	271	246
New York	665	6	46	72	86	208	247
Northport	680	5	46	78	75	259	217
Syracuse	242	6	8	16	21	87	104
North Carolina:							
Asheville	382	2	12	17	38	144	169
Durham	310	3	31	36	27	124	89
Fayetteville	240	1	14	16	30	98	81
Salisbury	729	4	35	54	107	278	251
North Dakota: Fargo	149	.....	4	10	16	50	69
Ohio:							
Chillicothe	643	8	76	100	102	192	165
Cincinnati	244	4	27	33	33	87	60
Cleveland (Wade Park)	277	8	18	13	43	120	75
Cleveland (Brecksville)	492	8	108	118	66	116	76
Dayton	395	3	19	20	42	163	148
Oklahoma:							
Muskogee	123	.....	1	12	14	43	53
Oklahoma City	294	2	28	30	43	108	83
Oregon:							
Portland (Portland)	267	1	16	35	27	85	103
Roseburg	202	2	32	32	21	59	56

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1]
September 30, 1984

Location	Total	Age					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Pennsylvania:							
Altoona	85	1	2	5	11	32	34
Butler	212	1	8	10	21	75	97
Coatesville	889	9	132	163	134	250	201
Erie	111	.....	.....	8	11	45	47
Lebanon	698	4	45	53	101	229	266
Philadelphia	275	.....	18	30	32	96	99
Pittsburgh (Highland Drive)	544	9	42	67	79	196	151
Pittsburgh (University Drive)	343	2	8	11	34	148	140
Pittsburgh (U. Dr. Aspinwall)	106	.....	.....	2	5	26	73
Wilkes-Barre	322	2	16	28	40	107	129
Puerto Rico: San Juan	617	8	99	115	102	165	128
Rhode Island: Providence	198	.....	13	18	26	70	71
South Carolina:							
Charleston	198	1	14	20	33	79	51
Columbia	329	2	23	24	49	101	130
South Dakota:							
Fort Meade	335	7	42	55	48	88	95
Hot Springs	111	.....	8	7	14	29	53
Sioux Falls	167	.....	7	9	17	62	72
Tennessee:							
Memphis	520	7	69	65	86	161	132
Mountain Home	341	4	12	26	49	113	137
Murfreesboro	494	4	44	65	75	142	164
Nashville	327	1	15	27	61	128	95
Texas:							
Amarillo	88	.....	2	6	9	39	32
Big Spring	144	1	17	18	17	39	52
Bonham	66	.....	3	6	10	17	30
Dallas	502	8	56	71	67	158	142
Houston	828	11	127	140	141	238	171
Kerrville	162	.....	1	4	11	58	88
Marlin	138	.....	.....	3	8	38	89
San Antonio	558	8	67	69	78	182	154
Temple	369	.....	18	31	51	126	143
Waco	668	4	82	76	107	214	185
Utah: Salt Lake City	315	5	38	36	58	93	85
Vermont: White River Junction	158	4	9	14	19	63	49
Virginia:							
Hampton	319	5	47	40	42	110	75
Richmond	486	8	40	67	73	162	136
Salem	595	5	71	68	73	197	181
Washington:							
American Lake	326	6	49	55	51	89	76
Portland (Vancouver)	122	3	13	23	16	34	33
Seattle	228	4	22	47	27	74	54
Spokane	155	1	4	8	16	61	65
Walla Walla	89	1	6	8	12	31	31
West Virginia:							
Beckley	132	.....	10	5	23	49	45
Clarksburg	163	.....	9	17	27	52	58
Huntington	140	.....	6	8	12	56	58
Martinsburg	222	3	11	9	28	81	90
Wisconsin:							
Madison	189	3	4	17	19	67	79
Tomah	470	6	45	74	63	120	162
Wood	394	10	37	50	48	115	134
Wyoming:							
Cheyenne	91	2	7	8	12	24	38
Sheridan	264	3	39	62	35	64	61

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 2 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not comparable with previous years.*

TABLE 23

VA Medical Centers—Hospital Care Component: Patients Discharged, Disposition, Diagnostic Group[1]—Fiscal Year 1984

Diagnostic Composition of Patients[2]	Total Discharges	Disposition			
		Regular	Irregular	Deaths	Transfers to VA or Non-VA Hospitals
All discharges	996,975	877,101	41,243	44,977	33,654
Psychotic	81,081	62,185	12,338	1,208	5,350
Alcohol psychoses (291)	8,036	6,804	829	117	286
Drug psychoses (292)	796	604	177	4	11
Other psychoses (290, 293-299)	72,249	54,777	11,332	1,087	5,053
Other psychiatric	114,944	92,611	18,531	434	3,368
Alcohol dependence and abuse (303, 305.0)	70,445	57,233	11,615	88	1,509
Drug dependence and abuse (304, 305.1-305.9)	10,760	7,680	2,898	3	179
Other nonpsychotic mental disorders (300-302, 306-319)	33,739	27,698	4,018	343	1,680
Medical and surgical	800,950	722,305	10,374	43,335	24,936
All infectious and parasitic diseases (001-139)	10,590	8,827	169	1,397	197
Malignant neoplasms (140-208, 230-234)	93,593	74,290	686	14,828	3,789
Benign and unspecified neoplasms (210-229, 235-239)	14,122	13,404	97	154	467
Diabetes mellitus (250)	18,693	17,764	286	332	311
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	10,356	9,417	134	589	216
Disorders involving the immune mechanisms (279)	415	316	16	70	13
Diseases of the blood and blood-forming organs (280-289)	8,960	8,451	103	231	175
Quadriplegia (344.0)	25	17	.....	3	5
Paraplegia (344.1)	29	22	.....	2	5
Other diseases of the nervous system (320-343, 344.2-359)	24,065	21,647	281	1,091	1,046
Diseases of the sense organs (360-389)	29,113	28,336	88	28	661
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	97,096	84,083	1,285	6,585	5,143
Cerebrovascular diseases (430-438)	22,035	18,768	190	1,999	1,078
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	42,770	39,416	507	1,550	1,297
Acute respiratory diseases (460-466, 480-487)	18,325	15,205	227	2,648	245
Chronic bronchitis and emphysema (491-492)	4,946	4,550	62	292	42
Other respiratory diseases (470-478, 490, 493-519)	46,073	41,771	510	2,928	864
Diseases of the oral cavity, salivary glands and jaws (520-529)	5,041	4,912	26	8	95
Hernia of the abdominal cavity (550-553)	19,321	18,985	91	38	207
Alcohol related liver diseases (571.0-571.3)	6,457	5,161	232	951	113
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	65,755	60,400	1,116	2,727	1,512
Diseases of the male genital organs (600-608)	22,529	22,099	98	45	287
Other diseases of the genitourinary system (580-599)	29,022	26,710	236	1,240	836
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,790	1,746	8	1	35
Diseases of the skin and subcutaneous tissue (680-709)	24,842	23,643	398	292	509
Diseases of the musculoskeletal system and connective tissue (710-739)	46,066	44,173	484	223	1,186
Congenital anomalies (740-759)	2,386	2,259	23	31	73
Symptoms, signs and ill-defined conditions (780-799)	50,594	45,578	1,538	1,897	1,581
Injuries and poisonings (800-904, 910-999)	44,874	40,863	825	915	2,271
Factors influencing health status and contact with health service (VO-V82)	40,786	39,245	654	238	649
Unknown	281	247	4	2	28

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 239,206 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Diagnostic Group[1]—Fiscal Year 1984

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age	Age						
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	3,082,935	996,975	2,085,960	57.2	98,612	110,555	136,015	342,212	222,491	52,120	34,970
I. Infectious and parasitic diseases	68,093	10,590	57,503	55.5	1,602	1,289	1,466	3,121	1,972	589	551
Pulmonary tuberculosis (011)	3,315	1,603	1,712	57.2	73	167	333	634	305	58	33
Tuberculosis, other (010, 012-018)	505	231	274	58.1	21	26	33	87	36	7	21
Tuberculosis, late effects (137)	458	11	447	(5)	.....	2	3	4	1	1	.....
All other infectious and parasitic diseases (001-009, 020-136)	63,680	8,745	54,935	55.1	1,508	1,094	1,097	2,396	1,630	523	497
Late effects of other infectious and parasitic diseases (138-139)	135	.....	135	(5)	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms	208,424	107,715	100,709	62.9	2,101	3,719	11,193	45,196	33,734	7,749	4,023
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	8,866	6,220	2,646	60.8	30	133	1,086	3,136	1,556	195	84
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	19,266	13,820	5,446	64.3	92	292	1,297	5,782	4,592	1,138	627
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	33,887	24,007	9,880	62.9	46	397	2,626	11,556	7,648	1,389	345
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	4,875	3,460	1,415	61.7	39	52	420	1,770	991	133	55
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	14,086	8,491	5,595	59.6	566	749	978	3,091	2,249	570	288
Malignant neoplasm of genitourinary organs (179-189, 233)	25,559	16,554	9,005	67.2	194	227	742	5,496	6,559	2,015	1,321
Malignancies of all other systems (170-175, 190-199, 232, 234)	75,237	21,041	54,196	62.5	521	877	2,374	8,710	6,113	1,522	924
Neoplasms, benign (210-229)	20,567	11,148	9,419	59.7	510	843	1,402	4,518	3,108	544	223
Neoplasms of unspecified nature (235-239)	6,081	2,974	3,107	62.7	103	149	268	1,137	918	243	156
III. Endocrine, nutritional and metabolic diseases and immunity disorders	186,036	29,464	156,572	59.1	1,437	2,519	4,639	11,614	6,778	1,416	1,061
Diabetes mellitus (250)	102,375	18,693	83,682	58.5	802	1,574	3,188	7,768	4,312	734	315
Diseases of the endocrine glands (240-246, 251-259)	13,816	3,077	10,739	57.5	249	301	448	1,206	655	138	80
Gout (274)	8,825	1,123	7,702	61.0	23	72	174	450	301	56	47
Obesity (278.0-278.1)	18,533	618	17,915	52.6	44	114	161	217	68	12	2
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	41,566	5,538	36,028	64.0	176	314	626	1,907	1,422	476	617
Disorders involving the immune mechanisms (279)	921	415	506	41.6	143	144	42	66	20	.....	.....
IV. Diseases of the blood and blood-forming organs	59,748	8,960	50,788	63.6	368	474	885	3,039	2,590	813	791
Anemias (280-282.4, 282.7-285)	42,772	5,746	37,026	65.8	96	191	552	1,909	1,773	598	627
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	644	225	419	39.3	94	73	18	36	4	.....	.....
Other diseases of the blood and blood-forming organs (286-289)	16,332	2,989	13,343	61.0	178	210	315	1,094	813	215	164

V. Mental disorders	419,902	196,025	223,877	45.6	53,067	51,259	32,352	39,074	14,859	3,103	2,311
Alcohol psychosis (291)	18,610	8,036	10,574	53.4	652	1,370	1,786	2,792	1,260	151	25
Drug psychosis (292)	1,707	796	911	40.7	385	181	46	94	64	15	11
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	13,546	6,143	7,403	69.1	194	223	317	1,362	1,900	1,042	1,105
Schizophrenic disorders (295)	58,645	45,053	13,592	40.7	17,951	12,657	5,930	6,278	1,913	231	93
Other psychoses (296-299)	32,825	21,053	11,772	49.0	4,362	4,639	3,541	5,290	2,470	448	303
Neurotic disorders (300)	29,228	9,452	19,776	48.5	1,854	2,308	1,579	2,526	959	169	57
Personality disorders (301)	33,835	6,061	27,774	37.9	2,759	1,995	627	487	159	19	15
Alcohol dependence or abuse (303, 305.0)	142,261	70,445	71,816	46.1	14,745	18,761	15,824	16,555	4,235	304	21
Drug dependence or abuse (304, 305.1-305.9)	41,245	10,760	30,485	34.7	6,141	3,540	677	327	65	8	2
Other nonpsychotic mental disorders (302, 306-319)	48,000	18,226	29,774	48.2	4,024	5,585	2,025	3,363	1,834	716	679
VI. Diseases of the nervous system and sense organs	172,611	53,232	119,379	60.5	2,941	3,991	6,417	19,221	14,827	3,696	2,139
Quadriplegia (344.0)	3,896	25	3,871	([5])	5	5	9	2	3	.....	1
Paraplegia (344.1)	5,523	29	5,494	([5])	4	4	4	10	4	2	1
Epilepsy (345)	11,726	3,752	7,974	51.3	643	638	604	1,172	535	124	36
Disorders of the peripheral nervous system (350-359)	20,994	7,152	13,842	56.9	500	779	1,167	2,762	1,551	281	112
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349)	55,027	13,161	41,866	59.0	903	1,332	1,721	4,404	3,468	862	471
Glaucoma (365)	7,805	1,671	6,134	64.5	16	67	119	609	639	146	75
Cataract (366)	19,015	13,740	5,275	66.4	45	171	1,020	5,133	4,902	1,447	1,022
Blindness (369)	3,968	535	3,433	59.7	33	51	85	173	123	41	29
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	28,752	9,320	19,432	61.7	380	474	1,082	3,561	2,830	667	326
Diseases of the ear and mastoid process (380-389)	15,905	3,847	12,058	55.4	412	470	606	1,395	772	126	6
VII. Diseases of the circulatory system	620,821	161,901	458,920	62.3	2,413	6,844	21,654	68,329	45,224	10,383	7,054
Chronic rheumatic heart disease (393-398)	3,862	1,140	2,722	58.7	51	74	200	479	277	41	18
Hypertensive disease without heart involvement (401, 403, 405)	124,062	10,128	113,934	58.8	328	853	1,759	4,273	2,327	414	174
Hypertensive heart disease (402, 404)	10,646	3,504	7,142	63.8	17	76	397	1,534	1,044	273	163
Acute myocardial infarction (410)	19,977	11,194	8,783	62.1	68	475	1,692	4,836	3,022	734	367
Other ischemic heart disease (411-414)	157,227	41,757	115,470	61.0	188	1,660	7,280	19,583	10,137	1,772	1,137
Other forms of heart disease (391, 392.0, 420-429)	149,629	39,501	110,128	64.7	557	1,226	3,826	15,098	12,229	3,528	3,037
Cerebrovascular diseases (430-438)	57,126	22,035	35,091	64.4	140	426	2,177	9,206	7,207	1,753	1,126
Atherosclerosis (440)	13,123	2,594	10,529	64.9	2	42	250	1,112	837	180	171
Other diseases of arteries, arterioles and capillaries (441-448)	37,284	13,877	23,407	63.2	114	314	1,478	6,160	4,489	927	395
Varicose veins of lower extremities (454)	4,834	1,816	3,018	60.7	63	181	283	587	490	122	90
Hemorrhoids (455)	11,598	4,135	7,463	53.9	380	697	791	1,425	703	89	50
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	31,453	10,220	21,233	59.3	505	840	1,541	3,986	2,472	550	326
VIII. Diseases of the respiratory system	211,507	69,344	142,163	62.8	2,614	3,104	7,009	26,311	20,680	5,565	4,061
Acute respiratory infections (460-466)	12,460	3,916	8,544	60.2	316	253	410	1,439	1,056	235	207
Pneumonia and influenza (480-487)	32,630	14,409	18,221	65.8	486	662	1,364	4,349	3,949	1,636	1.963
Chronic bronchitis (491)	9,704	3,166	6,538	64.0	23	64	300	1,367	1,028	266	118
Emphysema (492)	7,443	1,780	5,663	64.0	16	39	163	743	606	149	64

See footnotes at end of table.

TABLE 24—Continued

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Diagnostic Group[1]—Fiscal Year 1984

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age	Age						
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	149,270	46,073	103,197	62.0	1,773	2,086	4,772	18,413	14,041	3,279	1,709
IX. Diseases of the digestive system	280,541	96,574	183,967	58.1	6,672	9,570	14,719	35,944	21,666	4,908	3,095
Diseases of oral cavity, salivary glands and jaws (520-529)	58,512	5,041	53,471	53.8	755	553	749	1,819	963	132	70
Ulcers of the digestive system (530.2, 531-534)	22,804	9,847	12,957	59.3	489	851	1,411	3,884	2,350	557	305
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	35,685	11,776	23,909	58.6	687	1,032	1,829	4,549	2,763	588	328
Hernia of the abdominal cavity (550-553)	34,546	19,321	15,225	59.4	1,097	1,437	2,663	7,377	5,134	1,099	514
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	71,658	28,807	42,851	58.9	2,279	2,828	3,799	9,859	6,696	1,815	1,531
Alcohol related liver disorders (571.0-571.3)	21,135	6,457	14,678	55.4	217	771	1,584	2,853	936	87	9
Other diseases of liver, gallbladder and pancreas (570, 571.4-577)	36,201	15,325	20,876	56.1	1,148	2,098	2,684	5,603	2,824	620	338
X. Diseases of the genitourinary system	153,416	53,319	100,097	62.0	2,583	3,295	5,498	18,863	16,032	4,020	3,028
Nephritis, nephrotic syndrome and nephrosis (580-589)	22,534	5,656	16,878	60.1	311	404	857	2,036	1,437	337	274
Other diseases of the urinary system (590-599)	80,552	23,366	57,186	62.0	1,211	1,872	2,551	7,533	6,377	1,943	1,879
Diseases of the prostate (600-602)	33,141	15,899	17,242	66.1	64	169	762	6,201	6,495	1,469	739
Other diseases of the male genital organs (603-608)	13,713	6,630	7,083	56.6	581	595	1,110	2,636	1,391	206	111
Disorders of breast and gynecological diseases (610-629)	3,476	1,768	1,708	50.9	416	255	218	457	332	65	25
XI. Complications of pregnancy, childbirth and puerperium (630-676)	41	22	19	([5])	20	2	.....	.....	.....	.....	.....
XII. Diseases of skin and subcutaneous tissue	70,736	24,842	45,894	55.5	2,931	3,242	3,716	8,236	4,898	1,080	739
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	34,313	12,613	21,700	54.7	1,629	1,682	1,997	4,169	2,277	487	372
Other diseases of skin and subcutaneous tissue (700-709)	36,423	12,229	24,194	56.3	1,302	1,560	1,719	4,067	2,621	593	367
XIII. Diseases of the musculoskeletal system and connective tissue	131,805	46,066	85,739	54.7	5,485	6,259	7,273	15,755	8,816	1,620	858
Osteoarthrosis and allied disorders (715)	26,552	6,105	20,447	62.0	191	329	648	2,432	1,855	414	236
Other arthropathies and related disorders (710-714, 716-719)	27,842	9,836	18,006	51.6	1,978	1,373	1,324	3,058	1,722	274	107
Dorsopathies (720-724)	36,807	13,970	22,837	53.6	1,423	2,376	2,700	4,708	2,141	409	213
Rheumatism, excluding the back (725-729)	18,075	7,975	10,100	55.1	830	1,029	1,307	2,851	1,593	253	112
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	22,529	8,180	14,349	54.2	1,063	1,152	1,294	2,706	1,505	270	190
XIV. Congenital deformities (740-759)	7,421	2,386	5,035	55.0	301	302	333	817	478	102	53

XVI. Symptoms, signs and ill-defined conditions (780-799)	177,748	50,594	127,154	58.6	3,336	4,894	7,489	18,588	11,421	2,842	2,024
XVII. Injury and poisoning	109,680	[7]45,155	64,525	53.8	7,597	6,281	6,322	13,308	7,836	2,012	1,799
Fracture of skull (800-804)	2,894	1,736	1,158	43.3	600	414	266	304	109	29	14
Fracture of neck and trunk (805-809)	5,178	2,360	2,818	55.8	330	286	339	710	432	123	140
Fracture of upper and lower limb (810-829)	15,721	10,243	5,478	57.3	1,361	1,216	1,270	3,002	1,935	639	820
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	6,607	3,954	2,653	47.3	1,115	710	587	974	443	79	46
Intracranial injury, excluding those with skull fracture (850-854)	2,916	1,912	1,004	51.4	433	307	253	467	261	110	81
Internal injury of chest, abdomen and pelvis (860-869)	1,313	623	690	50.9	119	117	109	145	101	14	18
Open wounds (870-897)	9,917	4,292	5,625	46.3	1,309	870	588	922	453	95	55
Burns (940-949)	2,613	1,119	1,494	52.4	187	171	175	357	164	32	33
Poisoning by drugs, medicinal and biological substances (960-979)	7,653	2,283	5,370	51.8	438	444	280	580	384	93	64
Toxic effects of substances chiefly nonmedical as to source (980-989)	1,025	330	695	49.5	73	58	55	97	39	5	3
All other injuries (900-904, 910-939, 950-959, 990-995)	14,499	4,520	9,979	53.5	757	652	672	1,346	717	212	164
Complications of surgical and medical care (996-999)	26,444	11,502	14,942	58.5	813	977	1,683	4,330	2,772	571	356
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	12,900	[7]281	12,619	48.7	62	59	45	74	26	10	5
XVIII. Factors influencing health status and contact with health services (V01-V82)	204,405	40,786	163,619	58.9	3,144	3,511	5,050	14,796	10,680	2,222	1,383

[1] *Patient treatment file. This table as well as all others in this discharge series, excludes 239,206 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, is not included in this table.*

[3] *Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.*

[5] *Associated diagnoses are diagnoses for which treatment was given, other than the primary diagnosis. In FY 1984 a new Patient Treatment File system was installed and a change in the methodology for counting associated diagnoses was implemented. In prior years, the only diagnoses counted were those (up to ten) from the discharge bed section only. In the new system, diagnoses are recorded (up to ten) for each bed section change the patient may have during his/her treatment period.*

[6] *Average age not calculated for totals of less than 100.*

[7] *281 records were coded as "Late effects of injuries, poisoning, toxic effects and other external causes (905-909)" as the principal diagnosis. These records were for diagnoses no longer considered valid principal diagnoses. However, at the time this table was created, edits had not been established to correct this on the file.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay[1]—Fiscal Year 1984

Type of Patient and Age	Total			Short Term[3]		Length of Stay (Days)													Total Days[4]
	Patients	Average Days	Median Days[2]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
All patients	996,975	25.0	9.7	14.3	97.3	109,113	145,719	192,998	210,655	104,709	81,096	96,005	25,157	19,356	4,711	1,985	2,863	2,608	24,973,709
Under 20	268	14.0	6.4	10.7	97.8	31	55	80	43	22	17	6	5	8	1	.....	.....	.....	3,752
20-24	10,624	20.4	7.3	14.1	96.7	1,538	2,007	2,144	1,523	727	835	1,104	342	273	63	28	34	6	216,441
25-29	32,892	21.8	8.5	15.2	96.7	4,388	5,308	6,351	5,147	2,625	2,868	3,893	997	884	229	76	98	28	717,674
30-34	54,827	22.5	9.8	15.9	96.8	6,908	8,072	10,157	8,997	4,654	5,259	6,930	1,756	1,441	342	113	140	58	1,235,426
35-39	69,682	22.9	9.7	15.6	96.9	8,570	10,573	12,740	11,926	6,225	6,446	8,561	2,095	1,655	466	165	177	83	1,592,714
40-44	40,873	23.9	9.5	15.1	97.0	4,808	6,174	7,760	7,534	3,585	3,704	4,752	1,152	886	234	95	111	78	978,289
45-49	47,189	23.8	9.3	14.4	97.5	5,254	7,284	9,325	9,484	4,505	3,831	4,989	1,143	847	200	94	123	110	1,121,423
50-54	88,826	22.3	9.2	13.8	97.6	9,638	13,879	17,564	19,028	8,971	6,938	8,288	2,079	1,534	351	148	234	174	1,981,761
55-59	141,013	24.5	9.5	13.9	97.5	14,611	21,000	28,139	31,087	15,006	11,112	12,798	3,227	2,478	629	239	317	370	3,457,921
60-64	201,200	24.0	9.4	13.6	97.7	21,683	29,676	39,996	45,365	22,295	15,553	16,801	4,475	3,262	765	318	498	513	4,833,784
65-69	144,610	24.7	9.5	13.7	97.5	15,962	21,049	28,196	32,399	16,202	10,976	12,280	3,326	2,515	596	276	431	402	3,565,506
70-74	77,881	27.1	10.2	14.4	97.1	8,059	10,418	14,866	17,720	9,097	6,117	7,051	1,992	1,525	326	164	280	266	2,112,542
75-79	38,797	28.6	11.0	15.2	96.5	3,656	4,834	7,008	8,928	4,722	3,276	3,727	1,110	894	203	117	178	144	1,108,853
80-84	13,323	38.8	11.4	15.5	96.1	1,199	1,565	2,390	3,088	1,669	1,105	1,359	380	288	81	47	64	88	516,877
85 and over	34,970	43.8	11.8	15.9	95.8	2,808	3,825	6,282	8,386	4,404	3,059	3,466	1,078	866	225	105	178	288	1,530,746
Psychotic	81,081	91.7	21.9	24.6	88.4	4,974	5,961	8,775	11,846	9,063	9,090	15,276	5,636	5,265	1,723	783	1,164	1,525	7,433,396
Under 20	26	20.0	13.0	20.0	100.0	.....	2	6	7	4	3	2	1	1	.....	.....	.....	.....	519
20-24	2,179	37.5	20.0	24.1	92.7	204	184	259	279	226	260	404	182	122	30	11	14	4	81,686
25-29	8,412	37.9	18.4	22.9	92.4	664	652	1,091	1,325	966	921	1,502	529	504	136	45	56	21	318,855
30-34	12,927	38.3	18.5	22.9	92.9	1,050	1,037	1,634	1,992	1,483	1,435	2,409	813	717	174	62	80	41	495,038
35-39	12,781	43.7	18.8	22.8	92.6	1,022	1,042	1,502	1,962	1,582	1,482	2,328	773	629	219	82	99	59	557,986
40-44	6,289	53.5	20.6	23.8	91.0	401	488	762	913	724	749	1,200	421	344	125	48	63	51	336,518
45-49	4,863	75.0	21.1	24.1	89.8	294	411	550	707	536	549	923	335	283	95	44	58	78	364,620
50-54	6,757	88.2	23.0	25.2	88.1	329	547	710	954	750	757	1,340	484	454	139	68	108	117	596,173
55-59	7,926	129.3	26.6	26.6	84.8	345	561	760	1,048	784	910	1,594	617	594	234	105	133	241	1,024,575
60-64	7,890	159.8	28.1	27.4	83.2	305	502	673	1,066	799	874	1,586	647	633	230	95	186	294	1,260,928
65-69	5,083	174.6	29.4	27.7	80.1	178	275	392	692	549	553	952	390	459	167	97	161	218	887,270
70-74	2,524	193.3	29.7	27.9	80.1	88	125	202	366	258	262	466	215	209	73	57	68	135	487,778
75-79	1,363	191.7	33.1	28.5	76.4	42	47	95	195	141	142	256	96	141	43	30	60	75	261,304
80-84	524	335.3	28.9	24.9	74.2	21	20	38	76	66	53	85	26	44	16	12	23	44	175,690
85 and over	1,537	380.3	29.0	26.2	75.1	31	68	101	264	195	140	229	107	131	42	27	55	147	584,456
Other psychiatric	114,944	31.5	16.2	20.5	96.3	10,068	12,364	16,790	16,519	9,877	16,905	23,083	4,300	3,299	820	298	354	267	3,621,283
Under 20	25	16.3	5.7	16.3	100.0	6	3	8	.....	.....	5	1	2	.....	.....	.....	.....	.....	407
20-24	2,400	26.8	18.5	21.2	96.4	254	238	293	311	208	398	502	90	78	17	3	8	.....	64,319
25-29	9,049	26.1	16.6	20.4	96.7	963	963	1,237	1,186	762	1,421	1,831	315	264	66	20	18	3	235,821
30-34	18,049	25.9	15.8	20.1	96.6	1,943	1,897	2,490	2,513	1,571	2,771	3,447	674	525	134	37	41	6	466,843
35-39	22,126	27.5	17.0	20.8	96.1	2,239	2,316	2,978	2,954	1,932	3,291	4,495	892	725	185	62	50	7	607,678
40-44	10,063	27.7	17.9	21.1	96.6	911	1,068	1,418	1,301	776	1,609	2,201	376	294	61	21	21	6	278,295
45-49	9,108	27.9	15.8	20.5	97.5	794	1,021	1,398	1,258	712	1,294	2,042	300	191	42	26	18	12	253,784
50-54	11,624	27.7	15.8	20.4	97.2	897	1,376	1,815	1,617	952	1,703	2,439	422	275	61	16	35	16	321,431
55-59	12,325	32.8	15.6	20.6	97.0	810	1,399	2,043	1,823	1,025	1,736	2,562	466	299	75	24	29	34	404,167
60-64	10,933	32.0	14.6	19.7	96.5	728	1,230	1,749	1,853	994	1,559	1,986	376	284	64	31	37	42	349,847
65-69	5,240	46.4	14.9	20.0	95.4	309	531	831	958	496	692	962	186	152	40	23	30	31	243,206
70-74	2,012	64.9	15.4	20.0	92.6	132	173	306	383	212	239	319	84	74	27	10	27	26	130,498
75-79	898	93.5	18.2	20.9	86.2	44	85	117	157	98	88	132	42	68	19	8	18	22	83,935
80-84	318	148.7	18.9	22.4	85.2	11	21	31	71	44	29	42	17	18	7	5	6	16	47,285
85 and over	774	172.8	23.4	25.4	82.2	27	43	77	134	95	70	122	58	52	22	12	16	46	133,767

75-79	898	93.5	18.2	20.9	86.2	44	85	117	157	98	88	132	42	68	19	8	18	22	83,935
80-84	318	148.7	18.9	22.4	85.2	11	21	31	71	44	29	42	17	18	7	5	6	16	47,285
85 and over	774	172.8	23.4	25.4	82.2	27	43	77	134	95	70	122	58	52	22	12	16	46	133,767
Medical and surgical	800,950	17.4	8.4	12.5	98.3	94,071	127,394	167,433	182,290	85,769	55,101	57,646	15,221	10,792	2,168	904	1,345	816	13,919,030
Under 20	217	13.0	6.0	8.9	97.2	25	50	66	36	18	9	3	2	7	1	.....	.....	.....	2,826
20-24	6,045	11.7	4.9	7.9	98.2	1,080	1,585	1,592	933	293	177	198	70	73	16	14	12	2	70,436
25-29	15,431	10.6	5.2	8.2	99.0	2,761	3,693	4,023	2,636	897	526	560	153	116	27	11	24	4	162,998
30-34	23,851	11.5	5.9	9.2	99.0	3,915	5,138	6,033	4,492	1,600	1,053	1,074	269	199	34	14	19	11	273,545
35-39	34,775	12.3	6.3	9.9	99.0	5,309	7,215	8,260	7,010	2,711	1,673	1,738	430	301	62	21	28	17	427,050
40-44	24,521	14.8	7.0	10.7	98.7	3,496	4,618	5,580	5,320	2,085	1,346	1,351	355	248	48	26	27	21	363,476
45-49	33,218	15.1	7.6	11.4	98.7	4,166	5,852	7,377	7,519	3,257	1,988	2,024	508	373	63	24	47	20	503,019
50-54	70,445	15.1	7.9	11.8	98.6	8,412	11,956	15,039	16,457	7,269	4,478	4,509	1,173	805	151	64	91	41	1,064,157
55-59	120,762	16.8	8.6	12.5	98.4	13,456	19,040	25,336	28,216	13,197	8,466	8,642	2,144	1,585	320	110	155	95	2,029,179
60-64	182,377	17.7	8.8	12.8	98.4	20,650	27,944	37,574	42,446	20,502	13,120	13,229	3,452	2,345	471	192	275	177	3,223,009
65-69	134,287	18.1	9.0	13.1	98.2	15,475	20,243	26,974	30,749	15,157	9,731	10,366	2,750	1,904	389	156	240	153	2,435,030
70-74	73,345	20.4	9.8	13.9	97.8	7,839	10,120	14,358	16,971	8,627	5,616	6,266	1,693	1,242	226	97	185	105	1,494,266
75-79	36,536	20.9	10.6	14.7	97.5	3,570	4,702	6,796	8,576	4,483	3,046	3,339	972	685	141	79	100	47	763,614
80-84	12,481	23.5	10.9	15.1	97.3	1,167	1,524	2,321	2,941	1,559	1,023	1,232	337	226	58	30	35	28	293,902
85 and over	32,659	24.9	11.3	15.4	97.0	2,750	3,714	6,104	7,988	4,114	2,849	3,115	913	683	161	66	107	95	812,523

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 239,206 one-day dialysis discharges.*

[2] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[3] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[4] *Excludes those cases for which the number of days are unavailable.*

