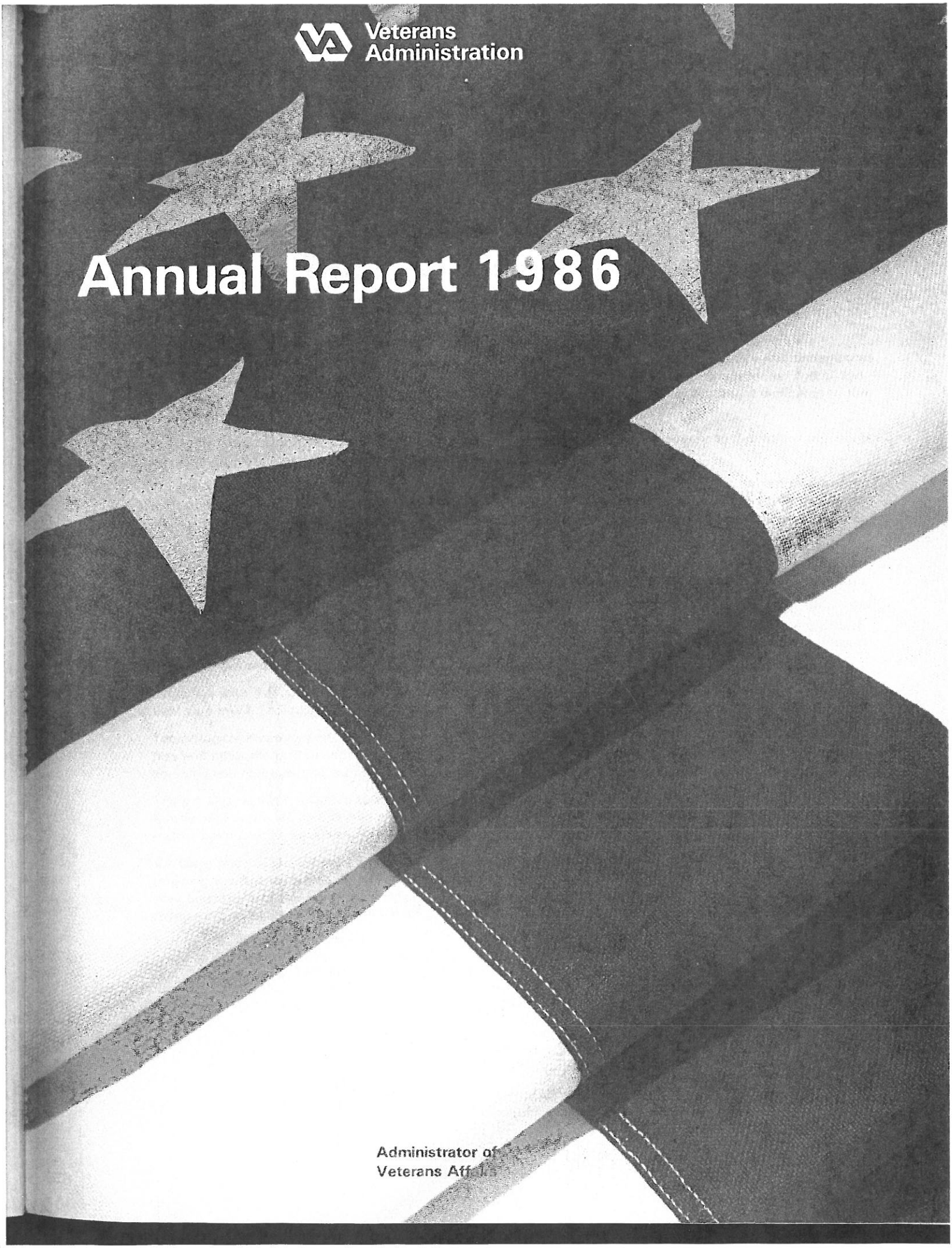
Veterans Administration

Annual Report 1986



Administrator of Veterans Affairs

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 100th Congress:

I am pleased to report on the activities of the Veterans Administration for the fiscal year that ended September 30, 1986, in accord with section 214, title 38, U.S.C.

During its 56th year, the Veterans Administration provided a record volume of services to America's veterans, their dependents and survivors. It was a year during which the Agency's progress was underscored by substantial management improvements and the introduction of many technological advances. Today, the VA reflects the Nation's historic compassionate obligation to its veterans in an environment dedicated to the improvement and efficiency of this important Federal benefits delivery system.

During fiscal year 1986, the VA's health care program was highlighted by treatment to 1.5 million inpatients in 172 medical centers and more than 20 million outpatient clinic visits.

These medical care accomplishments were complemented in veterans benefits programs, where an equally remarkable volume of beneficiary activity was accommodated. The Home Loan Guaranty Program, for example, experienced a record year with almost double the dollar amount recorded during the previous fiscal year.

Compensation and pension payments were made to 3.9 million veterans and their survivors; education assistance payments totaled $1.0 billion; important financial security was provided to the more than 7.5 million beneficiaries of VA life insurance programs; and VA delivered millions of dollars in burial benefits and provided final dignity through its operation of the National Cemetery System.

In medical research, funding was increased to support VA investigators in research facilitating intensified efforts in alcoholism, aging, post-traumatic stress disorders, schizophrenia, spinal cord injury and the problems of women patients.

Affiliation with 1,000 institutions for higher medical education, including 102 medical schools, improved patient care in VA facilities while providing 100,000 medical and allied health students with clinical training.

Technological improvements to improve efficiency during the year included patient registration, pharmacy files and other medical records brought "on-line" and connected to a centralized computer system for accounting and management purposes.

The VA also remains sensitive to the unique needs of special segments of its patient population. Clinics for female veterans were established at several medical centers, and the special needs of Vietnam veterans were further addressed by establishment of inpatient programs for the treatment of post-traumatic stress disorder.

VA takes pride in this record of efficient service and systematic improvements during fiscal year 1986, while retaining the Agency's traditional sense of compassion and individual regard for its special beneficiary population. Employees of the Veterans Administration—productive people providing quality service—have dedicated themselves to fulfilling the Nation's debt of gratitude to America's veterans.

THOMAS K. TURNAGE
Administrator of Veterans Affairs

Table of Contents

Letter of Transmittal iii

Introduction: A Brief History of the VA xi

Organization of the Veterans Administration xiii

The VA: An Overview xv

Financial Annual Report xix

The Veteran

Comparative Highlights 1
Summary 1
Number of Veterans and Period of Service 2
Age of Veterans 2
Geographic Distribution of Veterans 3
Female Veterans 4
Projected Veteran Population 4
Veterans and Their Families 5
Characteristics of Veterans 5
- Educational Attainment and Income 5
  - All Veterans 6
  - Vietnam Era Veterans 6
- Work Experience 6
  - All Veterans 6
  - Vietnam Era Veterans 7
- Employment Status 7
  - War Veterans 7
  - Vietnam Era Veterans 7
- Family Income 7
  - War Veterans 7
  - Vietnam Era Veterans 7

Health Care

Comparative Highlights 9
Summary 9
Types of Care 11
- Hospital Care 11
- Outpatient Care 11
- Geriatrics and Extended Care 11
- VA Nursing Home Care 12
- Community Nursing Home Care 13
- VA Domiciliary Care 13
- State Home Program 14
- Palliative Care 14
- Hospital Based Home Care 14
- Adult Day Health Care 14
- Community Residential Care 14
- Geriatric Evaluation Units 15

Table of Contents — *Continued*

Geriatric Research, Education, and Clinical Centers 15
Medical Care for Dependents 15
Services 16
Medical Service 16
Surgical Service 17
Mental Health and Behavioral Sciences Service 19
Vocational Education and Vocational Counseling 20
Post-traumatic Stress Disorder 20
Alcohol and Drug Dependence Treatment Programs 20
Readjustment Counseling Service 21
Rehabilitation Medicine Service 21
Spinal Cord Injury Service 22
Blind Rehabilitation Service 23
Audiology and Speech Pathology Service 23
Prosthetic and Sensory Aids Service 24
Agent Orange 25
Health Care for Female Veterans 26
Health Care for Former Prisoners of War 27
Preventive Health Services 28
Neurology Service 29
Nuclear Medicine Service 29
Radiology Service 30
Dentistry 31
Optometry Service 32
Podiatric Service 33
Pathology Service 34
Quality Assurance and Laboratory Accreditation 35
Nursing Service 37
Pharmacy Service 38
Dietetic Service 39
Social Work Service 39
Recreation Service 40
Chaplain Service 41
Veterans Canteen Service 42
Voluntary Service 43
Academic Affairs 43
VA Health Professional Scholarship Program 44
Graduate and Undergraduate Education 44
Fellowships 45
Interdisciplinary Team Training in Geriatrics 46
Summer Traineeships 46
Clinical Nurse Specialist 46
Nursing Administration Practicum 46
Geriatric Associated Health Training 46
Special Initiative in Geriatrics Training 47
Continuing Education 47
Regional Medical Education Centers 47
Dental Education Centers 48
Engineering Training Centers 48
Cooperative Health Manpower Education Program 48
Patient Health Education/Health Promotion 48
Library Services 48
Medical Media Production Services 49
Learning Resources Production Centers 49
Education Space and Facilities 49
Research and Development 49
Medical Research 49
Rehabilitation Research and Development Service 51

Prosthetics Services, Research and Development 52
Medical Administration Service 52
DM&S Executive and Management Development Program 53
Resource Allocation Methodologies Evaluation 53
Health Systems Research and Development 54
Resources Funds 55
Employment 57
Manpower Planning Development 57
Engineering Service 58
Fire Protection 58
Energy Management Program 58
Biomedical Engineering 59
VA Occupational Safety and Health Program 59
Security Service 60
Building Management Service 60
Emergency Management and Resource Sharing Service 61
Medical District Initiated Program Planning 62
Medical Information Resources Management 63
Medical Inspector 64
Quality Assurance 64
Medical District Initiated Peer Review Organization 64
Utilization Review 64
Occurrence Screening 64
Mortality and Morbidity Review 64
Computer Applications in Quality Assurance 65
Internal Control Review 65
Characteristics of VA Patients 65
Age 65
Female Veterans 66
Service-Connected Patients and VA Pensioners 66
Diagnoses 67
Duration of Stay 67
Disposition Status 68

Compensation and Pension

Comparative Highlights 69
Summary 69
Compensation 70
Pension 71
Period of Service 72
Vietnam Era 72
Korean Conflict 73
World War II 73
World War I 74
Other Periods 74
Burial Allowance 74

Educational Benefits

Comparative Highlights 75
Summary 75
Education and Training 75
Veterans' Educational Assistance (GI Bill) 75
Veterans' Educational Assistance Act of 1984 (New GI Bill) 76
Post-Vietnam Era Veterans' Educational Assistance 76
Noncontributory Educational Assistance Programs 77
Veterans' Job Training Act 77
Dependents' Educational Assistance 77
State Approving Agencies 78

Table of Contents — *Continued*

Housing Assistance

Comparative Highlights 79
Summary 79
GI Home Loans 80
Manufactured Home Loans 80
Manufactured Housing Plant Inspections 81
Manufactured Home Onsite Inspections 81
Compliance with Warranty 82
Defaults 82
Direct Loans 82
Funding Operations 82
Specially Adapted Housing Assistance 82
Fair Housing Program 83

Life Insurance

Comparative Highlights 85
Summary 86
Government Administered Programs 86
United States Government Life Insurance 86
National Service Life Insurance 87
Veterans Special Life Insurance 87
Service-Disabled Veterans Insurance 88
Veterans Reopened Insurance 88
Total Disability Income Provision 88
Government Supervised Programs 89
Servicemen's Group Life Insurance 89
Veterans Group Life Insurance 89
Veterans Mortgage Life Insurance 90
Disbursements 90

Veterans Assistance

Comparative Highlights 91
Summary 92
Employment Assistance 92
Fiduciary and Field Examination Activity 92
Veteran-Student Services Program 92
Equal Opportunity Compliance 93
Foreign Affairs Program 93
Outreach 93
Elderly Beneficiaries 95
Services to Homeless Veterans 95
Former Prisoner of War Outreach Program 96
Other Outreach Efforts 96

Vocational Rehabilitation and Counseling

Comparative Highlights 97
Summary 97
Vocational Rehabilitation 98
Employment Services 98
Pilot Programs for Severely Disabled Veterans 99
Pilot Program of Independent Living Services 100
Educational and Vocational Counseling 100
Veterans' Advisory Committee on Rehabilitation 100

Cemeteries and Memorials

Comparative Highlights 101
Summary 101
Perpectives 102
Headstones and Markers 103
State Cemetery Grants 105

Administration and Management

Comparative Highlights 107
Office of the General Counsel 107
New Legislation 111

Office of Inspector General 114
Office of Budget and Finance (Controller) 115
Financial Management 115
Manpower Management 116
Board of Veterans Appeals 116
Board of Contract Appeals 118
Office of Personnel and Labor Relations 120
Personnel Management 120
Staffing 121
Employment of Veterans 122
Labor-Management Relations 122
Executive Development and Training 122
Employee Recognition 122
Office of Equal Opportunity 124
Affirmative Action 124
Employment of Handicapped Individuals and Disabled Veterans 124
Discrimination Complaints 125
Associate Deputy Administrator for Congressional and Intergovernmental Affairs 125
Associate Deputy Administrator for Public and Consumer Affairs 126
Associate Deputy Administrator for Management 127
Office of Data Management and Telecommunications 128
Office of Information Management and Statistics 130
Statistical Policy and Research 131
Reporting Policy and Review 132
Paperwork Management and Regulations 134
Office of Program Analysis and Evaluation 136
Associate Deputy Administrator for Logistics 137
Office of Administration 138
Presidential Memorial Certificate Program 139
Audiovisuals 139
Office of Construction 139
Architect-Engineer Contracts 140
Construction Contracts 140
Real Estate and Space Management 141
Barrier-Free Design 141
Capital Facilities Study 142
State Veterans' Homes 142
Construction Research and Development 142
Value Engineering 142
Asbestos Abatement 143
Historic Preservation 143
Office of Procurement and Supply 144
Office of Small and Disadvantaged Business 147
Utilization 147

Statistical Appendix 149

Index 243

Introduction

A Brief History of the Veterans Administration

Responsible governments have provided benefits for their war veterans, in one form or another, since ancient times. The Greek city-states established a system of veterans' preference for public offices, cared for the children of those who died in battle, and pensioned those veterans who had sustained permanent injuries in battle.

The first pension law which was enacted in England, an Act for the Relief of Souldiours, was passed by Parliament in 1593. Following the precedent set by England, the early Massachusetts colonists provided benefits to those men injured in military service. In 1636, while at war with the Pequot Indians, the Pilgrims of Plymouth passed a law which provided that "if any man shalbee sent forth as a soldier and shall return maimed, he shalbee maintained competently by the collonie during his life." Similar laws to provide care for disabled veterans were later passed by other colonies-Virginia in 1644, Maryland in 1661, New York in 1691, and Rhode Island in 1718.

Colonial laws were often adopted or modified by the Continental Congress, which in 1776 sought to encourage enlistments during the Revolutionary War by providing pensions for soldiers who were disabled. Thirteen years later the first United States Congress passed a pension measure which provided that "the military pensions which have been granted and paid by the States respectively...shall be continued and paid by the United States." A treasury surplus in 1817-18 motivated President James Monroe to urge Congress to establish a pension for all Revolutionary soldiers in need. By that time the pension load had become so great that Congress transferred the power to place persons on pension rolls to the Secretary of War. In 1849 this responsibility was moved from the War Department to the Bureau of Pensions in the newly created Department of the Interior.

Pensions for veterans received the most emphasis in early veteran legislation. Any direct medical and hospital care that was given to veterans in the early days of the Republic was provided by the individual states and communities. However, in 1811 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." Medical care was incidental. The home was first occupied in 1833. Some 30 years later a separate hospital building was authorized. It was designated as the Philadelphia Naval Hospital and had a capacity of 130 beds.

In addition to these various "homes" built by the Federal Government, many state homes were established after the Civil War. Since domiciliary care was available at all these homes, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not of service origin. In the years that followed, indigent and disabled veterans of the Civil War, Indian Wars Spanish-American War, Mexican Border period, and the discharged regular members of the Armed Forces were cared for at these homes. An honorable discharge from military service was one of the requirements for admission.

When the United States entered World War I in 1917 Congress established a new system of veterans benefits. Included were programs of disability compensation, insurance for servicemen and veterans, a family allotment program for servicemen, and vocational rehabilitation for the disabled.

However, by the 1920's the various benefits were administered inefficiently by three different Federal agencies - the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers.

The Veterans Administration (VA) was established on July 21, 1930, when Congress authorized the President to "consolidate and coordinate Government activities affecting war veterans." The three component agencies became bureaus within the VA, and Brig. Gen. Frank T. Hines, who had directed the Veterans Bureau for seven years, was named as the first Administrator of Veterans Affairs, a job he held until 1945. The Administrator of Veterans Affairs is appointed by and reports directly to the President. The current Administrator, Thomas K. Turnage, is the 13th person to head the Agency since its inception.

The present veteran population of nearly 28 million is almost six times the 4.7 million veterans living in America in the VA's founding year. War veterans living today account for 58 percent of all Americans who ever served in war during our two-century history. Eighty of every 100 living veterans served during defined periods of armed hostilities. Almost one-third of the Nation's population, 79.3 million persons - veterans, dependents, and survivors of deceased veterans - are potentially eligible for VA benefits and services.

Consequently, the responsibilities and the benefits programs of the Agency have grown enormously since the VA was established over 56 years ago. World War II resulted not only in a vast increase in the veteran population, but also in a large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law June 22, 1944, is said to have had more impact on the American way of life than any law since the passage of the Homestead Act more than a century ago. In the following three decades further educational assistance acts were passed for the benefit of veterans of the Korean conflict and the Vietnam era.

From 54 hospitals in 1930, the VA hospital system has grown to include 172 medical centers, 229 outpatient clinics, and 117 nursing home care units, forming the Nation's largest medical care system.

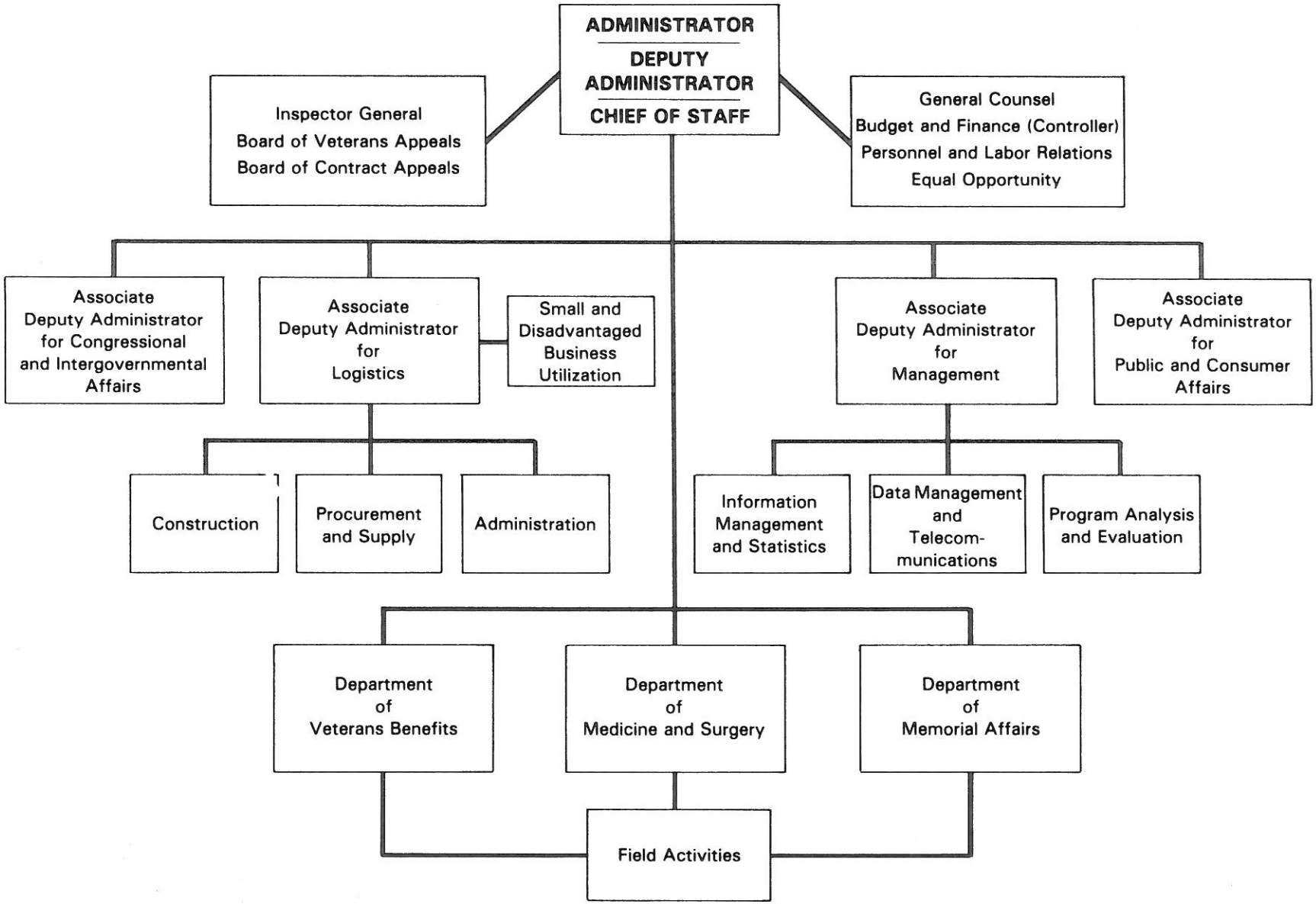
The Agency assumed another major responsibility in 1973 when the National Cemetery System (except for Arlington National Cemetery) was transferred to the VA from the Department of the Army. Since that time the Agency's Department of Memorial Affairs has been charged with ensuring that all veterans receive the proper burial that they deserve.

In fiscal year 1986 the VA continued to carry out its mandate, authorized by Congress, to administer the programs and provide the services that are needed by our Nation's veterans and their dependents. Today the VA - comprised of the Department of Medicine and Surgery, the Department of Veterans Benefits, the Department of Memorial Affairs, and staff offices supporting these departments - is the largest of all the independent Federal agencies, with employment of more than 240 thousand persons and an annual budget of over $26 billion. With these financial and human resources, the VA is currently providing the most comprehensive and diverse benefits programs in its history to those special Americans: our Nation's veterans.

Administrators of Veterans Affairs

Frank T. Hines (1930-1945)
Omar N. Bradley (1945-1947)
Carl R. Gray (1948-1953)
Harvey V. Higley (1953-1957)
Sumner G. Whittier (1957-1961)
John S. Gleason (1961-1964)
William J. Driver (1965-1969)
Donald E. Johnson (1969-1974)
Richard L. Roudebush (1974-1977)
Max Cleland (1977-1981)
Robert P. Nimmo (1981-1982)
Harry N. Walters (1982-1986)
Thomas K. Turnage (1986-)

ORGANIZATION OF THE VETERANS ADMINISTRATION



VETERANS ADMINISTRATION
MISSION & GOALS

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

Medical

TO ENSURE quality medical care is provided on a timely basis to eligible veterans.

Benefits

TO ENSURE benefits and services are provided to eligible veterans and their families in an efficient, timely and compassionate manner.

Memorial Affairs

TO ENSURE the memorial affairs of eligible veterans and dependents are conducted with dignity and compassion.

Leadership

TO SERVE as the leader and advocate within the Federal Government on all matters directly affecting veterans and their families.

People

TO ENSURE 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 INTEGRATE technological advances and innovative management techniques into an efficient system for providing quality care and benefits.

ADMINISTRATOR OF VETERANS AFFAIRS

America is #1 Thanks to our Veterans

Organization of the Veterans Administration

The Veterans Administration is organized so that veterans, beneficiaries, and their surviving dependents are provided the best possible service in the most effective and economical way possible.

The Administrator of Veterans Affairs, who directs all VA programs and operations, is responsible to the President for the administration of veterans' services and benefits, and the laws which govern them. Agency operations are divided according to their major functions into three departments. Staff offices have been established in order to provide advice and assistance to the Administrator and heads of departments.

VA Mission and Goals

The Veterans Administration is the principal advocate for America's veterans. As such, the Agency is committed to providing veterans the care, support, and recognition they have earned in service to this Nation.

A number of goals have been developed to serve as standards in carrying out the VA's mission. These goals, used by the VA's departments and staff offices to develop program plans and objectives, include:

- providing quality medical care on a timely basis to all eligible veterans;
- providing an appropriate level of benefits to eligible veterans and beneficiaries;
- ensuring that memorial affairs are handled with honor and dignity;
- exercising leadership within the Federal Government to represent the concerns and needs of veterans and their families;
- ensuring that employees receive quality leadership and are provided an adequate working environment; and
- integrating technology and innovative management techniques to provide quality care and benefits.

Magnitude of the VA Programs

The VA's programs have an enormous impact on the lives of millions of Americans. Congress appropriated $26.2 billion in fiscal year (FY) 1986 to ensure that the Agency would provide benefits and services to the Nation's almost 28 million veterans and their dependents. The magnitude of VA programs is evident in the following services rendered by the VA in fiscal year 1986:

- Provided $14.4 billion in compensation and pension payments to 3.9 million veterans and their survivors; $1.0 billion for education assistance payments to 425,091 trainees; and $102.4 million in burial benefits.
- Guaranteed or insured over 313,000 home loans to veterans.

- Operated the fifth largest individual life insurance program in the United States: nearly $209 billion was administered or supervised to over 7.5 million insureds.

- Operated 109 national cemeteries in 38 states and Puerto Rico. Ordered over 246,000 headstones, markers, and niche covers for the graves of eligible decedents at a cost of $13.9 million. Interred over 52,000 eligible veterans and their dependents in national cemeteries.

- Treated nearly 1.5 million inpatients in 172 medical centers and treated an additional 96,605 veterans in non-VA hospitals and extended care homes. Provided outpatient medical care for over 20 million visits.

- Provided clinical training to over 100,000 students from affiliated schools in all health care disciplines. Provided nearly 73,000 continuing education episodes to the Department of Medicine and Surgery employees.

- Spent $181 million for medical research, rehabilitation research and development, and other health services research and development. Over 5,800 principal investigators participated in research projects and cooperative studies.

- Provided $14.4 billion in compensation and pension payments to 3.9 million veterans and their survivors; $1.0 billion for education assistance payments to 425,091 trainees; and $102.4 million in burial benefits.

- Guaranteed or insured over 313,000 home loans to veterans.

- Operated the fifth largest individual life insurance program in the United States: nearly $209 billion was administered or supervised to over 7.5 million insureds.

- Operated 109 national cemeteries in 38 states and Puerto Rico. Ordered over 246,000 headstones, markers, and niche covers for the graves of eligible decedents at a cost of $13.9 million. Interred over 52,000 eligible veterans and their dependents in national cemeteries.

- Treated nearly 1.5 million inpatients in 172 medical centers and treated an additional 96,605 veterans in non-VA hospitals and extended care homes. Provided outpatient medical care for over 20 million visits.

- Provided clinical training to over 100,000 students from affiliated schools in all health care disciplines. Provided nearly 73,000 continuing education episodes to the Department of Medicine and Surgery employees.

- Spent $186 million for medical research, rehabilitation research and development, and other health services research and development. Over 5,800 principal investigators participated in research projects and cooperative studies.

Employment

Over 240,000 full-time, part-time, and intermittent employees were employed by the Veterans Administration during FY 1986. In order to ensure that the talents of these employees are used, the Agency develops and administers progressive personnel policies. Additionally, the Agency ensures that handicapped employees are accommodated, that women and minorities are treated equitably, and that employees who merit special recognition are so rewarded. Recognized as a leader in Government management innovations, the VA combines the experience of 56 years of managing the Nation's largest medical system and veterans' benefits system with management training programs incorporating the latest methods from government, business, and educational institutions.

Budget

Congress appropriated $26.2 billion in FY 1986 to fund benefits and services administered by the VA. This is a decrease from FY 1985 of $157 million.

Appropriations (millions)	FY 1986	FY 1985	Percent Change
Total	$26,230	$26,387	−0.6
Benefit programs	15,549	15,623	−0.5
Medical programs	9,383	9,237	+1.5
Construction program	581	768	−24.3
General operating expenses and miscellaneous	717	759	−5.5

The FY 1986 appropriation level shows the effects of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99-177), or the Gramm-Rudman-Hollings Act. This legislation was designed to reduce the Federal deficit by decreasing each annual deficit beginning in 1986 until the Federal budget is balanced in 1991. The VA's share of the mandated reductions for 1986 was $234.1 million in budget authority and $196.5 million in outlays.

Monthly compensation and pensions benefits paid to some 3.9 million veterans and survivors in FY 1986 totaled $14.4 billion. This funding level represents an increase of nearly $238 million over the FY 1985 level. The additional resources were required to fund a 3.1 percent cost-of-living increase provided, effective December 1, 1985, to compensation and certain pension recipients.

The increase in the compensation and pension program was offset by the continued decline in the readjustment benefits education training programs (a $253 million reduction from the 1985 level), a reduction in appropriated funding for the Loan Guaranty program ($106.6 million reduction) and reductions mandated by Public Law 99-177 ($50 million sequestered). The reduction in the readjustment benefits appropriation was the result of the continued decline in veteran education trainees, due to veterans either exhausting their education benefits or reaching the delimiting date, and the temporary reduction in title 38 rates resulting from Public Law 99-177. These rates were restored on October 1, 1986.

In addition, in July 1986, Public Law 99-349 authorized the transfer of $35 million from the Minor Construction appropriation to the Veteran's Job Training program. These funds will remain available to support training that commences on or before January 2, 1988.

Nearly $9.2 billion was appropriated for medical care and treatment of veterans in FY 1986, an increase of $214 million over FY 1985. Medical and prosthetic research efforts to improve the delivery of health care to veterans and to improve the treatment of the disabilities and diseases most common to veterans were funded by a $189.9 million appropriation in FY 1986, an increase of $8.8 million from FY 1985. In FY 1986, the VA cared for over 1.4 million inpatients and provided 19.8 million outpatient visits, an increase of 9,300 inpatients and 219,000 visits over FY 1985.

During FY 1986, approximately $2 billion was available for execution of the VA's construction programs. Of this amount, $580.5 million was appropriated in new budget authority. The highlights of the construction program activity for the year included approved funding for four replacement hospitals, two new nursing homes, and two new domiciliaries. Other projects will result in

modifications in the following categories: electrical, fire and safety, seismic, general, and clinical improvements. Initial funding to develop 13,000 gravesites in Florida was included. An additional $15 million will be spent to initiate the development of future projects.

Facilities

The Veterans Administration operates 172 medical centers; 229 outpatient clinics; 117 nursing home care units; 16 domiciliaries; 189 Vet Centers; a prosthetic center; a prosthetic distribution center; 58 regional offices, including two insurance centers; 16 VA offices; 109 cemeteries; 3 cemetery area offices; 3 canteen field offices; a canteen finance center; 3 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, Puerto Rico, and the Philippines.

During FY 1986 a variety of major projects were completed. These projects included a domiciliary at Bath, New York; 120-bed nursing homes at Hines, Illinois, and Bronx, New York; and large modernizations at Brockton (West Roxbury), Massachusetts, and Chillicothe, Ohio.

Comptroller General
of the United States
Washington, D.C. 20548

May 1, 1987

The Honorable Thomas K. Turnage
Administrator of Veterans Affairs
Veterans Administration

Dear Mr. Turnage:

For the past several years, we have stressed the need to improve financial management practices throughout the federal government. One particularly important element of this process is the preparation and audit of financial statements at the agency level. We are pleased that the Veterans Administration (VA) has responded to this need so positively. Although preparing financial data for the entire agency is a difficult task and improvements to the underlying accounting and internal control systems are still necessary, VA has made progress in improving its financial management.

We believe strongly that a comprehensive, concise annual financial report is a valuable tool in understanding the diverse financial operations of federal agencies. Among other things, this gives the Congress and the public an overall picture of an agency's varied activities, including its financial position, the cost of its operations, and the future cost of its program activities. VA's financial statements provide just such a picture.

Auditing these financial statements provides other important benefits. Not only does an audit enhance reliability of financial statements, but it also provides the discipline necessary to improve overall accountability. During our audit of VA, for example, we visited most of its significant financial locations including 17 regional offices and 54 medical facilities. We will shortly issue details of the results of these visits, together with our thoughts as to how financial operations at these locations could be improved.

With annual deficits in the range of $200 billion and an accumulated deficit on the order of $2 trillion, the government must be sure that every dollar is spent wisely and that accountability exists. VA's financial report for fiscal year 1986 is clearly a step in the right direction. We commend VA's management for improving accountability and financial management, and we encourage your efforts.

Sincerely yours,

Charles A. Bowsher

Charles A. Bowsher
Comptroller General
of the United States

GAO

United States
General Accounting Office
Washington, D.C. 20548

Comptroller General
of the United States

B-226801

To the Administrator of Veterans Affairs,
Veterans Administration

We have examined the consolidated statement of financial position of the Veterans Administration (VA) as of September 30, 1986, and the related consolidated statements of operations and changes in financial position and reconciliation to budget for the fiscal year then ended. Our examination was made in accordance with generally accepted government auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, except as indicated in the following two paragraphs. In addition to this report on our examination of VA's fiscal year 1986 consolidated financial statements, separate reports are being issued to you on our study and evaluation of internal accounting controls and on compliance with laws and regulations.

For fiscal year 1985, VA did not prepare its financial reports nor maintain its accounting records in accordance with generally accepted accounting principles for federal agencies, which became effective in November 1984. Although VA adopted such principles as of the beginning of fiscal year 1986, it was not practicable to extend our auditing procedures to enable us to express an opinion on the accompanying consolidated statements of operations and changes in financial position and reconciliation to budget or on the consistency of application of accounting principles with the preceding year.

The consolidated statement of financial position includes land, buildings, and equipment, many of which were acquired by or transferred to VA over periods dating back to its establishment in 1930. Because these assets were acquired over periods dating back so many years, documents of original cost are no longer readily obtainable, and we were unable, by means of alternative auditing procedures, to satisfy ourselves as to the aggregate net book value of land, buildings, and equipment.

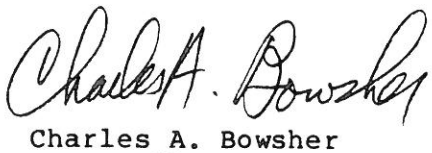
VA uses statutorily mandated investment yields and mortality rates to calculate its insurance reserves on its life insurance programs (note 5). Assumed investment yields used by VA have ranged from 2.25 percent to 4.50 percent and mortality rates used by VA were developed over periods dating back to 1936. The insurance reserve balance calculated under generally accepted accounting principles for federal agencies differs from that under statutory assumptions, since more current actuarial assumptions are used. Had the insurance reserves been calculated under generally accepted accounting principles for federal agencies, we have estimated that the insurance reserve balance of $11.2 billion would be lower by as much as $4.0 to $5.7 billion.

Note 3 to the consolidated financial statements contains amounts of future liabilities for VA's compensation and pension programs. These future liabilities have been disclosed to show the magnitude of the probable future costs VA will incur for benefits it is committed to pay under its compensation and pension programs. These amounts are estimates based on historical trends and statistics prevailing as of September 30, 1986. To the extent that economic and demographic factors which affect these trends change in the future, these liabilities will increase or decrease accordingly.

In our opinion, except for the effect on the consolidated statement of financial position of such adjustments as might have been necessary had we been able to perform the necessary auditing procedures to satisfy ourselves as to the net book value of land, buildings, and equipment and except for the effect on the insurance reserves that would have resulted had VA used actuarial assumptions based on generally accepted accounting principles for federal agencies, the accompanying consolidated statement of financial position presents fairly the financial position of the Veterans Administration at September 30, 1986, in conformity with generally accepted accounting principles for federal agencies.

Our examination was made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplemental schedules included in note 10 are presented for purposes of additional analysis and are not a required part of the basic consolidated financial

statements. The supplemental schedules have been subjected to the auditing procedures applied in the examination of the basic consolidated financial statements. In our opinion, except for the effect on the schedule of assets, liabilities, and equity of the matters discussed in the preceding paragraph, the schedules of assets, liabilities, and equity and of budgeted and actual outlays by major program are fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole. For the reasons discussed in the second paragraph of this report, we do not express an opinion on the schedule of expenses, dividends, revenue, and financing sources by major program or on the schedule of sources and uses of resources and reconciliation to budget by major program.



Charles A. Bowsher
Comptroller General
of the United States

May 1, 1987

VETERANS ADMINISTRATION

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 1986

(Dollars in Thousands)

ASSETS:	
Fund Balance with U. S. Treasury	$ 6,148,403
Imprest Funds	9,790
Advances, Accounts, and Loans Receivable, net (note 7)	3,404,365
Investments (note 6)	11,789,489
Foreclosed Property Held for Sale	807,531
Land, Buildings, and Equipment Net of Accumulated Depreciation (note 8)	6,310,049
Other Assets	154,585
Future Financing Sources	2,160,312
TOTAL ASSETS	$ 30,784,524
LIABILITIES AND EQUITY:	
Accounts Payable, Principally to the Public	$ 1,041,710
Accrued Compensation and Pension Benefits	1,259,671
Accrued Payroll and Payroll Related Liabilities	846,912
Dividends on Credit or Deposit (note 5)	630,381
Insurance Dividends Payable (note 5)	929,714
Other Liabilities	382,386
Reserve for Losses on Guaranteed Loans (note 4)	1,735,252
Insurance Reserves (note 5)	11,229,292
Borrowings from Treasury	1,730,078
TOTAL LIABILITIES	19,785,396
EQUITY OF THE U.S. GOVERNMENT:	
Unrealized Appropriations:	
Deferred Appropriations	6,612,935
Unobligated Balances	2,146,143
Undelivered Orders	1,518,269
Trust Fund Balances	669,502
Insurance Fund Balances	52,279
TOTAL EQUITY OF THE U.S. GOVERNMENT	10,999,128
TOTAL LIABILITIES AND EQUITY	$ 30,784,524

The accompanying notes are an integral part of these statements.
Note 10 includes financial information by major program area.

VETERANS ADMINISTRATION

CONSOLIDATED STATEMENT OF OPERATIONS
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1986

(Dollars in Thousands)

OPERATING EXPENSES AND DIVIDENDS:	
Expenses by Category:	
Personnel Compensation and Fringe Benefits	$ 6,582,472
Veterans Benefits	15,695,819
Insurance Claims and Indemnities	1,112,657
Depreciation	337,997
Supplies and Materials	1,537,771
Contractual Services	1,180,408
Rent, Communications, and Utilities	503,446
Other	1,429,705
Total Operating Expenses	28,380,275
Dividends to Insurance Policyholders (note 5)	908,251
	$29,288,526
OPERATING REVENUE AND FINANCING SOURCES:	
Operating Revenues:	
Premium Income	$ 845,559
Interest Income	1,350,391
Loan Origination fees	258,111
Reimbursements and Other	377,142
Total Operating Revenue	2,831,203
Financing by Source:	
Appropriations Realized	26,230,260
Transfers, Reimbursements, and Other	227,063
Total Financing Sources	26,457,323
	$29,288,526

The accompanying notes are an integral part of this statement.
Note 10 includes financial information by major program area.

VETERANS ADMINISTRATION

CONSOLIDATED STATEMENT OF CHANGES IN FINANCIAL POSITION AND RECONCILIATION TO BUDGET FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1986

(Dollars in Thousands)

NET USE OF RESOURCES:	
Operations:	
Operating Expenses	$ 28,380,275
Items Requiring (Providing) Funds:	
Increase in Insurance and Guaranteed Loan Reserves	(695,096)
Depreciation	(337,997)
Increase in Accounts Receivable	60,621
Increase in Accounts Payable and Accruals	(174,165)
Revenues Accounted for as	
Offsetting Collections	(2,114,310)
Funds Used By Operations	25,119,328
Non-Operating Uses:	
Dividends (note 5)	925,149
Acquisitions of Land, Buildings and Equipment	952,690
Purchase of Foreclosed Property Held for Sale	1,147,210
Issuance and Repurchase of Loans and Liens	1,085,081
Other, Net	34,083
Financing Activities:	
Sale of Foreclosed Property Held for Sale	(1,214,867)
Sale of Loans, with Recourse	(818,368)
Loan and Lien Repayments	(284,809)
Disposals of Equipment and Other	(296,534)
Revenues Collected for Treasury	(113,253)
NET USE OF RESOURCES (BUDGETARY OUTLAYS)	26,535,710
RESOURCES PROVIDED:	
Current Year Appropriation	26,464,426
Less: Reductions Pursuant to P.L. 99-177 (Gramm-Rudman-Hollings)	(234,053)
Current Year Appropriations, Net	26,230,373
Interest on Government Securities	943,956
Net Transfers, Reimbursements and Other	(95,185)
Funds Returned to Treasury	(58,723)
TOTAL RESOURCES PROVIDED	27,020,421
INCREASE IN U.S. TREASURY AND IMPREST FUNDS	484,711
Funds Exchanged for U.S. Government Securities	(360,611)
NET INCREASE IN U.S. TREASURY AND IMPREST FUNDS	124,100
U.S. TREASURY AND IMPREST FUNDS:	
Beginning of Year	6,034,093
End of Year	$ 6,158,193

The accompanying notes are an integral part of this statement.
Note 10 includes financial information by major program area.

NOTE 1: ACCOUNTING POLICIES

Entity and Basis of Consolidation

In fulfilling its mission to provide veterans with care, support and recognition, the Veterans Administration maintains 15 general funds, 10 revolving funds, 5 trust funds and 10 other funds. The financial activities of these funds have been classified into the following functional areas: medical and construction; compensation, pension, education and other benefits (veterans benefits); housing credit assistance; life insurance; and administration. Some of the trust and revolving fund activities for the insurance and housing credit assistance programs are augmented by budget appropriations.

The consolidated financial statements account for all funds for which the VA is responsible and are presented on the accrual basis of accounting as required by the GAO policy and procedures manual for guidance of Federal agencies (Title 2). All significant intra-agency balances and transactions have been eliminated in consolidation.

Recognition of Financing Sources

Financing sources are provided through Congressional appropriations on both an annual and multi-year basis. They may be used to fund operating expenses as well as capital expenditures such as for land, buildings, equipment and other long term assets as specified by law.

The current budgetary process does not distinguish between capital and operating expenditures. For budgetary purposes, both are recognized as a use of budgetary resources (outlays) as paid.

For financial reporting purposes under accrual accounting, however, operating expenses are recognized currently while expenditures for capital and other long term assets are capitalized and are not recognized as expenses until they are consumed in the VA's operations. Financing sources for these expenses, which derive both from current and prior year appropriations, are recognized on this same basis.

To the extent current or prior year appropriations are not available to fund certain accrued expenses, such as for annual leave earned but untaken and for losses on guaranteed loans, funding will be obtained from future financing sources. Accordingly, a financing source has been recognized for those expenses that will be paid from future financing sources.

Operating Revenue Recognition

Insurance premiums are recognized as revenue when due. Loan origination fees, which are charged to veterans at a rate of 1% of the loan principal, are recognized as revenues at the time of the guaranty.

Funds With U.S. Treasury

Funds with U.S. Treasury consist of all unexpended balances on the VA's accounts with the U.S. Treasury. As of September 30, 1986, $1,518,269,000 represents funds available to pay outstanding obligations while the remaining balance is available until expended.

Accrued Compensation and Pension Benefits

Compensation and pension benefits are accrued when veterans have satisfied the VA's eligibility criteria. This accrual only pertains to benefits due and payable in a particular fiscal year. See note 3 for a description of the VA's future liability under its compensation and pension program.

Losses on Guaranteed Loans

Upon foreclosure of a guaranteed loan, the VA may be required to pay the maximum claim, acquire the property, or acquire the property and pay less than the maximum claim pursuant to criteria established in Section 1816 of Title 38, United States Code. Thus, when the VA acquires the property, the cost is comprised of the

claimed amount paid the lender less net proceeds from the sale of the property. The VA incurs an additional cost for direct home (vendee) loans, issued upon the sale of foreclosed property, that subsequently default.

Estimated losses on anticipated defaults of guaranteed loans are recorded as expenses and a reserve is established at the time loans are guaranteed. This reserve represents the estimated cost of defaults for those guaranteed loans which will, based on prior default experience, default in the future. A portion of this reserve is subsequently reclassified as a reduction to direct home loans receivable when such loans are issued (see note 7) and as a reduction of foreclosed property held for sale when property is acquired, in order to record such property at its net realizable value.

Insurance Program Liabilities

Insurance program liabilities are recorded for unpaid claims in process, for an experience based estimate of claims incurred but not reported, and for incurred death and permanent disability installment claims. These liabilities are included in accounts payable.

Insurance Cash Surrender Value

All whole life policies build cash surrender values equal to the policy reserve plus any dividends held on account. Policy holders may borrow up to 94% of the cash surrender value or use it to purchase paidup insurance.

Annual, Sick and Other Leave

Annual leave is accrued as earned and is relieved as leave is taken. Sick and other types of leave are expensed as taken.

Dividends Payable

Dividends from the VA's insurance programs are recorded as a liability and are relieved either from operations or from the insurance fund balance when declared by the Administrator of Veterans Affairs. Dividends are normally declared when fund balances are in excess of statutorily required insurance claim reserves. Prior to Fiscal Year 1986 VA recorded dividends as an expense when paid.

NOTE 2: INTRAGOVERNMENTAL FINANCIAL ACTIVITIES

The VA's financial activities interact with and are dependent upon those of the Federal Government as a whole. Thus, VA's financial statements do not reflect the results of all financial decisions and activities applicable to it, as if it were a stand-alone entity.

- The VA's consolidated financial statements are not intended to report the Agency's proportionate share of the Federal deficit or of public borrowings, including interest thereon. Financing for budget appropriations reported on the VA's statement of operations could derive from tax revenues or public borrowings or both; the ultimate source of this financing, whether it be tax revenues or public borrowings, has not been specifically allocated to the VA.

- Financing for major and minor construction projects was obtained through budget appropriations. To the extent this financing was derived from public borrowings, no interest has been capitalized since such borrowings are recorded in total by the Department of the Treasury and are not allocated to individual departments and agencies.

- During Fiscal Year 1986 the majority of the VA's employees participated in the contributory Civil Service Retirement System (CSRS), to which VA made matching contributions. Such contributions amounted to $352,630,000 for fiscal year 1986. The VA does not, however, report CSRS assets, accumulated plan benefits, or unfunded liabilities, if any, applicable to its employees since this data is only reported in total by the Office of Personnel Management.

On January 1, 1987 the new Federal Employees Retirement System (FERS) went into effect pursuant to Public Law 99-335. Employees hired after December 31, 1983 are automatically covered by FERS while employees hired prior thereto may elect to either join FERS or remain in CSRS. One of the primary differences between FERS and CSRS is that FERS offers a savings plan to which VA will automatically contribute 1% of pay and then match employee contribution up to an additional 4% of their basic pay.

- Most legal actions that affect the VA and involve an amount in excess of $2,500 fall under the Federal Tort Claims Act and are paid from Treasury's Claims, Judgments and Relief Acts Fund. Thus, most contingent liabilities arising from legal actions originating at the VA will not affect its operations or financial condition.

- VA's Housing Credit Assistance program has a liability to the U.S. Treasury of $1.7 billion. These funds were originally provided to support the direct loan fund, but were subsequently transferred to the loan guaranty fund and have since been fully used. The liability bears no interest and VA's ability to pay it is contingent upon receiving other financing.

NOTE 3: FUTURE LIABILITY FOR COMPENSATION AND PENSIONS

Veterans or their dependents receive compensation benefits if the veteran was disabled or died from military service connected causes. War veterans or their dependents receive pension benefits if the veteran was disabled or died from non-service connected causes or is age 65 or older. Certain pension benefits are subject to specific income limitations. For Fiscal Year 1986, compensation and pension benefits were $10,427,024,000 and $3,850,179,000, respectively.

The VA has a future liability for benefits expected to be paid in future fiscal years to veterans and, if applicable, their survivors who have met or are expected to meet defined eligibility criteria. The future liability of the compensation and pension programs is not currently funded, nor is there any intent to do so. Rather, payments for benefits that become due in a particular fiscal year are financed from that year's appropriation; in effect on a pay as you go basis. Payments of the future liability as it becomes due rely on Congressional authorization of future tax revenues or other methods, such as public borrowings, for their financing.

The future liability for compensation and pension benefits represents the present value, using a 9.2% discount rate, of projected annual benefit payments. Projected benefit payments were based on assumed cost of living increases ranging from 1.3% to 3.6% for 1987 - 1991 and 5.0% to 5.7% thereafter. In addition, the mortality and accession rates used were based on trends in the current veteran population.

This calculation was not based on an independent actuarial study and thus there is a risk that the assumptions and methods underlying it may not be reflective of actual economic and demographic trends affecting veterans.

The present value of the estimated future liability for compensation and pension benefits payable for the next five fiscal years and thereafter is as follows (dollars in thousands):

1987	$ 13,117,307
1988	12,154,107
1989	11,326,699
1990	10,560,100
1991	9,817,609
Thereafter	95,356,660
TOTAL	$152,332,482

No liability for compensation and pension benefits has been included in the accompanying consolidated statement of financial position.

NOTE 4: HOUSING CREDIT ASSISTANCE PROGRAM - COST OF GUARANTEED LOAN DEFAULTS

Most of the VA's housing credit assistance program involves the partial guaranty of loans, primarily home mortgages, issued to eligible veterans by private lenders. The total amount of such loans at September 30, 1986 was $143 billion of which VA had guaranteed $63 billion. This guaranty in effect transfers some or all risk of default from the lender to the VA. The guaranty also provides other benefits to the veteran by inducing lenders to provide interest rates which are usually lower than conventional mortgage rates and by not requiring a down payment. Thus a subsidy is provided to veterans inasmuch as they are receiving terms that are more favorable than would exist without Federal Government involvement.

One element of this subsidy is the present value of the cost the VA will bear as loans already guaranteed default in the future. A reserve for estimated losses from such defaults has been included in the consolidated statement of financial position. The calculation of the present value of the cost of defaults is based on historical default data developed by the VA and assumes that guaranteed loans will default over a nine year period, as follows (dollars in thousands):

1987	$ 605,243
1988	487,274
1989	326,138
1990	254,884
1991	138,261
1992 - 1995	113,959
	$1,925,759

The projected cost of guaranteed loan defaults will not necessarily reflect the VA's future appropriation requests over the next nine years, since those requests will also include anticipated inflows and outflows of resources for non-operating uses such as for transfers, purchases and sales of property, and issuances and repayments of loans.

Of the total reserve of $1,925,759,000 recorded at September 30, 1986, $107,056,000 is offset against loans receivable (note 7) and $83,451,000 is offset against foreclosed property held for sale; the remainder is recorded as a reserve for losses on guaranteed loans on the consolidated statement of financial position.

To the extent revolving fund revenues are not sufficient to fund this future cost, then financing will have to be obtained from future appropriations or other Congressionally approved sources.

During Fiscal Year 1986 VA sold certain of its direct home mortgage loans to the public under agreements with recourse provisions for $818,368,000. Under these agreements, loans sold that subsequently default are repurchased by the VA. Any losses from defaults of repurchased loans are borne by the VA. Estimated losses from future defaults of loans sold with recourse are a component of the reserve for losses on guaranteed loans.

Commencing in Fiscal Year 1987, the VA will sell certain of its direct home mortgages to the public without recourse. Anticipated losses from defaults of these loans will be reflected in the reduced proceeds the VA will receive since, once they are sold, the VA is no longer liable for any such losses. Preparations for the sale of loans without recourse provisions, which will include some of the direct loans on hand as of September 30, 1986, have just recently begun and at present the VA is not able to determine the magnitude of the discount.

NOTE 5: LIFE INSURANCE PROGRAMS

The Veterans Administration administers the following six life insurance programs: National Service Life Insurance (NSLI); United States Government Life Insurance (USGLI); Veterans Special Life Insurance (VSLI); Service Disabled Veterans Insurance (SDVI); Veterans Reopened Insurance (VRI); and insurance policies funded through the Veterans Insurance and Indemnities (VII) account. SDVI is the only program still authorized to issue new insurance policies.

Data on insurance in force for each of these programs is as follows:

Program	Insurance in Force: Number of Policies	Insurance in Force: Amount (millions)	Principal Veterans Group Covered
NSLI	3,007,746	$21,679	WW II
USGLI	58,144	223	WW I
VSLI	357,148	3,162	KOREA/VIETNAM
SDVI	183,953	1,668	KOREA/VIETNAM
VRI	132,862	908	WW II/KOREA
VII	2,946	16	MISC.
Total	3,742,799	$27,656	

Insurance Reserves

Insurance reserves consist of the actuarial computation of the present value of amounts that will be necessary to pay benefits in the future as policyholders or their beneficiaries make benefit claims. The two most important factors used by the actuaries to compute these reserves are assumed investment yields and mortality rates. The assumed investment yields and mortality rates used by the VA are prescribed by Federal Statutes.

The statutory Insurance Reserve Balance as of September 30, 1986 consists of reserves for:

	Death Benefits	Death Benefit Annuities	Disability Income and Waiver of Premium	Other	Total
	(dollars in thousands)				
NSLI	$ 7,832,313	$ 498,662	$ 929,186	$ 129,719	$ 9,389,880
USGLI	181,837	35,728	2,798	1,371	221,734
VSLI	792,724	3,420	121,572	10,600	928,316
SDVI	248,075	2,341			250,416
VRI	407,153	1,219	29,363		437,735
VII	1,211				1,211
TOTAL	$ 9,463,313	$ 541,370	$1,082,919	$ 141,690	$11,229,292

These statutorily computed reserve balances differ from those that would have been computed under generally accepted accounting principles for federal agencies since more current investment yield and mortality experience assumptions would have been used. These more current assumptions are principally based on the following differences from VA's statutory assumptions:

- VA's statutes mandate interest yields ranging from 2.25% to 4.50%. Actual investment yields have ranged from 7.08% to 9.94% over the past 5 years.
- Statutory mortality rate assumptions include the American Experience Table and others dating back to 1936. More recent insurance mortality studies show longer life expectancies.

The statutory accounting principles used by the VA are the same as those used by many mutual life insurance companies in the United States.

Policy Dividends

The VA Administrator annually determines the excess funds available for dividend payment. Dividends to be paid are based on an actuarial analysis of the appropriate programs as of the end of the preceding calendar year. In addition

to regular annual dividends, the VA declared termination dividends of approximately $800,000 for VRI. These termination dividends represent a return of excess funds in insurance reserves. Dividends are declared on a calendar year basis and are paid on policy anniversary dates. Policyholders may receive them in cash, use them to pay premiums in advance, repay loans, purchase paid up insurance, or place them in an interest-bearing account. Dividends held to pay premiums in advance and those placed in interest-bearing accounts are recorded as dividends on credit or deposit on the consolidated statement of financial position. Dividends paid during Fiscal Year 1986 and accrued as of September 30, 1986 are as follows:

	NSLI	USGLI	VSLI	VRI	TOTAL
			(dollars in thousands)		
Paid	$ 764,086	$ 14,667	$ 69,018	$ 35,164	$882,935
Declared and Accrued	802,800	13,466	76,223	32,660	925,149

Of the $925,149,000 dividends declared and accrued for fiscal year 1986, $908,251,000 were provided from operations, while the remaining $16,898,000 were provided from the trust fund balance.

VA Supervised Insurance Programs

VA also supervises the administration of the Servicemen's Group Life Insurance Program (SGLI). While this program is supervised by VA, it is administered by the Prudential Insurance Company which provides group life insurance coverage and pays all claims and expenses associated with the program. This coverage is provided to members of the Military Services, to cadets attending service academies, and to active members of the Armed Forces Reserves, National Guard and ROTC performing certain activities.

VA's responsibilities are to act as the transfer agent for premiums paid by payroll deductions and for extra hazard costs paid by the service organizations involved. VA also determines the adequacy of SGLI's insurance reserves, and, if excess reserves exist, VA can both lower premium rates and withdraw excess funds. To date, VA has withdrawn approximately $93 million from these reserves. These funds, together with investment interest earned thereon, are held in a trust which, as of September 30, 1986, had a balance of $133.2 million. They remain available to augment Prudential's primary policy reserves. SGLI's insurance in force at September 30, 1986 was $172 billion on 3,457,300 policies. In addition to SGLI, VA supervises a similar program, the Veterans Group Life Insurance Program, which insures 240,400 veterans and had insurance in force of approximately $8.2 billion at September 30, 1986.

NOTE 6: INVESTMENTS

Insurance program investments, which comprise most of VA's investments, are in non-marketable U.S. Treasury special bonds and certificates and, to a lesser degree, in GNMA participation certificates. Interest rates for Treasury Special securities are based on average market yields for similar Treasury issues. The special bonds, which mature during various years through 2001, are generally held to maturity unless needed to finance insurance claims and dividends. The certificates are short term in nature and are either redeemed or replaced at maturity depending upon the cash needs of the insurance program. At September 30, 1986 investment securities consist of:

Security	Interest Range	Insurance Programs	Other Programs	Total
		(dollars in thousands)		
Special Bonds	5.875-13.75%	$11,285,674		$11,285,674
Certificates	7.125-11%	214,344		214,344
GNMA Certificates	6.2-6.45%	135,000		135,000
Bonds	7.875-8.5%		$ 2,251	2,251
Notes	7-14.625%		17,420	17,420
Other	Various		134,800	134,800
		$11,635,018	$154,471	$11,789,489

All Investments are in securities issued by the U.S. Department of Treasury except for GNMA, which were issued by the Government National Mortgage Association, a subdivision of the U.S. Department of Housing and Urban Development.

NOTE 7: RECEIVABLES

	ACCOUNTS	ADVANCES	LOANS	TOTAL
		(dollars in thousands)		
Current:				
Individuals/Corporations	$1,990,668	$ 56,550	$ 536,287	$2,583,505
Federal government	330,088	132,837		462,925
	2,320,756	189,387	536,287	3,046,430
Non-Current:				
Individuals/Corporations	42,364		1,968,101	2,010,465
Federal government	445			445
	42,809		1,968,101	2,010,910
Total Receivables	2,363,565	189,387	2,504,388	5,057,340
Allowance for doubtful accounts and loans	(1,545,919)		(107,056)	(1,652,975)
Net Receivables	$ 817,646	$ 189,387	$2,397,332	$3,404,365

Non-Federal accounts receivable principally represent amounts due from individuals for Education Loan defaults, Home Loan Guaranty and Direct Loan defaults, and Compensation and Pension overpayments. Federal accounts receivable are mostly accrued interest payments due from the U.S. Treasury Department on VA investments. Non-Federal advance payments are principally advances to VA construction contractors, grant recipients, beneficiaries and VA employees engaged in official travel. Federal advance payments are mostly to the General Services Administration for the procurement of supplies and equipment. Current loans receivable are wholly amounts due under VA's Housing Credit Assistance Program. Non-Current loans receivable represent amounts due from loans and liens against VA-issued life insurance policies and also amounts owed VA's Housing Credit Assistance Program beyond the next twelve months.

NOTE 8: PROPERTY AND EQUIPMENT

The majority of the reported property represents facilities and equipment used to provide medical care to veterans. Property and equipment, including transfers from other Federal agencies, are valued at cost. Expenditures for major additions, replacements and alterations are capitalized. Routine maintenance is recognized as an expense when incurred. Costs of construction are capitalized as Construction in Progress until completed and then transferred to the appropriate property account.

Buildings are depreciated using the straight line method over estimated useful lives ranging from 25 to 40 years, based upon the American Hospital Association's estimate of useful lives of hospital assets. Equipment is depreciated using the straight line method over useful lives, which, for most equipment, range from 5 to 20 years.

Property and equipment consisted of the following as of September 30, 1986:

	Cost	Accumulated Depreciation	Net Book Value
		(dollars in thousands)	
Land	$ 81,416	$	$ 81,416
Buildings	4,873,656	1,638,255	3,235,401
Equipment	2,543,943	1,433,636	1,110,307
Other	663,542	263,617	399,925
Construction in Progress	1,483,000		1,483,000
TOTAL	$9,645,557	$3,335,508	$6,310,049

Prior to 1986, VA did not record depreciation for property and equipment, except for equipment in its Supply Fund. During 1986, in addition to recording 1986 depreciation, VA also recorded accumulated depreciation of $2,982,024,000 relating to fiscal years prior to 1986. This amount has been treated as a prior period adjustment and the deferred appropriations account has been adjusted accordingly. Current year depreciation amounted to $337,997,000.

VA leases facilities, primarily office space and medical facilities, from GSA. These leases are cancelable without penalty. In addition, VA has operating leases with the public for office, data processing and other equipment. Fiscal Year 1986 rent expense for these leases amounted to approximately $77,628,000 from GSA and $27,577,000 from the public.

NOTE 9: COMMITMENTS AND CONTINGENCIES

VA is committed under obligations it has incurred as of September 30, 1986 for goods and services which have been ordered but not yet received (undelivered orders). Aggregate undelivered orders amounted to $1,518,269,000 at September 30, 1986. Of this amount, $755,962,000 relates to construction projects of both long and short term duration. The remainder is principally comprised of obligations for medical supplies and equipment which were incurred by VA in the normal course of fulfilling its mission.

VA is a party in various administrative proceedings, legal actions and claims brought by or against it. These primarily relate to allegations of medical malpractice but also include other tort claims and contract disputes. Under the Federal Tort Claims Act, any award, compromise or settlement in excess of $2,500 is paid from the Claims, Judgments and Relief Acts fund maintained by the Department of the Treasury, while those of $2,500 or less are paid by VA. Payments during Fiscal Year 1986 for awards, compromises and settlements resulting from such legal actions amounted to $33,410,000 from Treasury's Claims, Judgments and Relief Acts Fund and $256,806 from VA.

In the opinon of VA's management and general counsel, the ultimate resolution of legal actions still pending will not materially affect VA's operations or financial position.

NOTE 10: SUPPLEMENTAL INFORMATION

The following schedules provide further detail, by major program area, of assets, liabilities and U.S. government equity, of revenue, financing sources and expenses, of sources and uses of funds by major program area and of budgeted and actual outlays.

- The medical program area includes financial data for the medical care program, including the VA's 172 medical centers, medical research and administration, and construction. The construction program was included since most of its activities relate to medical facilities.

- The veterans' benefits area includes the compensation, pensions and education programs, as well as the burial and miscellaneous assistance and veterans' job training programs.

- Housing credit assistance includes both VA's loan guaranty and direct loan programs.

- The administration area includes costs of managing the Agency as a whole and the National Cemetery System. Also included are costs of managing the Supply Fund and automated data processing systems.

Personnel compensation and fringe benefits for employees involved in veterans benefits, housing credit assistance and life insurance have not been allocated to these major program areas and are included in the administration area.

NOTE 10: (CONTINUED)

VETERANS ADMINISTRATION

SCHEDULE OF ASSETS, LIABILITIES AND EQUITY BY MAJOR PROGRAM
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1986

(Dollars in Thousands)

	Medical and Construction	Veterans Benefits	Housing Credit Assistance	Life Insurance	Administration and Other	Consolidated
ASSETS:						
Fund Balance with U. S. Treasury	$ 3,532,060	$ 1,917,842	$ 368,897	$ 24,817	$ 304,787	$ 6,148,403
Imprest Funds	9,790					9,790
Advances, Accounts, and Loans Receivable	215,204	414,697	1,208,749	1,495,768	69,947	3,404,365
Investments	19,671		134,800	11,635,018		11,789,489
Foreclosed Property Held for Sale			807,531			807,531
Land, Buildings, and Equipment Net of Accumulated Depreciation	6,307,381				2,668	6,310,049
Other Assets	34,544				120,041	154,585
Future Financing Sources	492,726		1,626,322		41,264	2,160,312
TOTAL ASSETS	$10,611,376	$ 2,332,539	$4,146,299	$13,155,603	$ 538,707	$30,784,524
LIABILITIES AND EQUITY:						
Accounts Payable, Principally to the Public	$ 612,829	$ 5	$ 109,373	$ 178,058	$ 141,445	$ 1,041,710
Accrued Compensation and Pension Benefits		1,259,671				1,259,671
Accrued Payroll and Payroll Related Liabilities	776,662				70,250	846,912
Dividends on Credit or Deposit				630,381		630,381
Insurance Dividends Payable				929,714		929,714
Other Liabilities	8,309	6,552	159,767	135,879	71,879	382,386
Reserve for Losses on Guaranteed Loans			1,735,252			1,735,252
Insurance Reserves				11,229,292		11,229,292
Borrowings from Treasury			1,730,078			1,730,078
TOTAL LIABILITIES	1,397,800	1,266,228	3,734,470	13,103,324	283,574	19,785,396
EQUITY OF THE U. S. GOVERNMENT:						
Unrealized Appropriations:						
Deferred Appropriations	6,337,930	107,222			167,783	6,612,935
Unobligated Balances	1,419,041	307,437	411,826		7,839	2,146,143
Undelivered Orders	1,435,594	3,161	3		79,511	1,518,269
Trust Fund Balances	21,011	648,491				669,502
Insurance Fund Balances				52,279		52,279
TOTAL EQUITY OF THE U. S. GOVERNMENT	9,213,576	1,066,311	411,829	52,279	255,133	10,999,128
TOTAL LIABILITIES AND EQUITY	$10,611,376	$ 2,332,539	$4,146,299	$13,155,603	$ 538,707	$30,784,524

NOTE 10: (CONTINUED)

VETERANS ADMINISTRATION

SCHEDULE OF EXPENSES, DIVIDENDS, REVENUE, AND FINANCING SOURCES BY MAJOR PROGRAM FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1986

(Dollars in Thousands)

	Medical and Construction	Veterans Benefits	Housing Credit Assistance	Life Insurance	Administration and Other	Consolidated
OPERATING EXPENSES AND DIVIDENDS:						
Expenses By Category:						
Personnel Compensation and Fringe Benefits	$ 6,039,907				$ 542,565	$ 6,582,472
Veterans' Benefits		$ 15,695,819				15,695,819
Insurance Claims & Indemnities				$1,112,657		1,112,657
Depreciation	337,997					337,997
Supplies & Materials	1,525,631				12,140	1,537,771
Contractual Services	1,133,073				47,335	1,180,408
Rent, Communications and Utilities	374,624				128,822	503,446
Other	296,942		$1,094,250		38,513	1,429,705
Total Operating Expenses	9,708,174	15,695,819	1,094,250	1,112,657	769,375	28,380,275
Dividends to Policy Holders				908,251		908,251
	$ 9,708,174	$ 15,695,819	$1,094,250	$2,020,908	$ 769,375	$29,288,526
OPERATING REVENUE AND FINANCING SOURCES:						
Operating Revenues:						
Premium Income				845,559		845,559
Interest Income			184,433	1,165,958		1,350,391
Loan Origination Fees			258,111			258,111
Reimbursements and Other	259,716	71,619	(698)		46,505	377,142
Total Operating Revenue	259,716	71,619	441,846	2,011,517	46,505	2,831,203
Financing by Source:						
Appropriations Realized	9,448,458	15,397,137	652,404	9,391	722,870	26,230,260
Transfers, Reimbursements and Other		227,063				227,063
Total Budgetary Financing	9,448,458	15,624,200	652,404	9,391	722,870	26,457,323
	$ 9,708,174	$ 15,695,819	$1,094,250	$2,020,908	$ 769,375	$29,288,526

NOTE 10: (CONTINUED)

VETERANS ADMINISTRATION

SCHEDULE OF SOURCES AND USES OF
RESOURCES AND RECONCILIATION TO BUDGET BY MAJOR PROGRAM
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1986
(Dollars in Thousands)

	Medical and Construction	Veterans Benefits	Housing Credit Assistance	Life Insurance	Administration and Other	Consolidated
NET USE OF RESOURCES:						
Operations:						
Operating Expenses	$ 9,708,174	$ 15,695,819	$ 1,094,250	$ 1,112,657	$ 769,375	$ 28,380,275
Items Requiring (Providing) Funds:						
Increase in Insurance and Guaranteed Loan Reserves			(513,875)	(181,221)		(695,096)
Depreciation	(337,997)					(337,997)
Increase (Decrease)in Accounts Receivable	75,482	(35,799)	(5,433)	3,825	22,546	60,621
Decrease (Increase) in Accounts Payable and Accruals	(111,938)	1,592	(8,055)	(61,040)	5,276	(174,165)
Revenues Accounted for as Offsetting Collections	(259,716)	(298,682)	(441,846)	(1,067,561)	(46,505)	(2,114,310)
Funds Used (Provided) by Operations	9,074,005	15,362,930	125,041	(193,340)	750,692	25,119,328
Non-Operating Uses:						
Dividends				925,149		925,149
Acquisitions of Land, Buildings and Equipment	952,690					952,690
Purchase of Foreclosed Property Held for Sale			1,147,210			1,147,210
Issuance and Repurchase of Loans and Liens			969,590	115,491		1,085,081
Other, Net	4,065	3,531	26,487			34,083
Financing Activities:						
Sale of Foreclosed Property Held for Sale			(1,214,867)			(1,214,867)
Sale of Loans, with Recourse			(818,368)			(818,368)
Loan and Lien Repayments			(100,993)	(183,816)		(284,809)
Disposals of Equipment and Other	(145,328)	(96,812)		(54,394)		(296,534)
Revenues Collected for Treasury	(460)	(112,793)				(113,253)
NET USE OF RESOURCES (BUDGETARY OUTLAYS)	9,884,972	15,156,856	134,100	609,090	750,692	26,535,710
RESOURCES PROVIDED:						
Intra-agency Transfers	(43,984)	35,000			8,984	0
Current Year Appropriation	10,165,045	15,349,800	200,000	9,750	739,831	26,464,426
Less: Reductions Pursuant to P.L.99-177 (Gramm-Rudman-Hollings)	(156,659)	(45,232)		(5)	(32,157)	(234,053)
Current Year Appropriations, Net	9,964,402	15,339,568	200,000	9,745	716,658	26,230,373
Interest on Government Securities				943,956		943,956
Net Transfers, Reimbursements and Other	4,507	(107,628)	(2,120)	3,485	6,571	(95,185)
Funds Returned to Treasury	(53,151)	(785)			(4,787)	(58,723)
TOTAL RESOURCES PROVIDED	9,915,758	15,231,155	197,880	957,186	718,442	27,020,421
INCREASE (DECREASE) IN U.S. TREASURY AND IMPREST FUNDS	30,786	74,299	63,780	348,096	(32,250)	484,711
Funds Exchanged for U.S. Government Securities	(2,394)			(358,217)		(360,611)
NET INCREASE (DECREASE) IN U.S. TREASURY AND IMPREST FUNDS	28,392	74,299	63,780	(10,121)	(32,250)	124,100
U.S. TREASURY AND IMPREST FUNDS:						
Beginning of Year	3,513,458	1,843,543	305,117	34,938	337,037	6,034,093
End of Year	$ 3,541,850	$ 1,917,842	$ 368,897	$ 24,817	$ 304,787	$ 6,158,193

NOTE 10: (CONTINUED) VETERANS ADMINISTRATION

BUDGETED AND ACTUAL OUTLAYS BY FUNCTION AND PROGRAM
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1986

	Budgeted Outlays		
	President's Budget	Enacted * Bill	Actual Outlays
	(Dollars in Thousands)		
HOSPITAL AND MEDICAL CARE:			
Medical Care	$ 9,051,700	$ 9,067,560	$ 9,095,306
Medical and Prosthetic Research	187,080	181,491	181,246
Medical Administration	57,379	55,631	54,780
Construction	737,800	555,081	522,386
All Other	(27,192)	19,450	31,254
Total Hospital and Medical Care	10,006,767	9,879,213	9,884,972
BENEFITS:			
Income Security for Veterans:			
Compensation	10,194,000	10,453,000	10,416,201
Pensions	3,833,000	3,835,000	3,874,368
Burial and Other Benefits	136,800	128,007	121,909
Proposed Legislation	285,700		
Reinstated Entitlement for Survivors		14,970	9,856
Subtotal Income Security	14,449,500	14,430,977	14,422,334
Education, Training and Rehabilitation:			
Readjustment Benefits (G.I. Bill)	1,034,500	910,422	918,056
Post-Vietnam Era Education	40,000	(210,600)	(98,624)
Veterans Job Training	35,000	49,200	34,192
All Other	(7,570)	(158,215)	(119,102)
Subtotal Education, Training and Rehabilitation	1,101,930	590,807	734,522
Total Benefits	15,551,430	15,021,784	15,156,856
HOUSING CREDIT ASSISTANCE:			
Loan Guaranty	383,500	285,450	162,769
Proposed Legislation	(604,600)		
Direct Loans	(45,600)	(44,740)	(28,669)
Total Housing Credit Assistance	(266,700)	240,710	134,100
INSURANCE PROGRAMS	685,961	678,633	609,090
ADMINISTRATION	751,456	718,025	750,692
TOTAL	$26,728,914	$26,538,365	$26,535,710

*After reduction pursuant to P.L. 99-177 (Gramm-Rudman-Hollings). Where actual outlays exceeded outlays budgeted in the enacted bill, funds were obtained from available unobligated balances. This does not constitute a violation of the Anti-Deficiency Act (31 U.S.C. 1341).