TABLE 26

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group[1]—Fiscal Year 1984

Diagnostic Composition of Patients[2]	Total Discharged	Age					Marital Status					
		Under 45	45-54	55-64	65-74	75 and over	Never Married	Married	Separated	Widowed	Divorced	Unknown[3]
All discharges	996,975	209,166	136,015	342,213	222,491	87,090	128,048	533,346	48,590	71,911	190,880	24,200
Psychotic	81,081	42,614	11,620	15,816	7,607	3,424	28,468	23,631	5,657	3,148	18,364	1,813
Alcohol pyschoses (291)	8,036	2,022	1,786	2,792	1,260	176	1,230	2,505	650	579	2,834	238
Drug psychoses (292)	796	566	46	94	64	26	267	274	64	23	152	16
Other psychoses (290, 293-299)	72,249	40,026	9,788	12,930	6,283	3,222	26,971	20,852	4,943	2,546	15,378	1,559
Other psychiatric	114,944	61,712	20,732	23,258	7,252	1,990	21,301	39,383	10,289	4,869	37,258	1,844
Alcohol dependence and abuse (303, 305.0)	70,445	33,506	15,824	16,555	4,235	325	12,400	21,093	6,318	3,232	26,388	1,014
Drug dependence and abuse (304, 305.1-305.9)	10,760	9,681	677	327	65	10	3,170	3,188	1,345	141	2,692	224
Other nonpsychotic mental disorders (300-302, 306-319)	33,739	18,525	4,231	6,376	2,952	1,655	5,731	15,102	2,626	1,496	8,178	606
Medical and surgical	800,950	104,840	103,663	303,139	207,632	81,676	78,279	470,332	32,644	63,894	135,258	20,543
All infectious and parasitic diseases (001-139)	10,590	2,891	1,466	3,121	1,972	1,140	1,569	5,296	583	813	2,005	324
Malignant neoplasms (140-208, 230-234)	93,593	4,215	9,523	39,541	29,708	10,606	8,072	56,226	3,562	8,531	14,841	2,361
Benign and unspecified neoplasms (210-229, 235-239)	14,122	1,605	1,670	5,655	4,026	1,166	1,279	8,963	501	933	2,172	274
Diabetes mellitus (250)	18,693	2,376	3,188	7,768	4,312	1,049	1,863	10,917	910	1,337	3,262	404
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	10,356	1,293	1,409	3,780	2,446	1,428	1,101	5,692	457	999	1,789	318
Disorders involving the immune mechanisms (279)	415	287	42	66	20	.....	187	122	28	.....	61	17
Diseases of the blood and blood-forming organs (280-289)	8,960	842	885	3,039	2,590	1,604	862	5,387	315	911	1,251	234
Quadriplegia (344.0)	25	10	9	2	3	1	2	10	4	1	8	.....
Paraplegia (344.1)	29	8	4	10	4	3	5	20	.....	1	2	1
Other diseases of the nervous system (320-343, 344.2-359)	24,065	4,795	3,492	8,338	5,554	1,886	2,581	14,720	925	1,414	3,861	564
Diseases of the sense organs (360-389)	29,113	2,119	2,912	10,871	9,266	3,945	2,525	17,424	982	2,665	4,667	850
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	97,096	4,392	13,395	41,530	26,709	11,070	6,327	64,051	3,037	7,964	13,574	2,143
Cerebrovascular diseases (430-438)	22,035	566	2,177	9,206	7,207	2,879	1,511	14,124	733	2,002	3,150	515
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	42,770	4,299	6,082	17,593	11,308	3,488	3,854	25,003	1,848	3,399	7,553	1,113
Acute respiratory diseases (460-466, 480-487)	18,325	1,717	1,774	5,788	5,005	4,041	1,960	9,809	778	2,330	2,972	476
Chronic bronchitis and emphysema (491-492)	4,946	142	463	2,110	1,634	597	368	2,765	179	531	1,020	83
Other respiratory diseases (470-478, 490, 493-519)	46,073	3,859	4,772	18,413	14,041	4,988	4,145	26,117	1,959	4,332	8,389	1,131
Diseases of the oral cavity, salivary glands and jaws (520-529)	5,041	1,308	749	1,819	963	202	690	2,765	228	292	906	160
Hernia of the abdominal cavity (550-553)	19,321	2,534	2,663	7,377	5,134	1,613	2,063	11,471	759	1,328	3,295	405
Alcohol related liver diseases (571.0-571.3)	6,457	988	1,584	2,853	936	96	612	2,777	395	494	1,988	191
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	65,755	11,412	9,723	23,895	14,633	6,092	7,063	36,885	3,001	4,801	12,357	1,648
Diseases of the male genital organs (600-608)	22,529	1,409	1,872	8,837	7,886	2,525	1,889	14,599	772	1,682	2,986	601
Other diseases of the genitourinary system (580-599)	29,022	3,798	3,408	9,569	7,814	4,433	2,852	17,458	1,036	2,597	4,066	1,013
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,790	692	218	458	332	90	306	849	85	118	368	64
Diseases of the skin and subcutaneous tissue (680-709)	24,842	6,173	3,716	8,236	4,898	1,819	3,648	12,722	1,232	1,674	4,807	759
Diseases of the musculoskeletal system and connective tissue (710-739)	46,066	11,744	7,273	15,755	8,816	2,478	4,282	28,592	1,832	2,462	7,896	1,002
Congenital anomalies (740-759)	2,386	603	333	817	478	155	265	1,427	104	138	401	51
Symptoms, signs and ill-defined conditions (780-799)	50,594	8,230	7,489	18,588	11,421	4,866	4,981	29,046	2,412	4,017	8,808	1,330
Injuries and poisonings (800-904, 910-999)	44,874	13,757	6,277	13,234	7,810	3,796	6,857	21,011	2,403	3,136	9,889	1,578
Factors influencing health status and contact with health service (VO1-V82)	40,786	6,655	5,050	14,796	10,680	3,605	4,517	23,955	1,568	2,976	6,846	924
Unknown	281	121	45	74	26	15	43	129	16	16	68	9

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 239,206 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Includes all records for which required data are unavailable or are unknown.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Compensation and Pension Status, Type of Patient, Age[1]—September 30, 1984

Type of Patient and Age Group	Total All Patients	Service Connected				Nonservice Connected			Non-Veteran[3]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	No Claim Pending	
All patients	58,557	17,878	9,017	340	8,521	40,480	10,867	29,613	199
Under 25	644	193	145	4	44	400	11	389	51
25-34	5,390	2,069	1,489	20	560	3,279	280	2,999	42
35-44	6,889	2,657	1,732	29	896	4,201	493	3,708	31
45-54	7,845	2,189	1,264	31	894	5,631	1,186	4,445	25
55-64	19,037	5,352	2,409	101	2,842	13,655	4,216	9,439	30
65 and over	18,752	5,418	1,978	155	3,285	13,314	4,681	8,633	20
Psychotic	15,453	6,841	5,491	118	1,232	8,597	2,787	5,810	15
Under 25	248	121	104	3	14	123	7	116	4
25-34	2,227	1,281	1,118	7	156	943	133	810	3
35-44	2,425	1,289	1,116	16	157	1,134	215	919	2
45-54	2,301	969	814	17	138	1,330	405	925	2
55-64	4,448	1,777	1,375	38	364	2,670	1,121	1,549	1
65 and over	3,804	1,404	964	37	403	2,397	906	1,491	3
Other psychiatric	8,347	2,200	968	39	1,193	6,134	932	5,202	13
Under 25	169	19	7	1	11	148	1	147	2
25-34	1,793	403	181	7	215	1,387	73	1,314	3
35-44	2,306	709	333	6	370	1,595	94	1,501	2
45-54	1,283	266	110	2	154	1,016	132	884	1
55-64	1,592	448	184	9	255	1,142	309	833	2
65 and over	1,204	355	153	14	188	846	323	523	3
Medical and surgical	34,757	8,837	2,558	183	6,096	25,749	7,148	18,601	171
Under 25	227	53	34	.....	19	129	3	126	45
25-34	1,370	385	190	6	189	949	74	875	36
35-44	2,158	659	283	7	369	1,472	184	1,288	27
45-54	4,261	954	340	12	602	3,285	649	2,636	22
55-64	12,997	3,127	850	54	2,223	9,843	2,786	7,057	27
65 and over	13,744	3,659	861	104	2,694	10,071	3,452	6,619	14

[1] A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 2 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.

[2] Veterans with compensable SC disabilities but treated for nonservice-connected disabilities only.

[3] All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If veteran is admitted as an Office of Worker's Compensation case, he/she is coded as a nonveteran.

[3] Includes all records for which required data are unavailable or are unknown.

one-day dialysis discharges.

[2] The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age[1]—Fiscal Year 1984

Type of Patient and Age	Total	Service Connected				Nonservice Connected			Non-Veterans[3]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	Other	
All patients	996,975	297,556	98,925	4,254	194,377	694,401	178,284	516,117	5,018
Under 25	10,892	2,838	1,834	46	958	6,963	261	6,702	1,091
25-34	87,719	29,931	18,066	335	11,530	56,730	4,179	52,551	1,058
35-44	110,555	39,054	20,015	396	18,643	70,765	6,659	64,106	736
45-54	136,015	35,140	13,336	359	21,445	100,167	18,073	82,094	708
55-64	342,213	97,180	25,537	1,320	70,323	244,225	69,513	174,712	808
65 and over	309,581	93,413	20,137	1,798	71,478	215,551	79,599	135,952	617
Psychotic	81,081	37,932	29,536	394	8,002	42,874	10,414	32,460	275
Under 25	2,205	1,004	835	13	156	1,096	45	1,051	105
25-34	21,339	11,930	10,297	90	1,543	9,313	1,100	8,213	96
35-44	19,070	10,267	8,474	66	1,727	8,770	1,406	7,364	33
45-54	11,620	4,648	3,517	49	1,082	6,958	1,716	5,242	14
55-64	15,816	6,181	4,247	79	1,855	9,622	3,471	6,151	13
65 and over	11,031	3,902	2,166	97	1,639	7,115	2,676	4,439	14
Other psychiatric	114,944	27,954	10,569	415	16,970	86,617	11,588	75,029	373
Under 25	2,425	341	150	4	187	1,939	43	1,896	145
25-34	27,098	6,006	2,592	102	3,312	20,995	1,037	19,958	97
35-44	32,189	8,696	3,638	115	4,943	23,446	1,450	21,996	47
45-54	20,732	4,027	1,251	51	2,725	16,658	2,072	14,586	47
55-64	23,258	6,040	2,018	79	3,943	17,184	4,468	12,716	34
65 and over	9,242	2,844	920	64	1,860	6,395	2,518	3,877	3
Medical and surgical	800,950	231,670	58,820	3,445	169,405	564,910	156,282	408,628	4,370
Under 25	6,262	1,493	849	29	615	3,928	173	3,755	841
25-34	39,282	11,995	5,177	143	6,675	26,422	2,042	24,380	865
35-44	59,296	20,091	7,903	215	11,973	38,549	3,803	34,746	656
45-54	103,663	26,465	8,568	259	17,638	76,551	14,285	62,266	647
55-64	303,139	84,959	19,272	1,162	64,525	217,419	61,574	155,845	761
65 and over	289,308	86,667	17,051	1,637	67,979	202,041	74,405	127,636	600

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series excludes 239,206 one-day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[3] *Includes patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Worker's Compensation program case, he/she is considered as a non-veteran.*

VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex[1]—Fiscal Year 1984

Compensation and Pension Status	All Patients				Female				Male			
	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical
VA Hospitals—Totals	996,975	81,081	114,944	800,950	19,518	2,503	1,837	15,178	977,457	78,578	113,107	785,772
Service connected	103,179	29,930	10,984	62,265	2,641	902	316	1,423	100,538	29,028	10,668	60,842
10% or more	98,925	29,536	10,569	58,820	2,553	889	312	1,352	96,372	28,647	10,257	57,468
Less than 10%	4,254	394	415	3,445	88	13	4	71	4,166	381	411	3,374
Nonservice connected with SC[2]	194,377	8,002	16,970	169,405	2,978	185	230	2,563	191,399	7,817	16,740	166,842
NSC with pension	178,284	10,414	11,588	156,282	3,087	350	181	2,556	175,197	10,064	11,407	153,726
NSC no claim pending	516,117	32,460	75,029	408,628	9,465	1,032	1,074	7,359	506,652	31,428	73,955	401,269
Nonveterans[3]	5,018	275	373	4,370	1,347	34	36	1,277	3,671	241	337	3,093

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 293,206 one-day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[3] *Includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Worker's Compensation program case, he/she is coded as a nonveteran.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—Fiscal Year 1984

Reported State of Residence	All Discharges			Type of Patient					
	Total	Hospitalized in Same State		Psychotic		Other Psychiatric		Medical and Surgical	
		Number	Percent	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
Total	996,975	881,825	88.5	81,081	89.7	114,944	87.6	800,950	88.4
United States	985,386	870,590	88.4	78,953	89.4	114,202	87.6	792,231	88.4
Alabama	20,155	18,175	90.2	2,384	92.8	2,018	83.1	15,753	90.7
Alaska	82	.....	.....	6	.....	10	.....	66	.....
Arizona	20,899	20,234	96.8	1,263	95.7	2,242	97.2	17,394	96.8
Arkansas	21,874	18,487	84.5	1,053	88.2	2,279	87.2	18,542	84.0
California	82,547	80,586	97.6	6,965	96.9	8,002	96.8	67,580	97.8
Colorado	10,208	9,012	88.3	635	84.9	1,569	75.1	8,004	91.1
Connecticut	10,441	9,903	94.8	843	83.3	1,031	91.9	8,567	96.3
Delaware	2,578	2,215	85.9	90	25.6	165	21.8	2,323	92.8
District of Columbia	4,398	4,235	96.3	316	90.2	498	90.2	3,584	97.7
Florida	50,396	47,906	95.1	3,328	88.2	4,874	92.5	42,194	95.9
Georgia	25,687	20,167	78.5	2,220	80.0	2,672	80.8	20,795	78.1
Hawaii	25	.....	.....	2	.....	5	.....	18	.....
Idaho	5,175	3,243	62.7	234	64.5	600	65.7	4,341	62.2
Illinois	51,323	42,921	83.6	4,084	87.3	6,814	90.9	40,425	82.0
Indiana	17,615	12,506	71.0	1,428	68.7	2,145	72.5	14,042	71.0
Iowa	15,635	12,738	81.5	1,196	90.1	1,608	86.4	12,831	80.1
Kansas	12,754	10,234	80.2	929	84.5	1,678	86.8	10,147	78.8
Kentucky	20,583	15,313	74.4	1,365	78.2	1,733	74.6	17,485	74.1
Louisiana	21,248	19,766	93.0	1,274	75.2	1,912	83.7	18,062	95.3
Maine	5,557	5,199	93.6	874	97.5	1,407	97.3	3,276	90.9
Maryland	12,697	7,870	62.0	827	67.6	1,850	62.1	10,020	61.5
Massachusetts	23,570	21,026	89.2	3,432	96.4	2,752	92.2	17,386	87.3
Michigan	28,558	27,260	95.5	2,798	96.2	3,783	94.7	21,977	95.5
Minnesota	19,531	16,573	84.9	1,715	90.4	2,098	89.6	15,718	83.6
Mississippi	17,190	14,039	81.7	1,164	85.8	1,448	80.9	14,578	81.4
Missouri	30,151	26,255	87.1	1,961	86.6	2,964	81.6	25,226	87.8
Montana	6,737	4,956	73.6	237	38.4	1,018	60.2	5,482	77.6
Nebraska	12,305	10,622	86.3	1,095	86.3	1,752	82.1	9,458	87.1
Nevada	4,973	3,234	65.0	305	68.9	353	67.1	4,315	64.6
New Hampshire	5,930	3,206	54.1	284	57.7	614	66.3	5,032	52.4
New Jersey	14,713	11,617	79.0	1,885	85.4	2,338	80.8	10,490	77.4
New Mexico	6,422	5,896	91.8	633	93.2	521	78.7	5,268	92.9
New York	68,946	67,912	98.5	5,354	97.0	9,094	98.2	54,498	98.7
North Carolina	25,384	23,722	93.5	1,819	94.6	3,293	92.3	20,272	93.5
North Dakota	2,915	2,185	75.0	227	48.5	484	47.9	2,204	83.6
Ohio	29,580	25,026	84.6	3,264	93.7	4,229	90.3	22,087	82.2
Oklahoma	14,360	12,234	85.2	640	68.4	1,544	64.4	12,176	88.7
Oregon	13,481	12,227	90.7	932	92.7	1,353	91.9	11,196	90.4
Pennsylvania	33,674	31,318	93.0	3,887	96.2	4,047	92.1	25,740	92.7
Rhode Island	4,303	3,932	91.4	246	74.0	332	88.0	3,725	92.8
South Carolina	17,836	13,214	74.1	932	62.3	1,487	68.3	15,417	75.4
South Dakota	8,913	8,129	91.2	577	91.0	1,614	94.2	6,722	90.5
Tennessee	23,128	22,438	97.0	1,625	95.0	2,710	95.7	18,793	97.4
Texas	75,072	70,274	93.6	5,736	95.2	8,080	92.8	61,256	93.6
Utah	5,826	5,694	97.7	483	93.6	1,080	97.3	4,263	98.3
Vermont	2,728	2,493	91.4	103	81.6	298	80.2	2,327	93.3
Virginia	23,152	18,980	82.0	2,263	90.5	2,559	72.5	18,330	82.2
Washington	15,118	13,321	88.1	1,375	91.3	1,943	86.7	11,800	88.0
West Virginia	14,650	12,435	84.9	841	65.8	1,940	80.2	11,869	87.0
Wisconsin	20,638	17,094	82.8	1,619	87.4	2,681	86.6	16,338	81.8
Wyoming	3,725	2,568	68.9	205	88.3	681	80.6	2,839	64.7
Outside United States	11,584	11,235	97.0	2,128	99.0	740	96.4	8,716	96.6
Puerto Rico	11,277	11,235	99.6	2,111	99.8	719	99.2	8,447	99.6
All other	307	.....	.....	17	.....	21	.....	269	.....
Unavailable	5	.....	.....	.....	.....	2	.....	3	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 239,206 one-day dialysis discharges*

TABLE 31

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1984

Principal Diagnoses[2]	Total			Short Term[4]		Length of Stay (Days)													Total Days[5]
	Patients	Average Days	Median Days[3]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
All diseases and conditions	996,975	25.0	9.7	14.3	97.3	109,113	145,719	192,998	210,655	104,709	81,096	96,005	25,157	19,356	4,711	1,985	2,863	2,608	24,973,709
I. Infectious and parasitic diseases	10,590	21.9	10.2	14.9	96.8	1,192	1,493	1,949	2,118	1,280	824	1,036	304	270	60	27	26	11	232,282
Pulmonary tuberculosis (011)	1,603	38.5	19.6	23.0	91.2	41	70	173	329	294	191	267	82	94	35	16	10	1	61,756
Tuberculosis, other (010, 012-018)	231	35.3	16.8	22.5	93.9	7	22	28	50	34	18	44	11	11	2	2	2	.....	8,163
Tuberculosis, late effects (137)	11	8.7	7.6	8.7	100.0	1	.....	5	2	3	.....	.....	.....	.....	.....	.....	.....	.....	96
All other infectious and parasitic diseases (001-009, 020-136)	8,745	18.6	8.4	13.4	97.9	1,143	1,401	1,743	1,737	949	615	725	211	165	23	9	14	10	162,267
Late effects of other infectious and parasitic diseases (138-139)	.....	....	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms	107,715	20.7	11.3	16.6	97.9	14,784	14,911	15,365	18,887	12,620	10,686	13,734	3,961	2,186	300	98	133	50	2,228,849
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	6,220	32.7	17.5	24.0	93.2	418	561	875	1,009	689	607	999	533	440	60	22	5	2	203,331
Malignant neoplasm of digestive organs and peritoneum (150-159,230.1-230.9)	13,820	25.4	16.3	20.7	97.7	1,268	1,267	1,671	2,352	1,923	1,853	2,422	666	331	36	13	16	2	350,919
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	24,007	22.9	15.1	19.6	98.3	2,020	2,398	3,107	4,428	3,498	3,075	3,973	994	403	48	18	36	9	549,937
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	3,460	35.3	17.4	23.2	94.3	223	402	453	531	362	374	607	268	186	35	9	2	8	122,054
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	8,491	16.2	7.9	13.5	98.6	1,839	1,241	1,197	1,433	877	668	892	202	114	14	2	10	2	137,709
Malignant neoplasm of genitourinary organs (179-189, 233)	16,554	19.7	11.4	15.9	98.3	1,608	2,099	2,831	3,587	2,060	1,614	1,925	484	259	47	8	23	9	326,542
Malignancies of all other systems (170-175, 190-199, 232, 234)	21,041	19.9	10.0	15.5	97.9	3,831	2,790	2,859	3,624	2,320	1,954	2,422	712	407	57	22	30	13	419,321
Neoplasms, benign (210-229)	11,148	7.1	2.9	6.4	99.7	2,932	3,634	1,861	1,395	595	328	309	58	23	1	2	7	3	79,696
Neoplasms of unspecified nature (235-239)	2,974	13.2	6.6	10.9	99.0	645	519	511	528	296	213	185	44	23	2	2	4	2	39,340
III. Endocrine, nutritional and metabolic diseases and immunity disorders	29,464	18.2	10.0	13.1	98.0	2,577	3,809	6,156	8,088	3,535	2,089	1,989	541	459	90	43	62	26	536,721
Diabetes mellitus (250)	18,693	19.6	10.7	13.5	97.7	1,462	2,046	3,741	5,573	2,410	1,370	1,248	361	319	63	29	49	22	366,093
Diseases of the endocrine glands (240-246, 251-259)	3,077	16.3	8.1	11.5	98.9	323	538	674	750	336	181	200	36	22	7	3	4	3	50,151
Gout (274)	1,123	10.7	7.1	9.3	99.2	86	220	336	290	91	43	40	9	5	1	1	1	.....	12,024
Obesity (278.0-278.1)	618	28.0	13.8	19.2	94.9	46	66	82	139	77	60	84	28	25	5	3	3	.....	17,312
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	5,538	15.1	8.3	12.4	98.5	569	895	1,257	1,282	579	387	373	96	74	14	7	4	1	83,353
Disorders involving the immune mechanisms (279)	415	18.8	8.9	15.0	96.8	91	44	66	54	42	48	44	11	14	.....	.....	1	.....	7,788

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1984

Principal Diagnoses[2]	Total			Short Term[4]		Length of Stay (Days)													Total Days[5]
	Patients	Average Days	Median Days[3]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
IV. Diseases of the blood and blood-forming organs	8,960	12.0	6.4	9.9	99.1	1,987	1,643	1,425	1,820	945	540	435	75	60	9	3	14	4	107,504
Anemias (280-282.4, 282.7-285)	5,746	12.0	6.6	10.2	99.2	1,288	1,055	815	1,152	648	374	315	43	37	4	3	10	2	69,049
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	225	7.7	5.4	6.4	99.1	37	55	58	55	12	5	1	.....	1	1	.....	.....	.....	1,730
Other diseases of the blood and blood-forming organs (286-289)	2,989	12.3	6.2	9.5	99.0	662	533	552	613	285	161	119	32	22	4	.....	4	2	36,725
V. Mental disorders	196,025	56.4	19.0	22.1	93.0	15,042	18,325	25,565	28,365	18,940	25,995	38,359	9,936	8,564	2,543	1,081	1,518	1,792	11,054,679
Alcohol psychosis (291)	8,036	67.8	8.0	13.5	91.6	511	1,593	1,934	1,396	516	482	677	209	262	115	61	126	154	544,527
Drug psychosis (292)	796	21.9	8.2	13.3	96.3	89	111	195	147	85	48	65	24	21	6	1	2	2	17,400
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	6,143	188.5	29.0	26.9	77.6	173	228	463	981	729	638	1,029	458	509	192	134	228	381	1,157,915
Schizophrenic disorders (295)	45,053	103.1	23.5	25.5	87.7	2,852	2,958	4,448	6,290	5,099	5,195	8,770	3,329	3,054	1,068	467	659	864	4,646,235
Other psychoses (296-299)	21,053	50.7	24.3	26.9	91.3	1,349	1,071	1,735	3,032	2,634	2,727	4,735	1,616	1,419	342	120	149	124	1,067,319
Neurotic disorders (300)	9,452	32.8	16.3	21.2	94.2	847	791	1,237	1,650	1,066	1,113	1,604	512	440	108	37	35	12	310,345
Personality disorders (301)	6,061	37.7	15.4	20.3	93.4	543	584	819	1,047	716	682	898	314	302	73	32	30	21	228,339
Alcohol dependence or abuse (303, 305.0)	70,445	23.8	17.2	20.7	98.3	5,576	8,214	10,896	9,040	4,900	11,753	16,370	2,149	1,196	200	61	71	19	1,677,341
Drug dependence or abuse (304, 305.1-305.9)	10,760	26.5	14.1	18.5	95.5	1,455	1,056	1,432	1,654	1,268	1,397	1,559	373	346	145	42	31	2	285,462
Other nonpsychotic mental disorders (302, 306-319)	18,226	61.4	15.8	20.5	91.0	1,647	1,719	2,406	3,128	1,927	1,960	2,652	952	1,015	294	126	187	213	1,119,796
VI. Diseases of the nervous system and sense organs	53,232	25.4	6.4	10.4	97.0	5,627	12,556	14,243	9,189	3,804	2,326	2,734	979	913	241	123	220	277	1,349,679
Quadriplegia (344.0)	25	589.6	24.3	15.9	68.0	2	2	5	3	.....	2	3	.....	1	.....	.....	1	6	14,739
Paraplegia (344.1)	29	37.3	19.1	23.3	89.6	1	2	.....	8	6	2	6	1	2	1	.....	.....	.....	1,081
Epilepsy (345)	3,752	15.5	8.3	10.9	99.1	329	577	930	1,045	415	213	170	37	17	6	1	5	7	58,019
Disorders of the peripheral nervous system (350-359)	7,152	16.1	6.9	10.8	98.1	709	1,746	1,572	1,419	623	425	377	134	86	30	9	16	6	115,413
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	13,161	71.8	15.5	19.7	90.1	922	1,212	1,650	2,696	1,652	1,249	1,731	627	690	195	111	172	254	944,610
Glaucoma (365)	1,671	6.6	3.2	5.9	99.6	533	380	358	245	89	32	17	10	5	.....	.....	2	.....	10,999
Cataract (366)	13,740	5.9	4.9	5.2	99.7	797	4,697	6,077	1,656	310	88	63	15	16	5	2	14	.....	80,747
Blindness (369)	535	55.5	40.0	37.3	90.0	52	45	32	44	28	28	129	99	74	1	.....	1	2	29,705
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	9,320	7.2	4.4	6.5	99.7	1,809	2,580	2,513	1,488	489	212	164	41	12	3	.....	8	1	66,880
Diseases of the ear and mastoid process (380-389)	3,847	7.1	4.5	6.5	99.7	473	1,315	1,106	585	192	75	74	15	10	.....	.....	1	1	27,486
VII. Diseases of the circulatory system	161,901	17.5	10.1	13.1	98.4	12,124	22,031	33,822	44,025	21,085	12,263	10,932	2,650	1,940	407	193	277	152	2,825,810

Chronic rheumatic heart disease (393-398)	1,140	15.2	10.0	13.0	99.4	94	176	220	286	146	108	90	13	5	1	.....	.....	1	17,276
Hypertensive disease without heart involvement (401, 403, 405)	10,128	12.9	7.4	10.5	99.0	1,225	1,788	2,456	2,402	947	577	505	118	73	16	5	9	7	130,759
Hypertensive heart disease (402, 404)	3,504	15.7	10.4	13.1	98.9	134	360	889	1,090	460	263	206	59	27	5	1	8	2	54,869
Acute myocardial infarction (410)	11,194	14.4	12.3	13.6	99.6	803	668	1,468	4,402	2,182	964	560	87	43	8	3	5	1	160,961
Other ischemic heart disease (411-414)	41,757	12.2	7.6	9.8	99.4	3,107	7,873	11,154	11,050	4,469	2,172	1,457	221	124	29	28	46	27	510,809
Other forms of heart disease (391, 392.0, 420-429)	39,501	14.5	9.3	11.9	99.2	3,069	5,381	9,379	11,082	4,796	2,727	2,253	434	242	44	22	52	20	572,325
Cerebrovascular diseases (430-438)	22,035	33.3	14.5	19.4	95.1	937	1,736	3,156	5,611	3,319	2,242	2,789	985	822	176	89	99	74	732,934
Atherosclerosis (440)	2,594	32.1	17.2	20.5	95.1	107	279	271	509	419	383	360	118	107	13	13	9	6	83,270
Other diseases of arteries, arterioles and capillaries (441-448)	13,877	24.1	14.4	17.9	96.7	840	1,542	1,795	3,005	2,313	1,731	1,717	422	360	80	26	38	8	334,031
Varicose veins of lower extremities (454)	1,816	24.1	13.5	18.4	96.7	125	175	289	414	235	194	242	72	50	14	1	4	1	43,773
Hemorrhoids (455)	4,135	7.2	5.2	6.6	99.8	988	771	1,017	960	244	82	60	7	1	1	.....	3	1	29,951
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	10,220	15.2	11.1	13.3	99.0	695	1,282	1,728	3,214	1,555	820	693	114	86	20	5	4	4	154,852
VIII. Diseases of the respiratory system	69,344	17.4	9.2	12.3	98.4	3,631	9,807	17,987	19,192	7,720	4,573	4,252	976	707	156	101	152	90	1,207,045
Acute respiratory infections (460-466)	3,916	11.4	7.1	8.8	99.4	254	724	1,284	1,079	298	141	92	22	10	3	.....	3	6	44,826
Pneumonia and influenza (480-487)	14,409	18.4	11.4	14.3	98.4	542	1,135	3,269	4,637	2,048	1,203	1,061	255	156	34	23	32	14	265,549
Chronic bronchitis (491)	3,166	16.2	9.3	11.7	98.7	155	383	879	973	365	167	166	31	27	6	5	5	4	51,284
Emphysema (492)	1,780	25.9	11.5	14.9	96.5	68	173	394	511	225	147	156	41	32	11	9	6	7	46,149
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	46,073	17.3	8.6	11.9	98.4	2,612	7,392	12,161	11,992	4,784	2,915	2,777	627	482	102	64	106	59	799,237
IX. Diseases of the digestive system	96,574	13.0	7.9	11.0	99.2	10,213	14,889	24,081	24,869	9,904	5,603	5,136	1,050	574	109	35	82	29	1,257,606
Diseases of oral cavity, salivary glands and jaws (520-529)	5,041	7.2	4.3	6.6	99.6	1,174	1,260	1,304	782	258	110	106	28	14	3	.....	1	1	36,388
Ulcers of the digestive system (530.2, 531-534)	9,847	12.0	7.8	10.6	99.4	1,390	1,388	2,298	2,530	1,017	580	489	88	47	5	4	9	2	117,943
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	11,776	10.0	5.9	8.8	99.5	2,364	2,336	2,547	2,473	951	502	450	87	41	6	7	8	4	117,326
Hernia of the abdominal cavity (550-553)	19,321	10.0	7.3	8.6	99.7	957	2,811	7,158	5,856	1,500	584	354	46	30	4	.....	16	5	193,843
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	28,807	13.4	7.6	10.8	99.1	3,397	4,989	6,753	7,040	2,861	1,628	1,521	324	193	48	12	28	13	387,105
Alcohol related liver disorders (571.0-571.3)	6,457	20.7	13.7	17.6	98.0	274	660	1,005	1,576	1,072	703	840	179	113	23	3	8	1	133,432
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577)	15,325	17.7	11.9	15.1	99.1	657	1,445	3,016	4,612	2,245	1,496	1,376	298	136	20	9	12	3	271,569
X. Diseases of the genitourinary system	53,319	13.4	7.8	10.9	99.1	6,298	8,913	12,048	13,669	5,478	3,051	2,750	589	352	70	27	47	27	713,882
Nephritis, nephrotic syndrome and nephrosis (580-589)	5,656	20.9	11.2	15.9	97.8	575	739	965	1,198	682	542	641	167	103	21	11	7	5	118,386
Other diseases of the urinary system (590-599)	23,366	14.4	8.1	11.4	98.9	2,623	3,746	5,208	6,008	2,474	1,397	1,325	295	196	40	10	30	14	336,500
Diseases of the prostate (600-602)	15,899	12.0	8.6	10.3	99.6	2,041	2,216	3,356	4,733	1,900	880	618	92	42	6	3	7	5	190,188
Other diseases of the male genital organs (603-608)	6,630	8.7	5.8	7.5	99.7	682	1,747	2,053	1,407	348	201	138	33	10	3	2	3	3	57,799
Disorders of breast and gynecological diseases (610-629)	1,768	6.2	4.4	6.0	99.8	377	465	466	323	74	31	28	2	1	.....	1	.....	.....	11,009

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1984

Principal Diagnoses[2]	Total			Short Term[4]		Length of Stay (Days)													Total Days[5]
	Patients	Average Days	Median Days[3]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
XI. Complications of pregnancy, childbirth and puerperium (630-676)	22	6.2	2.7	6.2	100.0	5	9	2	4	.....	1	1	.....	.....	.....	.....	.....	.....	137
XII. Diseases of skin and subcutaneous tissue	24,842	20.5	7.6	12.8	96.7	5,076	3,333	4,509	4,637	2,145	1,581	1,955	676	634	152	45	74	25	509,619
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	12,613	15.5	8.9	12.3	98.8	974	1,728	3,209	3,240	1,334	917	877	172	119	21	8	10	4	195,957
Other diseases of skin and subcutaneous tissue (700-709)	12,229	25.6	5.3	13.4	94.5	4,102	1,605	1,300	1,397	811	664	1,078	504	515	131	37	64	21	313,662
XIII. Diseases of the musculoskeletal system and connective tissue	46,066	16.5	9.5	13.2	98.6	4,250	7,506	9,043	10,484	5,732	3,919	3,628	768	517	104	44	44	27	762,386
Osteoarthrosis and allied disorders (715)	6,105	16.7	13.0	15.1	99.0	396	741	946	1,348	1,154	834	532	86	48	10	7	2	1	102,143
Other arthropathies and related disorders (710-714, 716-719)	9,836	16.0	7.8	11.9	98.6	1,077	1,670	2,296	2,179	1,003	659	631	166	103	16	10	14	12	157,682
Dorsopathies (720-724)	13,970	16.2	10.9	13.6	99.1	1,189	2,031	2,263	3,680	1,957	1,371	1,145	186	108	17	8	11	4	226,220
Rheumatism, excluding the back (725-729)	7,975	10.3	5.9	8.5	99.4	1,074	1,959	2,029	1,594	639	315	267	51	34	5	4	2	2	82,337
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	8,180	23.7	12.1	17.0	96.6	514	1,105	1,509	1,683	979	740	1,053	279	224	56	15	15	8	194,004
XIV. Congenital deformities (740-759)	2,386	13.4	7.4	11.4	98.9	247	504	526	484	258	154	150	37	15	7	2	1	1	31,921
XVI. Symptoms, signs and ill-defined conditions (780-799)	50,594	13.6	7.1	10.2	98.6	6,366	9,671	12,032	11,661	4,665	2,491	2,362	578	488	120	50	75	35	689,438
XVII. Injury and poisoning	44,874	20.4	10.5	16.2	99.2	6,127	7,263	8,730	8,808	4,525	3,199	3,777	1,141	940	194	67	74	29	843,744
Fracture of skull (800-804)	1,736	14.4	7.0	9.7	97.9	188	319	480	411	152	62	64	24	23	6	3	2	2	25,011
Fracture of neck and trunk (805-809)	2,360	32.7	12.7	17.4	92.7	140	290	417	503	268	200	256	96	114	42	16	14	4	77,152
Fracture of upper and lower limb (810-829)	10,243	23.5	12.8	17.3	96.8	1,071	1,125	1,503	2,064	1,440	1,060	1,216	377	297	48	20	15	7	240,257
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	3,954	12.9	6.4	9.0	99.5	472	821	1,127	859	313	177	140	22	16	.....	1	5	1	50,855
Intracranial injury, excluding those with skull fracture (850-854)	1,912	25.4	6.2	12.1	95.9	441	371	267	289	157	106	140	52	54	16	5	8	6	48,521
Internal injury of chest, abdomen and pelvis (860-869)	623	14.7	8.4	11.4	98.5	39	88	177	169	60	37	38	6	6	.....	1	2	.....	9,174
Open wounds (870-897)	4,292	10.1	3.2	7.1	98.6	1,452	884	840	550	187	128	140	51	35	12	4	7	2	43,222
Burns (940-949)	1,119	23.3	14.6	19.7	97.5	84	108	157	224	160	114	187	51	24	8	2	.....	.....	26,058
Poisoning by drugs, medicinal and biological substances (960-979)	2,283	8.4	5.3	8.1	99.7	427	533	571	421	141	78	91	15	5	1	.....	.....	.....	19,248
Toxic effects of substances chiefly nonmedical as to source (980-989)	330	10.4	3.1	6.8	97.8	94	92	61	35	16	11	12	2	5	1	.....	1	.....	3,439
All other injuries (900-904, 910-939, 950-959, 990-995)	4,520	15.5	5.8	10.0	98.3	871	956	973	790	308	222	228	85	61	13	3	4	6	69,986

Complications of surgical and medical care, (996-999)	11,502	20.1	11.0	15.8	97.2	848	1,676	2,157	2,493	1,323	1,004	1,265	360	300	47	12	16	1	230,821
XVIII. Factors influencing health status and contact with health services (V01-V82)	40,786	14.8	3.1	9.7	97.9	13,535	9,008	5,474	4,304	2,053	1,780	2,743	882	726	144	44	63	30	605,274
Unknown	281	61.0	10.7	17.4	93.5	32	48	41	51	20	21	32	14	11	5	2	1	3	17,133

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series, excludes 239,206 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, are not included in this table. Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major problem of the patient's length of stay.*

[3] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[4] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[5] *Excludes those cases for which the number of days is unavailable.*

VA Medical Centers--Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service[1] Fiscal Year 1984

Diagnostic Composition of Patients[2]	Total	Period of Service							
		Post Vietnam[3]	Vietnam Era	Post Korea[4]	Korean Conflict[5]	Peacetime[6]	World War II	World War I[7]	Non-Veterans[8]
All discharges	996,975	43,879	181,084	60,063	128,440	11,144	531,668	35,391	5,306
Psychotic	81,081	9,970	31,755	6,528	9,365	672	20,913	1,573	305
Alcohol psychoses (291)	8,036	230	1,851	857	1,451	106	3,496	30	15
Drug psychoses (292)	796	159	405	19	43	11	144	12	3
Other psychoses (290, 293-299)	72,249	9,581	29,499	5,652	7,871	555	17,273	1,531	287
Other psychiatric	114,944	10,758	50,197	11,047	15,281	993	25,441	814	413
Alcohol dependence and abuse (303, 305.0)	70,445	5,378	27,618	8,374	11,552	731	16,570	56	166
Drug dependence and abuse (304, 305.1-305.9)	10,760	2,231	7,184	570	384	19	318	6	48
Other nonpsychotic mental disorders (300-302, 306-319)	33,739	3,149	15,395	2,103	3,345	243	8,553	752	199
Medical and surgical	800,950	23,151	99,132	42,488	103,794	9,479	485,314	33,004	4,588
All infectious and parasitic diseases (001-139)	10,590	852	2,162	652	1,296	108	4,897	539	84
Malignant neoplasms (140-208, 230-234)	93,593	1,045	5,636	3,735	11,184	1,066	66,998	3,715	214
Benign and unspecified neoplasms (210-229, 235-239)	14,122	334	1,687	696	1,725	166	9,086	384	44
Diabetes mellitus (250)	18,693	439	2,475	1,280	2,946	221	10,965	318	49
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	10,356	226	1,247	562	1,337	142	6,028	723	91
Disorders involving the immune mechanisms (279)	415	59	210	38	21	1	81	.....	5
Diseases of the blood and blood forming organs (280-289)	8,960	180	876	352	960	134	5,657	770	31
Quadriplegia (344.0)	25	2	10	1	7	.....	4	1	.....
Paraplegia (344.1)	29	2	7	.....	7	.....	12	1	.....
Other diseases of the nervous system (320-343, 344.2-359)	24,065	959	4,152	1,515	3,207	243	13,079	644	266
Diseases of the sense organs (360-389)	29,113	503	2,340	1,180	3,193	373	19,924	1,539	61
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	97,096	673	7,100	4,943	13,675	1,281	64,366	4,743	315
Cerebrovascular diseases (430-438)	22,035	98	1,167	824	2,522	269	15,937	1,154	64
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	42,770	690	4,763	2,381	6,034	537	26,958	1,255	152
Acute respiratory diseases (460-466, 480-487)	18,325	374	1,589	725	1,987	248	11,186	2,148	68
Chronic bronchitis and emphysema (491-492)	4,946	17	235	157	620	63	3,651	197	6
Other respiratory diseases (470-478, 490, 493-519)	46,073	920	3,948	1,940	5,341	631	31,384	1,748	161
Diseases of the oral cavity, salivary glands and jaws (520-529)	5,041	552	871	328	668	60	2,481	66	15
Hernia of the abdominal cavity (550-553)	19,321	592	2,395	1,069	2,722	234	11,712	533	64
Alcohol related liver diseases (571.0-571.3)	6,457	72	1,020	686	1,377	77	3,182	18	25
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	65,755	2,155	10,633	4,089	9,258	766	36,079	2,549	226
Diseases of the male genital organs (600-608)	22,529	363	1,682	755	2,211	259	16,291	904	64
Other diseases of the genitourinary system (580-599)	29,022	773	3,526	1,425	3,369	285	17,298	2,134	212
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,790	300	366	128	181	12	746	27	30
Diseases of the skin and subcutaneous tissue (680-709)	24,842	1,395	5,088	1,656	3,414	253	12,191	743	102
Diseases of the musculoskeletal system and connective tissue (710-739)	46,066	2,742	9,839	3,037	6,542	500	22,262	865	279
Congenital anomalies (740-759)	2,386	165	456	160	317	24	1,191	52	21
Symptoms, signs and ill-defined conditions (780-799)	50,594	1,595	7,527	3,134	7,080	635	28,310	2,036	277
Injuries and poisonings (800-904, 910-999)	44,874	3,563	10,155	2,902	5,626	439	19,636	1,802	751
Factors influencing health status and contact with health service (V01-V82)	40,786	1,483	5,878	2,123	4,929	451	23,627	1,391	904
Unknown	281	28	92	15	38	1	95	5	7

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 239,206 one day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Service on or after May 8, 1975.*

[4] *Service between February 1, 1955 and August 4, 1964.*

[5] *Service between June 27, 1950 and January 31, 1955.*

[6] *Peacetime enlistment before June 27, 1950.*

[7] *Includes 434 discharges of Spanish-American War and Mexican Border Service veterans.*

[8] *Includes active and retired military and other nonveterans.*

Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation[1] Fiscal Year 1984

Surgical Procedures[2] [3]	Total	Affiliated Hospitals[4]	Non-Affiliated Hospitals
Total	386,311	358,925	27,386
Operations on the nervous system (01-05)	8,880	8,608	272
Incision and excision of skull, brain and cerebral meninges (01)	1,705	1,697	8
Other operations on skull, brain, and cerebral meninges (02)	724	721	3
Operations on spinal cord and spinal canal structures (03)	1,680	1,658	22
Operations on cranial and peripheral nerves (04)	4,353	4,192	161
Operations on sympathetic nerves or ganglia (05)	418	340	78
Operations on the endocrine system (06-07)	1,155	1,113	42
Operations on thyroid and parathyroid glands (06)	957	916	41
Operations on other endocrine glands (07)	198	197	1
Operations on the eye (08-16)	34,186	33,604	582
Operations on eyelids (08)	3,436	3,290	146
Operations on lacrimal system (09)	258	257	1
Operations on conjunctiva (10)	192	185	7
Operations on cornea (11)	854	835	19
Operations on iris, ciliary body, sclera and anterior chamber (12)	1,258	1,240	18
Operations on lens (13)	24,597	24,226	371
Operations on retina, choroid, vitreous and posterior chamber (14)	2,398	2,386	12
Operations on extraocular muscles (15)	408	405	3
Operations on orbit and eyeball (16)	785	780	5
Operations on the ear (18-20)	4,370	4,207	163
Operations on external ear (18)	1,598	1,458	140
Reconstructive operations on middle ear (19)	1,448	1,436	12
Other operations on middle and inner ear (20)	1,324	1,313	11
Operations on the nose, mouth and pharynx (21-29)	18,221	17,521	700
Operations on nose (21)	5,780	5,520	260
Operations on nasal sinuses (22)	1,576	1,526	50
Removal and restoration of teeth (23)	1,780	1,706	74
Other operations on teeth, gums and alveoli (24)	1,505	1,481	24
Operations on tongue (25)	1,404	1,363	41
Operations on salivary glands and ducts (26)	929	893	36
Other operations on mouth and face (27)	3,133	2,965	168
Operations on tonsils and adenoids (28)	854	827	27
Operations on pharynx (29)	1,260	1,240	20
Operations on the respiratory system (30-34)	28,307	26,643	1,664
Excision of larynx (30)	1,857	1,818	39
Other operations on larynx and trachea (31)	10,830	10,552	278
Excision of lung and bronchus (32)	2,607	2,462	145
Other operations on lung and bronchus (33)	9,097	8,126	971
Operations on chest wall, pleura, mediastinum and diaphragm (34)	3,916	3,685	231
Operations on the cardiovascular system (35-39)	41,440	40,172	1,268
Operations on valves and septa of heart (35)	1,009	1,009	.....
Operations on vessels of heart (36)	4,690	4,684	6
Other operations on heart and pericardium (37)	4,945	4,857	88
Incision, excision and occlusion of vessels (38)	9,956	9,366	590
Other operations on vessels (39)	20,840	20,256	584
Operations on the hemic and lymphatic system (40-41)	6,587	6,303	284
Operations on lymphatic system (40)	5,860	5,605	255
Operations on bone marrow and spleen (41)	727	698	29
Operations on the digestive system (42-54)	83,411	74,156	9,255
Operations on esophagus (42)	6,248	5,777	471
Incision and excision of stomach (43)	2,834	2,585	249
Other operations on stomach (44)	6,521	5,884	637
Incision, excision, and anastomosis of intestine (45)	17,857	15,745	2,112

See footnotes at end of table.

TABLE 33—Continued

Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation[1]
Fiscal Year 1984

Surgical Procedures[2] [3]	Total	Affiliated Hospitals[4]	Non-Affiliated Hospitals
Other operations on intestine (46)	4,091	3,791	300
Operations on appendix (47)	2,120	1,870	250
Operations on rectum and perirectal tissue (48)	4,580	3,811	769
Operations on anus (49)	5,181	4,432	749
Operations on liver (50)	1,665	1,536	129
Operations on gallbladder and biliary tract (51)	7,006	6,297	709
Operations on pancreas (52)	900	852	48
Repair of hernia (53)	18,562	16,257	2,305
Other operations on abdominal region (54)	5,846	5,319	527
Operations on the urinary system (55-59)	44,344	40,247	4,097
Operations on kidney (55)	2,231	2,150	81
Operations on ureter (56)	2,300	2,186	114
Operations on urinary bladder (57)	34,621	31,226	3,395
Operations on urethra (58)	4,720	4,247	473
Other operations on urinary tract (59)	472	438	34
Operations on the male genital organs (60-64)	28,206	25,573	2,633
Operations on prostate and seminal vesicles (60)	18,264	16,676	1,588
Operations on scrotum and tunica vaginalis (61)	924	801	123
Operations on testes (62)	2,159	1,955	204
Operations on spermatic cord, epididymis and vas deferens (63)	3,098	2,644	454
Operations on penis (64)	3,761	3,497	264
Operations on the female genital organs (65-71)	690	607	83
Operations on ovary (65)	172	150	22
Operations on fallopian tubes (66)	13	11	2
Operation on cervix (67)	61	56	5
Other incision and excision of uterus (68)	178	155	23
Other operations on uterus and supporting structures (69)	182	158	24
Operations on vagina and cul-de-sac (70)	62	57	5
Operations on vulva and perineum (71)	22	20	2
Obstetrical procedures (72-75)	.....	.....	.....
Operations on the musculoskeletal system (76-84)	53,911	50,764	3,147
Operations on facial bones and joints (76)	2,585	2,548	37
Incision, excision and division of other bones (77)	6,765	6,343	422
Other operations on bones, except facial bones (78)	3,607	3,441	166
Reduction of fracture and dislocation (79)	6,514	6,121	393
Incision and excision of joint structures (80)	9,004	8,563	441
Repair and plastic operations on joint structures (81)	9,339	8,919	420
Operations on muscle, tendon and fascia of hand (82)	3,195	2,947	248
Operations on muscle, tendon, fascia and bursa, except hand (83)	3,962	3,636	326
Other procedures on musculoskeletal system (84)	8,940	8,246	694
Operations on the integumentary system (85-86)	32,603	29,407	3,196
Operations on the breast (85)	1,408	1,294	114
Operations on skin and subcutaneous tissue (86)	31,195	28,113	3,082

[1] *Patient treatment file. Includes nonoperating room procedures.*

[2] *The procedures included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the operations are the identifying code numbers of this operation classification.*

[3] *For the purposes of this table, miscellaneous diagnostic and therapeutic procedures (87-99) and selected diagnostic procedures (16.21, 18.11, 20.31, 21.21, 29.11 and 31.41) are excluded.*

[4] *Affiliated facilities include 133 VA medical centers with a Deans Committee.*

TABLE 34

Operating Costs of VA Inpatient Facilities – Fiscal Year 1984

Activity	Total	Hospital Care				Nursing Care	VA Domiciliaries
		Total	Bed Section				
			Medical[1]	Surgical	Psychiatric		
Total Cost (in thousands)[2]	$5,916,182	$5,455,586	$2,850,101	$1,475,807	$1,129,678	$365,711	$94,885
Professional and ancillary:							
Medical services[3]	1,573,809	1,510,878	792,896	461,204	256,778	47,223	15,708
Nursing services	1,419,625	1,303,658	668,164	345,217	290,277	112,953	3,014
Chaplain services	24,987	21,410	10,940	4,267	6,203	2,327	1,250
Dietetics services	375,699	312,405	157,923	61,641	92,841	42,760	20,534
Dental services	44,286	39,334	19,779	7,604	11,951	2,564	2,388
Audiology & speech pathology	7,866	6,507	4,501	1,448	558	1,098	261
Direct care, Total	3,446,272	3,194,192	1,654,203	881,381	658,608	200,925	43,155
Administrative support	722,540	652,630	335,142	166,942	150,546	51,283	18,627
Engineering support	642,793	567,414	282,369	140,325	144,720	53,487	21,892
Building management[4]	299,235	266,400	131,991	68,459	65,950	27,797	5,038
Research support	117,193	114,776	74,476	25,902	14,398	1,919	498
Education & training support	370,628	360,985	200,056	113,141	47,788	8,029	1,614
Asset acquisitions[5]	317,521	299,189	171,864	79,657	47,668	14,271	4,061
Support, Total	2,469,910	2,261,394	1,195,898	594,426	471,070	156,786	51,730

[1] *Includes intermediate care.*
[2] *Includes inpatient education and training support.*
[3] *Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, rehabilitation medicine, social service, clinical psychology, radiology, medical media, and library.*
[4] *Includes operation of laundry.*
[5] *Asset acquisitions reflect obligations.*

TABLE 35

VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement – Fiscal Year 1984

Item	Nursing Homes	Community Nursing Homes	Domiciliaries
Gains, Total	14,270	31,210	10,400
Direct gains – Total	8,056	25,614	5,995
Admissions after rehospitalization	[1] 495	[2] 2,632	[1] 371
Other admissions	7,561	22,982	5,624
Transfers in from similar facilities[3]	76	605	44
Returns from absent sick in hospital status	6,138	4,991	4,361
Losses, Total	13,980	30,497	10,764
Discharges and deaths while in bed occupant or authorized leave of absence status – Total	5,781	18,073	4,790
Discharges	4,666	14,448	4,729
Deaths	1,115	3,625	61
(Discharges and deaths while in absent sick in hospital status-Total)	1,820	6,298	1,656
Discharges	1,008	4,807	1,558
Deaths	812	1,491	98
Transfers out to similar facilities[3]	113	640	6
Losses to absent sick in hospital status	8,086	11,784	5,968
Remaining on September 30, 1984 – Total	9,586	11,180	6,607
Bed occupants	9,219	10,857	6,116
On authorized leave of absence	63	.....	298
Absent sick in hospital	304	323	193
Patients treated[4]	17,187	35,551	13,053
Average daily census[5]	9,060	10,609	6,236

[1] *Admissions after rehospitalization of more than 30 days.*
[2] *Admissions after rehospitalization of more than 15 days.*
[3] *Includes only patients transferred as VA beneficiaries.*
[4] *Discharges and deaths during the fiscal year plus the number remaining on the rolls at the end of the fiscal year.*
[5] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

TABLE 36

State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement[1] —Fiscal Year 1984

Item	State Home Hospitals	State Nursing Homes	State Domiciliary Homes
Gains, Total	4,099	10,946	10,132
Direct gains — Total	3,878	5,577	4,130
Admissions from state facilities	2,262	2,251	1,739
Other admissions	1,616	3,326	2,391
Returns from leave of absence status	221	5,369	6,002
Losses, Total	4,199	10,656	10,118
Discharges and deaths — Total	3,884	5,155	4,157
Discharges to state facilities	2,110	2,169	2,007
Other discharges	1,447	1,542	2,032
Deaths	327	1,444	118
Losses to leave of absence status	315	5,501	5,961
Bed occupants remaining on September 30, 1984	504	7,734	4,369
Patients treated[2]	4,388	12,889	8,526
Average daily census[3]	514	7,467	4,401

[1] *Data include only patients supported by VA.*
[2] *Discharges and deaths during the fiscal year plus the number on the rolls at the end of the fiscal year.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

TABLE 37

VA Medical Centers—Domiciliary Care Component: Selected Data Fiscal Year 1984

Facility	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [4 5]	Remaining on Sept. 30, 1984
Total	7,882	79.1	6,236	5,995	6,446	13,053	6,607
Arizona: Prescott	214	79.4	170	232	250	440	190
California: West Los Angeles	400	69.3	277	274	297	577	280
Florida: Bay Pines	200	88.5	177	264	259	455	196
Georgia: Dublin	344	84.9	292	255	290	593	303
Kansas: Leavenworth	700	71.1	498	441	504	1,051	547
Mississippi: Biloxi	291	54.0	157	129	155	313	158
New York: Bath	525	83.6	439	395	431	906	475
Ohio: Dayton	780	74.9	584	305	270	916	646
Oregon: White City	975	74.3	724	734	757	1,494	737
South Dakota: Hot Springs	403	81.1	327	431	475	827	352
Tennessee: Mountain Home	640	90.5	579	625	648	1,336	688
Texas:							
Bonham	224	87.9	197	188	183	414	231
Temple	528	88.1	465	610	611	1,097	486
Virginia: Hampton	475	78.5	373	538	549	934	385
West Virginia: Martinsburg	540	86.5	467	371	359	887	528
Wisconsin: Wood	643	79.2	509	247	414	819	405

[1] *Based on the number of operating beds at the end of each month of 13 consecutive months (September 1983–September 1984).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals, but excluded from overall total.*
[5] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1984

Location	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [5]	Remaining on Sept. 30, 1984
Total	9,701	93.4	9,060	8,056	7,601	17,187	9,586
Alabama:							
Tuscaloosa	120	95.0	114	40	40	162	122
Tuskegee	112	95.5	107	33	33	144	111
Arizona:							
Phoenix	120	94.2	113	118	120	234	114
Tucson	41	95.1	39	12	15	55	40
Arkansas: Little Rock	200	93.5	187	79	75	275	200
California:							
Livermore	120	86.7	104	58	72	178	106
Loma Linda	60	96.7	58	148	127	187	60
Long Beach	180	96.7	174	248	247	429	182
Palo Alto	150	95.3	143	480	478	622	144
San Diego	60	91.7	55	68	65	124	59
Sepulveda	155	94.8	147	88	78	234	156
Colorado:							
Ft. Lyon	37	97.3	36	17	17	54	37
Grand Junction	42	97.6	41	19	19	61	42
Connecticut: West Haven	90	93.3	84	21	21	108	87
Delaware: Wilmington	60	93.3	56	42	51	104	53
Florida:							
Bay Pines	240	93.3	224	315	314	542	228
Gainesville	120	94.2	113	124	125	238	113
Lake City	40	95.0	38	20	16	55	39
Miami	120	90.0	108	165	156	270	114
Georgia:							
Atlanta	65	38.5	25	55	15	55	40
Augusta	40	87.5	35	17	14	52	38
Dublin	86	93.0	80	23	23	108	85
Illinois:							
Danville	120	95.0	114	199	199	318	119
Hines	120	87.5	105	233	219	334	115
North Chicago	190	97.4	185	39	40	229	189
Indiana:							
Ft. Wayne	54	96.3	52	17	18	71	53
Indianapolis	56	96.4	54	95	96	149	53
Marion	69	94.2	65	39	37	105	68
Iowa: Knoxville	200	96.5	193	46	46	246	200
Kansas:							
Leavenworth	45	95.6	43	18	16	61	45
Topeka	79	94.9	75	25	20	97	77
Wichita	14	71.4	10	84	24	84	60
Kentucky: Lexington	100	98.0	98	55	55	155	100
Louisiana: Alexandria	93	93.5	87	27	32	121	89
Maine: Togus	60	93.3	56	78	73	130	57
Maryland:							
Ft. Howard	47	95.7	45	11	12	59	47
Perry Point	80	95.0	76	37	34	113	79
Massachusetts:							
Bedford	162	95.7	155	74	72	232	160
Brockton	100	96.0	96	32	30	129	99
Northampton	50	98.0	49	15	15	65	50
Michigan:							
Allen Park	72	95.8	69	37	36	108	72
Ann Arbor	7	42.9	3	25	7	25	18
Battle Creek	205	96.6	198	43	45	247	202
Iron Mountain	40	95.0	38	161	161	200	39
Saginaw	30	96.7	29	126	127	156	29
Minnesota: St. Cloud	44	86.4	38	30	29	69	40
Mississippi:							
Biloxi	35	82.9	29	12	18	48	30
Jackson	120	95.0	114	38	41	157	116
Missouri:							
Columbia	54	96.3	52	14	14	68	54
Poplar Bluff	49	91.8	45	49	50	97	47
St. Louis	93	97.8	91	83	100	194	94
Montana: Miles City	26	96.2	25	3	2	28	26
Nebraska: Grand Island	42	81.0	34	60	65	99	34

See footnotes at end of table.

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1984

Location	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [5]	Remaining on Sept. 30, 1984
Nevada: Reno	57	57.9	33	152	121	174	53
New Hampshire: Manchester	120	90.8	109	178	180	296	116
New Jersey:							
East Orange	60	95.0	57	34	26	86	60
Lyons	90	98.9	89	75	69	165	96
New Mexico: Albuquerque	47	91.5	43	80	83	125	42
New York:							
Albany	100	96.0	96	66	71	166	95
Batavia	28	85.7	24	61	29	61	32
Bath	167	98.2	164	90	87	266	179
Brooklyn	300	96.0	288	104	105	399	294
Buffalo	36	97.2	35	35	36	71	35
Canandaigua	100	95.0	95	80	82	183	101
Castle Point	148	95.9	142	93	88	235	147
Montrose	122	92.6	113	42	44	166	122
Syracuse	50	92.0	46	60	61	101	40
North Carolina:							
Asheville	82	96.3	79	54	58	136	78
Fayetteville	36	97.2	35	20	21	56	35
Salisbury	93	97.8	91	75	75	168	93
North Dakota: Fargo	50	92.0	46	71	66	115	49
Ohio:							
Chillicothe	99	99.0	98	92	92	191	99
Cincinnati	206	87.9	181	162	153	353	200
Cleveland	100	91.0	91	54	57	157	100
Dayton	284	95.4	271	144	136	414	278
Oregon:							
Portland	27	74.1	20	192	134	179	45
Roseburg	75	98.7	74	32	32	107	75
Pennsylvania:							
Altoona	33	97.0	32	14	13	46	33
Butler	104	92.3	96	38	41	142	101
Coatesville	104	78.8	82	121	45	162	117
Erie	40	95.0	38	15	15	55	40
Lebanon	120	94.2	113	57	57	169	112
Pittsburgh (U.D.)	228	94.3	215	83	81	312	231
Wilkes-Barre	120	95.0	114	39	36	156	120
South Carolina: Columbia	120	94.2	113	158	162	275	113
South Dakota: Sioux Falls	75	94.7	71	115	114	189	75
Tennessee:							
Memphis	120	94.2	113	379	379	502	123
Mountain Home	58	94.8	55	13	13	71	58
Murfreesboro	48	97.9	47	12	13	60	47
Texas:							
Big Spring	40	97.5	39	34	33	73	40
Bonhan	100	97.0	97	40	38	136	98
Houston	78	97.4	76	54	45	131	86
Kerrville	35	97.1	34	11	12	47	35
Temple	120	92.5	111	117	128	240	112
Waco	84	97.6	82	24	25	108	83
Utah: Salt Lake City	1	....	.....	3	.....	3	3
Vermont: White River Junction	30	90.0	27	166	161	189	28
Virginia:							
Hampton	120	94.2	113	119	106	227	121
Richmond	51	56.9	29	79	25	87	62
Salem	100	92.0	92	188	182	280	98
Washington: American Lake	76	86.8	66	18	20	88	68
West Virginia:							
Beckley	42	97.6	41	8	8	50	42
Martinsburg	120	98.3	118	42	42	161	119
Wisconsin:							
Tomah	100	95.0	95	53	54	153	99
Wood	200	93.5	187	73	88	269	181
Wyoming: Cheyenne	47	93.6	44	18	18	64	46

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1983 - September 1984).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals excluded from overall total.*
[5] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

Community Nursing Homes: Selected Data—Fiscal Year 1984

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[2 3]	Remaining on Sept. 30, 1984
Total	10,609	25,614	24,371	35,551	11,180
Alabama:					
Birmingham	74	236	229	306	77
Montgomery	19	60	60	86	26
Tuscaloosa	36	61	55	93	38
Tuskegee	37	77	77	119	42
Alaska: Anchorage	12	55	47	62	15
Arizona:					
Phoenix	200	431	422	620	198
Prescott	12	32	29	42	13
Tucson	72	208	194	271	77
Arkansas:					
Fayetteville	15	74	65	85	20
Little Rock	124	349	386	505	119
California:					
Fresno	43	150	129	187	58
Livermore	18	47	44	64	20
Loma Linda	69	198	143	221	78
Long Beach	148	415	436	578	142
Martinez	48	128	111	173	62
Palo Alto	82	154	136	205	69
San Diego	49	120	115	171	56
San Francisco	54	188	149	207	58
Sepulveda	85	124	124	207	83
West Los Angeles	197	427	418	625	207
Colorado:					
Denver	84	211	206	300	94
Ft. Lyon	31	9	13	41	28
Grand Junction	24	63	66	94	28
Connecticut:					
Newington	40	126	84	131	47
West Haven	37	54	61	88	27
Delaware: Wilmington	50	121	119	176	57
District of Columbia: Washington	76	115	141	206	65
Florida:					
Bay Pines	160	564	564	732	168
Gainesville	59	167	157	220	63
Lake City	25	81	89	108	19
Miami	110	276	440	558	118
Tampa	174	578	565	746	181
Georgia:					
Atlanta	105	302	272	393	121
Augusta	124	256	258	380	122
Dublin	53	155	154	202	48
Hawaii: Honolulu	7	28	26	37	11
Idaho: Boise	38	135	120	167	47
Illinois:					
Chicago (Lakeside)	97	295	305	409	104
Chicago (West Side)	126	325	322	431	109
Danville	48	106	109	156	47
Hines	167	478	479	643	164
Marion	55	158	162	211	49
North Chicago	192	153	95	351	256
Indiana:					
Ft. Wayne	35	116	111	150	39
Indianapolis	68	207	227	276	49
Marion	89	126	95	210	115
Iowa:					
Des Moines	46	164	154	210	56
Iowa City	73	312	313	386	73
Knoxville	45	107	109	152	43
Kansas:					
Leavenworth	56	156	146	193	47
Topeka	79	118	115	191	76
Wichita	30	106	104	130	26
Kentucky:					
Lexington	85	299	281	377	96
Louisville	57	170	163	221	58

See footnotes at end of table.

TABLE 39—Continued

Community Nursing Homes: Selected Data—Fiscal Year 1984

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[2 3]	Remaining on Sept. 30, 1984
Louisiana:					
Alexandria	31	124	124	157	33
New Orleans	55	181	110	181	71
Shreveport	85	233	229	319	90
Maine: Togus	49	117	108	157	49
Maryland:					
Baltimore	43	131	122	164	42
Ft. Howard	20	49	40	63	23
Perry Point	44	64	50	102	52
Massachusetts:					
Bedford	80	97	92	175	83
Boston	108	279	221	337	116
Brockton	112	173	50	190	140
Northampton	74	84	76	153	77
Michigan:					
Allen Park	75	193	183	265	82
Ann Arbor	69	266	250	321	71
Battle Creek	101	131	127	235	108
Iron Mountain	16	46	47	66	19
Saginaw	70	191	159	238	79
Minnesota:					
Minneapolis	239	643	591	854	263
St. Cloud	95	146	114	228	114
Mississippi:					
Biloxi	134	234	235	365	130
Jackson	57	163	152	218	66
Missouri:					
Columbia	38	138	140	178	38
Kansas City	83	276	217	316	99
Poplar Bluff	38	118	115	160	45
St. Louis	92	285	260	377	117
Montana:					
Ft. Harrison	34	89	101	128	27
Miles City	20	59	74	88	14
Nebraska:					
Grand Island	5	9	11	16	5
Lincoln	18	57	51	70	19
Omaha	41	207	197	248	51
Nevada:					
Las Vegas (OC)	.....	6	4	6	2
Reno	28	69	93	116	23
New Hampshire: Manchester	30	84	75	106	31
New Jersey:					
East Orange	111	188	188	315	127
Lyons	49	68	73	126	53
New Mexico: Albuquerque	52	167	145	216	71
New York:					
Albany	33	79	53	95	42
Batavia	13	32	24	41	17
Bath	31	72	65	89	24
Bronx	50	149	93	143	50
Brooklyn	47	130	128	177	49
Buffalo	41	83	75	119	44
Canandaigua	48	57	51	100	49
Castle Point	17	46	41	60	19
Montrose	15	15	6	25	19
New York	29	77	79	105	26
Northport	61	93	89	153	64
Syracuse	35	68	48	92	44
North Carolina:					
Asheville	87	244	161	252	91
Durham	69	232	216	295	79
Fayetteville	44	107	105	152	47
Salisbury	61	120	99	172	73
North Dakota: Fargo	27	74	73	106	33
Ohio:					
Chillicothe	193	314	304	505	201
Cincinnati	55	182	187	238	51
Cleveland	174	292	257	418	161
Dayton	75	142	145	231	86

See footnotes at end of table.