Comparative Highlights

Period of Service	Veteran Population 9/30/85 (revised)	Net Separations from the Armed Forces	Deaths in Civil Life	Veteran Population 9/30/86	Percent Change in Veteran Population	Females	
						Number	Percent of Total Veteran Population
Total Veterans[1]	27,857,000	258,000	432,000	27,682,000	-0.6	1,183,000	4.3
Wartime Veterans[1,2]	22,371,000	43,000	398,000	22,017,000	-1.6	713,000	3.2
Vietnam era - Total	8,250,000	43,000	29,000	8,264,000	+0.2	262,000	3.2
With no Korean conflict service	7,612,000	43,000	19,000	7,636,000	+0.3	251,000	3.3
With Korean conflict service	638,000	1,000	10,000	629,000	-1.5	11,000	1.7
Korean conflict-Total	5,171,000	1,000	67,000	5,105,000	-1.3	115,000	2.3
With no World War II or Vietnam era service	3,828,000	0	39,000	3,789,000	-1.0	89,000	2.3
With World War II service only	996,000	0	25,000	971,000	-2.5	21,000	2.2
With Vietnam era service only	348,000	1,000	3,000	345,000	-0.8	5,000	1.4
World War II-Total	10,378,000	0	301,000	10,076,000	-2.9	361,000	3.6
With no Korean conflict service	9,382,000	0	277,000	9,105,000	-2.9	340,000	3.7
With Korean Conflict service	996,000	0	25,000	971,000	-2.5	21,000	2.2
World War I	206,000	0	35,000	171,000	-17.2	7,000	4.1
Peacetime-Total	5,485,000	214,000	35,000	5,665,000	+3.3	470,000	8.3
Service between Korean conflict and Vietnam era only	3,021,000	0	16,000	3,004,000	-0.5	85,000	2.8
Post-Vietnam era	2,072,000	214,000	3,000	2,283,000	+10.2	263,000	11.5
Other peacetime[3]	393,000	0	15,000	378,000	-3.8	122,000	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 5 Spanish-American War veterans and 60 Mexican Border conflict 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 II and the Korean conflict only.*

Summary

Since our Nation's involvement in the American Revolution over two centuries ago, more than 38 million men and women have served their country during wartime periods. Of these ex-service personnel, 90 percent served in one or more of the four major conflicts of the 20th century. At the end of FY 1986, there were 27.7 million veterans living in the U.S. and Puerto Rico; 22 million of these veterans served during at least one wartime period.

The official count of veterans in civil life at the end of FY 1986 excludes 361,000 former military personnel whose only active duty took place after September 8, 1980, during which time they did not meet the minimum service requirement (usually two years). This exclusion reflects the effect of section 3103A of title 38, U.S.C., wherein Congress restricted benefits such as medical care, educational assistance, home loans, and most other major VA pro-

grams so that veterans who did not meet the minimum service requirement could not use them.[1] As veteran population statistics are used largely to plan for future demand within specific VA programs, this special subgroup of the veteran total, which by law is generally ineligible for such programs, has been excluded from official veteran population estimates and projections.

Number of Veterans and Periods of Service

The veteran population of the United States and Puerto Rico numbered 27,682,000 as of September 30, 1986. This figure (175,000 below the FY 1985 total) reflects the steady decline in the veteran population as the number of deaths of veterans during the fiscal year (432,000) continued to outnumber veteran separations from the Armed Forces (258,000).

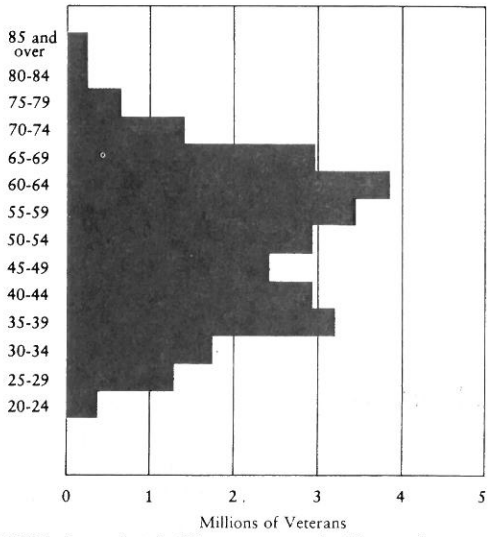
World War II veterans, numbering 10,076,000 at the end of FY 1986, remained the largest subgroup of former military personnel, accounting for 36 percent of the total veteran population.[2] Deaths among this group of veterans amounted to 301,000 during the fiscal year, representing more than two of every three veteran deaths. The second largest component of the veteran population consisted of veterans who served during the Vietnam era; numbering 8,264,000, they comprised 30 percent of the overall veteran count.

Veteran survivors of the Korean conflict totaled 5,105,000 (18 percent) at the end of FY 1986, and World War I veterans 171,000 (less than one percent). Nearly 5.7 million veterans (20.5 percent) served only during peacetime. The majority of these peacetime veterans served only between the Korean conflict and the Vietnam era (3.0 million), or only after May 7, 1975, during the post-Vietnam era (2.3 million).

Age of Veterans

The median age of living veterans at the end of FY 1986 was 53.4 years. Veterans under 45 years of age constituted 34 percent of the total, while those aged 45 to 64 made up 46 percent. Veterans 65 years old and over accounted

ESTIMATED VETERAN POPULATION BY AGE SEPTEMBER 30, 1986



NOTE: *Approximately 400 veterans are under 20 years of age.*

---

[1] *This legislation does not apply to veterans who served the full period for which they were called or ordered, who were discharged or released for a line-of-duty disability, who have a compensable service-connected disability, or who were discharged or released under sections 1171 or 1173 of title 10.*

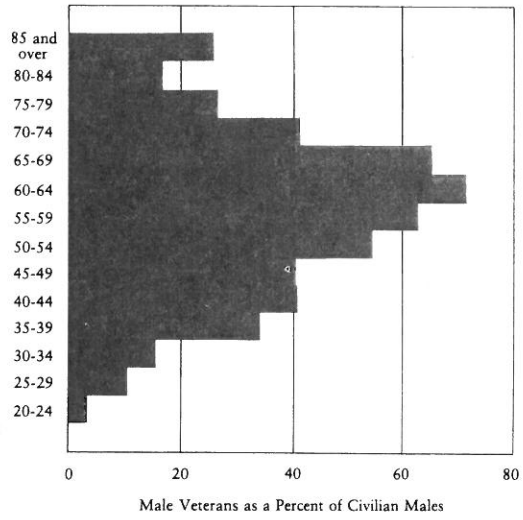
[2] *Percentage total does not add to 100% due to cases of veterans serving during more than one period of service.*

for 20 percent of the overall veteran count, a two-percent increase over the FY 1985 figure, reflecting the steady advancement of World War II veterans into the oldest age category.

Not surprisingly, post-Vietnam era veterans constituted the youngest segment of the veteran population with a median age of 28.4 years on September 30, 1986. This group was followed by veterans who served only during the Vietnam era (39.3 years). World War II veterans, many of whom are at or approaching retirement age, exhibited a median age of 65.1 years. Excluding the few surviving veterans of the Spanish-American War, World War I veterans remained the oldest sector of the veteran population, with a median age of 89.8 years.

Male veterans constituted 31 percent of all civilian males 17 years old and over at the end of FY 1986. This proportion varied by age, reflecting the degree of our country's involvement in each of the major armed conflicts of this century. For example, of those aged 60 to 64 years old, almost three-quarters of all males in the civilian population were veterans, evidence of the extent of our participation in World War II. Within the oldest segment of the population (persons 85 years of age and over), about one-quarter of all civilian males were veterans, reflecting our participation in World War I.

MALE VETERANS AS A PERCENT OF ALL CIVILIAN MALES, BY AGE SEPTEMBER 30, 1986



NOTE: Under 20 years of age is less than 0.05 percent.

Geographic Distribution of Veterans

At the end of September 1986, eight states accounted for nearly one-half (48 percent) of all veterans in civilian life. California, with a veteran count of 2,879,000, was the only state to record a veteran total close to three million. New York (1,888,000) and Texas (1,781,000) were ranked second and third, respectively, in veteran population size. The five other states that recorded veteran population totals in excess of one million were Pennsylvania (1,541,000), Florida (1,461,000), Ohio (1,320,000), Illinois (1,276,000), and Michigan (1,040,000).

Since veteran deaths outweigh separations from the Armed Forces in every state, the veteran population is increasing in only those jurisdictions with sizeable in-migration. The Sunbelt states continue to remain the most attractive areas of destination for interstate migrants. As a result, Florida, Texas, and Arizona showed the largest absolute net gains in veteran population during the last fiscal year.

Female Veterans

On September 30, 1986, the number of female veterans living in the U.S. and Puerto Rico was estimated at 1,183,000 or 4.3 percent of the overall veteran population count. In contrast to the decline in the total veteran population, the number of former military servicewomen continues to increase, although at a slow pace.

Although the median age of female veterans is similar to male veterans (51.6 and 53.4 years, respectively), female veterans were more likely to be under 45 (43 percent), or over age 65 (26 percent). Further, the distribution of the female veteran population by period of service reflects the growing involvement of women in the military in recent years. More than 20 percent of all female veterans served only during the peacetime period following the Vietnam era (since May 7, 1975); for males the corresponding figure was slightly less than 8 percent. As a whole, peacetime veterans comprised twice as large a share of female veterans (40 percent) as male ex-service personnel (20 percent).

Projected Veteran Population

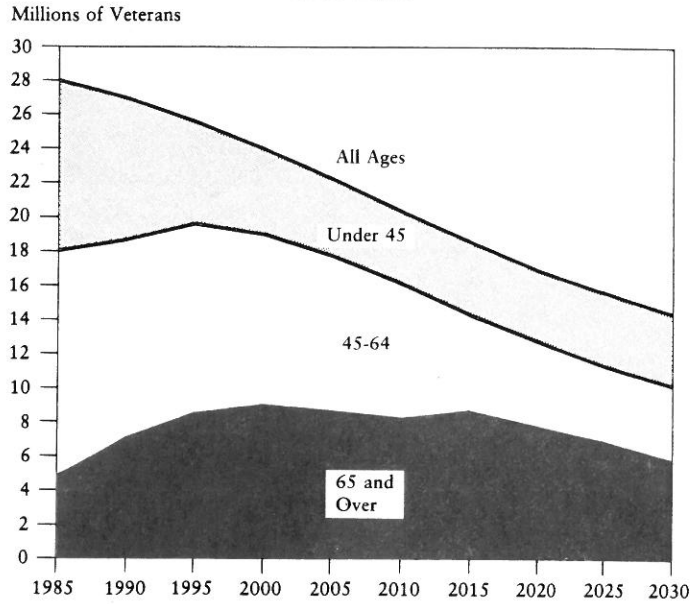
Projections of the size and distribution of the veteran population represent a crucial component of the VA's health care planning system. The latest series of projections, completed in FY 1986, included national and state-level data on the number of living ex-service personnel by age, sex, and period of military service.

The current veteran population of 27.7 million is projected to decrease to 26.9 million by 1990, with 24.0 million veterans projected by the turn of the century. The decline in the veteran population is expected to continue through the year 2030, due to more veteran deaths than separations.

While the overall number of veterans will edge downward, the number of elderly veterans is projected to grow dramatically over the next 15 years. The population of veterans aged 65 and over is expected to increase from the September 1986 total of 5.5 million to a peak of 8.9 million in 1999, representing an increase of 61 percent. Veterans 75 years old and over, a group which currently numbers 1.1 million, will grow to 1.5 million by 1990 and then nearly triple in size over the next 15 years to a total of 4.4 million.

The number of Vietnam era veterans, currently the second largest component of the veteran population, is projected to surpass the number of World War II veterans by 1992. Post-Vietnam era veterans are projected to become the largest subgroup of veterans by the year 2009, at which time these veterans will make up over one-third of the total.

THE AGING VETERAN POPULATION
1985-2030



Veterans and Their Families

Living veterans account for just a portion of those persons potentially eligible for VA benefits and services. The 27.7 million veterans living on September 30, 1986, had an estimated 21.9 million spouses and 16.4 million dependent children 18 years old who were unable to support themselves. Although only a small portion of these dependents are likely to receive benefits directly from the VA at any time in the near future, benefits paid to veterans indirectly affect the socioeconomic well-being of a large number of these dependents. In addition to dependents of living veterans, the survivors of deceased veterans numbered 2.0 million at the end of FY 1986. Included in this number were 1.7 million widows and widowers, 158,000 surviving children, and 68,000 dependent parents. The total of all potential beneficiaries is roughly 78.4 million, or one-third of the entire resident population of the United States.

Characteristics of Veterans

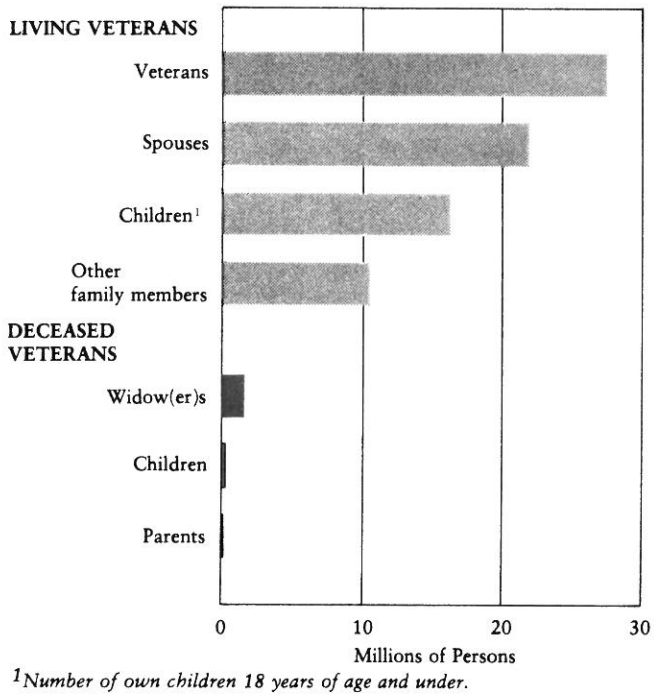
Data on various socioeconomic characteristics of male[1] veterans and non-veterans are obtained from the Current Population Survey[2] through a contract agreement with the Bureau of the Census and with the approval of the Department of Labor, sponsor of the survey. Data from the CPS include educational attainment, income, work experience, school enrollment,and employment status.

Educational Attainment and Income

All Veterans

There were 78.2 million males aged 20 years and over in the civilian noninstitutional population of the United States in March 1986. Approximately twenty-seven million of these were veterans, and their median education level was 12.7 years; their 51.1 million nonveteran counterparts also had a median educational level of 12.7 years.

VETERANS AND THEIR FAMILIES SEPTEMBER 30, 1986



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

[1] *Socioeconomic data for veterans of both sexes will not be available until calendar year 1987.*

[2] *CPS data may differ somewhat from official VA population estimates because the CPS data used here are based on a sample obtained during a single month in the fiscal year.*

Population Group	Noninstitutional Population (Millions)	Percent of Total
War veterans	21.5	27.5
Peacetime veterans (Post-Vietnam era and service between Korean conflict and Vietnam era only)	5.6	7.2
Nonveterans	51.1	65.3
Total	78.2	100.0

Seventy-seven percent of the war veterans, all of whom were 25 or more years old, had completed the requirements for a high school diploma or its equivalent. Eighty-seven percent of the peacetime veterans and 74 percent of the nonveteran males aged 20 and older also had high school diplomas or the equivalent. About 21 percent of the male war veterans and 18 percent of the peacetime veterans had completed college, while 22 percent of the nonveterans had done so.

Higher education is associated with increased earnings, as can be seen in the median incomes of both veterans and nonveterans in calendar year 1985. Differences in median incomes at progressively higher education levels are substantial, as demonstrated in the following table:

Attained Level of Education	Median Income in 1985	
	Veterans	Nonveterans
No high school	$ 7,900	$10,250
Some high school	13,890	10,960
High school graduate	19,720	15,570
Some college	24,340	16,020
College graduate	35,800	28,420

Differences between veterans' and nonveterans' median incomes may be explained, in part, by differences in their age distributions. If the nonveterans' age distribution is made to conform with the older age distribution of veterans, then differences in income are reduced considerably. Notable, however, is the fact that the median income of veterans was higher than that of nonveterans at every educational level.

Vietnam Era Veterans

Male Vietnam era veterans 25 to 44 years old had a median educational level of 13.2 years and a median income of $25,050 in calendar year 1985. Nonveteran males of similar age had a median education level of 12.9 years, but a median income of only $24,490. Comparison of the distribution of educational attainment for Vietnam era veterans and nonveterans 25 to 44 years old shows that 92 percent of the Vietnam era veterans had completed high school while 83 percent of similar-aged nonveterans had done so. Despite the greater proportion of high school graduates among veterans, the percentage who had completed college was higher for nonveterans (23 percent for Vietnam era veterans; 29 percent for nonveterans 25 to 44 years old).

Work Experience
All Veterans

More than three out of four veterans and nonveterans aged 20 years and older worked during calendar year 1985. Seventy-nine percent of the 20.8 million working veterans and 74 percent of the 41.8 million working nonveterans worked throughout the year, either full-time or part-time. Ninety-two percent of the veteran workers and 90 percent of the nonveteran workers held full-time jobs for all or part of the year.

Vietnam Era Veterans

Ninety-five percent of all noninstitutionalized male Vietnam era veterans 25 to 44 years of age worked during calendar year 1985. Eighty-two percent of the 6.3 million male Vietnam era veterans were employed year-round. In the group of similar-aged male nonveterans, 94 percent worked during the year, and nearly four-fifths of these working nonveterans worked year-round.

Employment Status

War Veterans

In FY 1986, the monthly unemployment rate for male war veterans averaged 4.7 percent, the same as the monthly average rate for FY 1985. Nonveteran males 20 and older had an average monthly unemployment rate of 6.6 percent during the fiscal year.

Vietnam Era Veterans

An average of 7.4 million Vietnam era veterans were in the labor force in FY 1986. The monthly average number of Vietnam era veterans unemployed during the fiscal year was 388,000, resulting in an average monthly unemployment rate of 5.2 percent for the fiscal year, 0.2 of a percentage point lower than in FY 1985.

Family Income

War Veterans

The number of families headed by male war veterans was estimated to be 16.7 million in 1986, and their median family income for 1985 was $33,100. Families headed by nonveterans of comparable age, 25 years and older, had a median family income of $30,180 that year. In 52 percent of the families headed by war veterans and 57 percent headed by nonveterans aged 25 and older, the wives also worked. Among those families headed by war veterans, the wife's earnings increased the median family income to $39,590, compared with a median family income of $25,930 for families in which the wife did not work. When examined by age groups, the median income of families headed by male war veterans under age 35 was $28,660, rising to $38,280 for families headed by war veterans 35 to 59. The median family income was $30,940 for families whose veteran head was aged 60 to 64; $23,880 for those headed by veterans aged 65 to 69; and $20,140 for those whose family head was 70 years old and over. Approximately 9 percent of the 16.7 million families headed by male war veterans had a family income below $10,990, the 1985 poverty level for a nonfarm family of four. This compares with approximately 11 percent for families headed by nonveterans aged 25 years and older.

Vietnam Era Veterans

There were 4.8 million families in the United States headed by male Vietnam era veterans under 45 years of age in March 1986. Their median family income in 1985 was $35,390, compared with $32,540 for families headed by male nonveterans of similar age. Wives worked in nearly 70 percent of families headed by Vietnam era veterans; these families had a median income of $39,130 compared with $29,290 for veteran-headed families in which the wife did not work outside the home. A smaller proportion (5 percent) of the families headed by male Vietnam era veterans had incomes below the $10,990 poverty level than did families headed by all male war veterans (9 percent).

Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Facilities at end of year			
Medical centers	172	172	–
Hospital care	(172)	(172)	–
Outpatient care	(172)	(172)	–
Nursing home care	117	115	+ 1.7
Domiciliary care	15	15	–
Independent or satellite clinics	56	53	+ 5.7
Independent domiciliary	1	1	–
Employment (net full-time equivalent)	202,890	202,630	+ 0.1
Obligations (millions)	$9,544	$9,259	+ 3.1
Medical care	9,275	8,936	+ 3.8
Research in health care	186	227	-18.1
Medical administration and miscellaneous operating expenses	50	66	-24.2
Other medical programs	33	30	+10.0
Inpatients treated	1,461,523	1,435,455	+ 1.8
VA facilities	1,364,918	1,339,270	+ 1.9
Hospitals	1,327,728	1,305,702	+ 1.7
Nursing homes	23,940	20,442	+17.1
Domiciliaries	13,250	13,126	+ 0.9
Other facilities	96,605	96,185	+ 0.4
Average daily inpatient census	99,025	99,915	- 0.9
VA facilities	73,189	74,845	- 2.2
Hospitals	56,940	59,310	- 3.9
Nursing homes	10,482	9,556	+ 9.7
Domiciliaries	5,767	5,979	- 3.5
Other facilities	25,836	25,070	+ 3.1
Outpatient medical visits	20,188,132	19,600,849	+ 3.0
VA staff	18,457,747	17,789,582	+ 3.8
Fee basis	1,730,385	1,811,267	- 4.5

Summary

The Department of Medicine and Surgery is responsible for providing health care to the Nation's veterans. This is done through the VA's 172 hospitals, 229 outpatient clinics, 117 nursing homes, and 16 domiciliaries, as well as through other non-VA facilities under VA auspices. These totals include the addition of a nursing home care unit at VAMC Bronx, and three new outpatient clinics at Gaylord, Michigan; Daytona Beach, Florida; and Pensacola, Florida. During FY

1986, 1,461,523 inpatients were treated and there were 20,188,132 outpatient visits. Patient care demands were met through a full-time equivalent employment of 202,890 and a budget of over $9.5 billion. Other resources included an additional 12.4 million hours of service provided by over 85,000 volunteers.

DM&S is continuing its three-fold mission of maintaining and improving the quality of health care provided to veterans. The mission consists of patient care, research and development, and education. In the area of patient care, a greater emphasis is being placed on preventive health care. Special programs have been developed for hypertension screening, alcohol abuse, nutrition and weight control, smoking, physical fitness, flu immunization, colorectal cancer screening, osteoporosis counseling, and diabetic retinopathy screening. There has additionally been considerable focus on Acquired Immune Deficiency Syndrome (AIDS) during the past year. FY 1986 also marked the fortieth anniversary of both Voluntary Service and Chaplain Service.

Medical research in the VA primarily focuses on problems particularly prevalent among veterans: schizophrenia, alcoholism, aging, spinal cord and tissue regeneration, post-traumatic stress disorder, and problems of women veterans. As a result of this focus, a new clinical Research Center in Alcoholism was opened at the VAMC San Diego, a training program for psychiatrists interested in basic research was initiated in conjunction with the Office of Academic Affairs, and fellowships began being made available for VA scientists interested in obtaining research training in spinal cord injury and tissue regeneration. VA researchers continue to receive numerous awards for their many scientific contributions. Other research in the VA is carried out under the auspices of The Health Systems Research and Development Division and Rehabilitation Research and Development Service.

The Office of Academic Affairs is responsible for training both VA staff and students from medical schools and colleges. In FY 1986 over 100,000 students received clinical training through VA affiliation with 1,000 educational institutions, including 102 medical schools. There were 8,100 full-time medical residency positions and 351 dental residents. Training was also provided through such special programs as the Interdisciplinary Team Training in Geriatrics, Summer Traineeships, the Clinical Nurse Specialist Program, and the Cooperative Health Manpower Education Program. The VA has a number of special facilities for educational purposes, including the Continuing Education Center, seven Regional Medical Education Centers, two Dental Education Centers, the Engineering Training Center, and four Learning Resources Production Centers.

The use of diagnosis related groupings (DRGs) allows DM&S to conduct research and training, and to provide medical care in the most economical way possible. New DRG weights based on VA costs were developed during the year and the outpatient model was expanded to include a special group for rehabilitation medicine. In addition to other changes, a methodology was developed for funding ambulatory surgery based on its relative cost. The VA also finds it economical to meet health care needs through the sharing of specialized resources with medical schools, community hospitals and clinics, and Federal and state health care institutions.

Since personnel constitutes the greatest single cost for health care, DM&S has several projects which focus on the efficiency of its personnel. Staffing guidelines have now been developed for 44 medical center functions. These guidelines indicate ideal staffing patterns based on workload. DM&S is also involved with efficiency reviews, cost-comparison studies of operations identified as commercial activities, cost containment initiatives, and the measurement of DM&S productivity for the Department of Labor's Federal Productivity Measurement System.

Two offices in DM&S assure that the care given in VA medical centers is of the highest quality. The Medical Inspector is responsible for investigating all com-

plaints of improper care, and the Office of Quality Assurance is developing internal procedures for monitoring care. An eight-year pilot Medical District Initiated Peer Review Organization program was initiated. In addition, utilization reviews, which identify care or services which may be unnecessary, received greater focus.

The Decentralized Hospital Computer Program (DHCP) represents another effort which is helping the medical centers to provide quality care more efficiently. All VA medical centers except the three Integrated Hospital System hospitals have implemented the Initial core software of registration, admission/discharge/transfer, scheduling, and outpatient pharmacy. Many of the hospitals have also started introducing the full CORE software of laboratory and inpatient pharmacy into their systems. Priorities were established for development and implementation of extended DHCP software with dietetics, radiology, fiscal and supply, surgery, and the decentralized medical management system, which has the highest priority.

Types of Care

Hospital Care

The 172 Veterans Administration medical centers represent a broad spectrum of medical care, from large tertiary care centers to small primary care facilities, in large cities as well as in small towns. Almost two-thirds of these medical centers are affiliated with medical colleges.

During the fiscal year 1,327,728 patients were treated in an average of 77,548 beds. The average daily census was 56,940, including 683 chronic dialysis patients. These numbers represent the continuing trend of an increase in the number of patients treated at a time when the veteran population is declining. Patients treated increased 1.8 percent while the average daily census decreased by 3.9 percent. As in the past, this appears to be due to the decrease in the average length of stay: the length of stay for all patients discharged was 21.3 days in FY 1986 compared to 23.4 days in FY 1985, and the short-term length of stay (99 days or less) was 13.2 days compared to 13.8 days last year.

Medical bed sections, which include general medicine, intermediate care, neurology, rehabilitation medicine, spinal cord injury, and blind rehabilitation, accounted for 567,695 of the patients treated. The census in these bed sections averaged 29,425 with an average length of stay of 21.6 days. The average short-term length of stay was 11.9 days. Surgical bed sections cared for 314,612 patients with an average length of stay of 11.7 days. The census was 9,703. Psychiatric bed sections cared for 196,009 patients with an overall average length of stay of 36.3, and a short-term length of stay of 22.4 days. The overall average stay for psychiatric patients is down from 43.2 days last year.

Outpatient Care

Outpatient care in the VA hospital system provides a wide range of services to the veteran for either pre- or post-hospital care or for illnesses which do not require hospitalization. There are 172 outpatient clinics which are located in VA hospitals, one connected with the independent domiciliary, and 56 satellite or free-standing clinics, including three which opened this year at Daytona Beach, Florida; Pensacola, Florida; and Gaylord, Michigan. Over 70 different medical specialty areas may be treated on an outpatient basis including surgery, radiation therapy, allergy immunology, optometry, and alcohol and drug dependence treatment. During FY 1986, almost 18.5 million visits were made to VA medical staff in these clinics. An additional 1.7 million visits were made to private physicians under VA authorization.

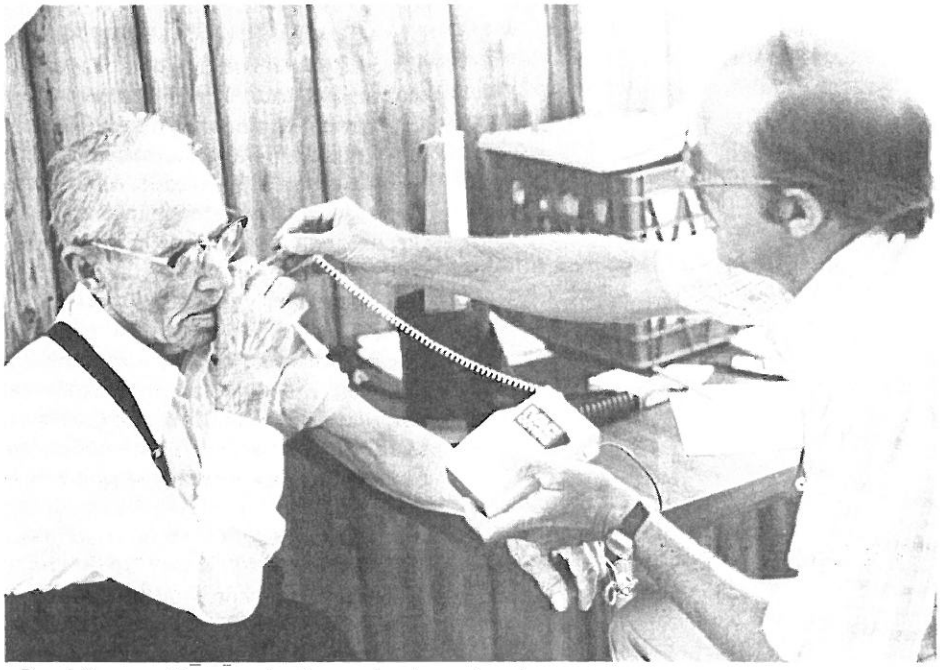
Geriatrics and Extended Care

The Veterans Administration serves a beneficiary population which is older as a group than is the general population. In 1980, the proportion of veterans 65 and over was approximately the same as that in the general population. By 1990, this proportion will be double the general population rate, and by the year 2000, it will have nearly tripled that rate.

Conditions such as coronary and circulatory systems disease, respiratory diseases, neoplasms, organic brain disorders, and musculoskeletal diseases are all more prevalent in those over 65. These disease tend to be chronic, progressive, and degenerative in nature, and the damage they cause is often permanent, requiring rehabilitation and/or long-term care. Older individuals often have more than one chronic condition, further complicating their clinical management and increasing the demands they make on their care source.

In addition to exerting pressure on inpatient hospital care, aging veterans are also affecting the need for outpatient care. Older veterans represent the majority of patients being cared for in VA, community, and State nursing homes. The proportion of patients who were 65 years and older in VA nursing homes in 1986 was 67.5 percent. The average daily census in community nursing homes increased 5.0 percent.

As is the case with other health care programs in the Nation, the VA is increasing the number and diversity of its noninstitutional extended care programs. The purpose is to facilitate independent living by making available the appropriate sustaining medical and social services. Such programs include hospital based home care, adult day health care, psychiatric day treatment/mental hygiene clinics, and community residential care



Providing quality care to the geriatric patient is a primary concern.

The importance of the Older Americans Act in the delivery of community-based care has been recognized by the VA as an important component in providing needed long-term medical and social services required by elderly veterans. The VA has been closely involved in the Administration on Aging's (AOA) Consortium on Information and Referral Services for Older People. The VA, along with 13 other Federal and National nonprofit agencies, has entered into a Working Agreement with AOA to enhance those systems which provide information and referral services.

Over the past decade specific activities focused on the health needs of the older veteran have been developed, tested, and demonstrated in a variety of VA clinical settings. The two with the greatest potential for improving the care of older veterans are the Geriatric Research, Education and Clinical Centers (GRECCs), and the Geriatric Evaluation Units (GEUs).

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, diver-

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

In FY 1986, 23,940 veterans were treated in VA nursing homes which had an average daily census of 10,482.

Two new nursing home care units were activated at VA Medical Centers Seattle, Washington, and Bronx, New York. These and other changes resulted in a net increase of 918 operating beds for a total of 11,317 beds at the end of FY 1986 at 117 VA medical centers.

Community Nursing Home Care

The community nursing home care program is a contract program for veterans who require skilled or intermediate nursing care when making a transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed six months. Selection of nursing homes for a VA contract requires the prior assessment of participating facilities. Followup visits to veterans by teams from the VA medical centers are made to monitor patient programs and quality of care.

In FY 1986 there was a moderate increase in community nursing home placements. During this year, 41,124 veterans were treated in the program. This represents almost a 6 percent increase from FY 1985. The number of nursing homes under contract was 3,400 in FY 1986. The average daily census in these homes for FY 1986 was 12,026.

Since April 1981 the VA has attempted to make maximum use of inspections conducted for Medicare or Medicaid, reducing the amount of time and duplication in the nursing home inspection efforts of the VA. This arrangement was made with the states, and was coordinated with the Department of Health and Human Services. Due to cutbacks in inspection efforts of some states, however, the VA medical centers must continue to conduct a full team inspection of certain nursing homes. The general VA policy of greater reliance on state inspections continues, but this policy can only be carried out where there is a strong state inspection foundation.

VA Domiciliary Care

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

Offering specialized interdisciplinary treatment programs designed to facilitate the rehabilitation of patients suffering from head trauma, stroke, mental illness, chronic alcoholism, heart disease, and a wide range of other disabling conditions, the domiciliary with increasing frequency is viewed as the treatment setting of choice for many older veterans.

Implementation of rehabilitation-oriented program direction has created an even better quality of care for veterans requiring prolonged domiciliary care and has prepared increased numbers of veterans for return to independent or semi-independent community living.

Special attention is being given to older veterans in domiciliaries with a focus on keeping them active and productive in the domiciliary as well as encouraging their utilization of senior centers and other resources in the community. Patients at several domiciliaries are involved in senior center activities in the community as part of a focus on community integration. Other specialized programs in which older veterans are involved include Foster Grandparents, Handyman Assistance to senior citizens in the community, and Adopt-a-Vet.

In FY 1986, 13,250 veterans were treated in VA domiciliaries which had an average daily census of 5,767.

State Home Program

The State Home Program has grown from 11 homes in 11 states in 1888 to 50 state homes in 35 states. Currently a total of 18,646 beds are authorized to provide hospital, nursing home, and domiciliary care.

The VA's relationship to state veterans' homes is based upon 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 who are furnished domiciliary, nursing home, or hospital care in state home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction or acquisition of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In FY 1986, construction was started for phase II of a new state home at Paramus, New Jersey, which will provide 240 additional nursing home beds. The $35.3 million obligated by the VA in FY 1986 for construction and renovation projects also included a 100-bed nursing home in Rifle, Colorado; major domiciliary renovations at the California Veterans Home in Yountville, California; and a new 250-bed nursing home at Claremore, Oklahoma.

Palliative Care

The VA has developed programs which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, and supportive counseling to their families in various service settings. The hospice concept of care is generally incorporated in VA medical centers' approaches to the care of the terminally ill.

Hospital Based Home Care

The hospital based home care program provides primary medical care to veterans who are chronically ill in their own homes. The family provides the necessary personal care under the coordinated supervision of a hospital-based interdisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regimens, as well as the training of family members and the patient. Forty-nine VA medical centers are providing hospital based home care services. A greater number of acute beds in hospitals are made available by providing increased days of care in the home.

In FY 1986, 229,675 home visits were made by health professionals. Over 12,138 patients were treated.

Adult Day Health Care

Adult Day Health Care (ADHC) is a therapeutically oriented ambulatory program which provides health, maintenance, and rehabilitation services to veterans in a congregate setting during daytime hours. ADHC in the VA is a medical model of services, designed as a substitute for nursing home care, as established by Public Law 98-160. The VA continues to operate the four ADHC centers which were funded in FY 1985 at VA Medical Centers Brooklyn, New York; Little Rock, Arkansas; Miami, Florida; Minneapolis, Minnesota; and Portland, Oregon. In addition to the programs previously in operation at Butler, Pennsylvania; North Chicago, Illinois; and Palo Alto, California VA Medical Centers, one new ADHC at the Daytona Beach, Florida, VA Outpatient Clinic was opened in FY 1986.

Community Residential Care Program

The community residential care program provided 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 multidisciplinary VA team prior to incorporation into the program; they are inspected 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 1986, an average daily census of 11,600 veterans was maintained in this program, utilizing approximately 3,200 homes.

Geriatric Evaluation Units

A Geriatric Evaluation Unit (GEU) is a group of beds (typically ranging in number from 4 to 20) set aside on a medical service or an intermediate care ward of the hospital where an interdisciplinary health care team performs comprehensive geriatric assessments to improve the diagnosis, treatment, and placement of older patients. These patients may have some remediable impairments, multiple chronic diseases, or psychosocial problems which need to be fully assessed. In addition to improving care for older patients and preventing their unnecessary institutionalization, a GEU provides geriatric training and research opportunities for physicians and other health care professionals in the medical center.
Results from a controlled random study of GEU efficacy conducted at the VA Medical Center, Sepulveda, California, show significant benefits associated with admission to the GEU, such as improved survival and rehospitalization rates, functional status, and living location. Currently there are more than 70 Geriatric Evaluation Units in the VA medical system. The Agency report, *Caring for the Older Veteran*, sets a goal of establishing GEUs in 70 percent of the VA medical centers by 1990 and in every VA medical center by the year 2000.

Geriatric Research, Education, and Clinical Centers

The Geriatric Research, Education, and Clinical Centers (GRECCs) are important in further developing the capability of the VA system to provide maximally effective and appropriate care to older veterans. First implemented in 1975, GRECCs are designed to enhance the system's capability in geriatrics by conducting integrated research, education, and clinical care. The purpose of the GRECCs is to develop new knowledge regarding aging and geriatrics, to disseminate that knowledge through education and training of health care professionals and students, and to develop and evaluate alternative models of geriatric care.

Each center has developed an integrated program of basic and applied research, education, training, and clinical care in selected areas of geriatrics. Current focal areas include cardiology, cognitive and motor dysfunction, endocrinology, geropharmacology, immunology, metabolism, and molecular biology of aging. Additional foci include oncology, neurobiology, neuroendocrinology, nutrition, and rheumatology.

At present there are 10 centers located at VA medical centers at Bedford, and Brockton/West Roxbury Divisions, 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. Public Law 96-166, "Veterans' Administration Health Care Amendments of 1985," increased from 15 to 25 the maximum number of facilities that the VA Administrator may designate. Thus, 15 additional centers are authorized for activation over the next several years if resources are available. Using an integrated approach, the GRECCs are developing practitioners, educators, and researchers to help meet the need for trained health care professionals in the field of geriatrics.

Medical Care for Dependents

Eligible dependents and survivors of certain veterans receive medical care under the Civilian Health and Medical Program of the VA (CHAMPVA). Benefits under the program are similar to those provided to dependents of military retirees under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). The VA shares the cost of medical benefits with CHAMPVA 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 eligible dependents provided these dependents 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 the beneficiary becoming entitled to Medicare hospital insurance

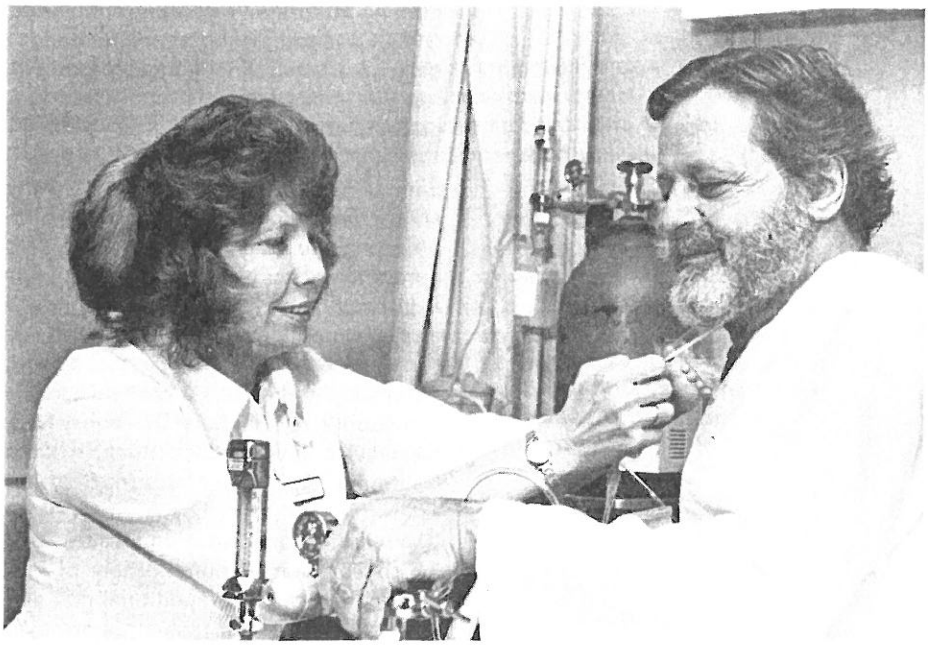
benefits (Part A) and subsequently exhausting a Part A benefit. At the end of FY 1986, there were approximately 208,000 individuals (128,000 adults and 80,000 children) in 137,500 families who had established entitlement for medical care under CHAMPVA. Since the program began in September 1973, $573,804,000 has been expended for hospital care, physician visits, and prescriptions. In FY 1986, the cost of the program was $87.7 million.

Services

Medical Service

During FY 1986, a new six-bed bone marrow transplant unit became operational at the Seattle replacement hospital, where bone marrow transplants were performed for 28 patients during FY 1986. An additional 16 patients received bone marrow transplants on a fee-basis in non-VA hospitals. The transplant process involves the use of bone marrow from a related donor to the patient. This procedure is used in the treatment of selected patients with such otherwise fatal conditions as severe aplastic anemia and leukemia.

The home oxygen program also continued throughout FY 1986. Medical Service, aided by Respiratory Therapy, provided clinical supervision to 15,007 patients on home oxygen systems, at a cost of $18,912,531. The increased use of oxygen concentrators and use of more rigorous controls resulted in reduced costs despite a 12% increase in patients receiving home oxygen.



Respiratory therapy is provided in conjunction with a veteran's medical treatment.

Thirty-three VA medical centers are now participating in the special Hypertension Screening and Treatment Program (HSTP). Since its inception, the HSTP has screened over 500,000 veterans, 42% of whom were found to be hypertensive. The HSTP is currently following more than 48,000 veterans; approximately 72% of these veterans are controlled with diastolic pressures of less than 90 mm Hg and 85% with diastolic pressures of less than 95 mm Hg. Eighty-seven percent received their primary care from allied health professionals (registered nurses or physician assistants) under the supervision of a physician coordinator. The continued decrease in strokes, heart disease, and renal disease seen in patients treated under this program is at least partially attributable to the control of hypertension. Patients in this program are counseled regarding smoking, obesity, diet, exercise, and alcohol consumption, all factors contributing to hypertension and cardiovascular disease. The HSTP is in the process of automating the entire system, to ensure accuracy, uniformity, and easy access of records and data in the areas of patient care, administration, and research.

The number of patients in the VA dialysis program, including patients dialyzed in non-VA units at VA expense, was approximately 4,000. The large-scale

rheumatology-immunology center continued to function at the VA Medical Center, Philadelphia, Pennsylvania, along with a smaller program previously begun at the VA Medical Center, Milwaukee (Wood), Wisconsin. These centers provide comprehensive care to patients suffering from arthritis, rheumatism, connective tissue diseases, and related disorders.

Cardiac catheterizations were performed on 30,561 patients in 72 cardiac catheterization laboratories (CCL's). One additional CCL was authorized. Worn or outdated equipment was replaced in cardiac catheterization laboratories at ten VA medical centers. Electrophysiology laboratories were established at seven centers. Clinical diagnostic services, echocardiography, nuclear cardiology, stress testing, and arrhythmia monitoring services were expanded in 21 medical centers. Computer-based pacemaker surveillance centers provided telephonic electronic followup to approximately 10,000 veterans with cardiac pacemakers. A pilot clinical phase pacemaker registry has been implemented, and all explanted pacemakers are now analyzed by VA staff.

There were 44,821 patients identified and screened for hemoglobin disorders (with 12% abnormal results) and 42,425 patients for glucose-6-phosphate dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency (with 7% abnormal results) in the 35 medical centers participating in the VA sickle cell screening and education program.

Education sessions on sickle cell anemia were attended by 89,393 persons; 2,756 were counseled. At each medical center, the professional staff for this program 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]

The establishment of national networks of automated electrocardiographic interpretive systems is nearing completion. Equipment has been purchased for two new systems and has been ordered for two more districts. The VA and the Department of Defense have 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 agencies.

More than 90,000 patients were treated in 1,397 VA coronary care and medical intensive care units. New and modernized, but smaller intensive care units were established at five medical centers. Less expensive stepcare units were introduced at these and other centers. Progessive renovation of older intensive care units continues. Equipment price limitations were developed and are being implemented.

A SIUG (Special Interest Users Group) for cardiology has developed seven software packages which are currently being evaluated by the Information Systems Centers.

Surgical Service

The workload in the 135 VA medical centers with surgical services continues to show an annual increase. In FY 1986 482,069 procedures were performed by 786 full-time surgical staff members and 1,854 part-time staff members. Patient care was assisted by 2,959 residents assigned through medical school/affiliated programs active in 102 VA medical centers.

The cardiac surgical program has continued to provide highly skilled care for the veteran population. This program has shown an annual increase in the number of surgical procedures performed during the past four years, FY 1983-1986. In 1986, 7,420 procedures were performed, an increase of 10.7 percent over the number performed in FY 1985. The most frequently performed operation was

---

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

coronary artery bypass grafting (CABG); 5,856 procedures were performed in FY 1986. The remaining operative procedures performed (1,564) included heart valve replacements and direct procedures performed on the heart chambers. Some of these procedures also included CABG performed at the same time.

The VA Central Office Cardiac Surgery Consultants Committee has continued the on-going review of this program. This Committee is composed of outstanding cardiologists and cardiac surgeons, including the President of the American College of Surgeons. This committee provides assistance in monitoring the quality of patient care and serves as an advisory board for establishing standards and criteria for the program.

All organ transplant programs have been reorganized by the VACO Surgical Service into three programs: cardiac transplant, renal transplant, and special transplant programs. The special transplant programs consist only of liver transplants at this date. Other tissue and organ transplants (including pancreas and small bowel), now being performed in some university programs as accepted treatment modalities, are still classified as experimental by the VA's Surgical Service.

Cardiac transplantation was performed first in the VA at the VAMC Richmond, Virginia, in 1981. With the availability of the new immunosuppressive agent, cyclosporine, heart transplantation is now an acceptable method of treatment for certain end-stage cardiac diseases resulting in cardiomyopathy. This end-stage abnormality may result from ischemia or from viral or bacterial infection. In 1983, the VAMC Richmond was selected to be the VA Cardiac Transplant Center. Since its inception, this center has performed an increasing number of heart transplants annually, reaching a total of 47 heart transplants in FY 1986. This procedure is reserved only for those veterans whose heart condition has become resistant to medical treatment, and who would likely die within a short time. Selection of transplant recipients is further limited to those veterans aged 55 or under who have no other organ or systemic disease which would prevent their restoration to normal activity following a successful transplant. In FY 1984, due to the increased number of veterans in this category and the increased workload at the Richmond center, the VA approved and funded additional heart transplants at other VA medical centers and at several university centers. In FY 1986, in addition to the 47 heart transplants performed at the VAMC Richmond, 23 more transplants were performed at 4 other VA medical centers. Also, 16 heart transplants were funded by the VA for veterans whose transplants were performed in 7 university transplant centers. Therefore, a total of 86 heart transplants were performed in FY 1986.

The renal transplant program is active in ten VA medical centers. These centers work closely with the renal dialysis units located in these and other VA medical centers. During FY 1986, 159 renal transplants were performed. One-hundred thirty-seven of these were performed with cadaveric donor organs. The remaining were from living related donors.

In FY 1986, twelve liver transplants were approved and funded by Central Office. Eleven were performed in the transplant program of the University of Pittsburgh and one at the University of California Hospital in Davis, California.

Subsequent to the installation of an extracorporeal shock wave lithotripter (ESWL) at the VAMC Bronx, New York, criteria were developed for the installation of these devices within the VA system. Use of such technology fragments kidney stones and allows them to pass, in many instances, without the need for surgical intervention. One device has been installed at the VAMC Milwaukee, Wisconsin. Additional devices have been approved for installation at the VA medical centers in Long Beach, California, and Memphis, Tennessee. In addition, through the Emergency Medical Management Service and the sharing program, additional ESWL devices have been approved for installation and joint use by several VA medical centers and community or university hospitals.

The Surgical Special Interest Users group (SIUG) has developed a software package for use by VA Surgical Services. This package is undergoing testing at the Pittsburgh, Pennsylvania VAMC.

Mental Health and Behavioral Sciences Services

The Department of Medicine and Surgery provides a broad spectrum of psychiatric and psychological services to eligible veterans throughout the VA medical care system. The VA maintained and operated psychiatry services in 132 of 172 medical centers, 154 psychology services in medical centers and outpatient clinics, 103 alcohol dependence treatment programs, and 51 drug dependence treatment programs. Outpatient services included 39 day hospital programs, 72 day treatment centers, 166 mental hygiene clinics. Declining support for state mental health programs and limited coverage for mental illness provided by most health insurance has increased the importance of the availability of VA care for psychiatric illness.

During FY 1986, there were 22,617 average operating psychiatric beds. The bed occupancy rate was 75.7 percent and the average monthly turnover rate was 87.0 percent. The VA treated 196,009 psychiatric patients in FY 1986, with an average daily census of 17,129. Committed psychiatric patients treated by the VA during the fiscal year totaled 13,976. On any given day, on average, 2,003 patients were on involuntary commitment.

VA Psychiatric Bed Sections	FY 1986	FY 1981	Percent Change
Average Operating Beds	22,617	24,045	– 5.9
Average Daily Census	17,129	20,490	–16.4
Admissions	168,520	157,933	+ 6.7
Average Monthly Turnover Rate (percent)	87.0	66.7	+30.4
Patients Treated	196,009	184,903	+ 6.0

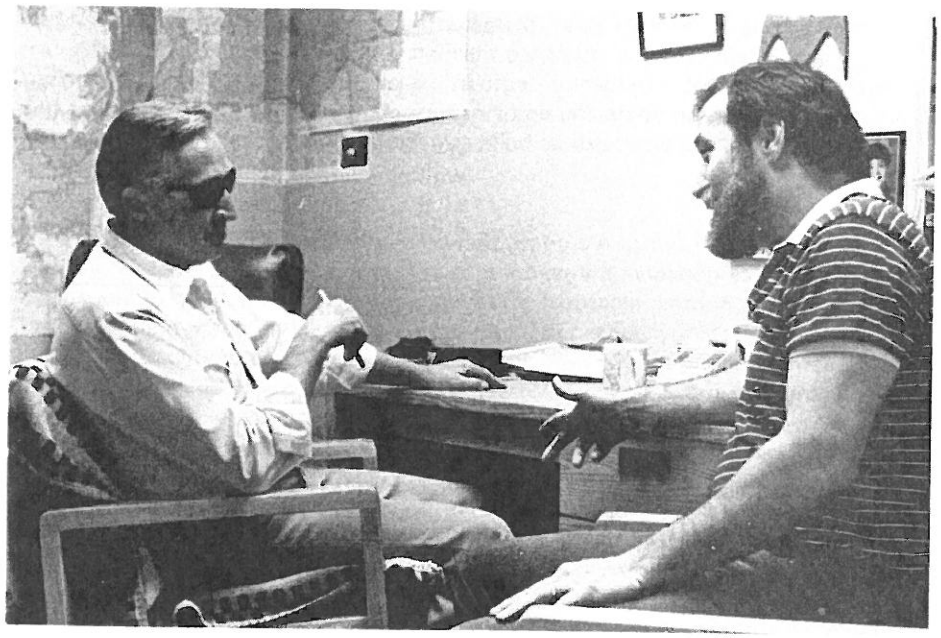
As the average age of the veteran population increases, the VA will pay increasing attention to the psychiatric and emotional problems associated with the aging process, retirement, bereavement, and the effects of chronic physical illness. Mental Health and Behavioral Sciences Service has over fifteen hundred beds devoted to geriatric psychiatry and expect additional beds to be devoted to these issues in the future. Geriatric day treatment centers, neuropsychological assessments, and consultation-liaison activities support the VA effort to provide timely and essential care for aging veterans.

In the past six years the number of average operating psychiatric beds has been reduced by 5.9 percent; there has been an emphasis on ambulatory care programs. Hospital stays have also been shorter and more veterans are being treated in mental hygiene clinics, day treatment centers, and day hospitals.

Continued emphasis on outpatient care and rapid intensive treatment, with shorter periods of hospital stay, have 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 1986, 1,532,689 visits were made to mental hygiene clinics.

Day hospital programs deliver intensive individual and group therapy to patients able to come on a daily basis to a VA medical center. These veterans' problems are of an acute, intensive, or situational nature and can be resolved within a short period of time. During FY 1986, 144,474 visits were made to day hospital programs.

Day treatment centers provide supportive, maintenance, and learning environments for chronic psychiatric patients experiencing long-term difficulties with psychiatric illness and community adjustment, interpersonal relations, vocational, educational, emotional, or behavioral problems. These centers, which help each individual achieve an optimal level of community living, provided 597,497 visits to veterans in FY 1986.



A variety of counseling services is available to the veteran population.

Vocational Education and Vocational Counseling

The Mental Health and Behavioral Sciences Service is responsible for providing counseling and assistance to veterans as they adjust to the psychological impact and consequences of injury or illness. VA medical centers employ psychiatrists, counseling psychologists, psychiatric nurse specialists, and psychiatric social workers to assist veterans in re-establishing their ability to function independently. During FY 1986, the VA provided psychological evlauation and assessment as a part of treatment and medical rehabilitation to 106,026 patients.

Post-traumatic Stress Disorder

Veterans of World War II, Korea, and particularly Vietnam, with psychological, emotional, or vocational problems related to their experiences in a war zone receive treatment at VA medical centers and outpatient clinics. Thirteen specialized inpatient treatment programs for post-traumatic stress disorder (PTSD) have been activated. These programs provide clinical care for veterans and enhance the VA's education and research activities on PTSD. During FY 1986, four additional sites located at VAMC's Minneapolis, Minnesota; Albuquerque, New Mexico; Buffalo, New York; and Togus, Maine, developed specialized approaches to the treatment of PTSD. Additionally, plans have been finalized to establish PTSD treatment teams at 15 VAMCs.

Alcohol and Drug Dependence Treatment Programs

The Veterans Administration operates 103 specialized Alcohol Dependence Treatment Programs (ADTPs). These programs are provided for the diagnosis and treatment of eligible veterans with alcohol-related disorders.

operates 51 Drug Dependence Treatment Programs (DDTPs). These specialized medical programs provide for the care and treatment of eligible drug dependent veterans, with special emphasis on veterans dependent on narcotics. Major treatment components include methadone detoxification methadone maintenance, naltrexone maintenance, and group and individual psychotherapy. The average length of inpatient stay is 23 days. Outpatient/ambulatory treatment is longer, often requiring more than a year of followup activities. The total number of inpatients treated for drug dependence during FY 1986 was 22,220. Of this number 13,746 were treated in DDTP beds.

The average monthly turnover rate in the DDTPs was 135.8 percent in FY 1986. The bed occupancy rate was 87.9 percent. The number of outpatient visits for drug dependence treatment was 1,008,281; of this number, 989,859 were visits to the specialized DDTPs.

During FY 1986, inpatients treated for alcoholism numbered 97,952; 53,251 of these were treated in specialized alcoholism treatment units. The average monthly turnover rate in ADTP units was 144.2 percent, and the bed occupancy rate was 85.1 percent There were 482,265 outpatient treatment visits for alcohol dependence treatment.

During FY 1980, the passage 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. Public Law 99-166 extended that authority through FY 1988. During the last three years the VA inpatient programs have outplaced approximately 5,000 veterans into non-VA contract programs for 60-90 days of care, utilizing VA financial resources. Three hundred and thirty contracts at 90 VA medical centers were in effect at the close of FY 1986.

The VA conducts an extensive program of alcoholism research through individual and cooperative (multi-hospital) studies. Also, physician training in substance abuse is being implemented through an initiative involving a two-year university-affiliated fellowship training program offered at six VA medical centers.

VA treatment programs in psychiatry, psychology, and substance abuse provide unique and important opportunities for education and research. The VA contributes to the understanding of mental illness through research on schizophrenia, alcoholism, Alzheimer's disease, and post-traumatic stress disorder. Each of these disorders affects large numbers of veterans. Clinical education in these and other areas contributes to the training of a broad range of health care professionals and supports the VA patient care mission.

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 1989. There are presently 189 Vet Centers throughout the country.

There are over 500 private contractors 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.

In FY 1986, the Vet Centers conducted 600,811 visits. During the year, a total of 70,517 new veteran clients were seen. A significant number of veterans seen are suffering from moderate or severe post-traumatic stress disorder. Additionally, there are a significant number of clients present with employment problems related to post-war readjustment.

Rehabilitation Medicine Service

The Rehabilitation Medicine Service provides rehabilitation programming at all 172 VA medical centers and most satellite outpatient clinics. The VA also

Corrective therapy is one of many programs available for the rehabilitation of the disabled veteran.

There are 1,336 beds designated for rehabilitation medicine at 60 medical centers. Comprehensive rehabilitation centers are currently located at Boston, Massachusetts; Northport, New York; Tampa, Florida; Hines, Illinois; and Palo Alto, California. With the need to reduce in-hospital stays of veterans, additional emphasis for rehabilitation programming is being placed on the ambulatory care model and any services amenable to the disabilities of the veteran outpatient population. Efforts continue to improve the delivery of rehabilitation care to the veteran.

Rehabilitation of the whole person continues to be the goal in the rehabilitation process. In FY 1986, 5,749 patients at 42 VA medical centers were provided services in the Compensated Work Therapy Program (CWT). These patients were paid a total of $1,750,687 and worked a total of 790,186 hours. Services were provided to 3,825 nonservice-connected patients and 1,646 service-connected patients. Total expenditures for the program were $1,024,761.

This was a significant year for the Special Therapeutic Rehabilitation and Activities Fund. This program was established in 1974 by Public Law 94-581 but without any appropriations; consequently, it is self-sustaining. This law specifically authorized the Administrator of Veterans Affairs to enter into contractual arrangements to provide work projects from commercial enterprises which could be utilized in CWT programs for therapeutic treatment purposes. A revolving fund known as the Special Therapeutic Rehabilitation and Activities Fund was established in the Treasury of the United States. All funds received in the CWT program as a result of patients working for industry are deposited in this fund and monies are paid to patients at rates not less than specified in the Fair Labor Standards Act.

In order to meet the intent of the Gramm-Rudman-Hollings Act, $100,000 was sequestered and withdrawn from the fund. However, Public Law 99-576, the Veterans Benefits Improvement and Health Care Act, exempted the fund in future years. Also of significance in this law was the exemption of patients receiving nonservice-connected pensions from having to pay back, dollar by dollar, any earnings received during their therapeutic regime.[1]

Incentive therapy programs at 85 medical centers provided earnings of nearly $5 million for 23,228 veterans during the fiscal year. Previous problems encountered by veterans enrolled in these programs, involving pensions and work therapy pay, were alleviated by the enactment of Public Law 99-576.

Specialized training for severely handicapped veterans continued through the VA driver education program. Over 3,100 veterans were referred to programs at 39 medical centers during FY 1986, where 1,916 of the driver candidates successfully completed the program. Over 27,600 veterans have been referred to this program throughout the ten years of its existence; more than 310,000 hours of training were provided to the patients. Statistics show that the mix of those with disabilities enrolled in this program include 30 percent who had spinal cord injuries, 22 percent who had suffered a stroke, and 20 percent who were amputees, as well as enrollees in other categories. The program's primary effectiveness is in helping the severely disabled veteran to regain a certain measure of independence and mobility in his or her daily life.

Spinal Cord Injury Service

During FY 1986, the VA Spinal Cord Injury Service (SCIS) treated 7,705 inpatients. There were 740 patients who made their first visit to a VA SCI center; and 528 of these had sustained their injuries less than six months before admission. SCI Service also treated 12,948 outpatients who made a total of 38,981 patient visits.

The SCI Home Care program staff made 25,516 home visits, of which 14,869 visits were for quadriplegics and 10,647 visits were for paraplegics.

---

[1] *This information is provided in compliance with section 618, title 38, U.S.C.*

The Eastern Paralyzed Veterans Association (EPVA) has been instrumental in the support and funding of a new organization for spinal cord injury social workers and psychologists, the American Association of SCI Psychologists and Social Workers. This organization was developed to promote, develop, and improve the education and research related to the care of persons with spinal cord injury in the area of psychosocial issues and networking. The SCI Service has taken the major responsibility in organizing and building the elements of this professional group.

The SCI Service was involved in major educational initiatives during the fiscal year. The VA and the American Paraplegia Society (APS) sponsored the Annual SCI Seminar for approximately 1,000 VA SCI nurses and physicians. The SCI and the Rehabilitation Educational Program sponsored a workshop for vocational rehabilitation therapists, employment counselors, and counseling psychologists for SCI centers. Two other SCI workshops were given: SCI Home Care Coordinators for Quality Assurance and the Annual SCI Chiefs' Meeting.

In FY 1986 there was greater focus on the increase of SCI patients who are ventilator dependent. Two SCI services were provided additional beds and staff to meet these increased needs. A Clinical Service Task Force was also formed to study VA patients who are ventilator dependent.

Blind Rehabilitation Service

During FY 1986, 759 blind veterans were provided training at the five Blind Rehabilitation Centers and three Blind Rehabilitation Clinics. In addition, over 6,650 blind veterans received services from the 87 Visual Impairment Services Teams (VIST's).

During FY 1986, a total 20 Kurzweil Reading Machines (KRM's) were issued to eligible veterans using criteria and training programs developed by the Blind Rehabilitation Service. The KRM converts print to speech and enables blind persons to access most printed material without sighted assistance.

The Blind Rehabilitation Service monitors a field service contract with the Blinded Veterans Association (BVA) which provides assistance to blinded veterans who may not be integrated into the VA service system. The BVA accomplishes this with five blinded veterans traveling around the country motivating, counseling, and encouraging blind veterans to go to the VA for continuing services. Over 1,000 veterans were visited during FY 1986.

The Blind Rehabilitation Service collaborated with the Rehabilitation Education Program (REP), the Continuing Education Center (CEC), and Regional Medical Education Centers (RMEC's) to provide one Visual Impairment Services Team, one multidisciplinary team, and a pilot teleconferencing training program during FY 1986. Approximately 50 coordinators, blind rehabilitation specialists, nurses, audiologists, and social workers were given training to assist in developing optimum services delivery to blind veterans.

Blind Rehabilitation Service also collaborated with various services in VA Central Office to develop plans for a ten-bed Blind Rehabilitation Center in San Juan, Puerto Rico. This center will provide blind rehabilitation for the large number of blind Puerto Rican veterans while taking into consideration the cultural, climate, and language differences that have been a deterrent to their rehabilitation in the past. Ground was broken in 1986; the center is scheduled for completion in FY 1989. An interim day program accepted the first veterans for training in December 1985. A total of 15 veterans received training during FY 1986.

Audiology and Speech Pathology Service

During FY 1986, there were more than 656,800 patient visits reported by 139 VA audiology and speech pathology programs throughout the Nation. This represents a 3.6 percent increase in these services over the previous year. The number of hearing aids that were issued to eligible veterans during FY 1986 also increased. More than 48,000 hearing aids were issued; this represents more than three times the number the VA issued just eight years ago, and approximately 4,000 more hearing aids than were issued last year. Although the

The Eastern Paralyzed Veterans Association (EPVA) has been instrumental in the support and funding of a new organization for spinal cord injury social workers and psychologists, the American Association of SCI Psychologists and Social Workers. This organization was developed to promote, develop, and improve the education and research related to the care of persons with spinal cord injury in the area of psychosocial issues and networking. The SCI Service has taken the major responsibility in organizing and building the elements of this professional group.

The SCI Service was involved in major educational initiatives during the fiscal year. The VA and the American Paraplegia Society (APS) sponsored the Annual SCI Seminar for approximately 1,000 VA SCI nurses and physicians. The SCI and the Rehabilitation Educational Program sponsored a workshop for vocational rehabilitation therapists, employment counselors, and counseling psychologists for SCI centers. Two other SCI workshops were given: SCI Home Care Coordinators for Quality Assurance and the Annual SCI Chiefs' Meeting.

In FY 1986 there was greater focus on the increase of SCI patients who are ventilator dependent. Two SCI services were provided additional beds and staff to meet these increased needs. A Clinical Service Task Force was also formed to study VA patients who are ventilator dependent.

Blind Rehabilitation Service

During FY 1986, 759 blind veterans were provided training at the five Blind Rehabilitation Centers and three Blind Rehabilitation Clinics. In addition, over 6,650 blind veterans received services from the 87 Visual Impairment Services Teams (VIST's).

During FY 1986, a total 20 Kurzweil Reading Machines (KRM's) were issued to eligible veterans using criteria and training programs developed by the Blind Rehabilitation Service. The KRM converts print to speech and enables blind persons to access most printed material without sighted assistance.

The Blind Rehabilitation Service monitors a field service contract with the Blinded Veterans Association (BVA) which provides assistance to blinded veterans who may not be integrated into the VA service system. The BVA accomplishes this with five blinded veterans traveling around the country motivating, counseling, and encouraging blind veterans to go to the VA for continuing services. Over 1,000 veterans were visited during FY 1986.

The Blind Rehabilitation Service collaborated with the Rehabilitation Education Program (REP), the Continuing Education Center (CEC), and Regional Medical Education Centers (RMEC's) to provide one Visual Impairment Services Team, one multidisciplinary team, and a pilot teleconferencing training program during FY 1986. Approximately 50 coordinators, blind rehabilitation specialists, nurses, audiologists, and social workers were given training to assist in developing optimum services delivery to blind veterans.

Blind Rehabilitation Service also collaborated with various services in VA Central Office to develop plans for a ten-bed Blind Rehabilitation Center in San Juan, Puerto Rico. This center will provide blind rehabilitation for the large number of blind Puerto Rican veterans while taking into consideration the cultural, climate, and language differences that have been a deterrent to their rehabilitation in the past. Ground was broken in 1986; the center is scheduled for completion in FY 1989. An interim day program accepted the first veterans for training in December 1985. A total of 15 veterans received training during FY 1986.

Audiology and Speech Pathology Service

During FY 1986, there were more than 656,800 patient visits reported by 139 VA audiology and speech pathology programs throughout the Nation. This represents a 3.6 percent increase in these services over the previous year. The number of hearing aids that were issued to eligible veterans during FY 1986 also increased. More than 48,000 hearing aids were issued; this represents more than three times the number the VA issued just eight years ago, and approximately 4,000 more hearing aids than were issued last year. Although the

number of hearing aids issued is increasing significantly each year, the average cost to the VA for hearing aids has increased very little. Over the last eight years, the average cost to the VA has only increased $43 per aid to $162 in FY 1986. This low cost is directly attributable to the fact that the VA, through the Prosthetics Distribution Center at Denver, Colorado, purchases hearing aids directly from the manufacturers on a bulk basis. In addition, selection procedures used by the VA to obtain hearing aids from the manufacturers have been developed to assure that veterans will be offered only the best hearing aids that are commercially available.

In an effort to make audiology and speech pathology services available to veterans in areas remote from VA facilities, rehabilitation treatment is now being offered through the use of computers which call veterans at their homes by telephone. Therapy reference materials for home telephone use are provided to the veterans. The same material is programmed into the computer and a schedule for the computer to contact the veteran is determined. As the computer presents the programmed material, the veteran responds to directions or questions using a telephone touch-tone pad. Both errors and correct responses to the therapy material are recorded by the computer and the results of each therapy period are printed and sent to the veteran's therapist for review. It has been found that this system is as effective as face-to-face therapy situations for the majority of speech pathology patients. This program has been ongoing through the Birmingham, Alabama, Medical Center for more than six years and has been shown to be an extremely cost-effective and time saving approach.

With the assistance of the Continuing Education Center, VACO, and the Learning Resources Center, St. Louis, Missouri, a videotape entitled "Dysphagia: A Team Approach" was developed and distributed to all VA medical centers during the past year. The theme of this presentation is to encourage the initiation of or to enhance existing teams that provide treatment to veterans exhibiting dysphagia, or swallowing problems. It has been shown that more than 20% of the veterans in VA medical centers exhibit this disorder and, if left untreated, can lead to aspiration pneumonia. Based upon the reaction to the videotape, eight medical centers sent teams to the St. Louis RMEC for training in this area.

Prosthetic and Sensory Aids Service

The Prosthetic and Sensory Aids Service (PSAS) provides appliances, devices, and services to eligible veterans through a network of Prosthetic Treatment Centers, Prosthetic and Sensory Aids Services, Amputee Clinic Teams, Prosthetic/Orthotic Laboratories, Restorations Clinics and Special Teams for Amputation, Mobility, Prosthetics/Orthotics (STAMPS). During FY 1986, direct patient care services costing approximately $97 million were provided to more than one million disabled veterans, most of whom are permanently disabled.

A sample of the items distributed in FY 1986 is provided in the following chart:

Items	Number	Total Cost
Aids for blind	17,315	$ 1,243,038
Artificial limbs	10,778	16,926,169
Braces	42,335	3,706,735
Eyeglasses	110,031	3,348,745
Hearing aids	48,052	7,606,938
Shoes	33,344	2,276,291
Wheelchairs	28,683	970,305

**These data for FY 1986 are not comparable to those four prior years due to a refinement in the accounting system.*

The budget of Prosthetic and Sensory Aids Service continues to increase. Contributing to these increased costs are the ever increasing sophistication of technology available for use by the disabled, the increasing number of veterans who are becoming disabled because of age, continuing liberalization of eligibility

requirements by Congress, and changes in legislation which have expanded the numbers and kinds of prosthetic devices that may be provided. These trends are expected to continue.

In coordination with the Office of Program Analysis and Evaluation, studies of Orthotic Laboratories and Shoe Last Clinics are currently being conducted. Efforts are underway to coordinate the provisions of prosthetic services at smaller facilities and to promote more uniform and efficient delivery of services. PSAS assisted the Department of Defense in developing a proposal to assist developing nations in rehabilitating their disabled veterans, and also responded to a request from the Health Care Financing Administration to review possible changes in schedules of fees for service in the procurement of artificial limbs and braces.

Agent Orange

The Veterans Administration continued its activities, begun in 1978, to resolve the complex health care issues raised by the defoliant Agent Orange. During FY 1986, Agent Orange remained a key issue for Vietnam veterans concerned about the possible adverse health effects of this herbicide. The Agent Orange Projects Office, located within the VA's Department of Medicine and Surgery, served as the Agency's primary office responsible in FY 1986 for the conduct of significant Agent Orange research. This office also assumed responsibility for monitoring Agency and interagency activities undertaken to resolve the health care issues raised by the use of phenoxy herbicides and other defoliants used during the Vietnam conflict.

A major epidemiology study of the health status of Vietnam veterans, a study conducted under terms of an interagency agreement between the VA and the Centers for Disease Control (CDC), Atlanta, Georgia was continued to be funded and monitored by the VA during FY 1986. Under the terms of the interagency agreement, the VA is providing CDC with resources and authority for the implementation, analysis, and scientific interpretation of a valid epidemiological study. The study consists of three major research efforts including a Vietnam Experience Study component, an Agent Orange study, and a Selected Cancers Study component.

Public Law 99-272, the Consolidated Omnibus Budget Reconciliation Act of 1985, mandates the VA to provide for the conduct of an epidemiological study of any long-term adverse health effects experienced by women who served in the Armed Forces in Vietnam. In September 1986, a contract for the development of a protocol for the conduct of the study was awarded.