TABLE 39—Continued

Community Nursing Homes: Selected Data—Fiscal Year 1984

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[2,3]	Remaining on Sept. 30, 1984
Oklahoma:					
Muskogee	50	176	209	273	64
Oklahoma City	62	329	308	381	73
Oregon:					
Portland	105	250	276	365	89
Roseburg	82	190	166	264	98
Pennsylvania:					
Altoona	28	60	59	96	37
Butler	26	63	58	88	30
Coatesville	165	111	141	297	156
Erie	20	59	53	75	22
Lebanon	85	147	142	233	91
Philadelphia	124	298	282	415	133
Pittsburgh (University Dr)	86	269	244	334	90
Pittsburgh (Highland Dr)	102	144	116	237	121
Wilkes-Barre	47	70	78	127	49
Puerto Rico: San Juan	45	130	126	172	46
Rhode Island: Providence	55	110	106	156	50
South Carolina:					
Charleston	32	104	93	129	36
Columbia	59	162	138	202	64
South Dakota:					
Ft. Meade	7	27	30	34	4
Hot Springs	8	21	18	27	9
Sioux Falls	31	138	135	168	33
Tennessee:					
Memphis	56	159	153	209	56
Mountain Home	110	235	242	353	111
Murfreesboro	34	57	49	87	38
Nashville	80	157	158	242	84
Texas:					
Amarillo	39	112	102	147	45
Big Spring	35	49	53	85	32
Bonham	42	136	134	185	51
Dallas	120	330	351	445	94
Houston	99	276	283	380	97
Kerrville	49	144	110	163	53
Marlin	18	37	40	62	22
San Antonio	116	375	389	503	114
Temple	62	202	211	276	65
Waco	89	91	94	175	81
Utah: Salt Lake City	100	310	298	406	108
Vermont: White River Junction	22	59	51	76	25
Virginia:					
Hampton	47	112	142	200	58
Richmond	79	200	204	279	75
Salem	86	141	94	179	85
Washington:					
American Lake	47	88	80	135	55
Seattle	126	352	352	479	127
Spokane	49	143	139	195	56
Walla Walla	28	114	109	139	30
West Virginia:					
Beckley	25	104	102	131	29
Clarksburg	79	208	175	266	91
Huntington	68	198	188	274	86
Martinsburg	80	142	126	206	80
Wisconsin:					
Madison	44	163	152	195	43
Tomah	60	116	117	166	49
Wood	116	298	308	408	100
Wyoming:					
Cheyenne	23	81	80	102	22
Sheridan	19	28	30	45	15

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Transfers included in individual facility totals; excluded from overall total.*

[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 40

State Domiciliary Homes: Selected Data—Fiscal Year 1984

Location of State Home Domiciliary	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1984
Total		4,401	4,130	4,157	8,526	4,369
Arkansas: Little Rock	Little Rock, AR	82	194	178	269	91
California: Yountville	San Francisco, CA	637	742	748	1,393	645
Colorado: Homelake	Denver, CO	69	73	59	132	73
Connecticut: Rocky Hill	Newington, CT	387	470	498	859	361
Georgia: Milledgeville	Dublin, GA	180	117	123	300	177
Idaho: Boise	Boise, ID	107	159	188	277	89
Illinois: Quincy	Iowa City, IA	92	118	99	191	92
Indiana: Lafayette	Indianapolis, IN	95	47	32	139	107
Iowa: Marshalltown	Des Moines, IA	96	60	59	158	99
Kansas: Fort Dodge	Wichita, KS	61	29	38	101	63
Louisiana: Jackson	New Orleans, LA	84	109	88	184	96
Massachusetts:						
Chelsea	Boston, MA (OC)	272	296	290	558	268
Holyoke	Northampton, MA	37	29	26	65	39
Michigan:						
Grand Rapids	Allen Park, MI	152	76	93	237	144
Marquette	Allen Park, MI	56	57	34	94	60
Minnesota:						
Hastings	Minneapolis, MN	170	179	155	334	179
Minneapolis	Minneapolis, MN	238	139	171	372	201
Missouri: St. James	St. Louis, MO	57	53	70	114	44
Montana: Columbia Falls	Ft. Harrison, MT	56	22	26	87	61
Nebraska: Grand Island	Grand Island, NE	110	56	55	174	119
New Jersey: Menlo Park	East Orange, NJ	38	4	5	42	37
New York: Oxford	Syracuse, NY	57	35	31	87	56
North Dakota: Lisbon	Fargo, ND	105	57	74	168	94
Ohio: Sandusky	Cleveland, OH	286	158	192	461	269
Oklahoma:						
Ardmore	Oklahoma City, OK	76	130	142	218	76
Clinton	Oklahoma City, OK	31	52	64	90	26
Sulphur	Oklahoma City, OK	21	31	37	53	16
Pennsylvania:						
Hollidaysburg	Altoona, PA	158	180	134	305	171
Erie	Erie, PA	60	26	17	82	65
Rhode Island: Bristol	Providence, RI	62	11	34	81	47
South Dakota: Hot Springs	Hot Springs, SD	88	19	29	108	79
Vermont: Bennington	White River Jct., VT	10	17	13	27	14
Washington:						
Orting	Seattle, WA	61	36	47	105	58
Retsil	Seattle, WA	134	167	156	299	143
West Virginia: Barboursville	Huntington, WV	113	163	125	272	147
Wisconsin: King	Madison, WI	18	1	9	25	16
Wyoming: Buffalo	Sheridan, WY	43	18	18	65	47

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 41

State Home Hospitals: Selected Data—Fiscal Year 1984

Location of State Home Hospitals	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1984
Total		514	3,878	3,884	4,388	504
California: Yountville	San Francisco, CA	28	955	947	974	27
Connecticut: Rocky Hill	Newington, CT	306	511	498	807	309
Illinois: Quincy	Iowa City, IA	13	388	379	392	13
Iowa: Marshalltown	Des Moines, IA	28	283	306	324	18
Massachusetts:						
Chelsea	Boston, MA (OC)	123	1,410	1,409	1,535	126
Holyoke	Northampton, MA	10	213	211	221	10
Oklahoma: Sulphur	Oklahoma City, OK	6	118	134	135	1

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

State Nursing Care Homes: Selected Data—Fiscal Year 1984

Location	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges and Deaths	Patients Treated [2]	Remaining on Sept. 30, 1984 [3]
Total		7,467	5,577	5,155	12,889	7,734
California: Yountville	San Francisco, CA	626	822	898	1,519	621
Colorado:						
Florence	Denver, CO	100	58	46	145	99
Homelake	Denver, CO	21	19	23	45	22
Georgia:						
Augusta	Augusta, GA	174	158	155	330	175
Milledgeville	Dublin, GA	205	91	54	273	219
Idaho: Boise	Boise, ID	78	37	35	113	78
Illinois: Quincy	Iowa City, IA	376	529	484	879	395
Indiana: Lafayette	Indianapolis, IN	229	107	82	322	240
Iowa: Marshalltown	Des Moines, IA	469	438	390	888	498
Kansas: Fort Dodge	Wichita, KS	57	25	36	89	53
Louisiana: Jackson	New Orleans, LA	78	55	49	131	82
Maine: Augusta	Togus, ME	99	137	111	212	101
Massachusetts:						
Chelsea	Boston, MA (OPC)	53	161	165	216	51
Holyoke	Northampton, MA	245	167	163	411	248
Michigan:						
Grand Rapids	Allen Park, MI	537	252	232	778	546
Marquette	Iron Mountain, MI	38	45	35	84	49
Minnesota: Minneapolis	Minneapolis, MN	223	163	122	372	250
Missouri:						
Mt. Vernon	St. Louis, MO	68	105	95	189	94
St. James	St. Louis, MO	154	183	148	292	144
Montana: Columbia Falls	Ft. Harrison, MT	42	58	38	95	57
Nebraska: Grand Island	Grand Island, NE	490	186	168	676	508
New Hampshire: Tilton	Manchester, NH	87	33	23	116	93
New Jersey:						
Menlo Park	East Orange, NJ	314	90	85	404	319
Vineland	Wilmington, DE	237	54	20	281	261
New York: Oxford	Syracuse, NY	61	37	38	104	16
Ohio: Sandusky	Cleveland, OH	240	97	69	332	263
Oklahoma:						
Ardmore	Oklahoma City, OK	91	77	81	175	94
Clinton	Oklahoma City, OK	131	67	65	196	131
Norman	Oklahoma City, OK	180	23	31	207	176
Sulphur	Oklahoma City, OK	122	131	107	232	125
Talihina	Oklahoma City, OK	153	137	134	289	155
Pennsylvania:						
Hollidaysburg	Altoona, PA	191	269	274	469	195
Erie	Erie, PA	69	29	26	98	72
Rhode Island: Bristol	Providence, RI	263	97	88	356	268
South Carolina: Columbia	Columbia, SC	134	142	133	273	140
South Dakota: Hot Springs	Hot Springs, SD	31	4	15	41	26
Vermont: Bennington	White River Jct., VT	116	123	121	240	119
Washington:						
Orting	Seattle, WA	97	71	51	153	102
Retsil	Seattle, WA	125	142	135	261	126
Wisconsin: King	Madison, WI	462	158	130	603	473

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

[3] *Bed occupants only.*

TABLE 43

Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis Fiscal Years 1975–1984

Fiscal Year	Total			Category of Visit					
				Examinations					
				Compensation and Pension			Determine Need for Medical Care		
	Total	Staff	Fee	Total	Staff	Fee	Total	Staff	Fee
1984	18,616,073	16,935,050	1,681,023	364,840	271,950	92,890	2,633,510	2,624,022	9,488
1983	18,509,552	16,617,485	1,892,067	370,552	271,189	99,363	2,581,957	2,566,518	15,439
1982	17,808,977	15,861,687	1,947,290	365,218	271,508	93,710	2,402,135	2,368,513	33,622
1981	17,929,550	15,825,064	2,104,486	377,559	283,539	94,020	2,463,349	2,435,466	27,883
1980	17,971,407	15,751,690	2,219,717	373,300	287,724	85,576	2,435,856	2,403,684	32,172
1979	17,262,408	15,053,332	2,209,076	372,077	290,695	81,382	2,239,313	2,213,770	25,543
1978	17,416,275	15,069,573	2,346,702	405,301	321,372	83,929	2,244,929	2,227,915	17,014
1977	17,045,079	14,675,284	2,369,795	421,425	337,252	84,173	2,205,165	2,193,258	11,907
1976	[1] 16,506,970	[1] 14,319,924	2,187,046	388,674	345,152	43,522	2,126,614	2,124,362	2,252
1975	14,629,517	12,595,514	2,034,003	353,590	323,085	30,505	1,951,618	1,948,907	2,711

Fiscal Year	Category of Visit									
	Treatment						Aid and Attendance	All Other		
	Service Connected			Nonservice Connected						
	Total	Staff	Fee	Total	Staff	Fee	Fee	Total	Staff	Fee
1984	7,670,978	6,547,053	1,123,925	6,881,822	6,658,841	222,981	225,780	839,143	833,184	5,959
1983	7,725,734	6,436,834	1,288,900	[1] 6,748,935	6,519,512	[1] 229,423	246,947	[1] 835,427	823,432	[1] 11,995
1982	[1] 7,428,408	[1] 6,056,360	1,372,048	[1] 6,537,701	[1] 6,337,784	[1] 199,917	239,671	[1] 835,844	[1] 827,522	[1] 8,322
1981	7,310,554	5,814,448	1,496,106	[1] 6,625,302	6,433,346	[1] 191,956	286,817	[1] 865,969	858,265	[1] 7,704
1980	7,284,333	5,666,049	1,618,284	[1] 6,628,669	6,474,561	[1] 154,108	321,030	[1] 928,219	919,672	[1] 8,547
1979	6,735,356	5,132,203	1,603,153	6,675,487	6,541,682	133,805	358,462	881,713	874,982	6,731
1978	6,022,072	4,392,103	1,629,969	7,352,253	7,215,088	137,165	462,295	929,425	913,095	16,330
1977	5,811,207	4,231,268	1,579,939	7,251,315	7,112,919	138,396	539,318	816,649	800,587	16,062
1976	5,284,220	3,722,074	1,562,146	7,234,247	7,141,678	92,569	475,121	998,094	986,658	11,436
1975	4,895,716	3,364,841	1,530,875	5,956,375	5,910,280	46,095	416,839	1,055,379	1,048,401	6,978

[1] *Data adjusted.*

NOTE: Fiscal years 1975 through 1979 reflect breakouts for treatment, aid and attendance, and all other visits previously consolidated under "All Other".

PHARMACY

TABLE 44

Pharmacy Activity—Fiscal Years 1983–1984

Activity	FY 1984	FY 1983
VA Pharmacies		
Prescriptions dispensed – Total	42,904,424	42,647,780
Inpatient	1,198,852	1,384,718
Ambulatory – Total	41,705,572	41,263,062
Methadone	1,073,286	1,068,603
All other (including fee-basis filled by VA pharmacies)	40,632,286	40,194,459
Unit doses dispensed	139,167,378	114,558,960
Primary intravenous admixtures	1,948,300	1,894,864
Secondary intravenous admixtures ("piggy-backs")	7,975,642	6,977,508
Hyperalimentation	373,057	394,674
Fluids and sets	10,855,929	10,408,495
Fee-Basis		
Prescriptions filled by VA pharmacies	4,884,874	5,133,808
Prescriptions filled by participating pharmacies	516,682	701,267

Replacement and Relocation Hospital Construction Projects,[1] Fiscal Year 1984
Completions and Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	7	4,771	$864,533,448	$551,910,381	64	
A. Projects completed, Total	1	505	131,692,888	131,692,888	100	
Arkansas : Little Rock		505	131,692,888	131,692,888	100	October 1983 (C)
B. Projects under construction, Total	6	4,266	732,840,560	420,217,493	57	
Florida : Bay Pines		830	102,769,560	93,150,796	91	August 1978 (A)
Oregon : Portland/Vancouver		610	162,100,000	43,756,038	27	August 1982 (A)
Minnesota : Minneapolis		845	173,096,000	17,690,928	10	August 1982 (A)
Virginia : Richmond		814	114,172,000	109,194,850	96	November 1976 (A)
Washington : Seattle		490	111,119,000	89,352,937	80	May 1980 (A)
West Virginia : Martinsburg		677	69,584,000	67,071,944	96	July 1977 (A)
C. Projects authorized – not under construction	0					

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

Modernization Construction Projects,[1]–Fiscal Year 1984
Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	10		$316,579,737	$164,321,291	52	
A. Projects completed, Total	1		5,231,653	5,231,653	100	July 1984 (C)
Kansas : Wichita		Modernization & Alterations	5,231,653	5,231,653	100	July 1984 (C)
B. Projects under construction, Total	9		311,348,084	159,089,638	51	
Projects $1,000,000 and over, Total	9		311,348,084	159,089,638	51	
Alabama : Birmingham	....	Clinical expansion	41,796,614	4,348,025	10	September 1983 (A)
California : San Francisco	....	Remodel Bldgs. 2, 4, 200	15,098,485	3,537,343	23	June 1983 (A)
Colorado : Denver	....	Clinical support wing	36,482,327	25,616,036	70	December 1982 (A)
Louisiana : New Orleans	....	Clinical expansion	61,959,764	41,544,881	67	September 1981 (A)
Massachusetts : West Roxbury	....	SCI Center & modernization	16,659,976	15,492,667	93	September 1981 (A)
Mississippi : Biloxi	....	Modernize various buildings	40,216,186	5,370,179	13	November 1983 (A)
New Mexico : Albuquerque	....	Clinical improvements	52,715,082	20,221,104	38	July 1983 (A)
Ohio : Chillicothe	....	Modernize Buildings 24, 31, 35	11,769,047	8,458,359	72	January 1983 (A)
Oklahoma : Oklahoma City	....	Clinical Addn/Modern/F&S Imp	34,650,603	34,501,044	99	December 1980 (A)
C. Projects not under construction, Total	0					

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 47

Nursing Home Care Units Construction Projects,[1]—Fiscal Year 1984 Completions and Year End Status

Location	Number of Projects	Number of Nursing Home Care Beds	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	24	2,520	$154,369,780	$74,724,659	48	
A. Projects completed, Total	3	300	15,286,971	15,286,971	100	
Kansas : Wichita		60	3,376,048	3,376,048	100	May 1984 (C)
Michigan : Ann Arbor		120	5,243,450	5,243,450	100	May 1984 (C)
Pennsylvania : Coatesville		120	6,667,473	6,667,473	100	October 1983 (C)
B. Projects under construction, Total	15	1,440	88,329,809	59,437,688	67	
Projects $1,000,000 and over, Total	15	1,440	88,329,809	59,437,688	67	
California : Fresno		60	4,154,991	2,987,065	72	September 1983 (A)
: West Los Angeles (Wadsworth)		120	3,459,024	3,063,508	89	April 1983 (A)
Colorado : Denver		60	3,648,201	2,460,053	67	August 1983 (A)
Dist. of Columbia: Washington		120	19,645,183	18,950,181	96	April 1982 (A)
Florida : Lake City		120	4,040,202	3,834,450	95	February 1983 (A)
: Tampa		120	5,396,887	5,167,376	96	December 1982 (A)
Idaho : Boise		60	2,371,084	855,454	36	August 1983 (A)
Illinois : Hines		120	4,781,674	129,159	3	June 1984 (A)
: Marion		60	3,305,202	1,315,059	40	May 1983 (A)
Missouri : St. Louis (Jefferson Barracks)		60	4,583,000	0	0	September 1984 (A)
New York : Bronx		120	8,956,832	6,703,785	75	December 1982 (A)
Texas : Dallas		120	6,535,268	6,323,917	97	May 1982 (A)
: Kerrville		120	6,295,540	5,710,262	91	August 1982 (A)
: San Antonio		120	7,076,116	0	0	September 1984 (A)
Washington : Spokane		60	4,080,605	1,937,419	47	September 1983 (A)
C. Projects not under construction, Total	6	780	50,753,000			
Projects $1,000,000 and over, Total	6	780	50,753,000			
California : Loma Linda		60	3,745,000			
: San Francisco		120	13,189,000			
: West Los Angeles (Wadsworth)		120	7,563,000			
Florida : Miami		120	6,332,000			
New Jersey : Lyons		240	12,624,000			
New York : Northport		120	7,300,000			

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 48

Research and Education Construction Projects,[1]—Fiscal Year 1984 Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	15		$22,643,771	$9,726,909	43	
A. Projects completed, Total	2		2,384,638	2,384,638	100	
California : San Francisco		Animal research	1,824,784	1,824,784	100	March 1984 (C)
Louisiana : Shreveport		Research & educ. bldg. alterations	559,854	559,854	100	April 1984 (C)
B. Projects under construction, Total	8		14,035,640	7,342,271	52	
Projects $1,000,000 and over, Total	3		10,218,537	6,485,336	63	
California : Long Beach		Research addition	7,269,109	4,941,237	68	June 1983 (A)
Ohio : Cincinnati		Surgical space renovation	1,383,656	0	0	September 1984 (A)
Tennessee : Mountain Home		Medical library	1,565,772	1,544,099	99	March 1983 (A)
Projects under $1,000,000	5		3,817,103	856,935	22	
C. Projects not under construction, Total	5		6,223,493			
Projects $1,000,000 and over, Total	2		4,687,000			
Arkansas : Little Rock		Remodel educ. trng. center	1,614,000			
New Jersey : East Orange		Relocate/consol. res. & exp. clin. lab.	3,073,000			
Projects under $1,000,000, Total	3		1,536,493			

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

Other Improvement Construction Projects,[1] Fiscal Year 1984
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
1. AIR CONDITIONING CONSTRUCTION PROJECTS					
TOTAL	1 Project	$1,340,317	$1,340,317	100	
A. Projects completed, Total	1 Project	1,340,317	1,340,317	100	
Pennsylvania : Coatesville		1,340,317	(4)	100	February 1984 (C)
B. Projects Under Construction, Total	0 Projects	.....	.....	....	
C. Projects Not Under Construction, Total	0 Projects	.....	.....	....	
2. OTHER IMPROVEMENT – CONSTRUCTION PROJECTS					
TOTAL	729 Projects	$919,704,295	$306,940,108	33	
A. Projects completed, Total	165 Projects	143,139,489	143,139,489	100	
Alabama : Tuscaloosa	Fire & Safety Improvements	145,301	(4)	100	October 1983 (C)
: Tuskegee	ADP Site Preparation	224,289	(4)	100	September 1984 (C)
Arizona : Phoenix	Life Safety Code Corrections, Bldg. 1	336,790	(4)	100	August 1984 (C)
: Tucson	Additional Elevator, Building 2	320,459	(4)	100	December 1983 (C)
Arkansas : Fayetteville	Clinical Addition	3,430,732	(4)	100	October 1983 (C)
: Little Rock	Sprinkling of Attics and Hoods	156,210	(4)	100	March 1984 (C)
California : Fresno	Correct Seismic Deficiencies	4,252,020	(4)	100	May 1984 (C)
: Fresno	Remodel for Canteen	432,997	(4)	100	February 1984 (C)
: Fresno	Renovate Clin. Path./Psych. Demo. Area	117,798	(4)	100	May 1984 (C)
: Los Angeles	DPC Alterations	516,405	(4)	100	September 1984 (C)
: Martinez	Install CAT Scanner	221,152	(4)	100	April 1984 (C)
: San Diego	Enclose T&L Chutes	334,500	(4)	100	February 1984 (C)
: San Diego	Remodel Neurology, PH 2 & 3	100,979	(4)	100	February 1984 (C)
: San Francisco	Expand Canteen Dining Room, PH 1	341,975	(4)	100	November 1983 (C)
: Sepulveda	Patient Privacy Conversion	187,036	(4)	100	November 1983 (C)
: Sepulveda	Install CAT Scanner	213,287	(4)	100	May 1984 (C)
: Sepulveda	Computer Center	272,298	(4)	100	June 1984 (C)
: West Los Angeles	Correct Electrical Defic. & Emer. Gen.	544,765	(4)	100	November 1983 (C)
: West Los Angeles	Modify Hoods & Ducts, Lab B-500	193,916	(4)	100	June 1984 (C)
: West Los Angeles	Animal Surgical Unit	399,000	(4)	100	March 1984 (C)
Colorado : Denver	Expand Laundry, Bldg. 7	405,560	(4)	100	October 1983 (C)
: Grand Junction	Patient Privacy, Bldg. 6	418,830	(4)	100	November 1983 (C)
: Grand Junction	Remodel Surgery	146,555	(4)	100	November 1983 (C)
: Grand Junction	Remodel Ward 3E	402,169	(4)	100	September 1984 (C)
Connecticut : Newington	Animal Research Facility	397,433	(4)	100	January 1984 (C)
: Newington	Renovate Dietetics Kitchen, Bldg. 3	360,265	(4)	100	July 1984 (C)
: Newington	Building Management Facility	396,005	(4)	100	October 1983 (C)
: West Haven	ADP Center	179,799	(4)	100	July 1984 (C)
Delaware : Wilmington	Deadend Corridor Stairs	688,176	(4)	100	May 1984 (C)
: Wilmington	Addition to Existing RO Building	531,559	(4)	100	June 1984 (C)
: Wilmington	Renovate 3 Nursing Stations	211,492	(4)	100	May 1984 (C)
Dist. of Columbia : Washington	Heat Run-around System	681,599	(4)	100	February 1984 (C)
Florida : Gainesville	Clinical/Research-Educ. Improv. PH 2	12,999,083	(4)	100	March 1984 (C)
: Gainesville	Install Core Computer System	118,048	(4)	100	September 1984 (C)
: Gainesville	Energy Conservation, Clin./Res./Educ.	23,000	(4)	100	March 1984 (C)
: Lake City	Install Fire Pumps/Sprinklers/Standpipes	172,460	(4)	100	August 1984 (C)
: Tampa	Two Elevators	765,631	(4)	100	December 1983 (C)
: Tampa	Install Smoke Dampers/Walls	157,407	(4)	100	August 1984 (C)
: Tampa	Expand Parking Facilities	125,760	(4)	100	September 1984 (C)
Georgia : Atlanta	Renovate Laundry	365,380	(4)	100	June 1984 (C)
: Atlanta	Install CAT Scanner	245,839	(4)	100	January 1984 (C)
: Dublin	Patient Privacy, Building 19	1,264,045	(4)	100	March 1984 (C)
Idaho : Boise	Electrical Distribution	913,940	(4)	100	September 1984 (C)
: Boise	Relocate Medical Service Offices	282,205	(4)	100	July 1984 (C)
Illinois : Chicago (LS)	Modernize Patient Wards, 9th Floor	316,657	(4)	100	July 1984 (C)
: Chicago (WS)	ADP Site Preparation	279,235	(4)	100	June 1984 (C)
: Hines	Relocate Marketing Service to Bldg. 17	367,560	(4)	100	July 1984 (C)
: Hines	Expand Radiology, Bldg. 200	130,813	(4)	100	April 1984 (C)
: North Chicago	Fire & Safety Improvements	3,544,198	(4)	100	August 1984 (C)
Indiana : Indianapolis	Relocate Cardiac Cath. Lab	109,611	(4)	100	February 1984 (C)
: Marion	Enclose Porches, Bldgs. 1, 3, 4, 12	194,553	(4)	100	August 1984 (C)
Iowa : Des Moines	Elevator for Handicapped, Bldg. 5	176,463	(4)	100	March 1984 (C)
: Iowa City	Fire & Safety Improvements	1,066,946	(4)	100	January 1984 (C)
: Knoxville	Remodel OP Area	120,438	(4)	100	May 1984 (C)
: Knoxville	Erect Ambulance Entrance, Bldg. 1	220,529	(4)	100	May 1984 (C)
: Knoxville	Handicapped Improv. Bldgs. 1, 6, 7, 68, PH 1	183,236	(4)	100	March 1984 (C)
Kansas : Topeka	Modify Basement, Bldg. 1, Laundry Opr.	193,976	(4)	100	August 1984 (C)
: Topeka	Reloc. NHC, Bldg. 6	426,263	(4)	100	September 1984 (C)
: Wichita	Computer Room	86,811	(4)	100	April 1984 (C)
Kentucky : Lexington	Enlarge Warehouse, Bldg. 12	164,200	(4)	100	March 1984 (C)
: Louisville	Patient Privacy, Med. Gas, Nurse Call	1,966,809	(4)	100	September 1984 (C)
: Louisville	Renovate SPD	180,054	(4)	100	August 1984 (C)
: Louisville	Install ADP Equipment	108,234	(4)	100	August 1984 (C)

See footnotes at end of table.

TABLE 49—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1984
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Louisiana	New Orleans	Renovate 10th Floor, Metabolic Clinic	281,867	(4)	100	April 1984 (C)
Maine	Togus	Renovate Ward 5S, B200	306,253	(4)	100	June 1984 (C)
Maryland	Perry Point	Canteen Patio, Handicapped Entrance	211,215	(4)	100	April 1984 (C)
	Perry Point	Upgrade Town Sewage Treatment Plant	1,095,846	(4)	100	July 1984 (C)
Massachusetts	Bedford	Smoke Partitions	700,643	(4)	100	April 1984 (C)
	Boston	Secondary Gen., Update Wiring	2,217,852	(4)	100	December 1983 (C)
	Boston	SPD Renovation	419,374	(4)	100	December 1983 (C)
	Boston	Install Sprinklers	361,534	(4)	100	December 1983 (C)
	Northampton	Install Elevator, Building 2	287,475	(4)	100	April 1984 (C)
Michigan	Allen Park	Install CAT Scanner	197,547	(4)	100	December 1983 (C)
	Allen Park	Central CPU Area	162,313	(4)	100	July 1984 (C)
	Ann Arbor	Patient Privacy Renov. WDS 6W, 7E, 7W, 8W	168,166	(4)	100	October 1983 (C)
	Ann Arbor	Renovate SICU	329,482	(4)	100	May 1984 (C)
	Battle Creek	Patient Privacy Renovation, Bldg. 3	268,198	(4)	100	January 1984 (C)
	Iron Mountain	Remodel Dietetic Service	419,377	(4)	100	April 1984 (C)
	Saginaw	Upgrade Dietetics	411,060	(4)	100	December 1983 (C)
Minnesota	St. Cloud	Enclose Loading Dock/Install Elevator	162,817	(4)	100	May 1984 (C)
Mississippi	Biloxi (BD)	Clinical and Outpatient Addition	15,712,025	(4)	100	December 1983 (C)
	Jackson	Construct Admin. Office & Expand Lab	1,377,738	(4)	100	January 1984 (C)
Missouri	Kansas City	Remodel SICU, RR, 3E, Bldg. 1	269,499	(4)	100	March 1984 (C)
	Kansas City	Expand OR Storage	83,039	(4)	100	February 1984 (C)
	Poplar Bluff	New Supply Warehouse	312,689	(4)	100	December 1983 (C)
	Poplar Bluff	Correct Seismic Deficiencies	6,951,698	(4)	100	September 1984 (C)
	St. Louis	Remodel Ward 7, Building 1	656,416	(4)	100	December 1983 (C)
	St. Louis	Install Clinical Lab, Building 1	178,914	(4)	100	January 1984 (C)
	St. Louis	Oncology Support Lab	211,613	(4)	100	March 1984 (C)
Montana	Ft. Harrison	Fire & Safety Improvements	126,310	(4)	100	March 1984 (C)
Nevada	Reno	Remodel Psych. Ward, Bldg. 1, 4th Floor	335,536	(4)	100	May 1984 (C)
New Jersey	East Orange	Sprinkler Protection, Various Buildings	327,120	(4)	100	July 1984 (C)
	Lyons	Install Elevator for Handicapped, Bldg. 5	250,120	(4)	100	April 1984 (C)
New Mexico	Albuquerque	Renovate Dietetic Service	67,750	(4)	100	April 1984 (C)
New York	Brooklyn	Renovate Canteen Service	781,843	(4)	100	June 1984 (C)
	Brooklyn	Patient Partitions, Building 1	392,131	(4)	100	January 1984 (C)
	Brooklyn	ADP Site Preparation	235,463	(4)	100	July 1984 (C)
	Buffalo	2nd Generation System	605,408	(4)	100	December 1983 (C)
	Buffalo	Renovate SPD	1,557,299	(4)	100	December 1983 (C)
	Buffalo	Heat Recovery, Supply/Exhaust Units	400,013	(4)	100	March 1984 (C)
	Buffalo	Computer Site Preparation	301,326	(4)	100	February 1984 (C)
	Canandaigua	Install Emergency Generator	157,266	(4)	100	May 1984 (C)
	Canandaigua	Laundry Addition	381,487	(4)	100	June 1984 (C)
	New York	ADP Computer Room	158,400	(4)	100	July 1984 (C)
	Northport	Renovate Intermediate Care Wards, Bldg. 9	194,230	(4)	100	April 1984 (C)
	Northport	Renovate Warehouse, Bldg. 36	316,254	(4)	100	August 1984 (C)
	Northport	ADP Equipment	265,246	(4)	100	June 1984 (C)
	St. Albans	Primary Dist. & 2nd Gen. Systems	1,920,160	(4)	100	March 1984 (C)
	Syracuse	Renovate for Computer Center	156,935	(4)	100	July 1984 (C)
	Syracuse	Outpatient Clinic Improvements	1,204,670	(4)	100	March 1984 (C)
Ohio	Cincinnati	Fire & Safety Improvements	9,743,554	(4)	100	January 1984 (C)
	Cincinnati	Clinical Exp. & Relocate 2 Elevators	9,839,762	(4)	100	January 1984 (C)
	Cleveland	Convert Ward 33 to Psychiatric	498,688	(4)	100	August 1984 (C)
Oklahoma	Muskogee	ADP Preparation	106,426	(4)	100	June 1984 (C)
	Oklahoma City	Expand Surgical Suite	430,071	(4)	100	January 1984 (C)
	Oklahoma City	Renovate Kitchen	383,731	(4)	100	October 1983 (C)
	Oklahoma City	Additional Parking Lot	316,400	(4)	100	May 1984 (C)
Oregon	Roseburg	Install Add'l Stairwell Exits, Bldg. 16	291,344	(4)	100	May 1984 (C)
	Roseburg	Elevators	1,556,672	(4)	100	June 1984 (C)
Pennsylvania	Coatesville	Energy Conservation	665,000	(4)	100	February 1984 (C)
	Erie	Expand Pharmacy	98,322	(4)	100	December 1983 (C)
	Pittsburgh	Fire & Safety Improvements	4,832,186	(4)	100	April 1984 (C)
	Pittsburgh	Renovate Canteen	2,044,613	(4)	100	May 1984 (C)
	Pittsburgh	Convert 16- and 8-Bed Wards	212,780	(4)	100	June 1984 (C)
	Wilkes-Barre	Remodel Kitchen, Section A	1,866,182	(4)	100	July 1984 (C)
Puerto Rico	San Juan	Learning Resource Center	193,969	(4)	100	April 1984 (C)
	San Juan	Remodel For CAT Scanner, Bldg. 1	164,720	(4)	100	December 1983 (C)
	San Juan	ADP Facility, Bldg. 1	205,979	(4)	100	February 1984 (C)
South Carolina	Charleston	Patient Privacy Wards, 3A, 4A, N&S	489,655	(4)	100	August 1984 (C)
South Dakota	Hot Springs	Computer Facility, Telephone System	277,243	(4)	100	July 1984 (C)
	Sioux Falls	Install Central Gas Systems/Wards	206,459	(4)	100	May 1984 (C)
	Sioux Falls	EMI/AHEC Modular Units	35,412	(4)	100	December 1983 (C)
Tennessee	Memphis	Main Kitchen Ventilization	399,866	(4)	100	April 1984 (C)
	Mountain Home	Clinical Addition	10,582,290	(4)	100	August 1984 (C)
	Mountain Home	Patient Privacy, Bldg. 8	162,579	(4)	100	August 1984 (C)
	Mountain Home	Install A/C, Bldg. 37	352,579	(4)	100	August 1984 (C)
	Mountain Home	Install Elevator, Bldg. 37	264,453	(4)	100	May 1984 (C)
	Nashville	Energy Conservation	199,065	(4)	100	January 1984 (C)
	Nashville	ADP Site Preparation	179,639	(4)	100	August 1984 (C)
Texas	Amarillo	Computer System Support	103,575	(4)	100	August 1984 (C)
	Big Spring	Central Oxygen/Vacuum System	226,058	(4)	100	April 1984 (C)
	Houston	A/C Chiller Scrub Brush System	218,499	(4)	100	May 1984 (C)
	Houston	ADP Site Preparation	310,000	(4)	100	March 1984 (C)
	Kerrville	Remodel and Expand Lab Service	115,196	(4)	100	December 1983 (C)

See footnotes at end of table.

TABLE 49—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1984
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Texas (cont'd.) : Kerrville	Modernize Patient Rooms	287,000	([4])	100	January 1984 (C)
: Marlin	Fire & Safety Improvements	772,424	([4])	100	December 1983 (C)
: San Antonio	Computer Support Section	240,203	([4])	100	September 1984 (C)
: Waco	New Supply Warehouse	346,054	([4])	100	May 1984 (C)
Utah : Salt Lake City	Remodel Ward 4B, Bldg. 4	392,413	([4])	100	August 1984 (C)
Virginia : Richmond	Patient Data Monitoring System	193,964	([4])	100	December 1983 (C)
: Salem	ADP Site Preparation	70,000	([4])	100	July 1984 (C)
Washington : Walla Walla	Install Firestairs, Bldg. 74	68,400	([4])	100	February 1984 (C)
: Walla Walla	Patient Privacy & Support Sys., Bldg. 86	332,524	([4])	100	August 1984 (C)
West Virginia : Beckley	Life Safety Code (PH 7)	208,141	([4])	100	September 1984 (C)
: Huntington	Expand Morgue	233,884	([4])	100	May 1984 (C)
: Huntington	Remodel and Expand Outpatient Area	207,289	([4])	100	August 1984 (C)
: Huntington	Telephone Gutter System	179,518	([4])	100	June 1984 (C)
Wisconsin : Tomah	Remodel Dietetics, B424	1,142,092	([4])	100	August 1984 (C)
: Tomah	Laundry Addition	224,003	([4])	100	February 1984 (C)
: Tomah	Enclose Receiving Dock, B402	217,968	([4])	100	November 1983 (C)
: Wood	Modernize Wards 6CS, 8CN, B111	207,180	([4])	100	September 1984 (C)
: Wood	Modernize Wards 5CN, 7CN, B111	300,072	([4])	100	February 1984 (C)
: Wood	Renovate B6 for DVB	600,000	([4])	100	January 1984 (C)
Wyoming : Sheridan	Connect to City Sewer System	275,548	([4])	100	December 1983 (C)
: Sheridan	Canteen Serving Line & Storage, Bldg. 86	347,491	([4])	100	August 1984 (C)
B. Projects under construction, Total	334 Projects	444,563,255	163,800,619	37	
Projects 1,000,000 and over, Total	63 Projects	360,361,106	124,312,323	34	
Alabama : Tuscaloosa	Outpatient Clinic Addition	8,161,800	801,664	10	August 1983 (A)
: Tuskegee	Replace Bed Building 62	9,630,000	.....	....	September 1984 (A)
Arizona : Tucson	Clinical Addn. for Lab, Surg., PAD, etc.	12,182,684	9,783,484	80	September 1982 (A)
California : Long Beach	Renovate and Add to SPD	2,298,105	2,250,671	98	July 1982 (A)
: Palo Alto	Surgical Addn. & F&S Improvements	14,769,638	7,492,485	51	January 1983 (A)
: Palo Alto	Correct Seismic Deficiencies	17,007,077	16,549,597	97	July 1982 (A)
Florida : Lake City	Primary & Secondary Distribution System	1,303,865	819,387	63	May 1983 (A)
: Lake City	Outpatient and Clinical Additions	4,134,300	.....	....	September 1984 (A)
: Miami	Outpatient Addn. & SCI Renovation	17,003,164	6,764,733	40	April 1983 (A)
Georgia : Atlanta	Two Additional Elevators	1,966,788	1,700,264	86	June 1983 (A)
: Dublin	Renovate Wards, Bldg. 17	1,202,194	.....	....	April 1984 (A)
Illinois : Chicago (WS)	Outpatient Addn., Renovate B11A, 11B	18,303,880	.....	....	August 1984 (A)
: Chicago (WS)	Renovate Psychiatric Ward Area	1,434,220	562,687	39	September 1983 (A)
: Danville	Expand and Relocate PAD	2,927,293	2,320,035	79	February 1983 (A)
: Hines	Primary & Secondary Distribution System	2,974,055	626,316	21	April 1984 (A)
: Hines	Expand Supply Depot, Bldg. 37	5,547,086	5,447,778	98	March 1983 (A)
Indiana : Indianapolis	Expand Outpatient Clinic	1,417,035	526,949	37	September 1983 (A)
Iowa : Iowa City	Admin. Office Modular Building	1,361,565	501,773	37	January 1984 (A)
Kansas : Leavenworth	Fire & Safety Improvements	6,418,000	.....	....	September 1984 (A)
: Wichita	Renovate for Outpatient Clinic	4,854,288	2,963,363	61	March 1983 (A)
Kentucky : Lexington	Relocate CCU	1,058,977	1,027,874	97	June 1983 (A)
Maine : Togus	Renovate Bldg. 207, 1st & 3rd Floors	2,239,731	1,389,890	62	July 1982 (A)
: Togus	DVB Building	2,768,569	2,241,031	81	January 1983 (A)
Massachusetts : Northampton	Enclose Walkways	1,867,696	.....	....	September 1984 (A)
Mississippi : Jackson	Construct Warehouse	1,592,000	.....	....	September 1984 (A)
Missouri : St. Louis	Clin. Addn. Renovate Wards, Amb. Care	23,750,080	3,042,121	13	July 1983 (A)
Nebraska : Lincoln	Outpatient Clinic Addition	3,659,692	2,431,333	66	July 1983 (A)
New Jersey : East Orange	Correct Environmental Deficiencies	28,244,339	6,492,358	23	August 1983 (A)
: Lyons	Replace Sewage Plant	1,822,189	671,055	37	June 1983 (A)
New York : Brooklyn	Air, Oxygen, and Vacuum System	3,036,898	2,195,126	72	May 1983 (A)
: Buffalo	Fire & Safety Improvements	3,949,252	.....	....	September 1984 (A)
: Castle Point	Water Supply System	1,662,259	722,371	43	November 1983 (A)
: Northport	Enclose Stairwells	1,534,551	276,066	18	December 1983 (A)
: St. Albans	Laundry Consolidation	4,705,981	3,631,466	77	July 1983 (A)
North Carolina : Asheville	Energy Management & Heat Run-around	1,822,706	63,499	3	May 1984 (A)
: Salisbury	Renovate Ward Areas, Patient Privacy	1,604,192	1,208,274	75	May 1983 (A)
North Dakota : Fargo	Addition for Clinical Improvements	11,816,136	1,502,441	13	February 1984 (A)
Ohio : Cincinnati	Upgrade Electrical Distribution	2,695,000	.....	....	September 1984 (A)
: Cleveland	Replace Fire Alarm System	1,053,500	104,400	10	September 1983 (A)
Oklahoma : Muskogee	Outpatient Addition	7,460,565	5,310,538	71	March 1983 (A)
Oregon : Portland (Vancouver Div.)	Boiler Plant Replacement	1,466,149	1,305,766	89	January 1983 (A)
Pennsylvania : Altoona	Ambulatory Care Addition	8,315,000	.....	....	September 1984 (A)
: Philadelphia	Clinical Improvements	1,342,000	232,700	17	August 1981 (A)
: Pittsburgh	Central Laundry	3,250,000	.....	....	September 1984 (A)
: Pittsburgh	Outpatient Clinic Addition	19,625,438	.....	....	September 1984 (A)
: Pittsburgh	Centralized Warehouse Facility	1,551,406	1,488,295	96	August 1983 (A)
: Pittsburgh	Outpatient Clinic Addition (Phase I)	1,297,678	815,229	63	April 1984 (A)
: Wilkes-Barre	Correct Electrical Deficiencies	1,141,559	1,056,185	93	March 1983 (A)
Rhode Island : Providence	Emergency Generator	1,326,149	.....	....	September 1984 (A)
South Dakota : Sioux Falls	Clinical & Support Services Addition	9,924,000	.....	....	September 1984 (A)
Tennessee : Memphis	Ambulatory Care Addition	4,726,443	4,528,095	96	March 1982 (A)
: Memphis	120 Bed SCI, Res. & Educ. Building	18,378,464	5,920,018	32	June 1983 (A)
: Murfreesboro	Clinical Addition/Alterations, PH 2	10,475,692	1,919,956	18	October 1983 (A)
: Nashville	Renovate Laboratory Service	1,128,648	816,036	72	June 1983 (A)

See footnotes at end of table.

TABLE 49—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1984
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Texas : Dallas	Renovate Bldg. 1 & 2, Patient Privacy	1,580,600	1,170,585	74	February 1983 (A)
: Houston	Correct Electrical Deficiencies	1,730,179	1,534,062	89	June 1983 (A)
: Houston	SCI Unit Interim Improvements	1,519,173	800,884	53	July 1983 (A)
: San Antonio	Sprinkler System	3,637,716	3,315,669	91	February 1983 (A)
: Temple	Expand Clinic & Relocate Support Fac.	11,933,755	4,046,497	34	June 1983 (A)
: Waco	Fire & Safety Corrections	3,703,806	485,717	13	April 1984 (A)
Virginia : Salem	Fire & Safety Improvements	2,110,720	2,082,600	99	July 1982 (A)
Washington : American Lake	Remodel Ward, B5 & Seismic Corr.	1,472,925	1,373,000	93	November 1983 (A)
Wisconsin : Tomah	Modernize Buildings 406, 408	5,482,256	.....	....	September 1984 (A)
Projects under $1,000,000 Total	271 Projects	84,202,149	39,488,296	47	
C. Projects not under construction, Total	230 Projects	332,001,551			
Projects $1,000,000 and over, Total	67 Projects	273,685,561			
Alabama : Tuskegee	Correct Fire Deficiencies	1,545,000			
: Tuskegee	Fire & Safety Improvements	1,318,000			
California : Livermore	F&S Imp., Svc. Elevators, Amb. Care Exp.	5,686,000			
: Long Beach	Correct Fire Deficiencies	1,536,000			
: Long Beach	Relocate Hemodialysis	1,176,000			
: Long Beach	Relocate MICU, Bldg. 126	1,050,000			
: Los Angeles	Outpatient Clinic Building	39,226,000			
: Martinez	Education/Admin. Building Improvements	1,609,000			
: Palo Alto	Correct Electrical Deficiencies	1,626,000			
: San Diego	SCI/Outpatient Clinic	7,772,000			
: San Diego	Energy Conservation, Emer Generator	3,695,000			
: San Francisco	Modernize Intensive Care Unit	1,292,000			
Connecticut : West Haven	Fire & Safety Improvements	5,813,000			
Delaware : Wilmington	Patient Privacy	1,117,000			
Dist. of Columbia : Washington	Enclose C-wing Roof	1,520,675			
: Washington	Additional Sprinklers	1,503,736			
Florida : Miami	Renovate MICU/CCU	1,539,008			
Illinois : Chicago (LS)	Patient Transport Corridor	1,507,000			
: Chicago (LS)	Modernize Wards, 11th Floor	1,100,000			
: Chicago (WS)	Remodel Surgical Suite	1,354,800			
: Hines	New Warehouse, Service Building	9,045,000			
: Hines	New Linear Acceleration Facility	1,227,000			
: Marion	Dental/Medical Support	1,204,000			
Kentucky : Lexington	Renovate 3rd Floor, Bldg. 1	1,144,000			
: Lexington	Renovate 2nd Floor, Bldg. 1	1,253,316			
: Louisville	Correct Exit Deficiencies, Bldg. 1	1,181,000			
Louisiana : Alexandria	Fire & Safety Improvements, Bldg. 2, 7	1,093,125			
: New Orleans	Renovate Kitchen	1,117,000			
: New Orleans	Install Fire Sprinklers, Bldg. 1	1,030,000			
Maryland : Ft. Howard	Multi-purpose Building	1,573,942			
: Perry Point	New Laundry Building	4,856,500			
: Perry Point	Elevators, B11, 13, 14, 15, 22, 80, 82	1,118,000			
Massachusetts : Brockton	Fire & Safety Improvements	1,164,000			
: Brockton	Modernize Buildings 2, 7	20,936,000			
Michigan : Ann Arbor	Linear Accelator	1,570,737			
: Battle Creek	Renovate B82	3,269,000			
: Iron Mountain	Sprinkler Hazard Areas, Bldg. 1	1,324,000			
Minnesota : St. Cloud	Renovate for Patient Privacy, Bldg. 49	1,471,000			
Missouri : St. Louis	Chiller Water Plant Alterations	1,227,000			
Nebraska : Omaha	Outpatient Clinic Addition	22,935,000			
New Hampshire : Manchester	Relocate Radiology and Chapel	1,189,000			
New Mexico : Albuquerque	Construct Warehouse	1,205,346			
New York : Bath	Renovate Bldg. 78, NHCU	6,106,000			
: Bronx	Therapeutic Pool Addition	1,072,000			
: Brooklyn	Centralized Tray Service	1,465,000			
: Buffalo	Storm Water Relief System	1,635,000			
: Canandaigua	Total Sprinkler System	1,540,562			
: Castle Point	Building Addition	7,148,000			
: New York	Renov. 14S:Prosth. Orth. Restorations	1,242,065			
: Northport	10-Bed SICU	1,321,000			
: Syracuse	F&S Imprv., Pat. Priv., Sup. Sys., HVAC	28,095,000			
North Carolina : Durham	Additional Elevators	2,592,000			
: Fayetteville	Clinical Addition	14,715,000			
: Salisbury	Fire & Safety Improvements	1,202,000			
Ohio : Cleveland	Clinical Improvements, Surg. Svc. Reloc.	8,040,000			
: Dayton	Modify Fire Escapes, B401, 402, 408, 412	1,526,622			
Pennsylvania : Butler	Air Cond., Oxygen, & Vac, Sys., 4 West	1,065,000			
: Philadelphia	Sprinkler System	1,183,000			
: Wilkes-Barre	Relocate Nuclear Medicine	1,247,000			
South Carolina : Charleston	Clinical Services Addn. & Renov.	11,881,000			
South Dakota : Sioux Falls	Construct Warehouse & Offices	1,112,000			
Texas : Dallas	Fire & Safety Improvements	1,307,000			
: Kerrville	Update 2nd Dist. & Essential Elec.	1,254,549			
: San Antonio	Supply Warehouse and SPD	3,344,000			
: Waco	New Dietetics Building	6,215,000			

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1984
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Utah : Salt Lake City	Expand Radiology	1,228,578			
Vermont : White River Jct.	Install Sprinkler System, Bldg. 31	1,028,000			
Projects Under $1,000,000, Total	163 Projects	58,315,990			

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*
[2] *Construction anticipated, issued, awarded, including contingencies.*
[3] *Based on general construction only.*
[4] *Same as value of construction issued or awarded when project is physically and/or financially complete.*

TABLE 50

National Cemetery Projects,[1] Fiscal Year 1984—Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	31		$24,201,790	$9,391,479	39	
A. Projects completed, Total	7		7,311,141	7,311,141	100	
Kentucky : Lebanon		Develop 2 Acres	50,746	50,746	100	June 1984 (C)
Michigan : Ft. Custer		Dev Gravesites/Admin & Svc Bldg	2,184,167	2,184,167	100	September 1984 (C)
Minnesota : Ft. Snelling		Dev 14,800 Gravesites & Add'l Fac	1,552,500	1,552,500	100	July 1984 (C)
New Mexico : Santa Fe		Construction of Drainage in Arroyo	82,428	82,428	100	July 1984 (C)
New York : Calverton		Dev 25 Acres & Service Building	1,911,899	1,911,899	100	February 1984 (C)
Virginia : Culpeper		Entrance Drive	109,600	109,600	100	December 1983 (C)
Virginia : Quantico		Dev 26,400 Gravesites	1,419,801	1,419,801	100	December 1983 (C)
B. Projects under construction, Total	8		5,673,249	2,080,338	37	
Projects $1,000,000 and over, Total	2		3,900,284	800,918	21	
New Mexico : Santa Fe		Develop 13 Acres	1,237,534	800,918	65	February 1984 (A)
New York : Calverton		Dev 78,000 Gravesites & Add'l Fac	2,662,750	.....	....	June 1984 (A)
Projects under $1,000,000 Total	6		1,772,965	1,279,420	72	
C. Projects not under construction, Total	16		11,217,400			
Projects $1,000,000 and over, Total	3		7,294,000			
Alabama : Ft. Mitchell		Dev 50 Acres/Admin & Svc Bldg	3,105,000			
Kansas : Leavenworth		Admin Building Addition	1,066,000			
Minnesota : Ft. Snelling		Admin and Service Buildings	3,123,000			
Projects under $1,000,000, Total	13		3,923,400			

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*
[2] *Construction anticipated, issued, awarded, including contingencies.*
[3] *Based on general construction only.*

TABLE 51

Domiciliary Construction Projects,[1] Fiscal Year 1984—Completions and Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	2	408	$15,741,383	$1,251,226	8	
A. Projects completed, Total	0	....	.....	.....	....	
B. Projects under construction, Total	2	408	15,741,383	1,251,226	8	
New York : Bath	....	208	6,729,683	993,468	15	February 1984 (A)
Virginia : Hampton	....	200	9,011,700	257,758	3	April 1984 (A)
C. Projects not under construction, Total	0	....	.....	.....	....	

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*
[2] *Construction anticipated, issued, awarded, including contingencies.*
[3] *Based on general construction only.*

Incompetent and Minor Beneficiaries Served

Fiscal Year	Total Beneficiaries	Incompetent Adults				Minors		
		Total	Type of Fiduciary			Total	Type of Fiduciary	
			State Court Appointed	Federal	Supervised Direct Payment		State Court Appointed	Federal
1984	125,083	113,334	34,331	72,424	6,579	11,749	1,702	10,047
1983	128,210	114,273	35,875	71,874	6,524	13,937	2,277	11,660
1982	128,693	112,267	37,066	68,939	6,262	16,426	2,964	13,462
1981	132,446	112,757	38,708	67,826	6,223	19,689	4,002	15,687
1980	138,797	114,905	40,917	67,930	6,058	23,892	5,490	18,402
1979	143,286	115,933	42,890	67,283	5,760	27,353	7,022	20,331
1978	145,891	115,187	44,759	65,029	5,399	30,704	9,184	21,520
1977	149,843	114,262	46,960	62,258	5,044	35,581	11,685	23,896
T.Q. 9/30/76	144,997	105,191	48,850	51,803	4,538	39,806	15,044	24,762
1976	141,218	100,044	49,208	46,505	4,331	41,174	16,154	25,020
1975	146,471	97,272	52,662	40,995	3,615	49,199	21,971	27,228

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1984

National Cemetery	FY 1984 Interments	Gravesites [1]			Close-out Date [2] (Fiscal Year)
		Used Cumulative	Reserved	Available	
Total	47,021	1,558,131	63,816	489,523	
Alexandria, LA	118	6,537	146	437	1988
Alexandria, VA	5	4,062	25	1	Closed
Alton, IL	.....	491	35	6	Closed
Annapolis, MD	5	2,923	31	2	Closed
Balls Bluff, VA	.....	25	.....	.....	Closed
Baltimore, MD	406	34,302	3,091	847	Closed
Barrancas, FL	635	14,603	570	3,703	1987
Bath, NY	131	9,187	.....	326	2027
Baton Rouge, LA	8	5,028	51	4	Closed
Bayamon, PR	901	14,990	1,288	29,728	2030+
Bay Pines, FL[3]	212	4,430	.....	3,131	1986
Beaufort, SC	191	12,026	166	5,314	2020
Beverly, NJ	353	36,986	3,725	22	Closed
Biloxi, MS	279	3,423	551	183	1998
Black Hills, SD	356	7,239	424	14,303	2030+
Bourne, MA	889	2,719	.....	25,420	2030+
Calverton, NY[4]	6,529	36,768	.....	27,542	2030+
Camp Butler, IL	337	9,344	290	9,240	2005
Camp Nelson, KY	168	6,522	63	2,652	2020
Cave Hill, KY	1	5,634	3	25	Closed
Chattanooga, TN	543	25,552	528	14,208	2025
City Point, VA	13	5,490	77	31	Closed
Cold Harbor, VA	2	970	.....	.....	Closed
Corinth, MS	28	6,326	19	9,602	2030+
Crown Hill, IN	.....	795	.....	.....	Closed
Culpeper, VA	122	5,468	6	5,316	2030+
Cypress Hills, NY	37	18,567	57	79	Closed
Danville, IL	116	6,541	.....	12,969	2030+
Danville, KY	.....	393	1	5	Closed
Danville, VA	4	2,154	26	27	Closed
Dayton, OH	529	26,753	2	843	2001
Eagle Point, OR[5]	210	2,127	.....	4,418	2030+
Fayetteville, AR	105	3,661	97	320	1987
Finn's Point, NJ	.....	2,703	2	.....	Closed
Florence, SC[3]	38	4,684	65	99	2020
Fort Bayard, NM	40	1,969	.....	4,342	2030+
Fort Bliss, TX	827	17,547	1,165	38,324	2030+
Fort Custer, MI	278	839	19	992	2030+
Fort Gibson, OK	252	8,295	130	3,208	2005
Fort Harrison, VA	2	1,113	2	2	Closed
Fort Leavenworth, KS	157	18,675	551	135	Closed
Fort Logan, CO	1,693	29,694	712	15,424	2030+
Fort Lyon, CO	33	1,007	.....	6,207	2030+
Fort McPherson, NE	99	3,917	85	2,556	2030+
Fort Meade, SD	.....	188	.....	.....	Closed
Fort Mitchell, AL[6]	.....	.....	.....	.....	Not Yet Constructed
Fort Richardson, AK[6]	31	1,333	.....	667	2030+
Fort Rosecrans, CA	874	45,422	2,147	3,972	Closed
Fort Sam Houston, TX	1,997	44,210	2,958	1,831	2001
Fort Scott, KS	83	3,218	90	3,848	2012
Fort Smith, AR	203	6,009	213	3,383	2005
Fort Snelling, MN[4]	3,217	79,589	12,852	4,455	2030+
Glendale, VA	4	1,308	.....	.....	Closed
Golden Gate, CA	1,320	99,018	7,834	6,227	Closed
Grafton, WV	.....	2,082	47	2	Closed
Hampton, VA	203	21,137	458	2,424	1991
Hampton, (VAMC), VA	.....	22	.....	.....	Closed
Hot Springs, SD	.....	1,481	.....	1	Closed
Houston, TX	1,253	16,410	33	1,717	2030+
Indiantown Gap, PA	505	989	.....	15,757	2030+
Jefferson Barracks, MO	2,606	70,722	2,124	24,959	2030+
Jefferson City, MO	1	1,573	61	26	Closed
Keokuk, IA	58	2,693	60	4,097	2030+
Kerrville, TX	.....	460	.....	.....	Closed
Knoxville, TN	73	7,405	205	146	Closed
Leavenworth, KS	535	15,178	2	2,695	2030+
Lebanon, KY[4 6]	46	2,087	31	92	2004
Lexington, KY	.....	1,388	.....	9	Closed
Little Rock, AR	397	16,981	307	1,266	1988
Long Island, NY	3,047	234,915	12,396	6,261	Closed
Los Angeles, CA	540	70,910	2	3,260	Closed
Loudon Park, MD	6	6,493	5	140	Closed
Marietta, GA	74	16,432	388	36	Closed

See footnotes at end of table.

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1984

National Cemetery	FY 1984 Interments	Gravesites[1]			Close-out Date[2] (Fiscal Year)
		Used Cumulative	Reserved	Available	
Marion, IN	92	4,937	.....	504	2030+
Memphis, TN	691	31,248	561	2,099	1988
Mill Springs, KY	33	1,829	33	532	2001
Mobile, AL [5]	10	3,611	240	13	Closed
Mound City, IL	43	6,897	68	1,345	2016
Mountain Home, TN	189	6,655	.....	3,278	2030+
Nashville, TN	484	26,719	384	4,105	1989
Natchez, MS	50	5,064	49	355	1993
Nat. Memorial Cemetery of the Pacific, HI	740	29,218	655	5,985	1986
New Albany, IN	14	4,956	150	209	Closed
New Bern, NC	133	5,682	99	252	1991
Philadelphia, PA	25	10,370	37	15	Closed
Port Hudson, LA	170	6,765	31	397	1987
Prescott, AZ	10	2,966	.....	.....	Closed
Quantico, VA[4]	625	847	.....	57,023	2030+
Quincy, IL	6	479	1	100	2004
Raleigh, NC	126	4,241	83	1,168	1992
Richmond, VA	16	7,256	227	2	Closed
Riverside, CA	4,525	22,908	.....	55,632	2030+
Rock Island, IL	380	11,823	248	5,581	1994
Roseburg, OR	9	2,380	.....	.....	Closed
St. Augustine, FL	2	1,162	19	.....	Closed
Salisbury, NC	134	14,717	63	828	1992
San Antonio, TX	1	3,008	28	196	Closed
San Francisco, CA	285	23,450	647	425	Closed
Santa Fe, NM	759	14,367	405	353	1994
Seven Pines, VA	3	1,134	1	.....	Closed
Sitka, AK	25	677	1	58	2017
Springfield, MO	280	8,118	201	620	1999
Staunton, VA	3	841	5	13	Closed
Togus, ME	.....	5,371	.....	.....	Closed
Willamette, OR	2,390	58,473	2,043	17,537	2001
Wilmington, NC	118	4,761	62	157	1985
Winchester, VA	3	5,059	36	98	Closed
Wood, WI[6]	806	23,164	1	1,236	1989
Woodlawn, NY	18	6,278	222	16	Closed
Zachary Taylor, KY	98	8,568	1,000	127	Closed

[1] *Includes gravesites for burial in open cemeteries, sites for cremated remains, and columbarium niches. Excludes adjacent gravesite set-asides.*
[2] *Cemeteries indicated as "closed" may continue to inter eligible family members in already occupied gravesites and previously reserved gravesites.*
[3] *Reopened during the year.*
[4] *Additional gravesites added during the fiscal year due to construction projects.*
[5] *Formerly named White City.*
[6] *Land transferred to the VA during the fiscal year.*

Disability, Death: Number of Cases, Expenditures by Period of Service

Period of Service	Number of Cases as of Sept. 30, 1984	Total Expenditures (in Thousands)[1]	Estimated Average Annual Expenditure Per Case[2]	
		Fiscal Year 1984	Fiscal Year 1984	Fiscal Year 1983
Grand total	4,123,413	$13,749,617	$3,334.52	$3,196.57
Living veterans	2,980,406	10,533,983	3,534.41	3,449.61
Service connected	2,250,782	8,041,153	3,572.60	3,537.70
Retired Emergency Officers	98	830	8,464.55	8,746.77
Nonservice connected	729,520	2,491,999	3,415.94	3,193.45
Special acts	6	1	160.00	321.29
Deceased veterans	1,143,007	3,215,635	2,813.31	2,576.30
Service connected	341,702	1,869,615	5,471.48	5,275.51
Nonservice connected	801,294	1,346,019	1,679.81	1,532.55
Special acts	11	1	85.09	87.00
Prior periods[3]	8,167	14,513	1,777.09	1,684.62
Living veterans	101	407	4,030.95	3,440.33
Service connected	1	6	6,284.00	5,406.75
Nonservice connected	100	401	4,008.42	3,174.42
Deceased veterans	8,066	14,106	1,748.86	1,658.20
Service connected	87	527	6,054.91	5,963.60
Nonservice connected	7,973	13,580	1,703.19	1,614.84
Special acts	6	(4)	(4)	(4)
World War I	434,884	989,593	2,275.53	2,077.18
Living veterans	87,115	349,279	4,009.40	3,567.77
Service connected	15,078	68,001	4,509.96	4,559.04
Retired emergency officers	98	830	8,464.55	8,746.77
Nonservice connected	71,939	280,449	3,898.42	3,374.94
Deceased veterans	347,769	640,313	1,841.20	1,652.51
Service connected	24,027	143,805	5,985.14	5,865.72
Nonservice connected	323,742	496,509	1,533.66	1,363.67
World War II	2,179,699	6,913,300	3,171.68	3,060.74
Living veterans	1,631,192	5,433,736	3,331.14	3,245.91
Service connected	1,080,364	3,702,793	3,427.36	3,385.53
Nonservice connected	550,828	1,730,943	3,142.44	2,978.42
Deceased veterans	548,507	1,479,564	2,697.44	2,522.91
Service connected	158,607	785,990	4,955.58	4,739.74
Nonservice connected	389,900	693,574	1,778.85	1,665.02
Korean conflict	406,753	1,593,480	3,917.56	3,741.64
Living veterans	310,933	1,280,628	4,118.66	4,013.47
Service connected	225,542	910,471	4,036.81	3,995.17
Nonservice connected	85,391	370,157	4,334.85	4,062.90
Deceased veterans	95,820	312,852	3,265.00	2,933.38
Service connected	38,302	203,977	5,325.49	5,108.06
Nonservice connected	57,518	108,875	1,892.88	1,675.29
Peacetime	386,644	1,505,817	3,894.58	3,900.57
Living veterans	334,865	1,181,445	3,528.12	3,544.79
Service connected	334,859	1,181,444	3,528.18	3,544.86
Special acts	6	1	160.00	321.29
Deceased veterans	51,779	324,372	6,264.55	6,117.77
Service connected	51,774	324,371	6,265.14	6,118.47
Special acts	5	1	187.20	174.00
Vietnam era	707,266	2,732,914	3,864.05	3,782.88
Living veterans	616,200	2,288,488	3,713.87	3,653.90
Service connected	594,938	2,178,438	3,661.62	3,612.09
Nonservice connected	21,262	110,050	5,175.88	4,883.29
Deceased veterans	91,066	444,427	4,880.27	4,621.45
Service connected	68,905	410,945	5,963.93	5,790.14
Nonservice connected	22,161	33,482	1,510.84	1,429.21

[1] *Totals may not add due to rounding.*

[2] *Averages based on unrounded expenditures. These averages are based on expenditures of veterans on the rolls at the end of the fiscal year.*

[3] *Includes Civil War, Indian Wars, Spanish-American War, and Mexican Border Service.*

[4] *Data not available.*

Disability Cases: By Age Group, by Period of Service—September 1984

Age Group	Grand Total			World War I and Earlier[1]			World War II		
	Total	Service Connected[2]	Non-Service Connected	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected
Median age	61	59	65	88	88	88	65	64	66
Total veterans	2,980,406	2,250,886	729,520	87,216	15,177	72,039	1,631,192	1,080,364	550,828
Under 20	79	79	.....	.....	.....	.....	.....	.....	.....
20 to 24	12,908	12,908	.....	.....	.....	.....	.....	.....	.....
25 to 29	59,161	58,367	794	.....	.....	.....	.....	.....	.....
30 to 34	121,095	116,620	4,475	.....	.....	.....	.....	.....	.....
35 to 39	257,878	248,365	9,513	.....	.....	.....	.....	.....	.....
40 to 44	133,126	127,910	5,216	.....	.....	.....	.....	.....	.....
45 to 49	133,699	125,174	8,525	.....	.....	.....	.....	.....	.....
50 to 54	256,785	208,496	48,289	.....	.....	.....	869	173	696
55 to 59	379,608	275,094	104,514	.....	.....	.....	218,978	141,624	77,354
60 to 64	650,992	492,811	158,181	.....	.....	.....	589,383	433,201	156,182
Under 65	2,005,331	1,665,824	339,507	.....	.....	.....	809,230	574,998	234,232
65 to 69	484,607	343,762	140,845	.....	.....	.....	444,551	304,556	139,995
70 to 74	247,916	150,984	96,932	.....	.....	.....	232,480	135,928	96,552
75 to 79	119,788	60,978	58,810	48	4	44	113,345	54,686	58,659
80 to 84	30,908	11,217	19,691	3,384	741	2,643	24,607	7,588	17,019
85 to 89	56,656	12,569	44,087	49,478	9,536	39,942	6,316	2,178	4,138
90 to 94	31,175	4,898	26,277	30,562	4,420	26,142	428	295	133
95 and over	4,025	654	3,371	3,744	476	3,268	235	135	100
65 and over	975,075	585,062	390,013	87,216	15,177	72,039	821,962	505,366	316,596

Age Group	Korean Conflict			Vietnam Era			Peacetime Service Connected[2]
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	
Median age	54	54	53	38	38	37	46
Total veterans	310,933	225,542	85,391	616,200	594,938	21,262	334,865
Under 20	.....	.....	.....	.....	.....	.....	79
20 to 24	.....	.....	.....	.....	.....	.....	12,908
25 to 29	.....	.....	.....	11,029	10,235	794	48,132
30 to 34	.....	.....	.....	95,480	91,005	4,475	25,615
35 to 39	.....	.....	.....	246,756	237,243	9,513	11,122
40 to 44	16	6	10	86,066	80,860	5,206	47,044
45 to 49	14,724	7,222	7,502	47,247	46,224	1,023	71,728
50 to 54	157,577	110,145	47,432	54,560	54,399	161	43,779
55 to 59	96,510	69,403	27,107	36,421	36,368	53	27,699
60 to 64	20,968	18,987	1,981	22,704	22,686	18	17,937
Under 65	289,795	205,763	84,032	600,263	579,020	21,243	306,043
65 to 69	12,282	11,440	842	12,247	12,239	8	15,527
70 to 74	5,426	5,053	373	3,054	3,047	7	6,956
75 to 79	2,298	2,193	105	543	541	2	3,554
80 to 84	785	758	27	81	79	2	2,051
85 to 89	261	254	7	12	12	.....	589
90 to 94	76	74	2	.....	.....	.....	109
95 and over	10	7	3	.....	.....	.....	36
65 and over	21,138	19,779	1,359	15,937	15,918	19	28,822

[1] *Includes Spanish-American War, Mexican Border Service, and Retired Emergency Officers.*
[2] *Includes Special Acts.*

Reasons for Terminations of Disability and Death Awards, By Period of Service—Fiscal Year 1984

Reasons for Terminations	Grand Total	Total		World War I		World War II		Korean Conflict		Vietnam Era		Peace-time Service Connected	Old Wars [1]
		Service Connected	Non-Service Connected	Service Connected	Non-Service Connected	Service Connected	Non-Service Connected	Service Connected	Non-Service Connected	Service Connected	Non-Service Connected		
Disability, total	204,675	72,251	132,424	2,993	40,075	34,221	84,258	4,229	6,874	11,386	1,154	19,419	66
Death of a veteran	117,835	48,673	69,162	2,952	22,335	33,421	43,980	3,891	2,615	3,879	186	4,527	49
Disability less than 10 percent	1,789	1,789	.....	.....	.....	50	.....	33	.....	642	.....	1,064	.....
Disability less than permanent and total	508	.....	508	.....	.....	.....	128	.....	298	.....	82	.....	.....
Estate in excess of $1,500	115	64	51	1	.....	20	41	3	10	21	.....	19	.....
Excessive corpus of estate	1,108	.....	1,108	.....	644	.....	446	.....	15	.....	3	.....	.....
Failure to cooperate	4,427	938	3,489	.....	1,313	6	1,851	8	244	351	79	573	2
Income provisions	40,320	.....	40,320	.....	10,464	.....	26,865	.....	2,475	.....	509	.....	7
Person entitled is incarcerated	143	6	137	.....	.....	1	69	.....	50	2	18	3	.....
Veteran on active duty or in receipt of retirement pay	3,676	3,669	7	.....	.....	74	5	76	2	1,229	.....	2,290	.....
Failure to return questionnaire	13,941	.....	13,941	.....	4,269	.....	8,716	.....	775	.....	173	.....	8
Miscellaneous [2]	20,813	17,112	3,701	40	1,050	649	2,157	218	390	5,262	104	10,943	.....
Death, total	215,259	31,834	183,425	2,090	75,491	11,624	70,055	2,950	28,222	10,867	8,196	4,295	1,469
Dependency not established or discontinued	47,245	7,189	40,056	8	174	784	23,013	514	14,561	4,815	2,307	1,068	1
Payee incarcerated	61	1	60	.....	.....	.....	42	.....	18	.....	.....	1	.....
Death of payee	54,820	14,506	40,314	1,909	29,652	8,566	9,063	1,607	316	1,030	64	1,387	1,226
Income provisions	53,374	751	52,623	2	21,202	105	20,328	45	7,401	436	3,655	163	37
Excessive corpus of estate	1,168	26	1,142	1	920	21	193	2	21	.....	8	2	.....
Person entitled (widow, child, parent) married	5,832	1,728	4,104	20	454	385	2,406	134	866	757	373	432	5
Failure to return questionnaire	36,460	1,090	35,370	4	18,350	256	11,677	96	3,910	507	1,401	227	32
Miscellaneous [2]	16,299	6,543	9,756	146	4,739	1,507	3,333	552	1,129	3,322	388	1,015	168

[1] *All periods prior to World War I. Disability includes 3 service connected and 63 nonservice connected veterans. Death includes 8 service connected and 1,461 nonservice connected veterans.*

[2] *Includes temporary terminations.*

TABLE 57

COMPENSATION AND PENSION

Veterans Receiving Disability Compensation or Pension Compared With Estimated Veteran Population by Period of Service[1]

Period of Service	Estimated Veteran Population	Total		Compensation		Pension	
		Number	Percent	Number	Percent	Number	Percent
Total	28,027,000	[2] 2,958,047	10.6	2,233,829	8.0	724,114	2.6
World War I and earlier	250,000	[3] 85,895	34.4	15,005	6.0	70,792	28.3
World War II	10,700,000	1,616,053	15.1	1,069,132	10.0	546,921	5.1
Korean conflict	4,215,000	309,804	7.4	224,612	5.3	85,192	2.0
Vietnam era	7,616,000	613,410	8.1	592,201	7.8	21,209	0.3
Peacetime	5,245,000	[4] 332,885	6.3	332,879	6.3	.....	.....

[1] *Includes only those veterans living in the U.S. and Puerto Rico.*
[2] *Includes 98 Retired Emergency Officers during World War I and 6 Special Acts during Peacetime.*
[3] *Includes 1 Spanish-American War service-connected veteran, and 20 Spanish-American War and 80 Mexican Border nonservice-connected veterans.*
[4] *Service connected only.*

NOTE: Numbers may not add to total shown due to rounding.

TABLE 58

COMPENSATION AND PENSION

Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence

U.S. Geographic Location	Estimated Veteran Population	Veterans Receiving Compensation, Pension and/or Retirement[1]	
		Number	Percent
Total	28,027,000	2,958,004	10.6
East	6,637,000	714,256	10.8
South	6,425,000	837,627	13.0
Midwest	7,164,000	621,747	8.7
Southwest	2,835,000	338,556	11.9
West	4,966,000	445,818	9.0

[1] *Includes 98 Retired Emergency Officers.*

Composition of geographic locations:
East–CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT.
South–AL, AR, FL, GA, KY, LA, MS, NC, PR, SC, TN, VA, WV.
Midwest–IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI.
Southwest–AZ, NM, OK, TX, UT.
West–AK, CA, CO, HI, ID, MT, NV, OR, WA, WY.