During FY 1986, the VA pursued the initiation and/or continued implementation of several significant Agent Orange-related research efforts. These studies include a Vietnam Veterans Mortality Study, and a Soft Tissue Sarcoma Study, a study being conducted in cooperation with the Armed Forces Institute of Pathology. Ongoing studies also underway include a Women's Vietnam Mortality Study and a Retrospective Study of Dioxins and Furans in Adipose Tissue, a study being jointly conducted by the VA in cooperation with the Environmental Protection Agency. In addition to these efforts, the VA continued the conduct of a number of VA investigator-initiated 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 by a contractor, was submitted to the VA in October, 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 the possibility of long-term adverse health effects in humans from exposure to phenoxy herbicides. In April 1983 and in September 1986, contracts for an updated review and analysis were awarded. To date, an additional four volumes and two lay language summaries have been published. These significant and unique research resources have been widely distributed both within and outside the VA as a resource for scientists and others concerned with the study of the possible health effects of Agent Orange and other phenoxy herbicides.

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. During FY 1986 there were approximately 800 inpatient admissions to VA health care facilities and an estimated 100,000 outpatient visits by Vietnam veterans under the authority of this legislation.

In addition, during FY 1986, other program activities, including conduct of the VA's Agent Orange Registry (AOR), and the initiation of special quality assurance AOR reviews and Chloracne Task Force activities, were continued as a part of the VA's overall effort related to the Agent Orange issue. Two professional monographs, *Birth Defects and Genetic Counseling*, and *Cacodylic Acid: Agricultural Uses, Biologic Effects and Environmental Fate*, were published in October and December 1985, respectively, by the VA.

As of September 30, 1986, a total of over 216,000 Vietnam veterans had reported to VA health care facilities to participate in the VA's Agent Orange Registry (AOR) program of physical examinations. This program, coordinated by environmental physicians located at each VA health care facility, is being conducted in the effort to identify Vietnam veterans concerned about the possible adverse health effects of exposure to Agent Orange. Approximately 12,000 of these veterans participated in the examination program during FY 1986. Personal, service, and medical information from the examinations is placed into a special computerized register to assist the VA in its efforts to serve these individuals. The AOR is used for the periodic updating of addresses of registry participants to assist in providing them with 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.

Through Agency directives and ongoing special nationwide bi-monthly conference calls with environmental physicians and other key staff members, the VA is pursuing its goal 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 of significant scientific, medical, and other information to each VA environmental physician.

During FY 1986 the VA maintained an active dialogue and liaison with other Government agencies and public institutions involved in Agent Orange research. Contact was also maintained with foreign governments in Australia and Italy concerned with the possible adverse health effects of the exposure of civilian and military populations to dioxin.

The VA continued its participation as an active member of the Domestic Policy Council's 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 Agent Orange issue.

During FY 1986, the VA's Advisory Committee on Health-Related Effects of Herbicides continued its goal of providing a better forum for discussions of epidemiology and biostatistics, and served to enhance further interaction 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 provides the general public with the opportunity to make comments on VA Agent Orange-related policies and activities.

Health Care for Female Veterans[1]

During FY 1986, the Department of Medicine and Surgery continued to emphasize the goal of providing equitable quality health care for female veterans.

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

All VA medical centers and outpatient clinics have plans for the care of female veterans with special attention to the provision of adequate gynecological services. A chapter on Female Veterans was included in the VA Manual for Clinical Affairs for the first time in 1986. Projects to correct physical limitations in health care facilities which might interfere with equal access to care are in progress. Every medical center and regional office has a Coordinator of Women Veterans who serves as an advocate for women and facilitates entry into the system. The second national conference was held for the coordinators in Washington in August 1986.

The VA Preventive Health Program implemented in FY 1986 includes osteoporosis counseling specifically targeted at women veterans. The mammography screening pilot program initiated at the VAMC Minneapolis, Minnesota continued in 1986. Several VA medical centers also established women's clinics with an emphasis on preventive health care.

The VA Advisory Committee on Women Veterans, consisting of 16 women and 2 men and 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 women veterans, met twice in FY 1986. The committee continued to provide advice to the Administrator and the Department of Medicine and Surgery on the needs of women veterans. A report to Congress was submitted July 1986; it included recommendations on issues such as the aging woman veteran, osteoporosis, research, mammography, smoking facilities, outreach, employment, and education. A paper entitled *Women Veterans Exposure to Combat*, which was presented to the committee during its March meeting, was included as an appendix in order to receive wide circulation.

Health Care for Former Prisoners of War[1]

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 as presumptive for service-connection for former prisoners of war (POWs). The diagnoses were avitaminosis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra, other nutritional deficiencies, and any of the anxiety states which became manifest to a degree of 10 percent or more after active military service. In 1983 Public Law 98-223 added dysthymic disorder to the list of diagnoses. Public Law 99-576 added organic residuals of frost-bite and post-traumatic osteoarthritis to these diagnoses.

There are an estimated 80,800 former prisoners of war alive: 277 from World War 1; 76,403 from World War II; 3,505 from the Korean conflict; and 615 from the Vietnam era. One of the early recommendations of the Former Prisoners of War Advisory Committee was that the Department of Medicine and Surgery develop a standard protocol for obtaining the history and medical evaluation of former 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 physician, administrative, and social work coordinators at all medical centers to handle the former POW examination program. A senior medical clinical coordinator exists in each medical district, and a new chapter to the Physician's Guide, "Medical Evaluation for Former Prisoners of War," was added.

DM&S has conducted an extensive sensitization program beginning with an educational conference in April 1983 in VA Central Office for 28 senior medical clinical coordinators. A National Educational Conference on former POWs was conducted in Dallas, Texas in March 1985. More than 200 DM&S employees attended the conference, including physicians, social workers, and administrative staff. The objectives of the conference were to update field person-

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

nel regarding the special needs of former POWs, to provide staff with data from the statistical tracking system, to discuss the continuing treatment needs of former POWs, and to review the pertinent research studies related to former POWs.

DM&S conducted a Former Prisoner of War Followup Conference in Williamsburg, Virginia in September 1986. The purpose of the conference was to update the senior medical clinical coordinators on the continuum of needs of former POWs, the current research studies related to former POWs, the sensitivity needs of former POWS, and the followup needs of former POWs. In addition, there have been over 300 educational programs conducted in VA field facilities. The Department of Medicine and Surgery regularly disseminates information on the problems of former POWs through conference calls and information letters to the field.

Systematic external (quality assurance) reviews of the former POW programs in the field facilities have continued to be conducted since May 1984.

In 1984, DM&S developed a former POW statistical tracking system. Each medical facility was requested to provide information on former POWs who had entered the program as of July 1, 1983. The September 1986 report showed that approximately 22,800 former POWs had been examined.

During 1986 the VA provided funding of $70,145 to the National Academy of Sciences for an ongoing study of morbidity and mortality in former prisoners of war.

Public Law 99-166 authorized the VA to furnish counseling to former prisoners of war to assist in overcoming the psychological effects of being a prisoner or war. A survey conducted in April 1986 identified approximately 5,885 former POWs in active psychological counseling at 146 VA health care facilities. In addition, approximately 1,240 families of those former POWs were receiving care in VA counseling programs.

Preventive Health Services[1]

The VA Preventive Health Program was initiated in FY 1985 and continued in FY 1986. Each VA medical center has a Coordinator of Preventive Health Care who oversees the program on a local level. Broad guidelines for these programs were provided by the DM&S preventive health care task force established in 1984 and updated with input from an ad hoc field advisory group reflecting field expertise in prevention research and practice.

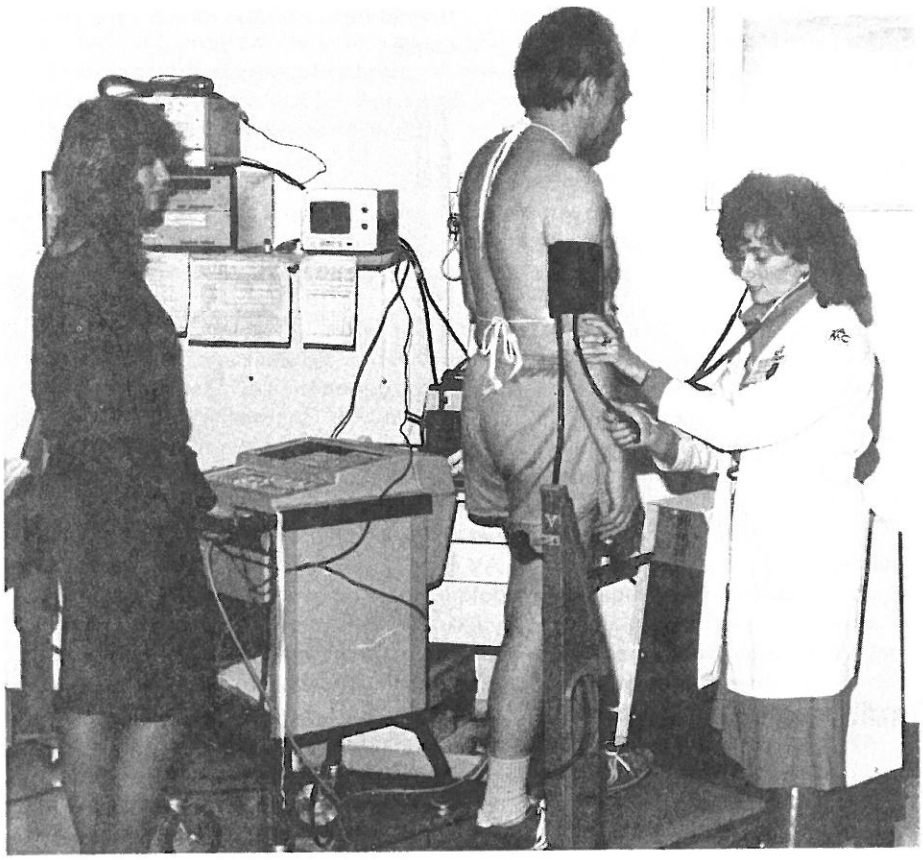
The program stresses nine risk factor interventions based on areas of high mortality and morbidity in the VA patient population, existing program capacity, and DM&S goals and objectives. Included are the following:

- Hypertension screening and treatment;
- Alcohol abuse counseling;
- Nutrition and weight control;
- Smoking cessation;
- Physical fitness and exercise;
- Influenza immunization;
- Colorectal cancer screening;
- Osteoporosis counseling

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

- Diabetic retinopathy screening

During FY 1986 the special emphasis on influenza immunization begun in FY 1985 was continued. Ninety-eight percent of all VAMCs participated in the immunization program and over 135,000 veterans were immunized, a 30% increase over FY 1985. Fifty-seven percent of all VAMCs also participated in the physical fitness program involving over 160,000 veterans. In addition to the nine interventions listed previously, 85 facilities reported having additional preventive health programs in such areas as breast and uterine cancer detection, pneumococcal immunization, dental disease prevention, hearing conservation, and glaucoma screening.



Preventive health care is put into practice with this treadmill stress test and electrocardiogram (EKG).

Neurology Service

The Agency's 85 neurology services, with 320 staff physicians and 2,400 operating beds, treated 39,000 inpatients, essentially the same as for FY 1985. The four most common problems treated were cerebrovascular disease, 30 percent; epilepsy, 17 percent; dementia, 15 percent; and neuromuscular disease, 13 percent. Together these accounted for three-fourths of the clinical workload. The number of house staff positions allocated was 318; this comprises 25 percent of all neurology training positions in the Nation. The VA's program in neurology continues to play a significant role in providing quality health care for the veteran patient.

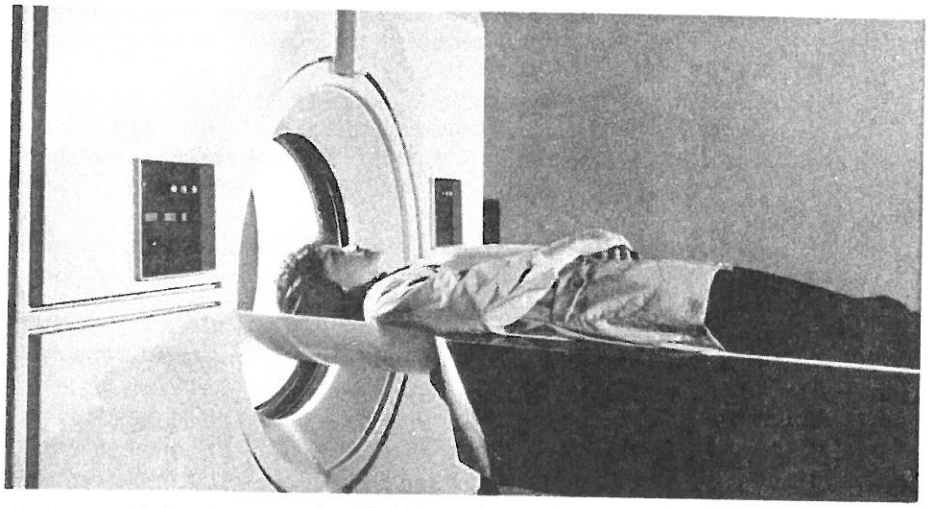
Nuclear Medicine Service

Nuclear medicine programs provide diagnostic and therapeutic services in 130 VA Medical Centers. In 1986, over three million nuclear medicine procedures were performed requiring an annual budget of approximately $40,000,000.

Nuclear Medicine Service continues to participate in the installation and assessment of high technology devices and, in addition to the Positron Emission Tomography (PET) systems installed at VAMCs in West Los Angeles and Washington DC (in cooperation with National Institutes of Health), two more PET systems were acquired in 1986.

Nuclear medicine educational programs for residency training leading to eligibility for certification by the American Board of Nuclear Medicine continue to play an extremely important role in the preparation of professionals for this discipline. Forty-one programs involving 60 residents are presently approved and active in this effort.

Nuclear Medicine Service is also involved in many research activities such as atherosclerosis; adrenal function; alcoholism; blood-brain barrier; bone marrow; cerebral circulation; cardiac function; catecholamines; endocrine function; immunology; inflammation; kinetics of tumor localization; nuclear magnetic resonance; peripheral vascularity; positron scanning; radiation wound healing; radiopharmaceutical development and design; renal and pancreas transplants; thyroid function; and monoclonal antibodies for the diagnosis and treatment of cancer.



Positron emission tomography (PET) scanning technology has helped bring state-of-the-art care to our Nation's veterans.

Radiology Service

Radiology Service in the Veterans Administration performed over 5,500,000 x-ray examinations in FY 1986. The total number of studies has remained relatively constant over the past three years, but complicated procedures such as interventional radiography and computerized tomographic studies have increased significantly.

Radiological services are an important facet of providing total health care.

There were over 24,000 patients treated in the 26 radiation therapy facilities in FY 1986.

Magnetic resonance imaging is now functioning in three medical centers and equipment has been purchased for an additional ten medical centers.

An additional 13 computerized tomography (CT) machines were purchased in 1986; there is now a total of 95 medical centers with CT equipment installed.

The pilot mammography system at VAMC Minneapolis has proven very successful. This program will be expanded to other medical centers in the coming year.

The software program necessary to computerize the reception, reporting, and recordkeeping functions of radiology is now in place at over 40 VA medical centers. The program will be distributed to all hospitals and clinics as the appropriate hardware becomes available.

Dentistry

The VA manages the largest 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 1986, several advisory task forces, composed of VA dentists actively involved in the administration of clinics and/or the treatment of patients, provided valuable input for the conduct of special dental programs. Outcomes included the selection of candidates for Chief of Dental Service training, recommendations for VA policy on dental implants, and guidelines for multidisciplinary involvement in oral health care of extended care patients.

The Office of Dentistry published policy requiring the development of interdisciplinary treatment protocols at each VA facility, addressing the management of hospitalized patients having medical problems complicated by or related to oral conditions whose treatment is usually under the jurisdiction of the Dental Service. A non-directive program guide was issued concurrently which provides examples of protocols as well as informative material relating to medical conditions for which medical/dental interaction is often indicated. The American Dental Association has adopted this guide as a model which, with some modifications, will be published for use by hospital dentistry programs nationwide.

The Office of Dentistry initiated a number of efforts to stimulate Dental Service research. VA field Dental Service experts met with non-VA researchers and representatives from Central Office and the National Institute of Dental Research to determine the potential of collaborative research on oral-facial pain and on the oral manifestations of AIDS. In addition, using a task force of health services researchers, the Office of Dentistry has developed and disseminated an agenda of research questions relevant to high priority Dental Service policy and planning issues.

Five VA-trained dentist geriatric Fellows who completed a two-year program were employed in VA health care facilities. This brings to 14 the number of medical centers employing these uniquely trained individuals. The contribution of these Fellows to geriatric dentistry within and outside the VA has been significant. A survey of the oral health needs of patients in VA nursing homes has been developed, and is being conducted by former and present participants in this program. For their project on the oral health care of the Alzheimer's patient, two of the Fellows were awarded the Geriatric Health Care Award first prize, sponsored by the Council on Dental Health and Health Planning of the American Dental Association and the Warner Lambert Company.

A collaborative project involving the VA, the National Institute on Aging (NIA), and the National Institute of Dental Research (NIDR) resulted in an agenda containing the research recommendations of national experts on the oral health and related problems of the elderly. A catalog of relevant resources and activities

among the three agencies was also completed. Staff of the NIA, NIDR, and VA are preparing an implementation plan recommending cooperative efforts for the participating agencies to achieve the research objectives.

September 1986 marked the end of the first year since the completion of the training of dental assistants from twelve VA medical centers in expanded functions at the Western Dental Education Center in West Los Angeles, California. Office of Dentistry evaluation site visits to these facilities found that the training did indeed result in more efficient delivery of services at these locations, as well as providing the dental auxiliaries career advancement opportunities.

At the beginning of FY 1986, the Office of Dentistry implemented the new dental data system. This new approach to data collection has numerous advantages over the previous system. First, an error check system at data entry level greatly improves the accuracy of the data. Second, the data are more patient-specific, which allows for cross referencing with other VA data bases such as the Patient Treatment File. Third, the data output is presented in formats that are easy to review and analyze at both the field level and in Central Office. The implementation of this new data system will assist in reviewing staffing patterns, developing resource allocation models, analyzing dentist performance standards, and determining the allocation of advanced education dental positions.

The VA also initiated its first residency in Dental Public Health. This new advanced education dental program, which is a cooperative effort between the VAMC Perry Point, Md., and VA Central Office, integrates well with the Geriatric Fellows dentist training program.

As shown in the accompanying table, 120,792 outpatients were treated by VA dental staff, representing a three-percent increase over FY 1985. A six-percent decrease in the number of patients seen by private sector dentists over the previous year also occurred, resulting in a savings of approximately $1,400,000 in fee-basis funds. In comparison to the dramatic fee-basis reductions experienced in previous fiscal years, the decrease in FY 1986 over FY 1985 was a moderate one. It appears this program has reached a plateau, and it is estimated that expenditures will remain relatively constant in the near future.

Dental Service-Connected Outpatient Program

Item	FY 1986	FY 1985	FY 1984	FY 1983	FY 1982
Staff and fee cases-Total completed	141,944	139,455	135,556	138,534	149,700
Staff cases completed	120,792	116,867	111,643	107,653	97,768
Yearly change	+3,925	+5,224	+3,990	+9,885	+11,732
Percent change	+3	+5	+4	+10	+14
Fee cases completed	21,152	22,588	23,913	30,881	51,899
Yearly change	-1,436	-1,325	-6,968	-21,018	-22,629
Percent change	-6	-6	-23	-40	-30
Funds obligated (thousands)	$11,200	$12,600	$13,330	$16,954	$30,548
Yearly change (thousands)	-$1,400	-$730	-$3,624	-$13,594	-$19,757
Percent change	-11	-5	-21	-45	-39

Optometry Service

Eye care of the aging veteran continues to be a major emphasis of the Optometry Service. Due to the rapid increase in the number of older veterans and the associated ocular conditions occurring with aging, there has been an in-

crease in the number of patient visits to optometry clinics. The Optometry Service continues to emphasize the care of geriatric patients, and in particular, the partially sighted older veteran. Efforts to establish additional Vision Impairment Centers to Optimize Remaining Sight (VICTORS) to meet this need for geriatric eye care are on-going.

The increased use of weighted work units and diagnosis related groupings (DRGs) in resource allocation has resulted in the further documentation of the cost-effectiveness of optometric care. The analysis of DRG and weighted work units from VAMCs with eye clinics staffed by ophthalmologists and optometrists (co-management eye clinics) shows that such eye clinics are highly cost-effective. As a result, several VAMC directors in the past year have added Doctors of Optometry to their staff and moved towards team delivery of eye care at their facilities with optometrists providing triage and primary eye care.

Teaching affiliations between VAMCs and schools and colleges of optometry have continued. The VA has long been a pioneer in the development of residency teaching affiliations in optometry; to date, there are 51 residents at 33 different VA medical centers. In addition, approximately 80 optometry interns receive training at 40 different VAMCs at any given time. The VA has therefore developed into a national educational resource for the clinical training of optometrists.

This year, in line with other quality assurance efforts within the VA, the Optometry Service has initiated an arrangement with the American Optometric Association's Council on Clinical Optometric Care (CCOC). VAMCs affiliated with schools and colleges of optometry are currently evaluated and accredited by the council on optometric education of the American Optometric Association. It is anticipated that the CCOC will begin site visits and will accredit those Optometry Services at VAMCs that are not affiliated with schools or colleges of optometry. The CCOC is recognized by the JCAH; its accreditations will result in JCAH approval.

VA staff optometrists, many of whom were trained as residents by the VA, continue to contribute to optometric research. A sizeable percentage of the articles published in the major optometric journals have been authored by VA optometrists in the past year. In addition, this year VA optometrists authored numerous papers and developed a variety of case presentations for the American Academy of Optometry.

This year the Board of Trustees of the American Optometric Association amended its by-laws to form a new group of Federal optometrists. For many years the Armed Forces Optometric Society (AFOS) consisted of only military optometrists. However, in recognition of the growing numbers of VA optometrists and the role they are playing in education and research, the AFOS constitution was amended to incorporate VA optometrists. It is expected that this now larger group of Federal optometrists will play an increasingly responsible role in the American Optometric Association.

Recently issued Medical District Initiated Program Planning (MEDIPP) guidelines contain specific program guidance for optometry stressing the importance of establishing regional VICTORS programs and specialty clinics in each district. With the aging of the veteran population, it is anticipated that greater use of interdisciplinary eye clinics will result in the VA providing more comprehensive as well as cost-effective eye care by better utilizing optometrists as primary eye care specialists.

Podiatric Service

During 1986 the Podiatric Service continued to work with VA medical centers and clinics in the expansion of patient care programs, with particular emphasis on the aging veteran and the seriously disabled veteran.

Podiatric Service in VA Central Office, in conjunction with the Podiatric Service, VA Medical Center, Montrose, New York, sponsored the Fifth Annual Podiatric

Medical Seminar. The emphasis of this seminar was the geriatric patient and the importance of the Podiatric Service as a member of the patient treatment team. Over 300 podiatrists and other professionals attended this seminar.

Podiatric and student training programs in the VA continue to attract large numbers of candidates from colleges of podiatric medicine. During 1986, 34 VA medical centers sponsored podiatric residency programs for 84 residents. The Department of Defense maintained sharing agreements with several VA medical centers for training podiatrists in post-doctoral education.

Many VA podiatrists serve on Special Teams for Amputation Mobility and Prosthetics (STAMP) teams which provide service to severely injured veterans and have also established programs for the foot care of spinal cord injured patients. Podiatric research projects are also underway on diabetic foot disease and peripheral vascular disease. Each project is sponsored by the podiatric service of the individual medical center in conjunction with the medical and surgical services and the respective affiliated medical colleges.

Pathology Service

There was significant progress in management information systems design and its application to VA medical center laboratory operations during FY 1986. The third edition of the monograph "Managing Clinical Costs," published by the Veterans Administration, was distributed to all VA medical center directors and chiefs of Laboratory Service in August 1986.

Designed as a consultative tool to identify the areas of laboratory practice that are known to produce the greatest utilization of resources in VA medical center laboratories, the monograph, which was enthusiastically received by VA medical center directors and managers, allows each laboratory to compare itself with its clinically and functionally similar peers. The graphic peer group displays readily illustrate differences and similarities in staffing, operational costs, fee basis costs, and equipment lease/rental costs for each laboratory within its own peer group.

Special Reference Laboratories have existed since 1968. During FY 1986 policy was developed to permit expanding this resource to all clinical services in VA medical centers in addition to those special reference laboratories presently in operation. This policy makes it possible for a VAMC laboratory service with expertise in a specific area to develop a reference laboratory. Special laboratories can become fiscally self-sufficient through a cost transfer system and development of sharing agreements.

The majority of laboratories in the larger medical centers were already partially or fully operational in FY 1986. Subcommittees of the Laboratory Special Interest Users Group have been formed to deal with aspects of future lab software development.

Since 1985 three conference/workshops have been held entitled "Laboratory Diagnostic Related Groups: A New Method of Reducing Laboratory Costs," attended by over 90 VAMC clinicians and pathologists at 70 VA medical centers. Over 100 DRG principal diagnoses have been matched with clinical histories from the Medical Knowledge Self-Assessment Program. A cost reduction survey using laboratory diagnosis related groupings (LDRGs) has been mailed to selected VA medical centers. The results of these data are being collected and collated for review and will be returned to the medical centers for their additional input. The final results of this nationwide survey will be used both as a cost containment tool and as an education model for reducing the number of laboratory tests used for each principal diagnosis. This model will be incorporated as a future enhancement to the Laboratory Decentralized Hospital Computer Program module.

As an integral part of the LDRG methodology, a cost accounting technique for determining the cost per test for automated laboratory instrumentation was enhanced and expanded during FY 1986. Cost data were received from

selected VA medical centers for several different automated analyzers. It is expected that this technique will allow nationwide dissemination of information on comparative costs for specific brands of laboratory analyzers to all VA medical center laboratories.

An extension of the pre-design checklist used for capturing data relative to planned laboratory construction/renovation was included as part of the "Managing Clinical Costs" publication. The data obtained from the submission of these forms has enabled Pathology Service to make further distinctions among peer group laboratories, based on a scoring system for the number of actual functions performed by each laboratory. During FY 1986, a computer program was written to determine laboratory space requirements for such construction projects utilizing workload and cost accounting data. This new approach to assigning space is expected to significantly reduce future space requirements. In addition, comparative staffing data, including salary levels, was obtained using the checklist that permitted development of staffing guidelines representative of each laboratory section's level of activity. This has become a part of the Medical District Initiated Planning Process (MEDIPP) and is now updated annually.

In March 1986, an updated version of the Laboratory Clinical Activity Profile (LCAP) was produced. The LCAP is Pathology Service's method of comparing peer group laboratories of similar clinical activity, so that comparisons regarding workload, staffing, and expenditures can be made with a greater degree of validity than previous comparisons. Utilizing the computer resources of the National Institutes of Health, a cluster analysis was performed on selected laboratory data extracted from the VA's data systems. The laboratory effort expended on behalf of medicine, surgery, and staff outpatient visits was compared to the laboratory activity observed in the chemistry, hematology, and microbiology sections. Collectively, these figures represent a nationwide average of 90 percent of all test request input and 85 percent of all laboratory output. In FY 1986, the methodology was refined by adding VA medical center turnover rates and total annual staff outpatient visits to the analysis.

This method allows Pathology Service to plan space, staffing, equipment, and budget resources effectively, by categorizing the clinical and functional similarities of VA medical center laboratories.

Quality Assurance and Laboratory Accreditation

As of September 1986, 197 laboratory services which were enrolled in the College of American Pathologists Laboratory Inspection Program were inspected and fully accredited. Only one program failed to pass inspection and is being reinspected. This accreditation is recognized by the Joint Commission on Hospital Accreditation in lieu of its own evaluation process for the accreditation of VA medical center laboratories.

During FY 1986, Pathology Service completed computerization of its quality control program for diagnostic surgical pathology and autopsies. This computer program records results of peer-reviewed cases provided by the VA's sharing agreement with the Armed Forces Institute of Pathology. The revision became effective in the first quarter of FY 1986 and is expected to enhance the accuracy of diagnostic surgical pathology and cytology in all VA laboratory services.

As of September 30, 1986, there were 520 FTE pathologists, 187 FTE senior scientists, and 5,725 FTE technical staff in VA medical center laboratories. Laboratory testing was provided in 160 medical centers, 5 independent outpatient clinics, 39 satellite clinics, 3 regional office clinics, and 1 domiciliary. Diagnostic electron microscopy units were operated in 48 medical centers.

Comparative laboratory statistics are shown in the following table:

Total Procedures (in millions)	Fiscal Year			
Clinical Pathology	1986	1985	1984	1982
Procedures (unit count)	183.0	173.2	166.6	232.0
Workload (unit value)	587.7*	564.3	553.6	721.8
Blood Transfusions (unit count)	738,207**	741,162	727,539	623,510

* Total workload for FY 1986 increased 4.1 percent over FY 1985

** For the first time since FY 1979, total blood donations for a fiscal year declined (by 1.8 percent) and the number of units transfused fell by 0.4 percent. There may be several reasons for this. Because of the widespread fear of AIDS, some regular blood donors have become reluctant to donate. And although all blood donated for transfusion is now tested for the antibody to the AIDS virus, some patients have elected to refuse transfusion unless absolutely necessary. Autologous blood transfusions are now being used in several VA medical centers.

The method used for counting laboratory workload for most automated instruments was radically changed in 1983, by the College of American Pathologists (CAP), which sets the standard values for unit count and unit value. This event invalidates the 1983 workload totals. The unit of count is now the panel, or batch, rather than the 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.

Procedures in Anatomic Pathology	FY		
	1986	1985	1984
Surgical accessions	472,402	421,786	419,152
Cytology accessions	197,682	198,172	194,567
Autopsies	13,886	15,215	15,251
Autopsies as percent of deaths	28.2%	30.5%	32.0%
Deaths	49,241	49,949	48,318

Review of productivity in anatomic pathology reveals a 12 percent increase in the number of surgical specimens accessioned in FY 1986 over the number accessioned during FY 1985. There was a minimal decline (less than one percent) in cytology specimens accessioned for the same period.

The rate of autopsies as percent of deaths continues to decline. For the nine-year period from FY 1978 through FY 1986, the percentage rate has fallen from 37.6 to 28.2. This trend received an impetus in 1971 following the Joint Commission of Accreditation of Hospitals eliminating the established autopsy rate of 20 percent.

Nursing Service

Many of the Nation's hospitals are experiencing shortages in critical care and general medical-surgical nurses. In the VA, the shortages are more acute in major metropolitan areas where many tertiary care hospitals are located than in the long-term care facilities or in locations where the VA is the sole or principal employer. The VA is responding actively to the challenge of a nationwide nursing shortage. In order to become competitive, 89 medical centers are using special salary rates for nurses. These efforts have aided medical centers experiencing recruitment difficulties.

VA nurses strive to put the "care" in quality health care services.

The executive development of nurse leaders through preceptorship training for the positions of Assistant Chief, Nursing Service; Associate Chief, Nursing Service for Education; and Associate Chief or Supervisor, Nursing Home Care Unit continues to be a priority issue for Nursing Service. Selection of key nursing personnel is made by the use of performance-based interview concepts during the interview.

Bioethical issues have been emphasized by Nursing Service via nationwide teleconferences and in nursing newsletters. Nursing services at many centers have held workshops and conferences on bioethics for all levels of nursing employees.

By helping to establish criteria for renovations and new construction projects, Nursing Service has an opportunity to provide input for the planning process for areas affecting nursing.

Nursing services across the country have updated and developed policies and procedures related to infectious diseases, particularly AIDS. Additional program initiatives have emphasized care of female veterans and aging veterans. Leadership and direction in the nursing care of the aged veteran have been particular concerns of Nursing Service.

Collaborative endeavors between chief nurses and deans of nursing schools are supported by Nursing Service. Participation on Deans' Committees, jointly sponsored conferences, and joint appointments are a few examples of collaborative efforts that impact on quality patient care. VA Central Office Nursing Service continues to maintain a formal liaison with the American Association of Colleges of Nursing.

The VA Gerontologic Nurse Fellowship Program is a two-year fellowship for doctoral candidates in nursing who have a clinical focus in geriatrics and gerontology. Continuing efforts are being made to recruit qualified candidates into this innovative program. The fellowship program helps to alleviate a critical shortage of geriatric nurse clinicians, educators, administrators, and researchers who are adequately prepared to provide leadership in long-term care to the aging veteran population.

Nursing Service's Special Interest Users Group (SIUG) is actively involved in developing the computerized nursing information system. Nursing has been divided into six areas: order entry/results reporting, clinical practice, administration, education, research, and quality assurance. The nursing education and administration automated data processing package is being tested at three VA medical centers and is currently being verified at the Birmingham Information Systems Center.

Research remains a significant focus of Nursing Service. The number of funded nursing research projects continues to rise. VA nurses are receiving funds from all VA intramural sources, and from other government and private sources. Nursing Service's commitment to nursing research ensures that nursing care for veterans is based on sound scientific principles.

VA nurses continued to receive significant national recognition for outstanding professional contributions. The American Nurses' Association, through its cosponsors, the Ethnic/Racial Minority Fellowship Programs and the Cabinet on

Human Rights, awarded Ms. Vernice Ferguson, Deputy Assistant Chief Medical Director for Nursing Programs, a first-kind honor for her public service contributions to science and nursing. Also, a VA nurse, Ms. Connie Boatwright, received the Arthur S. Flemming Award from the Downtown Jaycees of Washington, DC.

Pharmacy Service

During FY 1986, approximately 52 million prescriptions for ambulatory patients were dispensed from 225 pharmacies. In addition, over 297 million inpatient medication doses and approximately 11.6 million intravenous and total parenteral nutrition solutions were prepared and distributed. The acquisition cost for drugs and pharmaceuticals was approximately $569 million.

In FY 1986, the major issues confronting Pharmacy Service were efficient resource management; computerization of outpatient and inpatient pharmacy services; continuing implementation of the unit-dose medication system; recruitment and retention of personnel; improved drug procurement activities; and the promotion of quality and enhanced patient-oriented services.

At the end of the fiscal year, total unit-dose medication systems were funded for 123 VA medical centers and over 63,000 beds. The program has resulted in a reduction in potential losses, lower probability of medication errors, less potential for theft, savings in nursing time devoted to medication activities, and complete medication profiles on inpatients.

The Veterans Administration/Department of Defense (VA/DoD) Shared Procurement Program continues to expand, resolving contract differences when they appear between the agencies. Joint efforts are directed to the standardization of pharmaceutical description, nomenclature of items, and improvement in procurement efficiency and effectiveness.

Recruitment and retention of pharmacists continues to be an important priority issue. The problems encountered in hiring pharmacists were once restricted to geographical locations. The availability of pharmacists is rapidly becoming a nationwide issue, a shortage of professionals that is expected to extend into the next decade.

The VA provided funding for a total of 73 pharmacy residents in FY 1986. All VA-funded residency programs are accredited by the American Society of Hospital Pharmacists. Thirty-seven of the residents were enrolled in the clinical pharmacy program. In addition, eleven residents received training through the Interdisciplinary Team Training in Geriatrics program, eight in the Geriatric Research, Education, and Clinical Centers, which stress the interdisciplinary team delivery of care to older veterans. Three more residents received training through the geriatric expansion program which offers extensive clinical experience in providing clinical pharmacy services to geriatric patients. Eight VA pharmacists yearly receive on-the-job managerial experience from selected preceptors in the Management Training Program.

Clinical pharmacy services are becoming an important part of Pharmacy Service operations, not only in improving the quality of health care related to drug therapy, but also in supporting cost-efficient management techniques.

A Special Interest Users Group (SIUG), 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. During FY 1986 all VA medical centers installed the outpatient pharmacy software. The Pharmacy SIUG has completed the VA-Developed Therapeutic Classification System and the prescription drug component of the reference VA National Drug File to be implemented during FY 1987.

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.

A Regional Pharmacy Advisory Council (REPAC), comprised of Chiefs of Pharmacy Service representing each of the seven geographical regions, has been established. The purpose of the council is to facilitate information exchange and dissemination between Central Office and the field. The REPAC members presented issues from their respective regions and grouped them into seven categories: human resource management, with specific emphasis on the recruitment and retention of pharmacists; regional pharmacy advisory council concept; material resource management; information resource management; public relations; program enhancement, including the development of "Centers of Excellence" in the regions; and research development and new technology.

Dietetic Service

During FY 1986, more than 79 million meals were served at a cost of $1.20 per meal (a slight increase from FY 1985). Efforts are being concentrated on the early identification of patients at potential nutritional risk in order to affect length of stay. The establishment of standards and levels of nutritional care and clinical privileges assist in effectively meeting this goal. Dietitians with specialized knowledge are being recruited to meet the increasingly complex needs of these patient populations. A national initiative has been launched to identify and document the costs and benefits of clinical nutrition services.

Regional coordinators provide advice on administrative and clinical issues, serve as resource liaisons for productivity studies being conducted, and provide timely information to facilities through a quarterly newsletter. A management training manual for dietitians has also been developed.

The Interagency Committee for Food Service developed and reviewed food specifications and updated the Federal Hospital Subsistence Guide. To further ensure quality, a test kitchen was established at the Marketing Center where foods are tested by a sensory evaluation panel prior to subsistence procurement.

At the annual meeting of the Clinical Nutrition Advisory Group, emphasis was placed on a funding mechanism for home total parenteral nutrition; nutritional supplementation; tube enteral feedings; a philosophy and standards of nutrition care for all VAMCs' the cost-effectiveness of Nutrition Support Teams; and the encouragement of research in nutrition by dietitians.

In addition to the 12 VA-sponsored internships, the American Dietetic Association has approved conversion of the dietetic internship from the University of Puerto Rico to the San Juan VA Medical Center. A coordinated VAMC Portland and Oregon Health Sciences University internship program is also being developed.

The Continuing Education Center (CEC) conducted a needs assessment to determine the training needs of dietitians in VA medical centers. Results indicated that computer training, treating the critically ill, productivity/cost containment, and quality assurance were the highest priority of perceived needs. Thirteen newly appointed Chiefs, Dietetic Service, received specialized training to enhance their administrative knowledge and management skills.

Social Work Service

Discharge planning and community placement assistance was provided by social workers to over 381,000 veterans during FY 1986. Over 450,000 veterans living in community settings, including their own homes, were provided services by field social workers to assist them in maintaining independence, or in obtaining benefits or services to enable them to remain at an appropriate level of care for as long as possible. Social workers also generated over 589,000 referrals to the community health and social services network.

The plight of homeless veterans has been addressed with increased emphasis by Social Work Service at the local, state, and national levels. As of December 1985, 73 VAMC's reported social workers serving on community boards, coun-

cils, committees, and task groups which were addressing the needs of the homeless in their communities. Homeless veterans admitted to VAMCs are routinely identified and referred to Social Work Service for discharge and community placement planning.

There has been significant involvement at the national level in addressing the needs of the homeless through participation on the Federal Task Force on the Homeless, presentations at conferences and symposia focused on homelessness, and enhanced communication and coordination with the Department of Veterans Benefits and other Agency elements concerned with developing programs and improving service delivery to this population of veterans.

Publication of a Clinical Affairs letter, "Psychosocial Treatment of Patients with AIDS," provided information to medical center staff concerning patient psychosocial needs, treatment modalities, and the importance of working with community agencies and groups to address the availability of health care and support services. At medical centers treating a significant number of AIDS patients, Social Work Service staff have conducted or participated in education and training programs, developed assessment guides, established contact with Social Work Service at military hospitals, and served on community task groups in addressing the increased service requirements of these patients.

The development of a full range of alternatives to institutional care for chronically ill or frail elderly veterans continues as a Social Work Service priority consistent with DM&S policy. The Community Residential Care Program, managed by Social Work Service at 125 VAMCs and serving approximately 12,000 veterans, provides the most immediate placement option for veterans who otherwise would be homeless or occupying VA beds.

The VA and ACTION have developed an Interagency Agreement whereby Senior Companion Program volunteers provide services to veterans in their own homes. Social Work Service and Voluntary Service at designated VAMCs provide professional supervision and administrative support for this initiative which facilitates the discharge of at-risk veterans to the community through the provision of necessary support services to the veteran and/or his caregiver. Social Work Service is also providing consultation and assistance to the Disabled American Veterans in the systemwide implementation of the Older Veterans Assistance Program which promotes the accessibility and integration of needed support services to enable older veterans to remain in the community. Initiatives are underway with the Administration on Aging and the National Association of Area Agencies on Aging to further enhance collaborative planning and service delivery at the local, state, and national levels. A symposium on "Issues, Resources and Strategies to Assist Aging Veterans" held in September 1986 promoted the development of a collaborative planning model which included veterans service organizations and has the potential for replication on a regional basis.

The Social Work Service Special Interest Users Group has developed software packages in areas of high risk screening; case registry system; community resource managers; and contract nursing home census and budget system. These have been verified and are available to all VAMCs as computer access becomes available. These software packages will expedite the development of an integrated case management and resource development system and will provide patient tracking, monitoring, and program management data essential for strategic planning purposes.

Recreation Service

In FY 1986, recreation therapists provided treatment seven days a week to accommodate the full range of services and to achieve maximum utilization of resources in meeting the assessed leisure health needs of patients. Therapists plan their tours of duty to coincide with the appropriate time for their programs and to provide the greatest benefit to the patient. During these time segments they provided over seven million prescribed treatment units, and furnished over one million hours of program time, with an attendance of over eight million.

Specific challenges which must be met include the increasing average age of the veteran; increased emphasis on specific veteran groups such as female veterans and Vietnam veterans; the changing resource environment emphasizing efficiency, cost effectiveness, and maximum utilization of all resources; and case-mix management which will provide for acute, extended, ambulatory, and preventive care as required.

Recreation therapy programs are designed to address another aspect of a veteran's total health care needs.

Recreation Service, with their 809 full-time staff, uses volunteers to supplement their staffing needs. Volunteers contributed 2,712,154 hours to the recreation programs.

The Council of National Resource Organizations' representatives from 26 separate organizations contributed over ten million dollars to veteran care through recreational programming. The monies, goods, and services provided by these organizations are utilized at the local and national levels. At the national level, these organizations work in concert with VACO Recreation Service to provide art, music, sports, live entertainment, games, hobbies, and other recreational pursuits for the veteran patient.

Chaplain Service

Throughout the United States special services of commemoration have been held during this past year in the 172 medical centers of the Veterans Administration. The occasion was the 40th anniversary of the modern Chaplain Service.

Although the Chaplain Service was established in a letter dated August 9, 1945, by Administrator Frank T. Hines, it has roots going back to the Civil War when President Abraham Lincoln signed the Act, National Homes for Disabled Volunteer Soldiers. In this Act President Lincoln assigned chaplains on both a full-time and part-time status.

Today's Chaplain Service is more directly the product of World War II. It was at this time that a group of distinguished church leaders called upon General Hines to establish a Chaplain Service along the lines of the military chaplaincy that had become so prominent and helpful to the soldiers and sailors of World War II.

The letter authorized the Director of the Chaplain Service to recruit and appoint clergy of all faith groups to the many VA hospitals and domiciliaries.

VA chaplains have led the way in specialized pastoral care in areas such as alcohol and drug abuse, substance abuse, ministry to AIDS patients, death and dying classes, spiritual dimension of post-traumatic stress disorder, and gerontology. In addition to these areas, many Chaplain Services have affiliations with seminaries or theological consortiums to conduct continuing education and pastoral care classes. The Chaplain Service recently also added 22 women chaplains to its staff.

During this anniversary year the VA reopened its Chaplain School at Hampton, Virginia, on the first of July. The school was formerly located at Jefferson Barracks, Missouri.

Veterans Canteen Service

The Veterans Canteen Service (VCS) operates retail stores, cafeterias, vending machines, and service activities located in each of the VA's 172 medical centers. Offering articles of merchandise and services essential to patient comfort at reasonable prices, the VCS also makes food services available to VA medical center employees, volunteers, and visitors, as well as patients.

Sales results for FY 1986 are as follows:

Retail sales	$ 99,746,984.40
Service sales	4,480,108.87
Cafeteria sales	58,423,060.40
Vending sales	20,300,366.05
Total	$182,950,519.72

Total sales decreased slightly from those for FY 1985, when sales totaled $183,035,441.49.

Through its revolving fund, the VCS pays all its operating expenses, including salaries, and makes annual payment to the VA for rent, utilities, and other services provided. By consolidating its operating income, the VCS is able to provide the same level of service throughout all 172 VA medical centers, regardless of size.

During FY 1986 the VCS conducted a number of tests designed to improve retail marketing capabilities and customer convenience. These tests included acceptance of Mastercard and Visa for payment of purchases, the sale of costume jewelry and music cassettes, and rental of VCR tapes. The VCS also began testing a new series of replacement cash registers as part of its upgrading of equipment during the past fiscal year.

In accordance with OMB Circular No. A-76, 56 of the 74 canteen food departments scheduled to undergo productivity improvement reviews have completed their studies.

In conjunction with the VCS goal to assist customers in choosing health food, losing weight, exercising and/or better coping with stress, an administrative dietitian has been added to the Food Operations Support Division in Central Office. A Nutrition and Wellness Program is also being developed in cooperation with Dietetic Service.

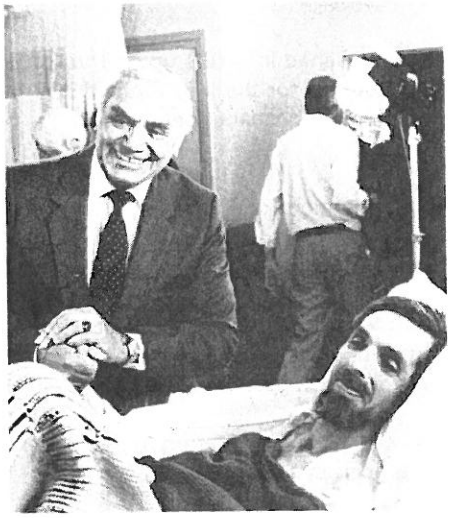
The VCS Merchandise Division continued to meet its primary goal of negotiating and establishing price agreement listings with national manufacturers. Approximately 500 active resources were available to the individual canteens through price agreement listings during FY 1986. Also, through the recommendations of a Merchandise Procurement Task Force, several improvements to the procurement process have been initiated. Development of a monthly newsletter has also helped to establish better communication with canteens. This newsletter, through the use of merchandise suggestion return sheets, has allowed input from individual service chiefs.

In FY 1986, the VCS laid the groundwork for the development and installation of an Integrated Management Information System (IMIS) throughout the service. IMIS will link together all canteens, the VCS Finance Center at St. Louis, and Central Office in an information network, and will be comprised of three components, the Financial Management Information System now in place at the Finance Center, the Retail Management Information System, and the Food Management Information System. The VCS staff has prepared the functional statements of IMIS and has begun the process of obtaining an outside contractor for a design study. It is expected that IMIS will be installed over a three-year period beginning in late FY 1987.

The VCS design and layout staff developed new layouts during the fiscal year for remodelings of 17 retail stores and 16 cafeterias. These ongoing modernization programs are generally initiated as a result of the acquisition of new space or refurbishing of existing space at VA medical centers. In addition, this staff, working together with staff of the Retail Store Division and the Food Management Division, has identified new retail and food equipment manufacturers, new retail fixtures, and new food equipment for testing and inclusion in remodeled and newly constructed VCS facilities.

Voluntary Service

The VA Voluntary Service (VAVS) and the VA Voluntary Service National Advisory Committee celebrated 40 years of service to veterans in 1986. The VAVS program, representing a unique system of cooperation between private citizens, service organizations, and the Federal Government, has grown dramatically since its inception just after World War II. During these 40 years, VA volunteers have provided over 320 million hours of service to veterans. Their services range from working on wards, counseling and technical assistance, to recreation, hospice care, and geriatric remotivation. In 1986 alone, almost 85,000 VA volunteers donated more than 12.4 million hours of service and millions of dollars in items to enhance the quality of life for hospitalized veterans.



Actor Ernest Borgnine served as honorary co-chairman of the annual National Salute to Hospitalized Veterans in 1986.

At the core of the VA Voluntary Service program is the VA Voluntary Service National Advisory Committee. Comprised of 54 national voluntary organizations, this group helps set overall policy regarding the use of volunteers in VA facilities, including their recruitment, training, supervision, and recognition. Every year, the VA Voluntary Service National Advisory Committee presents an award, named in honor of the first Director of Voluntary Service, to the person judged to be the most outstanding youth volunteer. The 1986 winner of the James H. Parke Memorial Youth Scholarship Award was 17-year-old Jeff Carrington, who has served over 3,000 hours in seven years of volunteer work at the VA Medical Center, Bay Pines, Florida. Jeff works mostly in Radiology Service, where he has learned the functions of highly technical equipment and provides help to patients. He also acts as receptionist, patient escort, appointment scheduler, and clerical worker. With the award, young Mr. Carrington received the interest ($3,000) from an open and permanent account established by the contributions of member organizations, volunteers, and VA staff members.

Volunteers and their service, civic, and fraternal organizations contribute significantly every year to the Annual National Salute to Hospitalized Veterans. The purposes of this major public relations effort are to: pay tribute and express appreciation to the thousands of veterans hospitalized every year, establish and promote a continuing awareness of these deserving Americans, enhance and broaden community involvement to beyond those who work regularly at medical centers throughout the year, and encourage Americans of all ages to participate and to serve as medical center volunteers year-round. In 1986, the celebrity honorary co-chairpersons were Mr. Ernest Borgnine and Miss Martha Raye, both of stage, screen, and television fame and both World War II veterans. Each visited several medical centers and gave generously of their time to promote the services volunteers provide.

Academic Affairs

The Department of Medicine and Surgery conducts the Nation's largest coordinated education and training effort for the health professions. Its purpose is two-fold:

- To assist in recruiting and retaining sufficient numbers of all categories of professional health service and administrative personnel to meet the needs of a high-quality VA health care system, and to contribute to the Nation's health manpower pool. Each year, over 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 for DM&S employees to maintain and learn new skills and knowledge at VA health care facilities or at DM&S continuing education field units. Nineteen such field units are geographically dispersed across the VA system. There were 72,533 training episodes for VA employees supported in FY 1986, including 15,316 through an aggressive teleconferencing program which avoids travel costs and travel time associated with traditional workshops.

The DM&S education and training effort is accomplished through coordinated programs and activities administered by the Assistant Chief Medical Director for Academic Affairs. At 85 VA medical centers, educational programs are headed by an associate chief of staff for education to provide a single focus for health education activities. The associate chiefs of staff for education also serve the facility by involvement in quality assurance programs, strategic management, education, research, and patient care, in addition to their responsibilities for management of education programs.

VA Health Professional Scholarship Program

The Health Professional Scholarship Program, established in 1980 under Public Law 96-330, assists in providing health care personnel for the VA. Since 1982, 1,081 scholarship awards have been made to full-time baccalaureate and master's degree nursing students.

The Scholarship Program did not receive an appropriation for FY 1986, and no new awards were made. All participants who received scholarships in previous years have funds obligated for support through degree completion.

A 1982 amendment to the scholarship program legislation permitted awards to full-time VA health care employees enrolled part-time in baccalaureate nursing degree programs. There have been 160 awards for such part-time study.

There are 484 scholarship participants currently in service obligation at 127 VA medical centers. Overall, 880 participants have been in service obligation; 396 of these have completed their service obligations.

Graduate and Undergraduate Education

In FY 1986, the VA supported approximately 8,100 full-time medical residency positions under affiliations with 102 medical schools. Special emphasis was given to supporting programs in psychiatry, primary care, anesthesiology, geriatrics, radiology, orthopedics, and physical medicine and rehabilitation. Through similar arrangements, VA facilities also provided clinical education experiences for undergraduate medical students. Three hundred and fifty-one positions were supported for dental residency programs. Advanced training in dental general practice received the largest portion of these positions. Students in nearly fifty recognized associated health professions came to VA facilities for clinical experience.

Approximately 20 percent of the students entering VA health care facilities to complete their clinical training received funding support. Payment is in recognition of the significant patient care given by students in the fields of medicine, dentistry, nursing, psychology, social work, and other associated health professions.

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

Discipline	Number of Trainees	
	FY 1986	FY 1985
Total	103,213	105,282
Medical house staff	30,252	29,033
Medical students	23,805	22,789
Dental house staff	876	941
Dental students	1,039	954
Nursing	26,058	28,598
Social work	956	950
Psychology	1,214	1,285
Other health professions and occupations	18,334	20,016
Administrative	679	716

At mid-1986, 10,831 VA physicians, dentists, and other staff held faculty appointments at affiliated health science schools and colleges. A decade earlier, the number was 6,780.

VA Physicians, Dentists, and Other Staff
(Full-time and Part-time)
With Faculty Appointments
May 1986

Academic Title	Total	Physicians	Dentists	Other Staff
Total Faculty Appointments	10,831	8,504	427	1,900
Professor	1,422	1,298	14	110
Clinical professor	192	135	22	35
Associate professor	1,602	1,377	31	194
Associate clinical professor	583	445	47	91
Assistant professor	2,986	2,593	70	323
Assistant clinical professor	1,280	958	112	210
Instructor	719	502	32	185
Other titles	2,047	1,196	99	752

Fellowships

To meet the special needs of veterans and to provide national leadership, specialized physician fellowship programs were established in 1978. The initial program was instituted for physician fellowships in geriatrics. Since then, fellowship programs have been implemented for physicians in spinal cord injury and substance abuse and for dentists in geriatric dentistry. Competitive reviews in 1984 and 1985 resulted in the increase of the geriatric training sites from 12 to 20 and the spinal cord injury and substance abuse sites from 5 to 6 each. These physicians and dentists receive two years of advanced training which enables them to provide leadership to the VA and community programs dealing with these special health problems.

FY 1986				
Program Category	Year Program Initiated	Number of VAMC Training Sites	Number of Fellowships Funded	Fellowships Completed Through June
Geriatrics/Gerontology				
Physician	1978	20	53	128
Dentist	1982	5	10	15
Spinal cord injury	1980	6	11	40
Substance abuse	1980	6	12	28
Total			86	211

Interdisciplinary Team Training in Geriatrics

Based on the premise that health care delivery by a team of health professionals is a more efficient utilization of personnel and results in better patient management, especially for the elderly, 12 model Interdisciplinary Team Training in Geriatrics (ITTGs) sites 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 these 12 VA medical centers. During FY 1986, 195 students were provided funding support at the ITTG sites in the following disciplines — clinical nurse specialist, clinical pharmacy, audiology/speech pathology, social work, optometry, podiatry, psychology, and occupational therapy.

Summer Traineeships

VA medical centers experiencing difficulty recruiting associated health students because of their geographic location or a school's class schedules were assisted by a special summer traineeship program. In FY 1986, 443 traineeships were funded at 137 VA facilities. Disciplines supported in this program include audiology/speech pathology, blind rehabilitation, psychology, and social work.

Clinical Nurse Specialist

In FY 1986, 118 master's level clinical nurse specialist student positions were supported at 29 VA facilities in the priority areas of geriatrics, rehabilitation, and psychiatric/mental health.

Nursing Administration Practicum

The Nursing Administration Practicum provides a structured learning experience in executive-level nursing and health care administration for graduate nursing students enrolled in master's degree programs in nursing administration. Students selected for this practicum have as preceptors both the Chief of Nursing Service and the Medical Center Director. Students concentrate on developing their skills in organizational problem solving, business management, and community awareness relating to nursing and health care management. During FY 1986, 9 VA facilities were provided funding support for 26 students.

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 VAMCs, including those hosting Geriatric Research, Education and Clinical Centers (GRECCs). In 1986, 103 associated health trainee positions were approved at 47 VA facilities. Disciplines supported in this program include clinical nurse specialist, social work, psychology, occupational therapy, clinical pharmacy, audiology/speech pathology, and optometry.

Special Initiative in Geriatrics Training

A special one-time initiative was carried out in FY 1986 to assist selected VA health care facilities in enhancing care provided to older veteran patients. Two hundred thirty-four positions were provided to 86 VA facilities for social work, audiology and speech pathology, psychology, and podiatry. Additionally, the equivalent of 100 positions was distributed among 45 facilities for medical residency programs.

Continuing Education

The goal of the DM&S continuing education program is to maintain and update staff skills and abilities 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 requirements.

The organization of continuing education field units and 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	X	
Birmingham, AL		X	X	X			
Cleveland, OH		X	X	X			
Long Beach, CA		X	X	X			
Minneapolis, MN		X	X	X			
Northport, NY		X	X	X	X		
Salt Lake City, UT		X	X	X	X		
St. Louis, MO		X	X	X	X		
Little Rock, AR							X
West Los Angeles, CA						X	

Facility-Centered Units

Component	Number of VA Facilities
Cooperative health manpower education programs (Boise, Dublin, Erie, Fort Meade, Lincoln, Saginaw, Togus, Tuskegee)	8
Medical media production services	102
Patient health education programs	166
Library services	174

[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

The Continuing Education Center (CEC) at the VAMC Washington, D.C. serves as a central coordinating point for designated education projects which are national in scope, including the national rehabilitation education program.

Regional Medical Education Centers

Consultation, coordination, support, and educational programming are provided by the seven DM&S Regional Medical Educational Centers (RMECs). The RMEC program, established by Congress by 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. In addition to meeting regional needs, the RMECs constitute the major vehicle for conducting national training programs. RMECs sponsored 2,055 educational courses or activities in FY 1986 for 61,218 DM&S staff members.

Teleconference training has expanded from a pilot effort to a full-scale program. Teleconferencing equipment has been installed in all VA health care facilities. While teleconferencing has limitations, its cost avoidance features, including travel cost and travel time, and its utility for providing organized training to staff previously not reached has made it a very useful tool in the DM&S continuing education effort.

Dental Education Centers

Two Dental Education Centers (DECs) 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 Centers

The Engineering Training Center (ETC) at the Little Rock, Arkansas, VAMC provides short courses and correspondence courses for DM&S engineers and engineering technicians. This training program has proven highly cost-effective in maintenance of biomedical equipment.

Cooperative Health Manpower Education Program

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

Patient Health Education/Health Promotion

Patient health education consists of activities designed to contribute to the improved health status of veterans. These activities include facility 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. Patient health education/health promotion is an important component of health care services. Full-time patient health education coordinators are assigned to 19 VAMCs and to each RMEC. In addition, eighty-nine percent of all VA medical centers have established facility patient health education committees responsible to the Office of the Chief of Staff.

Library Services

The 174 VA health care facility libraries and Central Office Library Division comprise the VA Library Network (VALNET). VALNET supports the information and education needs of patients and of VA staff engaged in medical care, research, and administrative activities.

In selecting 46 audiovisuals and 16 books for network-wide distribution during FY 1986 the focus was on Agency priorities such as the Decentralized Hospital Computer Program, POWs, geriatrics, and safety. To reduce the need for individual VA libraries to purchase, rent, or incur loan charges to obtain needed materials, the Central Office Library Division issued updates to national lists of books and journals available for free loan within VALNET. In response to the VA's emphasis on the use of automation to increase access to information, the Library Division:

- Maintained a computerized data base of more than 13,000 audiovisuals and 70,000 monographs held in VA Library Services;
- Continued work on development of the library portion of the DHCP; and

- Began work on a pilot study to evaluate health professionals' use of user-friendly databases to conduct their own literature searches.

Medical Media Production Services

In FY 1986, Medical Media Production Services at 102 VA medical centers provided audiovisual materials and services in support of local patient care, research, and educational program efforts. More than 5.95 million work units were completed.

Central Office staff of Medical Media Division provide field program oversight and support of VACO program publications for professional recruitment and continuing education efforts, and the DM&S scientific exhibit program.

Learning Resources Production Centers

During the year, the four Learning Resources Production Centers completed and distributed 26 major teleproductions; an additional 105 titles were in production.

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 from affiliated academic institutions.

In FY 1986, support was provided to VA medical centers for 25 approved projects, including renovation to existing structures to improve or provide new conference/classrooms, libraries, and medical media production facilities, and to equip and furnish these facilities.

Research and Development

Research and development is a critical element in the VA's effort to maintain and improve the quality of health care provided to veterans. The other elements, patient care and education, are tied closely to research. In addition to encouraging investigator-initiated programs, the Office of Research and Development specifically encourages programs focused on health problems particularly prevalent among veterans. In this category are special programs in schizophrenia, alcoholism, aging, spinal cord and tissue regeneration, post-traumatic stress disorder, and problems of women veterans.

Medical Research Service

The VA medical research program plays a key role in fulfilling the Agency's mission to provide the Nation's veterans with quality medical care. First, research may create new medical knowledge, in turn increasing understanding of and improving the diagnosis and treatment of diseases that are prevalent among veteran patients. Second, the presence of high-quality research programs at a VA medical center strengthens health care delivery because of its close link to the patient care functions of the facility. This intramural research is conducted in VA medical centers by scientists who are VA employees. Since most VA investigators are health care providers, their research is characterized by studies that emphasize the practical application of research findings to the medical care of veterans and the general population.

There were a number of significant activities during FY 1986:

- A new Clinical Research Center in Alcoholism has been initiated at the San Diego VA Medical Center. The mission of the new center is to encourage clinical research in the field of alcoholism.

- The Medical Research Service, together with the Office of Academic Affairs, has begun a new training program for VA psychiatrists interested in basic research. The goal of this program is to enable psychiatrists with minimal research backgrounds to obtain basic science training and research experience.

- Two-year fellowships were made available for VA scientists interested in obtaining research training in spinal cord injury and tissue regeneration.

- The VA Office of Regeneration Programs cosponsored, with the Paralyzed Veterans of America, an International Symposium on Neural Regeneration.

VA cooperative studies are multi-hospital investigations in which an important health problem is studied using a common protocol in a number of VA medical centers. This cooperative study approach is available to VA investigators to address pertinent clinical questions utilizing the Nation's largest health care system. In FY 1986 there were twenty-three cooperative studies in progress. The following examples illustrate the effectiveness of the cooperative study approach:

- In cooperation with the Centers for Disease Control, a study on the detection and treatment of influenza A infections in high-risk ambulatory care patients is being conducted in sixteen VA medical centers. Many VA patients are at high risk for influenza complications because of factors such as age or chronic cardiopulmonary disease.

- A study to examine one form of prostatic surgery for enlarged prostate glands in elderly men is being conducted in seven VA medical centers. This disease affects elderly men and can cause obstruction of urine flow leading to urinary infection and/or kidney damage.

- Fourteen VA medical centers are participating in a study to determine the effectiveness of different classes of drugs to treat hypertension. The VA cooperative study group on antihypertensive agents was the first to establish the benefits of treating hypertension.

In recognition of the significant strides made in the medical and scientific community, numerous awards have been made in this past year:

- The William S. Middleton Award, the highest award given by the VA for outstanding achievement in biomedical research, was awarded to Albert L. Jones, M.D., of the San Francisco VA Medical Center for his work in the field of cell biology of the liver and immunology of the intestine.

- Roger H. Unger, M.D., Senior Medical Investigator, Dallas VA Medical Center, was elected to the National Academy of Sciences at the spring 1986 membership meeting. This is one of America's most prestigious scientific distinctions. Dr. Unger is internationally known for his work on glucagon and its effects of carbohydrate metabolism in diabetes.

- Charles Kaufman, M.D., Chief of Psychiatry Service at the San Francisco VA Medical Center, was awarded the 21st Annual J. Elliot Royer Award for his decades of pioneering research in the field of anxiety and depression and their role in physical illnesses.

- Nelson Gurll, M.D., a staff surgeon at the Iowa City VA Medical Center, was awarded the Loyal Davis $25,000 Traveling Surgical Scholarship for his work in the field of endocrinology.

- Ludwig Gross, M.D., Chief of Cancer Research at the Bronx VA Medical Center, received the Alfred Jurzykowski Foundation award for his achievements during almost 50 years in the field of oncology.

- William H. Oldendorf, M.D., Senior Medical Investigator at the West Los Angeles VA Medical Center, was elected a Fellow of the Institute of Electrical and Electronic Engineers. This was in recognition of his many contributions to the field of radiographic computerized tomography.

- Daniel T. O'Connor, M.D., from the San Diego VA Medical Center, was awarded the American Heart Association's Harry Goldblatt Award for his achievements in the field of hypertension research.

- Stephen G. Kovacs, Ph.D., a research physicist at the Tampa VA Medical Center, was honored by the Society for Engineering in Biology and Medicine

for his development of a Magnetically Activated Left Ventricular Assist Device.

- Robert P. Leveen, M.D., of the Philadelphia VA Medical Center, was awarded the Association of University Radiologists' Annual Stauffer Award for his research in angioplasty-induced vasospasms.

- Howard A. Reber, M.D., Chief of Surgery at the Harry S. Truman VA Medical Center, Columbia, Missouri, was awarded the James IV Surgical Traveling Award by the Association of Surgeons for his contributions to the art and science of surgery.

- Joseph Rabinowitz, Ph.D., Chief of Radioisotope Research Service at the Philadelphia VA Medical Center, was elected an Honorary Member of the Mexican Society of Nuclear Medicine for his contributions in the field of nuclear medicine.

- Philip R. A. May, M.D., an investigator at the West Los Angeles VA Medical Center, was presented the Stanley R. Dean Award by the American College of Psychiatrists for his contributions in understanding schizophrenia.

- Marlene Ventura, Ed.D., Associate Chief, Nursing Service for Research at the Buffalo VA Medical Center, was selected as the recipient of the 1986 Distinguished Nurse Researcher Award. This award was presented by the Veronica M. Driscoll Center for Nursing Foundation and the New York State Nurses Association's Council on Nursing Research.

Rehabilitation Research and Development

During FY 1986, 150 Rehabilitation Research and Development (Rehab R&D) projects were being conducted at 50 VA medical centers. Ten interagency agreements were in effect for rehabilitation R&D projects.

To find ways to apply the benefits of advanced medical and engineering science and technology for the direct benefit of severely disabled veterans, special Rehabilitation R&D Centers have been established at VA Medical Centers 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, Decatur (Atlanta), Georgia.

The Rehabilitation Research and Development Evaluation Unit evaluates new prototype devices and techniques and coordinates the transition of successful prototypes into commercial production to make them available to all disabled veterans. A new responsibility for this unit involves management of the activities of the Scientific Review and Evaluation Board for Rehabilitation R&D, which makes recommendations to the Director, Rehabilitation R&D Service, on the scientific viability of VA intramural research and development proposals in the three major priority areas of Prosthetics/Amputations/Orthotics, Spinal Cord Injury, and Sensory Aids.

The number of Rehabilitation R&D Evaluation Unit evaluations in process significantly increased from the previous year.

The clinical evaluation of the Seattle Foot was completed with 500 veteran subjects participating in this nationwide study. This dynamic prosthetic device was tested and evaluated by the Rehab R&D Evaluation Unit and has now entered the commercial market to become available to amputees throughout the country. Another noteworthy project, the Robotic Arm, developed by the VA through the Johns Hopkins Applied Physics Laboratory, is in an advanced state of prototype development prior to testing and evaluation. There are, in various phases of evaluation, 20 other projects ranging from bathroom fixtures to an ultrasound wheelchair-controlled device.

The Office of Technology Transfer (OTT) is charged with promoting the results of VA-sponsored scientific and engineering projects among scientists, engineers,

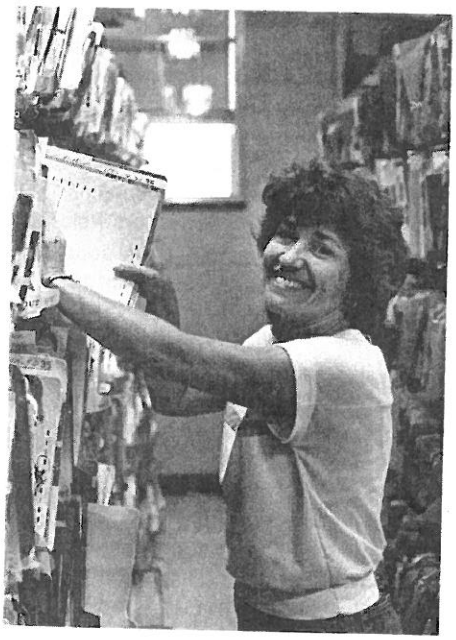
clinicians, and consumers in the United States and abroad. OTT publishes the "Journal of Rehabilitation Research and Development," a "Clinical Supplement" series that presents newly reported scientific findings and procedures to practicing clinicians, "Rehabilitation R&D Progress Reports," which is an annual comprehensive worldwide summary of ongoing scientific research, and the "Rehabilitation R&D Bibliography." In 1986, the first portions of these publications were made available nationally via electronic mail as part of a larger computerized technology transfer database system. OTT's exhibit programs presented scientific findings to nine major professional organizations during FY 1986.

Prosthetics Services, Research, and Development

The VA Prosthetics Research and Development Center recently completed its move from New York to Baltimore, Maryland. The center is composed of three units: the Prosthetics Assessment Information Center, the Rehabilitation Research Evaluation Unit, and the Office of Technology Transfer.

The Special Teams for Amputation, Mobility, and Prosthetics/Orthotics (STAMP) program continues to have a systemwide influence on the care of amputees and handicapped patients. The programs are making progress in the development of protocols for the appropriate care of dysvascular limbs and the latest amputation techniques. The information developed by the STAMP activities will be the basis of a future systemwide educational program.

Medical Administration Service



Ready accessibility to patient medical records is critical to providing efficient and effective care.

The VA's Medical Administration Service (MAS) 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.

Implementation of the major provisions of Public Law 99-166, the Veterans' Administration Health Care Amendments of 1985, occurred in 1986 with the removal of a cut-off date for readjustment counseling; the provision of counseling for all former POWs; elimination of the six-month limitation for service-connected veterans being directly placed in community nursing homes, and direct placement in community nursing homes for eligible veterans in Alaska and Hawaii. Patients who are released from nursing home or domiciliary care can now be provided outpatient treatment. The law also provides for the transfer of patients from hospital based home health service status to contract nursing homes.

Public Law 99-272, the Veterans' Health Care Amendments of 1986, made several changes in veteran eligibility for VA health care. The intent of the law is to ensure that VA hospital care is provided to service-connected veterans and to lower income veterans. It also established new eligibility assessment procedures, based on income levels for determining whether nonservice-connected veterans are eligible for cost-free VA health care.

Veterans who were previously not eligible to receive VA health care because of their income level may now be provided health care on a space available basis by agreeing to make a co-payment for their care based on their level of income.

The same legislation gave the VA the statutory authority to recover the cost of medical care furnished to nonservice-connected veterans from third party health insurance carriers. No deductible or coinsurance charges imposed by health insurance policies are required from the veteran as a condition for receiving care.

Software for the MAS modules in DHCP was developed to allow designated employees in DM&S facilities access to eligibility information in the DVB Target

computer system. This access will considerably shorten the time needed to verify an applicant's eligibility and priority for medical care.

Other new software was developed to assist in the processing of applications under the new income-based eligibility criteria and to assist in the tracking of third part reimbursable insurance cases. Additional enhancements were made to admission, discharge, transfer, and scheduling modules. Development of software to automate payment of non-VA outpatient care (fee basis care) was also begun.

DM&S Executive and Management Development Program

In FY 1986, DM&S medical center and Central Office executives participated in a variety of individual and group executive development experiences. DM&S executives attended programs on topics including public relations, management of managers, interagency sharing, management of clinical affiliations, and health care administration. To ensure that there will be adequate numbers of well prepared executives for the future, the Department supported 24 participants in the Senior Executive Service and Health Systems Executive Service Candidate Development Programs and 13 physicians in the Executive Medicine Program.

Innovative management development programs, aimed at medical center service chiefs and assistant chiefs, were developed at seven medical centers under the Model Site Program. A National Management Development Curriculum Committee was convened. Interpersonal Skills Training was implemented, with RMEC assistance, in 56 medical centers. The management development programs continue support for career field training and other entry-level management programs. The career field training program and management development program have assured continuity in the Department's approach to the development of its managers and executives at all levels.

Resource Allocation Methodologies Evaluation

As part of the 1986 reorganization which created the Office of Planning, Evaluation, and Systems Development, the Allocation Development Service became the Resource Allocation Methodologies Evaluation Division under the Systems Development Service. This division is an integral part of the overall strategic management process of the Department of Medicine and Surgery. Its principal task continues to be testing, reporting, and evaluating potential resource allocation systems for care delivered in VA health care facilities.

In FY 1986, a number of significant changes were made in the models used to develop the FY 1987 target allowances. On the inpatient side, the new DRG weights based on VA costs were adopted in lieu of the New Jersey weights previously employed. Funding previously discounted by 20 percent was restored for psychiatric census patient days. The "three-tier" system, which distributed money to facilities at different rates based on their teaching affiliations, was replaced by a single rate, but with education costs distributed on a per resident basis. Funding to smaller rural hospitals was capped at a level designed to allow them to improve their services consistent with their mission. Provision was also made to give full DRG credit for inter-service transfers.