TABLE 59

COMPENSATION AND PENSION

Death Benefit Cases (Compensation, Dependency & Indemnity Compensation or Pension) Compared to the Number of Deceased Veterans Who Participated In Each Period of Service

Period of Service	Deceased War Participants	Total		Compensation and/or DIC		Pension	
		Cases	Percent	Cases	Percent	Cases	Percent
Total	14,533,000	1,091,228	7.5	289,928	2.0	801,294	5.5
World War I	4,494,000	347,769	7.7	24,027	0.5	323,742	7.2
World War II	5,835,000	548,507	9.4	158,607	2.7	389,900	6.7
Korean conflict	1,119,000	95,820	8.6	38,302	3.4	57,518	5.1
Vietnam era	374,000	91,066	24.3	68,905	18.4	22,161	5.9
Spanish-American War	392,000	[1] 7,613	1.9	83	([2])	7,526	1.9
Mexican Border Service	([3])	326	.....	1	.....	325	.....
Indian Wars	106,000	23	([2])	.....	.....	23	([2])
Civil War	2,213,000	[1] 104	([2])	3	([2])	99	([2])

[1] *Includes Special Acts Cases.*
[2] *Less than 0.05 percent.*
[3] *Data not available.*

NOTE: Numbers may not add to total shown due to rounding.

TABLE 60

Disability: Class of Dependent, Period of Service—September 1984

Class of Dependent	Total			World War I and Earlier[1]		World War II		Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value (Sept. 1984 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	2,250,782	$674,988,171	$299.89	15,079	$370.31	1,080,364	$287.87	225,542	$338.11	594,938	$306.56	334,859	$297.91
Veterans less than 30 percent disabled (no dependency benefit)	1,266,280	100,936,805	79.71	7,206	110.58	596,730	78.72	120,803	80.17	338,391	80.85	203,150	79.37
Veterans 30 percent or more disabled	984,502	574,051,366	583.09	7,873	608.04	483,634	545.93	104,739	635.62	256,547	604.28	131,709	635.00
Without dependents	295,160	149,134,902	505.27	4,014	571.25	150,574	462.82	31,085	541.54	65,025	525.98	44,462	587.43
With dependents	689,342	424,916,464	616.41	3,859	646.30	333,060	583.50	73,654	675.32	191,522	630.87	87,247	659.25
Spouse only	448,512	269,265,101	600.35	3,787	644.14	296,253	577.47	49,027	674.86	59,449	600.92	39,996	673.49
Spouse, child or children	201,859	126,624,219	627.29	46	765.54	30,563	605.09	20,534	647.02	111,513	629.31	39,203	628.35
Spouse, child or children, and parent or parents	2,202	2,444,986	1,110.35	.....	.....	378	908.73	219	1,133.34	1,238	1,169.42	367	1,105.01
Spouse, parent or parents	1,643	1,635,998	995.74	.....	.....	796	909.66	374	1,128.32	261	998.70	212	1,081.37
Child or children only	30,335	19,300,304	636.24	25	763.84	3,805	604.44	2,668	624.06	17,424	648.84	6,413	625.45
Child or children and parent or parents	520	567,601	1,091.54	.....	.....	42	899.90	46	1,056.17	337	1,098.13	95	1,170.01
Parent or parents only	4,271	5,078,255	1,189.01	1	395.00	1,223	1,114.59	786	1,251.96	1,300	1,184.92	961	1,238.59
Total dependents on whose account additional compensation was being paid	1,108,033	.....	.....	3,913	.....	378,988	.....	108,154	.....	450,197	.....	166,781	.....
Spouses	654,216	.....	.....	3,833	.....	327,990	.....	70,154	.....	172,461	.....	79,778	.....
Children	444,070	.....	.....	79	.....	48,461	.....	36,440	.....	273,950	.....	85,140	.....
Parents	9,747	.....	.....	1	.....	2,537	.....	1,560	.....	3,786	.....	1,863	.....

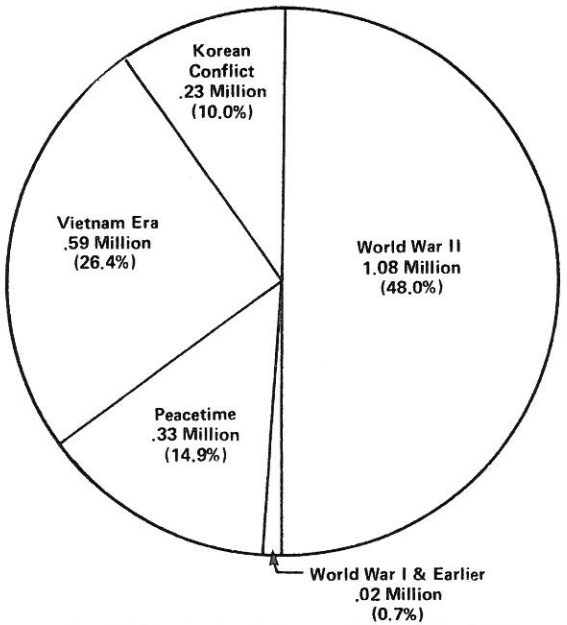
[1] *Includes 1 Spanish-Smerican War Veteran.*

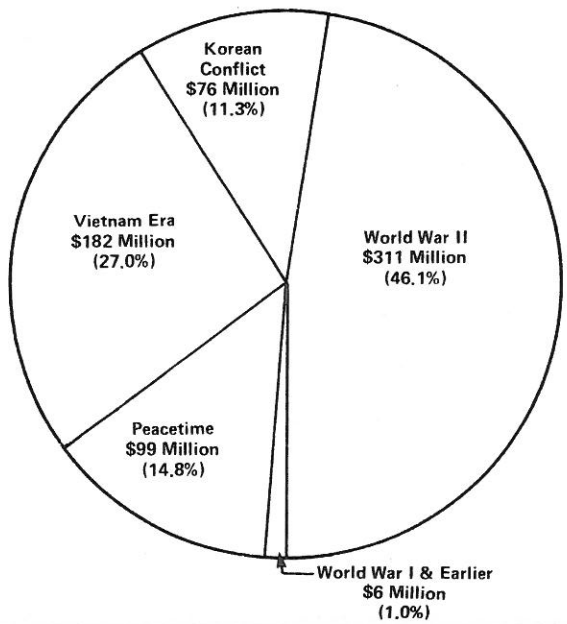
NOTE: Includes special monthly compensation, where applicable.

VETERANS RECEIVING COMPENSATION

By Period of Service

September 1984





MONTHLY VALUE OF COMPENSATION PAYMENTS

By Period of Service

September 1984

TABLE 61

Death: Class of Beneficiary, Period of Service—As of September 30, 1984

Class of Beneficiary	Total			World War I and Earlier[1]		World War II	
	Number	Monthly Value (Sept. 1984 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	341,702	$158,995,519	$465.30	24,114	$499.53	158,607	$433.60
Compensation	36,707	2,895,292	78.88	11	90.91	27,113	79.26
Dependency and indemnity compensation	302,947	154,895,578	511.30	24,103	499.72	130,075	505.83
Dependency and indemnity compensation and compensation	2,048	1,204,649	588.21	.....	.....	1,419	582.89
Surviving spouse alone	226,000	124,399,838	550.44	23,265	499.94	111,412	527.27
Surviving spouse and children	23,462	15,211,806	648.36	268	742.79	3,165	657.87
Surviving spouse, children and mother	1,241	944,717	761.25	.....	.....	45	848.18
Surviving spouse, children and father	127	92,472	728.13	.....	.....	8	814.25
Surviving spouse, children, mother and father	317	245,725	775.16	.....	.....	4	988.25
Surviving spouse and mother	5,816	3,919,549	673.93	.....	.....	2,465	669.83
Surviving spouse and father	609	408,418	670.64	.....	.....	264	679.80
Surviving spouse, mother and father	517	347,171	671.51	.....	.....	103	706.75
Children alone	14,055	4,044,064	287.73	536	376.81	1,584	339.23
Children and mother	946	382,200	404.02	.....	.....	33	518.18
Children and father	94	36,481	388.10	.....	.....	.....	.....
Children, mother and father	205	84,521	412.30	.....	.....	2	890.00
Mother alone	56,641	7,223,221	127.53	44	300.18	34,106	133.23
Father alone	5,761	803,261	139.43	1	307.00	3,488	161.65
Mother and father	5,911	852,075	144.15	.....	.....	1,928	170.43
Total survivors	400,375	.....	.....	24,429	.....	167,858	.....
Surviving spouses	258,089	.....	.....	23,533	.....	117,466	.....
Children	57,151	.....	.....	851	.....	5,909	.....
Mothers	71,594	.....	.....	44	.....	38,686	.....
Fathers	13,541	.....	.....	1	.....	5,797	.....

Class of Beneficiary	Korean Conflict		Vietnam Era		Peacetime	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	38,302	$444.80	68,905	$493.43	51,774	$524.23
Compensation	7,991	77.82	7	70.00	1,585	77.54
Dependency and indemnity compensation	29,809	540.60	68,890	493.46	50,070	538.18
Dependency and indemnity compensation and compensation	502	597.74	8	653.25	119	607.05
Surviving spouse alone	23,735	591.75	32,334	596.95	35,254	586.52
Surviving spouse and children	1,507	640.51	12,820	642.53	5,702	653.83
Surviving spouse, children and mother	27	759.93	865	751.16	304	777.24
Surviving spouse, children and father	4	693.00	91	722.88	24	725.17
Surviving spouse, children, mother and father	1	595.00	240	761.40	72	811.67
Surviving spouse and mother	772	660.55	1,602	682.09	977	681.44
Surviving spouse and father	72	653.97	183	659.20	90	680.34
Surviving spouse, mother and father	48	641.65	257	668.14	109	659.32
Children alone	607	306.06	8,792	268.44	2,536	299.22
Children and mother	25	446.00	749	394.75	139	419.28
Children and father	6	395.50	76	388.16	12	384.00
Children, mother and father	2	514.50	167	398.28	34	447.06
Mother alone	9,420	105.65	7,868	132.68	5,203	120.50
Father alone	970	101.17	795	107.22	507	109.97
Mother and father	1,106	109.44	2,066	143.67	811	130.24
Total survivors	42,604	.....	99,754	.....	65,730	.....
Surviving spouses	26,166	.....	48,392	.....	42,532	.....
Children	2,828	.....	33,673	.....	13,890	.....
Mothers	11,401	.....	13,814	.....	7,649	.....
Fathers	2,209	.....	3,875	.....	1,659	.....

[1] *Includes Spanish-American War, Mexican Border Service and Civil War.*

TABLE 62

Disability, Degree of Impairment, Type of Major Disability, Period of Service—Sept. 1984

Degree of Impairment	Total				Psychiatric and Neurological Diseases				General Medical and Surgical Conditions[1]			
	Number	Percent of Total[2]	Monthly Value (Sept. 1984 Only)	Average Monthly Value	Number	Percent of Total Psychiatric and Neurological Diseases[2]	Percent of degree of impairment	Average Monthly Value	Number	Percent of Total General Medical and Surgical Conditions[2]	Percent of degree of impairment	Average Monthly Value
TOTAL ALL PERIODS												
Total	2,250,782	100.0	$674,988,171	$299.89	455,648	100.0	20.2	$534.19	1,795,134	100.0	79.8	$240.42
Less than 10 percent	25,123	1.1	1,677,886	66.79	.....	.....	.....	.....	25,123	1.4	100.0	66.79
10 percent	885,053	39.3	57,000,917	64.40	128,839	28.3	14.6	64.16	756,214	42.1	85.4	64.45
20 percent	356,104	15.8	42,258,002	118.67	24,431	5.4	6.9	119.00	331,673	18.5	93.1	118.64
30 percent	314,034	14.0	62,722,174	199.73	76,038	16.7	24.2	197.76	237,996	13.3	75.8	200.36
40 percent	185,253	8.2	53,952,802	291.24	26,357	5.8	14.2	288.37	158,896	8.9	85.8	291.71
50 percent	112,194	5.0	46,119,049	411.07	42,201	9.3	37.6	405.05	69,993	3.9	62.4	414.69
60 percent	117,853	5.2	89,726,726	761.34	19,179	4.2	16.3	657.44	98,674	5.5	83.7	781.54
70 percent	66,790	3.0	60,040,073	898.94	26,111	5.7	39.1	856.39	40,679	2.3	60.9	926.25
80 percent	37,391	1.7	38,659,473	1,033.92	10,077	2.2	27.0	1,055.98	27,314	1.5	73.0	1,025.79
90 percent	13,990	0.6	16,066,621	1,148.44	3,825	0.8	27.3	1,173.35	10,165	0.6	72.7	1,139.06
100 percent	136,997	6.1	206,764,448	1,509.26	98,590	21.6	72.0	1,444.32	38,407	2.1	28.0	1,675.96
WORLD WAR I AND EARLIER PERIODS[3]												
Total	15,079	100.0	5,583,930	370.31	2,786	100.0	18.5	585.30	12,293	100.0	81.5	321.59
Less than 10 percent	212	1.4	15,765	74.36	.....	.....	.....	.....	212	1.7	100.0	74.36
10 percent	3,140	20.8	236,957	75.46	230	8.3	7.3	78.20	2,910	23.7	92.7	75.25
20 percent	3,854	25.6	544,117	141.18	474	17.0	12.3	149.93	3,380	27.5	87.7	139.96
30 percent	2,128	14.1	428,431	201.33	368	13.2	17.3	208.72	1,760	14.3	82.7	199.79
40 percent	1,301	8.6	378,402	290.85	220	7.9	16.9	298.90	1,081	8.8	83.1	289.22
50 percent	1,028	6.8	418,400	407.00	381	13.7	37.1	407.64	647	5.3	62.9	406.63
60 percent	1,129	7.5	868,150	768.95	163	5.9	14.4	585.39	966	7.9	85.6	799.93
70 percent	513	3.4	444,333	866.15	159	5.7	31.0	780.27	354	2.9	69.0	904.72
80 percent	363	2.4	342,437	943.35	82	2.9	22.6	862.12	281	2.3	77.4	967.06
90 percent	87	0.6	93,712	1,077.15	9	0.3	10.3	1,148.67	78	0.6	89.7	1,068.90
100 percent	1,324	8.8	1,813,226	1,369.51	700	25.1	52.9	1,347.45	624	5.1	47.1	1,394.25
WORLD WAR II												
Total	1,080,364	100.0	311,000,014	287.87	245,135	100.0	22.7	457.37	835,229	100.0	77.3	238.12
Less than 10 percent	14,112	1.3	942,334	66.78	.....	.....	.....	.....	14,112	1.7	100.0	66.78
10 percent	423,424	39.2	27,196,159	64.23	80,820	33.0	19.1	64.07	342,604	41.0	80.9	64.27
20 percent	159,194	14.7	18,833,591	118.31	12,659	5.2	8.0	118.13	146,535	17.5	92.0	118.32
30 percent	159,940	14.8	31,123,910	194.60	44,676	18.2	27.9	193.87	115,264	13.8	72.1	194.88
40 percent	91,317	8.5	25,885,363	283.47	14,461	5.9	15.8	280.81	76,856	9.2	84.2	283.97
50 percent	58,043	5.4	23,427,642	403.63	21,719	8.9	37.4	398.76	36,324	4.3	62.6	406.53
60 percent	61,174	5.7	47,186,841	771.35	10,011	4.1	16.4	642.03	51,163	6.1	83.6	796.66
70 percent	31,693	2.9	28,811,825	909.09	11,920	4.9	37.6	903.39	19,773	2.4	62.4	912.53
80 percent	19,215	1.8	19,372,202	1,008.18	4,962	2.0	25.8	1,045.33	14,253	1.7	74.2	995.25
90 percent	6,475	0.6	7,272,613	1,123.18	1,528	0.6	23.6	1,133.65	4,947	0.6	76.4	1,119.95
100 percent	55,777	5.2	80,947,534	1,451.27	42,379	17.3	76.0	1,414.49	13,398	1.6	24.0	1,567.60

KOREAN CONFLICT												
Total	225,542	100.0	76,258,934	338.11	40,926	100.0	18.1	703.34	184,616	100.0	81.9	257.15
Less than 10 percent	6,840	3.0	457,188	66.84	.....	.....	.....	.....	6,840	3.7	100.0	66.84
10 percent	79,162	35.1	5,103,908	64.47	8,587	21.0	10.8	64.19	70,575	38.2	89.2	64.51
20 percent	34,801	15.4	4,123,665	118.49	1,823	4.5	5.2	118.64	32,978	17.9	94.8	118.48
30 percent	30,491	13.5	6,043,259	198.20	5,639	13.8	18.5	198.29	24,852	13.5	81.5	198.18
40 percent	19,076	8.5	5,551,401	291.01	2,199	5.4	11.5	290.29	16,877	9.1	88.5	291.11
50 percent	10,995	4.9	4,541,144	413.02	3,411	8.3	31.0	408.61	7,584	4.1	69.0	415.00
60 percent	13,484	6.0	10,591,082	785.46	2,140	5.2	15.9	680.95	11,344	6.1	84.1	805.17
70 percent	7,822	3.5	7,358,144	940.70	2,695	6.6	34.5	901.15	5,127	2.8	65.5	961.49
80 percent	4,330	1.9	4,597,623	1,061.81	1,141	2.8	26.4	1,089.15	3,189	1.7	73.6	1,052.02
90 percent	1,600	0.7	1,818,218	1,136.39	453	1.1	28.3	1,157.20	1,147	0.6	71.7	1,128.17
100 percent	16,941	7.5	26,073,302	1,539.07	12,838	31.4	75.8	1,496.70	4,103	2.2	24.2	1,671.64
VIETNAM ERA												
Total	594,938	100.0	182,386,396	306.56	104,866	100.0	17.6	596.39	490,072	100.0	82.4	244.55
Less than 10 percent	890	0.1	58,227	65.42	.....	.....	.....	.....	890	0.2	100.0	65.42
10 percent	234,715	39.5	15,122,137	64.43	24,488	23.4	10.4	64.27	210,227	42.9	89.6	64.45
20 percent	102,786	17.3	12,179,159	118.49	6,148	5.9	6.0	118.73	96,638	19.7	94.0	118.48
30 percent	77,661	13.1	16,175,013	208.28	15,495	14.8	20.0	207.81	62,166	12.7	80.0	208.39
40 percent	50,825	8.5	15,350,145	302.02	6,405	6.1	12.6	302.25	44,420	9.1	87.4	301.99
50 percent	29,187	4.9	12,398,584	424.80	10,494	10.0	36.0	418.64	18,693	3.8	64.0	428.26
60 percent	27,569	4.6	19,545,073	708.95	4,819	4.6	17.5	661.36	22,750	4.6	82.5	719.03
70 percent	19,174	3.2	16,800,713	876.22	7,651	7.3	39.9	803.30	11,523	2.4	60.1	924.64
80 percent	9,914	1.7	10,530,464	1,062.18	2,787	2.7	28.1	1,064.61	7,127	1.5	71.9	1,061.23
90 percent	4,566	0.8	5,405,265	1,183.81	1,416	1.4	31.0	1,221.39	3,150	0.6	69.0	1,166.91
100 percent	37,651	6.3	58,821,616	1,562.29	25,163	24.0	66.8	1,456.84	12,488	2.5	33.2	1,774.75
PEACETIME[4]												
Total	334,859	100.0	99,758,897	297.91	61,935	100.0	18.5	618.83	272,924	100.0	81.5	225.09
Less than 10 percent	3,069	0.9	204,372	66.59	.....	.....	.....	.....	3,069	1.1	100.0	66.59
10 percent	144,612	43.2	9,341,756	64.60	14,714	23.8	10.2	64.25	129,898	47.6	89.8	64.64
20 percent	55,469	16.6	6,577,470	118.58	3,327	5.4	6.0	118.59	52,142	19.1	94.0	118.58
30 percent	43,814	13.1	8,951,561	204.31	9,860	15.9	22.5	198.86	33,954	12.4	77.5	205.89
40 percent	22,734	6.8	6,787,491	298.56	3,072	5.0	13.5	292.89	19,662	7.2	86.5	299.45
50 percent	12,941	3.9	5,333,279	412.12	6,196	10.0	47.9	401.97	6,745	2.5	52.1	421.45
60 percent	14,497	4.3	11,535,580	795.72	2,046	3.3	14.1	704.73	12,451	4.6	85.9	810.67
70 percent	7,588	2.3	6,625,058	873.10	3,686	6.0	48.6	785.16	3,902	1.4	51.4	956.17
80 percent	3,569	1.1	3,816,747	1,069.42	1,105	1.8	31.0	1,062.21	2,464	0.9	69.0	1,072.65
90 percent	1,262	0.4	1,476,813	1,170.22	419	0.7	33.2	1,173.77	843	0.3	66.8	1,168.45
100 percent	25,304	7.6	39,108,770	1,545.56	17,510	28.3	69.2	1,464.00	7,794	2.9	30.8	1,728.78

[1] *Includes tuberculosis (lung and pleura).*
[2] *Percent totals may not add to 100.0 percent due to rounding.*
[3] *Includes 1 Spanish-American War. Excludes 98 Retired Emergency Officers.*
[4] *Excludes 6 Special Acts.*
NOTE: Includes special monthly compensation, allowance to dependents, and other special awards, where applicable.

TABLE 63

Disability: Type of Major Disability and Pension by Period of Service—September 1984

Type of Disability and Pension	Total				World War I and Earlier[1]		
	Number	Percent of Total	Monthly Value (Sept. 1984 only)	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	729,520	100.0	$199,672,157	$273.70	72,039	100.0	$303.35
Type of disability							
Psychiatric and neurological diseases	171,595	23.5	56,801,388	331.02	8,375	11.6	467.11
Psychoses	47,038	6.4	14,744,847	313.47	738	1.0	491.21
Other psychiatric and neurological diseases	124,557	17.1	42,056,541	337.65	7,637	10.6	464.78
General medical and surgical conditions[2]	444,129	60.9	121,393,706	273.33	54,727	76.0	273.91
Considered permanently and totally disabled at age 65	113,796	15.6	21,477,063	188.73	8,937	12.4	330.14
Type of pension							
Old Law	13,136	1.8	1,083,442	82.48	10,132	14.1	81.25
Sec 306	311,890	42.8	43,479,596	139.41	31,251	43.4	161.10
PL 95-588	404,494	55.4	155,109,119	383.46	30,656	42.6	521.76

Type of Disability and Pension	World War II			Korean Conflict			Vietnam Era		
	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	550,828	100.0	$252.63	85,391	100.0	$349.88	21,262	100.0	$413.37
Type of disability									
Psychiatric and neurological diseases	118,715	21.6	312.78	31,742	37.2	338.60	12,763	60.0	392.53
Psychoses	26,914	4.9	298.73	11,967	14.0	301.43	7,419	34.9	368.64
Other psychiatric and neurological diseases	91,801	16.7	316.90	19,775	23.2	361.09	5,344	25.1	425.71
General medical and surgical conditions[2]	327,772	59.5	255.07	53,140	62.2	357.98	8,490	39.9	444.80
Considered permanently and totally disabled at age 65	104,341	18.9	176.52	509	0.6	206.82	9	.....	325.00
Type of pension									
Old Law	2,644	0.5	86.94	360	0.4	84.41	.....	.....	.....
Sec 306	248,268	45.1	135.47	27,843	32.6	145.85	4,528	21.3	165.94
PL 95-588	299,916	54.4	351.07	57,188	67.0	450.88	16,734	78.7	480.33

[1] *Includes Spanish-American War and Mexican Border Service.*
[2] *Includes tuberculosis (lungs and pleura).*

NOTE: Percent totals may not add to 100.0 percent due to rounding.

PENSION

Death: Class of Beneficiary, Period of Service—September 1984

TABLE 64

Class of Beneficiary	Total			World War I and Earlier[1]	
	Number	Monthly Value (Sept. 1984 only)	Average Monthly Value	Number	Average Monthly Value
Total cases	801,294	$110,036,123	$137.32	331,715	$125.98
Surviving spouse alone	671,178	96,244,385	143.40	317,250	126.93
Surviving spouse and children	45,056	7,918,997	175.76	4,856	184.88
Children alone	85,060	5,872,741	69.04	9,609	65.02
Total dependents	889,246	.....	.....	337,515	.....
Surviving spouses	716,234	.....	.....	322,106	.....
Children	173,012	.....	.....	15,409	.....

Class of Beneficiary	World War II		Korean Conflict		Vietnam Era	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	389,900	$145.15	57,518	$154.50	22,161	$124.80
Surviving spouse alone	324,364	152.60	26,373	217.06	3,191	236.63
Surviving spouse and children	25,398	174.35	8,765	181.49	6,037	166.03
Children alone	40,138	66.48	22,380	70.20	12,933	77.96
Total dependents	430,792	.....	78,699	.....	42,240	.....
Surviving spouses	349,762	.....	35,138	.....	9,228	.....
Children	81,030	.....	43,561	.....	33,012	.....

[1] *Includes Spanish-American War, Mexican Border Service, Indian Wars, and Civil War.*

Persons in Training by Program and Period of Service During Last Five Fiscal Years

Program	Fiscal Year				
	1984	1983	1982	1981	1980
POST-KOREAN CONFLICT EDUCATIONAL ASSISTANCE (Title 38, USC, Ch. 34)					
In training during year — Total	528,468	644,390	777,686	948,526	1,106,889
Institutions of higher learning	421,280	517,485	620,341	736,018	842,088
Resident schools other than college	78,013	88,068	97,739	122,448	148,551
Correspondence schools	9,676	13,393	21,115	34,849	42,102
On-job training	19,499	25,444	38,491	55,211	74,148
EDUCATIONAL ASSISTANCE FOR CHILDREN OF TOTALLY DISABLED OR DECEASED VETERANS (Title 38, USC, Ch. 35)					
In training during year — Total	63,553	70,923	80,347	82,646	82,632
Institutions of higher learning	57,122	63,650	72,134	74,619	75,530
Schools other than college	6,192	6,979	7,814	7,541	6,538
Special restorative training	51	49	46	70	61
On-job training	188	245	353	416	503
Period of service of beneficiary's spouse					
World War I	440	626	819	959	1,129
World War II	14,185	16,929	20,378	22,462	25,246
Korean conflict	9,914	11,070	12,500	12,332	12,759
Vietnam era	30,731	33,509	37,159	37,552	33,451
Other	8,283	8,789	9,491	9,341	10,047
EDUCATIONAL ASSISTANCE FOR SPOUSES OF TOTALLY DISABLED OR DECEASED VETERANS (Title 38, USC, Ch. 35)					
In training during year — Total	7,641	8,779	10,641	11,940	12,952
Institutions of higher learning	6,493	7,468	9,021	10,078	10,752
Schools other than college	1,134	1,297	1,608	1,837	2,162
On-job training	14	14	12	25	38
Period of service of beneficiary's spouse					
World War I	23	29	54	90	111
World War II	930	1,131	1,507	1,690	2,088
Korean conflict	587	755	937	1,029	1,232
Vietnam era	4,697	5,512	6,796	7,943	8,303
Other	1,404	1,352	1,347	1,188	1,218
VOCATIONAL REHABILITATION PROGRAM FOR DISABLED VETERANS (Title 38, USC, Ch. 31)					
In training during year — Total	[1] 29,024	30,574	30,919	29,818	25,543
Institutions of higher learning	19,915	21,872	22,095	21,730	18,854
Schools other than college	5,241	7,549	7,489	6,717	5,371
On-job training	460	798	913	998	943
Institutional on-farm	122	60	93	106	119
Unknown	3,286	295	329	267	256
Period of service of veterans					
World War II	([2])	137	239	295	350
Korean conflict	([2])	240	295	356	376
Vietnam era	([2])	28,736	28,787	27,357	23,073
Post-Korean and between wars	([2])	1,461	1,598	1,810	1,744

[1] *Estimated numbers due to change in Chapter 31 reports during FY 1984 which are still being revised.*
[2] *Data not available due to change in Chapter 31 reports.*

TABLE 66

Guaranteed or Insured Loans, Direct Loans, and Property Management

Item	Cumulative Through Sept. 30, 1984	Fiscal Year 1984	Fiscal Year 1983
Guaranteed or Insured Loans			
Number of loans, total	11,451,970	251,588	245,122
Home	11,362,986	238,478	231,620
Manufactured home	88,984	13,110	13,502
Amount of loans ($000), total	$231,638,403	$15,611,818	$14,670,261
Home	$230,114,123	$15,332,916	$14,389,968
Manufactured home	$1,524,280	$278,902	$280,293
Amount of guaranty and insurance ($000), total	$108,446,139	$6,033,552	$5,736,091
Home	$107,723,469	$5,895,058	$5,596,459
Manufactured home	$722,670	$138,494	$139,632
Defaults and claims total:			
Defaults reported	3,609,808	158,387	162,765
Loans in default, end of period	.....	102,022	96,796
Defaults disposed of, total	3,507,785	153,161	150,226
Cured or withdrawn	3,023,871	130,852	127,917
Percent	86.2	85.4	85.1
Claims vouchered for payment	488,834	27,288	22,309
Rate per 1,000 loans outstanding	.....	6.5	5.4
Average number of loans outstanding	.....	4,217,149	4,110,737
Direct Loans			
Number of loans fully disbursed	333,194	8	22
Amount of loans fully disbursed ($000)	$3,437,591	$245	$650
Property Management			
Number acquired	521,552	24,343	21,494
Number sold	493,909	22,235	18,647
Number redeemed	6,082	175	154
Number on hand, end of period	.....	21,895	19,962

NOTE: Cumulative data includes prior years' adjustments.

TABLE 67

VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1984

(In thousands)

Item	United States Government Life Insurance Fund	National Service Life Insurance Fund	Veterans Special Life Insurance Fund	Veterans Reopened Insurance Fund	Service-Disabled Veterans Insurance Fund
ASSETS					
U.S. Treasury securities	$294,378	$9,094,847	$875,374	$526,261	.....
Policy loans	31,880	1,114,858	81,189	42,365	37,239
Liens and receivables	39	687	70	59	623
Cash	25	237	40	54	6,323
Accrued interest	6,221	241,148	21,230	14,223	1,200
Due from U.S. Government	.....	10	.....	.....	.....
Total	$332,543	$10,451,787	$977,903	$582,962	$45,385
LIABILITIES					
Policy reserves	$224,678	$7,531,997	$699,557	$472,359	$227,314
Reserve for payments under optional income settlements	56,382	638,155	6,567	2,370	5,182
Disability premium waiver reserves	211	560,729	72,013	17,348	.....
Disability income reserves	3,463	378,213	49,533	17,851	.....
Reserve for pending and unreported claims	5,207	73,615	4,052	3,416	4,412
Reserve for dividends	15,500	672,000	63,600	28,607	.....
Reserve for undelivered checks and payments due	295	6,313	161	41	20
Reserve for dividends left on credit or deposit	20,084	442,103	35,866	10,898	.....
Reserve for unearned premiums	.....	86,605	17,086	3,312	1,286
Unassigned funds (surplus)	6,723	62,057	29,468	26,760	[1] (–)192,829
Total	$332,543	$10,451,787	$977,903	$582,962	$45,385

[1] *Total loss to date is $288,876, of which $96,047 has been met by Government appropriation.*

TABLE 68

Summary of Operations (Accrual Basis)

(In thousands)

Item	U.S. Government Life Insurance		National Service Life Insurance		Veterans Special Life Insurance		Veterans Reopened Insurance		Service-Disabled Veterans Insurance	
	Fiscal Year 1984	Cumulative to Sept. 30, 1984	Fiscal Year 1984	Cumulative to Sept. 30, 1984	Fiscal Year 1984	Cumulative to Sept. 30, 1984	Fiscal Year 1984	Cumulative to Sept. 30, 1984	Fiscal Year 1984	Cumulative to Sept. 30, 1984
INCOME										
Premiums	$127	$2,085,158	$669,134	$23,053,455	$73,232	$1,182,634	$24,925	$571,920	$29,972	$414,032
Policy proceeds left to be paid in installments	604	783,525	11,149	5,443,569	723	41,962	347	14,841	525	26,864
Dividends left on credit or deposit	2,812	88,487	78,180	1,671,447	11,278	60,431	4,447	15,145	.....	.....
Investment income	24,230	2,246,427	879,121	12,600,364	75,814	600,372	52,169	442,500	2,338	17,709
Extra hazard contributions from the U.S. Government	22	142,438	1,888	4,819,530	.....	.....	.....	.....	.....	.....
Total	$27,795	$5,346,035	$1,639,472	$47,588,365	$161,047	$1,885,399	$81,888	$1,044,406	$32,835	$458,605
DISPOSITION OF INCOME										
Death benefits	$25,843	$1,584,732	$395,563	$11,419,842	$22,079	$352,002	$18,651	$218,121	$20,047	$331,173
Matured endowments	844	500,193	49,987	881,113	2,379	32,834	10,668	56,293	366	3,960
Surrender benefits	1,515	326,475	58,607	1,078,320	10,232	77,322	3,143	29,286	5,136	38,053
Disability benefits	435	388,444	66,815	1,065,262	4,046	34,701	3,359	33,109	9,031	116,607
Payments from policy proceeds left to be paid in installments	9,216	1,075,627	76,606	7,957,756	1,312	40,311	542	14,382	726	25,057
Dividends withdrawn	4,593	91,740	76,347	1,587,594	9,506	34,940	2,049	6,368	.....	.....
Net deposits for policy reserves	(–)28,462	285,122	184,323	9,120,070	31,578	827,915	10,334	509,986	11,908	232,631
Reserve for dividends left on credit or deposit	(–)448	20,085	36,818	442,103	4,325	35,866	3,212	10,898	.....	.....
Administrative costs	.....	.....	.....	.....	.....	.....	1,161	22,704	.....	.....
Total	$13,536	$4,272,418	$945,066	$33,552,060	$85,457	$1,435,891	$53,119	$901,147	$47,214	$747,481
Net gain or loss (–) from operations before dividends and transfers	$14,259	$1,073,617	$694,406	$14,036,305	$75,590	$449,508	$28,769	$143,259	$(–)14,379	$(–)288,876
Dividends to policyholders	15,357	1,066,894	684,317	13,974,248	61,546	364,427	28,889	116,499	.....	.....
Transfers to U.S. Government	.....	.....	.....	.....	.....	55,613	.....	.....	.....	.....
Gain or loss (–) after dividends and transfers	$(–)1,098	$6,723	$10,089	$62,057	$14,044	$29,468	$(–)120	$26,760	$(–)14,379	$(–)288,876