The outpatient model was expanded to include a special group for rehabilitation medicine. The outpatient resource allocation methodology (RAM) recognizes five groups of patients, based on intensity of resources required and type of service rendered. These groups are high-use psychiatry, high-use rehabilitative medicine, high-use medicine, mid-use psychiatry, and standard-use patients. Additional flat-rate funding is provided in the outpatient model for special ambulatory services such as CAT scans and ambulatory surgery.

Among the major efforts undertaken by the division in FY 1986 were the development of the following:

- a resource allocation model for renal dialysis;
- a combined resource allocation and staffing guidelines model for spinal cord injury; and

- a methodology for funding ambulatory procedures and surgeries based on their relative costs.

A cost comparison analysis, begun in 1985, was completed, reviewed by several outside experts, and distributed to the White House Working Group on Health Policy and Economics, veterans organizations, and the field. Findings from this DRG-based analysis showed that the cost per episode of acute care in the VA is comparable to, and competitive with, the cost of care of similar patients in the private sector.

Health Systems Research and Development

Health Systems Research and Development (HSR&D) Division supports health services and systems research activities to identify options, estimate costs (organizational, personnel, economic), and provide information to make choices among alternatives.

In 1986, this research program's links to planning, evaluation, and systems development were strengthened by making the division part of the newly created Office of Planning, Evaluation and Systems Development in Central Office. Basic activities and the relationships with research personnel at the facility level remain unchanged.

The division supports a wide variety of health services research projects including studies with potential nationwide impact often requested by the Congress, the Chief Medical Director, or other VA Central Office managers. Other research is developed through the Investigator Initiated Research (IIR) program, in which individual VA clinicians, administrators, and researchers develop and implement research projects with HSR&D funding and the Locally Initiated Project (LIP) program in which small — under $10,000 — research projects and pilot studies often designed to meet local needs are undertaken with HSR&D support.

In FY 1986, major HSR&D initiatives included:

- Development of an information synthesis on care of the aged;
- Evaluation of Nuclear Magnetic Resonance (NMR) Imaging;
- Technology assessment of the Extracorporeal Shock Wave Lithotripter;
- Development of a spinal cord injury registry and a pilot study of mortality and morbidity (in collaboration with Spinal Cord Injury Service);
- Final development of a protocol to evaluate adult day health care as an alternative to nursing home care; and
- Conduct of a third survey of demand for VA medical care.

The IIR program continues to fulfill its role of supporting individual health services and systems research projects. As part of its reorganization and as part of its ongoing effort to address current and future VA needs, the division redefined its research priorities in 1986.

These priorities are operational systems; quality of care/quality assurance; cost-effectiveness of health care technologies; and managerial and clinical decision-making.

There were nearly fifty IIR projects active in 1986, including seven newly funded projects. Among the many significant ongoing IIR projects were a study on the "Impact of an Education Program on House Officers' Generated Costs," a study on the "Cost-effectiveness of Bayesian Pharmokinetic Drug Dosing," research on the "Reliability and Validity of Computerized Tomography and Nuclear Magnetic Resonance," a study on the "Cost-effectiveness of Inpatient and Outpatient Alcohol Detoxification," and "Evaluation of Independent Living Services for the Chronically Ill Elderly."

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.

The LIP Program is administered through nine regional field programs. The field programs implement the mission nationwide. These programs link research with local patient care and administrative needs and foster the integration of research and practice and the use of health systems research findings by managers and clinicians. The field programs also develop significant relationships with community institutions, such as schools of public health, university health administration programs, social science departments, and research institutes.

In addition to supporting health systems research, HSR&D also disseminates the results of its funded research. Among numerous efforts to improve this dissemination process, a "Bulletin" was published, documenting the results of HSR&D supported research on Foley catheter care.

Resources Funds

Obligations by the VA's Department of Medicine and Surgery during FY 1986 were over $9.5 billion, an increase of 3.1 percent over FY 1985. The accompanying table summarizes the distribution of these funds by major program.

Activity	Obligations (in thousands)	
	FY 1986	FY 1985
Total DM&S	$9,544,381	$9,258,347
Medical care	9,275,280	8,936,274
Medical administration and miscellaneous operating expenses	50,395	65,798
Medical and prosthetic research	186,180	226,634
Other medical programs[1]	32,526	29,641

[1] / *Excludes revolving and trust funds.*

Inflation, payroll increase, 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 cost of procuring and maintaining innovative medical equipment and systems, and of providing a trained work force to utilize these innovations effectively.

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 hospital patients treated and number of outpatient visits to VA staff have increased (1,209,763 hospital patients treated in 1977 to 1,327,728 in 1986, or an increase of 9.8%; 14,675,000 staff visits in 1977 to 18,458,000 in 1986, or an increase of 25.8%), while the average daily census decreased from 75,285 in 1977 to 56,940 in 1986, a reduction of 24.4%. The change in these workload factors is the result of a decrease in inpatient length of stay.

Workload

Fiscal Year	Hospital Inpatient Program				Outpatient Program	
	Avg. Daily Pat. Census		Patients Treated		Staff Visits	
	Number	Index (1977 = 100)	Number	Index (1977 = 100)	Number (in 000's)	Index (1977 = 100)
1977	75,285	100	1,209,763	100	14,675	100
1978	73,008	97	1,228,755	102	15,070	103
1979	69,821	93	1,230,252	102	15,053	103
1980	68,109	88	1,247,516	103	15,752	107
1981	66,376	86	1,248,502	103	15,828	108
1982	64,894	86	1,242,544	103	16,024	109
1983	64,992	86	1,280,468	106	16,627	113
1984	63,094	84	1,290,046	107	16,935	115
1985	59,310	79	1,305,702	108	17,790	121
1986	56,940	76	1,327,728	110	18,458	126

Cost Per Average Day of Care and Inpatient Treated

Fiscal Year	Per Diems[1] Treated		Cost Per Hospital Inpatient	
	Amount	Index (1977 = 100)	Amount	Index (1977 = 100)
1977	$103.27	100	$2,346	100
1978	119.10	115	2,583	110
1979	133.82	130	2,772	118
1980	154.00	149	3,077	131
1981[2]	166.05	161	3,222	137
1982	190.36	184	3,629	155
1983	206.89	200	3,833	163
1984	220.49	214	3,947	168
1985	249.02	241	4,129	176
1986	255.16	247	3,994	170

[1] *Includes 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.*

Employment

The net (full-time equivalent employment) FTEE in the Department of Medicine and Surgery increased from 206,631 in FY 1985 to 202,890 in FY 1986.

Total Health Care: Net Full-Time Equivalent Employment

Appropriation/Fund	FY 1986	FY 1985
Total	202,890	202,631
Medical care	194,453	193,828
Inpatient care	153,498	155,293
Hospitals	137,954	140,742
Nursing homes	13,241	12,137
Domiciliaries	2,303	2,414
Outpatient care	33,899	32,551
All other	7,056	5,984
Medical administration and miscellaneous operating expenses	659	809
Research	4,401	4,551
Medical research	3,973	4,126
Rehabilitation research	248	247
Health services research	180	178
Canteen service	3,377	3,443

Staffing 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)
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
1985	2.37	1.75	1.27	0.40
1986	2.42	1.71	1.26	0.40

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

Manpower Planning Development

During the past year Manpower Planning Division (MPD) has been involved in the continuing refinement of staffing guidelines as well as the development of new staffing guidelines. At this time, the MPD has 44 medical center functions under staffing guidelines. Each VA medical center reports quarterly workload statistics to the MPD for computation in order to determine the difference between actual FTEE vs. earned FTEE at the individual facilities. Facility data are submitted each quarter. MPD, in conjunction with the Office of Data Management and Telecommunications, has conducted a feasibility study on a methodology for direct transmission of data by the facilities to the Austin DPC. It is expected that this methodology will greatly reduce the reporting requirements for the field facilities as well as reduce the present turnaround time required to produce the quarterly staffing report.

The other component of the MPD is the Productivity Management Group. The Productivity Management Group's mission is to implement Executive Order

12552, which initiated the Productivity Improvement Program for the Federal Government, and to improve DM&S productivity.

Four types of activities are conducted by the group:

- The VA is required by OMB Circular No. A-76 to conduct cost-comparison studies of activities identified as commercial activities. The Productivity Management Group develops the schedule and provides technical assistance for the DM&S cost-comparison studies being conducted for laundry, warehouse, switchboard, chauffeur, mail/messenger service, design/drafting, canteen food services, ground maintenance, transcription, fire protection, and furniture repair.

- The MPD schedules and supports efficiency reviews. During FY 1986 efficiency reviews were conducted for dietetic food service, plant maintenance, office operations, housekeeping, and medical information.

- The Productivity Management Group collects data on DM&S cost containment initiatives and publishes these examples so that facility directors may consider conducting similar cost-savings activities.

- The MPD measures DM&S productivity systemwide for submission to the Department of Labor's Federal Productivity Measurement System.

Engineering Service

Engineering Service develops and supports the managerial, technical, operational, and maintenance activities for the 172 VA medical center engineering staffs.

The engineering staff at each medical center is responsible for the total operation and maintenance of the physical plant and equipment, fire and safety programs, energy conservation activities, biomedical engineering, and the medical facility construction program. This effort is accomplished at all VA medical centers, comprising over 5,000 buildings and totaling more than 120 million square feet of building space valued at approximately $20 billion. To accomplish this mission, over $410 million was spent on recurring maintenance and repair, $425 million on plant operations, and over $13 million on capital improvements. In addition, the chiefs of engineering service at VA medical centers functioned as the resident engineers for design of 354 and construction of 234 construction projects planned for FY 1986 totaling $120 million.

Fire Protection

The fire protection activities of Engineering Service include providing technical interpretations of the fire codes and standards, issuing guidance and procedures for VA facilities, managing the VA Fire Department program, providing training to other elements within the VA, and representing the VA on national consensus standards on hospital fire protection.

The most successful fire protection program, which was initiated several years ago, was the implementation of the Fire Safety Evaluation System (FSES). This special analysis determines whether there are other fire protection features in a hospital which can compensate for literal code deficiency requirements to provide an equivalent level of safety. Use of the FSES has allowed the VA to save funds for the correction of fire deficiencies and to issue code equivalencies.

A second program which has gained momentum in the past year is the new fire protection standard for the residential care program. This new standard provides an adequate level of fire safety by allowing maximum flexibility in applying the fire protection requirements to community homes housing veterans. Medical centers are currently utilizing this new standard.

Energy Management Program

The VA has been actively involved in energy management since 1975. The current program is guided by Federal laws and requirements mandated by regulatory agencies. Long- and short-range planning provides specific energy reduction targets to be achieved. The VA accomplished its first long-range goal

by exceeding its target of a 20 percent reduction in energy consumption per square foot by the end of FY 1985. This was accomplished through a cost-effective energy conservation program without compromising the VA's high health care service standards.

The success of the Energy Management Program can also be measured by the accomplishments of its foundation program plan to save money. Over $315 million in reduced utility costs have been achieved with expenditures to date of approximately $142 million. The current long-range plan is to accomplish an additional 10 percent reduction in energy consumption per square foot by the end of FY 1987, which will result in a utility cost avoidance of an additional $200 million.

The program's achievements can also be seen in the individual medical centers which have successfully implemented energy management programs. Twenty-seven medical centers have achieved over 100 percent of their established target goals and seventy medical centers have achieved more than 85 percent of these goals.

The basic plan provides for research in new products; a detailed study of each medical center to determine its specific requirements; training of medical center 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 ensure 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.

Biomedical Engineering

The VA's medical equipment inventory is now close to $1.3 billion based on acquisition costs. Biomedical Engineering sections of Engineering Service at the individual VA medical centers are successfully maintaining this inventory through a combined program of in-house medical equipment maintenance activities with judicious use of private sector sources.

The DM&S productivity improvement initiative for FY 1986 proposes to train VA biomedical engineering technicians with strong backgrounds in digital electronics and microprocessors to improve their knowledge, skills, and expertise in x-ray troubleshooting and repair. Improved x-ray maintenance presently provides the greatest opportunity for further cost avoidance in the VA.

Training will be conducted through a formal contract with a private vendor and will provide 240 training hours coupled with an equal amount of on-the-job assignments. It is expected that this training will result in a recurring cost avoidance while improving the quality of maintenance.

The Engineering Service computer project Automated Engineering Management System/Medical Equipment Reporting System (AEMS/MERS) is now in its second year of operation. AEMS/MERS is the third DHCP application implemented systemwide in DM&S and is the only DHCP system delivered as a turn-key system.

VA Occupational Safety and Health Program

The Administrator's commitment to the Occupational Safety and Health (OSH) program was emphasized in a memo to all Department heads, staff offices, and field station directors urging them and their supervisory staffs to identify and correct hazards in the workplace and to encourage employees to continue to adhere to safe work practices.

The VA has met the President's goal of reducing Office of Workers' Compensation Program (OWCP) claims for the third consecutive year, and is among only

five Federal agencies to have done so. The goal is to reduce claims by 3 percent per year for five years, for a total of 15 percent reduction by 1988. The year 1982 is the base against which the claims are compared. In 1986, the VA submitted 15,092 claims, which is a 12.4 percent decrease since 1982.

Although the number of claims has decreased, costs have increased. The costs of the OWCP chargeback have increased by 8 percent to $79.4 million, while Continuation of Pay costs have declined 1 percent to $7.7 million, making the total direct costs in excess of $87 million for FY 1986. Occupational injuries and illnesses also result in indirect costs such as excess workloads for other employees, and costs of hiring temporary or replacement employees.

While there has been an overall decline in the number of claims submitted, some facilities still have injury/illness rates that are higher than desirable. The Office of Occupational Safety and Health is working through deputy regional directors to identify facilities having high rates to determine the causes of those rates.

The Office of PA&E conducted a study of the management information needs for the VA OSH program which recommended alternative approaches to successfully meet the safety management information needs. DM&S has already partially implemented an automated information system in-house which is beginning to yield useable data.

The Office of Data Management and Telecommunications is assisting in the development of an Occupational Safety and Health Management Information System. The system has produced preliminary summary data thus far. When completely operational, the system will provide managers with quarterly trends of injuries and OWCP costs by facility.

Security Service

The number of crimes and offenses occurring at VA medical centers increased by 11.5 percent in FY 1986. The largest change was an increase of 5,000 in the number of disturbances which necessitated VA police interventions. In FY 1985 there was an $8.9 million property dollar loss, which was reduced to a loss of $6.8 million in FY 1986. Much of this reduction can be attributed to the police taking more active loss prevention measures, such as stopping suspicious persons.

Public Law 99-576, "The Veterans Benefits Improvement and Health Care Authorization Act of 1986," expanded the authority of VA police to enforce the traffic laws of state and local jurisdictions in which VA facilities are located subject to the expressed authorization of those governments.

In FY 1986, VA police issued 61,000 United States District Court violation notices for violations of Agency traffic rules and other regulations governing conduct.

Vigorous efforts to improve the training of VA police officers were pursued in FY 1986. A total of 600 police officers underwent a basic forty-hour course of instruction. Twenty-two police officers who failed to satisfactorily complete this course were divested of Federal police authority in compliance with the guidance of the Attorney General. The Medical Media Production Service of the Office of Academic Affairs completed a three-part videocassette instructional series for police officers on the subjects of responding to disturbances, investigation, and report writing. The videocassettes add significantly to the instructional libraries provided to all medical centers for their on-site police training activities.

Building Management Service

During FY 1986 construction on two new VA laundries was completed and construction continued on four others. Under the DM&S Laundry Modernization/Systems Program, four laundries were modernized in FY 1986 and projects were awarded for four others.

Research and development resulted in the completion of a design for new pajamas and robes for VA patients. These new pajamas and robes, made from in-

herently flame retardant material, will result in significant dollar savings for the system, while continuing to offer patient safety features.

Building Management Service continues to provide a clean, aesthetically pleasing environment for VA patients. Recipients of VA health care have indicated their satisfaction with the quality of service by giving scores above 90 percent on patient satisfaction surveys.

Emergency Management and Resource Sharing Service

Responsibilities for the development, coordination, and direction of the VA-wide National Security and Emergency Preparedness (NSEP) programs are assigned to the Emergency Management and Resource Sharing Service. The Service also is responsible for the management of all Agencywide programs for sharing medical resources with non-VA organizations.

The Emergency Management staff is the focal point within the Agency for such diverse, national-level, Governmentwide activities as the Continuity of Government program and planning activities concerned with catastrophic earthquakes in the United States. Throughout the year, the staff represents the Agency at forums such as the National Communications System, the Interagency Advisory Group, and the Federal Interagency Committee on Emergency Medical Services.

The Emergency Management Staff also represents the VA on the Interagency Coordinating Committee of the National Earthquake Hazard Reduction Program (ICCNEHRP). The ICCNEHRP oversees the Interagency Committee on Seismic Safety in Construction which develops national design and construction standards. The ICCNEHRP also oversees the Interagency Subcommittee on Response Planning for a Catastrophic Earthquake.

The Emergency Management staff directs the Agency's participation in the National Disaster Medical System (NDMS). As presently structured, the VA will manage 28 of the 71 proposed NDMS Coordinating Centers throughout the Nation; the remainder will be coordinated by the Department of Defense (DoD). The Emergency Management staff also directs the VA/DoD Contingency Hospital System's internal and external planning and prepares the annual report to the Congress.

The Resource Sharing staff manages all aspects of the Agency's activities associated with scarce and specialized medical programs. Public Law 89-785 authorized the VA to contract for scarce medical specialists that local VA medical centers cannot recruit or successfully compete for in the marketplace because of the limits on Government compensation. During FY 1986, there were 209 contracts for professionals such as anesthesiologists, radiologists, radiotherapists, urologists, neurologists, critical care nurses, and physical therapists. The VA spent a total of $23.6 million on these activities during the year.

The VA shares specialized medical resources with medical schools, community hospitals, and clinics, as well as Federal and state health care institutions by either providing or purchasing the resources. The program, which began in 1966, has steadily grown in scope of services offered and utilized each year. The range of sharing opportunities has continually broadened, permitting cost-effective delivery of high-quality specialized medical care to beneficiaries. During FY 1986, this program consisted of 400 contracts which totaled $48.6 million.

At the close of FY 1986, 106 VA medical centers had sharing agreements with 156 separate military organizations. This represents a significant increase over the previous year, when 79 VA medical centers had negotiated agreements with 91 military organizations. A national agreement between VA and DoD covering the referral of active duty military patients to VA medical facilities has been implemented. The VA medical centers providing services for DoD patients are directly reimbursed.

The VA and DoD participate in joint ventures which permit the common use of medical facilities. For example, the U.S. Air Force plans to lease the entire sixth floor of the newly constructed VA medical center, Albuquerque, New Mexico. In another instance, the VA will participate in a joint occupancy arrangement at the new U.S. Air Force hospital being constructed at Nellis Air Force Base near Las Vegas, Nevada.

A nationwide program initiated the implementation of a congressionally-supported effort for VA medical centers to share with private sector health care providers the acquisition and shared operation of high-cost, advanced technology medical equipment such as magnetic resonance imaging, positron emission tomography, and lithotripsy. Eleven VA medical centers were awarded $10.1 million; this represents the VA share to be matched by sharing partners.

Medical District Initiated Program Planning

The Veterans Administration established the MEDIPP process in 1981 to ensure that future plans address the impact of the changing veteran population on VA health care programs; since that time, MEDIPP has evolved into a comprehensive planning system that involves all levels of VA management — medical centers, medical districts, regions, and Central Office.

While many changes have occurred in the MEDIPP process over the past five years, one focus embodied in the title has withstood the test of time and remains the cornerstone of MEDIPP today; namely, the focus on the medical district as the basic planning entity in the VA. The originators of MEDIPP made the medical district the planning focus for three reasons: it is large enough to contain the number and variety of medical programs needed for effective planning; it is small enough to capture unique geographic and demographic elements within the veteran population; and the medical district is in itself a relatively self-contained medical care system.

MEDIPP provides DM&S and VA management with the means to shape the VA's future health care system. MEDIPP generates recommendations which are used to:

- determine the future size and scope of VA health care services;
- develop plans;
- contribute data for Agency budget requests and facility operating budgets;
- improve the efficiency and cost-effectiveness of services;
- maintain acceptable clinical and programmatic effectiveness; and
- identify innovative approaches to health care.

The basic approach to the MEDIPP process is medical district mission analysis. Mission analysis involves an examination of all medical programs within a medical district with a view towards providing medical care in the most cost-effective manner consistent with quality care. Inherent in mission analysis is identification of unnecessary duplication of programs among VA medical centers and the establishment of programs to address unmet medical care needs.

The MEDIPP process is composed of three distinct components: long-range, five-year strategic, and one-year implementation. The long-range component consists of bed and outpatient forecasts (currently for the year 2000) for each medical facility. These long-range forecasts function as optimal planning targets and as workload caps for construction planning. The five-year strategic component functions as a statement of needs over the five-year budget planning cycle and consists of specific proposals designed to meet identified needs in accordance with the mission analysis. The one-year implementation component is designed to permit flexibility for the Department to respond to the existing budget constraints.

Seven regional MEDIPP plan submissions, which are consolidations of the district MEDIPP submissions, are provided to VA Central Office annually for review and approval. These annual plans are designed to ensure that high priority strategic needs are addressed operationally and accounted for in the Agency's budget formulation and implementation processes.

Medical Information Resources Management

The Medical Information Resources Management Office (MIRMO) was established to manage all information resources within the department including the Decentralized Hospital Computer Program (DHCP), the Integrated Hospital System (IHS), data administration, reports control, ADP security, and DM&S central reporting systems. DHCP provides data processing support for key functions in the VA medical centers and supplies the basic data required by the Decentralized Medical Management System (DMMS) to support VA medical center administration. IHS is a test of the applicability of commercially available hospital information systems to VA medical centers. Through data administration and report control functions, DM&S is eliminating redundant reporting requirements and working towards standardization of data definitions. ADP security measures assure that authorized personnel have access to needed data while safeguarding the privacy of the veteran. Efforts in the area of the centralized information systems focus on their interoperability with the DHCP, the elimination of unnecessary centralized systems, and the provision of support for the PAID Redesign project.

All VA medical centers except for the three IHS sites have implemented the initial core software which consists of registration, admission/discharge/transfer, scheduling, and outpatient pharmacy. The full core software, including the clinical laboratory modules for microbiology, hematology, chemistry, and ward stock entry, and the inpatient pharmacy modules for intravenous additives, ward stock, and unit dose, have been partially implemented. VA medical centers received additional DHCP equipment during the year including improved printers for pharmacy labels, additional terminals for wards, work stations and clinic stops, and communications equipment.

A post-implementation evaluation of the initial core program was completed by a contractor. The study found that most VA medical center staff were pleased with the system, and that these modules were cost-effective based on life-cycle cost analysis.

The DHCP software is also being tested at two Department of Defense facilities. March Air Force Base has been running both initial and full core software for over a year. A second test of the software was instituted at Fitzsimmons Army Medical Center during the year.

Security for the DHCP systems received increased emphasis during FY 1986. A number of initiatives relating to this security were undertaken during the year.

The IHS test of three different commerical hospital information systems began at VAMCs Big Spring, Texas; Philadelphia, Pennsylvania; and Saginaw, Michigan. Onsite project status reviews were conducted at each VAMC by VACO management and consultant personnel. Mandatory modules have been installed at each site. A comparability study between IHS and DHCP by a management analysis firm under contract to the VA began in September.

In addition to providing regional VAMC technical support, Information Systems Centers (ISCs) develop DHCP software and are responsible for its testing, verification, and documentation. During FY 1986, a seventh ISC was established in Dallas, Texas, for the Southwestern Region. Also, 15 provisional Information Resources Management Service chief positions and one permanent service chief position have been established in the medical centers to coordinate ADP and reporting activities.

To better manage the DM&S-sponsored central data systems maintained by ODM&T, the Chief Medical Director established a Standing Committee on Cen-

tral ADP Systems. It is this committee's responsibility to set priorities for central system enhancements, development of new systems, and technological changes which would significantly affect operating costs. Two central systems have been recommended for elimination: Geographic Mobility and Health Services Training. The latter is now being handled internally by DM&S.

Medical Inspector

The Medical Inspector provides staff support to the Chief Medical Director to assure optimal quality medical care. These management support and quality assurance activities involve multiple coordinated working relationships, both internal and external to the Department of Medicine and Surgery. Monitoring, investigating, and reviewing required reports of incidents involving veteran patients' activities originated from the 87,895 incidents reported locally and centrally during FY 1986. Corrective actions are implemented by the regional directors, including disciplinary actions concerning employee performance; clinical competence; and meeting acceptable standards of clinical practice, medical care program changes, or management activities.

Ten special-purpose site visits and Medical Inspector investigations, either independently or in association with the Inspector General or others, were conducted during FY 1986. Thirty-seven cases were referred by the Inspector General for review or investigation during FY 1986.

Quality Assurance

The Office of Quality Assurance (QA) continued to emphasize the importance of improved processes and policies designed to meet the challenge of delivering high quality medical care at every VA site. Activities to assure quality, to identify program strengths and weaknesses, and to foster accountability have been and will continue to be a principal QA focus.

Medical District Initiated Peer Review Organization

During FY 1986 the Medical District Initiated Peer Review Organization (MEDIPRO) was implemented fully through eight pilot programs. In addition, MEDIPRO staff was hired and trained in each of the remaining 19 districts. Computer support was made available to each non-pilot district during the year. The Phase I pilot districts all conducted focused medical record reviews and provided feedback to medical centers based on problems and issues identified. Phase II pilots began analyzing and developing operating procedures for their programs.

Utilization Review

Utilization management was the focus of considerable effort this past year. Substantial improvements in program operation were advanced through a renewed emphasis on developing methods for identifying unnecessary care as well as services which may be ineffective or overused. National training was provided to hospital utilization review coordinators to make available information about innovative programs and state-of-the-art utilization review techniques. The Office of Quality Assurance worked with private sector health insurance and health plan representatives in order to develop a policy enabling VA medical facilities to conform to private health plan requirements for pre-admission certification, second opinions, and other utilization reviews to satisfy the statutory requirements of Public Law 99-272.[1]

Occurrence Screening

Also under development is a program of continuous monitoring, known as occurrence screening, that will allow VA medical centers to uniformly collect, compile, and analyze data about certain high risk areas which will provide information about the incidence of substandard care. The methods to conduct this quality assurance effort will be pilot tested during the upcoming year and evaluated for system-wide implementation.

Mortality and Morbidity Review

In response to Public Law 99-166, which requires mortality and morbidity reviews of surgical procedures in the Department of Medicine and Surgery, the department undertook an initiative to fully implement the legislation and to aug-

[1] *This law allows the VA to seek reimbursement from private health plans/insurers for care rendered to nonservice-connected veterans so long as there is adherence to pre-established utilization review guidelines.*

ment its ongoing commitment to enhancing and improving the quality of its surgical health care. Because universal standards and criteria for measuring mortality and morbidity were not available, the Department began the establishment of valid and defensible measures as part of a three-phase, five-year initiative. In the first phase, a standard set of surgical procedures has been identified and grouped into four levels of risk. Each level was defined and expected mortality rates intrinsic to the set of surgical procedures were determined.

Computer Applications in Quality Assurance

In FY 1986 a major step was taken toward the use of computers in support of QA by establishing a QA Special Interest Users Group (SIUG). The SIUG, which is composed of medical center and Central Office QA professionals, identifies QA-required computer applications to be developed by the Information Systems Center and installed at individual medical centers as components of the Decentralized Hospital Computer Program. These computer applications will support medical center staffs as well as administrative personnel at the district, region, and Central Office levels in monitoring and improving the quality of care provided to eligible veterans.

Internal Control Review

The Internal Control Program (A-123) continues to be one of high priority for the Department. During FY 1986 significant action was taken in many programs to strengthen internal controls. A new circular was published in order to provide field facilities with specific guidelines to fulfill the requirements of the program while avoiding duplication and reducing paperwork. These guidelines placed a greater emphasis on high risk areas that have a significant impact on field facilities.

Characteristics of VA Patients

Both the Patient Treatment File (discharge data during FY 1986) and the Annual Patient Census (taken on September 30, 1986) are used to develop general demographic information and medical characteristics of VA patients as a whole. The data on discharges for FY 1986 exclude 249,412 one-day hemodialysis discharges. The census figures for hospital, domiciliary, and nursing home patients in VA facilities are based on a 100 percent survey.

Age

Demand for hospital and long-term care continues to grow among the most elderly sector of the veteran population. This is reflected in the following table which displays the number of hospital, domiciliary, and nursing home patients discharged during FY 1986. It includes patients discharged both from VA facilities as well as those released from community nursing homes in which patients were placed under VA auspices. The increased use of hospital and nursing care is particularly apparent when the discharge rate per 1,000 veterans for the 65-74 age group is considered in relation to that of the oldest group of veterans, those 85 and older. The trend is even more exaggerated when the discharge rate for those veterans both over and under the age of 65 is considered.

Discharges by Age from VA Hospitals, Domiciliaries, and Nursing Homes

Age	Veteran Population on 3/31/86[1] (Thousands)	Hospital Patients Discharged From VA Facilities[2]		Domiciliary Patients Discharged From VA Facilities		Nursing Home Patients Discharged From VA and Community Facilities			
		Number	Discharges per 1,000 Veterans	Number	Discharges per 1,000 Veterans	VA Nursing Home Care Units	Community Nursing Homes	Total	Discharges per 1,000 Veterans
Total	27,777	1,055,028	38.0	6,799	0.2	12,354	24,055	36,409	1.3
Under 25	405	9,164	22.6	42	0.1	20	19	39	0.1
25-44	9,260	223,357	24.1	2,174	0.2	478	779	1,257	0.1
45-54	5,469	130,093	23.8	1,303	0.2	726	1,310	2,036	0.4
55-64	7,389	342,237	46.3	2,173	0.3	3,301	6,283	9,584	1.3
65-74	4,179	259,847	62.2	881	0.2	4,162	8,509	12,671	3.0
75-84	834	61,073	73.2	191	0.2	1,910	3,938	5,848	7.0
85 & over	239	29,487	123.4	35	0.1	1,757	3,217	4,974	20.8
Under 65	22,525	704,851	31.3	5,692	0.3	4,525	8,391	12,916	0.6
65 & over	5,252	350,407	66.7	1,107	0.2	7,829	15,664	23,493	4.5

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

[2] *Source of Data: Patient Treatment File.*

As the table below demonstrates, the veteran patient population is also gradually increasing in age. Data for 1977 show that at that point 25.3 percent of the patients were 65 or older; however, by 1986, 36.2 percent of VA patients were 65 or older. It is anticipated that this trend will become even more pronounced in the coming years.

Census Date	Percent Age Distribution of Hospital Patients in VA Medical Centers on Census Day					
	Under 35	35-44	45-54	55-64	65 And Over	Total [1] (percent)
September 30, 1986	8.5	14.1	11.6	29.6	36.2	100
September 30, 1985	9.0	13.1	12.5	31.5	33.4	100
September 30, 1984	10.3	11.8	13.4	32.5	32.0	100
June 15, 1983	11.4	9.8	14.7	34.2	29.8	100
July 28, 1982	12.4	8.5	16.3	34.9	27.8	100
June 24, 1981	12.9	8.5	17.9	33.8	26.9	100
September 24, 1980	12.7	7.7	19.6	33.6	26.2	100
September 26, 1979	12.7	7.8	20.6	32.5	26.4	100
October 4, 1978	12.1	8.2	22.8	31.0	26.0	100
September 28, 1977	11.7	8.7	23.9	30.3	25.3	100

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

Female Veterans

When the Patient Treatment File (PTF) discharge data for FY 1986 were analyzed, they showed that 21,109 women veterans were discharged from VA medical centers during this period. These accounted for approximately 2 percent of all discharges from VA care. Women also comprise about 2 percent of all outpatients. As a group women veterans make up 4% of the total veteran population. Demographically, women veteran patients differ from men in that they are, for the most part, younger. Of those discharged from VA medical centers, 35 percent are under 45, compared to 22 percent of men.

Service-Connected Patients and VA Pensioners

Of FY 1986 hospital discharges from VA medical centers, 46.5 percent were veterans who had a service-connected disability or who were in receipt of a VA pension. This remains virtually unchanged from 46.7 percent in FY 1985. Of those patients hospitalized in VA medical centers on census day, 49.4 percent had service-connected disabilities or were receiving a VA pension. The following table shows the distribution of VA hospital patients, according to compensation and pension status, on census day for the past five years.

Compensation and Pension Status	Percent Distribution of Hospital Patients In VA Medical Centers on Census Day				
	1986	1985	1984	1983	1982
Receiving care for a service-connected disability	15.1	15.1	16.0	16.1	16.4
Receiving care for a nonservice-connected disability and has a service-connected disability which does not require medical care	16.3	15.5	14.6	13.9	14.7
Total Service-Connected	31.4	30.6	30.6	29.9	31.1
Receiving care for a nonservice-connected disability and on VA pension rolls	18.0	17.8	18.6	23.8	24.1
Receiving care for a nonservice-connected disability and not on VA compensation or pension rolls	50.3	51.4	50.6	45.9	44.5
Total Nonservice-Connected	68.3	69.2	69.2	69.7	68.6
Non-veterans	0.3	0.3	0.3	0.4	0.4

NOTE: Total may not add to 100 percent 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 Patient Treatment File permits the reporting of a maximum of ten diagnoses per patient discharge. Thus, a count of total diagnoses includes the 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 the principal and associated diagnoses are considered, the two most common are heart disease and alcoholism, accounting for 41 and 22 percent, respectively, of the total diagnoses.

Major Categories of Principal Diagnosis ICD-9-CM [1]	Percent by Diagnosis of Hospital Patients Discharged from VA Medical Centers				
	FY 1986	FY 1985	FY 1984	FY 1983	FY 1982
Mental Disorder	18.2	18.8	19.7	20.3	21.5
Circulatory	16.3	16.3	16.2	16.3	16.1
Neoplasms	10.3	10.5	10.8	10.9	10.7
Digestive	9.3	9.6	9.7	9.3	9.2
Respiratory	7.4	7.3	7.0	6.7	6.5

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

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. The general medical and surgical patients tend to be older (41.9 percent are 65 years of age and over) than psychotic patients (28.2 percent are 65 and older) or patients with other psychiatric diagnoses (16.7 percent).

Type of Patient	Percent of Hospital Patients in VA Medical Centers Census Day—September 30, 1986				
	Under 45	45-54	55-64	65 and Over	Total (Percent)
All patients [1]	22.6	11.6	29.6	36.2	100
General Medicine and surgery	15.2	10.8	32.1	41.9	100
Psychotic	31.4	13.4	27.1	28.2	100
Other psychiatric	51.8	12.8	18.7	16.7	100

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

Duration of Stay

The average length of stay of patients in VA facilities has continued a steady decline over the past several years. FY 1986 was no exception with an overall average length of stay of 21.6 days, which is down from 23.4 days in FY 1985. For general medicine and surgical patients, who represent 81.8 percent of all FY 1986 discharges, the average length of stay was 16.1 days compared to 16.8 in FY 1985. The average length of stay for psychotic patients decreased from 86.7 to 72.3 days, and for other psychiatric patients it decreased from 27.3 to 22.7 days.

During FY 1986, 1,055,258 hospital patients were discharged from VA medical centers. Of these, 87.1 percent spent 30 days or less in a hospitalized status. This group comprised the majority of the discharges but accounted for only 36.9 percent of the 22,762,153 days of care received. These patients had an average length of hospital stay of less than 9.1 days. At the other end of the spectrum, 0.4 percent of discharges had stays of more than one year and

received 23.0 percent of all the days of care. This group's average length of stay was 1,124 days. Overall there has been a gradual increase in the proportion of VA patients with stays of 99 days or less during the past four years (see table below) even though FY 1986 "general medicine and surgery" and "other psychiatric" categories showed slight decreases.

Type of Patient	Percent of Hospital Patients In VA Medical Centers With 99 Days or Less of Attained Stay on Census Day			
	FY 1986	FY 1985	FY 1984	FY 1983
All patients	77.1	76.9	73.1	72.6
Psychotic	50.1	49.2	45.1	42.9
Other psychiatric	81.8	82.8	78.9	77.0
General medicine and surgery[1]	86.7	87.2	84.1	84.1

[1] *Includes tuberculosis and neurological patients.*

Disposition Status

Of those patients discharged from VA medical centers in FY 1986, 87.5 percent returned to the community. While this percentage has remained relatively constant for the past five years, two of its components have changed. The percentage of VA patients discharged for further care as outpatients has increased gradually from 66.7 percent in FY 1978 to 72.2 percent in FY 1986. Conversely, the percent of patients discharged for no further care has decreased from 16.4 to 10.9 percent during the same period. As the table below illustrates, 8.0 percent of hospital patients were discharged from VA medical centers for further care (hospital, domiciliary, or nursing home care) in another VA facility or a community nursing home. Deaths accounted for 4.4 percent of discharges.

Manner of Disposition	Hospital Discharges from VA Medical Centers During FY 1986	
	Number	Percent of Total[1]
Total	1,055,258	100.0
To community	923,460	87.5
Further care as VA outpatients	762,115	72.2
No further care	114,817	10.9
Release of commited or institutional award patients for trial in community	46,528	4.4
To further VA inpatient care	84,893	8.0
Another VA medical center for hospital care	36,815	3.5
Another VA medical center or community nursing home for nursing home care	40,457	3.8
VA facility for domiciliary care	7,621	0.7
Deaths	46,905	4.4

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

Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Cost (billions)	$ 14.4	$ 14.2	+1.4
Disability cases on rolls	2,883,463	2,930,756	-1.6
Service-connected	2,225,289	2,240,277	-0.7
Nonservice-connected	658,106	690,391	-4.7
Special acts and retired officers	68	88	-22.7
Death cases on rolls	1,016,392	1,074,778	-5.4
Service-connected	331,394	335,612	-1.3
Nonservice-connected	684,992	739,160	-7.3
Special acts	6	6	

Summary

The VA administers compensation and pension programs that fall into five broad categories:

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

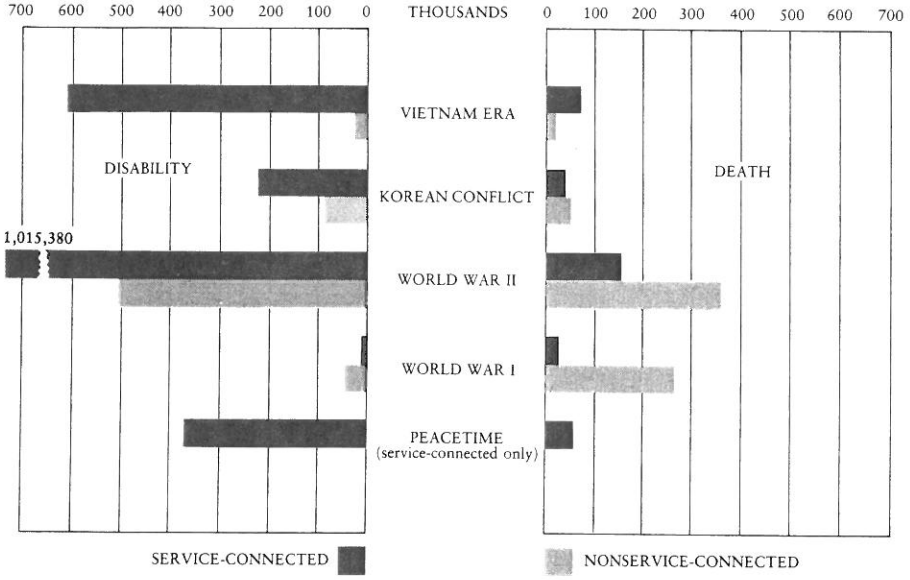
3. Disability Pension - Veterans who served in time of war are eligible for pension benefits for nonservice-connected disabilities. The veteran must either be permanently and totally disabled or be age 65 or older, and meet specific income limitations. Spanish-American War veterans are entitled to a 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 or 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 where 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 1986 the cost of compensation and pension benefits continued to rise, reaching $14.4 billion, an increase of $200 million from last fiscal year. This increased cost is attributable to new legislation which granted cost of living increases.

COMPENSATION AND PENSION CASES AS OF SEPTEMBER 1986



Compensation

As shown in the accompanying chart, the number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1986, because of the declines among World War I, World War II, and Korean conflict cases. There was a net decrease of 14,988 from FY 1985.

Period of Service	Disability Compensation Cases				Percent Change
	FY 1986		FY 1985		
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	
World War I	9,870[2]	0.4	12,293	0.5	-19.7
World War II	1,015,380	45.6	1,048,976	46.8	-3.2
Korean conflict	220,155	9.9	222,630	9.9	-1.1
Vietnam era	612,937	27.0	603,889	27.0	+1.5
Peacetime	366,945	16.5	352,484	15.7	+4.1
Spanish-American	0	*	3	*	-100.0
Mexican Border	2	*	2	*	-
Total	2,225,289	100.0	2,240,277	100.0	-0.7

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

For the tenth 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 cases showed an increase from FY 1985.

Period of Service	Service-Connected Death Cases				
	FY 1986		FY 1985		
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Percent Change
World War I	20,419	6.2	22,298	6.6	-8.4
World War II	151,099	45.6	153,814	45.8	-1.8
Korean conflict	37,594	11.3	37,812	11.3	-0.6
Vietnam era	70,512	21.3	69,669	20.8	+1.2
Peacetime	51,701	15.6	51,939	15.5	-0.5
Spanish-American	66	*	77	*	-14.3
Mexican Border	1	*	1	*	-
Civil War	2	*	2	*	-
Total	331,394	100.0	335,612	100.0	-1.3

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

Pension

The improved pension rates were adjusted on December 1, 1985. The maximum annual rate of pension payable is shown in the accompanying table.

Class of Beneficiary	Rate of Pension
Veteran	
Alone	$ 5,886
One dependent	7,710
Alone, A&A allowance	9,416
One dependent, A&A allowance	11,240
Alone, housebound	7,194
One dependent, housebound	9,019
Surviving Spouse	
Alone	3,944
One child	5,167
Alone, A&A Allowance	6,309
One child, A&A Allowance	7,530
Alone, housebound	4,822
One child, housebound	6,042

The decrease of 4.7 percent in the disability pension rolls during FY 1986 is slightly less than that experienced last year. Two periods of service showed increases during the year - the Korean conflict and the Vietnam era.

Period of Service	Disability Pension Cases				
	FY 1986		FY 1985		
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Percent Change
World War I	43,478	6.6	56,027	8.1	-22.4
World War II	502,770	76.4	525,715	76.1	-4.4
Korean conflict	88,023	13.4	86,230	12.5	+2.1
Vietnam era	23,772	3.6	22,336	3.2	+6.4
Spanish-American	5	*	10	*	-50.0
Mexican Border	58	*	73	*	-20.5
Total	658,106	100.0	690,391	100.0	-4.7

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

As shown in the table, the number of death pension cases decreased in all eight periods of service. The overall decrease of 7.3 percent is a smaller decline than that recorded during the previous fiscal year (7.8 percent).

Period of Service	Death Pension Cases				
	FY 1986		FY 1985		
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Percent Change
World War I	260,142	38.0	290,545	39.3	-10.5
World War II	350,476	51.2	368,598	49.9	-4.9
Korean conflict	49,656	7.2	52,553	7.1	-5.5
Vietnam era	18,656	2.7	20,567	2.8	-9.3
Spanish-American	5,605	0.8	6,468	0.9	-13.3
Mexican Border	225	*	275	*	-18.2
Indian War	18	*	20	*	-10.0
Civil War	75	*	88	*	-14.8
Total	684,853	100.0	739,114	100.0	-7.3

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

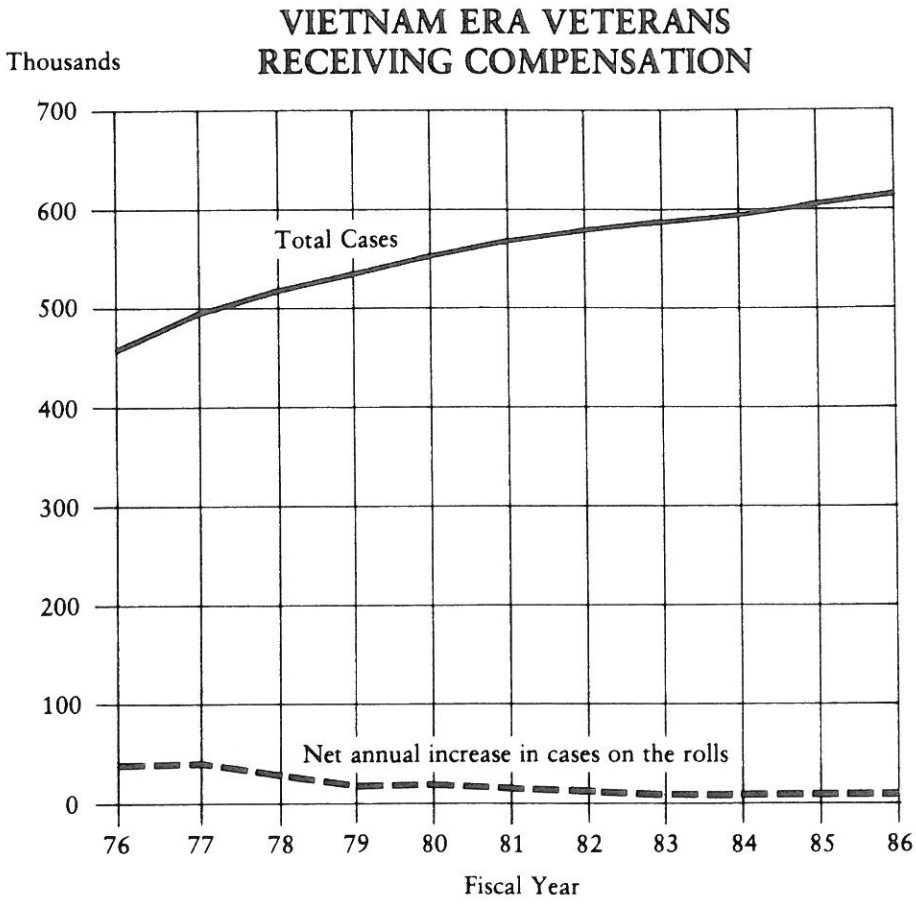
Period of Service

Vietnam Era

There were 9,048 more Vietnam era veterans receiving compensation at the end of FY 1986 than at the end of the previous year. The chart shows the trend in new Vietnam era compensation cases since 1975. The total number of Vietnam era veterans receiving compensation continues to increase and, with new cases exceeding losses, this trend is expected to continue.

A total of 23,772 Vietnam era veterans were receiving disability pensions at the end of the fiscal year, an increase of 6.4 percent from the number a year ago. Since the median

age of these veterans is 38 years, a gradual increase in those applying for disability pension is expected. The number of service-connected death cases increased by 1.2 percent to 70,512. The nonservice-connected death pension cases numbered 18,656 at the end of the fiscal year, a decrease of 9.3 percent from last year.



Korean Conflict

The number of Korean conflict veterans receiving compensation decreased to 220,155 during FY 1986, the thirteenth 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 the number receiving compensation, the number of Korean conflict veterans receiving pension continued to rise. At the end of the fiscal year there were 88,023 Korean conflict veterans on the pension rolls, a 2.1 percent increase over FY 1985. 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 37,594, a decrease of 0.6 percent, and the number of death pension cases decreased 5.5 percent to 49,656.

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 1986. Nonservice-connected pension showed a decrease of 4.4 percent, down to 502,770. Service-connected death cases declined by 2,715, or 1.8 percent, in FY 1986. The nonservice-connected death pension caseload deceased to 350,476, a decrease of 4.9 percent in FY 1986.

World War I

The number of World War I veterans receiving disability compensation decreased during the past fiscal year to 9,870. World War I disability pension recipients also

decreased (to 43,478) in the past fiscal year. The advanced age of this group of veterans will accelerate these trends in the next few years. Decreases were also recorded for service-connected death cases (20,419) and death pension cases (260,142).

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were five Spanish-American War veterans receiving disability pensions in FY 1986, a decline of 50.0 percent. The service-connected death and death pension caseloads for Spanish-American War veterans were 66 and 5,605 respectively.

There were 58 veterans of the Mexican Border period receiving disability pension, down 15 from last fiscal year. There were two veterans of this period receiving disability compensation.

Although there are no living veterans of the Indian Wars, 18 beneficiaries are receiving death pension benefits. There are 2 helpless children receiving service-connected death benefits with Civil War entitlement and 75 beneficiaries receiving death pensions. There were 366,945 peacetime veterans receiving compensation as of September 30, 1986, an increase of 4.1 percent from the previous year. Beneficiaries of deceased peacetime veterans decreased by 238 to 51,701 in FY 1986.

Burial Allowance

Generally, the VA will pay a sum not to exceed $300 to help cover burial and funeral expenses for veterans whose deaths occur while the veteran is under VA care or entitled to disability compensation or pension. 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 dies of a service-connected disability.

In FY 1986, basic burial allowance was paid for 115,936 claims in an amount of nearly $40.7 million. This was a decrease of approximately $3.7 million from last year. Cemetery plot allowances amounting to nearly $41.9 million were paid to 295,489 claimants; service-connected burial benefits amounting to $7.8 million were paid to 8,187 claimants.

A total of 325,425 burial flags was issued, a slight decrease from FY 1985. The cost of each flag was $25.71, making a total of $8.4 million. Reimbursements in lieu of Government headstones or markers were paid 50,330 claimants for a total of nearly $3.6 million, a slight increase from last year. Burial benefits totaled $115.9 million in FY 1986.

Educational Benefits

Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Education benefit cost (millions)	$ 972	$ 1,057	−8.0
Post-Korean trainees	307,637	402,281	−23.5
Post-Vietnam trainees	63,221	48,110	+31.4
Sons and daughters	48,356	55,328	−12.6
Spouses	5,877	6,630	−11.4

Summary

The Education Service of the Department of Veterans Benefits administers several education benefits programs. These include educational assistance for veterans and service personnel, commonly termed the "GI Bill"; educational assistance for the All-Volunteer Force and Scheduled Reserve, the "New 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 die while such a rating is in effect, or who are missing in action or are prisoners of war for more than 90 days; the post-Vietnam era veterans' educational assistance program for veterans and servicepersons entering active duty between December 31, 1976, and July 1, 1985; and the Veterans' Job Training Act.

Other education benefits administered include payments to eligible veterans, survivors, and dependents to help defray the expenses of tutoring, and a limited education loan program for veterans and eligible persons who meet certain requirements.

Education and Training

Veterans' Educational Assistance (GI Bill)

Nearly 308,000 veterans and active duty personnel received educational benefits in FY 1986 under the post-Korean GI Bill. This figure is down 23.5 percent from FY 1985 and is expected to continue to decline in coming years.

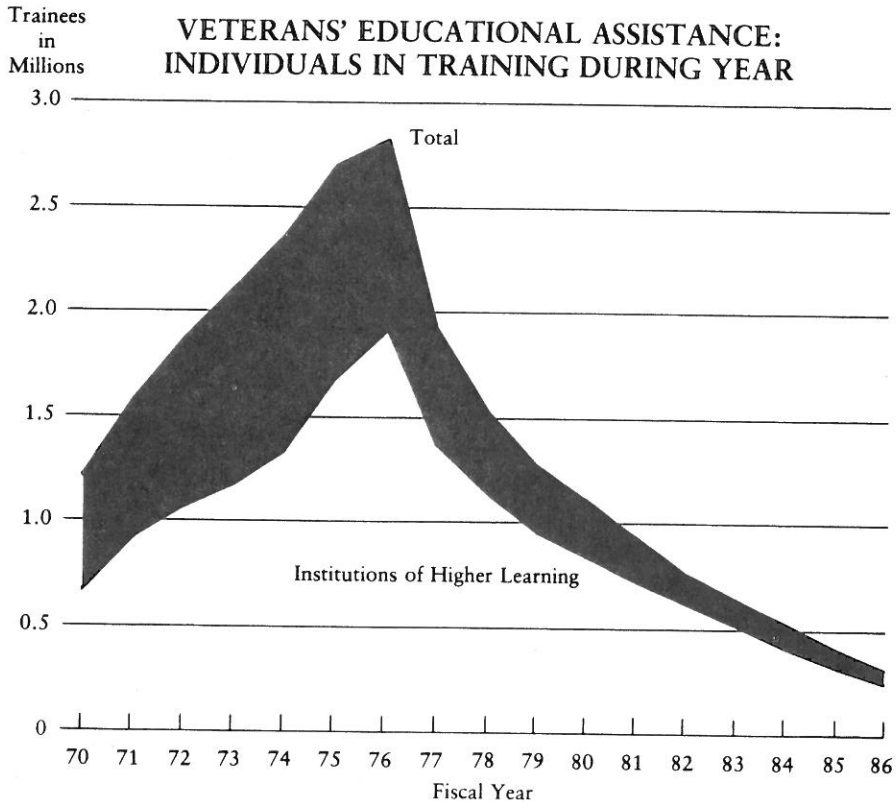
Veterans and service personnel who have neither completed high school nor received an equivalency certificate are considered to be educationally disadvantaged. They may, without charge to their basic entitlement, receive training to overcome their educational handicaps. At the end of September 1986, nearly 924,000 veterans and servicepersons had participated in these "free entitlement" programs.

Through September 1986, the total number of veterans and servicepersons ever trained under the current GI Bill exceeded eight million. Approximately 83 percent of these were Vietnam era veterans and servicepersons, and nearly 75 percent were Vietnam era veterans only. More than 61 percent 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 approaches 73 percent, well over the 51 percent participation rate for World War II veterans and the 43 percent participation rate for the Korean conflict veterans.

At the end of FY 1986, cumulative expenditures for veterans' educational assistance for post-Korean conflict trainees exceeded $39.8 billion. This compares to expenditures of $4.5 billion for the Korean conflict program and $4.5 billion for the World War II program.

Veterans Educational Assistance Act of 1984 (New GI Bill)

The New GI Bill, providing assistance to individuals entering the military from July 1, 1985, through June 30, 1988, and to individuals who, during that time, enlist, reenlist, or extend an enlistment in the Selective Reserve for a minimum of six years, was included in the Department of Defense Authorization Act of 1985 (Public Law 98-525). Unless the serviceperson elects not to participate, the serviceperson's basic pay will be reduced by $100 a month for 12 months, qualifying him or her for full education benefits. The reservists section of the Act requires no reduction in military pay. At the end of the fiscal year, approximately 32,000 reservists were in training. A significant number of serviceperson/veteran-trainees are anticipated in future fiscal years.



Post-Vietnam Era Veterans' Educational Assistance

At the end of FY 1986, there were nearly 295,000 active participants (in-service contributors) in the post-Vietnam era veterans' educational assistance fund. Of the more than 1.1 million persons who have contributed, approximately 543,000 have disenrolled, and more than 269,000 who have remaining eligibility have ceased their contributions. The number of trainees during FY 1986 exceeded 63,000, up 31.4 percent from last year. There were 31,404 veterans and servicepersons enrolled at the end of the fiscal year. With the implementation of the New GI Bill and the Veterans' Benefits Improvement and Health Care Authorization Act of 1986 (Public Law 99-576), servicepersons who were otherwise eligible to contribute to the VEAP (Post-Vietnam Era Veterans' Educational Assistance Program), but failed to do so, have been granted an extension to April 1, 1987, to begin contributing.

Item	FY 1986	FY 1985	Percent Change
Accounts established	1,106,727	1,065,971	+3.8
Gross contributions	$1,252,278,410	$1,035,503,291	+20.9
Active participants	294,907	438,562	−32.8
Trained during year	63,221	48,110	+31.4
Benefits paid during year	$128,087,758	$ 86,916,921	+47.4

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 certain participants may transfer their enrollment to a spouse or child.

Eligibility in both programs is limited to persons who enlisted or re-enlisted 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. Through the end of the fiscal year, there were 679 persons who had trained under section 901, and 552 persons who had trained under section 903.

Veterans' Job Training Act

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. In January of 1986, the name of the program was changed to the Veterans' Job Training Act.

The Veterans' 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 responsibilites 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.

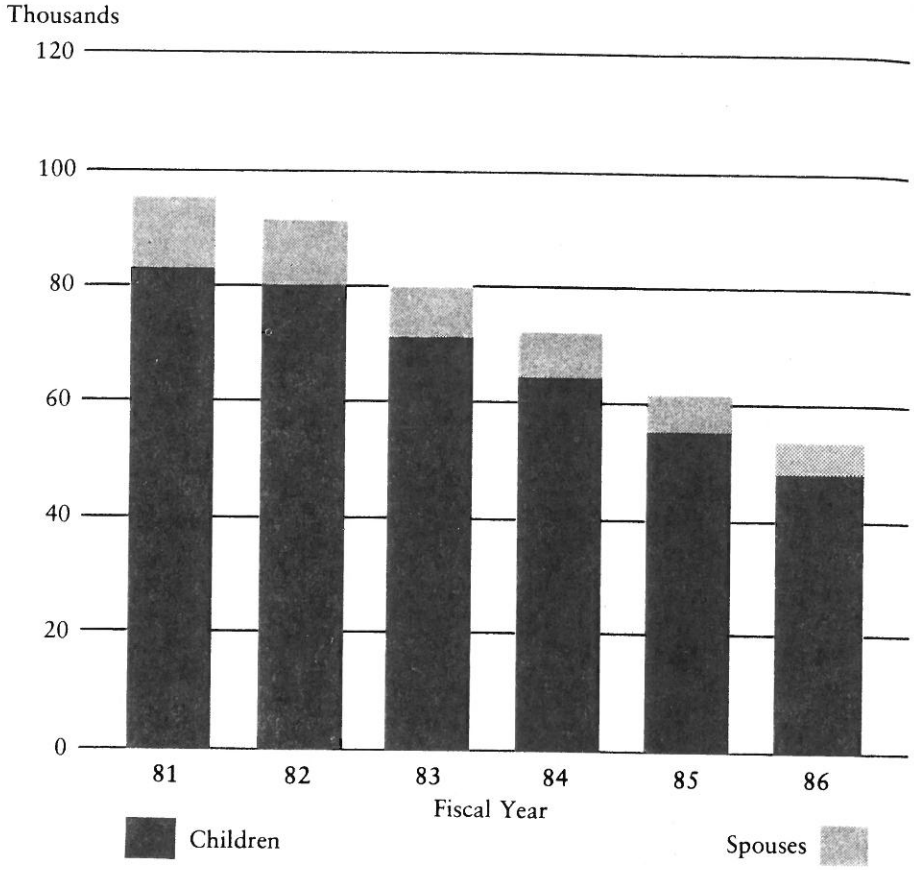
During FY 1986, over 111,000 applications for Certificates of Eligibility were received from veterans. Nearly 95,000 certificates were issued. More than 14,000 employers applied to participate in the program during the year, offering nearly 27,000 job training positions. By the end of September 1986, over 47,000 job matches had been made, with approximately $155 million obligated.

An additional provision of this law provided for an extension in certain instances of a veteran's delimiting date under the GI Bill educational assistance program for the pursuit of an associate degree in a program which is predominantly vocational in content. This extension authority expired on December 31, 1985.

Dependents' Educational Assistance

This program provides educational assistance for eligible surviving spouses and children of veterans whose service-connected disabilities are rated total and permanent and eligible surviving spouses and children of veterans who died while having such a disability rating or died from service-connected causes. 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. Over 48,000 children and nearly 6,000 spouses took advantage of the program during FY 1986. Approximately 90 percent used their entitlement to acquire college-level training.

DEPENDENTS' EDUCATIONAL ASSISTANCE: BENEFICIARIES IN TRAINING DURING YEAR



State Approving Agencies

State approving agencies were originally created 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 state approving agency 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 1986, the VA negotiated contracts with state approving agencies at a cost of approximately $10.55 million.

Comparative Highlights

	1986	1985	Percent Change
Number of loans			
Guaranteed home	307,747	170,015	+81.0
Guaranteed manufactured home	6,022	8,916	-32.5
Average loan amount			
GI primary home[1]	$69,487	$66,017*	+5.3
Manufactured home unit	$22,096	$21,197	+4.2
Maximum interest rate[2]			
GI and direct home	11.5%	13.5%	—
Manufactured home unit	14.0%	16.0%	—
Minimum interest rate[2]			
GI and direct home	9.5%	11.5%	—
Manufactured home unit	12.0%	14.0%	—
GI home loans outstanding[3]	4,177,382	4,201,596*	-0.6
GI home loans in default[3]	133,427	115,272	+15.8
As a percent of loans outstanding	3.19	2.74	+16.4
Substitutions of entitlement	2,070	3,248*	-36.3
Properties on hand[3]	20,567	18,692	+10.0

[1]Excludes refinance loans
[2]During year
[3]End of year

**Amended figure*

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 is generally available to nonveterans, without the assumption of undue risks by the Federal Government.

Assistance is primarily through substituting the Government's guaranty on loans in lieu of the substantial down payments, 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.

The volume of loans guaranteed during FY 1986 was significantly higher than that of FY 1985. Interest rates declined to the lowest level in seven years, which resulted in the largest number of loans guaranteed since FY 1979, and a record dollar volume. Refinancing loans accounted for almost one-third of the total activity versus less than ten percent in FY 1984 and FY 1985.

Over 316,000 veterans were assisted in home ownership during FY 1986. The VA guaranteed 313,769 loans in the amount of over $21.9 billion; disbursed 4 direct loans amounting to over $119 thousand; made 499 grants for specially adapted housing totaling over $14 million; and approved 2,070 substitutions of entitlement.

GI Home Loans

During FY 1986, 307,747 home loans were guaranteed. In addition to loans for the purchase of the traditional single-family home, this total includes refinancing loans, condominium loans, alteration and repair loans, and direct loans sold and guaranteed.

Nearly 73 percent of the veterans purchasing a home with a guaranteed primary loan were able to obtain no-down payment loans. Loans to finance the purchase of previously occupied housing accounted for over 76 percent of the primary home loans guaranteed during the fiscal year. These loans averaged $66,427, and financed homes with an average purchase price of $69,405. On newly constructed homes, the average loan was $78,938 and the average purchase price was $82,682. The average loan amount on refinancing loans was $73,929.

Of the total home loans guaranteed during FY 1986, approximately 65 percent went to Vietnam and post-Vietnam era veterans, 19 percent to servicepersons, 9 percent to post-Korean conflict veterans, 4 percent to World War II veterans, 2.5 percent to Korean conflict veterans, and 0.1 percent to post-World War II veterans; unmarried surviving spouses also accounted for 0.2 percent of the total. Eighteen loans were guaranteed for spouses of servicepersons classified as prisoners of war or missing in action. Twelve percent of the total home loans guaranteed went to veterans whose entitlement had been previously restored to purchase another residence.

Between June 22, 1944, and September 30, 1986, veterans have obtained over 11.8 million home loans totaling over $263 billion under the GI home loan program.

Manufactured Home Loans[1]

Since the inception of the manufactured home loan program in February 1971, the VA has guaranteed 104,029 manfactured home loans, thereby assisting lenders in providing over $1.8 billion in loans to veterans who probably would have been unable to afford a home in the conventional market.

During FY 1986, 6,110 applications were received and 6,022 manufactured home loans amounting to over $133 million were guaranteed. The number of loans guaranteed during the fiscal year represents a decrease of over 32 percent from FY 1985. Of these loans, 42 percent were made by non-supervised lenders that were approved for automatic processing as provided by the Veterans Housing Act of 1974.

---

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

Of the loans guaranteed during the fiscal year, 5,404 were for the purchase of new manufactured homes while 618 were for used units. Loans for the purchase of single-wide manufactured homes accounted for 70 percent of the FY 1986 total. The average loan amount for single-wides was $19,884, while for double-wides it was $27,320.

Manufactured Housing Plant Inspections

In October 1981, the Department of Housing and Urban Development (HUD) advised the VA that it could provide the inspections and inspection reports 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 products 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 HUD or the 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," did not warrant inspections by the VA in addition to the HUD inspections. It appears that veterans are being adequately protected by the HUD inspection program and follow-up procedures.

The Department of HUD informed us that an appeal from a disciplinary action against a major manufacturer has been ruled in favor of HUD and final disposition of the case has not yet been resolved. Structural testing of roof truss components revealed truss failures. The manufacturer has agreed to notify owners of homes in which similar trusses were used. In another action, ground fault circuit interrupter electrical outlets were found to be defective and were recalled by the manufacturer.

Warranty complaints involving units manufactured by several plants closed due to low sales activity, predominantly in the southern states, are being processed and enforced by HUD.

Manufactured Home Onsite Inspections

During FY 1986, the VA randomly selected for inspection 442 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 1,017 square feet.
- 68 percent of the manufactured homes had skirting and 84 percent had tiedowns installed.
- 88 percent of the homes were connected to community or public water facilities and over 12 percent had private systems.
- 71 percent disposed of their sewage through public or community disposal systems and 29 percent were connected to private systems.
- 79 percent of the units were located in manufactured homes parks and 21 percent occupied individual sites.
- 95 percent of the manufactured homes have remained at their original locations as specified in the loan applications.
- 73.8 percent of the manufactured home sites were rated as satisfactory, 23.5 percent were rated as excellent, and 2.7 were rated as poor.

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 1986, VA field stations reported 96 complaints from veterans expressing dissatisfaction in some manner with their manufactured home unit. Of these complaints, 90 were considered justified and 6 were determined to be unjustified. By the end of the fiscal year, 66 (73.3 percent) of the justified complaints had been resolved. Of these complaints, 84 (93.3 percent) were under warranty; 1 (1.1 percent) was due to faulty setup; and 5 (5.6 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 83 (92.2 percent) justified complaints were reported because of flawed construction of the unit; complaints received on both the construction and furnishings of the manufactured home accounted for 6 (6.7 percent) of the complaints; only 1 (1.1 percent) 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.

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 1986, claims paid, as a percent of the number of outstanding manufactured home loans, rose to 5.6 percent, compared to 0.7 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 guaranteed 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 1986, the VA made four direct loans to severely disabled veterans amounting to $119,300.

Funding Operations

For the third time since the inception of the Loan Guaranty Revolving Fund, appropriations were necessary to meet program expenditures. The high level of unemployment helped to bring about an increase in the home foreclosure rate, not only for the VA home loan program but for conventional home loans as well. Many home borrowers became unemployed for long periods of time and were unable to meet their home loan obligations. The 1980-82 recession was the worst since World War II. Even though the unemployment rate declined from its highest point, it is still high. Also, the involuntary part-time work force is much larger now than in past recoveries, which also explains why many home mortgage borrowers lost their homes and why the VA suffered more losses in FY 1986 than in the past. To meet these losses a total of $200 million was appropriated to the fund.

During FY 1986, the VA collected $223.1 million in principal and interest payments with the interest portion amounting to $126.3 million. Loan sales from the VA's own portfolio of loans netted $818.4 million.

Specially Adapted Housing Assistance

The lack of mobility and the psychological problems associated with severe disabilities often impose tremendous burdens. 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. 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 1986, 430 severely disabled veterans, some wheelchair-bound, received grants totaling $14 million to buy, build, or modify homes specially adapted for their use.

Public Law 96-385, The Veterans' 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 $6,000 to make minor adaptations to his or her house. During FY 1986, there were 69 grants of this type, totaling $356,326.

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 1986. While comprising 12 percent of the veteran population, minority veterans obtained nearly 17 percent of the home loans closed. Black veterans obtained 10.9 percent, Hispanic veterans 3.3 percent, Asian/Pacific Island veterans 1.6 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. Forty-nine percent of the VA guaranteed loans closed in FY 1986 were approved because of the supplemental income of the spouse. Spouse's income was especially important for minority buyers; 57 percent of the American Indian/Alaskan Natives, 55 percent of the Asian/Pacific Islanders, 54 percent of the Hispanics, and 52 percent of the blacks who obtained VA guaranteed home loans relied upon help from spouse's income.

VA guaranteed home loans covering the full purchase price of the home (no down payment) were obtained by 86 percent of the black, 80 percent of the American Indian/Alaskan Native, 80 percent of the Hispanic, 71 percent of the Asian/Pacific Islander, and 72 percent of the white participants in FY 1986.

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 1986, these minority businesses received $24.7 million, or 13.5 percent, of all commissions and fees paid and assignments made by the VA. The dollar breakdown was as follows: $11.7 million to minority fee appraisers and compliance inspectors, $6.2 million to minority sales brokers, $3.9 million to minority repair and maintenance contractors, and $2.9 million to minority management brokers.

Another important aspect of the VA's fair housing 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 8,930 of the 15,929 veterans counseled in FY 1986, reflecting the trust of the program toward aiding minority veterans. Since the inception of the program in 1973, over 79,000 minority veterans and 141,000 veterans overall have been assisted by this home counseling service.

Comparative Highlights

Program (thousands)	Fiscal Year 1986	Fiscal Year 1985	Percent Change
USGLI			
Policies	58	64	-9.4
Amount	$222,854	$247,999	-10.1
Death benefits	$21,651	$24,400	-11.3
NSLI[1]			
Policies	3,011	3,109	-3.2
Amount	$21,694,504	$22,164,810	-2.1
Death benefits	$424,958	$415,385	+2.3
VSLI[1]			
Policies	357	367	-2.7
Amount	$3,162,200	$3,218,759	-1.8
Death benefits	$21,590	$21,774	-0.8
SDVI			
Policies	184	187	-1.6
Amount	$1,668,196	$1,691,985	-1.4
Death benefits	$21,363	$21,710	-1.6
VRI[1]			
Policies	133	144	-7.6
Amount	$908,150	$986,661	-8.0
Death benefits	$18,618	$18,733	-0.6
SGLI			
Policies	3,457	3,427	+1.7
Amount	$172,120,867	$119,104,410	+45.4
Death benefits	$170,418	$137,132	+24.3
VGLI			
Policies	240	251	-4.4
Amount	$8,185,440	$7,228,105	+13.2
Death benefits	$22,739	$22,704	+0.2
VMLI			
Policies	6	6	0
Amount	$181,808	$179,765	+1.1
Death benefits	$5,374	$5,857	-8.2

[1] *Includes paid-up additional insurance 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; both programs provide up to $50,000 in coverage. The Veterans' Mortgage Life Insurance program is administered by the Bankers Life Insurance Company of Lincoln, Nebraska, although many of the 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 1986, these eight programs provided coverage of over $209 billion to nearly 7.5 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 1986, 58,144 USGLI policies remained in force. 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 nearly 79 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 1986 dividend for USGLI policies averaged $260 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 1986, 3.0 million policies remained in force with a face value of $21.7 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 $283 per insured in 1986, compared to $241 in 1985.

Approximately 27 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.

Since the inception of the term capping program, nearly 78,800 term policies have been capped at the age 70 rate. Of the policies affected thus far, premium rates were actually rolled back on over 50,000 of them. Approximately 191,000 policies will be eligible for term capping within the next five years.

NSLI policyholders may use dividends to buy more insurance as paid-up additions to their policies; this 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 706,000 policies have paid-up additions with a face value of over $2.71 billion. This represents an increase of 12 percent over the 1985 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 new 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 357,148 remained in force on September 30, 1986, with a face value of $3.2 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.

Dividends were not paid on policies in this program until after the passage of Public Law 94-289 on May 24, 1974. In 1986 approximately $69.7 million was paid in dividends. The average 1986 dividend payment was $205 per insured, compared to $187 in 1985.

A total of 83,800 policies have paid-up additions with a face value of nearly $152 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 ten 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 meets its costs. At the end of FY 1986, there were approximately 184,000 policies in force with a face value of nearly $1.7 billion. Approximately, 4,400 new SDVI policies were issued in FY 1986, but the total number in force still declined by 1.6 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 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 133,000 remained in force at the end of FY 1986 with a face value of $908 million. 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 1986 dividend payments averaged $264 per insured compared to $203 in 1985.

In addition to regular annual dividends, effective January 1, 1985, the VA began paying termination dividends to JR and JS policyholders upon maturity or cash surrender of their policies, or to the policyholder's beneficiary upon death. Nearly $800,000 in termination dividends was paid in 1986.

Total Disability Income Provision

TDIP is an optional rider 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, 1986, 648 of these TDIP riders were in force with a face value of $4.1 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, 1986	
			Number of Policies	Amount of Insurance (in thousands)
Aug. 1, 1946	$ 5	60	3,657	$ 26,455
Nov. 1, 1958	10	60	50,842	393,709
Jan. 1, 1965	10	65	269,246	2,133,559

Government Supervised Programs

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 the primary insurer. Prudential administers the program through the Office of Servicemen's Group Life Insurance in Newark, New Jersey. During FY 1986, 311 other commerical companies also participated in the SGLI program on a reinsurer/converter, or converter only basis. By the end of FY 1986, 3.5 million active duty service personnel and reservists were insured in the amount of $173 billion, and death benefits paid during the year amounted to $170 million, compared to $137 million for FY 1985.

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 January 1, 1986, the maximum coverage amount was raised to $50,000. The serviceperson is automatically insured for this amount unless he or she elects in writing not to be insured or to be insured for less than $50,000 ($40,000, $30,000, $20,000, $10,000). Coverage was previously limited to $35,000 and was available in multiples of $5,000.

Veterans Group Life Insurance

VGLI is principally a program of post-separation insurance that provides for the conversion of SGLI to a five-year term policy. Prior to establishment of the VGLI program, SGLI could only be converted directly to a commerical 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.

Persons who are eligible to be covered are active duty SGLI insureds who are being released from active duty for periods not specified as less than 31 days, reservists who are performing training periods of less than 31 days who suffer an injury or disability which renders them uninsurable at standard premium rates, and effective January 1, 1986, members of the Individual Ready Reserves (IRR) and Inactive National Guard (ING).

To apply for coverage, the eligible person must submit an application with the required premium during the 120 days following separation or entry into the IRR/ING. If a member fails to make application during this period, he or she may still do so for up to one year after SGLI coverage terminates or entry into the IRR/ING, providing that evidence of insurability is submitted. If an SGLI insured is totally disabled at the time of separation and is granted extended free SGLI coverage, he or she may apply for VGLI anytime during the one-year period of extension.

VGLI is issued in amounts of $10,000, $20,000, $30,000, $40,000, or $50,000 but not for more than the amount of SGLI the member had in force at the time of separation.

At the end of the term period, an insured has the right to convert the insurance to an individual commercial life insurance policy with any one of approximately 311 participating commercial insurance companies, or in the case of individuals who are members of the IRR or ING, to renew their VGLI for successive five-year periods.

As of September 30, 1986, 240,400 veterans were insured under the VGLI program for over $8.2 billion in coverage.

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 Regional Office and Insurance Center, St. Paul, Minnesota, performs many of the 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 nondisabled persons 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.

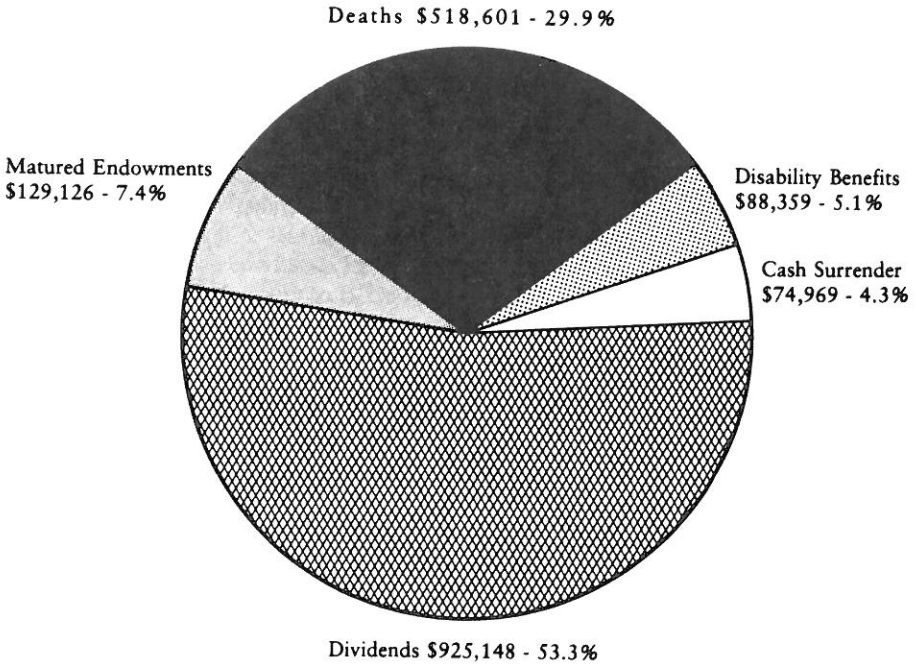
As of September 30, 1986, there were approximately 5,700 VMLI policyholders, with total coverage of $182 million. Death benefits paid during the fiscal year totaled nearly $5.4 million.

Disbursements

The Government-administered insurance programs disbursed over $1.7 billion to policyholders and beneficiaries in FY 1986. These disbursements were in the form of dividends, death benefits, disability benefits, proceeds paid to insureds who surrender 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 1986 (IN THOUSANDS)



Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Outreach			
Public telephone calls - toll-free	5,523,151	5,191,845	+ 6.4
Public telephone calls - other[1]	7,839,488	8,226,377	- 4.7
Interviews away from office	116,038	128,053	- 9.4
Interviews at office	1,525,574	1,511,201	+ 1.0
Patient interviews	444,022	476,743	- 6.9
Correspondence	2,177,802	1,931,746	+ 12.7
Equal opportunity			
Compliance reviews[2]	163	706	- 76.9
Complaints of discrimination	33	26	+ 26.9
Employment assistance			
Requests from veterans	30,392	32,969	- 7.8
Veterans obtaining employment	3,868	3,668	+ 5.5
Through OPM	78	10	+ 680.0
Through SESA's	3,272	3,060	+ 6.9
Through VA contacts	308	333	- 7.5
Through other contacts	210	265	- 20.8
Fiduciary activities			
Cases under supervision	125,026	125,053	*
Field examinations (program)	81,904	87,912	- 6.8
Field examinations (non-program)	14,939	15,454	- 3.3
Special investigations	1,162	1,126	+ 3.2
Fiduciary account audits	34,927	36,858	- 5.2
Legal actions prepared	14,431	14,746	- 2.1
Court appearances[3]	2,244	5,666	- 60.4
Miles traveled (in thousands)	4,496	4,702	- 4.4
Work-study agreements	26,495	28,425	- 6.8
Hours worked (in thousands)	4,719	4,657	+ 1.3

**Less than 0.05 percent*

[1]Modifications to the DVB work measurement system for FY 1987 eliminated the recording and reporting of telephone calls taken outside the Veterans Services Division, Telephone Interview Activities. Statistical information reported for future years will, therefore, be limited to those taken by Telephone Interview Activities. For FY 1986 that total was 3,684,487 telephone calls.

[2]The decrease is due to instruction from the Office of Management and Budget to discontinue onsite reviews for job training programs under the Veterans Job Training Act.

[3]The continuing shift from court appointed cases to Federal Fiduciary cases, along with the shift of legal responsibilities to the offices of the District Counsels, led to the decrease.

Summary

Veterans Assistance personnel in VA field stations conducted a total of 11,293,272 interviews during 1986. Of this number, 82 percent were interviews conducted over the telephone. Correspondence action totaled 2,177,802. Interviews with patients at VA medical facilities totaled 444,022.

Compliance surveys of establishments approved for the education or training of veterans totaled 5,987.

Employment Assistance

Veterans re-entering civilian life are urged to write, visit, or call the nearest VA regional office for benefits assistance. Veterans with employment problems are given counseling and job assistance at the Career Development Centers (CDC) in the regional offices. Although the principal responsibility for employment assistance belongs to the Department of Labor (DOL), and the State Employment Security Agencies' (SESAs) Job Service, the delivery of services requires close interagency cooperation. The VA has continued to work closely with DOL/SESAs to improve the coordination of job and on-the-job (OJT/Apprenticeship) training programs.

Veterans are encouraged to register with the Local Veterans Employment Representative (LVER) at the SESA Job Service Office in their communities. The VA cooperates with DOL's Disabled Veterans Outreach Program (DVOP) in providing veterans benefits training for DVOP/LVER personnel and also provides lists of OJT employers to be used by the SESA's Job Service Offices in developing training and job opportunities. DVOP representatives are outstationed by the SESAs to many of our CDCs in VA offices to provide direct employment services to unemployed disabled and Vietnam era veterans seeking job assistance.

In FY 1986, 30,392 veterans requested VA employment assistance and through various referrals, 78 obtained employment through the Office of Personnel Management; 3,272 through SESAs; 308 through VA contacts; and 210 through other contacts.

Fiduciary and Field Examination Activity

During FY 1986 Fiduciary and Field Examination (F&FE) activity supervised the payment of benefits to fiduciaries on behalf of 125,026 VA beneficiaries: 116,225 adults who were incompetent, or under some other legal restriction, and 8,801 minor beneficiaries. This supervision resulted in 81,904 fiduciary program field examinations, 34,927 fiduciary account audits, 14,431 legal actions prepared, 2,244 court appearances, and over 4.4 million miles traveled. The F&FE activity also conducted 14,939 nonfiduciary program field examinations and 1,162 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 continue to increase, and the pension eligibility requirements will cause the number of minors under supervision to continue to decrease.

Veteran-Student Services Program

During FY 1986, veteran-students pursuing full-time programs of education or training continued to receive a supplemental education allowance from the Veterans Administration by participating in the Veteran-Student Services (VA Work Study) Program.

Participating in a variety of VA activities throughout VA regional offices, medical centers, and national cemeteries, these work-study students were also placed in colleges and universities, employment and Small Business Administration offices, and various community organizations which support VA outreach initiatives. For the year, over 26,000 veteran-students performed VA-related services totaling 4.7 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.

Equal Opportunity Compliance

VA field station personnel conduct an equal opportunity compliance program to ensure that education programs offered to veterans and other eligible beneficiaries are provided without discrimination as to race, color, national origin, sex, age, or handicap. The compliance program is 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, and the Age Discrimination Act of 1975.

During FY 1986, equal opportunity program guidelines for proprietary educational institutions and for state employment services and recognized service organizations were published for comment in the Federal Register. All compliance review forms used by field station personnel to conduct onsite reviews at recipient programs were approved by the Office of Management and Budget for use through 1989.

The VA received 33 complaints of discrimination during FY 1986, a 27 percent increase over the 26 complaints filed in FY 1985.

Foreign Affairs Program

Veterans Assistance Service develops, coordinates, and implements a program of assistance for VA beneficiaries residing or traveling outside the United States. During FY 1986, approximately $250 million was paid in compensation and pension benefits to foreign beneficiaries. This figure represents benefits paid in all foreign areas including the Philippines, as well as in U.S. possessions.

Veterans Assistance Service works closely with the Department of State and the Social Security Administration, which are responsible for the administration of Federal benefits programs outside the U.S. (except in the Philippines and Puerto Rico where VA regional offices exist).

Specialized information dissemination and training programs have been developed for foreign service post personnel to ensure that benefits information and assistance are readily available to VA clients.

In addition to monitoring foreign service delivery, the Veterans Assistance Service serves as the Agency focal point for coordinating briefings with visiting dignitaries of foreign governments. During FY 1986, briefings were held for officials from Japan, Thailand, China, Korea, and Canada. A working relationship with the Canadian Department of Health and Security in the oversight of the administration of the allied beneficiaries programs has also been developed.

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. These catagories include the aged, the incarcerated, the disabled, female veterans, former prisoners of war, the homeless, and all other veterans, dependents of veterans, and survivors who may be entitled to benefits but are unaware of them.

Telephone service makes outreach services available in all 50 states and the Commonwealth of Puerto Rico. The 825 local, Foreign Exchange (FX), and 800 service lines provide fast, easy, and inexpensive access to the VA for veterans' benefits information and assistance. The availability of toll-free telephone calls is widely publicized in commerical telephone directories and in newspaper, radio, and TV announcements. Telephone service is also advertised by posters displayed in appropriate locations, by enclosures inserted in outgoing mail, and in VA pamphlets.

Telephone interviews were first reported as a means of widespread, official public contact in 1946. At that time telephone interviews comprised only 22 percent of the 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 reversed. By FY 1975, the end of America's involvement in Viet-

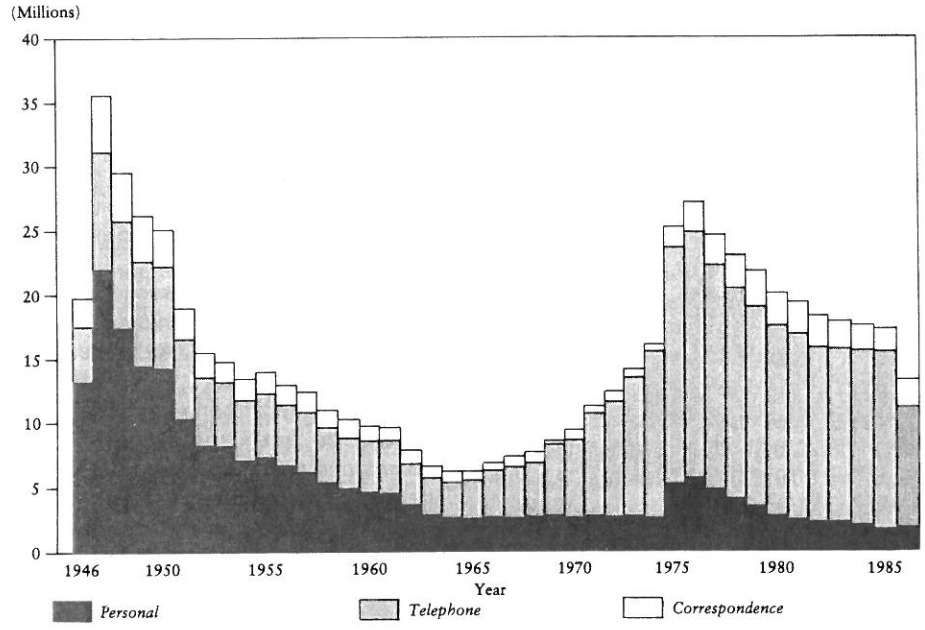
[1] *This information is included in compliance with section 245, title 38, U.S.C.*

nam, telephone interviews made up 73.4 percent of the VA's public contacts. Personal interviews then comprised 20.6 percent and correspondence 6.1 percent.

In recent years the increase in the percent of telephone interviews of all total public contacts has continued to gradually grow. In FY 1986, with the change in recording and reporting, there were 9.2 million telephone interviews conducted; this number represents 68.9 percent of all personal contacts reported by regional offices. Personal interviews at the office and correspondence represented 14.7 percent and 16.3 percent, respectively, of all such personal contacts. These slight increases are effects of the change in recording and reporting of telephone interviews for the DVB work measurement system.

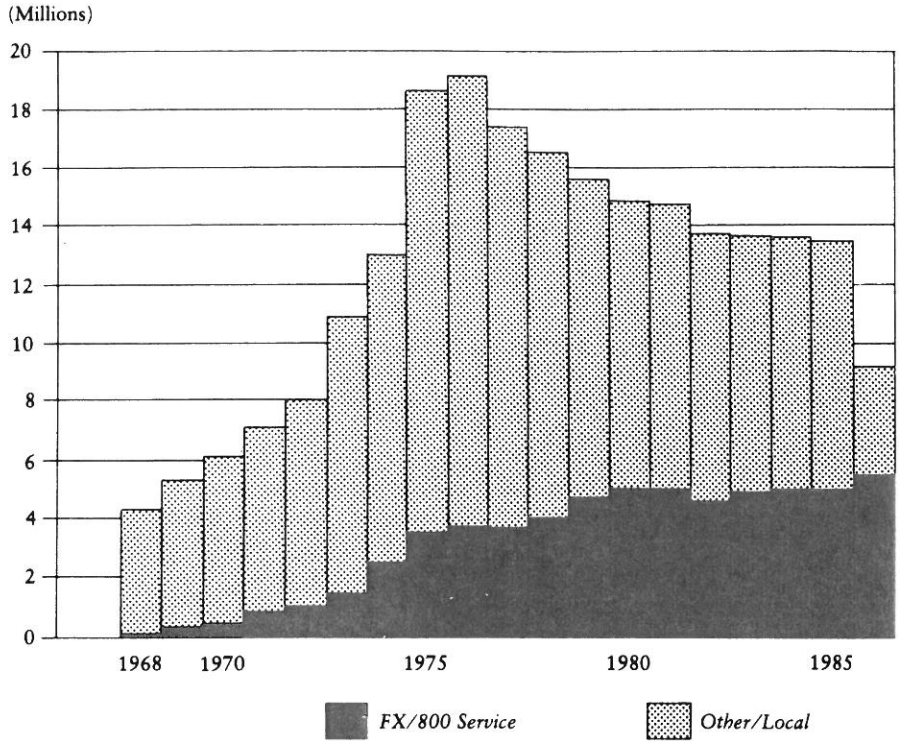
The following graph shows the trend of total public contacts in each category as reported by regional offices from FY 1946 - FY 1986.

TREND OF PUBLIC CONTACTS, FY 1946-1986



The following graph shows the trend of toll-free originating telephone interviews. Fiscal year 1968 was the year that the VA installed the first FX lines. Even with the FY 1986 change in recording and reporting total telephone interviews, there was an increase in FX and 800 service calls.

TREND OF TELEPHONE INTERVIEWS BY TYPE, FY 1968-86



Elderly Beneficiaries

As a participant in the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies, the VA works to improve the daily living conditions of the rapidly aging veteran population. The specially designed pamphlet, "Veterans Benefits for Older Americans," highlights existing benefits and programs available to older veterans and survivors, and has received extensive distribution to over 600 community-based area agencies on aging. Close liaison is also maintained with the national World War I veterans organization for immediate and personalized attention to requests for assistance received from its members and surviving spouses. Concerted efforts continue to develop approaches to the health care delivery system for elderly veterans and other beneficiaries in view of their rapidly increasing medical needs.

Services to Homeless Veterans

The homeless continue to be a priority area of concern at the national, state, and local levels. Numerous surveys suggest that large numbers of the homeless may, in fact, be veterans.

Veterans service officers throughout the nation have taken the following actions to meet the needs of homeless veterans:

- Veterans service officers have identified shelters for the homeless operating in their jurisdictions and contacted them and other community service providers to assure awareness of VA benefits and services, knowledge of VA locations, toll-free telephone service, etc.

- Regional office personnel have been provided with the names, addresses, and telephone numbers of shelters and other service providers so that homeless clients who visit or call seeking assistance can be referred to a specific individual or organization.

- Efforts have been made at the local level to enlist the help and support of veterans organizations in providing outreach services to homeless veterans.

Former Prisoner of War Outreach Program

Public Law 97-37 provided expanded service-connected eligibility and medical benefits to former prisoners of war (POWs). Public Law 98-223, effective October 1, 1983, amended POW legislation to include presumptive service connection for dysthmyic disorder (or depressive neurosis). The law requires the VA to seek out possible beneficiaries and provide them with information on entitlement to various VA benefits and services.

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

On September 6, 1986, National POW/MIA Recognition Day ceremonies were held at nearly all regional offices, medical centers, and national cemeteries in recognition of POWs.

The Advisory Committee on Former Prisoners of War, established pursuant to Public Law 97-37, is composed of members of the general public, former prisoners of war, disabled veterans, and members of the medical profession who are recognized authorities in fields pertinent to disabilities prevalent among former POWs. The committee advises the Administrator of Veterans Affairs on the administration of benefits under title 38, U.S.C., for veterans who are former prisoners of war, and on the needs of such veterans with respect to compensation, health care, and rehabilitation.

The POW hotline, established in 1983, continues to receive calls from former POWs. The hotline provides live coverage during office hours and a recording after hours, weekends, and holidays. Most callers merely want information; approximately 20 percent of the inquiries have required referral to field stations for resolution.

The authorization of a POW medal has generated increased usage of the hotline from former POWs seeking information on application procedures. The improved benefits of Public Law 99-576, authorizing additional presumptive service-connected conditions, will also increase the calls received at the toll-free number.

Other Outreach Efforts

- Service to incarcerated veterans began after World War II. Field stations 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 the request of appropriate prison officials, depending on travel fund availability at individual field stations.

- Outreach to veterans' organizations with predominantly female membership continues. Field stations have identified such organizations and maintain rosters of their primary contacts. An exhibit highlighting benefits for women veterans has been produced and is available for display at national meetings of service organizations. Mailings of benefit information are being made to members of women veterans organizations. Women who are former members of the U.S. Armed Forces total 1.2 million, with over 260,000 serving during the Vietnam era.

- Educationally disadvantaged veterans of the Vietnam era continue to receive special consideration. Regional offices communicate directly with any newly discharged veterans who are considered educationally disadvantaged. This special outreach effort urges veterans to take advantage of liberal education and other available benefits.

- Veterans Assistance Service continues to staff booths with appropriate exhibits and distributes pamphlets at the annual meetings of the President's Committee on Employment of the Handicapped, the National Council on the Aging, and other community organizations. Regional office personnel have also staffed booths at national and state meetings of national veterans organizations.

Vocational Rehabilitation and Counseling

Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Counseling Services[1]	39,415	40,306	-2.2
Initial evaluations[2]	29,591	(3)	—
Veterans receiving Chapter 31 training and specialized services	25,776	26,901	-4.2
Employment services for Chapter 31 veterans	8,005	7,283	+9.9
Vocational and educational counseling under other chapters[4]	9,517	(3)	—

[1] Chapter 31 discrete counseling interventions including initial evaluation, personal adjustment, and vocational counseling.
[2] Chapter 31 initial evaluations, including eligibility determinations.
[3] During FY 1986 data collection requirements were modified and refined; direct comparison with FY 1985 figures cannot be made.
[4] Chapters 30, 32, 34, and 35 of title 38, U.S.C.; chapter 106 of title 10, U.S.C.; and Public Law 98-77, as amended.

Summary

The primary mission of the Vocational Rehabilitation and Counseling (VR&C) 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 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 benefits.

Applicants who are found to need assistance because they have an employment handicap 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 who do not have appropriate job skills are assisted in developing an education and training plan which will provide them an opportunity to learn needed skills. Disabled veterans who complete programs of education and training, and others who are determined to be ready for a job, are provided employment services to assist them in finding employment which is compatible with their aptitudes, interests, abilities, and disability limitations.

Two pilot programs, which were initiated in FY 1985 for certain seriously disabled veterans, provide training and employment services which may enable those veterans to return to gainful employment. Comprehensive counseling and assessment services are provided on request to veterans, servicepersons, and other persons who are eligible for VA educational assistance under chapters 30, 32, 34, and 35 of title 38, U.S.C.; chapter 106 of title 10, U.S.C.; section 903 of Public Law 96-342, (the "Department of Defense Authorization Act, 1981"); or Public Law 98-77, as amended, (the "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 1986 accomplishments:

- 3,946 service-connected disabled veterans under chapter 31 obtained suitable, stable employment.
- 8,005 service-connected disabled veterans under chapter 31 participated in a rehabilitation plan for employment and placement assistance.
- 4,112 unemployed veterans received job counseling assistance under the Veterans' Job Training Act of 1983 (Public Law 98-77, as amended).
- More than 11,000 employers joined the Committee for Employer Support of Veteran Employment (CESVE).
- More than 200 television stations and all three major networks donated time for VA public service announcements promoting the employability of veterans.
- A pilot program was initiated to provide a comprehensive, computer-assisted evaluation of factors related to veterans' vocational potential.
- 68 training programs for VR&C staff were approved that met the criteria for continuing education and certification maintenance established by the Commission on Rehabilitation Counselor Certification.

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 completed 29,591 initial evaluations during FY 1986 and provided 25,776 eligible and entitled veterans with one or more specialized services. Another determination in the initial evaluation process is whether either employment or training leading to employment is feasible for the veteran.

Every veteran who is determined eligible for and entitled to rehabilitation services follows a formal individualized rehabilitation plan for training and employment assistance. The plan is developed jointly by the veteran and VR&C staff members. In general, these individualized written plans include several intermediate objectives related to the veteran's rehabilitation goals and one or more types of special services along a continuum leading to qualification for and placement in suitable long-term employment.

Throughout the veteran's participation in a program of services, counseling is provided when necessary to help the veteran become employable. Such counseling assistance includes, but is not limited to, initial evaluations, personal adjustment counseling, and vocational counseling. During FY 1986 there were 39,415 discrete counseling interventions to assist service-connected disabled veterans. The number of discrete interventions reflects a slight decrease, 2.2 percent from FY 1985.

Employment Services

During FY 1986, the importance of employment services and assistance continued to be emphasized. A total of 8,005 individualized employment assistance plans were jointly developed by disabled veterans and VR&C field staff. These plans identified the specific services needed by particular veterans to assist them in obtaining suitable employment. The services which may be authorized include counseling, medical, social, and other placement and post-placement services. 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 up to an 18-month period. The 3,946 chapter 31 veterans rehabilitated during FY 1986 exceeded the number rehabilitated in FY 1985 by 15.7 percent. A chapter 31 veteran

who has obtained suitable employment and has continued working for at least 90 days is considered rehabilitated.

VR&C field staff members continued to use special employer incentive provisions to assist hard-to-place veterans, particularly severely disabled veterans, in obtaining employment. The VA may make payments to employers to encourage the hiring of disabled veterans who have completed the chapter 31 vocational rehabilitation program, but who may be difficult to place due to their disabilities or lack of work experience. Under a written agreement with the employer, the VA will pay for direct expenses which result from hiring the veteran which do not exceed one-half of the wage paid to other employees in the same or similar jobs. Payments can cover up to nine months of work experience or on-the-job training and may be made only to private sector employers.

VR&C Divisions provide comprehensive counseling services to veterans requesting such help under the Veterans' Job Training Act (VJTA). Department of Labor staff members who provide case management services to VJTA participants may request the VR&C staff to furnish personal counseling and other services which may be necessary to enable a veteran to follow a training program and obtain and maintain suitable employment. The VR&C professional staff provided counseling services to 4,112 veterans requesting or being provided assistance under the VJTA program during FY 1986.

A sharing of resources through the Disabled Veterans Outreach Program, which was initiated in October 1981, was continued. A substantial number of Disabled Veterans Outreach Program staff are stationed at VA regional offices, medical centers, outpatient clinics, and readjustment counseling center locations.

During the fiscal year the CESVE was added to VR&C with the aim of augmenting the service's ability to contact employers. The mission of CESVE is to improve the opportunities of chapter 31 service-disabled veterans and other disabled veterans to obtain and maintain suitable employment. Public relations efforts and special outreach programs for potential employers are designed to increase the employment opportunities available to disabled veterans. During FY 1986, over 11,000 employers joined the CESVE network. Over 200 television stations donated air time for public service announcements promoting the development of employment and training opportunities for veterans.[1]

Pilot Programs for Severely Disabled Veterans

Public Law 98-543 established two four-year pilot programs for severely disabled veterans for whom training and employment services are feasible. The purpose of the vocational training program for certain VA pensioners is to determine whether they can become gainfully employed if they are provided a full range of assistance and services. If a veteran's pension is terminated due to receipt of income from work or training, eligibility for VA medical benefits will be protected for a three-year period. The trial program was initiated February 1, 1985; a report on the program is required by Congress no later than April 15, 1988. During the year, 2,091 evaluations were completed. The maximum number of veterans who may be evaluated per year—2,500—is established in the authorizing legislation.

The second pilot program provides services and assistance to service-disabled veterans who have been awarded total disability ratings by the VA due to individual unemployability. The purpose of the program is to determine if the provision of training and employment services, coupled with the opportunity to have a trial period of employment, will assist veterans with individual unemployability (IU) ratings to return to the work force. Veterans awarded an IU rating during the pilot program period must participate in a vocational rehabilitation program if it is determined that employment is a feasible goal. Veterans awarded IU ratings prior to February 1, 1985, may request counseling, employment services, or consideration for training under the VA vocational program. A veteran's rating of IU remains protected for up to 12 consecutive months of substantially gainful employment. During FY 1986, 39 evaluations were completed for veterans awarded an IU rating on or after February 1, 1985.

[1] *This information is included in compliance with section 220, title 38, U.S.C.*

Pilot Program of Independent Living Services

As authorized by section 1520, title 38, U.S.C., the pilot program of independent living services and assistance for severly disabled veterans for whom the VA determines the achievement of a vocational goal is not reasonably feasible, was conducted. During FY 1986, 43 veterans who were approved for participation in the program were provided services. The services provided included those in areas of transportation, attendant care, basic living skills, adaptive equipment, family and peer counseling, housing, and health maintenance.

Educational and Vocational Counseling

Counseling services are provided upon request to assist veterans, servicepersons, and other eligible persons who plan to use their chapter 30, 32, 34, or 35 benefits under title 38, U.S.C., or educational benefits under chapter 106 of title 10, U.S.C. Comprehensive counseling and assessment services focus on planning for the use of VA benefits for education and vocational training. During FY 1986, veterans and other beneficiaries were provided counseling and evaluation interventions by VA counseling psychologists, supplemented as needed by fee-basis contract counseling psychologists in guidance centers. These comprehensive services were available at more than 100 locations nationwide, including VA regional offices, outbased locations, and contract guidance centers. Although direct comparisons between FY 1985 and this year are not possible due to a revision in the data collection methodology, there has been an overall decrease in the number of persons served. This decrease is consistent with the decreased usage of all chapter 34 benefits and the reduction in the number of requests for counseling under the Survivors' and Dependents' Educational Assistance (Chapter 35) program since the lifting of the requirement for mandatory counseling.

Veterans' Advisory Committee on Rehabilitation

The Veterans' Advisory Committee on Rehabilitation was established with the October 1980 enactment of Public Law 96-466, the Veterans' Rehabilitation and Education Amendments of 1980. The committee assesses the rehabilitation needs of veterans, reviews the programs and activities of the Veterans Administration designed to meet these needs, and offers recommendations to the Administrator concerning the administration of veterans' rehabilitation programs under title 38, U.S.C. The eight members of the committee are members of the general public, representatives of service-disabled persons, or vocational guidance, vocational rehabilitation, or employment and training programs. Many of the members themselves are service-disabled veterans. In addition, five ex-officio members specifically designated by law serve on the committee.

During FY 1986 the Agency initiated a cost-benefit study of the chapter 31 vocational rehabilitation program. VA staff members met with the committee several times to apprise them of progress in developing a suitable design for the study. The committee members accepted the design and the proposed timetable for the study.

Two administrative and management issues were of special interest to the committee: coordination of rehabilitation services through case management, and impact of diagnosis related groupings on rehabilitation resources. The committee invited VA staff members to their meetings to answer questions and provide information about the VA's commitment to resolving outstanding problems in these and other areas of interest.

The committee has recommended that the Administrator assess the case management program and reassess the Agency's commitment to implement recommendations made in the 1980 Rehabilitation Task Force Report. The Administrator agreed with the intent of these recommendations, and action has been taken toward implementation.[1]

[1] *This information is included in compliance with section 1521 (c), title 38, U.S.C.*

Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Interments	52,220	50,489	+3.4
Applications for Headstones/Markers	273,174	287,659	-5.0
Applications Cancelled*	21,554	42,007	-48.7
Headstones/Markers Ordered	246,668	224,511	+9.9
National Cemeteries	54,348	54,351	—
Private Cemeteries	192,320	170,160	+13.0
Replacement Headstones/Markers	5,344	7,435	-28.1

* The decrease in applications cancelled during FY 1986 is a result of a management initiative to acquire necessary claims processing information from BIRLS and through increased telephone contacts. Applications are now cancelled only when other methods of investigation do not provide sufficent documentation to process the case.

Summary

Gravesites in a VA National Cemetery.

The Department of Memorial Affairs (DMA) administers veterans' burial benefits which include the National Cemetery System (NCS), headstones and markers, memorial plots and monuments, and the State Cemetery Grants program.

Although it is the VA's smallest department, and newest in terms of organization, DMA administers some of the most longstanding benefits ever authorized for military veterans. Burial benefits date back to 1862 with the establishment of the NCS, whereas the VA as it is known today was organized in 1930. The VA assumed responsibility for the NCS in 1973 from the Department of the Army. DMA comprises a VA Central Office staff; two support elements, Monument and Cemetery Services; three National Cemetery Area Offices (NCAOs), or field offices of supervision, located in Atlanta, Georgia; Denver, Colorado; and Philadelphia, Pennsylvania; and 109 national cemeteries. An ad hoc Advisory Committee for Cemeteries and Memorials provides oversight and advice on DMA programs to the Administrator.

In FY 1986, DMA interred 52,220 veterans and their dependents in the NCS and received 273,174 applications for headstones and markers for graves of veterans buried in national and private cemeteries. Funds were obligated to 7 states for 9 grants totaling $1.77 million in the establishment, expansion, or improvement of state veterans' cemeteries.

The NCS comprises 109 operating national cemeteries located in thirty-eight states and Puerto Rico. Sixty-five are open to burials. Forty-four are closed to the interment of the first member of a family; however, many closed cemeteries continue to bury decedents in occupied and reserved gravesites.

NCS expansion continued in FY 1986. Construction began on the Fort Mitchell National Cemetery in Alabama, which is designated as the regional cemetery for Standard Federal Region IV. Establishment of this cemetery marks the completion of the

expansion of the system under the regional concept. This concept provides for one large national cemetery in each of the ten Standard Federal Regions and one in the Washington, D.C., area.

Architectural plans were completed for the Florida National Cemetery and construction began on the West Virginia National Cemetery during FY 1986. These national cemeteries are being established outside of the regional concept to serve the expanding veteran population in Florida and as a replacement for the closed Grafton (West Virginia) National Cemetery, respectively. A site identification process and environmental analysis began for a new national cemetery in northern California.

New Albany National Cemetery in Indiana, which was previously in "closed status," was reopened by reclaiming some land within the cemetery during FY 1986.

Other national cemeteries were granted expansion possibilities in FY 1986. Ten acres were acquired through donation by Jessamine County for Camp Nelson National Cemetery in Kentucky, and the Department of the Navy transferred 15.2 acres to the VA for the Barrancas National Cemetery in Florida. This additional land will allow these two open cemeteries to serve veterans well into the next century.

Construction projects burgeoned in FY 1986. Among them were an administration building, entrance gate and drive at Fort Logan, Colorado, National Cemetery, and landscaping and tree maintenance at Willamette, Oregon, National Cemetery. Also begun were a drainage improvement project at Keokuk, Iowa, National Cemetery, and a road improvement project at Wood, Wisconsin, National Cemetery.

Among the construction projects completed in FY 1986 were gravesite developments at Springfield, Missouri, National Cemetery (3.7 acres); Bath, New York, National Cemetery (6.0 acres); and Florence, South Carolina, National Cemetery (4.6 acres). Also, 78,000 gravesites and additional facilities were constructed at Calverton, New York, National Cemetery. Additional gravesites were developed at Knoxville, Tennessee, and Zachary Taylor, Kentucky, National Cemeteries on land reclaimed through removal of roads and buildings.

In addition to land development projects, a new entrance road was completed at Eagle Point, Oregon, National Cemetery; landscaping and a new entrance gate at Dayton, Ohio, National Cemetery were completed; and a maintenance/storage facility was constructed at Bay Pines, Florida, National Cemetery.

Projects to eliminate hazardous asbestos materials from cemetery facilities continued during FY 1986. Removal began at Fort Snelling, Minnesota; Fort McPherson, Nebraska; Nashville, Tennessee; Wilmington, North Carolina; and Massachusetts National Cemeteries. Removal projects were completed at Fort Rosecrans, California; and Florence, South Carolina, and Natchez, Mississippi, National Cemeteries.

Perspectives

The aging of the veteran population has a direct impact on DMA, especially with regard to the National Cemetery System. DMA's workload has been rising steadily, and should continue to increase until the early part of the next century.

During FY 1986, the 52,220 interments accomplished in the NCS were a 3.4% increase over the 50,489 conducted during FY 1985 and an 11.1% increase over the 47,021 in FY 1984. Interment activities are expected to grow in future years. For FY 1987, 54,500 interments are projected because of the aging veteran population. With this kind of demand for service - both present and future - our main thrust in the national cemetery program is to provide grave space for as many veterans and eligible dependents as possible.

The DMA budget for FY 1986 totaled $42.03 million, allowing DMA to maintain beautiful cemeteries and to serve an increasing number of veterans and their families. A recent VA internal study of national cemetery operations found that cemetery productivity went up by 20 percent between 1977 and 1984. This kind of improvement has evolved DMA into a streamlined, effective organization that can be a source of pride to the VA and to the veteran community.

In FY 1986, DMA program responsibilities were accomplished with 1,178 employees. Core staffing was distributed as follows:

Central Office (Headquarters,
Monument, and Cemetery Services) - 156 employees

NCAOs (Atlanta, Philadelphia,
Denver) - 28 employees

National Cemetery System - 994 employees

At the close of the fiscal year, DMA employed personnel at 76 national cemeteries and retained oversight responsibility for 33 cemeteries where operations, other than cemetery representative services to next of kin, were either contracted or performed by DM&S elements through an intra-agency agreement.

Internally, DMA continued to strengthen its management resources by establishing a Management Development Program, (MDP). The goal of the MDP is to provide a broad development experience (one-year duration) to enhance the opportunities of a highly motivated employee to compete for and move into key management positions in DMA.

The DMA embarked upon a vigorous automated data processing modernization program in late FY 1985 which continued this year. Initial efforts provided basic office automation capabilities in DMA. Personal computers are providing vehicles for information exchange with Agency and departmental data bases.

During the first full year of personal computer procurement, DMA ordered 56 computers for 38 sites in national cemeteries, area offices, and Washington, D.C.

The VA Advisory Committee on Cemeteries and Memorials is established by law to advise the Administrator and Congress on matters affecting the National Cemetery System. The committee is composed of eleven members with distinguished backgrounds in the field of veterans affairs and in their respective professions. During FY 1986 the committee met in Washington, D.C. to review the proposed budget for VA cemetery and memorial programs, to receive updates on national cemetery construction plans, and to consider recommendations on national cemetery policies and operations.

Headstones and Markers

Since taking responsibility for the headstone and marker program in 1973, DMA has provided over three million monuments to honorably mark the graves of veterans. This activity is the largest of its kind in the world and had its origin in the Civil War when wooden boards were used to mark graves.

The program has evolved since then to the current program which authorizes bronze, granite, or marble monuments, including columbarium niche markers. The monuments are supplied for unmarked graves to appropriately identify veterans in all private and public cemeteries, as well as to identify veterans and their eligible dependents in state veterans' cemeteries and national cemeteries, and cemeteries under the jurisdiction of the Departments of the Army, Navy, Air Force, or Interior, in the United States and abroad. In those cases where veterans' remains were not recovered or identified, buried at sea, donated to science, or cremated and the ashes scattered without interment, memorial monuments have been provided. Group burial monuments for special cases have also been provided. The benefit provided includes delivery of the monument to its destination.

In FY 1986 there were 246,668 monuments provided, the second largest quantity in the history of the program and almost 10% higher than in FY 1985.

Headstone and marker procurement and transportation costs totaled $13.9 million, resulting in an average cost of $56.35 per monument, which is substantially below the price of a privately-purchased monument.

Type headstone/marker	Number Ordered		Percent Change
	FY 1986	FY 1985	
Upright marble	29,582	26,601	+11.2
Flat marble	8,402	7,095	+18.4
Flat granite	80,139	72,850	+10.0
Flat bronze	126,654	110,572	+14.5
Niche covers*	1,812	7,290	-75.1
Special purchase orders	79	103	-23.3
TOTAL	246,668	224,511	+9.9

** The reduction in niche covers is a result of an abnormally high quantity supplied in FY 1985 for Arlington National Cemetery.*

Replacement headstones and markers are provided at Government expense whenever the original monuments become illegible, deteriorated, or damaged due to the passage of time and other natural causes. Monuments are replaced at private expense when damaged by non-Government personnel or manufactured incorrectly because of applicant error. During FY 1986, 5,344 replacement markers were provided.

Seventy-six percent of all monuments ordered went to private cemeteries, and 24 percent were for national cemeteries. Fifty-one percent of all monuments provided were bronze, followed by 32 percent for granite markers. The remainder were upright marble, flat marble, or niche covers.

During FY 1986 there were 2,888 monuments sent to 22 destinations outside the conterminous United States. The extensive list of overseas destinations indicates the variety of complex transportation arrangements required, with final delivery to the gravesite often coordinated through an American Embassy office.

Destination	Flat			Upright	Niche Marker	Unin-scribed	Total
	Bronze	Granite	Marble				
Alaska	59	6	5	96			166
American Samoa	2		9	1			12
Australia	2			1			3
Canada	19	7	4	5			35
Costa Rica			1				1
England				8			8
Germany	7	2	2	2			13
Guam	21	1	7	2			31
Hawaii	35				74	918	1,027
Ireland			2	13			15
Japan	1						1
Korea	2						2
Mexico	11			1			12
New Zealand	1						1
Panama				20			20
Philippines	178	3	33	12			226
Puerto Rico	366	846	75				1,287
Scotland	1			1			2
Tahiti	1		1				1
Tonga Islands				1			1
Trinidad	1						1
Virgin Islands	9		4	10			23
Totals	715	865	143	173	74	918	2,888

Paying tribute in a VA National Cemetery.

In FY 1986 over 273,000 applications were received and almost 8% were cancelled because of insufficient applicant information. Cancelled applications frequently are resubmitted and processed on a priority basis when received. Because of the aging of the veteran population, especially with the large World War II group, an increase in benefits delivery during coming years is anticipated.

DMA Monument Service totally automated its manual application processing system recently with the installation of the last phase of application software. Monument Service now has the capability to process the more than 270,000 applications received annually on the automated system.

Once application information is entered into the Automated Monument Application System, or AMAS, processing of claims becomes virtually paperless.

The review and approval of a claim, creation of the proper inscription and approval, assembly into vendor shipments, development of a Government purchase order, and the printing of the orders themselves are all functions initiated from the computer terminal in an on-line environment. AMAS also performs contract administration functions and tracks order expenditures by vendor, state, and monument type. Future enhancements under consideration include on-line submission of interment data from the national cemeteries which may be input directly to AMAS.

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 the state. The program became operational on October 1, 1979, and as of September 30, 1986, the VA had received 28 applications from 17 states requesting $16.2 million. Over $11.8 million has been obligated in support of the projects, and 24 grant awards totaling $10.3 million have been made to eight states and the Territory of Guam. The accompanying table provides details on the FY 1986 active projects.

Location	Project	Grants (thousands)	
		Request	Funds Obligated
Connecticut Middletown	Establishment (including administration/ service building)	682	682
Delaware New Castle County	Establishment (including administration and main building and chapel)	797	797
Guam Piti	Establishment (including administration and main building, chapel, and public restrooms)	2,741[1]	2,560
Hawaii Kauai	Expansion/improvement	118	118
Hawaii (Hilo)	Expansion/improvement	51	51
Illinois Quincy	Improvement (storage/maintenance building)	51	46[2]
Maine Augusta	Improvement (security fence, audit, and master plan)	246	216
Maryland Crownsville	Improvement (Phase II development) Construction of maintenance building	894 169	894[2] 169[2]
Montana	Establishment (including site development and well)	50	50
New Jersey Arneytown	Establishment (including administration/ committal shelter, maintenance building, public restroom, and water treatment building)	1,454	1,454[2]
Vineland	Improvement (Veterans Home Cemetery)	50	0[3]
Rhode Island Exeter	Establishment (Phase I/II) Asphalt roadway Improvement (including main complex)	750 14 350	750[2] 14[2] 350
Virginia (undetermined site)	Establishment (administration and maintenance building, and chapel)	2,250	0[3]
Wisconsin King	Improvement (security fence, storage building, road repair, and landscaping)	71	71
Wyoming Evansville	Establishment (administration/lodge, chapel, and maintenance building)	717[1]	698[2]
	Improvement (entrance road)	787[1]	787
	TOTAL	$12,242	9,707

[1]Revision of grant request.
[2]Project complete (amount reflects final cost).
[3]No funds obligated in FY 1986.

Comparative Highlights

Item	FY 1986	FY 1985	Percent Change
Debt collection (millions)	$20.0	$16.0	25.0
Settlement of administrative tort claims under $2,500	$256,806	$217,898	17.9
Cost of administering FOIA (millions)	$1.2	$2.0	-40.0
FOIA fees assessed	$40,615	$23,375	73.7
Audit reports issued	292	262	11.5
Audit reports resolved	210	271	-22.5
Investigation cases closed	1,046	1,151	-9.1
Direct deposit/electronic fund transfer (C&P payments) participants	1,426,950	1,412,937	1.0
Forms and form letters	12,853	12,959	-0.8
Presidential Memorial Certificates issued	279,000	294,350	-5.2
Major construction contracts awarded	34	24	41.7
Number of construction projects	1,007	1,029	-2.1
Estimated construction cost (millions)	$3,324	$2,900	14.6
Supply funds sales (millions)	$644	$642	0.3
Equipment assets (billions)	$2.5	$2.2	13.6

Office of the General Counsel

As the Agency's chief legal officer on all matters of law, litigation, and legislation, the Office of the General Counsel interprets all laws pertaining to the VA and provides all necessary legal services. During FY 1986, the Office of the General Counsel continued to provide legal support in litigation involving a number of VA programs.

Four cases have addressed whether or not the VA's "willful misconduct" regulation (38 C.F.R. 53.301 (c) (2)) discriminates against primary alcoholics in violation of the Rehabilitation Act. In 1985, the Sixth Circuit Court of Appeals held adversely to the Government on the "willful misconduct" issue and, therefore, the VA regional offices within the Sixth Circuit's jurisdiction had been adhering to this decision. In May 1986, however, the District of Columbia Circuit Court of Appeals ruled in a similar case that the VA's position that primary alcoholism constitutes "willful misconduct," thus barring entitlement on such basis to an extension of time for using educational benefits, was considered discrimination based upon "conduct" and not discrimination based upon "handicap." Accordingly, the court held that the challenged regulation does not violate the Rehabilitation Act. The veteran has petitioned for *certiorari* to the United States Supreme Court in this case.

In the third suit, the Court of Appeals for the Second Circuit dismissed the case without addressing the "willful misconduct" issue stating that the Agency's finality statute, 38 U.S.C., subsection 211(a), precludes judicial review. Finally, in a fourth

case, an action was brought by a plaintiff, who, disabled by alcoholism, was seeking a nonservice-connected disability pension. That action is pending.

The VA received favorable rulings in two fair housing cases. The first suit involved what the court described as the "socially sensitive and difficult issues of racial segregation and integration maintenance." When an area of Chicago, Illinois, experienced a rapid racial transition (or "white flight") in the mid-1970's, about 24 percent of the home sales in that area were to black veterans using VA financing. In 1977, a suit was filed in Federal district court in Chicago against the VA by a group of area residents and community organizations who charged that VA financing was responsible for this area becoming racially resegregated. Following a trial, the judge dismissed the suit, ruling that plaintiffs had failed to prove that VA financing caused the racial transition. In the other case, the United States Court of Appeals for the Fifth Circuit affirmed a 1985 decision by a Federal district court in Houston, Texas, which rejected a claim that VA home loan appraisals were racially biased.

In the past year, this office participated in civil settlement negotiations involving nine manufactured home manufacturers in cases involving false invoice certifications made to the VA. The amount collected from these settlements exceeded $775,000. Additionally, $200,000 was recovered from a lender whose employees participated in the submission of false information on VA guaranteed loans to purchase conventional housing in Cincinnati, Ohio.

In the area of school liability for overpayments resulting from failure to certify student enrollment status in a proper, timely manner, the Government has continued to press ahead with its collection efforts. A number of schools in various parts of the country were sued by the Department of Justice, on behalf of the VA, to recoup amounts for which the schools have been found administratively liable, but which they refused to pay.

The first of these enforcement suits to have reached trial was against three colleges in the Georgia college system. This suit, typical of the Agency's school liability litigation, tested the scope and effect of various VA regulations governing the nature and timeliness of school enrollment status reporting. The trial was held in the fall of 1984; in June 1986, the court awarded the VA a judgment for $350,000 plus interest and court costs. Following a precedent set by an earlier case, the court also held that the United States has six years from the date it first knew or should have known that an educational institution failed to discharge its reporting duties properly or one year from the completion of administrative action, whichever is the later, within which to bring its action against the institution.

In addition to successful judicial enforcement, the VA has favorably settled a number of school liability claims for substantial amounts without the need for litigation.

In the 1970's the VA funded an education program for servicemen and women 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 program was known as PREP (Predischarge Education Program).

After PREP terminated in October 1976, the VA Inspector General audited several educational institutions which participated in the program and reported that, although the schools were not intended 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, California, and Hawaii. The Agency's suit against a California school was dismissed on statute of limitations grounds, while claims against some other schools have been successfully settled. It is expected that the remaining claims will be scheduled for trial during the next fiscal year.

Legal support was provided in defense of suits challenging proposed transfers of VA patients. VA's practices continue to be guided by *Hanke v. Walters,* 740 F.2d 654 (8th Cir., 1984), which held that there exists a minimal due process right to notice,

and an opportunity to present, relevant medical information prior to a final decision to transfer to a nursing home patients deemed to have received maximum benefits of VA hospitalization.

The Office of the General Counsel continued to provide legal support in litigation challenging the constitutionality of the statutory attorney fee limitation. (An attorney is prohibited from charging more than $10 to represent a VA claimant.) The plaintiffs in the case originally asserted that the $10 fee limit prevents all VA disability claimants from obtaining effective legal representation and thereby violates their constitutional rights to due process under the fifth amendment, and to petition the Government for redress of grievances under the first amendment. The case has been pending since 1983; it has already generated one United States Supreme Court decision that the fee limit statutes are not *per se* unconstitutional. In a concurring opinion, however, two of the Justices indicated their understanding that the Court's opinion did not determine the merits of the individual plaintiffs' assertions that the fee limit is unconstitutional as applied to their cases or to a discrete class of complex claims. Accordingly, the case is back in the Federal district court, which has conditionally certified it as a class action. The conditional class includes all individuals claiming VA disability benefits for disabilities allegedly resulting from exposure to nuclear radiation during military service. The case is scheduled to go to trial in September 1987.

Legal assistance was provided in the defense of two suits challenging the constitutionality of certain VA rules affecting the payment of disability benefits. In one case, the United States Claims Court upheld the validity of the statute which requires a veteran to waive military retirement pay, dollar-for-dollar, before VA compensation can be awarded. An appeal of that decision is now pending before the Court of Appeals for the Federal Circuit. In the other case, a class action brought in Federal district court in Chicago, the plaintiffs have contended that VA notice and hearing procedures in terminating or reducing pension benefits violate due process of law. Efforts have been made to settle this suit by agreement of the parties.

During FY 1986, the Office of the General Counsel worked closely with the Department of Justice in defending a number of cases involving personnel issues in the Federal courts. Favorable decisions have been rendered in many of these cases, some of which concern discharged VA physicians. These decisions, including several by the United States Courts of Appeals, continue to recognize the broad discretion of Federal managers in personnel matters, despite challenges based on the U.S. Constitution and attempts by disciplined employees to hold the managers personally liable for perceived violations of the employees' "rights."

An example is *Franks v. Nimmo,* 796 F. 2nd 1230 (10th Cir., 1986), which sustained the VA probationary period requirement for physicians given permanent appointments, upheld the judgment of a VA peer review board that the physician should be discharged, and ruled that the physician could not maintain an action attempting to hold VA managers personally liable for alleged violations of his constitutional rights.

In FY 1986, the Office of the General Counsel continued to be involved in negotiability and arbitration issues. Additionally, the General Counsel's office wrote and filed with the Federal Labor Relations Authority and other tribunals 33 major litigation briefs on labor and personnel issues. More than 45 related controversies were reviewed for appeal.

The VA has also continued 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's designated ethics official, reviewed and signed over 400 public financial disclosure reports of senior employees during FY 1986.

The VA continued its efforts to educate and inform employees on their responsibilities to maintain a high standard of conduct and to avoid even the appearance of a conflict of interest. This heightened awareness substantially increased inquiries

from managers and employees for written or informal advice and for presentations at meetings and training sessions on conduct-related issues, particularly on post-employment restrictions, outside financial interests, and gifts and honoraria to employees from contractors. Some situations which involved employees engaged in activities prohibited by the conduct regulations resulted in referrals to the Department of Justice and the Inspector General for appropriate action. During 1986, the Office of Government Ethics (OGE), the agency with jurisdiction over the ethical behavior of Federal employees, conducted a two-week review of VA's ethics program. Reporting on the review, the OGE Director expressed praise for the administration of VA's public financial disclosure program and VA's efforts in the area of employee ethics education, training, and counseling.

The increase continues in the workload involving legal actions related to procurement of construction, supplies, and services. There were 142 new appeals filed with the VA Board of Contract Appeals (VABCA) in FY 1986. There are now 222 cases pending before the VABCA, and 1 case which was appealed directly to the United States Claims Court. In addition, two cases were appealed to the United States Court of Appeals for the Federal Circuit, and there are also two cases pending in Federal bankruptcy proceedings.

In FY 1986, the Office of General Counsel, along with the Office of Procurement and Supply and DM&S personnel, continued its extensive procurement training of VA contracting and engineering personnel, with particular emphasis on construction contracting. The General Counsel's office has initiated an extensive training program in Government contract law for District Counsel personnel, providing onsite training to over 50 District Counsel Offices.

The General Counsel's office continued to participate in advising Agency personnel on a variety of environmental issues. There are a number of environmental impact statements and studies pending, as well as continuing cooperative efforts with other Federal agencies, e.g., GSA, the Department of the Interior, and the Department of the Air Force, as well as several state agencies.

In FY 1986, the Office of the General Counsel handled a substantial number of bid protests. These protests were distributed as follows: 93 protests filed with the General Accounting Office (GAO); 21 filed with the Agency; and 2 filed with the General Services Administration (GSA) Board of Contract Appeals. In addition, there were 72 mistake-in-bid cases. This office's responsibilities in regard to the bid protests and the mistake-in-bid cases consisted of preparing bid protest reports to GAO and reviewing and concurring in those prepared by the VA's Office of Procurement and Supply; representing the Agency at GAO protest conferences; appearing before the GSA Board of Contract Appeals; assisting United States attorneys in defending contract actions in United States District Courts; and concurring in Agency mistake-in-bid determinations.

Medical care reimbursements have been collected from third-party tort-feasors, crime victims' programs, no-fault insurance, medical insurance, and workers' compensation plans. These amounted to $17 million in FY 1986, a $2 million increase over FY 1985. Additional authority to collect from health insurance plans was provided by Public Law 99-272. The Office of the General Counsel assisted in the drafting of this legislation, monitored it through the legislative process, and participated in the promulgation of regulations and training of Department of Medicine and Surgery and Office of Budget and Finance (Controller) employees to implement the new law at the beginning of FY 1987.

The Office of the General Counsel continued to monitor the pilot contract awarded to a private collection agency for collection of VA health care costs under the workers' compensation laws of California. The contract was renewed for a second year, after having collected $22,776 during the first year.

The number of medical malpractice claims under the Federal Tort Claims Act increased slightly with 922 new claims received during the fiscal year as compared to 820 new claims in FY 1985. The amount paid on malpractice claims and suits also declined slightly from the record $35 million paid in FY 1985. The total amount paid

out of the Department of Treasury judgment fund for VA malpractice claims and suits in settlements and judgments in FY 1986 was $33.4 million. Agency funds paid out in settlement of administrative tort claims under $2,500 equaled $256,806, a 18 percent increase over FY 1985.

During FY 1986, the Office of the General Counsel made 650 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, 132 cases referred to the Office of the General Counsel for final decisions were remanded for further information or fact finding. During FY 1986, 179 decisions were received from the Office of Review and Appeals of the Equal Employment Opportunity Commission (EEOC) on appeals from decisions made by the Office of the General Counsel. Of those, 159, or 89 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 239 employee appeals to the EEOC of final Agency decisions.

The Office of the General Counsel has responsibility within the Veterans Administration for the application of Federal information law to VA operations. As well, the General Counsel assists the United States Attorney's office in defending the Agency in all stages of information law litigation. Such laws include the Freedom of Information Act (FOIA), the Privacy Act, and the VA's own records confidentiality statutes, 38, U.S.C., subsections 3301, 3305, and 4132

Among the major Governmentwide information laws, one which has a substantial impact on the Veterans Administration is the FOIA. The FOIA requires that each calendar year a report be submitted to Congress which describes the Agency's administration of the Act. The report for 1986 indicates that of the thousands of FOIA requests handled by the VA in that year, the Agency did not grant 700 of them. Of those requests which were initially denied, 29 were appealed to the Administrator of Veterans Affairs for the final Agency determination. The Office of the General Counsel prepares these FOIA appellate decisions for the Administrator's review and approval. Nine of the appeals were granted in full, 7 were denied in full, and 13 were granted in part. The total reported costs to the Agency of $1,193,318 in FOIA-related administrative expenses were offset by the recovery of $40,615 in FOIA fees.

Progress continues to be made in the area of debt collection. During FY 1986, debts representing $25 million were referred to district counsels. Cash collections in these cases totaled $20 million, an increase of 25 percent over collections for FY 1985.

New Legislation

Public Law 99-119 — Pearl Harbor Survivors Association. A Federal charter was granted to the Pearl Harbor Survivors Association by this Act. This organization is dedicated to maintaining the gravesites of servicemembers who died in the Japanese attack on Pearl Harbor and to preserving historic relics and erecting monuments in remembrance of that day.

Public Law 99-152 — National Women Veterans Recognition Week. The week beginning November 10, 1985, was designated as National Women Veterans Recognition week by this Act. The week's purpose was to draw attention to the sacrifices and contributions made by women who have served in the military.

Public Law 99-154 — Second Continuing Appropriations for FY 1986. This Act extended funding for certain Federal agencies through December 12, 1985, including appropriations for HUD-Independent Agencies, which contain VA appropriations.

Public Law 99-160 — HUD-Independent Agencies Appropriations, FY 1986. This Act provided appropriations totaling $26,100,732,000 for the VA during FY 1986 to be divided as follows:

Compensation and Pension	$14,160,800,000
Readjustment Benefits	826,000,000

Veterans Insurance and Indemnities	9,750,000
Medical Care	9,255,000,000
Medical and Prosthetic Research	189,265,000
Medical Administration and Miscellaneous Operating Expenses	53,524,000
General Operating Expenses	736,864,000
Construction, Major Projects	507,360,000
Construction, Minor Projects	136,950,000
Grants for State Homes	21,758,000
Grants for State Cemeteries	2,967,000
Grants to the Philippines	494,000
Loan Guaranty Revolving Fund	200,000,000

Public Law 99-166—Veterans' Health-Care Amendments of 1985. This law improved the delivery of VA-provided health care services. It established health care programs aimed at older veterans, Vietnam era veterans, and former prisoners-of-war. It also extended the VA's authority to offer alcohol and drug rehabilitation programs. The law allowed for the establishment of a quality assurance program to determine the quality of care provided by DM&S. Provisions of this law include a requirement for operation and construction planning of medical facilities, development of a modular approach to the planning and design of an appropriate VA facility, and a feasibility study regarding whether another facility is needed, and if so, a plan to purchase such a facility to provide current and future levels of health care to eligible veterans. An increase in the amount of life insurance of veterans' insurance policies; terms regarding the transfer, use, leasing, or conveying of certain lands; and the extension of the VA's authority to operate a VARO in Puerto Rico are other provisions within this law.

Public Law 99-167—Military Construction Authorization Act, 1986. This Act authorized funds for certain construction at military installations for FY 1986. Of interest to the VA are provisions allowing for the transfer of land at the Naval Air Station in Pensacola, Florida, and the conveyance of land in Fort Harrison, Montana, to establish national cemeteries.

Public Law 99-172—Daughters of Union Veterans of the Civil War 1861-1865. A Federal charter to the Daughters of Union Veterans of the Civil War 1861-1865 was granted by this Act. This organization promotes national history and perpetuates the memories of Union soldiers who were killed during the Civil War.

Public Law 99-177—Resolution Increasing the Statutory Limit on the Public Debt: Balanced Budget and Emergency Deficit Control Act of 1985. This Act, also known as the Gramm-Rudman-Hollings Act, calls for the balancing of the Federal spending budget by 1991 by imposing automatic budget cuts if the President and Congress do not agree on an alternative budget by March 1st of each year. Within the VA, compensation and pension benefit payments (but not COLAs) are exempt from the cuts, and reductions in the Medical Care account (except for administrative expenses) are limited to 1 percent in FY 1986 and 2 percent in subsequent years. Also, certain prior commitments in the Loan Guaranty and VA Insurance programs are protected from reduction.

Public Law 99-190—Further Continuing Appropriations, FY '86. This law appropriated funds for certain Federal agencies until the end of FY 1986. With respect to the VA, the Act authorized the transfer of up to $8 million from the Medical Care account to the General Operating Expenses appropriation, and directed the Administrator to delegate to hospital directors the authority to administer at least 15 of the new major construction projects for FY 1985 and at least 10 of the new major construction projects for FY 1986.

Public Law 99-238—Veterans' Compensation Rate Increase and Job Training Amendments of 1985. A 3.1 percent cost-of-living rate increase for disability compensation to service-connected disabled veterans and dependency and indemnity compensation for survivors was provided by this Act. This Act also extended the Emergency Veterans' Job Training Act, renamed the Act as the Veterans' Job Training Act, liberalized its requirements, and authorized additional appropriations.

Public Law 99-255 — Guaranteed Loan Limitation, Establishment. This Act raised the ceiling for the VA Guaranteed Home Loan Limitation Program from $12 billion to $18 billion. This loan ceiling will be used to determine the limitations that Pub. L. No. 99-177 (Gramm-Rudman-Hollings) will have on the VA. If this Act had not been passed, the VA would have reached its loan limitation by April and would have been forced to stop guaranteeing loans for the rest of the fiscal year.

Public Law 99-272 — Consolidated Omnibus Budget Reconciliation Act of 1985. This law made spending and revenue changes to reduce the deficit and make program improvements consistent with the budget process. VA provisions included major changes in eligibility requirements for receiving VA-provided health care (the "means test"); provisions for the recovery, from health care providers, of the cost of VA-provided medical care; and a technical revision of authority to contract for hospital care and medical services. Other provisions allowed for waiving the required waiting period for an administrative reorganization; permitted a reorganization of certain VA automated data processing activities; called for conducting an epidemiological study of the long-term health effects of military service on women Vietnam veterans; created an advisory committee on Native American veterans; and ratified certain temporarily expired authorities.

Public Law 99-318 — Vietnam Veterans of America, Inc. A Federal charter was granted to the Vietnam Veterans of America, Inc., by this Act. This organization was founded to improve the lives of Vietnam era veterans, promote their social welfare, and develop channels of communications for their assistance.

Public Law 99-322 — Guaranteed Loan Limitation Establishment Act, Amendment. This Act exempted housing loan programs under chapter 37 from reduction under the Balanced Budget Emergency Deficit Control Act of 1985. Also, this Act adjusted the ceiling imposed on VA's maximum loan volume and authorized VA to pay for foreclosure appraisals from the Loan Guaranty Revolving Fund instead of the GOE Fund.

Public Law 99-340 — National POW/MIA Recognition Day. Public Law 99-340 designated September 19, 1986, as "National POW/MIA Recognition Day," to acknowledge the Nation's gratitude to former American POWs and to call attention to the plight of those Americans who are still missing or unaccounted for in Southeast Asia and their families.

Public Law 99-349 — Urgent Supplemental Appropriations Act. This Act provided additional funds for use during FY 1986. Additional appropriations were made to the following VA accounts, to remain available until expended: $272 million for Compensation and Pensions; and $91 million for Readjustment Benefits. The Act also authorized the transfer of $25 to $30 million to the Medical Care account from Construction, Major Projects; up to $6 million to General Operating Expenses from Construction, Minor Projects; and $35 million for Veterans Job Training from Construction, Minor Projects; to remain available until September 30, 1988. In addition, the Act transferred the responsibility for payments of liquidation appraisals to the VA Loan Guaranty Revolving Fund from the General Operating Expenses.

Public Law 99-361 — Fair Debt Collection Act. This Act prohibited attorneys from engaging in harassment, abuse, or other unfair practices in third-person debt collections. Attorneys had originally been exempt from the Fair Debt Collection Act, which prohibits such activities in debt collection activities. However, it was found that attorneys were using this exemption to their advantage in soliciting debt collection business, which was seen as an unfair competitive advantage, and therefore, this Act removed the attorneys' exemption.

Public Law 99-366 — Resolution Ratifying and Affirming the Report of the Office of Management and Budget and the Congressional Budget Office for FY '86. This law ratified the sequestration order under Pub. L. No. 99-177 (Gramm-Rudman-Hollings), giving legal effect to budget cuts which otherwise would be nullified by the Supreme Court ruling that parts of Gramm/Rudman are unconstitutional.

Public Law 99-399—Omnibus Diplomatic Security and Anti-Terrorism Act of 1986, Terrorism Prosecution Act of 1986. This Act authorized a diplomatic security program to combat terrorism through better training of security personnel destined for overseas posts and for the protective construction and renovation of endangered overseas facilities. Of interest to the VA is a provision requiring that educational assistance programs under the Act be consistent with programs administered by the VA under title 38 of the United States Code.

Office of Inspector General

The 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; to recommend policies for the purpose of promoting economy, efficiency, and effectiveness and preventing and detecting fraud, waste, and abuse in VA programs and operations; to ensure that the Administrator and Congress are kept fully informed about problems and deficiencies throughout the Agency and the necessity for corrective actions; and to provide leadership and coordination on complex audit and investigative matters.

During FY 1986, the Office of Inspector General (OIG) conducted a series of coordinated audits and investigations designed to identify opportunities to enhance the effectiveness, efficiency, and integrity of VA programs and operations. These audits and investigations identified the need for some improvements in major VA program and operational areas such as medical care quality assurance, delivery of medical care, disability payments controls, loan guaranty, facility planning, and procurement.

The audits completed during this period resulted in recommendations for strengthened internal controls and indicated the opportunity for potential program recoveries and cost efficiencies of over one billion dollars. The 1,046 investigations completed during this period resulted in 320 criminal convictions; 195 administrative sanctions; and potential recoveries, fines, and cost efficiencies of approximately $14 million. Highlights of FY 1986 accomplishments follow:

Item	FY 1986	FY 1985	Percent Change
AUDIT ACTIVITIES			
Audit Reports Issued	292	262	+11
Internal	154	126	+22
External	138	136	+2
Potential recoveries and cost efficiencies from all internal reports	$1,099[1]	$680[2]	+62
Costs audited in external audit reports	$293	$364	−20
INVESTIGATIVE ACTIVITIES			
Investigation cases closed	1,046	1,151	−9
Investigation cased accepted for prosecution	178	104	+71
Individuals/firms convicted	320	217	+48
Potential cost recoveries, efficiencies, and fines	$13.8	$8	+73
Administrative sanctions	195	220	−11

[1] *All dollar amounts are in millions.*
[2] *Category changed from FY 1985 (resolved internal reports).*

The above chart indicates that OIG productivity indicators such as potential recoveries and cost efficiencies from all internal reports; internal reports issued; potential cost recoveries, efficiencies, and fines; convictions; and cases accepted for prosecution were up substantially in FY 1986. Also, important program areas such as medical care quality assurance, loan guaranty, and selected employee integrity issues were given considerably more audit and investigative coverage in FY 1986 with significant results being achieved in these areas.

During the year, the OIG also continued to focus on preventive measures and expanded use of current technology to further lessen VA programs' and operations' vulnerability to fraud, waste, and abuse. Some significant examples of OIG prevention efforts are as follows:

- Participated with Agency management in the implementation of OMB Circular A-123, Internal Control Systems. Also, included coverage of internal control issues in each of the cyclic audits.

- Continued an active awareness program to further develop a sensitivity in Agency employees to their roles in promoting economy, efficiency, and effectiveness and preventing and detecting fraud in VA programs and operations. In this regard, the IG and his staff made a number of presentations to Agency management and employees to discuss this issue. The staff also disseminated awareness publications such as IG Alert Bulletins, pay slip notices, and IG report digests.

- Developed and shared with VA program officials and other Federal investigative agencies computerized data bases of Agency management and systems information to assist in their review of VA programs or of programs related to the VA.

- Reviewed 150 legislative and regulatory proposals. Made recommendations concerning the impact of the legislation and regulations on economy and efficiency of VA programs and operations or the prevention and detection of fraud and abuse.

- Worked with Agency management on the submission of legislative proposals in specific areas that would impact on either economy and efficiency or the detection of fraud and waste in VA programs and operations.

The IG also serves as the Chairman of the Audit Committee of the President's Council on Integrity and Efficiency (PCIE), which coordinates the identification and conduct of joint Governmentwide audit projects carried out by the Federal Inspectors General. The committee was formed during this year to better facilitate joint projects conducted under PCIE auspices. Three ongoing projects were placed under the audit committee, and nine new projects were identified.

Office of Budget and Finance (Controller)

Financial Management

The Office of Budget and Finance (Controller) has converted all VA facilities to the Computer Assisted Payment Processing System (CAPPS) to allow on-line recording and access to receiving reports and invoices. The system electronically matches receiving reports with the appropriate invoices for generation of payment, accomplishes money management discounts, and calculates interest for any late payments. Payment transactions are then processed through the Centralized Accounting for Local Management (CALM) System which provides highly integrated control and accounting for appropriations and funds. The CAPP System provides retrieval of appropriate functions to optimize financial management so that potential problem areas can be addressed. This information is critical to management in a time of expanding requirements and diminishing resources.

On-line access to accounting data collected at the Austin Data Processing Center continues to expand. The CAPPS and CALM status of payments provides information to answer vendor inquiries in an accurate and timely manner. All of these tools, along with strong management direction, has improved vendor relations and is minimizing lost discounts and interest penalties by preventing payment backlogs.

With the continued integration of the financial management systems, the move toward a paperless approach is becoming a reality.

The PAID Redesign interim initiative was established to grant personnel and fiscal offices access to selected personnel and payroll data elements in the PAID system. This allows the facilities to view formatted screens of employee data and to extract data. The extracted data reside in the Austin DPC mainframe and are accessible to the requester. Enhancements are planned to meet additional user needs, including down-load capability, regional access, and creation of additional data elements. User identification and passwords have been issued to 120 field facilities.

In order to accommodate as many personnel and fiscal offices as possible, field facilities that have a personal computer or a video display terminal may be connected by a dial-in capability to the Austin DPC.

Manpower Management

The VA is strongly committed to effective manpower management at all levels of the organization. Aspects of this commitment include continually seeking ways to enhance efficiencies in staff utilization and developing methodologies for improving employee productivity. During FY 1986, several studies were conducted throughout the Agency concerning manpower management, seeking to identify improvements in manpower utilization, work distribution, automation enhancements, and employee productivity. Additional analyses were conducted in conjunction with the VA budget formulation and execution processes. These efforts provided VA organizations with new or improved performance measurement systems for use by program managers to monitor program performance and to forecast budgetary resource requirements.

Extensive support in the area of management engineering services was provided to the VA financial facility in Austin, Texas. This support included implementation of several procedural and organizational efficiencies to accommodate the transition of commercial payments processing from a manual to an automated operating environment. Also included was the redesign of the management information system used for monitoring station performance by local and Central Office management; the development and installation of an automated system for tracking vendor reclaims; the implementation of special handling procedures for high priority payment inquiries; and the completion of a special study for identifying and rectifying problems with subsistence vendor payments.

Manpower Service continued its management responsibility of the VA's participation in the Federal Productivity Measurement Project, a comprehensive Governmentwide program maintained by the Bureau of Labor Statistics for monitoring productivity across 28 functional areas. It also initiated the formal establishment of an Agency-level resource planning activity under the jurisdiction of the Director, Office of Budget and Finance (Controller). This planning is designed to support top management decisionmaking in the budget process. The immediate objective of this new activity is to successfully integrate the planning process responsibilities assigned to the Director, Office of Budget and Finance (Controller).

Board of Veterans Appeals

The Board of Veterans Appeals, a statutory board created in 1933, has final appellate authority over all claims for VA benefits, except insurance. Appeals in insurance cases involving contracts may be taken into Federal Courts after administrative remedies are exhausted.

Under a Chairman and a Vice Chairman, there are two Appellate Groups headed by Deputy Vice Chairmen. Twenty-one Board Sections, each with three members (two attorneys and a physician), are divided between Appellate Groups. Staff attorneys review appeals, conduct research, and prepare tentative decisions. In addition to physicians in Board Sections, there are medical advisers who provide expertise in areas such as cardiology, neurology, and psychiatry.

A claimant for VA benefits who is 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 the benefits sought, it sends the appellant a statement of the case. This statement outlines the issue, the evidence of record, the pertinent laws 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 may submit an appeal to the Board of Veterans Appeals (BVA). The field office will again review the case, and if still unable to resolve the appeal to the satisfaction of the claimant, the field office will certify the case to the BVA for review and final decision.

During FY 1986 the BVA produced a total of 42,003 appellate decisions. Resource constraints associated with the Balanced Budget and Emergency Deficit Control Act of 1985 limited the Board's staffing and administrative support levels. To accom-

modate the reduced resource level, the Board found it necessary to temporarily contract from 21 to 20 Board sections at the mid-point of the year and operate at that level throughout the fiscal year. However, the overall impact on the BVA's processing timeliness was minimal.