TABLE 69

Insurance in Force —Fiscal Year 1984

Item	Participating								Nonparticipating	
	U.S. Government Life Insurance		National Service Life Insurance[1]		Veterans Special Life Insurance[1]		Veterans Reopened Insurance[1]		Service-Disabled Veterans Insurance	
	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)
In force at beginning of year	76,765	$304,082	3,282,802	$21,039,591	476,973	$4,122,371	156,396	$1,057,816	190,562	$1,727,590
Insurance issued during year	.....	.....	.....	.....	.....	.....	.....	.....	5,150	$47,666
Insurance reinstated during year	5	$35	11,273	$47,476	1,410	$12,535	1,408	$5,449	71	$641
Insurance terminated during year by:										
Death	5,972	$26,173	60,934	$363,648	2,572	$21,870	2,944	$18,353	2,267	$20,047
Maturity as endowment	405	1,866	8,062	46,234	347	2,238	1,497	10,246	82	366
Permanent total disability	1	1	.....	.....	.....	.....	.....	.....	.....	.....
Lapse, expiry, and net changes	–170	–942	17,255	215,192	90,071	846,929	300	9,183	2,734	26,603
Cash surrender	433	1,788	13,237	78,053	2,223	18,815	611	4,376	1,736	15,588
Total terminated	6,641	28,886	99,488	703,127	95,213	889,852	5,352	42,158	6,819	62,604
In force at end of year	70,129	$275,231	3,194,587	$20,383,940	383,170	$3,245,054	152,452	$1,021,107	188,964	$1,713,293
Selected year end items:										
In force on 5-year term plan	382	$2,407	984,927	$7,734,716	97,666	$899,627	.....	.....	86,190	$829,870
In force on all other plans	69,747	272,824	2,209,660	12,649,224	285,504	2,345,427	152,452	$1,021,107	102,774	883,423
In force with disability income rider	975	5,955	341,003	2,603,839	59,059	523,108	9,227	69,038	.....	.....
In force under disability premium waiver	319	$2,062	151,387	$1,028,959	9,093	$78,361	15,884	$103,019	42,586	$401,345

[1] *Excludes paid-up additional insurance purchased by dividends.*

INSURANCE

TABLE 70

Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)

Item	Policy Year Ending June 30, 1984	Cumulative From Sept. 29, 1965
INCOME		
Premiums	$177,701,883	$2,220,020,973
Extra hazard payments	0	513,046,301
Interest earned	31,019,209	[1] 197,032,721
Total	$208,721,092	$2,930,099,995
DISPOSITION OF INCOME		
Death claims	$176,390,608	$2,408,318,783
Net cost of extra mortality on conversions	(–)62,387	[1] 53,817,996
Expense of administration	7,856,107	68,208,518
Taxes and fees	3,357,841	46,544,112
Term to age 60 reserve (Retired Reserves)	(–)253,171	25,593,403
5-Year Term and conversion cost reserve (VGLI)	479,620	33,465,951
Contingency reserve	20,952,474	294,151,232
Total	$208,721,092	$2,930,099,995

[1] *Includes decrease adjustment of $1,073,805 in June 30, 1983, cumulative.*

TABLE 71

EMPLOYMENT

Employment: Full, Part-Time and Intermittent by Facility Type

Facility Type	Sept. 30, 1984	Sept. 30, 1983	Percent Change
Total	239,923	238,739	+0.5
Central Office	4,695	4,728	–0.7
Field	235,228	234,011	+0.5
	190,619	188,828	+0.9
Medical centers (separate)	18,359	18,405	–0.2
Domiciliaries and medical centers	11,811	12,446	–5.1
Regional offices (separate)	7,886	7,888	([1])
Regional office and medical centers	1,679	1,845	–9.0
Regional office and insurance centers	1,269	1,260	+0.7
Independent outpatient clinics	1,856	1,693	+9.6
Data processing centers	1,003	939	+6.8
National cemeteries	429	422	+1.7
Supply depots and marketing center			
Miscellaneous activities (VCS field offices, national cemetery area offices, records processing center, prosthetic center, prosthetic distribution center, and VCS finance center)	317	285	+11.2

[1] *Less than 0.05 percent.*

TABLE 72

EMPLOYMENT

Employment: Full, Part-Time and Intermittent by Pay System

Pay System	Sept. 30, 1984	Sept. 30, 1983	Percent Change
Total	239,923	238,739	+0.5
GS/GM	134,869	134,710	+0.1
Title 38 (excludes canteen)	61,154	59,486	+2.8
Wage system	38,677	38,700	–0.1
Canteen	3,597	3,618	–0.6
Non-U.S. citizens–Manila	186	195	–4.6
Senior executive service	136	132	+3.0
Others[1]	1,304	1,898	–31.3

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

TABLE 73

Employment: Sex and Veteran Preference - September 30, 1984

	Total		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
Total	239,923	100.0	111,886	100.0	128,037	100.0
With preference	80,353	33.5	71,517	63.9	8,836	6.9
Without preference	159,570	66.5	40,369	36.1	119,201	93.1

TABLE 74

Employment: Minority Groups By Grade—Full-Time and Part-Time With Permanent Appointments September 30, 1984

Grade or Supervisory Level	Total Employment[1]	Percent Minority Employment	Black	Hispanic	Asian or Pacific Islander	American Indian or Alaska Native
Total All Pay Plans	212,197	32.5	53,619	8,950	5,369	961
GS/GM and Equivalent	171,900	29.2	37,637	6,820	5,007	742
GS-1 thru GS-4	36,424	40.3	12,378	1,707	344	236
GS-5 thru GS-8	56,733	35.4	16,877	2,221	714	292
GS-9 thru GS-12	60,404	20.8	7,679	2,176	2,549	185
GS/GM-13 thru GS/GM-15	18,167	15.6	693	712	1,400	29
GS/GM-16 thru GS/GM-18	172	8.1	10	4	0	0
Other Pay Systems[2]	475	10.1	29	6	7	6
Wage System	39,822	46.8	15,953	2,124	355	213
Non-supervisory	35,625	47.1	14,298	1,935	336	200
Leader	701	48.9	298	39	3	3
Supervisory	3,496	43.9	1,357	150	16	10

[1] *Excludes Philippine nationals at Manila and non-Hispanic employees in Puerto Rico.*
[2] *Includes Senior Executive Service, Statutory Pay Plans, Veterans Canteen Officers, and Assistant Veterans Canteen Officers.*

TABLE 75

Employment of Women by Pay Category—Full Time, Part-time and Intermittent—September 30, 1984

Pay Category	Total Employment	Women	
		Number	Percent
Total	239,923	128,037	53.4
GS/GM Total	134,869	78,254	58.0
GS-1 thru GS-6	85,487	58,258	68.1
GS-7 thru GS-12	42,804	19,033	44.5
GS/GM-13 and above	6,578	963	14.6
Title 38 (excludes Canteen)	61,154	36,914	60.4
Wage System	38,677	9,398	24.3
Canteen	3,597	2,669	74.2
Non-U.S. Citizens – Manila	186	94	50.5
SES	136	6	4.4
Other[1]	1,304	702	53.8

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

Appropriations, Expenditures and Balances—Cash Basis

Account Categories	Appropriations	Expenditures		Nonexpenditure Transfers	(–) Covered into U.S. Treasury (+) or Restored	Investments	Cash Balance
		Fiscal Year 1984	Cumulative through September 30, 1984				
General and Special Funds:							
Compensation and pension	$217,454,941,000	$13,918,349,212	$216,262,741,363	$16,969	.....	.....	$1,192,216,608
Readjustment benefits	67,184,930,904	1,408,266,686	66,855,458,651	(–)216,209,000	.....	.....	113,263,254
Veterans insurance and indemnities	390,461,036	7,167,404	439,660,865	49,746,500	.....	.....	546,671
Medical care, current year	8,244,414,000	7,321,343,533	7,321,343,533	.....	(–)$3,451,286	.....	919,619,181
Medical care, 1954-83	77,664,889,226	802,450,176	76,728,597,949	(–)16,898,000	(–)802,911,358	.....	116,481,919
Medical and prosthetic research	1,959,652,131	186,288,718	1,899,116,152	.....	(–)2,803,786	.....	57,732,192
Assistance for health manpower training institutions, 1973-86	296,693,000	5,252,192	292,505,893	.....	(–)167,781	.....	4,019,326
Medical administration and miscellaneous operating expenses, current year	66,552,000	52,055,363	52,055,363	.....	(–)1,176,973	.....	13,319,665
Medical administration and miscellaneous operating expenses, 1954-83	888,843,481	12,525,589	848,181,819	.....	(–)36,829,680	.....	3,831,981
General operating expenses, current year	715,676,000	660,658,995	660,658,995	.....	(–)2,132,997	.....	52,884,009
General operating expenses, 1954-83	9,595,575,650	43,434,491	9,434,986,677	.....	(–)153,418,914	.....	7,170,059
Construction of hospital and domiciliary facilities	1,042,596,863	.....	1,032 915,863	(–)9,681,000	.....	.....	.....
Construction, major projects	3,895,377,000	352,805,609	2,307,188,156	7,734,760	.....	.....	1,595,923,604
Construction, minor projects	1,155,475,000	122,663,202	858,931,050	2,019,442	.....	.....	298,563,393
Construction, minor projects (Corps of Engineers)	.....	.....	2,126,796	2,126,796	.....	.....	.....
Grants for construction of state extended care facilities, 1966-86	169,040,000	5,154,410	119,275,055	.....	(–)1,769,369	.....	47,995,576
Grants to the Republic of the Philippines, no year	863,000	92,630	891,548	.....	.....	.....	(–)28,547
Grants to the Republic of the Philippines, current year	500,000	.....	.....	.....	.....	.....	500,000
Grants to the Republic of the Philippines, 1950-83	52,970,537	361,508	39,363,656	.....	(–)13,318,442	.....	288,439
Grants for the construction of state veterans cemeteries, 1980-86	15,500,000	848,749	4,211,207	.....	(–)1,850,439	.....	9,438,353
Loan guaranty revolving fund	132,420,742	369,846,606	1,909,915,237	2,014,551,233	.....	.....	237,056,737
Direct loan revolving fund	1,733,055,599	(–)44,572,993	(–)1,096,959,763	(–)2,805,857,749	.....	.....	24,157,614
Canteen service revolving fund	4,965,000	1,223,704	(–)31,610,966	.....	(–)12,068,086	.....	24,507,880
Rental, maintenance and repair of quarters	.....	.....	(–)97,127	.....	(–)97,127	.....	.....
Service-disabled veterans insurance fund	4,500,000	(–)394,533	(–)1,908,057	.....	.....	.....	6,408,059
Soldiers' and sailors' civil relief	3,528,000	.....	2,011,031	(–)16,969	(–)1,500,000	.....	.....
Veterans reopened insurance fund	.....	(–)15,864,360	(–)526,430,734	.....	.....	526,261,000	169,734
Special therapeutic and rehabilitation activities fund	.....	(–)72,102	(–)896,746	.....	.....	.....	896,746
Vocational rehabilitation revolving fund	3,447,000	23,707	508,315	.....	(–)1,600,000	.....	1,338,684
Education loan fund	.....	(–)6,779,816	47,113,333	47,709,000	.....	.....	595,668
Servicemen's group life insurance fund	.....	(–)27,009,687	(–)106,786,201	.....	.....	106,188,000	598,201
Supply fund	130,000,000	(–)9,476,572	(–)36,265,298	(–)71,400	(–)15,677,579	.....	150,516,320
Reinstated entitlement program for survivors	51,000,000	44,801,767	44,801,767	.....	.....	.....	6,198,233
Emergency veterans job training	130,000,000	17,077,546	17,077,546	.....	.....	.....	112,922,454
Total: Appropriations and funds	$392,987,867,169	$25,228,521,734	$385,380,682,928	(–)$917,329,418	.....	.....	$4,999,132,013
Deduct proprietary receipts from the public	.....	74,771,999	.....	.....	.....	.....	.....
Total: Federal funds	$392,987,867,169	$25,153,749,735	$385,380,682,928	(–)$924,829,418	(–)$1,050,773,817	$632,449,000	$4,999,132,013
Trust Funds:							
Post Vietnam era veterans education	$958,777,965	$155,996,054	$513,195,799	.....	.....	.....	$445,582,166
General post fund, national homes	131,656,441	10,478,782	113,329,115	.....	(–)$386	$7,346,000	10,980,941
National service life insurance fund	36,598,861,351	922,003,017	27,500,538,666	.....	(–)89	9,094,847,000	3,475,596
U.S. government life insurance fund	4,046,320,486	51,878,578	3,750,082,037	.....	(–)1,811,199	294,378,000	49,249
Veterans special life insurance fund	250,000	(–)57,991,994	(–)930,778,710	(–)$51,150,000	(–)4,250,000	875,374,000	254,710
Sub-Total: Trust funds	$41,735,866,243	$1,082,364,437	$30,946,366,907	(–)$51,150,000	(–)$6,061,674	$10,271,945,000	$460,342,662
Deduct: Proprietary receipts from the public	.....	617,169,428	.....	.....	.....	.....	.....
Total: Trust funds	$41,735,866,243	$465,195,009	$30,946,366,907	(–)$51,150,000	(–)$6,061,674	$10,271,945,000	$460,342,662
Deduct: Intragovernmental transactions	.....	1,916,166	.....	.....	.....	.....	.....
Total: Veterans Administration	$41,735,866,243	$463,278,843	$30,946,366,907	(–)$51,150,000	(–)$6,061,674	$10,271,945,000	$460,342,662
Appropriations and funds not included above:							
Personal funds of patients	.....	$2,130,265	(–)$54,740,017	.....	.....	.....	$54,740,017
Funds due incompetent beneficiaries	.....	(–)$341	(–)27,666	.....	.....	.....	27,666
Miscellaneous administrative and construction expenses	$10,855,083,789	.....	10,476,102,823	.....	(–)$378,980,966	.....	.....
Miscellaneous benefit and insurance expenses	25,110,301,012	.....	24,621,740,653	.....	(–)488,560,359	.....	.....
Miscellaneous trust funds	4,700,842,392	.....	4,658,621,658	.....	(–)42,220,735	.....	.....
Miscellaneous transfer appropriations and working funds	38,634,996	.....	31,269,691	.....	(–)7,365,305	.....	.....
Total: Other appropriations and funds	$40,704,862,189	$2,129,924	$39,732,967,142	.....	(–)$917,127,365	.....	$54,767,683

NOTE: Totals may not add due to rounding.

Comparative Consolidated Balance Sheet[1]

Account Categories	September 30, 1984	September 30, 1983	Increase (Decrease)
ASSETS			
Current assets:			
Cash and disbursing authority[2]	$5,536,483,810.55	$5,139,381,654.62	.....
Accounts receivable	907,678,307.49	890,794,693.92	.....
Interest receivable	302,864,310.28	277,626,113.46	.....
Advance for bidding at public sales	1,109,092.84	942,638.41	.....
Inventories	164,016,138.75	162,263,772.94	.....
Acquired security or collateral property	886,968,356.49	724,216,743.71	.....
Accrued reimbursements due from insurance appropriations	10,000.00	10,000.00	.....
Total current assets	7,799,130,016.40	7,195,235,617.06	$603,894,399.34
Other assets:			
Loans receivable	1,598,457,464.40	1,584,806,221.55	.....
Vendee accounts receivable	1,159,895,815.35	1,350,507,132.99	.....
Investments	10,904,393,999.30	10,497,692,999.30	.....
Policy liens	981,261.07	970,678.87	.....
Deposits with trustee	89,402,009.22	63,597,903.57	.....
Total other assets	13,753,130,549.34	13,497,574,936.28	255,555,613.06
Fixed assets:			
Land, buildings and plants	4,393,996,769.13	3,980,928,259.86	.....
Construction and betterments in process	1,501,563,530.92	1,361,756,536.45	.....
Leasehold improvements	5,059,294.23	4,709,285.56	.....
Equipment	2,011,020,084.47	1,795,789,044.11	.....
Total fixed assets	7,911,639,678.75	7,143,183,125.98	768,456,552.77
Deferred charges:			
Construction advance	33,873,804.36	23,229,187.33	.....
Advance payments on undelivered supplies and services	97,318,768.07	50,399,439.53	.....
Advance to employee for travel expenses	4,535,608.93	2,932,960.45	.....
Value of ADP equipment purchases options	1,157,217.13	3,278,599.96	.....
Advance for educational benefits	6,432,882.43	8,498,250.56	.....
Total deferred charges	143,318,280.92	88,338,437.83	54,979,843.09
Total assets	$29,607,218,525.41	$27,924,332,117.15	$1,682,886,408.26
LIABILITIES AND CAPITAL			
Current liabilities:			
Accounts payable	$1,595,250,425.25	$1,483,045,727.64	.....
Accrued salaries and wages	238,213,381.61	224,270,612.47	.....
Accrued services and benefits	355,825,251.25	279,241,241.14	.....
Undelivered orders - personal funds of patients	177,060.83	124,166.89	.....
Employees payroll allotments for U.S. Savings Bonds	1,193,462.70	1,050,258.03	.....
Federal, state, city, territorial income, and FICA taxes withheld	10,982,524.69	9,345,072.48	.....
Canteen Service unredeemed coupons	.....	256,814.76	.....
Other miscellaneous liabilities - Canteen Service	.....	.....	.....
Accrued interest - U.S. Treasury	618,412.91	618,412.91	.....
Accrued interest on policy liens due general fund	24,480.30	41,212.63	.....
Accrued interest on dividend deposits	20,509,830.62	17,698,880.85	.....
Premium paid in advance	103,577,600.00	105,703,400.80	.....
Matured contracts payable	42,583,208.82	38,909,955.30	.....
Undeposited general fund receipts	1,480,710.01	1,159,971.37	.....
Accrued reimbursement due insurance fund	10,000.00	10,000.00	.....
Total current liabilities	2,370,446,348.99	2,161,218,911.71	209,227,437.28
Other liabilities:			
Participation certificates outstanding, net	173,076,184.76	199,778,193.58	.....
Insurance program operating reserves	11,791,733,911.00	11,499,677,092.00	.....
Total other liabilities	11,964,810,095.76	11,699,455,285.58	265,354,810.18
Unfunded liabilities:			
Accrued annual leave	796,516,239.26	790,003,364.80	.....
Unredeemed coupons	267,476.41	267,476.41	.....
Total unfunded liabilities	796,783,715.67	790,270,841.21	6,512,874.46
Total liabilities	$15,132,040,160.42	$14,650,945,038.50	$481,095,121.92
Accountabilities:			
Funds of patients and incompetent beneficiaries	53,366,632.32	55,041,671.24	.....
Policyholders insurance dividend deposit	488,441,857.89	447,344,657.97	.....
Borrowers deposits for taxes and insurance	50,648,325.16	51,196,693.61	.....
Unapplied insurance collections	2,205,762.45	2,321,273.73	.....
Bid deposits and other suspense items	6,554,613.52	5,853,282.55	.....
Total accountabilities	$601,217,191.34	$561,757,579.10	$39,459,612.24
Capital: Reserves:			
Insurance fund retained earnings (reserve for contingencies)	42,344,275.11	(–)2,274,292.77	.....
Direct loan and loan guaranty programs - reserve for losses	643,221,133.22	652,531,587.11	.....
Total reserves	$685,565,408.33	$650,257,294.34	$35,308,113.99
Capital: Direct Loan Prog. - Loans from U.S. Treasury - Interest bearing	$1,730,077,996.00	$1,730,077,996.00	.....
Capital: Residual	$11,458,317,769.32	$10,331,294,209.21	$1,127,023,560.11
Total liabilities and capital	$29,607,218,525.41	$27,924,332,117.15	$1,682,886,408.26

[1] *Contingent liabilities with respect to the guaranty or insurance of loans not shown.*

[2] *Cash and disbursing authority for annual appropriations reduced by the unobligated balance returned to the Treasury in accordance with Section 18, Title 7, GAO Policy and Procedures Manual.*

FISCAL

TABLE 78

Supply Fund Comparative Balance Sheet

Account Categories	September 30, 1984	September 30, 1983	Increase (Decrease)
ASSETS			
Cash	$150,516,320	$141,039,748	
Advance payment of GSA supply fund	.....	.....	
Advance payments on undelivered orders	547,469	5,575,602	
Advances to employees	15,981	41,003	
Accounts receivable	26,643,789	25,568,704	
Inventories	106,370,408	107,675,512	
Work in process – service & reclamation division	118,143	129,481	
Work in process – printing & reproduction	35,890	32,038	
Supply depot operating equipment less reserve for depreciation	1,314,641	1,241,162	
Printing & reproduction equipment less reserve for depreciation	897,269	944,102	
Marketing center equipment less reserve for depreciation	69,250	70,020	
Total assets	$286,529,160	$282,317,372	$4,211,788
LIABILITIES AND CAPITAL			
Accrued salaries and wages	815,781	698,301	
Accrued transportation and service costs	404,529	328,822	
Accounts payable	67,132,884	65,487,059	
Advances from other government agencies	65,950	62,670	
Advance from VA appropriations	28,760	28,760	
Total liabilities	$68,447,904	$66,605,612	$1,842,292
Capital at beginning of period	172,998,878	172,998,878	
Transfer of inventories from GSA	.....	.....	
Appropriation realized	.....	.....	
Adjusted capital	172,998,878	172,998,878	
Operating profit (or loss) – current fiscal year	2,369,496	2,502,702	
Operating profit (or loss) – cumulative prior fiscal years	42,712,882	40,210,180	
Capital at end of period	$218,081,256	$215,711,760	$2,369,496
Total liabilities and capital	$286,529,160	$282,317,372	$4,211,788

FISCAL

TABLE 79

VA Supply Fund—Statement of Income and Expense—Fiscal Year 1984

Account Categories	FY 1984	FY 1983
INCOME		
Sales of supplies and equipment	$600,843,231	$568,976,823
Less: Cost of goods sold	588,002,522	556,592,149
Income on sales	12,840,709	12,384,674
Other income:		
Income-station transfers	5,490,457	7,189,739
Discounts on purchases	4,387,488	3,989,559
Reimbursable earnings	4,096,216	3,676,741
Donated income	2,953,292	2,392,436
Credit allowances	1,576,434	1,473,459
Variances and adjustments	110,448	(–)177,003
Increased valuation	92,776	131,968
Miscellaneous income	8,063	3,371
Total other income	$18,715,174	$18,680,270
Total income	$31,555,883	$31,064,944
EXPENSES		
Maintenance and operation of supply depots	10,706,133	10,662,923
Other operating expenses	12,633,968	11,366,574
Net transportation costs	3,188,982	3,192,548
Completed service and reclamation projects	1,985,126	1,750,040
Depot storage, handling, etc.	44,546	80,426
Donations, reappraisals and write-offs	569,917	1,443,201
Disposal of operating equipment	57,715	66,530
Total expense	$29,186,387	$28,562,242
Operating profit	$2,369,496	$2,502,702

Gross Expenditures[1]—Fiscal Years 1975-1984

Fiscal Year	Grand Total	Medical and Administrative Expenses					Hospital and Domiciliary Construction Costs	Construction Grants for State Homes	Grants Asst. for Health Manpower Training Instructions[2]
		Total	Medical Care	General Operating Expenses	Medical and Prosthetic Research	Medical Admin. and Miscellaneous Operating Expenses[2]			
1984	$28,854,488,243	$9,123,370,924	$8,171,038,633	$696,456,828	$190,299,561	$65,575,902	$469,752,983	$13,146,023	$3,177,020
1983	28,196,071,610	8,722,448,665	7,813,302,362	691,689,597	161,150,989	56,305,717	432,233,075	9,546,723	16,605,976
1982	[3]26,951,107,208	8,008,923,888	7,155,116,985	660,648,680	138,059,378	55,098,845	439,300,114	11,426,475	30,124,345
1981	25,203,273,183	7,199,253,633	6,378,209,474	627,611,969	142,385,166	51,047,024	399,733,392	9,022,259	46,958,172
1980	23,186,845,618	6,646,752,559	5,857,450,290	605,216,938	137,038,522	47,046,809	286,094,889	14,223,186	41,416,112
1979	22,178,870,841	6,205,941,745	5,408,251,895	625,740,917	125,577,137	46,371,796	240,304,876	14,190,947	38,321,902
1978	20,937,098,838	5,683,811,346	4,948,297,375	575,213,971	117,563,185	42,736,815	245,081,811	5,031,278	38,143,438
1977	20,284,739,028	5,072,993,821	4,402,752,024	522,061,364	108,745,374	39,435,059	224,546,309	3,670,801	33,875,869
T.Q. 9-30-76	4,524,304,469	1,195,770,956	1,033,503,297	123,644,945	27,373,991	11,248,723	49,196,439	2,064,709	3,749,462
1976	20,616,851,563	4,446,765,605	3,831,942,636	479,213,633	101,130,244	34,479,087	185,569,710	11,616,975	26,950,826
1975	18,291,408,719	3,919,256,983	3,348,139,083	438,660,271	95,794,770	36,662,859	119,579,730	3,153,684	12,926,229

Fiscal Year	Compensation and Pension								
	Total	Compensation and Pension	Burial Allowance and Transportation[2]	Clothing Allowances	Mortgage and Group Insurance	Plot/Interment Allowance[2,4]	Invalid Lifts, Devices, and Rehab. Equip. Rentals[2,5]	Headstones, Markers and Burial Flags	Other[6]
1984	$13,941,571,303	$13,749,617,380	$53,272,562	$23,088,021	$3,794,903	$45,673,319	.....	$20,555,483	$45,569,635
1983	13,880,930,660	13,699,776,833	49,787,642	21,719,734	4,000,000	41,249,946	1,063,866	24,299,190	39,003,449
1982	[3]13,361,476,987	[3]13,134,688,679	[3]62,224,473	20,292,102	3,229,980	42,111,664	[3]10,115,996	[3]20,335,577	68,478,516
1981	12,492,329,634	12,225,973,619	113,579,173	18,417,970	3,815,667	60,408,283	10,427,759	18,850,432	40,856,731
1980	11,256,935,680	11,046,637,368	101,078,125	15,070,089	3,200,000	53,954,538	7,886,835	16,830,344	12,278,381
1979	10,540,134,325	10,324,258,064	94,218,175	13,763,407	4,260,424	50,436,396	12,306,114	15,243,853	25,647,892
1978	9,630,679,653	9,455,752,982	85,881,083	12,709,134	2,600,000	51,369,656	7,497,994	13,469,609	1,399,195
1977	9,038,803,014	8,874,719,650	80,034,069	11,471,325	2,844,000	47,647,466	6,630,520	14,050,489	1,405,495
T.Q. 9-30-76	2,087,912,845	2,040,460,373	19,849,033	9,524,355	1,283,940	11,888,226	1,557,711	3,348,447	4,760
1976	[3]8,241,267,119	8,074,488,426	130,505,883	[3]9,802,119	3,740,397	.....	6,361,164	13,079,492	3,289,638
1975	[3]7,550,357,246	7,385,070,190	130,590,145	[3]7,974,763	1,600,000	.....	5,304,048	13,007,763	6,810,337

Fiscal Year	Educational Assistance and Readjustment Benefits							
	Total	Post-Korean Veterans (Ch. 34) Educational Assistance	Dependents (Chapter 35) Educational Assistance	Vocational Rehabilitation (Ch. 31, Books, Supplies, etc.)	Subsistence Allowance (Voc. Rehab. Chapter 31)	Auto's and Adaptive Equip. for Disabled Veterans[2]	Grants Special Adaptive Housing[2]	Changes in Receivables
1984	$1,042,812,468	$1,147,836,205	$153,643,109	$42,955,860	$67,231,145	$12,519,339	$13,278,271	(−)$34,651,461
1983	1,677,708,778	1,394,066,592	171,574,141	43,367,514	74,230,705	12,871,828	14,181,652	(−)32,583,654
1982	2,001,298,853	1,474,285,394	196,625,805	41,590,584	74,693,870	12,465,088	17,459,086	180,491,709
1981	2,332,820,985	1,968,295,623	204,779,070	37,213,213	76,662,855	11,909,278	15,849,848	13,960,530
1980	2,383,912,487	2,066,583,779	194,146,792	31,924,840	56,055,388	12,470,395	19,467,885	2,341,866
1979	2,800,897,985	2,449,924,173	204,061,042	32,333,777	64,071,095	12,457,080	22,607,775	15,212,423
1978	3,336,611,015	3,026,928,408	216,981,694	32,767,736	67,285,440	13,757,956	14,299,168	(−)35,409,387
1977	3,891,448,932	3,567,244,475	202,161,088	32,679,339	68,016,591	13,306,986	14,254,830	(−)6,214,377
T.Q. 9-30-76	738,178,540	667,905,838	28,229,888	6,800,966	13,454,828	3,446,095	3,351,014	14,989,911
1976	5,543,354,200	5,028,843,708	185,582,673	27,502,222	58,077,759	19,073,015	14,553,425	209,721,398
1975	4,529,227,472	4,164,774,846	163,277,716	22,500,293	50,565,594	17,251,021	14,322,011	96,535,991

TABLE 80—Continued

Gross Expenditures[1]—Fiscal Years 1975-1984

Fiscal Year	Insurance and Indemnities								
	U.S. Government Life Insurance	National Service Life Insurance	Veterans Special Life Insurance	Service-disabled Veterans Insurance	Veterans Reopened Insurance	Servicemen's Group Life Insurance Fund	Servicemen's Idemnities	Military and Naval Insurance	Soldiers' and Sailors' Civil Relief
1984	$58,369,297	$1,354,666,687	$103,357,312	$33,139,651	$70,767,892	$129,953,777	.....	$188,000	$861
1983	65,151,766	1,326,803,316	89,819,329	32,571,987	56,115,898	123,769,967	.....	227,000	.....
1982	73,156,297	1,327,449,895	86,142,623	31,293,597	55,558,355	127,622,434	.....	[3] 279,000	.....
1981	81,051,871	1,336,751,521	83,498,342	31,733,638	56,116,017	103,009,270	.....	342,096	7,922
1980	87,086,482	1,290,320,168	79,460,717	29,483,042	50,544,569	99,727,203	.....	402,000	.....
1979	84,395,143	1,109,596,880	77,173,601	26,108,698	29,240,377	105,653,392	3,000	488,000	830
1978	70,401,933	745,611,702	29,913,010	21,547,719	21,977,962	118,539,000	1,000	567,000	3,178
1977	75,022,139	763,278,062	28,307,779	21,393,447	21,367,900	118,089,380	5,574	666,788	6,698
T.Q. 9-30-76	15,284,568	168,012,046	7,869,537	6,077,136	5,366,324	25,927,221	2,786	181,462	.....
1976	88,805,893	949,901,346	38,287,346	23,150,102	22,218,746	126,001,104	191	752,714	9,417
1975	104,128,105	1,028,933,065	34,256,480	22,388,592	21,672,793	132,272,330	9,476	887,627	2,078

Fiscal Year	Miscellaneous Funds and Expenditures							
	Vocational Rehabilitation Revolving Fund	Grants to The Republic of The Philippines	Rental and Maintenance and Repair of Quarters	Supply Fund	General Post Fund	Consolidated Working Fund	Direct Loans to Veterans	Loan Guaranty Revolving Fund
1984	$1,215,436	$584,705	.....	$618,361,987	$10,589,648	.....	$8,230,342	$1,511,231,927
1983	1,173,484	456,895	.....	555,919,460	9,521,811	.....	8,381,764	1,186,685,056
1982	1,058,992	24,685	.....	553,327,788	7,646,874	.....	[3] 10,319,620	824,676,386
1981	932,622	1,165,011	.....	449,933,820	7,031,302	.....	18,698,447	552,883,229
1980	985,779	1,390,088	.....	418,130,463	6,186,030	.....	49,160,273	444,633,891
1979	986,491	268,790	.....	389,165,552	5,600,648	.....	57,375,851	453,021,818
1978	1,007,173	1,672,105	.....	392,897,095	5,030,407	1,177,107	73,296,267	514,097,639
1977	992,362	2,013,640	387	364,926,821	4,374,619	1,558,753	96,587,591	520,808,342
T.Q. 9-30-76	242,704	543,402	61,709	80,745,157	1,053,625	599,754	19,168,327	116,295,760
1976	833,532	1,869,576	217,101	330,636,825	4,661,975	1,531,704	88,649,371	483,799,919
1975	922,277	2,019,325	205,320	297,924,000	3,912,665	1,059,537	83,694,151	422,549,554

[1] *Data are on an accrued expenditures basis.*
[2] *Headings of these columns were changed in 1983 to reflect correct titles for each program.*
[3] *Corrected data.*
[4] *Reported separately for the first time Transition Quarter ending 9/30/76.*
[5] *As of October 1, 1982 funding for this program was transferred to Medical Administrative Expenses and is now reported under Medical Care. Data reported reflect money obligated before transfer.*
[6] *Changes in receivables and WWI adjusted service certificates. TQ 9/30/76 WWI adjusted service certificates only.*
NOTE: As of January 1, 1982 the Department of Defense began funding the matching contributions for Post-Vietnam Era Veterans (Chapter 32) Educational Assistance; these data are no longer included on this table.