Timely action on appeals is a major objective of the BVA. To measure how well the timeliness objective is being met, the Board employs two separate and distinct indicators. The first of these two indicators is processing time. Processing time is the time elapsed between an appellant's first filing a notice of disagreement and the time when a BVA decision is entered. Included in this time period are various appeals processing stages accomplished at the field station level as well as procedural steps that are the responsibility of the individual appellant. As a timeliness indicator, processing time is strictly an historical measure that shows the average length of time required to process a given group of appeals from their inception to their completion.

BVA response time on appeals is the second measure of the Board's timeliness. Response time on appeals is a more future-oriented timeliness indicator, and it is limited in scope to the appeals processing steps that are the responsibility of the BVA. By taking into account the Board's most recent appeals processing rate and the currently pending volume of appeals that have completed the field processing stages and are awaiting BVA action (i.e., both at the BVA and in field stations), BVA response time predicts the average time that will be required to render decisions on that same group of pending appeals.

Both processing time and BVA response time were maintained at reasonable levels during FY 1986. Overall average processing time on appeals was 398 days at the end of FY 1986, down from 414 days at the beginning of the year. The average BVA portion of this overall processing time figure was 106 days. BVA response time on appeals was 130 days as of the end of FY 1986, up slightly from the record low of 122 days in FY 1985. As recently as mid-FY 1984, BVA response time stood at 268 days, and the prospect of achieving the current response time was not anticipated until FY 1990.

New appeal filings increased slightly in FY 1986 to 63,850 from the FY 1985 level of 63,045. However, the overall appeals workload picture appears to be relatively stable through the foreseeable future. During the latter part of FY 1986, representatives of the BVA worked closely with the Department of Veterans Benefits to devise an improved system to monitor and control the flow of appeals to the Board. This control system is expected to be implemented before the end of FY 1987, and it should produce more timely and reliable field appeals workload projections. Some comparative workload statistics for FY 1986 appeals activities are provided in the accompanying table.

The Board expanded and intensified the efforts of its Quality Review program during FY 1986. Organized under the offices of the Deputy Vice Chairmen, the BVA Quality Review program is a multi-tiered operation. Under the program's present construction, BVA decisions are potentially subjected to three distinct levels of quality review prior to being dispatched from the Board and one final review subsequent to dispatch. All BVA decisions are subject to both the first and the final levels of quality review, and an ever-increasing percentage of decisions is being subjected to the intermediate levels where the intensity of review is most stringent. Decision quality is an attribute that is indispensable; the results of the Board's Quality Review investment are being reflected in the quality of final BVA appellate decisions.

Interest in formal personal hearings before the Board continued to be high in FY 1986. There were 1,784 formal hearings conducted during the year. Of these, 1,139 formal hearings were held in Washington, D.C., and the remaining 645 hearings were held before traveling sections of the Board sitting in 48 different field stations. When a formal hearing is not feasible, an appellant may elect to have an informal hearing entered on his behalf. Informal hearings consist of written briefs presented in Washington by appellant representatives who most frequently are affiliated with

veterans service organizations. A total of 28,700 informal hearings were entered during the past year.

Appellate Processing	FY 1986	FY 1985
Appeals pending, start of period	56,826	61,315
Undocketed, in field stations	44,145	46,818
Docketed, in BVA	12,681	14,497
Notices of disagreement filed during period	63,850*	63,045
Settled in field stations	27,305*	33,217
Allowed	7,585*	8,387
Closed	13,349*	17,799
Withdrawn	6,371*	7,031
Submitted to BVA	33,372	34,317
Decided by BVA	42,003	45,273
Allowed	5,362	6,002
Remanded	7,897	7,395
Withdrawn	526	493
Denied	28,218	31,383
Appeals pending, end of period	59,999	56,826
Undocketed, in field stations	45,737*	44,145
Docketed, in BVA	14,262	12,681
Summary		
Number of final dispositions	61,411*	71,095
Percentage of final dispositions		
Allowed	21.1%	20.2%
Closed	21.7%	25.0%
Withdrawn	11.2%	10.6%
Denied	46.0%	44.2%
Processing Times (Calendar days)		
Notice of disagreement to statement of the case	54	51
Statement of the case to substantive appeal	55	54
Substantive appeal to ready for transfer	183	195
Processing time through the BVA	106	114
Total	398	414

** Portions of field appeals workload data estimated for FY 1986.*

The portion of appellants who choose to be represented by one of the veterans service organizations remains high. Reports indicate that 87.2 percent of the appellants for whom decisions were entered during FY 1986 chose to be represented by one of the accredited service organizations, roughly 2.0 percent elected to be represented by attorneys or agents, and the remaining 10.8 percent pursued their appeals without representation. The proportion of appellants handling their appeals with no representation has declined steadily over the past decade from a high of approximately 20 percent to the current low of about 10 percent.

Appellants, veterans service organizations, Congress, and other case advocates continued their high levels of interest in claims for disabilities involving Agent Orange, exposure to ionizing radiation, post-traumatic stress disorder (PTSD), and incarceration as prisoners of war. The Board of Veterans Appeals handles each of these categories of appeals as a specialty area. The BVA continues to be very active in its liaison with organizations, both internal and external to the VA, that are involved with research in any of the special category appeal areas. In addition, Board members and key senior attorneys attend conferences and symposiums on Agent Orange and PTSD. This permits the Board to maintain expertise in these sensitive areas and to ensure consistency in the application of laws and regulations.

The Freedom of Information Act requires the Board of Veterans Appeals 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, the microfiche BVA Decision Index I-01-1 is produced quarterly with an annual cumulative edition. BVA decisions, stripped of personal identifiers, are microfilmed. Appellants and others interested in decisions of the Board are able to check the Index to locate specific types of cases. Copies of the decisions may then be requested. At the end of FY 1986, the BVA Decisions Index covered the period of July 1, 1977, through September 30, 1986, and included approximately 340,000 decisions.

The Board also has a basic system of finding aids for its Research Center, called VADEX/CITATOR. All documents received by the Research Center since January 1980 that are of interest to the Board's professional staff are indexed in Part I of VADEX/CITATOR, including public laws, VA regulations, circulars, administrative issues, unpublished and published General Counsel opinions, BVA subject files, Agent Orange and radiation files, and miscellaneous VA and non-VA materials. Part II of VADEX/CITATOR includes chronological histories of hundreds of VA regulations. In conjunction with Part II of VADEX/CITATOR, the Board also preserves the historical text versions of these regulations on updatable microfiche, thus providing an easy means of researching a regulation back to its origins.

As amended by Public Law 98-223, 38 U.S.C., 4001(c)(3), directs the Administrator of Veterans Affairs to provide an annual report indicating, in terms of full-time employee equivalents, the number of temporary Board members and acting Board members designated by the BVA during the preceding year. Twenty-four attorneys served in the capacity of acting Board member at various times during FY 1986, for a total of 2.9 FTEE. Six physicians served as acting Board members during this same period for a total of 3.2 FTEE. No temporary Board members were used during FY 1986. The procedural controls requiring the Chairman's written quarterly designation of acting Board members remain in effect to assure adherence to the statutory requirements in this area.[1]

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 191 opinions from independent medical experts who were not VA employees. The accompanying table shows an itemization of the medical specialties covered by these opinions.

Medical Specialty	Number of Advisory Opinions Requested	
	FY 1986	FY 1985
All Specialties	191	195
Number requested for:		
Appellate consideration	183	193
Reconsideration	8	2
Internal Medicine		
General	12	13
Cardiovascular	42	28
Gastroenterology	10	5
Pulmonary diseases	3	9
Surgery:		
General	1	1
Orthopedic	18	17
Thoracic	0	1
Otolaryngology and Ophthalmology	14	9
Psychiatry	28	35
Neurology - medical and/or surgical	26	14
Pathology - medical and/or surgical	9	38
Other	28	25

[1] *This information is included in compliance with section 208(b), title 38, U.S.C.*

Board of Contract Appeals

The Board of Contract Appeals was established by the Administrator of Veterans Affairs in 1979, pursuant to the Contract Disputes Act of 1978. One of 12 such boards in the Federal Government, it is a statutory, quasi-judicial tribunal that hears and decides appeals from decisions of contracting officers relative to VA contracts for construction, supplies, and services. Decisions of the Board are final within the VA, but may be appealed to the United States Court of Appeals for the Federal Circuit.

In FY 1986, the Board of Contract Appeals was composed of 6 administrative judges and 8 legal, administrative, and secretarial support personnel for a total of 14 employees. There were 157 cases added during the fiscal year and the Board disposed of 197 appeals. Formal hearings were held in 57 appeals. At the close of FY 1986, the Board had 222 appeals remaining on its docket, a reduction of 15% from the number remaining at the end of the previous fiscal year. Approximately 91 percent of the appeals received by the Board during the year were related to construction contracts.

Office of Personnel and Labor Relations

Personnel Management

According to the VA's Mission and Goals statement, the Agency's "People" goal is "to ensure the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition." The Office of Personnel and Labor Relations (OPLR) works to support this goal and the goals and objectives developed by the Departments of Medicine and Surgery, Veterans Benefits, and Memorial Affairs. The Office of Personnel Management (OPM) has rated the VA's personnel management program operations as second in overall effectiveness among the 22 largest Federal agencies. OPM found that the VA's personnel staff-to-employee ratio of 1:116 was the best among agencies studied. By comparison, the Governmentwide average was 1:69. The VA's cost of providing personnel service of $227 per employee was less than half the Governmentwide average.

During FY 1986, the VA undertook a number of new initiatives in the area of personnel management, including the following:

- As part of the implementation of Public Law 99-166, the Office of Personnel and Labor Relations, in cooperation with the Department of Medicine and Surgery (DM&S), developed and implemented improved procedures for screening the credentials of physician applicants. A new physician application form has been approved by the Office of Management and Budget and is now in use throughout DM&S. The new form requests more detailed information on professional credentials, including all medical licenses ever held and any action taken against a license, malpractice history, and history of clinical privileges granted by other health care facilities. It also contains a release of information authorization which allows the VA to screen applicants with the Federation of State Medical Boards. Facilities are now required to obtain approval of VA Central Office before hiring a physician who has ever had action taken against his medical license. This approval involves a thorough investigation of the nature of the action and the reasons for it and review by the newly established Licensure and Credentialing Committee.

- The VA developed and implemented the performance appraisal policy for the new Performance Management and Recognition System (PMRS). The PMRS replaced the Merit Pay System for supervisors and management officials. This effort included providing training and extensive information on the new system to VA personnel offices for use in training supervisors and award unit managers. PMRS covers over 4,100 managers and supervisors Agencywide.

- The VA developed a performance management plan which was approved by OMB for employees covered by the Performance Management System (PMS). In the VA, this system covers approximately 160,000 non-PMRS, non-SES, and non-Title 38 employees. The plan addresses performance appraisals, quality-step increases, performance awards, and acceptable level of competence determinations in conjunction with granting or denying within-grade increases.

Other activities undertaken in FY 1986 included the following:

- Completing Federal Wage System surveys in 25 areas and issuing pay schedules applying to all Federal Wage System employees in those areas.

- Conducting 24 personnel management evaluation reviews. All major personnel management programs were reviewed during site visits to ensure general program effectiveness. Special emphasis was placed upon monitoring programs and providing assistance in such operational areas as classification; position management; performance management and recognition; compliance with legal, regulatory, and merit system requirements; equal employment opportunity; and the effectiveness of local personnel management evaluation programs. The classification of positions was reviewed, and formal guidelines were issued to ensure intra-Agency equity and consistency with OPM standards.

Staffing

The VA's national recruitment program efforts focused on physical therapists and pharmacists during FY 1986. These occupations, which are vital to the Agency's medical care programs, received increased emphasis in order to improve potential to recruit. The OPLR developed and placed recruitment advertisements in appropriate professional publications featuring a toll-free telephone number through which potential applicants can obtain employment information. Office personnel attended national conventions and coordinated VA representation at state and local recruitment events to distribute employment information and to discuss related issues. Additionally, an active college liaison program exists which includes participation in campus recruitment programs as well as the maintenance of a mailing list of colleges and universities with approved physical therapist and pharmacist programs. This list was used in disseminating information about VA employment opportunities and application procedures.

The VA's national nurse recruitment program also received emphasis during FY 1986. Special efforts were made to attract critical care and intensive care nurses. Program activities included recruitment advertising, attendance at national conventions and job fairs, and operation of a toll-free telephone service.

During FY 1986 a Dentist Placement Service was established at the Special Examining Unit (SEU), Richmond, Virginia. The SEU now has responsibility for both a Physician and Dentist Placement Service. In addition to applying directly to a VA medical center, a physician or dentist may now file an application with the SEU. By using the SEU, physicians and dentists can receive referrals to medical centers which request lists of candidates to fill vacant positions. Referrals are made based on the geographical preference and specialty of the applicant.

As an integral part of its efforts to maintain adequate staffing for key occupations, the VA continued to make use of special salary rates and appointments above the minimum pay rate. In FY 1986, the VA:

- Authorized 48 new special salary rates for DM&S General Schedule health care employees, 2 rates for nurses, and 5 rates for police officers in response to staffing problems at VA medical centers.

- Initiated a systematic review program covering all existing authorizations for special salary rates for DM&S General Schedule health care employees, as well as for registered nurses, nurse anesthetists, and police officers.

- Continued to make 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.

During FY 1986, the annual review of OPM-authorized special salary rates for recruitment and retention was completed. The review covered one local authorization for clerical employees, nine for engineering and architectural employees, and one covering General Schedule physicians.

- The cooperative educational program in the VA saw a continued growth in placements, with the greatest increases in numbers of college students at the graduate and associate levels.

Employment of Veterans

The VA has consistently been one of the major Federal employers of veterans. In FY 1986, 10,955 veterans were added to the VA rolls; this represents 19 percent of all newly hired employees. As of September 30, 1986, 5 percent of all VA employees were disabled veterans and 20 percent were Vietnam era veterans. Sixty-one percent of all male employees were veterans. Sixty-four percent of male and female veteran employees served during the Vietnam era; 18 percent of these Vietnam era veterans were disabled. At the end of the fiscal year, the VA also employed 8,255 female veterans and females with veteran preference. The Agency ranks among the Federal leaders in employment of women with military experience.

The VA has used the Veterans Readjustment Appointment (VRA) authority extensively to recruit and train eligible Vietnam era veterans to meet a broad range of the Agency's staffing needs. The Agency continues to rank among the Federal leaders in the use of this authority. The VA has hired over 90,000 Vietnam era veterans under this authority since it was established in April 1970. This represents more than a third of the VRA appointments made throughout the Federal Government. During FY 1986, 3,900 veterans were appointed to permanent positions, and over 1,940 were hired to meet short-term staffing needs.

The VA hired over 900 veterans under an authority which permits Federal agencies to noncompetitively appoint veterans, with service-connected disabilities of 30 percent or more, to positions for which they qualify.

A large 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 63 percent of veterans benefits counselors and 80 percent of the readjustment counseling specialists are Vietnam era veterans. Vietnam era veterans also account for 26 percent of all Visual Impairment Services Teams (VIST) coordinators and 23 percent of the rehabilitation technicians. In addition, among the first VA representatives a patient may encounter are the medical administrative assistants in medical center admission areas, 33 percent of whom are Vietnam era veterans.

Labor-Management Relations

During FY 1986, 16 different unions represented more than 168,000 VA employees; these labor organizations were very active. In addition to individual facility recognitions, the four largest unions also have consolidated their activities into "national-level" bargaining units. By law, these four unions have collective bargaining rights over national-level Agency policies and issues of Agencywide concern. They continue to be especially active in the areas of ensuring safe working conditions and monitoring the Agency plans to implement OMB Circular A-76, which concerns contracting out.

Executive Development and Training

The primary component of our executive development efforts is Leadership VA, a program for 60 outstanding managers at middle and senior levels who are competitively selected. During FY 1986 the OPLR conducted two 1-week seminars. The participants studied the programs and administration of the VA; the various political, social, and economic influences which have impact on the Agency; and the nature of leadership.

Training in various management areas was provided to 564 people. Special emphasis was placed on training in personnel management; eight courses were conducted nationwide for personnel office employees. Assessment and selection was also done for participants in the Executive Development Program, the VA's program to prepare individuals for Senior Executive Service (SES) and Health System Executive Service (HSES) positions.

Employee Recognition

One of the many facets of personnel management in the VA is ensuring that the accomplishments of employees are duly recognized. Through the Agency's incentive

awards program, these employees are rewarded for superior performance, special contributions, and ingenuity which has led to tangible or intangible savings to the Government through the suggestion program, with special honor awards established by the VA and outside sponsoring organizations. Highlights of the FY 1986 program are as follows:

- The 8th Annual Olin E. Teague Award for achievements of special benefit to veterans with service-connected injuries was awarded to Gerald Albert, Vocational Rehabilitation and Counseling Officer, San Francisco Regional Office, for his success in rallying support for an initiative to give severely disabled veterans an equal opportunity in local government jobs.

- The seventh annual Administrator's Hands and Heart Award recognizes DM&S employees who willingly give of themselves to assist veterans and their families. This year, 139 medical facilities each nominated a special employee to receive this honor.

- The winners of the 1986 Sam Rose Awards are Benjamin Butler, VA Regional Office, Pittsburgh, Pennsylvania, in the general accomplishments category for his outstanding contributions to the VA and exemplary service to the community; and George A. Fortune and Charles B. Kane, both from the VA Regional Office, Louisville, Kentucky, in the specific accomplishment category for their assistance to the families of the soldiers of the 101st Airborne Division who lost their lives in an air crash in Gander, Newfoundland, in December 1985.

- Marsha Simerly, Supply Management Representative, Office of Procurement and Supply, VACO, and David L. Brockmeier, Sr., Assistant Director of Operations, Office of Budget and Finance (Controller), VACO, received the Department of the Treasury's Award for Distinction in Cash Management for their outstanding performance in developing and implementing cash management efforts that save millions of dollars for the American people.

- The VA's nominee for the 1986 Outstanding Handicapped Employee of the Year Award was Thomas Weitzel, Chief, Finance Division, Office of Budget and Finance (Controller), VACO. Mr. Weitzel received the Administrator's commendation and a Presidential certificate.

- The President's Committee on Employment of the Handicapped named Ronald Boxmeyer, Vocational Rehabilitation Specialist, VA Medical Center, Roseburg, Oregon, to receive the 1986 John E. Fogarty Public Personnel Award. The award honors outstanding public agency employees who contribute to the hiring of handicapped employees. Mr. Boxmeyer established the Nursing Home Care Unit Training Program to train disabled veterans as nursing aides. Mr. Boxmeyer was also awarded the Air Force Association's Veterans Administration Employee of the Year award for his exemplary service to the public and his superb record of achievement in the placement of disabled veterans in meaningful positions.

- The 38th Annual Arthur S. Flemming Awards sponsored by the Downtown Jaycees of Washington, DC, selected two VA employees as winners: Ronald F. Lipp, VA Medical Center, Cleveland Ohio, for his efforts in strategic planning, resources management, and resources allocation; and Connie J. Boatright, Richard L. Roudebush VA Medical Center, Indianapolis, Indiana, for her outstanding accomplishments and exceptional teaching abilities in the area of mental and psychiatric care.

- Suggestions and other achievements by VA employees contributed to a savings of over $12 million to the Federal Government. High-level performance and special contributions were recognized with 3,965 quality step increases, 25,618 sustained superior performance awards, and 10,014 special contribution awards. Ninety-nine executives were granted SES performance awards in recognition of their individual and organizational accomplishments. Performance awards were granted to 1,997 PMRS employees.

Office of Equal Opportunity

The Office of Equal Opportunity (OEO) operates equal employment opportunity and affirmative action (AA) programs which emphasize the hiring, placement, and advancement of women, minorities, handicapped individuals, and disabled veterans. The effectiveness of these programs is measured, in part, by the changes which occur in the Agency's EEO work force profile. Aggressive use of EEO/AA programs and related management practices enabled the VA to maintain its positive image as an equal opportunity employer.

Affirmative Action

Despite cutbacks in Agency staffing during the year, the Veterans Administration continued its role as one of the leaders in the Federal Government in the employment of women, minorities, and persons with physical and mental impairment.

The VA's employment of women in 1986 reached 54.4 percent—a full 10 percentage points above the Governmentwide figure. Women represented 60.3 percent of all new hires, received 42.5 percent of all promotions, and occupied 38 percent of all supervisory positions. Over 16 percent of all Agency positions in GS/GM-13 and above (and equivalent) were held by women—a one-percentage-point gain over the figure for the prior year.

Women continue to progress in their employment status in the Agency. For example, during FY 1986:

- Of all Agency positions in the Senior Executive Service, 5.5 percent are filled by women—a one-percentage-point gain during the year.

- Almost 19 percent of all physician positions in the VA are occupied by women.

Additionally, the employment of women in blue-collar occupations is becoming more commonplace in occupations such as police officers and medical equipment repair technicians.

The representation of minorities stabilized during FY 1986 at 33 percent of the full-time and part-time permanent work force. This can be attributed to the gain of 582 positions shared by all minority groups other than blacks. Asian Americans/Pacific Islanders gained 318 of these positions. Blacks, however, lost 1,114 positions, reducing their representation to 25 percent of the work force. All other groups—Hispanics, Asian Americans/Pacific Islanders, and American Indians/Alaskan Natives—realized numerical and percentage gains in employment.

Approximately 30 percent of all minority workers occupied white-collar positions. In the professional fields, minorities made strong gains (461 positions), as reflected by the increase of minority physicians, dentists, and social workers. Minority employment in administrative positions also increased. Permanent employment in technical positions decreased by 1,167 positions during FY 1986, with a decrease of 465 minority employees, principally black males. Minorities, in keeping with the prevailing downward trend, shared in the overall loss of blue-collar positions.

Asian Pacific Americans, with an average grade in white-collar positions of 10, exceeded the average grade of all groups including non-minority employees. Blacks had the lowest average grade—6. The Agency, however, has achieved some success in bridging the gap between the average grade of minorities and that of non-minorities.

Minorities were represented throughout the Agency in all occupational categories and grade levels. At the top levels, two were Presidential appointees, 16 were in the Senior Executive Service, 27 were directors of field facilities, 17 were assistant or associate directors, and four held top assignments under title 38 at VA Central Office.

Employment of Handicapped Individuals and Disabled Veterans

During FY 1986 there were 21,301 (8.8 percent) workers with reported handicaps in the Veterans Administration. Approximately 9,000 workers, however, chose either not to respond to a questionnaire or not to identify a particular handicap. The Agency continued its efforts to remove attitudinal, physical, communication, and mobility barriers to the hiring, placement, and advancement of handicapped individuals.

The Office of Facilities expended over $2.5 million to ensure that VA facilities were accessible and useable by handicapped persons. Reasonable accommodations such as adjustments in work schedules, provision of special equipment, or reserved parking spaces were made which aided the placement and retention of qualified handicapped applicants and employees.

There was a significant increase in the hiring of deaf employees and of those with distortion of limbs or spine. The largest representation (1,411) of severely handicapped employees, however, was in the mentally retarded and the mentally restored categories. Two VA Medical Centers, Lebanon, Pennsylvania, and Livermore, California, received national recognition for their employment of mentally retarded persons.

Handicapped employees are found throughout the Agency in professional, administrative, technical, clerical, and wage board positions. The recognition which many of these employees receive is indicative of their excellent performance and capabilities. For example, Thomas Weitzel, Chief, VACO Finance Division, Office of Budget and Finance (Controller), was named VA's Handicapped Employee of the Year. He received the Administrator's Commendation and, as runner-up in the Federal competition, received a Presidential Certificate.

At the end of the year, the VA employed over 12,000 disabled veterans, nearly one-third of whom were 30 percent or more disabled. In January 1986, the VA formally established the Microcomputer Training Program for Persons with Disabilities (MTPPD) to serve the needs of handicapped employees. The MTPPD offers work-related microcomputer training, consultation, and technical support not only to handicapped users in the VA but to all handicapped Federal employees or those who work with handicapped individuals by means of interagency agreements.

Discrimination Complaints

For the third consecutive year, progress was made in reducing the volume of discrimination complaints. The number of complaints pending fell from 1,451 to 1,285, a reduction of 11.4%.

Continued emphasis on informal resolution of complaints played a significant role at all stages of the complaint process. Approximately 85% of the informal complaints were resolved during pre-complaint counseling and approximately 37% were resolved, primarily after completion of the investigation.

The number of complaints assigned for investigation (636) and the number of investigations completed (597) also increased during the year, up from 608 and 504, respectively, for the previous fiscal year. At the end of the fiscal year, only a few complaints filed prior to FY 1986 had not been investigated.

Training of EEO counselors and EEO investigators continued to be emphasized, with more than 175 counselors and more than 125 investigators receiving training. Training was also provided to managers, supervisors, EEO specialists, and EEO committee members at several medical district and field facility EEO conferences.

Associate Deputy Administrator for Congressional and Intergovernmental Affairs

The Office of Congressional and Intergovernmental Affairs continued to support the VA mission of providing benefits and services to America's veterans by serving as a valuable link between VA program officials and members of Congress, Federal agencies, and state and local governments.

The Office of Congressional Affairs acts as the Administrator's principal representative to the Congress on VA and administration policy. The Congressional Liaison Service, located on Capitol Hill, is responsible for providing immediate responses to inquiries posed by members of Congress. The Office of Intergovernmental Affairs acts as the Agency's liaison with the White House, other executive branch agencies, and individual states' veterans agencies.

In FY 1986, the Office of Congressional Affairs enhanced its mission goals to provide every department in the VA with an active, coordinated Congressional advocate

for its legislative and policy programs. The office increased its role of providing technical guidance and expertise to members of Congress and committee staff in the preparation of legislative initiatives involving the Veterans Administration. The office assisted in the formulation and implementation of legislative and policy strategy. It helped in the preparation and presentation of VA witnesses and testimony before, during, and after Congressional hearings. The office also increased its role in the facilitation of congressionally requested policy meetings between Agency officials and members of the Congress and committee staff.

The House and Senate Congressional Liaison Services provided more than 125,000 written and telephone responses to constituent inquiries in FY 1986, as well as meeting and responding to more than 4,500 personal contacts with Congressmen, their staffs, and their constituents.

The Office of Intergovernmental Affairs increased its liaison contacts with offices of state Governors, state veterans agencies, the National Association of State Veterans Homes, and the intergovernmental affairs offices of other executive branch agencies. The Intergovernmental Affairs staff continued its efforts to facilitate the transfer of information between these organizations and responsible elements within the Veterans Administration.

Associate Deputy Administrator for Public and Consumer Affairs

In FY 1986, the primary mission of the Office of Public and Consumer Affairs was to continue to support the delivery of VA benefits and health care through information programs aimed at veterans, dependents, veterans organizations, the general public, and employees. In fulfilling this mission, the office directed programs at the mass media and specialty media. It also produced internal publications, responded to consumer concerns of veterans and dependents, and supported the VA's 32 Federal advisory committees.

Topics of special concern to veterans—the possible effects of the herbicide Agent Orange and of radiation from nuclear tests and from the World War II bombing of Japan—were subjects of special public information programs. The focus of one of these programs was the *Agent Orange Review* which provided updated information on research and development to veterans on the Agent Orange registry and others.

The office encouraged private support of veteran employment through speeches, print and electronic news releases, public service announcements, and brochures.

Various public affairs efforts were used to inform women veterans of their benefits, with special emphasis on National Women Veterans Week.

In February, the office conducted an information campaign designed to increase participation by the general public in the annual National Salute to Hospitalized Veterans.

Public information support was also provided to a number of special veteran-related activities, including the National Wheelchair Games, the National Music Festival for Disabled Veterans (and its companion exhibit, Vet Arts 4), the National Arts and Crafts Show, Memorial Day, POW-MIA Recognition Day, National Consumers Week, the Administrator's Sports and Fitness Program, VA Voluntary Service's 40th anniversary, and, with special emphasis, Veterans Day.

OPCA's five regional offices in Washington, D.C., New York, Chicago, Los Angeles, and Dallas planned and implemented public affairs training programs for more than 300 representatives of VA facilities and regional offices. Each OPCA regional office provided primary public affairs support to a number of VACO-initiated national events.

VA public affairs policy was expanded to cover the Agency's relations with the television and film entertainment industry. The OPCA Los Angeles office was established as the Agency's primary contact with the industry. This office offers VA facility directors and industry representatives one-stop policy guidance, technical

service, and research assistance regarding VA television and film projects. It also maintains active liaison with television and film producers, directors, writers, and other governmental film liaison offices.

The annual publication *Federal Benefits for Veterans and Dependents,* the Agency's basic booklet on benefits, was distributed to VA and non-VA veteran counselors early in the year. Further distribution was made by the Government Printing Office and the Department of Defense.

VA's national in-house magazine, *VAnguard,* with improved design and photography, published "good news" stories of special interest to employees.

The *VA Consumer Review* provided information on consumer programs inside and outside the Agency.

The office increased its capacity to use modern technological support to obtain and reproduce news media accounts and summaries. These management improvements enable the VA to give expedited attention to significant public interest in a variety of activities involving veterans affairs nationwide.

OPCA worked closely with the John F. Kennedy Center for the Performing Arts to locate the veteran representatives from all wars and services who were featured on a segment of its annual nationwide honors program on CBS-TV. The segment—a "Salute to Bob Hope"—paid tribute to the entertainer's many overseas visits to units of the Armed Forces.

Television production included programs supporting the Committee for Employer Support of Veteran Employment, women veterans, and sports and fitness.

Associate Deputy Administrator for Management

The Associate Deputy Administrator (ADA) for Management serves as the principal advisor to the Administrator in all matters associated with policy-level direction in management and productivity improvement, information management resources, major systems acquisitions, ADP and telecommunications policy and planning, internal controls, and statistical data collection and analyses. The Office of the ADA for Management develops programs, formulates budgets, and allocates resources based upon strategic planning guidance for accomplishing Agency goals. Additionally, the office provides leadership, direction, coordination, and control which ensure effective management of information resources supporting all departmental and staff elements of the Veterans Administration as well as the VA's implementation of the Paperwork Reduction Act of 1980.

The ADA serves as the Agency representative on the President's Council on Management Improvement and other senior-level policy groups that may be established relative to Governmentwide management improvement initiatives.

The ADA for Management is also responsible for the development of outreach programs which ensure maximum involvement of veterans service organizations in the planning of veteran surveys and reporting of findings.

In FY 1986, the Office of the ADA for Management developed the first VA-wide automated data processing plan which now provides close monitoring of budgeted ADP funds, thus ensuring that the Agency will not experience cost overruns on targeted projects. The office also implemented an Agencywide management system, which, for the first time, has merged the management improvement program, program operating plans, and the Controller's budget plan into a single integrated process. The program plans are developed in support of priority areas emphasized by the Administrator of Veterans Affairs and the President.

The Offices of Data Management and Telecommunications, Program Analysis and Evaluation, and Information Management and Statistics report to the ADA for Management.

Office of Data Management and Telecommunications

The Office of Data Management and Telecommunications (ODM&T) provides automated data processing (ADP) support to VA departments and staff offices. Computer operations at the VA's three data processing centers, which process most of the VA's computer programs, are the responsibility of ODM&T.

A large range of computer services is offered, including computer and telecommunications planning; designing, developing, and implementing computer equipment applications systems; and technical and telecommunications support. The office is also involved in long-range planning efforts and conducts special studies to advise VA departments and staff offices of the latest technology and services available.

ODM&T worked closely with the Office of Construction to introduce cost-effective audio and visual communications systems into new construction and renovation projects. Telecommunications services include designing and engineering communications systems for VA facilities.

As part of the President's Cost Cutting Initiatives for FY 1986, the VA closed the Los Angeles and St. Paul DPCs and reduced the staff at the Romney Message Switching Center. These actions reduced operating costs without degrading the quality of ADP and telecommunications service to VA users. The VA minimized the adverse impact on affected employees by offering them the opportunity to relocate to another site at Government expense. For those unable to relocate, a special placement program was created to provide information about Government vacancies and referrals to other VA facilities in the commuting area.

In another effort to decrease costs and better utilize resources, the VA is actively promoting Agencywide data and technology sharing. Providing expanded and speedier access for authorized employees to the vast store of VA data is essential to provide fast and reliable service to veterans and their families.

The ultimate goal of ODM&T is to have each authorized employee able to access information from any VA data base needed to quickly serve the veteran. The Departmental Information Exchange Project, designed to develop a method to exchange medical and eligibility information among the three departments, exemplifies the VA's movement in this direction.

During FY 1986, all VA medical centers (VAMCs) received the computer software needed to access the Benefits Delivery Network (BDN) via hospital computer terminals. Selected VAMCs began using the hospital inquiry capability during FY 1986; this enables them to quickly determine each applicant's eligibility for care. The remaining VAMCs plan to begin using this capability during FY 1987.

Future plans for the Departmental Information Exchange Project include automated forms generation from DVB regional offices to VAMCs, and automated eligibility inquiry and notification of death from DMA cemeteries to the BDN.

The Automated Monument Application System (AMAS), completed in FY 1986, illustrates how the VA is using technology to reduce paperwork and provide better and faster service. AMAS was specifically designed to streamline and expedite the process by which the VA provides grave markers to veterans and their eligible dependents. The entire process, from receipt of the claim through inscription formatting, to printing of the purchase order, is automated. This greatly reduces the amount of time needed to process these orders, thus speeding delivery of grave markers.

The VA is redesigning the outmoded Personnel and Accounting Integrated Data (PAID) system, which issues payroll checks and maintains automated personnel records for the VA's 247,000 employees.

During FY 1986, the VA installed two new computer applications to provide field stations on-line access to PAID data located at the Austin DPC. These applications are helping to support VACO and field station managers' information requirements until the redesigned system is operational.

By the end of FY 1986, 77 field stations had on-line access to selected PAID data. During FY 1987, this capability will be extended to additional stations with appropriate computer equipment and authorization.

The PAID Redesign Project will also automate the input method for payroll data. During FY 1986, a prototype time and attendance system, with three options for data input, was designed. Following testing of these options in FY 1987, a cost-benefit analysis will determine which option the VA will adopt. Ultimately, this project will improve the accuracy and timeliness of these data.

The Automated Management Information System (AMIS) Enhancements Project, completed in FY 1986, represents another effort to improve the timeliness of VA data. AMIS is a statistical data base which provides reports for all levels of VA management on virtually every VA operating element.

During FY 1986, VA regional office (VARO) staff began using personal computers to collect, enter, and edit AMIS data, and transmit these data to the Austin DPC via the VADATS network. This significantly improves the accuracy as well as the timeliness of the data. The VADATS system serves as the VA's primary means of transmitting administrative messages and data communications.

The VA completed a project in FY 1986 to provide certain field stations with on-line access to selected data in the Centralized Accounting for Local Management (CALM) system, the VA's vendor payment system. This helps the VA to comply with the Prompt Payment Act and to avoid paying the late charges to vendors. In addition, on-line access enables field stations to quickly and easily resolve vendor inquiries. This saves staff time, both in the field stations and in the Austin Finance Division, and improves overall relationships with vendors.

Making it easier for authorized employees to access information in the VA's computerized data bases offers many benefits, but it does increase the risk of disclosure of sensitive information, and modification or destruction of data in the computerized systems. During FY 1986, the VA intensified its efforts to minimize these risks. An Agencywide Computer Security Awareness Program is educating employees about the risks associated with end-user computing and provides measures to reduce these risks.

A computer security handbook for managers and end-users was published and distributed throughout the Agency during FY 1986. The VA also took steps to improve the physical security of its DPCs during FY 1986.

With VA facilities 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. The VADATS network serves as the VA's primary means of transmitting administrative messages and data communications.

A VADATS enhancement program, designed to provide field stations with access to the network for multiple applications and improve VADATS response time, was completed by the end of FY 1986. Each major VA facility has a network node in place; this enables facilities to use VADATS as an ADP and telecommunications utility, rather than simply as a means to transmit administrative messages.

VADATS now has the capability of connecting all VA facilities, and handling significantly more traffic while maintaining good response times. The enchancements provide the VA with the data communications utility necessary to support departmental/staff office information sharing and data exchanges, both field station-to-field station, and field station-to-Austin DPC.

While VADATS can support most of the VA's near-term data communications needs, a more comprehensive network is needed to meet the Agency's long-term needs. Efforts are already underway to competitively acquire an Integrated Data Communications Utility (IDCU), which will replace the current VADATS.

To improve services and support organizational data needs, the VA is using both centralized and decentralized computer systems. Authority and responsibility for ADP management is distributed among the departments and staff offices, as outlined in Agency policy. At the close of FY 1986, the VA had in place broad Agency policy, consistent with the VA modernization goal, regarding every major ADP and telecommunications activity.

To encourage and enable VA employees to take advantage of the new personal computing technologies, the VA opened an Information Technology Center (ITC) in January 1984. The ITC, one of the first in government, continues to provide a full range of personal computing services. These include computer literacy and advanced end-user training, consultation, and technical assistance.

In FY 1986, the VA officially opened a new program for handicapped persons in the ITC. The Microcomputer Support Program for Persons with Disabilities provides computer literacy training for persons with visual and hearing impairments. Employees from other Federal agencies can participate in this program on a cost-reimbursable basis.

During FY 1986, VA departments and staff offices continued to use the Agency-level office automation contract, awarded the previous year, to simplify procurement of integrated office automation systems. Advantages of this contract include a guarantee of future expandibility to take advantage of technical advances, compatibility between office automation systems, and the opportunity to obtain significantly reduced prices.

During FY 1986, DVB began using office automation in all the VAROs. This links the offices electronically so that they will be able to use electronic mail to communicate with one another and with VACO.

This overview of FY 1986 major ADP and telecommunications activities demonstrates the VA's commitment to using 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 technologies in a manner that reduces overall operating costs and increases responsiveness to the needs of veterans.

Office of Information Management and Statistics

The Office of Information Management and Statistics (OIM&S) is the management information and statistical research branch of the VA. The office provides statistical data and analyses to VA management for budgeting, program management, and policy formulation, and coordinates the Agency's internal interagency and public use reporting needs. In addition, the OIM&S is responsible for VA-wide paperwork management, records management, and mail and travel policy.

Staff members of the Statistical Policy and Research Service provide estimates and projections of the veteran population, including socioeconomic data on veterans' needs and resources. They analyze mortality levels, lengths of patient stay, and results of health care treatment, using data from various reporting systems. They also conduct special and recurring studies to measure the impact of specific benefit programs. The professional staff also provides statistical consultation to VA managers in the analysis of program data and in the development of statistical research studies.

The Reporting Policy and Review Service 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. The staff also has responsibility for the application of ADP systems for management information, preparation and distribution of various Agency-level reports, and coordinating improved reports management as required by the Paperwork Reduction Act.

The Paperwork Management and Regulations staff members formulate and recommend Agencywide policies and plans for the creation, maintenance, use, preserva-

tion, and disposition of records. Specific program areas include the management of records, directives, forms, correspondence, mail, vital records, and micrographics. Other staff responsibilities include the administration of the Privacy Act, the Freedom of Information Act, computer matching programs, and Agency travel policy.

Statistical Policy and Research

During FY 1986, the Statistical Policy and Research Service developed a new series of veteran population projections which incorporated improved methodological techniques and updated sources of data. This latest series of projections, covering the years 1987 to 2030, include national and state-level data on the number of living ex-service personnel by age, sex, and period of service. Data were also produced for Puerto Rico, counties, VA medical districts, and primary service areas.

As detailed data on the national and subnational distribution of veterans by age over time represent an important component of the VA medical planning system, the new veteran population projections were transmitted to all VA Department Heads, Associate Deputy Administrators, and Staff Office Directors. In addition, copies of the report *New Projections of the Veteran Population* were sent to all directors within the VA regional and medical district planning system. Projections of veteran deaths and of the number of service-connected veterans were also produced and distributed to the appropriate VA offices.

As in the past, official veteran population estimates by age, sex, period of service, and state were developed and published for the middle and end of FY 1986. In addition, previously calculated veteran population estimates for the 1980-to-1985 period were revised, resulting in a consistent set of post-censal veteran population estimates. Such figures are used widely within the Agency for planning purposes, and are utilized by Congress, veterans' service organizations, and public and private research groups.

In conjunction with the production of new veteran population estimates and projections data, the entire array of computer programs used to produce these data was rewritten using the Statistical Analysis System (SAS). This changeover greatly enhanced the efficiency, accessibility, and flexibility of the veteran population data model. Further, many of the final data estimates and projections were converted to a format compatible with microcomputers. This will allow VA and non-VA users to acquire veteran population data directly on magnetic diskettes.

A series of followup reports based on the Survey of Female Veterans were written during FY 1986. The purpose of these reports was to provide in-depth analyses of issues pertaining specifically to female veterans. The reports covered such topics as female veterans' exposure to combat, lifetime prevalence of cancer, use of educational benefits, repeat and return migration, and use of VA medical facilities. Findings were disseminated both within the VA and at non-VA professional meetings, with reports made available upon request.

During FY 1986, work began on the Survey of Veterans III (SOV III). This survey will consist of 10,000 interviews, based on a nationally-representative sample of veterans. An interagency agreement was signed with the Census Bureau to conduct SOV III; interviews are expected to begin in mid-1987. The sample design and questionnaire development were finalized during FY 1986. In addition, background work was completed for two specialized veteran surveys scheduled to begin in FY 1987, the Survey of VA Medical System Users and the Survey of Disabled Veterans.

Several special reports were published during the fiscal year that examined a certain characteristic of the veteran population, focused on a particular veteran subgroup, or provided an in-depth analysis of an issue related to the veteran population. Among the topics covered in these research monographs and statistical briefs were veteran unemployment by state in 1980, native American veterans, and veterans with less than two years of active-duty military service.

A wide variety of statistical consulting projects were undertaken during this fiscal year. Using the data base for the Hospital Based Home Care (HBHC) program, a

program designed to provide continued care to veterans in their own home after hospital discharge, analyses were conducted designed to allow program personnel to make informed decisions concerning future directions of this program. Using the characteristics of patients enrolled in each HBHC program, statistical analysts developed guidelines to project the increase in the number of patients that could be served by increasing the resources available to the program.

The Department of Medicine and Surgery was provided assistance in developing prevailing national mortality rates for surgical procedures. Using data obtained from a national sample of discharges, mortality rates were calculated that would be expected for a population similar in age to the VA hospital's surgical patients. Further calculations were carried out to obtain mortality rates appropriate for patients of specified age levels and degrees of morbidity. These figures will be incorporated into reports to Congress required under Public Law 99-166.

Progress is continuing on two statistical information systems, specifically the ex-POW and the Geriatric Evaluation Unit (GEU) Statistical Information Systems. The ex-POW Statistical Tracking System now includes records of over 20,000 individuals who have participated in the evaluation program. Data from this system have been presented at ex-POW Advisory Committee Meetings. The GEU Statistical Information System's data collection form has undergone revision based on results of a pilot test in the field. At a recent GEU training conference, this office gave an orientation presentation concentrating on the benefits to be derived from the system and the procedures to be followed in completing data forms.

In the wake of new income guidelines for VA health care eligibility legislated under Public Law 99-272, estimates and projections were made of the veteran population meeting the new eligibility criteria. These estimates, combining official VA veteran population numbers with estimates of the income and household characteristics of veterans from Census Bureau survey data, will help VA planners address questions about the impact of the law on future medical workloads.

Data on the unemployment situation of post-Vietnam era veterans were added this fiscal year to regular reports tracking the unemployment status of veterans. These youngest veterans are among those whose labor force status has been highlighted in a chart book on *Veterans' Unemployment and Employment.* The book combines graphics and text summaries to provide an overview of various aspects of the work activity of veterans, including reasons for unemployment, part-time/full-time status, and the unemployment of disabled veterans.

The Office of Program Analysis and Evaluation (07) was provided computer support in their studies related to cost-effectiveness of the VA's school liability procedures. Statistical reports were produced to aid in the assessment of four major areas of analysis: cost-benefit study; time series analysis; analysis of adequacy and deterrent value; and multivariate regression analysis.

The studies were undertaken as a result of an audit report issued by the VA's Office of Inspector General which concluded that the VA's programs for recovering loan overpayments from educational institutions were ineffective.

Reporting Policy and Review

The Automated Management Information System (AMIS) is a system of generalized computer programs for processing VA management reports covering almost every operating element of the Agency. It is the primary source of program, budget, and personnel data. AMIS users are able to retrieve data through IBM's time-sharing option which allows access to prearranged data sets, enabling users to make ad hoc reports from AMIS data. In addition, a special personal computer software package called SMART (Segment Manipulation and Retrieval Technique) improves the accuracy of data and method of transmission by DVB field stations, provides the capability to store station-created data via the station's personal computer, decreases the turnaround time of some reports through the generation of reports with station data at the station, and allows access to AMIS data for ad hoc use by station management. Use of the SMART package provides station managers and other AMIS users with a more productive way to access, control, and use their AMIS data.

The Personnel and Accounting Integrated Data (PAID) system is the major source of VA employment reporting. PAID contains over 247,000 master records and shows the current status of each VA employee. Employment data can be prepared by characteristics such as department or staff office, appropriation, facility, or occupation. In addition to supplying recurring reports, PAID also provides an ad hoc report service to meet special management requirements.

Public Law 99-272 established three groups of veteran eligibility for VA hospital and nursing home care, directing that hospital care be provided to veterans within one group and permitting care to be furnished on a space-available basis to veterans in the other two groups. The law has established an income base (means test) for determining eligibility for medical care to nonservice-connected veterans. There were two AMIS reports developed for DM&S for which field stations input data monthly to report means test workloads. An AMIS report, which is produced quarterly, was also developed for the Office of Budget and Finance (Controller) regarding nonservice-connected veterans subject to the means test.

A new method of storing the calculations used in DVB manpower utilization and workload reports was developed; this method saves a considerable amount of the time required for coding reports at the Austin Data Processing Center (DPC). This procedure is applicable to approximately one-third of all DVB reports.

In the Reporting Systems Division computer terminals have been installed which enable staff members to work directly with personnel at the Austin DPC in developing the formats and specifications for AMIS reports. Since this report function has been transferred from the Office of Data Management and Telecommunications (ODM&T) to the Office of Information Management and Statistics, changes can be made immediately instead of requiring a 30-to-90-day lead time. This represents a substantial time savings in completing report changes, and it alleviates a considerable amount of paperwork since all changes are made electronically. In addition, this gives ODM&T more time to spend on developing AMIS system enhancements.

The Agency's policy and working-level representatives to OMB on the Federal Assistance Awards Data System (FAADS) are provided by the Office of Information Management and Statistics. FAADS is a Governmentwide data system which provides Federal expenditures data to Members of Congress, states, and to the general public. These data also feed into the congressionally mandated Consolidated Federal Funds Reporting system.

The provision of timely, useful information concerning VA activities continues to be one of the major missions of the office. Examples of publications which disseminate this information include Trend Data, Directory of VA Facilities, Summary of Medical Programs, and the Administrator's Annual Report. These publications are distributed within the VA as well as to the Congress, veterans service organizations, local and state governments, and the general public.

During the year the office also continued to serve as the reports processing center for the Agency, helping to fulfill VA responsibilities regarding interagency reporting requirements and providing various services for numerous internal report projects.

The Release of Names and Addresses (RONA) program is also managed by the Office of Information Management and Statistics. Under title 38, U.S.C., 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 to notify eligible veterans of VA benefits, such as compensation, pension, education, or medical care. Also permitted by title 38 is the release of veterans' names and addresses to state and local governmental benefits. During FY 1986, 114 requests from Federal and state agencies, members of Congress, veterans service organizations, educational institutions, private citizens, and other organizations were processed. OIM&S is also responsible for ensuring that the information released is not misused. For this reason, a monitoring program using the names and addresses of VA employees was instituted several years ago. There are currently 1,052 VA employees participating in the program, representing the 50 states, the District of Columbia, and Manila.

The VA Automated Information Locator System (VAILS) was originally developed as a menu-driven time-sharing system by contract with American Management Systems, Inc. The system was developed to improve the VA's management and control of Agency information requirements. By providing an automated summary of each report, VAILS assists in identifying approved information requirements and determining if new information requirements submitted for approval are duplicates of any reports. During FY 1986, software was purchased to convert the VAILS system from the original time-sharing system to an internal VA-controlled system operating on the Agency's newly acquired Wang office automation equipment. The new VAILS system is currently a command-driven system which contains records for all internal recurring reporting requirements that have been assigned a reports control symbol by OIM&S.

The Information Resources Management (IRM) Review and Policy Division was formed during FY 1986. The purpose of the VA IRM Review program is to ensure that information management activities are carried out in an efficient and economical manner. In accordance with the Paperwork Reduction Act of 1980, this organization periodically reviews the Agency's information management activities, including planning, budgeting, directing, training, promoting, and other managerial activities involving the collection and dissemination of information.

During the year, reviews were conducted and released in the areas of forms management and duplication of printing. A reports management review was conducted and a final report is being developed. Implementation guidelines were issued for OMB Circular A-130, "Management of Federal Information Resources," and MP1, Part II, Chapter 29, "Information Resources Management Review Program" was published.

Paperwork Management and Regulations

The Directives Management Division is the Agency-level staff responsible for implementing provisions of the Federal Information Resources Management Regulations on directives. Two initiatives were developed this year to more effectively perform directives management functions. An interoffice task force on Directives Modernization continued work on improvements in directives processing, focusing on production tools to improve timeliness and quality of issues. Another interoffice task force began work on improving the VA's Automated Distribution System, the internal system used to distribute publications. Improvements in both of these areas will make the program more effective. In addition to these responsibilities, the division reviews and clears directives and issues which require approval of the Administrator or his staff, such as *Federal Register* notices, Agencywide directives, and regulations.

The Directives Management Division coordinates and prepares the Agency submission for the Unified Agenda of Federal Regulations, a semi-annual agenda of proposed regulation changes which is published in the *Federal Register.* Steps were taken this year to automate the process.

Since the installation of automated forms design equipment, a backlog of forms analysis and design work has been eliminated, and forms and form letters once taking four to six weeks to be prepared in camera-ready copy are now being provided in one to two days. This equipment enables forms and form letters to be electronically designed, typeset, and stored, and a camera-ready copy produced on a laser printer. All forms and form letters are designed in accordance with accepted Governmentwide standards.

The goals of the VA forms management program are to reduce costs, improve service, and to ensure that all forms and form letters are essential to the VA's mission and goals. In furtherance of these goals, an Agency Forms and Form Letters Reduction Drive was initiated during FY 1986. As a result of active participation by all departments and staff offices, in both Central Office and field stations 1,693 forms and form letters were eliminated. It is conservatively estimated that the VA saved $200,000 during FY 1986 in printing, procurement, distribution, and stocking costs as a result.

The VA Automated Information Locator System (VAILS) was originally developed as a menu-driven time-sharing system by contract with American Management Systems, Inc. The system was developed to improve the VA's management and control of Agency information requirements. By providing an automated summary of each report, VAILS assists in identifying approved information requirements and determining if new information requirements submitted for approval are duplicates of any reports. During FY 1986, software was purchased to convert the VAILS system from the original time-sharing system to an internal VA-controlled system operating on the Agency's newly acquired Wang office automation equipment. The new VAILS system is currently a command-driven system which contains records for all internal recurring reporting requirements that have been assigned a reports control symbol by OIM&S.

The Information Resources Management (IRM) Review and Policy Division was formed during FY 1986. The purpose of the VA IRM Review program is to ensure that information management activities are carried out in an efficient and economical manner. In accordance with the Paperwork Reduction Act of 1980, this organization periodically reviews the Agency's information management activities, including planning, budgeting, directing, training, promoting, and other managerial activities involving the collection and dissemination of information.

During the year, reviews were conducted and released in the areas of forms management and duplication of printing. A reports management review was conducted and a final report is being developed. Implementation guidelines were issued for OMB Circular A-130, "Management of Federal Information Resources," and MP1, Part II, Chapter 29, "Information Resources Management Review Program" was published.

Paperwork Management and Regulations

The Directives Management Division is the Agency-level staff responsible for implementing provisions of the Federal Information Resources Management Regulations on directives. Two initiatives were developed this year to more effectively perform directives management functions. An interoffice task force on Directives Modernization continued work on improvements in directives processing, focusing on production tools to improve timeliness and quality of issues. Another interoffice task force began work on improving the VA's Automated Distribution System, the internal system used to distribute publications. Improvements in both of these areas will make the program more effective. In addition to these responsibilities, the division reviews and clears directives and issues which require approval of the Administrator or his staff, such as *Federal Register* notices, Agencywide directives, and regulations.

The Directives Management Division coordinates and prepares the Agency submission for the Unified Agenda of Federal Regulations, a semi-annual agenda of proposed regulation changes which is published in the *Federal Register.* Steps were taken this year to automate the process.

Since the installation of automated forms design equipment, a backlog of forms analysis and design work has been eliminated, and forms and form letters once taking four to six weeks to be prepared in camera-ready copy are now being provided in one to two days. This equipment enables forms and form letters to be electronically designed, typeset, and stored, and a camera-ready copy produced on a laser printer. All forms and form letters are designed in accordance with accepted Governmentwide standards.

The goals of the VA forms management program are to reduce costs, improve service, and to ensure that all forms and form letters are essential to the VA's mission and goals. In furtherance of these goals, an Agency Forms and Form Letters Reduction Drive was initiated during FY 1986. As a result of active participation by all departments and staff offices, in both Central Office and field stations 1,693 forms and form letters were eliminated. It is conservatively estimated that the VA saved $200,000 during FY 1986 in printing, procurement, distribution, and stocking costs as a result.

Paperwork Management and Regulations Service again prepared the VA information collection budget required by the Paperwork Reduction Act of 1980 (Public Law 96-511) and 5 CFR 1320. For FY 1986, the VA exceeded the net two percent burden hour reduction goal set by the Office of Management and Budget. The VA eliminated 389,567 burden hours from existing information collections and held burden hours for new collections to 225,203 burden hours. These figures equal an overall net burden hour reduction of three percent.

For over a decade the VA has managed an ongoing paperwork burden control program. The 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 consolidation, standardization, use of modern technology, and data exchange efforts with other Government agencies.

The VA, one of the Federal Government's major procurement agencies, is continuing to give special attention to reducing the burden placed on the public by procurement paperwork requirements. Efforts begun during FY 1984 to consolidate procurement requirements and to standardize ordering procedures were continued in FY 1986, resulting in a decrease of over 120,000 burden hours.

The Federal Information Locator System (FILS) was developed under Public Law 96-511, as a means of assisting Federal personnel in detecting unnecessary duplication in proposed Federal information collections. This is an authoritative register of all OMB-approved public use information collection documents that are sponsored by Federal departments and agencies. The VA became a user of FILS on June 1, 1984. Since that date the VA has conducted over 300 FILS searches without finding a similar information collection document elsewhere in the Federal Government that duplicates a collection sponsored by the VA. This fact can be attributed to the uniqueness of the VA's mission and goals. For this reason, during FY 1986 the VA requested and received from the Office of Management and Budget a waiver which excludes the VA from the requirement to use FILS for all information collections. The VA is now required to use FILS only for those VA information collections that are other than applications for benefits. This eliminates approximately 80 percent of all VA collections. The VA can expect to save $9,000 annually due to this waiver approval.

The VA had a moderate increase in its records holdings during FY 1986. The increase in the active and inactive records was 6.6 percent over the FY 1985 figures. The increase can be attributed to improved methods of measuring and reporting the volume of records. The overall FY 1986 holdings of 2,029,607 cubic feet are 125,900 cubic feet above FY 1985 figures and include 27,609 cubic feet of nonpaper records.

The volume of new records created was 363,270 cubic feet. The volume of records destroyed under authority of the National Archives and Records Administration (NARA) was 137,443. An additional 99,927 cubic feet, or 49.7 percent above FY 1985 figures, were transferred to Federal Archives and Records Centers (FARCs).

During FY 1986, the Agency continued its efforts to relocate inactive claims folders from regional offices to less costly storage space. A total of 34,399 cubic feet of inactive claims folders were transferred to FARCs. An additional 8,383 cubic feet of inactive claims folders were transferred to the VA Records Processing Center. Another 8,092 cubic feet of inactive insurance folders and loan guaranty records were also transferred to FARCs. These three initiatives freed filing space equal to 6,783 five-drawer file cabinets valued at $813,960, which would have required 47,481 square feet of space valued at $614,879. A total cost-avoidance savings of $1,428,839 resulted from these three initiatives.

Other Agency-initiated records management projects were completed during FY 1986. A records control schedule that establishes retention standards for records created by District Counsel Offices was approved by the Archivist of the United States. A project initiated to convert 13 million GI Loan Index Entitlement Cards to computer output microfilm was completed during the year. Approval was obtained to convert electrocardiograph and electroencephalograph records from paper to a

microfilm mode. Additionally, approval was requested and obtained from NARA to retire certain Loan Guaranty Sold Vendee Folders to FARCs. These folders were initially approved for retention at VA regional offices for 30 years.

The VA maintained an active program to ensure that records of veterans, beneficiaries, and other individuals were maintained in accordance with the Privacy Act of 1974 and VA's confidentiality statutes. The Agency's inventory of systems of records subject to the Privacy Act was maintained at 57 systems. The Agency participated in 14 computer matching programs involving records subject to the Act—five programs as the matching agency and nine as the source agency.

During the year the Agency, in cooperation with the National Personnel Records Center (NPRC), changed the method by which military personnel/medical records are requested from the NPRC. In the past, the VA generated via the TARGET system paper requests for records that were sent to the NPRC and other addressees. This system was changed so that the VA now sends requests for records to the NPRC on magnetic tape. The information on the tape is compared to the automated NPRC registry of records to identify those records located at the center. The NPRC computer-generates the paper request form and either processes the request or forwards it to the appropriate addressee. This system results in faster and more efficient processing of requests for military personnel/medical records.

There were two particularly significant developments in the employee travel policy area during the fiscal year. First, a test of the Citicorp Diners Club, Inc., Travel and Transportation Expense Payment System, which was initiated in January 1985, was completed and a final report issued. The report, which was approved by the Administrator on July 14, 1986, recommended VA-wide implementation of the system and concluded that the charge card system is a viable and cost-effective alternative to the use of Government Transportation Requests and cash advances. Implementation of the system Agencywide should result in savings of approximately $200,000 annually from cash management and administrative improvements, primarily through reductions in cash advance levels. The Agency is now in the process of developing policy and procedures for implementation. VA-wide implementation is expected to commence in mid-FY 1987. Second, an Agency task force has completed a review and assessment of VA relocation needs and services as authorized under Public Law 98-151. Base line data have been developed using FY 1984 permanent change of station costs, and a report detailing various policy options and alternatives is being circulated in VA Central Office organizations. A final decision on the relocation services issue is expected in early FY 1987.

Final documentation for the Agency's reimbursement to the U.S. Postal Service for FY 1985 postage expenses was completed this year. The VA postage reimbursement amounted to $43,064,500, or a 7.5 percent increase over FY 1985. In addition, the VA participated in a Mail Cost Reduction Project sponsored by the General Services Administration during the fiscal year. When fully implemented, the initiatives developed during the project are expected to result in savings of approximately $5.6 million in VA postage expenses.

Office of Program Analysis and Evaluation

The Office of Program Analysis and Evaluation supports the Agency's mission and goals primarily by providing analysis to support VA decision makers.

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 key areas of concern to management and veterans. During 1986, the VA enhanced its policy review and decision making processes. First, steps were taken to develop and implement a cohesive Agencywide management process. This process is designed to provide a centralized focus of Agencywide initiatives and to promote a strong, proactive position which both reflects the Agency's needs and serves as a policy-level vehicle for identifying cost-savings proposals. Three major Agencywide functions were consolidated within the Office of Program Analysis and Evaluation: Management and Productivity Improvement, Internal Controls, and A-76 activities. The existing performance review function for all VA offices and programs was expanded to make Agency reporting on management initiatives more efficient and meaningful, to eliminate

duplicative reporting, and to allow improved consistency of information and a more global view of program issues and their interrelationships. This function was expanded from a semiannual to a quarterly basis to give the Administrator more timely information. In 1986, the office coordinated, developed, and compiled both the FY 1987 and FY 1988 Management and Productivity Improvement Plans for OMB; completed a study of the VA's Management Improvement Program; prepared the Administrator's 1988-1992 policy guidance to assist organizations in preparing their program plans and budget estimate submissions; and participated in a study to review the credit management of VA's Home Loan Guaranty Program to determine possible areas for debt reduction.

In support of the Administrator, departments, and staff offices, the office conducted 11 studies, including general management reviews, organizational analyses, and cost-benefit studies. The major studies performed were the following: a study of the VA's automated distribution system, a review of Federal agencies' Intergovernmental Affairs offices, a survey of systems for controlling congressional correspondence, a review of Agency printing activities, a study of flexible and compressed work schedules (a report to Congress), an organizational study of the Office of Data Management and Telecommunications, and a study of the potential consolidation of the VA insurance activities.

The Office of Program Analysis and Evaluation also served as the Agency administrative coordinator of VA management studies contracts and the Agency liaison on the Cooperative Administrative Support Unit program. The office also directed three major consultant studies: the Comprehensive Study of the VA's Organization and Procedures for Contracting Health Care Facilities; the Comparative Study of the VA and Private Sector Procurement, Contracting, and Distribution of Medical Supplies and Non-Perishable Subsistence; and the Post-Implementation Evaluation of the Initial CORE Functions of the Decentralized Hospital Computer Program.

This fiscal year the office completed evaluations of the Department of Medicine and Surgery's three work therapy programs—Incentive Therapy, Therapeutic Printing Plants, and Compensated Work Therapy. Also evaluated were Chaplain Service, as well as the department's three dental programs—Inpatient, Outpatient, and Fee Basis Dental. The Department of Veterans Benefits' four housing assistance programs were also evaluated—Mortgage Credit Assistance, Mobile Homes, Condominiums, and Specially Adapted Housing Grants for Disabled Veterans.

Five other programs were being evaluated at the end of FY 1986, including evaluations of three Department of Memorial Affairs programs—Burial in National Cemeteries, Headstone and Grave Markers, and Memorial Markers and Memorial Plots; and two Department of Medicine and Surgery programs—Library Service and Surgical Service. In addition to ongoing program evaluations, the office completed a study of veterans benefits provided by foreign countries.

Associate Deputy Administrator for Logistics

The Associate Deputy Administrator (ADA) for Logistics is responsible for policy-level management and oversight of the Agency's construction, procurement and supply, Central Office administrative support, environmental affairs, and small and disadvantaged business utilization programs. Reporting to the ADA are the Offices of Construction, Procurement and Supply, and Administration. The ADA also serves as the Agency's Procurement Executive, Director of the Office of Small and Disadvantaged Business Utilization (OSDBU), Director of Environmental Affairs, and as the VA's representative to GSA's Real Property Executives Advisory Committee.

A number of initiatives were undertaken in FY 1986 to improve the VA's procurement, construction, administrative support, and small business utilization programs in order to enhance program efficiency and cost-effective allocation of budget resources.

Initiatives taken in the area of procurement and supply included development of a charter for the VA's procurement executive, in compliance with Executive Order 12352, which calls for Federal procurement reform and defines the responsibilities of

the Agency's Procurement Executive; expansion of an intensive VA contracting officer training and certification program; direction of a team-contracting approach for each department's ADP requirements; initiation of a separate ADP systems development staff in the Office of Procurement and Supply; oversight of the progress and implementation of a major comparative study of VA and private sector procurement and distribution of medical supplies, pharmaceuticals, and non-perishable subsistence which will result in direct cost savings and enhanced efficiencies within the VA; and incorporation of coverage for the requirements of the Competition in Contracting Act and A-76 contracting procedures into the Veterans Administration Acquisition Regulation.

Actions were taken for approval of automation enhancements for the OSDBU for better tracking of Agency socioeconomic goal achievements; initiation of management improvements through enhanced performance requirements; and initiation of a study of the proper organizational location for the office.

In the construction program area, during FY 1986 the Administrator decided to streamline and improve the Agency's capital facilities program by realigning its organizational structure and by implementing procedural changes in the Agency's construction program. The Administrator's decision was based on the results of a consultant study.

In May 1986 a comprehensive implementation plan for the procedural improvements recommended in the consultant study was developed. Implementation of these procedural improvements in the VA's capital facilities program is expected to achieve significant efficiencies in the construction program.

Other initiatives undertaken in the VA's construction program in FY 1986 included implementation plans for 592 architect-engineer study recommendations to bring VA construction standards more in line with private sector costs without sacrificing quality; completion of the VA's contracted program for assessment of the physical plant condition of 132 VA medical centers constructed before 1970, which will result in the first comprehensive data base on the physical plant condition of VA medical centers; development of procedures on leasing and the issuance of a circular and video tape which provides leasing guidance; development of an Agencywide asbestos policy and circular; development, in coordination with the Inspector General, of improved scheduling plans of IG reports on major construction projects; and formalization and improvement in the overall management effectiveness and productivity of the Office of Construction through automation.

Office of Administration program initiatives undertaken included negotiating an agreement with the General Services Administration (GSA) for delegation of authority to manage the Central Office building; completion of a study on organizational improvements in the Office of Administration; preparation of a report which resulted in the transfer of the Presidential Memorial Certificate Program from the Office of Administration to the Department of Veterans Benefits; increase of the level of security in two main VA Central Office buildings; conversion to an improved telephone system for VA Central Office; initiation of space consolidation plans in VA buildings in the National Capital Region to achieve co-location of organizational elements and improved space utilization; and provision of audio visuals support Agencywide.

Office of Administration

The Office of Administration has 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. Additionally, the Office 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, Office of Administration, serves as 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, D.C., metropolitan area.

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 U.S.C., title 38, section 112. On February 4, 1981, President Reagan approved continuation of this program. The VA issues a certificate to the next of kin which bears the President's signature and expresses 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 information is available concerning the next of kin. Certificates may also be issued upon request to other relatives and friends of the deceased veteran.

Approximately 5.4 million certificates have been issued since the program was initiated in March 1962. A total of 279,000 were issued during FY 1986.

Audiovisuals

The VA produced three film documentaries during the fiscal year. The film "Somebody Special" documents the 1985 Veterans Wheelchair Games held at the University of Maryland. This film features disabled veterans participating in athletic events. Another film, "Winter Wheelchair Games," documents the events at the 1985 Veterans Wheelchair Winter Sport Competition. These films are used to promote recreational activities among disabled veterans.

The film "The Eleventh Hour" documents the 1985 National Veterans Day Ceremonies at Arlington National Cemetery. This historical presentation features delivery of the Veterans Day address to the Nation from the Amphitheater and placing of the Presidential wreath at the Tomb of the Unknowns.

Three television public service announcements were produced during the fiscal year. "National Salute to Hospitalized Veterans" features Ernest Borgnine and Martha Raye, reminding the public to visit hospitalized veterans on February 14th, a day set aside each year for this purpose, and to volunteer their services to these veterans year-round.

"Veterans Day," "Women Veterans Benefits," and "Women Veterans Recognition" is a three-segment television spot announcement produced to inform the public of the meaning and observance of Veterans Day and to highlight the benefits and recognize the contributions of women veterans. These announcements were used for Veterans Day 1985.

A television spot announcement, composed of the two segments "Experience" and "A Grateful Nation Remembers," encourages veteran employment and informs the public of the meaning and observance of Veterans Day 1986. This announcement was released to television stations nationwide.

Office of Construction

The Office of Construction (OC) acquires real property and facilities for the Agency. In this capacity the office was responsible during FY 1986 for the planning, design, construction, and leasing of the facilities in which VA benefits are delivered. This responsibility included an internationally recognized medical facility construction program, the largest in the Nation. It also included a major expansion of the VA National Cemetery System to meet projected demand to the year 2000 and beyond.

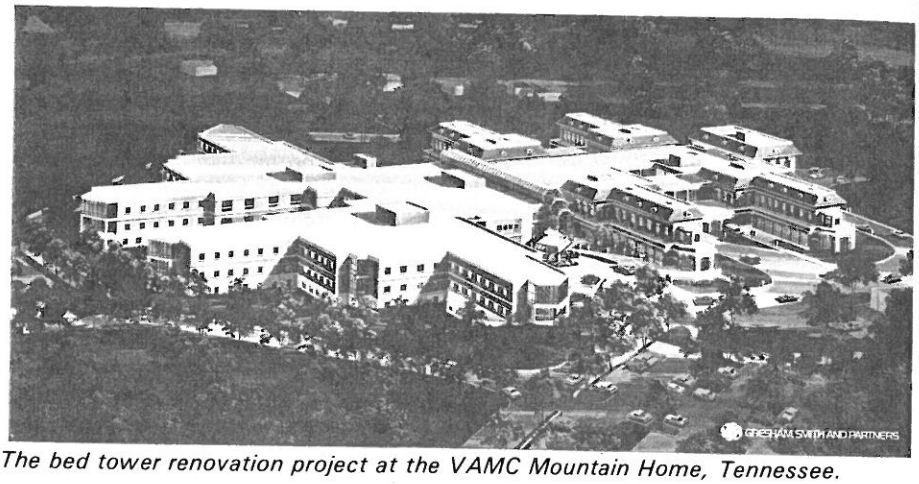
In support of the Department of Medicine and Surgery (DM&S), the scope of services offered by the OC includes additions, alterations, and major repairs of existing buildings at all VA medical centers, outpatient clinics, nursing home care units, domiciliaries, and other medical facilities. Services provided by OC for the Department of Memorial Affairs include the acceptance and development of land for new national cemeteries as well as planning, design, and construction support in the expansion of the existing national cemeteries.

The OC is also responsible for real property management. This includes the acquisition and disposal of real estate, as well as space management in VA facilities and General Services Administration (GSA) facilities leased to the VA in either

Government-owned or Government-leased buildings. The OC supports the Department of Veterans Benefits in the latter role as well as through planning, design, and construction of regional offices that are co-located on medical center grounds.

As of the end of FY 1986, over 3,000 (major, minor, and minor miscellaneous) projects were administered by the OC in the planning, design, and construction stages, totaling $8.1 billion. Obligations through construction awards for FY 1986 amounted to $605.1 million.

A variety of major projects were completed in FY 1986, including a domiciliary at Bath, New York; 120-bed nursing homes at Hines, Illinois, and Bronx, New York; and large modernizations at Brockton (West Roxbury), Massachusetts, and Chillicothe, Ohio.



The bed tower renovation project at the VAMC Mountain Home, Tennessee.

On July 25, 1986, the Administrator announced his decision to place all facility-related programs into an independent organization by realigning the DM&S' Facilities Engineering, Planning, and Construction Office and Office of Construction into a new Office of Facilities, effective October 1, 1986. This decision was based in part on recommendations identified in a consultant study to improve the operation of the VA's diverse facility construction-related program.

Architect-Engineer Contracts

During FY 1986, the OC awarded 22 architect-engineer contracts for as many projects, with fees totaling $10.9 million. The two largest design contracts, totaling $4.04 million, were working drawings on projects at Salem, Virginia (outpatient/clinical/nursing unit addition and alterations); and Togus, Maine (clinical improvements, Building 200). The remaining 20 architect-engineer contracts ranged in price from $39,990 to $724,208. Nineteen contracts were awarded to small business firms.

Construction Contracts

During FY 1986, the OC awarded 34 construction contracts totaling $364 million in capital improvements for the VA.

Fifteen of the contracts, worth about $291 million and awarded to large business firms, were for projects at the VA Medical Centers in Alexandria, Louisiana (clinical improvements/ relocate support functions); Amarillo, Texas (addition and renovation for ambulatory care clinic); Clarksburg, West Virginia (clinical addition and alterations); Durham, North Carolina (nursing home care unit and research, administration, geriatric research education, and clinical center); Houston, Texas (phase I of replacement/modernization); Iowa City, Iowa (ambulatory care and clinical addition); Long Beach, California (spinal cord injury unit addition); Lexington, Kentucky (clinical addition); Louisville, Kentucky (clinical/education addition); Mountain Home, Tennessee (second phase of bed tower renovation); two contracts at Philadelphia, Pennsylvania (phases I and II of clinical addition and renovation, 240-bed nursing home care unit); Pittsburgh, Pennsylvania (modernize HVAC, fire/smoke detectors and fire/safety improvements); San Diego, California (spinal cord injury nursing unit and outpatient clinic); and West Roxbury, Massachusetts (addition for outpatients, research, education, and administration). The Clarksburg,

West Virginia, and Pittsburgh, Pennsylvania, contracts were designated as labor surplus area set-asides.

The other 19 contracts, totaling over $73 million, were awarded to small business firms. Five of these were set-aside contracts for firms in labor surplus areas. Three contracts, totaling over $22 million, were awarded to small business firms in competition with large firms; 14 were small business set-asides worth about $46 million; and two contracts, totaling $5 million, were negotiated with disadvantaged firms.

Real Estate and Space Management

During FY 1986, 20 acres of land were acquired for expansion of the VA Medical Center, Tampa, Florida; 3.25 acres of land and an adjacent building were transferred for expansion of the VA Medical Center, Phoenix, Arizona; 2.8 acres of land were donated for expansion of the National Cemetery, Elmira, New York; 15.2 acres of land was accepted from the Department of the Navy for expansion of the Florida National Cemetery, Barrancas, Florida; title to 400 acres was conveyed for a National Cemetery in Florida; action was initiated for the purchase of 70 acres of land for the VA Medical Center, Palm Beach, Florida, and for the purchase of 1.9 acres of land and buildings for a satellite outpatient clinic in Corpus Christi, Texas.

In the same period, the OC issued approximately 100 outgrants in the form of leases, licenses, permits, agreements, and easements authorizing the non-VA use of its real property.

Two new outpatient clinic projects at Daytona Beach and Pensacola, Florida, were completed and two leases were awarded at Crown Point, Indiana, and Oakland, California. Several additional leasing actions were initiated for major leased projects, including three outpatient lease extensions, two warehouse extensions, and two clinic relocations. Options to renew existing leases were approved for two clinics.

The VA paid GSA $77.7 million for the rental of 7.3 million square feet of space. Approximately $20 million was paid for about 1.7 million square feet of space that the VA leases directly.

The Agency has continued its space reduction program in compliance with Executive Order 12411 and Federal regulations in an effort to achieve the Federal goal of an office space of 135 square feet per employee. Continued efforts are being made with GSA to reduce office space per employee.

Barrier-Free Design

A longstanding priority of the OC has been the accessibility to all VA facilities by disabled persons.

Accessibility is a routine design factor for all new construction, renovation, and new leases. Presently door hardware products are being tested to determine which products provide maximum accessibility and safety to spinal cord injury patients and other disabled persons with mobility limitations. The results of this research will also be useful to the Architectural and Transportation Barriers Compliance Board members as they work to remove reserved sections on accessibility in their minimum guidelines and requirements for accessible design. Additionally, lever handles are being provided on all doors in VA buildings, except those which must meet fire code requirements, to accommodate handicapped patients and employees. Present requirements also provide for push-pull plates on doors to patient bedrooms, to patient bathrooms, and to toilets for the handicapped. Preliminary plans and working drawings are revised by the Architectural Accessibility Compliance Office to ensure that a useful environment is provided to all persons. OC projects have gone through this review, as well as all designs for State Veterans' Home construction, which receives major funding through VA grants.

In addition to an ongoing five-year plan for the removal of barriers in all previously constructed facilities owned or leased by the VA, the Capital Facilities Study will provide a consistent data base for continued removal of barriers to disabled persons.

Capital Facilities Study

The Capital Facilities Study is a comprehensive technical evaluation of 132 VA medical centers built prior to 1970. When completed, the study will tabulate, by severity ratings, the repair, replacement, and renovation needs of the physical plant such as architectural, structural, mechanical, electrical, site, and other improvements for the next five years. The data will be used in facility planning for construction projects. There are 18 private architect-engineer (A/E) consultants conducting this study using techniques such as field investigations, surveys of buildings and systems, and discussions with medical center personnel.

At the end of FY 1986, the A/E's had completed the field surveys of 132 medical centers. A computerized management information system for this study is being used in order to provide a consistent data base. The A/E's are transmitting data electronically from their offices to the computer center in the Office of Construction. At the end of FY 1986, the A/E's had completed the data base for 90 medical centers. Fifty of them were accepted by the VA and the others are still under review.

State Veterans' Homes

The OC provided technical assistance to the Office of the Assistant Chief Medical Director for Geriatrics and Extended Care for state domiciliary, nursing home, and hospital facilities in 34 states. During FY 1986, thirteen awards, totaling $35.2 million, were made for state home projects. Seven new requests, which total $22.6 million, were received and have been reviewed. A total grant request estimated to be $174.4 million, covering 63 projects, is being held pending Federal funding in future years.

Construction Research and Development

The construction research and development program is concerned with architectural and engineering projects in health care building technology. The primary purpose of this program is to find cost-effective ways to improve the quality, safety, and functional efficiency of VA facilities. Many of these projects are joint efforts between the VA and the private sector. The results of these efforts are shared with other public and private organizations that use the data to update their building codes and design manuals.

During FY 1986, a cost reduction study was completed by an architect/engineer consulting firm engaged by the VA to perform a critical analysis and evaluation of the VA's design and construction requirements. The study produced significant recommendations for reducing VA facility construction costs without compromising the quality of buildings and patient services. Altogether, 592 cost reduction recommendations, clarification and correction items, and 30 general issue recommendations were made by the A/E's. A special VA task group has been established to oversee the implementation of the consulting firm's recommendations.

Two other ongoing research and development projects have achieved important milestones. A project concerned with testing doors and hardware for handicapped persons is underway. Interim reports provide information regarding the performance of certain automatic doors. This research endeavor is shared jointly by the VA and the Paralyzed Veterans of America.

An ongoing project to study and improve the environmental conditions for medical research in animal research buildings is beginning to produce data that are essential to the quality control of medical research experiments. The VA is also sharing this information with the medical research community.

New research and development projects include a fire safety study of smoke movement within buildings, and tests of indoor air quality to determine the relationship of energy use and air movement in hospitals. Data from this research are expected to increase the VA's knowledge of building design.

Value Engineering

The objective of value engineering is to remove anything that adds cost to an item but does not add to the required function. In the VA construction program, value engineering is applied in several ways. During the preparation of preliminary drawings, system studies were made by the OC staff, value engineering consultants, or

construction consultants. Similarly, OC staff performed component studies during the working drawing stage. In a final effort to reduce possible unnecessary costs, the construction contractor is also invited to submit value engineering change proposals through an incentive clause in which the contractor would realize a share of the savings. This provision is included in all construction contracts.

In FY 1986, the OC value engineering efforts were responsible for construction cost savings of $7.1 million. Of this total, $1.8 million savings were achieved at the replacement hospital project in Houston, Texas, and $2.4 million at the 120-bed nursing home care unit and parking structure project in New Orleans, Louisiana.

Asbestos Abatement

Asbestos was a material commonly used in building construction including VA facilities, prior to the discovery that this substance poses serious health hazards to human beings. 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, and visitors to the airborne asbestos fibers. On every project involving asbestos abatement, a certified industrial hygienist is retained to assist during both the preliminary and working drawing design processes. If asbestos removal is necessary, separate working drawings show what must be removed. The industrial hygienist assists in the monitoring of the abatement work during construction.

During FY 1986, the liability insurance crisis for contractors and A/E's abated to some degree. New Occupational Safety and Health Administration regulations on asbestos abatement will be helpful in achieving high quality protection of construction workers and will relieve the VA from the responsibility to provide such protection.

Historic Preservation

The VA holds one of the larger inventories of historic properties owned by Federal agencies. These properties range from military posts at VA Medical Centers Prescott (Fort Whipple), Arizona, and Fort Howard, Maryland, to the first racially integrated Federal facilities, dating back as early as 1870. All VA national cemeteries are historically significant.

The VA owns 33 properties listed on the National Register of Historic Places. More than 125 properties have been determined eligible by the Department of the Interior for listing on the National Register.

The National Historic Preservation Act provides that when a property is on or eligible for the National Register, the agency must afford the Advisory Council on Historic Preservation an opportunity to comment on any activity of the agency which may affect the property. The VA works closely with the Advisory Council and with the various State Historic Preservation Officers in a partnership to protect historic sites. Several VA architects have developed a subspecialty in historic preservation design. This entails designing a modern architectural building to meet VA functional needs while blending it harmoniously into an existing historic environment. Careful attention must be paid to color, materials, existing design, scale, and massing.

Construction Status 1986

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*	1,007	$3,324.62	209	$172.85	427	$2,439.67	371	$712.08
Replacement hospitals	10	1,206.66	0	0	10	1,206.66	0	0
Modernizations	10	388.31	3	29.64	7	358.67	0	0
Cemeteries	55	28.94	21	5.14	23	11.16	11	12.63
Nursing home care units	18	117.48	2	14.19	9	63.11	7	40.17
Domiciliaries	5	44.28	1	6.85	2	22.73	2	14.70
Research and education	22	44.32	6	4.09	7	12.51	9	27.72
Other improvements	887	1,494.63	176	112.94	369	764.83	342	616.86

NOTE: Totals may not add due to rounding.

The VA has issued its first archeological survey permits under the Archeological Resources Protection Act at VA Medical Centers, Milwaukee, Wisconsin, and Walla Walla, Washington. The survey at Milwaukee was conducted for a Department of Transportation highway project. The permit at Walla Walla will enable a local professor to develop new information on the frontier fort.

Archeological surveys at the VA Medical Center Prescott, Arizona, and the Los Angeles VA Outpatient Clinic site have provided additional information on these sites important to local and regional historians and archeologists.

The VA is one of six Federal agencies selected for a first round of Government Accounting Office audits of their historic preservation programs.

Office of Procurement and Supply

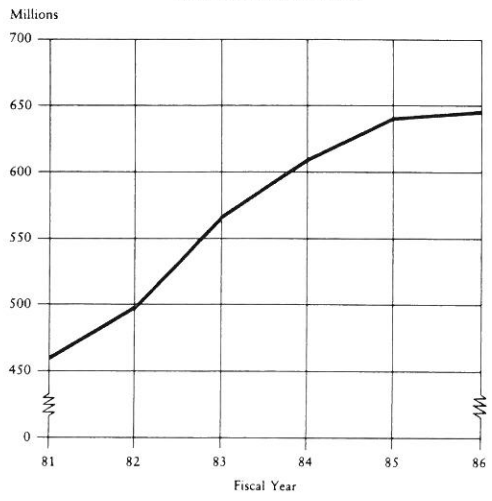
The VA has the fourth largest procurement and supply program of any agency in the Federal Government, with annual expenditures of over $3 billion for supplies and services. The VA was exceeded in total volume only by the Department of Defense, the National Aeronautics and Space Administration, and the General Services Administration. Drugs, medical supplies and equipment, and other critical patient care items are procured and distributed to the VA's 172 medical centers, which comprise the largest health care delivery system in the free world. Supply support is also provided to 58 regional offices, 109 cemeteries, 3 data processing centers, and various other VA activities.

The VA Marketing Center is responsible for the acquisition of medical supplies under the VA Centralized Management System. The use of innovative techniques has resulted in the best possible prices being offered to our customers. Approximately 55 percent of the items stocked by the supply fund were purchased centrally at volume discounts, achieving savings of $155 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 over $1 billion resulting in annual savings of $393 million to users.

The Marketing Division for Medical Equipment, in the Marketing Center, reported that, as a result of consolidated procurement actions for equipment, there was a $20.2 million cost avoidance, and administrative costs were reduced by $19,000. Increased emphasis will be placed on consolidated procurement of equipment in FY 1987.

The Office of Procurement and Supply (OPS) 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 one marketing center. In FY 1986 these operating costs were less than four percent of the fund's total obligation figure. Supply Fund sales in FY 1986 were $644 million. Yearly sales from FY 1981 through FY 1986 are shown on the chart.

SUPPLY FUND SALES



VA's equipment assets increased 13.6 percent in FY 1986 to $2.5 billion. This increase in acquisition value of $248 million reflects continued requirements for state-of-the-art equipment and activation of new facilities.

Through an effective Precious Metals Recovery Program, the Veterans Administration saves money as well as conserves valuable natural resources. A leader among Government agencies in the recovery of precious metals, the VA is second only to the Department of Defense. Throughout the VA medical centers, silver is reclaimed from x-ray processing solutions and scrap medical x-ray film. During FY 1986, over 145,000 troy ounces of silver and 1,086,000 pounds of scrap x-ray film were collected. This resulted in a total savings of approximately $1.6 million. Proceeds from the sale of these assets are placed in the VA Supply Fund to reduce the cost of supplies purchased by the medical centers.

VA Equipment Assets
September 30, 1986

Equipment on Hand	Value (Millions)	Percent of Total
X-ray and nuclear	$541	21.3
Medical, surgical, dental, and optical	506	19.9
Laboratory	382	15.0
ADP equipment	230	9.0
Hospital furnishings and equipment	202	7.9
Communications	141	5.5
Dietetic, housekeeping, and laundry	126	5.0
Office machines	110	4.3
Motor vehicles, tractors, material handling, and firefighting	66	2.6
Refrigeration	27	1.1
Musical instruments, recreational, and athletic equipment	22	0.9
Furniture	21	0.8
All other	170	6.7
TOTAL	$2,544	100.0

During FY 1986, the OPS processed 2,486 lists for equipment and supplies in support of ongoing construction projects. The dollar value of approved requests was $144,869,319. The cost avoidance equaled $28,231,969.

The Office of Procurement and Supply continued to coordinate the planning and development of a fully integrated, state-of-the-art, automated nationwide supply system for both procurement and inventory control. The Supply Special Interest Users Group (SIUG), in parternership with the Fiscal SIUG, developed an Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement package, scheduled for release and installation at field facilities in 1987. Equipment has been purchased and installed for the initial automation of the procurement process at the Marketing Center, Hines, Illinois. Efforts continue to utilize automation as a tool in the application of item standardization and consolidated purchasing.

In July 1984, through a Congressional mandate, the VA undertook a project to evaluate the use of commercially available Hospital Information Systems. This involved the solicitation for contracts to evaluate systems at three medical centers representative of large, medium, and small facilities. The contracts were awarded in August 1984, and are now entering the third year of implementation. The VA also

contracted for assistance to monitor the installation and implementation of the systems. The contractors are installing their base commercial system and then will tailor the system to meet unique VA requirements. If the contracts are extended for the 10 years of systems-life, with all options, the total ten-year systems-life cost for these three sites will be approximately $57 million.

The VA has published its implementation of the Competition in Contracting Act (CICA). That implementation, which is codified in the VA Acquisition Regulation, Code of Federal Regulations, title 48, chapter 8, in conjunction with other internal administrative guidance, is expected to result in continued reliance upon competition in the marketplace for acquiring goods and services required by the VA. The VA is currently competing in approximately 90 percent of these procurement actions, over $10,000 of which were available for competition. Competition not only ensures equity between commerical concerns but also generally guarantees the best price for the VA.

The VA maintains a leadership role in establishing and maintaining Governmentwide acquisition policies and procedures through permanent membership on the Civilian Agency Acquisition Council (CAAC). The CAAC maintains the Federal Acquisition Regulation, the single, uniform procurement regulation from which all Federal acquisition emanates. The VA's continued participation in the CAAC ensures that the needs of the Agency are considered in the development of procurement policy.

Medical districts realized a cost avoidance of approximately $1.1 million through the Consolidated Procurement Program in FY 1986. They also realized a cost avoidance of $72,000 in associated administrative costs. These savings were realized by consolidating requirements for intravenous solutions, floor-care products, window-washing services, plated media products, insulin, laboratory services, home oxygen services, and pharmaceutical items normally purchased locally. These savings were achieved through the cooperation and combined efforts of Supply Services and by using services at the local health care facilities.

During the past five years, the VA/DOD/PHS Shared Procurement Program has been involved in the procurement of over $1.9 billion in drugs and medical devices. This joint venture has produced a combined Federal cost containment of over $90 million through joint usage of 462 contracts for $474.9 million. The number of shared procurement contracts increased 27 percent in FY 1986, while the dollars involved with these contracts increased 18 percent. In FY 1986, the Shared Procurement Program was expanded to include medical equipment in order to eliminate duplication of contracting effort for identical items.

During the first two years of a ten-year contract with Wang Laboratories, Inc., the Agency has procured nearly $22 million worth of equipment to better serve veterans through automation. Data processing systems geared towards the office environment have been procured by all VA departments and staff offices to meet their automation needs. Major systems have been acquired by the Office of Data Management and Telecommunications, Department of Veterans Benefits, Office of Budget and Finance (Controller), Department of Medicine and Surgery, and Board of Veterans Appeals.

The OPS has awarded 17 contracts for the Department of Medicine and Surgery's Decentralized Hospital Computer Program (DHCP). This program was initiated to provide data processing support for key operation functions in VA medical centers with a single VA patient data base which can be accessed by all. 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. 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.

In January 1984, the OPS assumed responsibility from the General Services Administration for administering contracts associated with the VA Data Transmission System. The VADATS telecommunications network is important and complex, sup-

porting more than 23 subsystems which provide information in the areas of medical administration, budget and finance, procurement and supply, and others. These subsystems affect every VA employee and veteran in some way. In addition to meeting the VA's needs, the network supports approximately 36 other Government agencies. The OPS has responsibility for procurement of a replacement network, the VA Integrated Data Communications Utility. Procurement of this network has begun; a contract for the development of the specifications for the solicitation has been let. This replacement network is expected to be completed in 1987.

In July of 1985 the Office of Procurement and Supply awarded seven contracts to provide a "pool" of contractors to perform management studies and analyses. The President's Reform '88 initiatives have generated a need for reviewing and commenting on many proposed management changes in a timely manner and were the impetus for this contracting action. Requirements are met by issuing task orders for studies such as resources systems, personnel and administrative system information management, and program evaluations. As of September 30, 1986, six task orders totaling $195,292 had been issued and completed. Another eleven task orders totaling $3,701,347 have been issued and are pending completion.

Office of Small and Disadvantaged Business Utilization

The Office of Small and Disadvantaged Business Utilization (OSDBU) is the Agency's advocate for the participation of small businesses, disadvantaged (minority) businesses, labor surplus area concerns, and women-owned small businesses in VA contracts and subcontracts.

As such, it administers and promotes VA programs for small and disadvantaged businesses as directed by statutes, executive orders, and applicable regulations establishing preferential procurement programs. The office reviews VA's policies and procedures for effectiveness in furthering these programs. Another OSDBU mission is to advise and assist procurement activities in identifying suppliers.

The OSDBU develops subcontracting goals for pre-solicitation notices issued on major construction projects. These notices recommend goal levels for small and disadvantaged business subcontracting by potential bidders or offerors. Subcontracting plans are reviewed by the OSDBU and recommendations are made to the contracting officer. The office has also established monitoring procedures for VA contractors' subcontracting plans for major construction projects. Quarterly and semi-annual reports submitted by reporting prime contractors are reviewed and contracting officers are notified where remedial action is indicated.

In an effort to improve processing of 8(a) contracts, a Memorandum of Understanding (MOU) between the VA and the Small Business Administration is being developed. The MOU is expected to significantly improve execution of 8(a) contracts.

Another responsibility of the officer is to increase awareness of VA contracting opportunities among small business owners who are Vietnam era or disabled veterans. Under this program, VA procurement specialists throughout the country engage in outreach activities to locate veteran-owned firms and keep them informed of upcoming contracting opportunities. Since 1985, this requirement has been incorporated in the Veterans Administration Acquisition Regulation, and the Standard Form 129, Solicitation Mailing List Application, permits Vietnam era and disabled veteran-owned small businesses to identify their ownership status.

The pilot program for 8(a) architect-engineer (A/E) procurement was developed to promote participation by minority 8(a) certified A/E firms in VA contracts for design services. A/E services constitute a professional service industry in which minority firms traditionally have had limited involvement.

Under this program, the first of its kind in a Federal agency, selected medical facility design contracts for major VA construction projects are reserved for competition among minority 8(a) certified A/E companies. This pilot program is also being replicated in the minor construction design program at VA medical facilities in eleven states.

Statistical Appendix

	Page No.	Table No.	
Veteran Population	153	1	Estimated Number of Veterans Living in the U.S. and Puerto Rico by State and Period of Service - September 30, 1986
	154	2	Estimated Number of Veterans Living in the U.S. and Puerto Rico by Age and Period of Service - September 30, 1986
Health Care	155	3	Hospital and Extended Care by Type of Facility - Fiscal Year 1986
	156	4	Inpatient and Ambulatory Care: Program Summary - Fiscal Year 1986
	162	5	Actions on Applications for Medical Care - Fiscal Years 1985-1986
	162	6	Total Health Care: Obligations by Program and Appropriation - Fiscal Year 1986
	163	7	VA and Non-VA Facilities: Average Obligations - Fiscal Years 1985-1986
Inpatient Care	164	8	VA Medical Centers - Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges, Deaths, and Remaining by Bed Section - Fiscal Year 1986
	165	9	VA Medical Centers - Hospital Care Component and Non-VA Hospitals (Contract): Patient Movement by Type of Bed Section - Fiscal Year 1986
	166	10	VA Medical Centers - Hospital Care Component: Selected Data - Fiscal Year 1986
	169	11	Non-VA Hospitals: Selected Data - Fiscal Year 1986
	171	12	VA Medical Centers - Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence - September 30, 1986
	172	13	VA Medical Centers - Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group - September 30, 1986
	176	14	VA Medical Centers - Hospital Care Component: Patients Remaining, Percent by Attained Stay, Diagnostic Group - September 30, 1986
	177	15	VA Medical Centers - Hospital Care Component: Patients Remaining, Age, Diagnostic Group - September 30, 1986
	178	16	VA Medical Centers - Hospital Care Component: Patients Remaining, Age, By State - September 30, 1986
	181	17	VA Medical Centers - Hospital Care Component: Patients Discharged, Manner of Disposition, Diagnostic Group - Fiscal Year 1986
	182	18	VA Medical Centers - Hospital Care Component: Diagnostic Group by Age, Patients Discharged - Fiscal Year 1986

	Page No.	Table No.	
	186	19	VA Medical Centers - Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay - Fiscal year 1986
	188	20	VA Medical Centers - Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group - Fiscal Year 1986
	189	21	VA Medical Centers - Hospital Care Component: Patients Remaining, Type of Patient, Compensation and Pension Status, Age - September 30, 1986
	190	22	VA Medical Centers - Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age - Fiscal Year 1986
	191	23	VA Medical Centers - Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex - Fiscal Year 1986
	192	24	VA Medical Centers - Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence - Fiscal Year 1986
	193	25	VA Medical Centers - Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay - Fiscal Year 1986
	198	26	VA Medical Centers - Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service - Fiscal Year 1986
	199	27	VA Medical Centers - Hospital Care Component: Surgical Procedures Performed by Affiliation - Fiscal Year 1986
	201	28	Operating Costs of VA Inpatient Facilities - Fiscal Year 1986
Extended Care	201	29	VA Nursing Homes, Community Nursing Homes, and State Domiciliaries: Patient Movement - Fiscal Year 1986
	202	30	State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement - Fiscal Year 1986
	202	31	VA Medical Centers - Domiciliary Care Component: Selected Data - Fiscal Year 1986
	203	32	VA Medical Centers - Nursing Home Care Component: Selected Data - Fiscal Year 1986
	205	33	Community Nursing Homes: Selected Data - Fiscal Year 1986
	208	34	State Domiciliary Homes: Selected Data - Fiscal Year 1986
	208	35	State Home Hospitals: Selected Data - Fiscal Year 1986
	209	36	State Nursing Care Homes: Selected Data - Fiscal Year 1986
Ambulatory Care	210	37	Outpatient Medical Care: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis - Fiscal Years 1977-1986
Pharmacy	210	38	Pharmacy Activity - Fiscal Years 1985-1986
Construction	211	39	Replacement and Relocation Hospital Construction Projects - Fiscal Year 1986, Completions and Year End Status
	211	40	Modernization Construction Projects - Fiscal Year 1986 Completions and Year End Status

	Page No.	Table No.	
	212	41	Nursing Home Care Units Construction Projects -Fiscal Year 1986, Completions and Year End Status
	212	42	Research and Education Construction Projects - Fiscal Year 1986, Completions and Year End Status
	213	43	Other Improvement Construction Projects - Fiscal Year 1986, Completions and Year End Status
	219	44	National Cemetery Projects - Completions and Year End Status - Fiscal Year 1986
	220	45	Domiciliary Construction Projects - Completions and Year End Status - Fiscal Year 1986
National Cemetery System	221	46	National Cemeteries - Location, Interments and Status of Gravesites - September 30, 1986
Compensation & Pension	223	47	Disability, Death: Number of Cases, Expenditures by Period of Service
	224	48	Disability Cases: By Age Group, by Period of Service - September 1986
	225	49	Termination of Disability and Death Awards, by Period of Service - Fiscal Year 1986
Compensation	226	50	Disability: Class of Dependent, Period of Service - As of September 30, 1986
	227	51	Death: Class of Beneficiary, Period of Service - As of September 30, 1986
	228	52	Disability, Degree of Impairment, Type of Major Disability, Period of Service - September 1986
Pension	230	53	Disability: Type of Major Disability and Pension by Period of Service - September 1986
	230	54	Death: Class of Beneficiary, Period of Service - September 1986
Guardianship and Veterans Assistance	231	55	Incompetent and Minor Beneficiaries Served
Educational Assistance	231	56	Persons in Training by Entitlement and Type of Training - Fiscal Year 1986
Housing Assistance	232	57	Guaranteed or Insured Loans, Direct Loans, and Property Management
Insurance	232	58	VA Administered Insurance Programs - Assets and Liabilities - Fiscal Year 1986
	233	59	Summary of Operations (Accrual Basis)
	233	60	Insurance in Force -Fiscal year 1986
	234	61	Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)
Employment	234	62	Employment: Full, Part-Time, and Intermittent by Facility Type
	234	63	Employment: Full, Part-Time, and Intermittent by Pay System
	235	64	Employment: Sex and Veteran Preference - September 30, 1986
	235	65	Employment: Minority Groups by Grade - Full-time and Part-Time with Permanent Appointments - September 30, 1986

	Page No.	Table No.	
	235	66	Employment of Women by Pay Category - Full-Time, Part-Time and Intermittent - September 30, 1986
	236	67	Employment of Handicapped Individuals with Targeted Disabilities by Pay Category - Full-Time, Part-Time, and Intermittent - September 30, 1986
Fiscal	237	68	Appropriations, Expenditures and Balances - Cash Basis
	238	69	Gross Expenditures - Fiscal Years 1985-1986
	239	70	Estimated Selected Expenditures by State - Fiscal Year 1986

TABLE 1

Estimated Number of Veterans Living in the U.S. and Puerto Rico, by State and Period of Service – September 30, 1986

(In Thousands)

State	Total Veterans	Veterans per 1,000 Civilian Population Age 17 and Over [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	27,682#	(X)	22,017#	8,264	7,636	5,105	4,134	10,076	171	5,665	2,283	3,004	378
State Total	27,557	155.1	21,920	8,229	7,602	5,070	4,102	10,046	170	5,636	2,267	2,993	377
Alabama	409	139.0	325	122	108	85	68	147	2	85	34	44	7
Alaska	69	205.5	54	33	31	11	9	14	*	15	6	9	*
Arizona	402	172.4	323	127	112	75	54	155	2	79	36	38	5
Arkansas	267	153.6	210	79	71	48	37	101	2	57	25	28	4
California	2,879	147.0	2,323	907	821	584	434	1,051	18	556	200	311	45
Colorado	400	168.8	317	154	138	76	59	119	2	82	34	44	4
Connecticut	398	162.2	321	103	99	75	63	156	2	77	26	47	5
Delaware	78	166.8	62	23	21	14	11	28	*	16	7	8	1
District of Columbia	60	121.0	48	16	14	12	9	24	*	12	6	6	1
Florida	1,461	164.6	1,196	399	335	280	192	655	13	265	113	124	28
Georgia	649	149.5	504	228	203	123	95	203	2	145	66	69	10
Hawaii	102	141.2	81	37	32	21	16	33	*	21	9	11	1
Idaho	117	169.2	93	39	36	20	17	39	1	25	10	13	1
Illinois	1,276	148.9	1,014	348	338	223	197	471	8	262	97	148	17
Indiana	654	160.0	503	190	184	114	190	215	4	151	67	76	8
Iowa	340	157.9	272	103	100	59	'53	115	3	68	29	36	4
Kansas	289	161.2	234	89	82	52	43	106	3	55	21	31	3
Kentucky	374	137.2	298	110	103	68	58	134	3	76	29	41	6
Louisiana	436	137.6	343	137	126	77	61	153	2	93	40	46	7
Maine	154	177.0	123	47	43	28	23	55	1	31	14	16	1
Maryland	535	161.4	423	165	149	107	82	189	2	122	45	60	7
Massachusetts	695	143.2	560	173	164	127	105	285	5	135	51	76	8
Michigan	1,040	154.2	807	310	302	173	156	344	6	233	102	119	13
Minnesota	501	160.8	395	156	152	88	77	161	4	106	41	61	5
Mississippi	236	127.7	186	66	57	47	37	91	1	49	21	24	4
Missouri	637	169.5	506	185	174	119	99	229	4	131	55	68	8
Montana	107	178.4	85	36	34	18	15	35	1	22	9	12	1
Nebraska	188	160.8	150	57	53	36	31	64	2	38	15	21	2
Nevada	136	189.6	109	47	41	29	21	46	*	28	10	17	1
New Hampshire	140	185.2	111	46	42	26	21	47	1	29	13	16	1
New Jersey	898	154.9	721	214	204	166	143	369	5	177	59	105	13
New Mexico	170	168.7	135	59	52	32	24	58	1	35	17	16	2
New York	1,888	138..2	1,501	447	435	328	292	761	13	387	150	208	29
North Carolina	680	146.2	541	207	186	127	104	248	3	139	60	69	10
North Dakota	73	150.1	57	24	23	12	11	22	*	16	7	9	1
Ohio	1,320	164.5	1,034	368	355	221	194	478	7	285	123	146	16
Oklahoma	402	168.2	325	136	124	75	58	140	3	77	30	41	6
Oregon	355	176.3	285	119	113	59	47	122	3	70	27	39	4
Pennsylvania	1,541	168.5	1,235	390	375	266	228	623	9	307	114	173	20
Rhode Island	121	161.0	99	32	30	23	18	51	1	22	9	12	2
South Carolina	351	144.9	277	117	101	69	52	122	1	74	32	36	6
South Dakota	79	155.9	63	22	21	16	14	26	1	16	7	9	*
Tennessee	527	147.2	416	166	153	94	78	182	3	111	47	56	8
Texas	1,781	152.5	1,409	623	562	325	250	589	8	372	157	190	25
Utah	154	146.9	125	52	49	28	23	52	1	29	11	17	1
Vermont	64	158.5	49	20	19	11	9	21	*	15	7	7	1
Virginia	671	160.3	530	226	189	146	104	235	3	141	61	71	10
Washington	595	183.8	476	217	194	114	84	194	4	119	46	66	7
West Virginia	227	156.6	182	67	62	39	33	85	2	45	18	23	3
Wisconsin	569	159.6	440	169	165	95	84	187	4	129	51	72	6
Wyoming	60	169.9	48	23	22	10	9	17	*	12	4	7	*
Puerto Rico	125	(X)	96	35	34	35	32	30	1	29	16	. 12	1

NOTE: Excluded are 361,000 veterans whose only active-duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. 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 shown due to rounding.

[1] Based on civilian population estimates for persons age 17 and over for July 1, 1985, 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 629 (thousand) who served in both the Korean conflict and the Vietnam era.

[4] Includes 971 (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.

 # There are also 5 living Spanish-American War veterans and 63 living Mexican Border period veterans.

X Not applicable.

** Less than 0.5 (thousand).*

TABLE 2

Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Age and Period of Service – September 30, 1986

(In Thousands)

Age	Total Veterans	Wartime Veterans							Peacetime Veterans			
		Total [1]	Vietnam Era		Korean Conflict		World War II [3]	World War I	Total	Post-Vietnam Era [4]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [5]
			Total [2]	No Service in Korean Conflict	Total [2 3]	No Service in World War II						
All Ages	27,682#	22,017#	8,264	7,636	5,105	4,134	10,076	171	5,665	2,283	3,004	378
Under 20 years	*	.....	.....	.....	.....	.....	.....	.....	*	*	.....	.....
20-24 years	381	.....	.....	.....	.....	.....	.....	.....	381	381	.....	.....
25-29 years	1,288	130	130	130	.....	.....	.....	.....	1,158	1,158	.....	.....
30-34 years	1,731	1,180	1,180	1,180	.....	.....	.....	.....	551	551	.....	.....
35-39 years	3,201	3,059	3,059	3,059	.....	.....	.....	.....	142	123	18	.....
40-44 years	2,937	2,411	2,411	2,411	.....	.....	.....	.....	526	34	491	.....
45-49 years	2,420	845	702	679	166	166	.....	.....	1,575	21	1,555	.....
50-54 years	2,944	2,042	313	132	1,903	1,901	9	.....	902	11	847	44
55-59 years	3,443	3,264	244	32	2,172	1,922	1,310	.....	179	3	75	101
60-64 years	3,830	3,782	120	8	456	103	3,671	.....	48	*	10	39
65-69 years	2,978	2,938	72	3	251	23	2,912	.....	40	.....	4	36
70-74 years	1,417	1,367	24	*	100	11	1,356	.....	50	.....	3	47
75-79 years	651	602	7	*	39	5	596	.....	49	.....	1	48
80-84 years	230	189	2	.....	14	3	177	8	41	.....	1	41
85 years and over	231	208	1	.....	4	3	45	162	23	.....	*	23
Median age [6]	53.4	57.2	39.7	39.3	55.8	55.0	65.1	89.8	45.3	28.4	48.3	65.8

NOTE: Excluded are 361,000 veterans whose only active-duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. 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 shown due to rounding.

[1] *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.*

[2] *Includes 629 (thousand) who served in both the Korean conflict and the Vietnam era.*

[3] *Includes 971 (thousand) who served in both World War II and the Korean conflict.*

[4] *Service only after May 7, 1975.*

[5] *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.*

[6] *Computed from single year of age data.*

 # There are also 5 living Spanish-American War veterans and 63 living Mexican Border period veterans.

** Less than 0.5 (thousand).*

Hospital and Extended Care by Type of Facility — Fiscal Year 1986

Facility	Average Operating Beds [1] [2]	Occupancy Rate % [3]	Average Daily Census [4] [5]	Admissions [5] [6]	Discharges and Deaths [5] [6]	Patients Treated [5] [7]	Patients Remaining September 30, 1986
Total	95,869	.....	98,853	1,366,054	1,360,627	1,461,523	100,896
Total Hospital Care	.....	.....	58,226	1,306,080	1,302,994	1,361,023	58,029
VA Total	77,548	73.4	56,940	1,274,035	1,270,792	1,327,728	56,936
Medical	39,575	76.1	30,108	805,414	787,155	817,107	29,952
Surgical	15,356	63.2	9,703	300,101	304,726	314,612	9,886
Psychiatric	22,617	75.7	17,129	168,520	178,911	196,009	17,098
Non-VA	.....	.....	776	28,733	28,880	29,468	588
State	.....	.....	510	3,312	3,322	3,827	505
Total Domiciliary Care	.....	.....	10,089	10,685	10,860	21,522	10,662
VA	7,004	82.3	5,767	6,812	6,910	13,250	6,340
State	.....	.....	4,322	3,873	3,950	8,272	4,322
Total Nursing Home Care	.....	.....	30,538	49,289	46,773	78,978	32,205
VA	11,317	92.6	10,482	13,536	12,682	23,940	11,258
Community	.....	.....	12,026	29,753	28,514	41,124	12,610
State	.....	.....	8,030	6,000	5,577	13,914	8,337

[1] *Monthly average based on the number of operating beds as of the last day of 13 consecutive months, September prior fiscal year through September current fiscal year. 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] *Operating beds not reported for non-VA facilities.*

[3] *Average daily census as a percent of average operating beds.*

[4] *Total patient days during the year divided by the number of days in the year.*

[5] *Patients admitted to VA hospitals for one-day chronic dialysis are considered inpatients. Their average daily census and patient days totalled 683 and 249,412 respectively. The latter also applies to admissions, discharges and deaths, and patients treated.*

[6] *Excludes inter- and intra-VA hospital admissions and discharges.*

[7] *Discharges and deaths plus patients remaining.*

TABLE 4

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1986

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VAMC Hospital Care Component	Non-VA[2,3]	State Home[2,4]	VAMC Nurs. Home Care Component	Community[2,3]	State Home[2,4]	VAMC Dom. Care Component	State Home[2,4]	VA Staff	Fee Basis[2,5]	Visits	Treatment Cases Completed	Net Cases Authorized[2,7]
Total All Stations	1,327,728	29,468	3,827	23,940	41,124	13,914	13,250	8,272	18,457,747	1,730,385	555,698	96,786	22,031
Alabama:													
Birmingham	14,149	.....	.....	.....	324	.....	.....	.....	134,551	.....	11,123	2,312	.....
Montgomery	3,422	220	.....	.....	60	.....	.....	.....	28,894	39,370	2,920	523	288
Tuscaloosa	4,131	7	.....	180	127	.....	.....	.....	54,403	.....	1,073	324	.....
Tuskegee	6,572	1	.....	152	102	.....	.....	.....	48,164	.....	1,152	365	.....
Alaska: Anchorage (RO-OC)	.....	6,066	.....	.....	100	.....	.....	.....	15,804	75,660	.....	.....	.....
Arizona:													
Phoenix	12,331	359	.....	247	490	.....	.....	.....	142,902	32,410	4,861	1,283	528
Prescott	3,236	16	.....	.....	200	.....	540	.....	55,348	.....	1,032	203	.....
Tucson	10,337	222	.....	82	428	.....	.....	.....	135,695	.....	3,741	667	.....
Arkansas:													
Fayetteville	4,705	.....	.....	.....	109	.....	.....	.....	38,045	.....	2,428	600	.....
Little Rock[8]	22,254	352	.....	348	599	.....	.....	175	211,352	47,097	6,803	1,340	694
Little Rock Div.	22,254	352	.....	348	599	.....	.....	175	138,833	47,097	5,812	1,177	694
No. Little Rock Div.	.....	.....	.....	.....	.....	.....	.....	.....	72,519	.....	991	163	.....
California:													
Fresno	4,805	24	.....	169	208	.....	.....	.....	87,799	.....	2,192	628	.....
Livermore	1,981	.....	.....	187	77	.....	.....	.....	33,718	.....	1,240	269	.....
Loma Linda	10,210	15	.....	192	274	.....	.....	.....	170,050	.....	6,416	1,367	.....
Long Beach	18,730	38	.....	394	467	.....	.....	.....	317,126	.....	4,578	528	.....
Los Angeles (OC)	.....	436	.....	.....	.....	.....	.....	.....	216,631	50,510	3,861	973	792
Martinez	8,084	1	.....	.....	250	.....	.....	.....	213,280	.....	5,888	1,069	.....
Martinez	8,084	1	.....	.....	250	.....	.....	.....	121,170	.....	1,439	231	.....
Oakland (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	32,194	.....	.....	.....	.....
Sacramento (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	59,916	.....	4,449	838	.....
Palo Alto[8]	14,519	.....	.....	850	344	.....	.....	.....	249,798	.....	3,114	705	.....
Palo Alto Div.	14,519	.....	.....	850	344	.....	.....	.....	138,249	.....	2,840	641	.....
Menlo Park Div.	.....	.....	.....	.....	.....	.....	.....	.....	111,549	.....	274	64	.....
San Diego	14,359	127	.....	224	226	.....	.....	.....	210,116	11,837	12,710	3,167	89
San Diego	14,359	127	.....	224	226	.....	.....	.....	157,059	11,837	10,323	2,582	.....
San Diego (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	53,057	.....	2,387	585	89
San Francisco	11,770	777	886	.....	197	1,534	.....	1,312	147,282	49,594	7,980	1,338	1,453
Sepulveda	11,126	.....	.....	474	191	.....	.....	.....	220,303	.....	4,596	1,022	.....
West Los Angeles[8]	21,030	36	.....	88	691	.....	556	.....	390,278	.....	3,682	538	.....
West L.A.—Wadsworth Div.	21,030	36	.....	88	691	.....	556	.....	214,786	.....	2,853	323	.....
West L.A.—Brentwood Div.	.....	.....	.....	.....	.....	.....	.....	.....	150,289	.....	829	215	.....
Santa Barbara (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	25,203	.....	.....	.....	.....
Colorado:													
Denver	9,675	105	.....	264	282	177	.....	119	141,302	5,056	5,247	876	.....
Denver	9,675	105	.....	264	282	177	.....	119	138,002	5,056	4,150	688	.....
Colorado Springs (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	3,300	.....	1,097	188	.....
Ft. Lyon	1,578	3	.....	55	68	.....	.....	.....	33,705	.....	412	159	.....
Grand Junction	2,668	.....	.....	76	127	.....	.....	.....	26,082	.....	445	124	.....

Connecticut:														
Newington	3,540	99	745	.....	148	.....	.....	755	61,224	14,836	3,665	727	70	
West Haven	10,677	.....	.....	121	131	.....	.....	.....	127,381	.....	3,430	744	.....	
Delaware: Wilmington	4,259	25	.....	136	207	491	.....	.....	59,940	1,290	2,878	471	10	
District of Columbia: Washington	16,797	63	.....	151	160	125	.....	98	225,521	1,064	1,190	150	298	
Florida:														
Bay Pines	11,837	2,481	.....	641	662	.....	550	.....	195,480	103,382	12,437	2,196	1,487	
Bay Pines	11,837	2,481	.....	641	662	.....	550	.....	162,343	103,382	10,872	1,608	1,487	
Ft. Myers (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	33,137	.....	1,565	588	.....	
Gainesville	12,330	13	.....	218	296	.....	.....	.....	172,240	.....	15,015	2,088	.....	
Gainesville	12,330	13	.....	218	296	.....	.....	.....	110,511	.....	9,466	1,340	.....	
Jacksonville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	42,791	.....	3,678	467	.....	
Daytona Beach (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	18,938	.....	1,871	281	.....	
Lake City	8,114	.....	.....	207	78	.....	.....	.....	30,609	.....	1,216	228	.....	
Miami	16,715	449	.....	242	595	.....	.....	.....	344,917	.....	19,141	2,206	.....	
Miami	16,715	449	.....	242	595	.....	.....	.....	206,676	.....	8,851	515	.....	
Oakland Park (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	81,809	.....	5,797	758	.....	
Riviera Beach (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	56,432	.....	4,493	933	.....	
Tampa	17,210	33	.....	339	680	.....	.....	.....	256,831	.....	9,713	1,935	.....	
Tampa	17,210	33	.....	339	680	.....	.....	.....	167,835	.....	6,572	1,137	.....	
Orlando (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	81,843	.....	3,141	798	.....	
Port Richey (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	7,153	.....	.....	.....	.....	
Georgia:														
Atlanta	13,291	360	.....	180	471	.....	.....	.....	151,243	41,039	7,151	1,470	1,258	
Augusta[8]	11,813	7	.....	72	387	349	.....	.....	96,384	.....	2,399	684	.....	
Forest Hills Div.	11,813	7	.....	72	387	349	.....	.....	72,963	.....	1,763	480	.....	
Lenwood Div.	.....	.....	.....	.....	.....	.....	.....	.....	23,421	.....	636	204	.....	
Dublin	5,514	.....	.....	114	260	258	477	313	41,054	.....	853	169	.....	
Hawaii: Honolulu (RO-OC)	.....	1,806	.....	.....	53	.....	.....	.....	57,599	7,410	2,313	556	72	
Idaho: Boise	3,849	151	.....	172	168	113	.....	180	65,991	13,721	1,690	332	259	
Illinois:														
Chicago (Lakeside)	12,373	.....	.....	.....	397	.....	.....	.....	125,084	.....	834	87	.....	
Chicago (West Side)	13,221	451	.....	.....	562	.....	.....	.....	235,493	58,414	5,808	833	475	
Danville	7,526	11	.....	541	194	.....	.....	.....	97,296	.....	2,487	464	.....	
Danville	7,526	11	.....	541	194	.....	.....	.....	59,680	.....	1,482	255	.....	
Peoria (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	37,616	.....	1,005	209	.....	
Hines	26,454	.....	.....	425	918	146	.....	.....	253,884	.....	2,266	253	.....	
Marion	5,471	3	.....	136	223	.....	.....	.....	51,531	.....	1,022	354	.....	
Marion	5,471	3	.....	136	223	.....	.....	.....	27,228	.....	1,022	354	.....	
Evansville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	24,303	.....	.....	.....	.....	
North Chicago	6,936	1	.....	288	423	.....	.....	.....	132,487	.....	1,548	233	.....	
Indiana:														
Ft. Wayne	3,842	.....	.....	79	220	.....	.....	.....	22,523	.....	968	139	.....	
Indianapolis[8]	14,728	267	.....	242	298	384	.....	110	123,099	23,339	3,541	411	217	
Cold Spring Road Div.	.....	.....	.....	.....	.....	.....	.....	.....	17,280	.....	.....	.....	.....	
West Tenth Street Div.	14,728	267	.....	242	298	384	.....	110	105,819	23,339	3,541	411	217	
Marion	3,048	.....	.....	120	235	.....	.....	.....	49,521	.....	854	158	.....	
Iowa:														
Des Moines	5,808	32	245	.....	196	746	.....	173	80,372	26,352	2,050	647	512	
Iowa City	9,712	137	401	.....	425	922	.....	176	79,953	.....	1,568	144	.....	
Knoxville	3,473	.....	.....	260	151	.....	.....	.....	32,704	.....	444	104	.....	
Kansas:														
Leavenworth	4,851	2	.....	61	159	.....	1,083	.....	66,954	.....	1,357	108	.....	
Topeka	6,538	6	.....	100	240	.....	.....	.....	108,251	.....	2,007	455	.....	
Wichita	4,870	113	.....	132	264	82	.....	95	58,055	16,003	1,667	531	89	
Kentucky:														
Lexington[8]	13,506	19	.....	161	345	.....	.....	.....	115,729	.....	2,985	447	.....	
Leestown Div.	13,506	19	.....	161	345	.....	.....	.....	40,361	.....	412	102	.....	
Cooper Drive Div.	.....	.....	.....	.....	.....	.....	.....	.....	75,368	.....	2,573	345	.....	
Louisville	8,655	112	.....	.....	343	.....	.....	.....	105,609	14,545	4,072	797	91	

See footnotes at end of table.

TABLE 4—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1986

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VAMC Hospital Care Component	Non-VA[2 3]	State Home[2 4]	VAMC Nurs. Home Care Component	Community[2 3]	State Home[2 4]	VAMC Dom. Care Component	State Home[2 4]	VA Staff	Fee Basis[2 5]	Visits	Treatment Cases Completed	Net Cases Authorized[2 7]
Louisiana:	6,681	2	.....	110	186	.....	.....	.....	42,747	.....	960	158	.....
Alexandria	12,601	487	.....	.....	257	203	.....	155	231,274	15,961	3,933	735	46
New Orleans	12,601	487	.....	.....	257	203	.....	155	196,052	15,961	3,106	590	46
New Orleans	.....	.....	.....	.....	.....	.....	.....	.....	35,222	.....	827	145	.....
Baton Rouge (OCS)	9,665	150	.....	.....	400	.....	.....	.....	85,651	22,079	2,814	715	119
Shreveport	6,746	149	.....	150	233	175	.....	.....	72,359	20,078	1,832	605	277
Maine: Togus	6,521	102	.....	.....	187	.....	.....	.....	147,686	7,539	2,910	577	192
Maryland:	6,521	102	.....	.....	187	.....	.....	.....	98,485	7,539	1,177	169	.....
Baltimore	.....	.....	.....	.....	.....	.....	.....	.....	49,201	.....	1,733	408	192
Baltimore	2,178	.....	.....	59	64	.....	.....	.....	27,483	.....	536	94	.....
Baltimore (OCMC)	3,373	3	.....	136	131	.....	.....	.....	41,155	.....	683	86	.....
Ft. Howard	3,854	22	.....	236	172	.....	.....	.....	100,748	.....	2,028	267	.....
Perry Point	15,599	.....	.....	.....	413	.....	.....	.....	178,596	.....	3,392	399	.....
Massachusetts:	15,599	.....	.....	.....	413	.....	.....	.....	148,774	.....	3,392	399	.....
Bedford	.....	.....	.....	.....	413	.....	.....	.....	29,822	.....	.....	.....	.....
Boston	.....	241	1,371	.....	.....	238	.....	576	204,456	56,635	11,778	1,763	76
Boston	7,964	.....	.....	135	317	.....	.....	.....	177,669	.....	10,632	1,128	.....
Boston (OC)	7,964	.....	.....	135	317	.....	.....	.....	102,698	.....	5,788	612	.....
Brockton[8]	.....	.....	.....	.....	.....	.....	.....	.....	54,369	.....	4,844	516	.....
Brockton Div.	.....	.....	.....	.....	.....	.....	.....	.....	20,602	.....	.....	.....	.....
West Roxbury Div.	3,065	15	172	74	161	384	.....	51	94,353	.....	1,897	491	.....
Worcester (OCS)	3,065	15	172	74	161	384	.....	51	68,915	.....	1,897	491	.....
Northampton	.....	.....	.....	.....	.....	.....	.....	.....	25,438	.....	.....	.....	.....
Northampton	14,339	446	.....	117	337	725	.....	208	197,472	25,119	5,184	374	361
Springfield (OCS)	11,999	29	.....	416	270	.....	.....	.....	144,419	.....	4,174	803	.....
Michigan:	11,999	29	.....	416	270	.....	.....	.....	102,348	.....	2,246	382	.....
Allen Park	.....	.....	.....	.....	.....	.....	.....	.....	42,071	.....	1,928	421	.....
Ann Arbor	5,871	46	.....	313	321	.....	.....	.....	97,487	.....	2,238	673	.....
Ann Arbor	5,871	46	.....	313	321	.....	.....	.....	73,859	.....	1,082	217	.....
Toledo, OH (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,628	.....	1,156	456	.....
Battle Creek	5,759	17	.....	229	91	126	.....	110	27,782	2,789	485	118	58
Battle Creek	3,593	.....	.....	169	300	.....	.....	.....	40,676	.....	1,379	293	.....
Grand Rapids (OCS)	3,593	.....	.....	169	300	.....	.....	.....	39,283	.....	1,379	293	.....
Iron Mountain	.....	.....	.....	.....	.....	.....	.....	.....	1,393	.....	.....	.....	.....
Saginaw	19,988	608	.....	.....	965	425	.....	645	224,939	48,246	3,379	539	926
Saginaw	19,988	608	.....	.....	965	425	.....	645	193,218	48,246	3,379	539	926
Gaylord (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	31,721	.....	.....	.....	.....
Minnesota:	3,293	.....	.....	160	226	.....	.....	.....	71,615	.....	1,148	230	.....
Minneapolis	8,159	.....	.....	46	428	.....	325	.....	103,616	.....	2,191	503	.....
Minneapolis	8,159	.....	.....	46	428	.....	325	.....	66,436	.....	1,507	315	.....
St. Paul (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	26,243	.....	684	188	.....
St. Cloud	.....	.....	.....	.....	.....	.....	.....	.....	6,908	.....	.....	.....	.....
Mississippi:	.....	.....	.....	.....	.....	.....	.....	.....	4,029	.....	.....	.....	.....
Biloxi[8]	14,472	89	.....	221	291	.....	.....	.....	97,677	28,396	3,423	681	336
Biloxi Div.													
Gulfport Div.													
Mobile, AL (OCS)													
Pensacola, FL (OCS)													
Jackson													

Missouri:													
Columbia	7,552	2	.....	75	243	.....	.....	.....	62,544	.....	1,305	203	.....
Kansas City	11,653	241	.....	.....	307	.....	.....	.....	135,778	29,330	2,363	510	12
Poplar Bluff	3,926	35	.....	75	150	.....	.....	.....	34,951	.....	939	203	.....
St. Louis[8]	19,104	86	.....	226	362	732	.....	76	213,693	9,037	3,985	960	.....
John Cochran Div.	19,104	86	.....	226	362	732	.....	76	155,103	9,037	2,737	628	.....
Jefferson Barracks Div.	.....	.....	.....	.....	.....	.....	.....	.....	58,590	.....	1,248	332	.....
Montana:													
Ft. Harrison	3,357	122	.....	.....	112	116	.....	99	20,532	22,497	506	86	351
Miles City	1,604	.....	.....	40	78	.....	.....	.....	19,411	.....	57	16	.....
Nebraska:													
Grand Island	3,078	1	.....	155	33	673	.....	165	24,932	.....	445	90	.....
Lincoln	4,233	44	.....	.....	104	.....	.....	.....	44,846	9,177	1,316	264	.....
Omaha	8,528	29	.....	.....	281	.....	.....	.....	92,726	.....	1,801	334	96
Nevada:													
Las Vegas (OC)	.....	207	.....	.....	.....	.....	.....	.....	61,137	3,433	6,886	1,219	100
Reno	4,956	156	.....	272	136	.....	.....	.....	69,038	8,648	958	319	1
New Hampshire: Manchester	4,004	116	.....	289	126	113	.....	.....	67,221	9,575	5,804	543	11
New Jersey:													
East Orange	16,660	237	.....	104	308	433	.....	48	173,375	31,431	6,724	938	102
East Orange	16,660	237	.....	104	308	433	.....	48	125,544	31,431	6,724	938	102
Newark (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	47,831	.....	.....	.....	.....
Lyons	4,948	4	.....	169	156	.....	.....	.....	42,231	.....	2,818	308	.....
New Mexico: Albuquerque	10,071	81	.....	235	224	69	.....	34	140,735	11,040	6,764	602	454
New York:													
Albany	9,793	41	.....	312	123	.....	.....	.....	123,481	19,264	2,864	495	195
Batavia	1,484	2	.....	99	49	.....	.....	.....	59,177	.....	1,561	222	.....
Batavia	1,484	2	.....	99	49	.....	.....	.....	21,524	.....	1,561	222	.....
Rochester (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	37,653	.....	.....	.....	.....
Bath	2,306	6	.....	255	151	.....	798	.....	36,513	.....	875	78	25
Bronx	13,054	.....	.....	81	177	.....	.....	.....	175,630	.....	2,291	131	.....
Brooklyn[8]	18,109	.....	.....	383	169	.....	.....	.....	342,724	.....	7,533	600	.....
Brooklyn Div.	18,109	.....	.....	383	169	.....	.....	.....	201,918	.....	2,574	192	.....
St. Albans Div.	.....	.....	.....	.....	.....	.....	.....	.....	38,048	.....	1,173	28	.....
Brooklyn (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	102,758	.....	3,786	380	.....
Buffalo	15,699	76	.....	109	230	.....	.....	.....	185,370	7,776	4,787	984	32
Canandaigua	2,657	5	.....	152	68	.....	.....	.....	46,440	.....	1,116	223	3
Castle Point	3,678	.....	.....	250	61	.....	.....	.....	39,640	.....	1,846	206	.....
Montrose	4,608	.....	.....	197	48	.....	.....	.....	67,370	.....	2,632	342	.....
New York	14,609	272	.....	.....	125	.....	.....	.....	308,851	16,789	9,821	1,060	152
New York	14,609	272	.....	.....	125	.....	.....	.....	170,374	16,789	9,821	1,060	152
New York (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	138,477	.....	.....	.....	.....
Northport	13,788	.....	.....	.....	252	.....	.....	.....	205,849	.....	6,583	734	.....
Syracuse	6,402	101	.....	103	101	96	.....	93	99,260	27,953	2,645	456	203
North Carolina:													
Asheville	7,953	20	.....	122	339	.....	.....	.....	79,459	.....	3,035	587	.....
Durham	10,598	84	.....	.....	363	.....	.....	.....	95,446	.....	3,331	792	.....
Fayetteville	6,120	6	.....	68	194	.....	.....	.....	60,004	.....	4,539	814	.....
Salisbury	6,456	190	.....	171	227	.....	.....	.....	73,933	66,044	3,795	1,170	60
Salisbury	6,456	190	.....	171	227	.....	.....	.....	55,388	66,044	3,795	1,170	60
Winston-Salem (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	18,545	.....	.....	.....	.....
North Dakota: Fargo	4,699	310	.....	178	116	.....	.....	175	40,478	22,304	1,658	547	245
Ohio:													
Chillicothe	6,503	4	.....	219	601	.....	.....	.....	54,751	.....	1,014	98	.....
Cincinnati	11,299	142	.....	325	299	.....	.....	.....	129,817	11,953	2,726	527	1
Cleveland[8]	18,488	150	.....	311	484	344	.....	442	240,212	14,746	4,455	752	32
Wade Park Div.	18,488	150	.....	311	484	344	.....	442	143,753	14,746	1,663	212	.....
Brecksville Div.	.....	.....	.....	.....	.....	.....	.....	.....	56,730	.....	746	141	32
Canton (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	39,729	.....	2,046	399	.....
Columbus (OC)	.....	380	.....	.....	.....	.....	.....	.....	97,431	12,705	3,567	741	22
Dayton	10,560	.....	.....	375	268	.....	999	.....	101,075	.....	2,408	549	.....

See footnotes at end of table.

TABLE 4--Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1986

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff[6]		Fee Basis
	VAMC Hospital Care Component	Non-VA[2,3]	State Home[2,4]	VAMC Nurs. Home Care Component	Community[2,3]	State Home[2,4]	VAMC Dom. Care Component	State Home[2,4]	VA Staff	Fee Basis[2,5]	Visits	Treatment Cases Completed	Net Cases Authorized[2,7]
Oklahoma:													
Muskogee	4,858	264	.....	.....	307	.....	.....	.....	106,029	31,458	3,224	815	354
Muskogee	4,858	264	.....	.....	307	.....	.....	.....	59,843	31,458	2,219	701	354
Tulsa (OCS)	.....	.....	.....	.....	.....	1,325	.....	.....	46,186	.....	1,005	114	.....
Oklahoma City	13,550	35	7	.....	477	1,325	.....	228	174,151	.....	3,684	690	.....
Oregon:													
Portland[8]	14,993	328	.....	307	358	.....	.....	.....	168,542	39,064	5,407	819	292
Portland	14,993	328	.....	307	358	.....	.....	.....	87,139	39,064	3,360	474	292
Vancouver (WA) Div.	.....	.....	.....	.....	.....	.....	.....	.....	26,739	.....	2,047	345	.....
Portland (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	54,664	.....	.....	.....	.....
Roseburg	4,523	4	.....	119	293	.....	.....	.....	49,170	.....	653	166	.....
White City (Ind. Dom.)	.....	60	.....	.....	.....	.....	1,701	.....	14,408	.....	799	131	.....
Pennsylvania:													
Altoona	2,766	95	.....	54	127	390	.....	376	29,184	13,405	922	344	20
Butler	2,425	1	.....	209	92	.....	.....	.....	41,550	2,429	1,247	218	13
Coatesville	5,049	128	.....	265	490	.....	.....	.....	57,981	1,797	563	116	3
Erie	3,002	31	.....	84	119	89	.....	88	40,891	2,034	1,137	149	55
Lebanon	4,021	98	.....	336	375	.....	.....	.....	61,143	21,853	1,861	372	276
Lebanon	4,021	98	.....	336	375	.....	.....	.....	48,041	21,853	1,861	372	276
Harrisburg (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	13,102	.....	.....	.....	.....
Philadelphia	10,353	265	.....	.....	505	.....	.....	.....	264,479	20,776	4,308	523	156
Philadelphia	10,353	265	.....	.....	505	.....	.....	.....	186,260	20,776	1,925	210	.....
Philadelphia (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	78,219	.....	2,383	313	156
Pittsburgh (Highland Dr.)	3,950	29	.....	.....	315	.....	.....	.....	61,393	3,363	2,593	414	31
Pittsburgh (Univ. Dr.)[8]	13,440	27	.....	372	490	.....	.....	.....	136,104	13,289	3,810	548	7
Pittsburgh (Univ. Dr.) Div.	13,440	27	.....	372	490	.....	.....	.....	126,313	13,289	3,354	481	7
Aspinwall Div.	.....	.....	.....	.....	.....	.....	.....	.....	2,465	.....	456	67	.....
Pittsburgh (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	7,326	.....	.....	.....	.....
Wilkes-Barre	7,302	226	.....	157	182	.....	.....	.....	143,820	21,654	9,396	1,434	78
Wilkes-Barre	7,302	226	.....	157	182	.....	.....	.....	93,024	21,654	7,415	1,050	78
Allentown (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	30,474	.....	1,981	384	.....
Sayre (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	20,322	.....	.....	.....	.....
Philippines: Manila (RO-OC)	.....	1,053	.....	.....	.....	.....	.....	.....	6,481	252	.....	.....	.....
Puerto Rico:													
San Juan	15,042	2,114	.....	.....	206	.....	.....	.....	266,885	78,671	10,722	1,530	490
San Juan	15,042	2,114	.....	.....	206	.....	.....	.....	217,475	78,671	7,181	1,020	490
Mayaguez (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	49,410	.....	3,541	510	.....
Rhode Island:													
Providence	9,520	111	.....	.....	232	333	.....	50	135,851	18,505	4,289	913	87
Providence	9,520	111	.....	.....	232	333	.....	50	129,843	18,505	4,286	913	87
New Bedford, MA (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	6,008	.....	.....	.....	.....
South Carolina:													
Charleston	7,187	.....	.....	.....	184	.....	.....	.....	78,283	.....	1,945	283	.....
Columbia	10,209	100	.....	288	192	282	.....	.....	123,918	25,766	5,993	1,444	36
Columbia	10,209	100	.....	288	192	282	.....	.....	97,360	25,766	3,660	767	36
Greenville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	26,558	.....	2,333	677	.....

South Dakota:													
Ft. Meade	3,539	5	.....	.....	85	.....	.....	.....	39,373	.....	597	126	.....
Hot Springs	3,681	.....	.....	.....	18	36	802	87	39,783	.....	295	62	.....
Sioux Falls	4,402	28	.....	167	216	.....	.....	.....	51,525	10,502	812	189	100
Tennessee:													
Memphis	19,702	.....	.....	562	257	.....	.....	.....	167,668	.....	5,320	870	.....
Mountain Home	7,647	7	.....	94	384	.....	1,197	.....	73,620	.....	2,078	133	.....
Murfreesboro	4,417	7	.....	63	106	.....	.....	.....	40,062	.....	722	124	.....
Nashville	12,832	263	.....	.....	248	.....	.....	.....	136,313	17,777	5,356	1,493	793
Nashville	12,832	263	.....	.....	248	.....	.....	.....	101,718	17,777	5,356	1,493	793
Chattanooga (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	19,378	.....	.....	.....	.....
Knoxville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	15,217	.....	.....	.....	.....
Texas:													
Amarillo	4,060	222	.....	.....	247	.....	.....	.....	65,353	13,149	1,530	349	155
Amarillo	4,060	222	.....	.....	247	.....	.....	.....	36,243	13,149	920	151	.....
Lubbock (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	29,110	.....	610	198	155
Big Spring	3,441	.....	.....	114	140	.....	.....	.....	23,364	.....	918	95	.....
Bonham	2,521	.....	.....	144	205	.....	352	.....	30,851	.....	1,296	281	.....
Dallas	19,859	239	.....	363	381	.....	.....	.....	283,556	28,796	5,610	829	498
El Paso (OC)	.....	810	.....	.....	.....	.....	.....	.....	50,141	12,277	2,704	510	671
Houston	20,863	71	.....	317	479	.....	.....	.....	301,151	3,764	7,126	1,261	109
Houston	20,863	71	.....	317	479	.....	.....	.....	275,383	3,764	5,744	998	109
Beaumont (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	25,768	.....	1,382	263	.....
Kerrville	6,178	1	.....	246	156	.....	.....	.....	36,792	.....	671	271	.....
Marlin	2,528	.....	.....	.....	72	.....	.....	.....	11,201	.....	226	85	.....
San Antonio	20,841	254	.....	.....	504	.....	.....	.....	195,640	6,139	9,327	1,187	370
San Antonio	20,841	254	.....	.....	504	.....	.....	.....	150,980	6,139	9,040	1,120	370
Corpus Christi (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	16,830	.....	.....	.....	.....
McAllen (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	14,278	.....	.....	.....	.....
San Antonio (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	13,552	.....	287	67	.....
Temple	10,661	.....	.....	237	298	.....	1,257	.....	98,068	.....	5,326	673	.....
Waco	4,710	80	.....	96	212	.....	.....	.....	88,034	13,603	1,522	409	63
Utah: Salt Lake City	10,957	58	.....	47	368	.....	.....	.....	151,673	6,147	1,663	323	57
Vermont: White River Junction	4,613	99	.....	223	73	271	.....	60	55,362	16,616	1,400	246	58
Virginia:													
Hampton	7,556	1	.....	307	237	.....	892	.....	145,192	.....	6,870	629	.....
Richmond	17,180	31	.....	216	223	.....	.....	.....	162,394	.....	4,720	1,158	.....
Salem	8,197	224	.....	244	162	.....	.....	.....	141,562	34,646	2,322	396	480
Washington:													
American Lake (Tacoma)	4,029	217	.....	102	261	.....	.....	.....	79,769	.....	2,624	572	.....
Seattle	10,612	415	.....	296	480	477	.....	376	180,213	34,500	4,343	632	443
Spokane	4,010	.....	.....	131	179	.....	.....	.....	43,180	.....	2,160	292	.....
Walla Walla	2,422	.....	.....	.....	137	.....	.....	.....	30,896	.....	478	119	.....
West Virginia:													
Beckley	4,672	1	.....	48	116	.....	.....	.....	25,665	.....	877	136	.....
Clarksburg	5,988	.....	.....	.....	337	.....	.....	.....	33,043	.....	1,108	198	.....
Huntington	4,253	174	.....	.....	288	.....	.....	411	55,672	15,020	2,157	685	19
Martinsburg	6,431	5	.....	165	244	.....	901	.....	86,220	2,038	2,070	113	4
Wisconsin:													
Madison	9,143	1	.....	.....	251	532	.....	145	65,442	.....	752	93	.....
Tomah	3,848	.....	.....	208	241	.....	.....	.....	39,460	.....	416	74	.....
Wood	14,489	252	.....	461	403	.....	835	.....	203,172	24,172	5,977	631	3,026
Wyoming:													
Cheyenne	2,308	18	.....	81	116	.....	.....	.....	19,330	3,151	723	183	117
Sheridan	1,962	14	.....	.....	59	.....	.....	68	23,236	.....	240	14	.....

[1] *Based on the number of discharges and deaths during FY 1986, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1986. 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] *Includes terminations for treatment cases completed. Visits represent a count of patients receiving dental care (exam/treatment) for a service-connected or adjunct dental condition. One visit per day.*

[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 5

Actions on Applications For Medical Care—Fiscal Years 1985–1986

Item	FY 1986	FY 1985
Total applications	3,016,683	3,030,354
Pending determination of need at beginning of period	2,199	1,799
Received during period	3,014,484	3,028,555
Total Processed	2,941,583	2,962,706
In need of care	2,772,220	2,710,822
Hospital care	814,745	904,974
Ambulatory care	1,945,056	1,793,864
Nursing home care	7,455	7,600
Domiciliary care	4,964	4,384
Not in need of care	169,363	251,884
Cancelled	72,491	65,453
Pending determination of need at end of period	2,609	2,195
Acceptance rate[1]	94.2	91.5

[1] *Acceptance rate is determined by dividing "In Need of Care" total by "Total Processed" and multiplying by 100.*

TABLE 6

Total Health Care: Obligations by Program and Appropriation—Fiscal Year 1986

	Obligations (in thousands)	
	FY 1986	FY 1985
Total	$9,544,381	$9,258,347
Medical care	9,275,280	9,936,274
Inpatient care	6,385,766	6,356,761
Hospitals	5,467,328	5,538,933
VA hospitals[1]	5,303,057	5,390,914
Contract hospitals	160,885	144,333
State home hospitals	3,386	3,686
Nursing homes	805,548	709,585
VA nursing homes[1]	452,397	390,432
Community nursing homes	301,844	268,936
State nursing homes	51,307	50,217
Domiciliaries	112,890	108,243
VA domiciliaries[1]	99,270	95,198
State domiciliaries	13,620	13,045
Outpatient care (staff and fee)	1,921,474	1,686,184
CHAMPVA	87,684	82,522
Education and training[2]	484,967	465,190
Miscellaneous benefits and services	395,389	345,617
Medical administration and miscellaneous operating expenses	50,395	65,798
Medical administration	41,524	50,427
Post graduate and inservice training	8,534	10,807
Health professional scholarship	337	4,564
Medical and prosthetic research	186,180	226,634
Medical research	164,326	204,867
Rehabilitative research	15,375	15,358
Health services research	6,479	6,409
Other medical programs[3]	32,526	29,641

[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 1985 – 1986

Type of Facility	Average Obligations per Patient			
	Treated		Day	
	FY 1986	FY 1985	FY 1986	FY 1985
VA hospitals				
All bed sections	3,994	4,129	255.16	249.02
Medical bed sections	2,922	3,072	316.91	308.75
Surgical bed sections	4,677	4,587	415.43	378.73
Psychiatric bed sections	5,281	5,881	165.56	163.58
Intermediate bed sections	13,543	14,245	136.92	135.32
Non-VA (contract) hospitals[1]	5,323	4,467	553.48	[3] 404.33
VA nursing home care units	18,897	19,100	118.24	111.94
Community nursing homes[1]	6,845	6,428	64.13	59.87
VA domiciliaries	7,492	7,253	47.16	43.62
State homes[1]				
Hospital care[2]	748	781	15.25	15.25
Nursing home care[2]	3,551	3,566	17.05	17.05
Domiciliary care[2]	1,510	1,403	7.30	7.30

[1] *Data for this table are based on direct obligations and exclude support costs.*
[2] *Per diems impacted by statutory limitations.*
[3] *Revised.*

VA Medical Centers—Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges, Deaths, and Remaining by Bed Section—Fiscal Year 1986

Item	Total	Type of Bed Section		
		Medical	Surgical	Psychiatric
ADMISSIONS[1]				
All hospitals	1,306,080	[2]824,610	[2]303,529	[2]174,629
VA medical centers – Total	1,274,035	805,414	300,101	168,520
Non-VA (contract) hospitals – Total	28,733	19,196	3,428	6,109
Federal Government hospitals – Total	2,115	1,390	467	258
Army	1,784	1,084	460	240
Air Force	299	292	7	.....
Navy	13	13	.....	.....
Public Health Service	1	1	.....	.....
Other[3]	18	.....	.....	18
State and local government hospitals	8,326	5,456	988	1,882
Non-public hospitals	18,292	12,350	1,973	3,969
State home hospitals	3,312	([2])	([2])	([2])
DISCHARGES AND DEATHS				
All hospitals	1,302,994	[2]806,357	[2]308,140	[2]185,175
VA medical centers – Total	1,270,792	787,155	304,726	178,911
Non-VA (contract) hospitals – Total	28,880	19,202	3,414	6,264
Federal Government hospitals – Total	2,137	1,415	469	253
Army	1,797	1,100	462	235
Air Force	307	300	7	.....
Navy	14	14	.....	.....
Public Health Service	1	1	.....	.....
Other[3]	18	.....	.....	18
State and local government hospitals	8,318	5,443	988	1,887
Non-public hospitals	18,425	12,344	1,957	4,124
State home hospitals	3,322	([2])	([2])	([2])
BED OCCUPANTS REMAINING				
Total occupants remaining on September 30, 1986	57,781	[2]30,107	[2]9,901	[2]17,268
VA medical centers – Total	56,689	29,887	9,834	16,968
Non-VA (contract) hospitals – Total	587	220	67	3,010
Federal Government hospitals – Total	55	24	17	14
Army	52	21	17	14
Air Force	3	3	.....	.....
Navy	.....	.....	.....	.....
Public Health Service	.....	.....	.....	.....
Other[3]	.....	.....	.....	.....
State and local government hospitals	124	57	20	47
Non-public hospitals	408	139	30	239
State home hospitals	505	([2])	([2])	([2])
ABSENT BED OCCUPANTS REMAINING				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1986	248	65	52	131
VA medical centers – Total	247	65	52	130
All other hospitals	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, which are not available.*
[3] *St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*

VA Medical Centers—Hospital Care Component and Non-VA Hospitals (Contract): Patient Movement By Type of Bed Section—Fiscal Year 1986

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	1,494,476	946,792	353,524	194,160	28,775	19,222	3,443	6,110	2,118	8,361	18,296
Admissions	1,274,035	805,414	300,101	168,520	28,733	19,196	3,428	6,109	2,115	8,326	18,292
Transfers in from other hospitals[5]	32,088	17,008	8,243	6,837	([6])	([6])	([6])	([6])	([6])	([6])	([6])
Changes in bed sections (+)	188,353	124,370	45,180	18,803	42	26	15	1	3	35	4
Losses – Total	1,495,046	933,501	358,060	203,485	28,922	19,228	3,429	6,265	2,140	8,353	18,429
Discharges – Total	1,223,565	746,284	298,538	178,743	28,175	18,577	3,348	6,250	2,032	8,098	18,045
To ambulatory care	835,013	543,029	229,207	62,777	([7])	([7])	([7])	([7])	([7])	([7])	([7])
Other	388,552	203,255	69,331	115,966	28,175	18,577	3,348	6,250	2,032	8,098	18,045
Deaths	47,227	40,871	6,188	168	705	625	66	14	105	220	380
Transfers out to other hospitals[5]	35,901	21,976	8,154	5,771	([7])	([7])	([7])	([7])	([7])	([7])	([7])
Changes in bed sections (–)	188,353	124,370	45,180	18,803	42	26	15	1	3	35	4
Remaining on September 30, 1986 – Total	56,936	29,952	9,886	17,098	588	220	67	301	55	125	408
Bed occupants	56,689	29,887	9,834	16,968	587	220	67	300	55	124	408
On leave of absence	247	65	52	130	1	.....	.....	1	.....	1	.....
Patients treated[8] [9]	1,327,728	817,107	314,612	196,009	29,468	19,422	3,481	6,565	2,192	8,443	18,833
Episodes of care[10]	1,516,081	941,477	359,792	214,812	29,510	19,448	3,496	6,566	2,195	8,478	18,837
Average daily census[11]											
Total	56,940	30,108	9,703	17,129	776	329	84	364	65	182	530
Excluding days while patients on authorized leave of absence of 96 hours or less	55,939	29,767	9,496	16,675	.....	.....	.....	.....	.....	.....	.....