Estimated Selected Expenditures by State—Fiscal Year 1984

State	Total	Readjustment Benefits						
		Total		Educational Assistance				
				Post-Korean Conflict Veterans (Title 38, U.S.C., Ch. 34)		Dependents Educational Assistance (Title 38, U.S.C., Ch. 35)		
						Number Trained During Year		
		Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Sons and Daughters of Deceased and/or Totally Disabled Veterans	Wives/Widowers and Spouses and Totally Disabled Veterans	Expenditures
World Totals	$26,444,378,018	628,686	$1,437,990,751	528,468	$1,147,150,471	63,553	7,641	$154,443,692
Philippines	121,465,533	3,035	7,204,663	1,286	4,851,334	1,707	39	2,353,329
Other foreign areas	78,658,731	578	6,804,223	415	6,336,087	149	11	410,788
Puerto Rico	340,640,006	4,943	19,190,424	2,317	9,632,732	1,978	254	7,268,696
Other U.S. areas	5,815,592	509	939,736	479	853,999	22	5	55,425
Total U.S.	25,897,798,156	618,874	1,403,851,705	523,971	1,125,476,319	59,697	7,332	144,355,454
Alabama	524,001,008	17,640	41,706,316	14,644	32,944,152	1,891	224	4,237,767
Alaska	52,004,004	1,885	3,185,482	1,757	2,852,571	58	8	127,279
Arizona	343,529,025	14,279	20,565,649	12,012	15,958,405	1,452	252	2,252,526
Arkansas	436,611,938	7,208	18,232,881	5,736	14,169,739	1,063	143	2,370,503
California	2,323,730,732	78,849	155,843,608	70,503	134,578,184	5,991	886	13,286,357
Colorado	342,285,232	13,825	27,164,091	11,707	21,829,727	1,061	152	2,183,646
Connecticut	254,751,363	5,059	12,367,180	4,343	9,971,309	363	36	1,251,287
Delaware	68,694,222	1,816	3,851,126	1,511	2,833,394	168	18	382,332
District of Columbia	746,991,021	3,511	2,652,519	3,000	1,775,511	244	22	427,695
Florida	1,483,043,952	34,176	64,320,675	28,288	50,778,614	4,413	762	8,746,401
Georgia	679,051,443	16,921	39,791,845	13,765	30,037,066	2,128	258	5,267,143
Hawaii	79,344,796	5,440	10,623,956	4,905	9,018,565	326	39	775,202
Idaho	90,639,558	3,314	7,376,342	2,821	5,907,777	275	34	492,837
Illinois	942,665,738	19,786	45,944,241	17,944	40,188,259	1,101	102	2,756,994
Indiana	422,963,789	12,574	29,968,768	10,654	24,182,626	887	71	1,787,278
Iowa	275,558,887	4,967	11,389,643	4,214	9,029,541	398	25	902,381
Kansas	268,082,226	6,798	14,026,605	5,793	11,606,104	641	62	1,283,567
Kentucky	424,605,484	9,514	23,828,528	7,867	19,074,167	1,163	110	2,603,660
Louisiana	476,451,170	9,221	21,827,752	7,851	18,006,051	1,005	85	2,301,612
Maine	162,646,986	3,505	10,280,559	2,736	7,565,362	360	47	1,186,402
Maryland	394,646,725	13,210	26,608,356	11,548	20,927,287	936	104	2,910,142
Massachusetts	802,183,310	10,951	27,889,219	8,694	20,374,609	1,682	100	4,889,305
Michigan	713,359,866	17,794	41,257,689	15,416	34,279,149	1,409	115	3,174,482
Minnesota	462,239,187	10,782	27,991,699	9,724	24,594,547	725	39	1,588,968
Mississippi	382,759,986	5,419	15,301,873	4,180	11,064,811	858	86	2,149,295
Missouri	596,338,258	13,305	30,235,675	11,728	25,650,754	988	121	2,373,017
Montana	87,712,009	2,615	6,302,192	2,208	4,827,962	207	25	435,764
Nebraska	180,895,780	5,367	10,180,472	4,629	8,056,255	477	61	933,109
Nevada	97,165,885	3,582	6,407,883	3,086	5,006,122	196	36	345,643
New Hampshire	116,429,059	3,108	8,525,076	2,504	6,392,259	289	32	818,314
New Jersey	590,141,564	7,836	23,490,954	6,189	16,198,130	836	96	3,364,707
New Mexico	191,709,878	6,063	11,485,972	4,810	8,522,448	692	103	1,318,440
New York	1,871,781,159	21,538	58,769,562	17,389	44,117,688	2,733	254	8,765,504
North Carolina	710,896,253	18,840	62,758,548	15,383	50,791,271	2,401	334	7,946,423
North Dakota	67,935,444	2,073	4,170,992	1,825	3,447,346	149	11	278,469
Ohio	998,728,038	21,256	45,134,335	18,238	36,004,412	1,578	131	3,660,934
Oklahoma	450,208,915	12,058	21,589,573	9,648	16,252,182	1,553	199	2,939,560
Oregon	360,528,883	9,059	22,905,386	7,625	17,849,244	574	79	1,321,953
Pennsylvania	1,253,272,672	19,598	56,713,770	16,555	44,853,712	1,796	122	6,077,961
Rhode Island	131,640,990	2,786	7,179,337	2,155	5,187,344	384	36	1,121,348
South Carolina	349,666,108	11,912	34,093,716	10,295	28,822,035	1,133	159	3,516,585
South Dakota	128,624,140	2,386	5,829,202	1,925	4,322,449	175	19	363,009
Tennessee	647,818,947	13,917	35,623,781	11,668	28,927,993	1,290	153	2,976,637
Texas	1,666,146,017	51,742	95,049,755	42,911	73,815,267	5,753	919	11,543,693
Utah	138,304,656	4,912	10,886,386	3,982	8,505,084	533	43	875,929
Vermont	76,645,029	832	2,890,364	571	1,727,044	126	9	406,108
Virginia	698,108,440	21,002	55,646,077	17,608	44,280,577	2,206	287	6,962,685
Washington	494,520,726	18,716	42,299,127	16,359	35,737,038	1,543	201	3,211,648
West Virginia	300,193,903	4,430	15,060,889	3,533	12,074,453	506	42	1,451,647
Wisconsin	477,485,086	9,927	23,538,231	8,158	17,978,569	859	63	1,808,947
Wyoming	62,058,669	1,570	3,087,848	1,376	2,581,154	122	17	202,359

[1] *Excludes the following which are not distributable by State: adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C., invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I; tort claim settlements; mortgage life insurance; funds transferred to Veterans' Administration by National Cancer Institute; vocational rehabilitation revolving fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.*

Estimated Selected Expenditures by State—Fiscal Year 1984

State	Readjustment Benefits—Continued				Direct Loans for Disabled Veterans	Insurance and Indemnities	Hospital and Domiciliary Construction [5]	Medical Services and Administrative Costs
	Vocational Rehabilitation		Automobiles and Other Conveyances for Disabled Veterans	Specially Adapted Housing for Disabled Veterans [4]				
	Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)							
	Total Number Who Trained During Year [2]	Amount						
World Totals	[3] 29,024	$110,243,801	$12,518,807	$13,633,980	$195,000	$1,435,070,119	$482,899,469	$9,283,786,405
Philippines	.....	.....	.....	.....	.....	1,373,818	.....	2,155,840
Other foreign areas	.....	57,348	.....	.....	.....	3,535,715	.....	.....
Puerto Rico	394	2,101,233	61,880	125,883	.....	2,088,366	1,189,137	100,308,780
Other U.S. areas	.....	30,199	113	.....	.....	311,036	.....	.....
Total U.S.	27,874	108,055,021	12,456,814	13,508,097	195,000	1,427,761,184	481,710,332	9,181,321,785
Alabama	881	4,066,856	193,879	263,662	.....	21,798,114	6,916,002	162,370,707
Alaska	62	172,763	369	32,500	.....	1,820,246	.....	32,972,668
Arizona	563	1,395,488	282,471	676,759	.....	22,110,052	5,452,023	139,591,077
Arkansas	266	1,135,587	230,030	327,022	63,000	13,986,159	3,854,379	155,099,941
California	1,469	5,760,199	1,054,083	1,164,785	.....	156,802,919	40,342,148	881,996,930
Colorado	905	2,917,767	1,572	231,379	.....	17,893,280	20,794,513	121,061,401
Connecticut	317	861,829	180,677	102,078	.....	23,132,375	1,321,579	96,877,530
Delaware	119	605,222	20,581	9,597	.....	3,009,463	1,342,243	31,740,619
District of Columbia	245	433,299	11,014	5,000	.....	4,435,638	40,184,287	662,556,769
Florida	713	2,496,565	998,079	1,301,016	.....	105,017,826	21,273,021	395,645,287
Georgia	770	3,674,360	335,965	477,311	.....	30,883,356	3,906,145	191,198,545
Hawaii	170	798,167	32,022	.....	.....	9,142,270	.....	18,058,003
Idaho	184	886,822	56,406	32,500	.....	2,781,875	2,217,895	24,793,589
Illinois	639	2,180,241	311,247	507,500	.....	60,405,733	13,064,878	439,689,261
Indiana	962	3,537,904	263,382	197,578	.....	25,749,296	2,159,662	129,995,848
Iowa	330	1,287,595	105,126	65,000	.....	12,623,396	2,851,884	118,128,185
Kansas	302	1,036,010	68,424	32,500	.....	17,866,588	5,789,489	112,600,562
Kentucky	374	1,725,911	227,165	197,625	.....	17,900,795	3,508,451	121,447,709
Louisiana	280	1,225,321	127,268	167,500	.....	19,386,613	27,885,919	152,402,583
Maine	362	1,442,347	53,573	32,875	.....	6,691,133	3,055,590	44,791,630
Maryland	622	2,288,857	254,570	227,500	.....	33,139,831	933,422	110,459,187
Massachusetts	475	1,870,748	322,057	432,500	.....	42,042,247	7,110,629	275,740,233
Michigan	854	3,258,161	284,041	261,856	.....	40,765,795	6,742,891	216,919,893
Minnesota	294	1,381,713	193,971	232,500	33,000	31,384,702	18,882,693	165,734,375
Mississippi	295	1,722,767	202,500	162,500	.....	14,807,335	8,273,896	109,866,344
Missouri	468	1,653,101	248,650	310,153	.....	25,851,314	10,119,479	228,353,444
Montana	175	549,666	451,300	37,500	.....	4,850,348	542,150	26,668,720
Nebraska	200	930,300	67,820	192,988	.....	8,893,545	3,176,328	77,730,651
Nevada	264	847,474	46,144	162,500	.....	6,490,036	501,991	38,323,537
New Hampshire	283	1,191,512	90,491	32,500	.....	6,135,849	401,475	29,179,507
New Jersey	715	3,225,503	280,114	422,500	.....	53,018,039	10,153,358	153,250,323
New Mexico	458	1,430,088	47,641	167,355	.....	9,029,569	23,646,636	52,685,707
New York	1,162	4,661,883	817,989	406,498	.....	119,150,968	22,151,180	740,822,995
North Carolina	722	3,398,792	324,495	297,567	33,000	22,663,300	4,024,100	184,315,185
North Dakota	88	391,824	53,353	.....	.....	4,420,583	1,878,660	26,509,644
Ohio	1,309	4,108,718	809,200	551,071	.....	62,163,149	16,324,997	326,962,853
Oklahoma	658	2,084,815	196,261	116,755	.....	15,817,518	9,143,627	104,953,829
Oregon	781	3,367,141	204,548	162,500	.....	13,689,679	31,033,900	123,001,197
Pennsylvania	1,125	4,898,710	542,857	340,530	.....	86,728,384	12,683,499	411,163,021
Rhode Island	211	836,167	34,478	.....	.....	6,846,285	278,815	42,741,833
South Carolina	325	1,376,055	174,078	204,963	.....	20,072,242	1,618,462	96,315,378
South Dakota	267	1,058,964	52,280	32,500	.....	4,443,002	1,416,713	67,943,845
Tennessee	806	2,978,786	516,615	223,750	.....	21,689,913	15,986,188	232,539,422
Texas	2,159	7,918,477	675,915	1,096,403	33,000	87,507,838	26,850,303	536,018,716
Utah	354	1,447,678	25,195	32,500	.....	6,820,296	1,238,329	63,090,976
Vermont	126	619,502	40,210	97,500	.....	1,698,929	4,295,155	29,037,200
Virginia	901	3,480,007	459,053	463,755	33,000	35,454,214	5,615,111	205,434,823
Washington	613	2,655,952	164,899	529,590	.....	26,265,848	24,482,672	149,364,808
West Virginia	349	1,362,583	76,494	95,712	.....	10,048,701	2,418,127	112,364,299
Wisconsin	847	3,134,136	226,615	389,964	.....	29,540,575	2,981,287	179,940,047
Wyoming	55	284,688	19,647	.....	.....	2,894,023	884,151	30,870,949

[2] *Estimated data. Data not available for Philippines, other foreign areas, and other U.S. areas.*
[3] *Includes 756 not identified by location.*
[4] *Previously titled homes for paraplegics.*
[5] *Includes $13,146,023 in grants for construction of state extended care facilities.*

Estimated Selected Expenditures by State—Fiscal Year 1984

State	Compensation and Pension							
	All Periods of Service							
	Living and Deceased Veterans						Living Veterans	
	Total		Service Connected		Nonservice Connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Totals	4,123,298	$13,804,436,274	2,592,484	$9,932,442,618	1,530,814	$3,871,993,656	2,980,302	$10,559,027,349
Philippines	32,637	110,731,212	24,708	74,823,193	7,929	35,908,019	12,476	43,970,404
Other foreign areas	19,436	68,318,793	8,931	42,478,399	10,505	25,840,394	7,835	30,301,692
Puerto Rico	46,574	217,863,299	21,918	136,694,714	24,656	81,168,585	34,458	184,932,879
Other U.S. areas	2,610	4,564,820	2,271	3,488,461	339	1,076,359	2,085	3,111,998
Total U.S.	4,022,041	13,402,958,150	2,534,656	9,674,957,851	1,487,385	3,728,000,299	2,923,448	10,296,710,376
Alabama	88,566	291,209,869	48,459	185,928,757	40,107	105,281,112	58,968	206,609,603
Alaska	5,089	14,025,608	4,525	12,523,824	564	1,501,784	4,543	12,155,408
Arizona	57,055	155,810,224	42,255	127,432,326	14,800	28,377,898	45,021	124,282,763
Arkansas	61,936	245,375,578	31,644	162,920,993	30,292	82,454,585	42,857	191,921,901
California	344,356	1,088,745,127	237,402	858,183,875	106,954	230,561,252	257,324	808,740,014
Colorado	48,648	155,371,947	37,172	126,827,089	11,476	28,544,858	37,695	119,248,681
Connecticut	43,000	121,052,699	31,287	98,511,104	11,713	22,541,595	33,328	96,804,911
Delaware	9,847	28,750,771	6,525	21,550,410	3,322	7,200,361	7,187	21,727,039
District of Columbia	13,201	37,161,808	8,077	26,019,663	5,124	11,142,145	9,345	26,552,869
Florida	244,179	896,787,143	171,391	720,649,601	72,788	176,137,542	187,402	707,224,393
Georgia	113,735	413,271,552	66,844	290,838,430	46,891	122,433,122	78,569	304,442,177
Hawaii	11,960	41,520,567	9,859	36,097,026	2,101	5,423,541	9,619	32,181,944
Idaho	15,300	53,469,857	10,356	41,131,322	4,944	12,338,535	11,814	42,976,851
Illinois	130,930	383,561,625	74,439	242,098,741	56,491	141,462,884	91,296	290,108,518
Indiana	75,780	235,090,215	44,868	162,338,798	30,912	72,751,417	53,130	180,465,810
Iowa	41,068	130,565,779	23,931	86,519,677	17,137	44,046,102	28,851	100,779,603
Kansas	37,572	117,798,982	23,339	81,974,481	14,233	35,824,501	26,607	87,857,946
Kentucky	76,049	257,920,001	39,385	160,866,592	36,664	97,053,409	52,106	196,075,651
Louisiana	78,430	254,948,303	39,320	147,825,137	39,110	107,123,166	51,203	179,130,184
Maine	26,942	97,828,074	15,863	70,108,019	11,079	27,720,055	19,549	78,342,846
Maryland	66,717	223,505,929	44,475	167,901,297	22,242	55,604,632	48,186	163,529,298
Massachusetts	133,009	449,400,982	97,290	359,598,707	35,719	89,802,275	103,782	363,917,265
Michigan	129,236	407,673,598	84,490	304,747,063	44,746	102,926,535	95,073	327,828,389
Minnesota	67,321	218,212,718	42,902	147,317,561	24,419	70,895,157	49,945	168,786,163
Mississippi	61,428	234,510,538	28,556	136,935,582	32,872	97,574,956	40,847	172,439,282
Missouri	88,575	301,778,346	48,140	193,200,028	40,435	108,578,318	60,572	225,191,760
Montana	14,367	49,348,599	9,540	36,714,084	4,827	12,634,515	11,243	40,756,697
Nebraska	24,299	80,914,784	15,129	55,663,242	9,170	25,251,542	17,736	62,554,134
Nevada	16,591	45,442,438	12,362	36,047,420	4,229	9,395,018	13,524	36,552,461
New Hampshire	19,663	72,187,152	14,032	58,117,468	5,631	14,069,684	15,412	59,609,527
New Jersey	116,215	350,228,890	81,769	281,744,948	34,446	68,483,942	88,094	279,978,289
New Mexico	30,230	94,861,994	20,476	71,302,825	9,754	23,559,169	23,273	76,700,066
New York	285,528	930,886,454	181,978	666,229,593	103,550	264,656,861	212,748	741,430,386
North Carolina	119,862	437,102,120	65,199	294,020,384	54,663	143,081,736	81,028	322,394,842
North Dakota	9,386	30,955,565	6,000	20,858,020	3,386	10,097,545	7,221	25,274,868
Ohio	174,536	548,142,704	109,477	388,894,156	65,059	159,248,548	127,747	431,705,904
Oklahoma	75,747	298,704,368	44,958	200,603,416	30,789	98,100,952	54,957	234,605,056
Oregon	47,687	169,898,721	29,571	120,997,356	18,116	48,901,365	36,176	136,354,081
Pennsylvania	216,678	685,983,998	133,451	496,309,985	83,227	189,674,013	153,594	530,527,037
Rhode Island	21,475	74,594,720	14,790	59,759,271	6,685	14,835,449	16,112	59,787,131
South Carolina	60,877	197,566,310	31,977	127,218,093	28,900	70,348,217	39,208	133,025,439
South Dakota	13,375	48,991,378	7,220	29,448,310	6,155	19,543,068	9,071	38,514,928
Tennessee	96,044	341,979,643	47,592	207,871,771	48,452	134,107,872	64,113	250,641,725
Texas	279,052	920,686,405	181,381	689,609,334	97,671	231,077,071	202,012	699,413,108
Utah	17,049	56,268,669	12,612	44,528,754	4,437	11,739,915	13,293	44,902,561
Vermont	9,293	38,723,381	5,741	29,632,164	3,552	9,091,217	6,821	31,500,710
Virginia	106,183	395,925,215	68,533	301,472,014	37,650	94,453,201	76,010	292,211,426
Washington	75,514	252,108,271	55,371	200,380,093	20,143	51,728,178	58,551	197,058,015
West Virginia	44,081	160,301,887	23,091	99,820,892	20,990	60,480,995	30,858	125,199,516
Wisconsin	71,722	241,484,946	44,899	168,938,791	26,823	72,546,155	53,868	196,494,433
Wyoming	6,658	24,321,698	4,713	18,729,364	1,945	5,592,334	5,329	20,196,767

Estimated Selected Expenditures by State—Fiscal Year 1984

State	Compensation and Pension—Continued									
	All Periods of Service									
	Living Veterans				Deceased Veterans					
	Service Connected		Nonservice Connected		Total		Service Connected		Nonservice Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Totals	2,250,782	$8,047,484,880	729,520	$2,511,542,469	1,142,996	$3,245,408,925	341,702	$1,884,957,738	801,294	$1,360,451,187
Philippines	9,535	24,287,865	2,941	19,682,539	20,161	66,760,808	15,173	50,535,328	4,988	16,225,480
Other foreign areas	5,453	21,948,777	2,382	8,352,915	11,601	38,017,101	3,478	20,529,622	8,123	17,487,479
Puerto Rico	19,237	125,050,209	15,221	59,882,670	12,116	32,930,420	2,681	11,644,505	9,435	21,285,915
Other U.S. areas	1,966	2,463,374	119	648,624	525	1,452,822	305	1,025,087	220	427,735
Total U.S.	2,214,591	7,873,734,655	708,857	2,422,975,721	1,098,593	3,106,247,774	320,065	1,801,223,196	778,528	1,305,024,578
Alabama	40,738	143,806,150	18,230	62,803,453	29,598	84,600,266	7,721	42,122,607	21,877	42,477,659
Alaska	4,270	11,083,755	273	1,071,653	546	1,870,200	255	1,440,069	291	430,131
Arizona	36,864	103,703,406	8,157	20,579,357	12,034	31,527,461	5,391	23,728,920	6,643	7,798,541
Arkansas	26,470	135,726,245	16,387	56,195,656	19,079	53,453,677	5,174	27,194,748	13,905	26,258,929
California	203,359	652,019,247	53,965	156,720,767	87,032	280,005,113	34,043	206,164,628	52,989	73,840,485
Colorado	32,432	101,118,105	5,263	18,130,576	10,953	36,123,266	4,740	25,708,984	6,213	10,414,282
Connecticut	28,525	83,075,345	4,803	13,729,566	9,672	24,247,788	2,762	15,435,759	6,910	8,812,029
Delaware	5,765	17,195,608	1,422	4,531,431	2,660	7,023,732	760	4,354,802	1,900	2,668,930
District of Columbia	6,787	19,094,465	2,558	7,458,404	3,856	10,608,939	1,290	6,925,198	2,566	3,683,741
Florida	148,490	583,426,878	38,912	123,797,515	56,777	189,562,750	22,901	137,222,723	33,876	52,340,027
Georgia	55,518	224,921,854	23,051	79,520,323	35,166	108,829,375	11,326	65,916,576	23,840	42,912,799
Hawaii	8,576	28,364,164	1,043	3,817,780	2,341	9,338,623	1,283	7,732,862	1,058	1,605,761
Idaho	9,213	34,363,238	2,601	8,613,613	3,486	10,493,006	1,143	6,768,084	2,343	3,724,922
Illinois	66,263	198,972,766	25,033	91,135,752	39,634	93,453,107	8,176	43,125,975	31,458	50,327,132
Indiana	39,705	135,558,488	13,425	44,907,322	22,650	54,624,405	5,163	26,780,310	17,487	27,844,095
Iowa	20,967	72,199,871	7,884	28,579,732	12,217	29,786,176	2,964	14,319,806	9,253	15,466,370
Kansas	20,072	65,193,909	6,535	22,664,037	10,965	29,941,036	3,267	16,780,572	7,698	13,160,464
Kentucky	33,232	129,845,578	18,874	66,230,073	23,943	61,844,350	6,153	31,021,014	17,790	30,823,336
Louisiana	33,035	114,439,939	18,168	64,690,245	27,227	75,818,119	6,285	33,385,198	20,942	42,432,921
Maine	13,821	58,857,998	5,728	19,484,848	7,393	19,485,228	2,042	11,250,021	5,351	8,235,207
Maryland	38,423	127,885,640	9,763	35,643,658	18,531	59,976,631	6,052	40,015,657	12,479	19,960,974
Massachusetts	88,625	308,382,566	15,157	55,534,699	29,227	85,483,717	8,665	51,216,141	20,562	34,267,576
Michigan	76,843	264,457,732	18,230	63,370,657	34,163	79,845,209	7,647	40,289,331	26,516	39,555,878
Minnesota	38,610	123,949,761	11,335	44,836,402	17,376	49,426,555	4,292	23,367,800	13,084	26,058,755
Mississippi	23,392	107,563,054	17,455	64,876,228	20,581	62,071,256	5,164	29,372,528	15,417	32,698,728
Missouri	41,297	155,814,487	19,275	69,377,273	28,003	76,586,586	6,843	37,385,541	21,160	39,201,045
Montana	8,674	31,953,100	2,569	8,803,597	3,124	8,591,902	866	4,760,984	2,258	3,830,918
Nebraska	13,176	45,737,622	4,560	16,816,512	6,563	18,360,650	1,953	9,925,620	4,610	8,435,030
Nevada	11,117	29,828,619	2,407	6,723,842	3,067	8,889,977	1,245	6,218,801	1,822	2,671,176
New Hampshire	12,699	49,883,746	2,713	9,725,781	4,251	12,577,625	1,333	8,233,722	2,918	4,343,903
New Jersey	74,799	239,995,716	13,295	39,982,573	28,121	70,250,601	6,970	41,749,232	21,151	28,501,369
New Mexico	17,844	59,533,877	5,429	17,166,189	6,957	18,161,928	2,632	11,768,948	4,325	6,392,980
New York	165,821	575,696,988	46,927	165,733,398	72,780	189,456,068	16,157	90,532,605	56,623	98,923,463
North Carolina	54,654	232,477,875	26,374	89,916,967	38,834	114,707,278	10,545	61,542,509	28,289	53,164,769
North Dakota	5,485	18,276,702	1,736	6,998,166	2,165	5,680,697	515	2,581,318	1,650	3,099,379
Ohio	98,600	330,066,731	29,147	101,639,173	46,789	116,436,800	10,877	58,827,425	35,912	57,609,375
Oklahoma	38,302	164,830,443	16,655	69,774,613	20,790	64,099,312	6,656	35,772,973	14,134	28,326,339
Oregon	26,229	101,389,263	9,947	34,964,818	11,511	33,544,640	3,342	19,608,093	8,169	13,936,547
Pennsylvania	119,218	417,674,281	34,376	112,852,756	63,084	155,456,961	14,233	78,635,704	48,851	76,821,257
Rhode Island	13,301	50,419,978	2,811	9,367,153	5,363	14,807,589	1,489	9,339,293	3,874	5,468,296
South Carolina	26,117	92,098,369	13,091	40,927,070	21,669	64,540,871	5,860	35,119,724	15,809	29,421,147
South Dakota	6,386	24,923,368	3,315	13,591,560	3,674	10,476,450	834	4,524,942	2,840	5,951,508
Tennessee	39,748	164,494,952	24,365	86,146,773	31,931	91,337,918	7,844	43,376,819	24,087	47,961,099
Texas	154,172	545,070,602	47,840	154,342,506	77,040	221,273,297	27,209	144,538,732	49,831	76,734,565
Utah	11,313	37,184,442	1,980	7,718,119	3,756	11,366,108	1,299	7,344,312	2,457	4,021,796
Vermont	5,012	25,146,502	1,809	6,354,208	2,472	7,222,671	729	4,485,662	1,743	2,737,009
Virginia	57,581	229,801,860	18,429	62,409,566	30,173	103,713,789	10,952	71,670,154	19,221	32,043,635
Washington	48,514	161,587,942	10,037	35,470,073	16,963	55,050,256	6,857	38,792,151	10,106	16,258,105
West Virginia	19,730	82,524,030	11,128	42,675,486	13,223	35,102,371	3,361	17,296,862	9,862	17,805,509
Wisconsin	40,525	145,881,781	13,343	50,612,652	17,854	44,990,513	4,374	23,057,010	13,480	21,933,503
Wyoming	4,282	16,235,617	1,047	3,961,150	1,329	4,124,931	431	2,493,747	898	1,631,184

Index

Acquired immune deficiency syndrome 63
Adult day health care program 15, 54
Advisory Committee on Former Prisoners of War 101
Advisory Committee on Women Veterans 10, 27
Affiliations, VA medical centers 45
Age:
  Patients 69
  Veterans 2, 69
Agent Orange 10, 23, 49, 52, 140
Aging veteran 10, 11, 42, 52
Alcohol dependence treatment 19
Alzheimer's disease 41
Ambulatory care 11
Appeals:
  Contract 129
  Veterans 125
Appropriations, VA ..... xvi, 120, 121
Asbestos removal 62
Audiology and speech pathology 23
Audiovisuals 149
Audits and investigations 121
Biomedical engineering 60
Blind rehabilitation 23, 57
Bone marrow transplants 16
Budget xvi
Building management 63
Burial allowance 73, 79
Canteen 42
Cardiac catheterization laboratories 10, 17
Cash management 123
Cemeteries and memorials 109
Chaplains 41
Civilian health and medical programs of the uniformed service (CHAMPUS) 16
Civilian health and medical program of the VA (CHAMPVA) 16, 57
Clinical alcoholism research centers 20
Community residential care 15
Compensation and pension:
  Burial allowance 73, 79
  Death compensation and dependency and indemnity compensation 73
  Death pension 73
  Disability compensation 73
  Disability pension 73
  Period of service 77
Computerized tomographic scanners 30, 57
Congressional and intergovernmental affairs 136
Construction:
  Architect-engineer contracts 150
  Asbestos abatement 153
  Barrier-free design 151
  Capital facilities study 152
  Construction contracts 150
  Construction research and development 153
  Cost estimating 152
  Energy engineering 152
  Historic properties 154
  Projects, current status of 153
  Real estate and space management 151
  State veterans' homes 152
  Value engineering 152
Consumer affairs 136
Continuing education 48
Cooperative health manpower education program 49
Cyclotron 31
Data management 138
Day hospital program 19
Day treatment centers 19
Decentralized hospital computer program 10, 41, 54, 139
Dental education centers 48, 49
Dental research center 10, 32
Dentistry 31
Diagnoses 70
Diagnosis related groupings 34, 40, 49, 54, 56
Dialysis program 17
Dietetics 39
Disabled veterans:
  Barrier-free design 151
  Blind rehabilitation 23
  Disability, compensation and pension 73
  Driver training 22
  Employment 132
  Life insurance 94
  Prosthetics 24, 52
Disposition status 72
Domiciliary care 13
Drug dependence treatment 19
Duration of stay 71
Education benefits:
  Dependents educational assistance 83
  Emergency Veteran's Job Training Act of 1983 83
  GI Bill 81
  Non-contributory educational assistance 239
  Post-Vietnam era veterans educational assistance 82
  State approving agencies 83
Education and training in health care 44
  Assistance for health manpower training institutions 45
  Clinical nurse specialists 47
  Continuing education 48, 49
  Fellowships 47
  Geriatric associated health training 47

Graduate and undergraduate education 45
Healthcare professionals 45
Interdisciplinary team training in geriatrics 47
Space and facilities 50
Emergency management and resource sharing 64
Employment, veterans:
Assistance with 103, 132
Status of 7
Energy management 61
Engineering 60
Engineering training center 48, 49
Equal employment opportunity 134
Affirmative action 134
Handicapped individuals 135
Discrimination complaints 134
Historically black colleges and universities 135
Minorities and women 134
Executive development and training 59, 132
Extended care 11
Facilities xvi
Facility planning 60
Fellowship programs 47
Fiduciary and field examination activity 103
Financial management 123
Fire protection 63
Former POW's 10, 28, 52, 140
Freedom of Information Act 116, 128
Funding, agency 120, 121
Geriatrics and extended care 11
Geriatric evaluation units 14, 53
Geriatric research, education and clinical centers 10, 16, 47
GI Bill 81
Grants:
Specially adapted housing 89
State cemetery 111
State home 14
Halfway house programs 20
Headstones and markers 110
Health, environmental 63
Health, occupational 62
Health services research and development 53
Hearing aids 23
Hepatitis B vaccine immunization 16
Historically black colleges and universities 135
History of the VA v
Hospital based home care 14
Hospital care 11
Housing assistance:
Credit market conditions 89
Defaults 88
Direct loans 88
Fair housing program 89
Funding operations 89
GI home loans 88
Manufactured home loans 86
Onsite inspections 87
Plant inspections 86
Specially adapted housing 89
Hypertension screening 16
Independent living programs 22
Information management and statistics 143
Information resources management 138
Information technology center 142
Insurance:
Disbursements 97
National Service Life Insurance (NSLI) 93
Service Disabled Veterans Insurance (SDVI) 94
Servicemen's Group Life Insurance (SGLI) 95
Total Disability Income Provision (TDIP) 94
United States Government Life Insurnace (USGLI) 92
Veterans Group Life Insurance (VGLI) 96
Veterans Mortgage Life Insurance (VMLI) 96
Veterans Reopened Insurance (VRI) 94
Veterans Special Life Insurance (VSLI) 93
Integrated management system 129
Interments 109
Internal control system 68, 122
Investigations 121
Labor management relations 132
Law, litigation, and legislation 113
Library 49
Life Insurance (see Insurance)
Loans, housing (see Housing assistance)
Logistics 147
Manpower management 124
Manufactured homes 86
Marketing center 154
Medical care:
Dependents (CHAMPVA) 16
Employment 58
Facilities in operation xvi
Female veterans 10, 27
Former Prisoners of War 10, 28
Outpatient medical care 9, 11
Resource allocation development 56
Uniformed services (CHAMPUS) 16
Medical district initiated program planning (MEDIPP) 23, 60, 65
Medical information resources management 67
Medical media 50
Memorial markers 79
Mental health and behavioral sciences 18
Outpatient mental health programs 19
Mental hygiene clinics 19
Mission, goals and objectives ..... xiii, xiv
National cemetery system
Headstones and markers 79
State cemetery grants 111
Neurology 30
Nuclear magnetic resonance 30
Nuclear medicine 30
Nursing 36
Nursing home care 10, 12
Occupational safety, health, and fire protection 62
Optometry 33
Organization chart xii
Outpatient medical care 9, 11
Paperwork management and regulations 145

Pathology 34
Patient health education 49
Patient satisfaction 68
Patient treatment file 54
Pension (see Compensation and Pension)
Personnel management:
  Employee recognition 133
  Executive development and training 132
    Leadership VA 132
  Labor management relations 132
  Staffing and recruitment ..... xvi, 58, 131
  Veterans, employment of 131
Pharmacy 38
Podiatry 33
Positron-electron transformation scanner 31
Post-traumatic stress disorder 21, 52, 137
Presidential memorial certificate program 148
Preventive health care program 10, 29, 54
Procurement and supply 154
Program planning and evaluation 129
Prosthetic and sensory aids 24
Prosthetic research 52
Psychiatry 18
Psychology 18
Public and consumer affairs 136
Public laws, new 117
Quality assurance 68
  Health services review (HSRO) 68
  Systematic external review (SERP) 68
Radiology 31
Readjustment counseling 21
Records management 146
Recreation 41
Reform '88 ..... 124, 138
Regional medical education
  centers (RMEC's) 20, 31, 32, 36, 48
Rehabilitation medicine:
  Blind Rehabilitation 23
  Cardiopulmonary rehabilitation 21
  Comprehensive rehabilitation centers 21
  Driving training 22
  Incentive therapy 22
  Rehabilitation research and development 53
  Spinal cord injury 21, 22
  Therapeutic printing plant 22
  Vocational rehabilitation 22
  Work restoration 22
Reporting policy and review 144
Research:
  Awards 51
  Construction 153
  Health services 53
  Medical 51
  Prosthetic 52
  Rehabilitation 37, 52
Resources (DM&S) 55
  Resources allocation development 56
  Resource utilization groups 57
Respite and palliative care 15
Safety 62
Security and law enforcement 63
Sharing program 64
Sickle cell anemia 17
Small and disadvantaged business utilization 156
Social work 40
Specially adapted housing 89
Spectroscopic nuclear magnetic resonance 30
Spinal cord injury 21, 52, 57
Staffing:
  Guidelines 59
  Recruitment 59, 131
State approving agencies 83
State cemetery grants 111
State home programs 14, 152
Statistical research 143
Statistical tables 159
Substance abuse 20
Supplies and equipment 154
  Equipment assets 155
  Supply fund sales 154
  VA/DOD shared procurement program 156
Surgery 17
  Cardiac transplant 18
Telecommunications 138
Therapeutic printing plant 22
Training:
  Employee 132
  Health care 44
  Veterans 81
Unions 132
VAnguard 137
Veterans centers 21
Veterans:
  Age 2, 69
  Characteristics 5
  Education and income 5
  Employment status 7, 131
  Families 4
  Family income 7
  Female 3, 10, 27, 52
  Geographic distribution 3
  Population, by period of service 1
  Work experience 7
Veterans assistance:
  Elderly beneficiaries 101
  Employment assistance 103, 132
  Equal opportunity compliance 102
  Fiduciary and field examinations 103
  Former prisoners of war 101
  Outreach 100, 102
Veterans canteen service 42
Virology reference laboratory 36
Visual impairment services teams 23
Vocational evaluation and counseling (DM&S) 19
Vocational rehabilitation and counseling (DVB):
  Counseling 105
  Educational and vocational counseling 108
  Employment services 107

Pilot program of independent living services 106
Veterans' Advisory Committee on Rehabilitation . 108
Vocational rehabilitation 106
Voluntary service 43
Women:
Employment of 134
Health care for female veterans 27
Veterans 3, 10
Work restoration program 22

The Veterans Administration: An Overview

The Veteran

Health Care

Compensation and Pension

Education Benefits

Housing Assistance

Life Insurance

Veterans Assistance

Vocational Rehabilitation and Counseling

Cemeteries and Memorials

Administration and Management

Statistical Tables

Margin Index

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