[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" discharges.*
[8] *Based on the number of discharges and deaths during FY 1986, plus the number remaining on the rolls on September 30, 1986.*
[9] *Patients admitted to VA hospitals for chronic dialysis are considered to be inpatients; there were 249,412 such patients with one day duration of stay treated during the fiscal year.*
[10] *Based on the number of discharges and deaths during FY 1986, plus the number remaining on the rolls on September 30, 1986. 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 rounding.*

TABLE 10

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1986

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	77,548	39,575	15,356	22,617	1,327,728	941,477	359,792	214,812	56,940
Alabama:									
Birmingham	414	216	198	.....	14,149	9,784	5,197	.....	273
Montgomery	200	172	28	.....	3,422	2,923	941	.....	143
Tuscaloosa	582	228	.....	354	4,131	1,952	.....	3,098	478
Tuskegee	831	438	87	306	6,572	4,434	1,334	2,342	600
Arizona:									
Phoenix	470	210	124	136	12,331	7,157	3,725	2,396	325
Prescott	193	116	47	30	3,236	2,523	548	420	98
Tucson	306	136	121	48	10,337	7,256	3,090	825	208
Arkansas:									
Fayetteville	187	124	63	.....	4,705	3,319	1,713	.....	113
Little Rock[8]	1,305	541	254	510	22,254	15,422	7,322	4,065	927
California:									
Fresno	218	108	75	35	4,805	3,098	2,042	761	139
Livermore	164	156	8	.....	1,981	2,177	264	.....	92
Loma Linda	402	212	130	60	10,210	7,457	3,086	868	328
Long Beach	1,041	744	167	130	18,730	14,128	4,508	2,175	759
Martinez	402	206	134	62	8,084	4,742	2,993	1,201	296
Palo Alto[8]	1,278	428	113	736	14,519	8,471	2,894	4,501	1,010
San Diego	562	253	204	105	14,359	10,021	4,292	1,563	334
San Francisco	354	131	173	50	11,770	7,423	5,033	698	221
Sepulveda	551	293	95	163	11,126	8,649	2,098	1,615	347
West Los Angeles[8]	1,225	525	215	485	21,030	14,077	4,790	4,443	939
Colorado:									
Denver	276	94	114	68	9,675	5,943	3,434	1,007	236
Ft. Lyon	335	135	.....	200	1,578	953	.....	951	306
Grand Junction	115	63	26	26	2,668	2,049	965	431	70
Connecticut:									
Newington	186	67	76	43	3,540	1,900	1,414	533	130
West Haven	641	350	137	154	10,677	8,032	2,443	1,298	363
Delaware: Wilmington	288	150	138	.....	4,259	2,607	2,162	.....	156
District of Columbia: Washington	667	314	176	177	16,797	15,018	3,810	1,637	520
Florida:									
Bay Pines	648	370	150	128	11,837	8,275	3,584	1,847	483
Gainesville	478	182	206	90	12,330	6,610	5,132	1,202	366
Lake City	322	249	73	.....	8,114	6,370	2,227	.....	243
Miami	692	363	173	156	16,715	12,239	3,573	2,687	464
Tampa	655	284	220	150	17,210	12,443	4,903	1,989	488
Georgia:									
Atlanta	494	226	172	96	13,291	8,583	3,566	1,854	372
Augusta[8]	1,054	468	130	457	11,813	7,931	3,225	2,762	802
Dublin	301	270	31	.....	5,514	5,699	885	.....	245
Idaho: Boise	162	88	44	30	3,849	2,575	1,238	500	107
Illinois:									
Chicago (Lakeside)	449	275	133	40	12,373	9,831	2,534	666	277
Chicago (West Side)	485	226	177	82	13,221	9,247	3,404	1,870	364
Danville	860	521	60	279	7,526	5,251	2,320	2,020	598
Hines	1,152	666	246	240	26,454	19,379	5,035	4,681	785
Marion	168	130	38	.....	5,471	4,633	1,053	.....	128
North Chicago	1,064	393	76	595	6,936	5,253	1,382	2,511	729
Indiana:									
Ft. Wayne	176	129	33	14	3,842	2,732	1,211	257	117
Indianapolis[8]	466	216	154	96	14,728	10,508	4,006	1,131	351
Marion	693	401	.....	292	3,048	2,562	.....	1,729	499
Iowa:									
Des Moines	260	145	115	.....	5,808	3,721	2,450	.....	149
Iowa City	291	113	132	46	9,712	6,260	3,477	800	216
Knoxville	453	210	.....	243	3,473	3,048	.....	2,207	317
Kansas:									
Leavenworth	436	274	40	122	4,851	3,744	1,034	1,065	309
Topeka	807	267	57	483	6,538	4,522	1,534	2,698	582
Wichita	156	82	64	10	4,870	3,277	1,540	240	124
Kentucky:									
Lexington[8]	904	485	130	289	13,506	9,977	3,788	1,648	674
Louisville	330	138	144	49	8,655	5,122	3,659	1,424	259
Louisiana:									
Alexandria	330	213	81	37	6,681	5,349	2,471	488	271
New Orleans	434	199	158	77	12,601	8,813	4,011	947	364
Shreveport	364	205	108	52	9,665	5,958	3,646	980	250
Maine: Togus	407	174	50	182	6,746	4,592	1,416	2,560	307
Maryland:									
Baltimore	263	142	90	31	6,521	4,339	2,213	380	170
Ft. Howard	211	194	.....	17	2,178	2,652	.....	218	173
Perry Point	761	388	.....	373	3,373	3,064	.....	1,675	670
Massachusetts:									
Bedford	738	349	.....	389	3,854	2,645	.....	2,318	669
Boston	667	349	233	86	15,599	11,719	6,114	1,791	479
Brockton[8]	929	527	70	332	7,964	4,880	1,765	2,797	776
Northampton	505	234	.....	271	3,065	2,277	.....	1,795	451

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1986

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	14,339	10,730	3,133	1,689	405
Ann Arbor	290	126	106	58	11,999	7,858	4,224	1,057	230
Battle Creek	786	329	.....	457	5,871	3,555	.....	4,213	666
Iron Mountain	207	110	67	30	5,759	4,097	1,396	517	124
Saginaw	149	106	43	.....	3,593	2,481	1,236	.....	107
Minnesota:									
Minneapolis	711	346	266	99	19,988	13,288	6,652	1,602	530
St. Cloud	598	325	.....	274	3,293	1,953	.....	2,137	417
Mississippi:									
Biloxi[8]	609	235	60	313	8,159	5,263	2,739	2,477	453
Jackson	420	224	126	70	14,472	9,886	3,675	1,483	327
Missouri:									
Columbia	332	140	132	60	7,552	4,146	3,723	788	230
Kansas City	401	167	144	90	11,653	8,304	3,276	1,291	314
Poplar Bluff	176	147	29	.....	3,926	3,187	933	.....	114
St. Louis[8]	837	411	173	253	19,104	13,970	4,898	3,188	616
Montana:									
Ft. Harrison	150	107	43	.....	3,357	2,409	1,214	.....	106
Miles City	91	72	19	.....	1,604	1,716	255	.....	47
Nebraska:									
Grand Island	162	113	32	17	3,078	2,283	932	231	95
Lincoln	180	67	55	58	4,233	2,056	1,482	1,284	119
Omaha	374	188	118	68	8,528	6,176	2,606	987	258
Nevada: Reno	156	86	38	32	4,956	3,340	1,734	489	115
New Hampshire: Manchester	164	89	45	30	4,004	2,562	1,357	562	120
New Jersey:									
East Orange	838	520	209	109	16,660	13,371	3,986	1,446	624
Lyons	1,168	427	.....	741	4,948	3,762	.....	3,252	927
New Mexico: Albuquerque	391	165	139	87	10,071	6,374	3,344	1,121	262
New York:									
Albany	590	349	142	99	9,793	7,070	2,960	1,409	424
Batavia	170	170	.....	.....	1,484	1,704	.....	.....	126
Bath	208	182	.....	26	2,306	2,054	.....	640	188
Bronx	656	358	235	63	13,054	10,218	3,278	950	411
Brooklyn[8]	910	611	196	102	18,109	15,593	2,925	2,037	619
Buffalo	734	423	187	124	15,699	11,019	4,230	2,046	634
Canandaigua	922	630	.....	292	2,657	1,950	.....	1,547	759
Castle Point	256	186	70	.....	3,678	2,570	1,741	.....	181
Montrose	1,160	528	.....	632	4,608	2,073	.....	4,205	861
New York	851	428	276	147	14,609	10,146	3,987	1,859	518
Northport	776	317	145	314	13,788	10,200	3,763	2,383	608
Syracuse	303	160	105	38	6,402	4,104	2,681	521	203
North Carolina:									
Asheville	470	322	118	30	7,953	5,633	2,975	570	361
Durham	436	175	185	76	10,598	5,859	4,342	1,207	344
Fayetteville	313	199	83	31	6,120	4,848	1,894	521	227
Salisbury	801	354	40	407	6,456	2,792	912	3,715	696
North Dakota: Fargo	165	99	66	.....	4,699	3,684	1,170	.....	134
Ohio:									
Chillicothe	846	372	.....	474	6,503	5,609	.....	2,905	568
Cincinnati	301	115	111	75	11,299	7,489	3,108	1,385	237
Cleveland[8]	1,232	424	249	559	18,488	12,894	3,580	4,348	699
Dayton	540	343	152	45	10,560	8,348	2,588	1,204	415
Oklahoma:									
Muskogee	194	115	79	.....	4,858	3,292	1,913	.....	141
Oklahoma City	412	182	129	101	13,550	9,398	3,615	1,353	308
Oregon:									
Portland[8]	581	321	183	77	14,993	11,190	4,022	1,217	370
Roseburg	342	161	22	159	4,523	3,765	606	1,649	186
Pennsylvania:									
Altoona	116	94	21	.....	2,766	2,571	848	.....	83
Butler	297	297	.....	.....	2,425	3,108	.....	.....	205
Coatesville	977	426	.....	551	5,049	2,875	.....	3,949	827
Erie	138	98	40	.....	3,002	2,156	1,188	.....	107
Lebanon	825	398	29	398	4,021	3,471	643	1,527	553
Philadelphia	402	191	168	43	10,353	7,424	3,397	761	314
Pittsburgh (Highland Drive)	707	352	.....	355	3,950	2,254	.....	2,973	542
Pittsburgh (University Drive)[8]	630	435	195	.....	13,440	10,557	3,889	.....	447
Wilkes-Barre	442	232	118	92	7,302	4,588	2,216	1,810	326
Puerto Rico: San Juan	692	279	173	240	15,042	9,023	3,984	3,099	616
Rhode Island: Providence	282	150	76	55	9,520	8,573	2,081	937	221
South Carolina:									
Charleston	281	128	86	67	7,187	4,861	2,751	1,001	237
Columbia	460	254	146	60	10,209	7,226	3,167	960	359
South Dakota:									
Ft. Meade	336	159	31	146	3,539	1,487	1,219	1,425	279
Hot Springs	232	159	34	39	3,681	2,788	1,012	535	145
Sioux Falls	246	122	86	38	4,402	2,751	1,639	480	154

See footnotes at end of table.

TABLE 10–Continued

VA Medical Centers–Hospital Care Component: Selected Data–Fiscal Year 1986

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	886	503	203	180	19,702	15,691	5,854	2,318	610
Mountain Home	450	252	125	73	7,647	4,768	2,627	1,352	348
Murfreesboro	611	266	44	301	4,417	2,625	1,006	2,896	473
Nashville	447	211	190	46	12,832	9,805	4,566	883	326
Texas:									
Amarillo	130	64	66	.....	4,060	2,421	2,281	.....	101
Big Spring	209	118	46	45	3,441	2,431	1,403	1,382	117
Bonham	78	63	.....	15	2,521	2,503	.....	238	68
Dallas	677	270	237	170	19,859	13,023	5,676	2,364	522
Houston	987	420	224	344	20,863	12,203	6,237	4,246	778
Kerrville	261	220	41	.....	6,178	5,446	1,134	.....	195
Marlin	202	202	.....	.....	2,528	2,711	.....	.....	170
San Antonio	679	286	208	180	20,841	15,052	5,341	2,103	511
Temple	526	275	161	90	10,661	6,393	3,845	1,345	376
Waco	957	403	.....	554	4,710	2,263	.....	3,693	711
Utah: Salt Lake City	382	186	109	87	10,957	7,162	3,379	1,493	276
Vermont: White River Junction	184	76	75	32	4,613	2,574	1,738	497	132
Virginia:									
Hampton	411	207	94	110	7,556	4,874	2,104	1,265	328
Richmond	694	460	154	80	17,180	14,252	3,454	1,534	527
Salem	727	322	76	329	8,197	6,623	2,221	2,611	595
Washington:									
American Lake	423	132	.....	291	4,029	2,507	.....	1,955	253
Seattle	429	218	121	90	10,612	6,943	3,130	1,388	301
Spokane	188	111	76	.....	4,010	2,963	1,588	.....	128
Walla Walla	121	64	20	37	2,422	1,917	415	588	78
West Virginia:									
Beckley	174	114	60	.....	4,672	3,604	1,389	.....	131
Clarksburg	200	90	74	37	5,988	4,165	1,569	780	146
Huntington	180	116	64	.....	4,253	3,010	1,660	.....	130
Martinsburg	375	242	57	76	6,431	3,836	1,641	1,905	285
Wisconsin:									
Madison	306	156	125	24	9,143	6,680	3,237	323	205
Tomah	798	333	.....	465	3,848	2,699	.....	2,156	489
Wood	678	373	211	94	14,489	9,736	4,232	2,338	425
Wyoming:									
Cheyenne	126	74	32	20	2,308	1,685	606	227	65
Sheridan	339	127	.....	212	1,962	1,302	.....	1,196	264

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1985–September 1986).*

[2] *Based on the number of discharges and deaths during FY 1986, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1986. Interhospital 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 249,412 patients treated for one day during fiscal year 1986.*

[4] *Based on the number of discharges and deaths during FY 1986, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1986. Interhospital transfers (35,901) 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 1986 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 a 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 1986

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1986[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Total	776	28,733	28,880	29,468	2,192	8,443	18,833	588
Medical Bed Section Total	329	19,196	19,202	19,422	1,439	5,500	12,483	220
Surgical Bed Section Total	84	3,428	3,414	3,481	486	1,008	1,987	67
Psychiatric Bed Section Total	364	6,108	6,264	6,565	267	1,935	4,363	301
Alabama:								
Montgomery	3	220	220	220	.....	122	98	.....
Tuscaloosa	.....	6	7	7	.....	7	.....	.....
Tuskegee	.....	1	1	1	.....	.....	1	.....
Alaska: Anchorage (RO-OC)	125	5,875	5,911	6,066	149	167	5,750	155
Arizona:								
Phoenix	6	355	354	359	.....	16	343	5
Prescott	.....	16	16	16	.....	.....	16	.....
Tucson	2	222	221	222	.....	157	65	1
Arkansas: Little Rock	4	352	352	352	.....	133	219	.....
California:								
Fresno	.....	24	24	24	.....	24	.....	.....
Loma Linda	.....	15	15	15	.....	15	.....	.....
Long Beach	.....	38	38	38	.....	8	30	.....
Los Angeles (OC)	5	433	433	436	.....	120	316	3
Martinez	.....	1	1	1	.....	1	.....	.....
San Diego	1	127	127	127	.....	56	71	.....
San Francisco	10	777	777	777	.....	534	243	.....
West Los Angeles	.....	35	36	36	.....	.....	36	.....
Colorado:								
Denver	2	104	103	105	.....	39	66	2
Fort Lyon	.....	3	3	3	.....	3	.....	.....
Connecticut: Newington	1	99	99	99	.....	21	78	.....
Delaware: Wilmington	.....	24	25	25	.....	.....	25	.....
District of Columbia: Washington	1	62	60	63	38	.....	25	3
Florida:								
Bay Pines	31	2,459	2,457	2,481	1	959	1,521	24
Gainesville	.....	13	13	13	.....	.....	13	.....
Miami	6	446	447	449	.....	449	.....	2
Tampa	1	31	33	33	.....	.....	33	.....
Georgia:								
Atlanta	5	360	360	360	.....	360	.....	.....
Augusta	.....	7	7	7	.....	7	.....	.....
Hawaii: Honolulu (RO-OC)	57	1,761	1,758	1,806	980	316	510	48
Idaho: Boise	1	151	151	151	.....	83	68	.....
Illinois:								
Chicago (West Side)	8	451	451	451	.....	127	324	.....
Danville	.....	11	11	11	.....	.....	11	.....
Marion	.....	3	3	3	.....	3	.....	.....
North Chicago	1	.....	.....	1	.....	1	.....	1
Indiana: Indianapolis	5	264	266	267	.....	142	125	1
Iowa:								
Des Moines	2	32	32	32	.....	10	22	.....
Iowa City	1	137	136	137	.....	96	41	1
Kansas:								
Leavenworth	.....	2	2	2	.....	.....	2	.....
Topeka	.....	6	6	6	.....	6	.....	.....
Wichita	1	113	112	113	.....	.....	113	1
Kentucky:								
Lexington	.....	19	19	19	.....	19	.....	.....
Louisville	1	112	112	112	.....	78	34	.....
Louisiana:								
Alexandria	.....	2	2	2	.....	2	.....	.....
New Orleans	6	487	480	487	.....	29	458	7
Shreveport	2	150	150	150	1	.....	149	.....
Maine: Togus	2	149	149	149	.....	.....	149	.....
Maryland:								
Baltimore	3	98	100	102	.....	3	99	2
Perry Point	.....	3	3	3	.....	.....	3	.....
Massachusetts:								
Bedford	.....	22	22	22	.....	.....	22	.....
Boston (OC)	5	241	241	241	.....	24	217	.....
Northampton	.....	15	15	15	.....	.....	15	.....
Michigan:								
Allen Park	16	446	446	446	.....	210	236	.....
Ann Arbor	.....	28	29	29	.....	29	.....	.....
Battle Creek	.....	46	46	46	.....	46	.....	.....
Iron Mountain	.....	17	17	17	.....	17	.....	.....
Minnesota: Minneapolis	10	608	608	608	.....	298	310	.....
Mississippi: Jackson	2	88	88	89	.....	69	20	1
Missouri:								
Columbia	.....	2	2	2	.....	2	.....	.....
Kansas City	2	241	241	241	.....	.....	241	.....
Popular Bluff	.....	35	34	35	.....	35	.....	1
St. Louis	3	86	84	86	1	.....	85	2
Montana: Fort Harrison	1	122	122	122	.....	.....	122	.....
Nebraska:								
Grand Island	.....	1	1	1	.....	1	.....	.....
Lincoln	1	44	44	44	.....	15	29	.....
Omaha	.....	29	29	29	7	9	13	.....
Nevada:								
Las Vegas (OC)	5	207	207	207	.....	63	144	.....
Reno	2	154	151	156	.....	65	91	5

See footnotes at end of table.

TABLE 11—Continued

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1986

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1986[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
New Hampshire: Manchester	1	115	115	116	.....	.....	116	1
New Jersey:								
East Orange	4	237	237	237	.....	7	230	.....
Lyons	.....	4	4	4	.....	.....	4	.....
New Mexico: Albuquerque	1	81	81	81	.....	.....	81	.....
New York:								
Albany	1	41	41	41	.....	.....	41	.....
Batavia	1	2	2	2	.....	2	.....	.....
Bath	.....	6	6	6	.....	.....	6	.....
Buffalo	1	76	73	76	.....	10	66	3
Canandaigua	.....	5	5	5	.....	5	.....	.....
New York	5	272	272	272	.....	123	149	.....
Syracuse	1	101	101	101	.....	.....	101	.....
North Carolina:								
Asheville	.....	20	20	20	.....	.....	20	.....
Durham	1	82	84	84	.....	.....	84	.....
Fayetteville	.....	6	6	6	.....	6	.....	.....
Salisbury	5	190	190	190	.....	60	130	.....
North Dakota:	5	301	308	310	184	1	125	2
Fargo	5	301	308	310	184	1	125	2
Ohio:								
Chillicothe	.....	3	4	4	.....	.....	4	.....
Cincinnati	2	141	142	142	.....	110	32	.....
Cleveland	1	150	150	150	.....	13	137	.....
Columbus (OC)	5	380	375	380	.....	204	176	5
Oklahoma:								
Muskogee	7	262	261	264	7	257	.....	3
Oklahoma City	.....	35	35	35	.....	11	24	.....
Oregon:								
Portland	2	328	328	328	.....	22	306	.....
Roseburg	.....	4	4	4	.....	4	.....	.....
White City (Ind. Dom.)	1	60	60	60	.....	.....	60	.....
Pennsylvania:								
Altoona	1	95	94	95	.....	.....	95	1
Butler	.....	1	1	1	.....	1	.....	.....
Coatesville	2	126	128	128	.....	128	.....	.....
Erie	.....	31	30	31	.....	31	.....	1
Lebanon	1	97	98	98	.....	1	97	.....
Philadelphia	6	264	264	265	.....	42	223	1
Pittsburgh (Highland Dr.)	.....	28	29	29	.....	.....	29	.....
Pittsburgh (Univ. Dr.)	.....	27	27	27	.....	.....	27	.....
Wilkes-Barre	3	221	222	226	.....	24	202	4
Philippines: Manila (RO-OC)	45	1,004	995	1,053	.....	1,040	13	58
Puerto Rico: San Juan	260	1,785	1,905	2,114	.....	403	1,711	209
Rhode Island: Providence	1	109	111	111	.....	7	104	.....
South Carolina: Columbia	4	98	98	100	.....	36	64	2
South Dakota:								
Fort Meade	.....	5	5	5	.....	5	.....	.....
Sioux Falls	1	28	28	28	.....	.....	28	.....
Tennessee:								
Mountain Home	.....	7	7	7	.....	7	.....	.....
Murfreesboro	.....	7	7	7	.....	.....	7	.....
Nashville	3	263	263	263	4	133	126	.....
Texas:								
Amarillo	6	222	219	222	.....	2	220	3
Dallas	5	239	238	239	.....	137	102	1
El Paso (OC)	17	792	800	810	545	94	171	10
Houston	1	71	71	71	.....	6	65	.....
Kerrville	.....	1	1	1	.....	1	.....	.....
San Antonio	5	251	253	254	63	88	103	1
Waco	4	80	80	80	.....	17	63	.....
Utah: Salt Lake City	1	58	56	58	.....	.....	58	2
Vermont: White River Junction	1	98	98	99	.....	2	97	1
Virginia:								
Hampton	.....	1	1	1	.....	.....	1	.....
Richmond	.....	31	31	31	.....	31	.....	.....
Salem	4	222	219	224	.....	12	212	5
Washington:								
American Lake (Tacoma)	4	209	212	217	212	1	4	5
Seattle	4	409	412	415	.....	135	280	3
West Virginia:								
Beckley	.....	1	1	1	.....	1	.....	.....
Huntington	2	173	172	174	.....	174	.....	2
Martinsburg	.....	5	5	5	.....	5	.....	.....
Wisconsin:								
Madison	.....	1	1	1	.....	1	.....	.....
Wood	4	251	252	252	.....	15	237	.....
Wyoming:								
Cheyenne	.....	18	18	18	.....	18	.....	.....
Sheridan	.....	14	14	14	.....	14	.....	.....

[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.

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence[1]— September 30, 1986

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	55,358	48,412	87.5	36,455	87.4	13,785	88.3	5,118	85.4
United States	54,766	47,835	87.3	36,040	87.3	13,631	88.2	5,095	85.4
Alabama	1,133	976	86.1	645	82.2	354	92.4	134	88.8
Alaska	13	.....	.....	10	.....	.....	.....	3	.....
Arizona	645	591	91.6	516	94.0	68	73.5	61	91.8
Arkansas	1,015	864	85.1	771	83.7	197	94.4	47	70.2
California	4,076	3,968	97.4	2,884	97.1	790	97.7	402	98.8
Colorado	580	461	79.5	298	83.2	166	93.4	116	50.0
Connecticut	568	447	78.7	351	88.9	129	48.8	88	81.8
Delaware	134	72	53.7	91	75.8	35	.....	8	37.5
District of Columbia	298	226	75.8	197	86.8	74	41.9	27	88.9
Florida	2,329	2,052	88.1	1,842	92.0	316	66.8	171	86.0
Georgia	1,408	1,091	77.5	874	77.7	381	78.7	153	73.2
Hawaii	4	.....	.....	1	.....	2	.....	1	.....
Idaho	173	86	49.7	147	52.4	15	46.7	11	18.2
Illinois	2,750	2,433	88.5	1,729	85.9	743	92.5	278	93.5
Indiana	1,198	898	75.0	728	70.3	356	85.1	114	72.8
Iowa	639	513	80.3	420	76.2	131	94.7	88	78.4
Kansas	854	743	87.0	505	83.2	253	92.9	96	91.7
Kentucky	1,066	847	79.5	719	75.1	233	88.0	114	89.5
Louisiana	843	719	85.3	700	91.3	100	47.0	43	76.7
Maine	328	301	91.8	206	89.3	88	95.5	34	97.1
Maryland	1,038	773	74.5	641	67.9	297	88.9	100	74.0
Massachusetts	2,121	2,019	95.2	1,118	92.6	789	98.7	214	95.8
Michigan	1,490	1,422	95.4	778	93.8	565	98.2	147	93.2
Minnesota	825	717	86.9	516	83.3	189	92.1	120	94.2
Mississippi	724	577	79.7	539	79.6	128	82.0	57	75.4
Missouri	1,223	988	80.8	958	84.0	198	69.7	67	67.2
Montana	292	155	53.1	215	66.5	45	6.7	32	28.1
Nebraska	479	380	79.3	340	85.3	73	53.4	66	77.3
Nevada	160	90	56.3	136	57.4	15	40.0	9	66.7
New Hampshire	225	102	45.3	175	49.1	30	30.0	20	35.0
New Jersey	1,722	1,460	84.8	906	81.6	661	90.0	155	81.3
New Mexico	277	231	83.4	187	86.1	47	61.7	43	95.3
New York	5,271	5,143	97.6	3,260	98.5	1,559	96.8	452	93.4
North Carolina	1,541	1,387	90.0	1,004	88.0	383	94.3	154	92.2
North Dakota	136	67	49.3	79	60.8	32	15.6	25	56.0
Ohio	1,826	1,587	86.9	1,256	86.3	451	89.4	119	84.0
Oklahoma	542	400	73.8	440	80.9	63	34.9	39	56.4
Oregon	581	523	90.0	454	90.3	73	93.2	54	83.3
Pennsylvania	3,111	2,924	94.0	1,743	93.0	1,134	95.8	235	92.7
Rhode Island	203	151	74.4	153	82.4	27	25.9	23	78.3
South Carolina	946	605	64.0	741	70.7	152	36.8	53	47.2
South Dakota	463	404	87.3	272	85.7	134	91.0	57	86.0
Tennessee	1,325	1,267	95.6	906	97.6	314	91.4	105	91.4
Texas	3,614	3,407	94.3	2,448	93.9	809	96.3	357	92.4
Utah	230	187	81.3	165	93.9	53	47.2	12	58.3
Vermont	112	94	83.9	83	83.1	13	76.9	16	93.8
Virginia	1,480	1,203	81.3	1,041	81.0	351	86.9	88	62.5
Washington	758	675	89.1	570	87.5	130	93.1	58	94.8
West Virginia	657	470	71.5	488	78.9	101	34.7	68	73.5
Wisconsin	1,149	990	86.2	702	84.6	324	89.8	123	85.4
Wyoming	191	149	78.0	92	68.5	60	86.7	39	87.2
Outside the United States	592	577	97.5	415	97.6	154	98.1	23	91.3
Puerto Rico	579	577	99.7	407	99.5	151	100.0	21	100.0
Others	13	.....	.....	8	.....	3	.....	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 2.7 percent of the records were incomplete and, therefore, unavilable for inclusion in this table.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 30, 1986

Diagnostic Composition of Patients[2]	All Patients	Period of Service							Average Age	Age						
		Post Vietnam [3]	Vietnam Era	Post Korean [4]	Korean Conflict [5]	WW II	WW I	All Others [6]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	55,358	3,040	10,726	3,525	7,404	28,267	1,493	903	57.8	4,717	7,784	6,425	16,409	14,398	3,837	1,788
I. Infectious and parasitic diseases	650	33	112	40	98	330	25	12	58.8	46	82	89	188	167	49	29
Pulmonary tuberculosis (011)	112	2	9	9	20	66	3	3	61.0	2	8	16	41	34	7	4
Tuberculosis, other (010, 012-018)	17	...	4	1	4	6	2	...	(7)	1	3	1	8	2	...	2
Tuberculosis, late effects (137)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other infectious and parasitic diseases (001-009, 020-136)	521	31	99	30	74	258	20	9	58.4	43	71	72	139	131	42	23
Late effects of other infectious and parasitic diseases (138-139)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
II. Neoplasms	5,058	50	315	239	696	3,538	133	87	64.2	45	151	451	1,943	1,856	443	169
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0)	396	4	19	24	85	257	3	4	61.8	1	9	57	180	134	11	4
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	835	3	47	34	106	605	19	21	65.2	...	19	62	330	299	99	26
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	1,227	5	67	74	198	841	14	28	63.7	...	18	127	512	468	83	19
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	259	1	18	13	48	177	1	1	61.5	1	12	28	130	76	10	2
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	331	14	46	17	39	200	12	3	60.3	24	29	40	98	99	28	13
Malignant neoplasm of genitourinary organs (179-189, 233)	788	4	28	14	56	622	52	12	68.5	3	6	29	224	357	110	59
Malignancies of all other systems (170-175, 190-199, 232, 234)	888	9	59	46	127	609	24	14	63.6	12	34	76	353	309	71	33
Neoplasms, benign (210-229)	221	7	20	15	26	152	...	1	62.3	4	14	22	81	79	18	3
Neoplasms of unspecified nature (235-239)	113	3	11	2	11	75	8	3	64.7	...	10	10	35	35	13	10
III. Endocrine, nutritional and metabolic diseases and immunity disorders	1,224	27	156	72	182	730	35	22	61.6	37	90	156	428	368	101	44
Diabetes mellitus (250)	772	10	101	50	117	473	8	13	61.1	10	54	104	296	245	53	10
Diseases of the endocrine glands (240-246, 251-259)	122	4	16	5	22	69	3	3	60.7	9	8	19	29	41	13	3
Gout (274)	32	...	1	1	5	23	2	...	(7)	...	...	4	14	8	4	2
Obesity (278.0-278.1)	15	...	3	2	2	8	...	...	(7)	...	2	1	9	3	...	...
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	237	2	14	11	31	152	22	5	67.0	3	10	19	76	70	30	29
Disorders involving the immune mechanisms (279)	46	11	21	3	5	5	...	1	(7)	15	16	9	4	1	1	...
IV. Diseases of the blood and blood-forming organs	240	6	17	5	34	156	18	4	65.9	5	14	15	65	86	33	22
Anemias (280-282.4, 282.7-285)	177	3	10	5	22	118	17	2	67.5	2	8	11	46	63	26	21
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	3	1	2	...	...	...	...	...	(7)	1	2	...	...	...	...	...
Other diseases of the blood and blood-forming organs (286-289)	60	2	5	...	12	38	1	2	(7)	2	4	4	19	23	7	1

V. Mental Disorders	18,903	1,655	5,508	1,493	2,434	7,195	358	262	52.6	2,713	4,265	2,496	4,692	3,416	888	433
Alcohol psychosis (291)	812	10	75	38	132	539	5	13	62.4	14	37	77	325	291	61	7
Drug psychosis (292)	41	5	21	1	4	10	...	...	(7)	15	11	5	3	5	2	...
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	2,078	18	123	71	206	1,448	171	41	68.0	35	69	122	493	797	359	203
Schizophrenic disorders (295)	7,927	833	2,398	780	1,123	2,623	46	124	49.8	1,389	1,869	1,222	2,110	1,134	148	55
Other psychoses (296-299)	2,927	223	726	221	424	1,243	66	24	54.7	320	569	414	804	592	146	82
Neurotic disorders (300)	517	36	196	35	63	179	4	4	50.5	75	144	69	134	73	17	5
Personality disorders (301)	277	51	144	19	22	38	1	2	41.8	80	111	29	43	12	1	1
Alcohol dependence or abuse (303, 305.0)	2,012	210	782	223	295	482	...	20	47.3	366	593	378	446	207	22	...
Drug dependence or abuse (304, 305.1-305.9)	448	163	237	16	13	12	...	7	34.7	246	163	22	12	5	...	...
Other nonpsychotic mental disorders (302, 306-319)	1,864	106	804	89	152	621	65	27	52.2	173	699	158	322	300	132	80
VI. Diseases of the nervous system and sense organs	3,697	94	387	193	468	2,365	121	69	63.1	114	258	362	1,085	1,316	414	148
Quadriplegia (344.0)	142	10	32	16	30	49	2	3	53.4	15	27	28	38	24	7	3
Paraplegia (344.1)	62	6	8	10	6	28	1	3	(7)	8	10	8	17	16	2	1
Epilepsy (345)	174	14	31	10	27	81	2	9	55.1	16	30	26	55	38	8	1
Disorders of the peripheral nervous system (350-359)	232	7	44	9	43	124	3	2	58.7	8	28	33	86	62	12	3
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	2,619	50	244	131	300	1,759	90	45	64.4	60	149	232	728	1,004	336	110
Glaucoma (365)	26	...	2	1	2	20	1	...	(7)	...	...	1	9	11	3	2
Cataract (366)	214	2	7	8	24	156	13	4	66.4	2	3	19	68	81	24	17
Blindness (369)	12	...	1	...	1	5	5	...	(7)	...	...	2	...	4	1	5
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	135	2	10	4	19	95	4	1	64.8	3	5	7	47	52	16	5
Diseases of the ear and mastoid process (380-389)	81	3	8	4	16	48	...	2	(7)	2	6	6	37	24	5	1
VII. Diseases of the circulatory system	6,410	70	505	290	940	4,249	243	113	64.1	71	244	638	2,352	2,248	570	287
Chronic rheumatic heart disease (393-398)	46	...	5	1	8	30	2	...	(7)	...	2	5	22	14	1	2
Hypertensive disease without heart involvement (401, 403, 405)	289	8	29	19	53	170	5	5	60.6	7	21	41	115	82	18	5
Hypertensive heart disease (402, 404)	82	...	7	4	6	61	4	...	(7)	...	4	8	23	34	9	4
Acute myocardial infarction (410)	404	...	27	30	75	253	10	9	62.8	3	13	61	159	125	30	13
Other ischemic heart disease (411-414)	1,220	7	116	76	237	731	31	22	62.3	8	45	177	510	375	71	34
Other forms of heart disease (391, 392.0, 420-429)	1,397	24	103	49	179	918	91	33	65.6	24	52	114	454	494	153	106
Cerebrovascular diseases (430-438)	1,528	9	99	50	200	1,089	54	27	65.3	8	40	117	531	604	161	67
Atherosclerosis (440)	140	...	12	12	16	95	4	1	63.5	...	6	14	58	44	14	4
Other diseases of arteries, arterioles, and capillaries (441-448)	764	7	36	16	91	591	14	9	65.2	3	13	41	309	310	66	22
Varicose veins of lower extremities (454)	106	1	8	5	13	69	10	...	66.3	...	8	9	27	39	13	10
Hemorrhoids (455)	52	5	13	4	6	23	1	...	(7)	5	8	9	15	13	...	2
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	382	9	50	24	56	219	17	7	61.7	13	32	42	129	114	34	18
VIII. Diseases of the respiratory system	2,650	22	192	100	329	1,834	132	41	65.4	28	102	188	911	966	301	154
Acute respiratory infections (460-466)	124	1	9	6	14	87	4	3	64.6	1	4	10	45	50	10	4
Pneumonia and influenza (480-487)	632	10	54	25	77	399	63	4	66.9	16	30	43	173	204	94	72
Chronic bronchitis (491)	136	...	5	3	14	111	2	1	65.6	...	...	6	58	57	13	2
Emphysema (492)	77	1	5	1	11	58	1	...	(7)	...	1	6	24	34	11	1
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	1,681	10	119	65	213	1,179	62	33	64.8	11	67	123	611	621	173	75

See footnotes at end of table

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 30, 1986

Diagnostic Composition of Patients[2]	All Patients	Period of Service							Average Age	Age						
		Post Vietnam [3]	Vietnam Era	Post Korean [4]	Korean Conflict [5]	WW II	WW I	All Others [6]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
IX. Diseases of the digestive system	2,904	78	398	174	449	1,695	69	41	60.6	106	275	345	1,013	866	215	84
Diseases of oral cavity, salivary glands, and jaws (520-529)	89	8	17	7	13	43	1	...	([7])	8	12	12	33	20	1	3
Ulcers of the digestive system (530.2, 531-534)	258	5	23	14	37	167	9	3	62.8	5	19	24	91	82	28	9
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	260	6	34	18	37	151	6	8	61.2	7	22	32	89	86	18	6
Hernia of the abdominal cavity (550-553)	387	4	42	25	52	249	7	8	61.7	9	31	29	151	137	21	9
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	952	26	119	42	137	581	33	14	62.2	38	76	104	290	300	103	41
Alcohol related liver disorders (571.0-571.3)	304	8	48	22	64	159	...	3	57.0	8	35	55	141	58	7	...
Other diseases of the liver, gall bladder, and pancreas (570, 571.4-577)	654	21	115	46	109	345	13	5	58.9	31	80	89	218	183	37	16
X. Diseases of the genitourinary system	1,725	53	163	74	207	1,107	89	32	64.1	59	109	146	502	571	236	102
Nephritis, nephrotic syndrome, and nephrosis (580-589)	269	7	19	12	39	175	8	9	63.6	6	17	27	83	87	38	11
Other diseases of the urinary system (590-599)	887	34	98	44	99	540	62	10	63.9	36	74	73	229	280	126	69
Diseases of the prostate (600-602)	397	2	11	8	42	304	19	11	67.6	2	1	20	131	161	62	20
Other diseases of the male genital organs (603-608)	139	4	21	10	25	77	...	2	59.1	7	10	23	50	38	10	1
Disorders of the breast and gynecological diseases (610-629)	33	6	14	...	2	11	...	...	([7])	8	7	3	9	5	...	1
XI. Complications of pregnancy, childbirth, and puerperium (630-676)	1	1	...	...	...	...	...	...	([7])	...	1	...	...	...	...	...
XII. Diseases of the skin and subcutaneous tissue	1,251	55	223	86	197	638	35	17	58.2	80	167	174	397	312	82	39
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	449	22	82	26	83	219	11	6	57.5	31	59	58	166	95	29	11
Other diseases of skin and subcutaneous tissue (700-709)	802	33	141	60	114	419	24	11	58.5	49	108	116	231	217	53	28
XIII. Diseases of the musculoskeletal system and connective tissue	1,738	92	275	101	277	934	29	30	58.3	123	199	214	594	474	97	37
Osteoarthrosis and allied disorders (715)	270	2	17	9	41	185	8	8	64.2	2	12	24	93	110	18	11
Other arthropathies and related disorders (710-714, 716-719)	285	24	45	12	41	155	3	5	57.6	31	26	30	101	71	21	5
Dursopathies (720-724)	531	27	101	38	98	258	5	4	56.7	39	72	84	183	123	24	6
Rheumatism, excluding the back (725-729)	174	11	26	6	25	100	3	3	58.2	10	23	15	67	49	7	3
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	478	28	86	36	72	236	10	10	57.1	41	66	61	150	121	27	12
XIV. Congenital deformities (740-759)	65	5	10	6	9	33	...	2	([7])	6	7	12	18	18	4	...
XVI. Symptoms, signs, and ill-defined conditions (780-799)	1,584	41	186	92	215	972	62	16	62.1	51	119	182	526	505	130	71

XVII. Injury and poisoning	1,787	140	304	112	208	867	90	66	57.6	207	224	182	520	437	115	102
Fracture of skull (800-804)	54	11	16	3	3	18	...	3	([7])	18	10	4	14	5	3	...
Fracture of neck and trunk (805-809)	168	32	29	9	13	57	6	22	49.9	45	32	13	29	33	10	6
Fracture of upper and lower limb (810-829)	495	28	54	19	59	264	54	17	63.4	31	47	40	126	132	54	65
Dislocations, sprains, and strains of joints and adjacent muscles (830-848)	85	13	27	5	12	23	3	2	([7])	21	17	12	20	11	1	3
Intracranial injury, excluding those with skull fracture (850-854)	119	13	24	11	12	47	2	10	50.9	26	18	13	31	25	4	2
Internal injury of chest, abdomen, and pelvis (860-869)	15	...	4	2	1	8	...	...	([7])	2	2	1	4	6	...	...
Open wounds (870-897)	69	7	28	5	9	18	2	...	([7])	9	17	13	14	12	2	2
Burns (940-949)	50	3	11	7	9	18	1	1	([7])	6	7	9	16	10	1	1
Poisoning by drugs, medicinal, and biological substances (960-979)	57	9	10	3	8	25	2	...	([7])	13	7	4	15	12	4	2
Toxic effects of substances chiefly nonmedical as to source (980-989)	7	...	1	...	3	3	...	...	([7])	...	1	1	4	1	...	...
All other injuries (900-904, 910-939, 950-959, 990-995)	140	10	32	12	19	59	2	6	54.5	19	23	18	39	30	8	3
Complications of surgical and medical care, NEC (996-999)	528	14	68	36	60	327	18	5	60.8	17	43	54	208	160	28	18
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XVIII. Factors influencing health status and contact with health services (V01-V82)	5,471	618	1,977	448	661	1,624	54	89	49.2	1,026	1,477	775	1,175	792	159	67

[1] *A new Patient Treatment File system was installed during FY 84. Approximately 2.7 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.*

[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] *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] *Consists of 17 veterans of the Spanish American War and of the Mexican Border period, 678 peacetime, 135 active military, and 73 non-veteran.*

[7] *Average age not calculated for totals less than 100 cases.*

TABLE 14

VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Group[1]—September 30, 1986

Diagnostic Composition of Patients[2]	Total	Percent in Each Diagnostic Category for Specified Length of Stay						
		99 Days or Less	100 Days or More	More Than (Years)				
				1	2	5	10	20
All patients	55,358	77.1	22.9	12.1	8.5	4.4	1.8	.6
Psychotic	13,785	50.1	49.9	31.2	23.1	13.0	5.9	2.1
Alcohol psychoses (291)	812	37.3	62.7	39.7	30.8	15.0	4.7	.....
Drug psychoses (292)	41	73.2	26.8	19.5	14.6	9.8	4.9	.....
Other psychoses (290, 293-299)	12,932	50.8	49.2	30.7	22.7	12.9	6.0	2.2
Other psychiatric	5,118	81.8	18.2	9.3	6.5	3.5	1.1	.1
Alcohol dependence and abuse (303, 305.0)	2,012	95.0	5.0	1.5	.8	.2	.1	.0
Drug dependence and abuse (304, 305.1-305.9)	448	95.3	4.7	.....	.....	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	2,658	69.6	30.4	16.7	11.9	6.6	1.9	.2
Medical and surgical	36,455	86.7	13.3	5.3	3.3	1.3	.4	.1
All infectious and parasitic diseases (001-139)	650	87.4	12.6	4.2	2.6	1.1	.5	.3
Malignant neoplasms (140-208, 230-234)	4,724	92.5	7.5	1.0	.4	.1	.0	.....
Benign and unspecified neoplasms (210-229, 235-239)	334	94.6	5.4	1.5	.9	.3	.....	.....
Diabetes mellitus (250)	772	88.5	11.5	2.6	1.2	.3	.....	.....
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	406	94.3	5.7	2.0	1.7	1.0	.7	.5
Disorders involving the immune mechanisms (279)	46	93.5	6.5	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	240	95.0	5.0	1.3	.....	.....	.....	.....
Quadriplegia (344.0)	142	20.4	79.6	63.4	54.9	28.9	13.4	4.2
Paraplegia (344.1)	62	38.7	61.3	35.5	30.6	19.4	12.9	.....
Other diseases of the nervous system (320-343, 344.2-359)	3,025	44.0	56.0	35.1	23.5	9.3	1.9	.2
Diseases of the sense organs (360-389)	468	95.3	4.7	2.1	1.7	.9	.6	.....
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,149	95.5	4.5	1.1	.4	.1	.0	.....
Cerebrovascular diseases (430-438)	1,528	78.5	21.5	9.0	4.8	1.6	.3	.....
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,733	90.8	9.2	2.3	1.0	.3	.....	.....
Acute respiratory diseases (460-466, 480-487)	756	94.4	5.6	1.5	.7	.1	.....	.....
Chronic bronchitis and emphysema (491-492)	213	85.4	14.6	5.6	3.3	.5	.....	.....
Other respiratory diseases (470-478, 490, 493-519)	1,681	85.6	14.4	4.6	2.1	.6	.2	.1
Diseases of the oral cavity, salivary glands, and jaws (520-529)	89	96.6	3.4	1.1	.....	.....	.....	.....
Hernia of the abdominal cavity (550-553)	387	97.9	2.1	.3	.3	.3	.3	.....
Alcohol-related liver diseases (571.0-571.3)	304	94.7	5.3	1.0	1.0	.3	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,124	95.4	4.6	1.1	.5	.1	.....	.....
Diseases of the male genital organs (600-608)	536	98.7	1.3	.2	.....	.....	.....	.....
Other diseases of the genitourinary system (580-599)	1,156	90.1	9.9	3.8	2.3	1.0	.6	.....
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	34	97.1	2.9	2.9	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,251	79.5	20.5	3.3	1.5	.6	.2	.....
Diseases of the musculoskeletal system and connective tissue (710-739)	1,738	91.5	8.5	3.3	2.2	.4	.2	.1
Congenital anomalies (740-759)	65	90.8	9.2	7.7	4.6	3.1	.....	.....
Symptoms, signs, and ill-defined conditions (780-799)	1,584	90.2	9.8	2.8	1.8	.7	.4	.1
Injuries and poisonings (800-904, 910-999)	1,787	87.8	12.2	3.0	1.7	1.0	.3	.1
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health services (V01-V82)	5,471	92.4	7.6	.8	.4	.2	.2	.1
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....

[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 2.7 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.*

[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.*

TABLE 15

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group[1]
September 30, 1986

Diagnostic Composition of Patients[2]	Total		Age Group													
			Under 35		35–44		45–54		55–64		65–74		75–84		85 and Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients	55,358	100.0	4,717	100.0	7,784	100.0	6,425	100.0	16,409	100.0	14,398	100.0	3,837	100.0	1,788	100.0
Psychotic	13,785	24.9	1,773	37.6	2,555	32.8	1,840	28.6	3,735	22.8	2,819	19.6	716	18.7	347	19.4
Alcohol psychoses (291)	812	1.5	14	.3	37	.5	77	1.2	325	2.0	291	2.0	61	1.6	7	.4
Drug psychoses (292)	41	.1	15	.3	11	.1	5	.1	3	(3)	5	(3)	2	.1	.....	.....
Other psychoses (290, 293-299)	12,932	23.4	1,744	37.0	2,507	32.2	1,758	27.4	3,407	20.8	2,523	17.5	653	17.0	340	19.0
Other psychiatric	5,118	9.3	940	19.9	1,710	22.0	656	10.2	957	5.8	597	4.2	172	4.5	86	4.8
Alcohol dependence and abuse (303, 305.0)	2,012	3.6	366	7.8	593	7.6	378	5.9	446	2.7	207	1.4	22	.6	.....	.....
Drug dependence and abuse (304, 305.1-305.9)	448	.8	246	5.2	163	2.1	22	.3	12	.1	5	(3)	.....	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	2,658	4.8	328	7.0	954	12.3	256	4.0	499	3.0	385	2.7	150	3.9	86	4.8
Medical and surgical	36,455	65.9	2,004	42.5	3,519	45.2	3,929	61.2	11,717	71.4	10,982	76.3	2,949	76.9	1,355	75.8
All infectious and parasitic diseases (001-139)	650	1.2	46	1.0	82	1.1	89	1.4	188	1.2	167	1.2	49	1.3	29	1.6
Malignant neoplasms (140-208, 230-234)	4,724	8.5	41	.9	127	1.6	419	6.5	1,827	11.1	1,742	12.1	412	10.7	156	8.7
Benign and unspecified neoplasms (210-229, 235-239)	334	.6	4	.1	24	.3	32	.5	116	.7	114	.8	31	.8	13	.7
Diabetes mellitus (250)	772	1.4	10	.2	54	.7	104	1.6	296	1.8	245	1.7	53	1.4	10	.6
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	406	.7	12	.3	20	.3	43	.7	128	.8	122	.9	47	1.2	34	1.9
Disorders involving the immune mechanisms (279)	46	.1	15	.3	16	.2	9	.1	4	(3)	1	(3)	1	(3)	.....	.....
Diseases of the blood and blood-forming organs (280-289)	240	.4	5	.1	14	.2	15	.2	65	.4	86	.6	33	.9	22	1.2
Quadriplegia (344.0)	142	.3	15	.3	27	.4	28	.4	38	.2	24	.2	7	.2	3	.2
Paraplegia (344.1)	62	.1	8	.2	10	.1	8	.1	17	.1	16	.1	2	.1	1	.1
Other diseases of the nervous system (320-343, 344.2-359)	3,025	5.5	84	1.8	207	2.7	291	4.5	869	5.3	1,104	7.7	356	9.3	114	6.4
Diseases of the sense organs (360-389)	468	.9	7	.2	14	.2	35	.5	161	1.0	172	1.2	49	1.3	30	1.7
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,149	5.7	35	.7	116	1.5	365	5.7	1,168	7.1	1,042	7.2	264	6.9	159	8.9
Cerebrovascular diseases (430-438)	1,528	2.8	8	.2	40	.5	117	1.8	531	3.2	604	4.2	161	4.2	67	3.8
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,733	3.1	28	.6	88	1.1	156	2.4	653	4.0	602	4.2	145	3.8	61	3.4
Acute respiratory diseases (460-466, 480-487)	756	1.4	17	.4	34	.4	53	.8	218	1.3	254	1.8	104	2.7	76	4.3
Chronic bronchitis and emphysema (491-492)	213	.4	.....	.....	1	(3)	12	.2	82	.5	91	.6	24	.6	3	.2
Other respiratory diseases (470-478, 490, 493-519)	1,681	3.0	11	.2	67	.9	123	1.9	611	3.7	621	4.3	173	4.5	75	4.2
Diseases of the oral cavity, salivary glands, and jaws (520-529)	89	.2	8	.2	12	.2	12	.2	33	.2	20	.1	1	(3)	3	.2
Hernia of the abdominal cavity (550-553)	387	.7	9	.2	31	.4	29	.5	151	.9	137	1.0	21	.6	9	.5
Alcohol-related liver diseases (571.0-571.3)	304	.6	8	.2	35	.5	55	.9	141	.9	58	.4	7	.2	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,124	3.8	81	1.7	197	2.5	249	3.9	688	4.2	651	4.5	186	4.9	72	4.0
Diseases of the male genital organs (600-608)	536	1.0	9	.2	11	.1	43	.7	181	1.1	199	1.4	72	1.9	21	1.2
Other diseases of the genitourinary system (580-599)	1,156	2.1	42	.9	91	1.2	100	1.6	312	1.9	367	2.6	164	4.3	80	4.5
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	34	.1	8	.2	8	.1	3	.1	9	.1	5	(3)	.....	.....	1	.1
Diseases of the skin and subcutaneous tissue (680-709)	1,251	2.3	80	1.7	167	2.2	174	2.7	397	2.4	312	2.2	82	2.1	39	2.2
Diseases of the musculoskeletal system and connective tissue (710-739)	1,738	3.1	123	2.6	199	2.6	214	3.3	594	3.6	474	3.3	97	2.5	37	2.1
Congenital anomalies (740-759)	65	.1	6	.1	7	.1	12	.2	18	.1	18	.1	4	.1	.....	.....
Symptoms, signs, and ill-defined conditions (780-799)	1,584	2.9	51	1.1	119	1.5	182	2.8	526	3.2	505	3.5	130	3.4	71	4.0
Injuries and poisonings (800-904, 910-999)	1,787	3.2	207	4.4	224	2.9	182	2.8	520	3.2	437	3.0	115	3.0	102	5.7
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health services (V01-V82)	5,471	9.9	1,026	21.8	1,477	19.0	775	12.1	1,175	7.2	792	5.5	159	4.1	67	3.8
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

[1] *A new Patient Treatment File system was installed during FY 1984.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classifications 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, 1986

Location	Total	Age						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Total	55,358	4,717	7,784	6,425	16,409	14,398	3,837	1,788
Alabama:								
Birmingham	260	17	20	35	107	70	7	4
Montgomery	115	4	7	8	36	39	13	8
Tuscaloosa	371	43	66	55	91	87	23	6
Tuskegee	579	44	90	82	155	158	27	23
Arizona:								
Phoenix	326	33	62	26	90	76	28	11
Prescott	121	7	10	23	36	24	10	11
Tucson	149	7	13	21	48	44	7	9
Arkansas:								
Fayetteville	115	4	15	8	30	45	10	3
Little Rock (Little Rock)	326	11	29	44	105	104	22	11
Little Rock (North Little Rock)	565	49	97	73	144	135	46	21
California:								
Fresno	132	7	16	9	39	34	16	11
Livermore	90	2	3	5	31	31	12	6
Loma Linda	330	23	36	28	102	88	34	19
Long Beach	748	62	85	96	244	184	49	28
Martinez	278	28	36	28	83	76	17	10
Palo Alto (Palo Alto)	502	46	100	45	121	124	45	21
Palo Alto (Menlo Park)	393	100	180	38	41	28	3	3
San Diego	301	32	34	39	93	66	23	14
San Francisco	187	5	22	26	70	51	11	2
Sepulveda	354	38	85	41	84	80	18	8
West Los Angeles (Brentwood)	418	19	35	45	133	126	37	23
West Los Angeles (Wadsworth)	394	130	118	40	61	36	6	3
Colorado:								
Denver	221	27	34	25	67	6	7	5
Fort Lyon	313	36	67	60	70	65	10	5
Grand Junction	64	2	13	14	12	14	5	4
Connecticut:								
Newington	124	9	13	12	39	40	10	1
West Haven	370	47	60	26	86	113	21	17
Delaware: Wilmington	140	3	11	10	56	40	15	5
District of Columbia: Washington	419	42	86	36	124	98	20	13
Florida:								
Bay Pines	538	32	70	62	157	137	49	31
Gainesville	411	29	46	48	137	118	27	6
Lake City	213	3	13	24	76	67	22	8
Miami	564	69	92	63	174	123	31	12
Tampa	420	45	64	56	127	100	24	4
Georgia:								
Atlanta	359	35	55	42	102	96	19	10
Augusta (Forest Hills)	276	15	35	37	93	69	17	10
Augusta (Lenwood)	503	63	110	79	126	100	20	5
Dublin	219	6	21	25	63	68	31	5
Idaho: Boise	100	12	14	7	23	32	7	5
Illinois:								
Chicago (Lakeside)	225	19	22	29	67	68	15	5
Chicago (West Side)	355	34	49	34	116	94	25	3
Danville	580	31	58	64	156	173	68	30
Hines	770	83	144	88	239	176	34	6
Marion	128	1	4	9	44	46	16	8
North Chicago	704	64	108	100	198	179	38	17
Indiana:								
Fort Wayne	124	9	10	9	33	37	14	12
Indianapolis (W. Tenth St.)	262	11	22	29	90	81	17	12
Indianapolis (Cold Spr. Rd.)	84	31	22	9	18	4	.....	.....
Marion	492	51	89	72	131	110	29	10
Iowa:								
Des Moines	146	6	6	14	44	45	19	12
Iowa City	202	10	12	25	79	57	13	6
Knoxville	308	45	69	40	75	51	18	10
Kansas:								
Leavenworth	295	18	31	35	91	79	29	12
Topeka	536	67	132	65	108	118	31	15
Wichita	127	3	10	20	51	29	10	4
Kentucky:								
Lexington (Leestown)	404	29	40	46	93	116	51	29
Lexington (Cooper Drive)	251	10	19	21	85	89	19	8
Louisville	263	23	31	28	93	58	21	9
Louisiana:								
Alexandria	249	15	14	21	98	79	13	9
New Orleans	335	43	43	40	116	72	19	2
Shreveport	241	18	28	29	70	69	21	6

See footnote at end of table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1] September 30, 1986

Location	Total	Age						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Maine: Togus	306	32	73	35	76	62	21	7
Maryland:								
Baltimore	150	15	23	11	48	43	8	2
Fort Howard	189	10	14	24	60	60	14	7
Perry Point	620	54	65	74	192	152	57	26
Massachusetts:								
Bedford	643	55	62	63	205	186	49	23
Boston	455	42	55	62	132	118	36	10
Brockton (Brockton)	581	47	68	77	179	146	43	21
Brockton (West Roxbury)	180	10	20	25	59	47	11	8
Northampton	423	24	83	46	123	98	30	19
Michigan:								
Allen Park	370	39	66	52	115	77	14	7
Ann Arbor	244	21	29	22	99	55	13	5
Battle Creek	685	128	164	100	164	103	20	6
Iron Mountain	117	2	10	11	41	43	8	2
Saginaw	112	3	14	5	43	41	5	1
Minnesota:								
Minneapolis	528	26	51	41	188	155	46	21
St. Cloud	336	38	52	45	83	85	18	15
Mississippi:								
Biloxi (Biloxi)	259	4	16	33	105	69	21	11
Biloxi (Gulfport)	210	31	48	38	52	38	3	.....
Jackson	349	21	33	45	118	104	25	3
Missouri:								
Columbia	211	4	17	27	89	59	10	5
Kansas City	311	29	33	39	98	72	25	15
Poplar Biuff	135	3	15	12	38	41	18	8
St. Louis (John J. Cochran)	274	14	27	31	101	78	16	7
St. Louis (Jefferson Barracks)	327	43	70	48	86	62	15	3
Montana:								
Fort Harrison	110	9	12	15	30	36	6	2
Miles City	52	.....	4	8	9	26	4	1
Nebraska:								
Grand Island	81	5	4	9	28	28	3	4
Lincoln	118	10	16	16	32	35	5	4
Omaha	256	13	26	35	86	75	16	5
Nevada: Reno	124	5	17	17	41	29	13	2
New Hampshire: Manchester	112	7	12	9	36	36	7	5
New Jersey:								
East Orange	601	46	72	75	164	169	50	25
Lyons	948	84	130	92	309	252	62	19
New Mexico: Albuquerque	286	31	42	31	71	79	23	9
New York:								
Albany	435	37	55	29	111	135	46	22
Batavia	127	2	2	7	25	51	18	22
Bath	187	3	4	17	47	63	33	20
Bronx	395	28	72	60	116	89	24	6
Brooklyn (Brooklyn)	557	39	80	53	146	159	50	30
Brooklyn (St. Albans)	28	.....	1	4	6	8	5	4
Buffalo	630	28	63	51	178	225	54	31
Canandaigua	710	41	56	76	204	234	67	32
Castle Point	182	7	25	12	56	45	22	15
Montrose	825	101	158	98	223	181	43	21
New York	472	46	69	61	131	120	38	7
Northport	574	47	63	51	179	171	41	22
Syracuse	228	6	17	25	82	64	27	7
North Carolina:								
Asheville	344	6	17	37	118	105	36	25
Durham	316	29	38	41	114	85	5	4
Fayetteville	228	19	20	19	77	69	16	8
Salisbury	683	43	74	70	226	206	50	14
North Dakota: Fargo	132	7	10	11	32	44	16	12
Ohio:								
Chillicothe	532	47	77	86	161	106	33	22
Cincinnati	213	19	30	27	69	57	9	2
Cleveland (Wade Park)	327	34	26	33	123	86	20	5
Cleveland (Brecksville)	281	78	106	30	44	21	1	1
Dayton	399	26	30	35	142	119	33	14
Oklahoma:								
Muskogee	110	2	14	12	37	27	10	8
Oklahoma City	301	19	31	41	95	80	24	11
Oregon:								
Portland (Portland)	389	26	48	30	126	109	32	18
Roseburg	230	24	38	34	61	44	21	8

See footnote at end of table.

TABLE 16—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1] September 30, 1986

Location	Total	Age						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Pennsylvania:								
Altoona	91	2	3	8	37	26	8	7
Butler	202	5	8	14	56	66	35	18
Coatesville	766	108	162	96	184	160	43	13
Erie	114	2	7	8	40	45	10	2
Lebanon	579	39	70	73	145	177	44	31
Philadelphia	346	25	35	34	113	105	27	7
Pittsburgh (Highland Drive)	545	39	88	61	176	143	33	5
Pittsburgh (University Drive)	291	4	13	25	116	100	26	7
Pittsburgh (U. Dr. Aspinwall)	101	1	2	7	22	34	22	13
Wilkes-Barre	269	16	12	23	101	89	25	3
Puerto Rico: San Juan	581	61	105	98	174	122	13	8
Rhode Island: Providence	208	19	24	19	55	58	20	13
South Carolina:								
Charleston	247	13	40	41	83	57	7	6
Columbia	387	19	35	33	131	121	31	17
South Dakota:								
Fort Meade	305	23	53	40	85	66	27	11
Hot Springs	136	6	14	15	39	41	15	6
Sioux Falls	149	8	16	13	48	42	13	9
Tennessee:								
Memphis	586	65	105	72	175	128	31	10
Mountain Home	338	10	41	50	108	100	18	11
Murfreesboro	499	45	71	70	129	132	36	16
Nashville	283	18	34	37	102	80	9	3
Texas:								
Amarillo	123	4	9	12	45	46	5	2
Big Spring	100	10	16	14	24	30	3	3
Bonham	77	4	7	14	22	23	7	.....
Dallas	542	47	81	71	180	130	25	8
Houston	717	95	145	95	208	142	27	5
Kerrville	181	8	18	19	45	59	25	7
Marlin	177	2	6	11	46	63	33	16
San Antonio	533	45	77	52	174	153	26	6
Temple	338	14	30	39	104	104	32	15
Waco	742	78	126	104	223	160	40	11
Utah: Salt Lake City	286	22	53	34	77	70	24	6
Vermont: White River Junction	155	11	22	16	44	44	12	6
Virginia:								
Hampton	315	26	55	38	95	78	14	9
Richmond	527	64	73	61	157	144	18	10
Salem	585	34	67	53	181	173	47	30
Washington:								
American Lake	251	23	71	37	53	46	12	9
Seattle	343	44	58	34	102	78	15	12
Spokane	116	5	7	10	33	31	17	13
Walla Walla	78	7	14	7	20	22	6	2
West Virginia:								
Beckley	139	6	9	25	44	39	13	3
Clarksburg	163	5	13	12	56	48	18	11
Huntington	119	4	6	9	49	33	11	7
Martinsburg	318	16	38	30	96	104	26	8
Wisconsin:								
Madison	174	8	10	16	74	56	7	3
Milwaukee	498	52	66	61	149	130	25	15
Tomah	488	35	96	69	126	111	34	17
Wyoming:								
Cheyenne	63	3	9	12	16	16	6	1
Sheridan	260	41	71	42	47	39	8	12

[1] *A new Patient Treatment File system was installed during FY 1984. Approximately 2.7% of the records were incomplete and, therefore, unavailable for inclusion in this table.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Manner of Disposition, Diagnostic Group[1]—Fiscal Year 1986

Diagnostic Composition of Patients[2]	Total Discharges	Disposition			
		Regular	Irregular	Deaths	Transfers to VA or Non-VA Hospitals
All discharges	1,055,258	926,914	44,624	46,905	36,815
Psychotic	90,148	70,838	12,553	1,115	5,642
Alcohol psychoses (291)	6,181	5,195	594	102	290
Drug psychoses (292)	984	766	173	4	41
Other psychoses (290, 293-299)	82,983	64,877	11,786	1,009	5,311
Other psychiatric	101,416	80,287	17,477	319	3,333
Alcohol dependence and abuse (303, 305.0)	58,531	46,106	10,723	80	1,622
Drug dependence and abuse (304, 305.1-305.9)	9,953	6,955	2,766	5	227
Other nonpsychotic mental disorders (300-302, 306-319)	32,932	27,226	3,988	234	1,484
Medical and surgical	863,694	755,789	14,594	45,471	27,840
All infectious and parasitic diseases (001-139)	13,239	10,467	221	2,243	308
Malignant neoplasms (140-208, 230-234)	93,242	74,215	677	14,502	3,848
Benign and unspecified neoplasms (210-229, 235-239)	15,295	14,647	91	128	429
Diabetes mellitus (250)	18,293	17,408	248	323	314
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	11,618	10,595	161	641	221
Disorders involving the immune mechanisms (279)	1,022	762	29	200	31
Diseases of the blood and blood-forming organs (280-289)	9,079	8,531	151	195	202
Quadriplegia (344.0)	97	72	2	4	19
Paraplegia (344.1)	62	50	.....	1	11
Other diseases of the nervous system (320-343, 344.2-359)	25,675	22,899	327	1,140	1,309
Diseases of the sense organs (360-389)	28,947	28,219	86		624
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	106,159	92,117	1,421	6,456	6,165
Cerebrovascular diseases (430-438)	23,029	19,618	223	2,050	1,138
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	43,110	39,683	480	1,611	1,336
Acute respiratory diseases (460-466, 480-487)	24,681	20,754	259	3,299	369
Chronic bronchitis and emphysema (491-492)	6,212	5,840	54	260	58
Other respiratory diseases (470-478, 490, 493-519)	46,906	42,271	563	3,221	851
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,371	4,262	27	4	78
Hernia of the abdominal cavity (550-553)	19,405	19,034	83	65	223
Alcohol-related liver diseases (571.0-571.3)	6,534	5,203	217	1,013	101
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	67,854	62,330	1,126	2,854	1,544
Diseases of the male genital organs (600-608)	23,198	22,775	79	49	295
Other diseases of the genitourinary system (580-599)	30,148	27,559	216	1,209	1,164
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	1,664	1,624	17	.....	23
Diseases of the skin and subcutaneous tissue (680-709)	21,992	20,570	444	368	610
Diseases of the musculoskeletal system and connective tissue (710-739)	45,117	43,257	461	243	1,156
Congenital anomalies (740-759)	2,076	1,951	19	26	80
Symptoms, signs, and ill-defined conditions (780-799)	51,391	46,089	1,382	2,169	1,751
Injuries and poisonings (800-904, 910-999)	43,412	39,388	780	856	2,388
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	.....	.....	.....	.....
Factors influencing health status and contact with health service (V01-V82)	79,866	73,599	4,750	323	1,194
Supplementary classification of external causes of injury and poisioning (E800-E999)	.....	.....	.....	.....	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 249,412 one-day dialysis discharges. Included, however, are inter-VA hospital transfers.*

[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: Diagnostic Group[1] by Age—Patients Discharged—Fiscal Year 1986

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis						
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	3,925,544	1,055,258	2,870,286	57.9	95,520	137,001	130,093	342,237	259,847	61,073	29,487
I. Infectious and parasitic diseases	103,997	13,239	90,758	56.6	1,984	1,791	1,452	3,574	2,903	901	634
Pulmonary tuberculosis (011)	3,626	1,668	1,958	57.4	92	227	267	629	351	71	31
Tuberculosis, other (010, 012-018)	619	265	354	57.5	19	42	38	81	64	12	9
Tuberculosis, late effects (137)	527	.....	527	([5])	.....	.....	.....	.....	.....	.....	.....
All other infectious and parasitic diseases (001-009, 020-136)	99,042	11,306	87,736	56.4	1,873	1,522	1,147	2,864	2,488	818	594
Late effects of other infectious and parasitic diseases (138-139)	183	.....	183	([5])	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms	231,480	108,537	122,943	63.8	1,651	3,749	10,426	43,695	37,670	8,370	2,976
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0)	9,504	6,153	3,351	61.5	31	182	994	2,986	1,678	209	73
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	19,956	14,112	5,844	65.0	99	293	1,200	5,655	5,062	1,340	463
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	36,371	24,240	12,131	63.7	28	399	2,404	11,219	8,455	1,466	269
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	5,117	3,458	1,659	62.2	34	89	444	1,678	1,008	173	32
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	14,721	8,048	6,673	60.3	439	719	950	2,799	2,432	542	167
Malignant neoplasm of genitourinary organs (179-189, 233)	28,194	17,233	10,961	67.7	137	257	711	5,551	7,346	2,217	1,014
Malignancies of all other systems (170-175, 190-199, 232, 234)	86,956	19,998	66,958	63.2	416	892	2,101	7,939	6,603	1,378	669
Neoplasms, benign (210-229)	24,485	12,605	11,880	61.8	383	778	1,391	4,933	4,131	801	188
Neoplasms of unspecified nature (235-239)	6,176	2,690	3,486	63.6	84	140	231	935	955	244	101
III. Endocrine, nutritional, and metabolic diseases and immunity disorders	263,828	30,933	232,895	60.1	1,408	2,940	4,450	11,271	7,971	1,882	1,011
Diabetes mellitus (250)	132,610	18,293	114,317	59.3	674	1,771	2,895	7,204	4,693	818	238
Diseases of the endocrine glands (240-246, 251-259)	18,295	3,096	15,199	59.8	171	286	443	1,107	821	203	65
Gout (274)	11,838	1,108	10,730	61.9	21	76	157	419	314	89	32
Obesity (278.0-278.1)	22,805	390	22,415	53.9	20	84	80	143	61	2	.....
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	75,359	7,024	68,335	65.3	188	362	722	2,257	2,050	770	675
Disorders involving the immune mechanisms (279)	2,921	1,022	1,899	42.0	334	361	153	141	32	.....	1
IV. Diseases of the blood and blood-forming organs	92,231	9,079	83,152	63.9	364	552	775	2,847	3,023	970	548
Anemias (280-282.4, 282.7-285)	68,608	6,166	62,442	66.2	107	238	482	1,921	2,176	762	480
Sickle cell trait and sickle cell anemia (282.5-282.6)	671	195	476	40.2	74	68	29	17	5	1	1
Other diseases of the blood and blood-forming organs (286-289)	22,952	2,718	20,234	60.3	183	246	264	909	842	207	67

V. *Mental disorders*	547,930	191,564	356,366	46.3	46,271	59,741	28,127	35,548	16,539	3,545	1,793
Alcohol psychosis (192)	26,815	6,181	20,634	54.5	487	1,136	1,186	2,063	1,117	180	12
Drug psychosis (292)	3,218	984	2,234	45.4	340	253	86	130	130	34	11
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	19,855	7,577	12,278	68.7	213	326	419	1,649	2,603	1,402	965
Schizophrenic disorders (295)	68,228	49,121	19,107	41.9	17,212	16,165	6,493	6,612	2,307	269	63
Other psychoses (296-299)	45,575	26,285	19,290	49.6	4,876	6,875	3,980	6,350	3,243	661	300
Neurotic disorders (300)	34,907	8,514	26,393	48.8	1,607	2,445	1,207	2,035	1,009	155	56
Personality disorders (301)	41,188	4,670	36,518	38.5	1,980	1,793	397	381	98	18	3
Alcohol dependence or abuse (303, 305.0)	176,937	58,531	118,406	46.8	11,076	17,988	12,045	13,114	4,027	271	10
Drug dependence or abuse (304, 305.1-305.9)	72,026	9,953	62,073	35.7	5,112	3,959	501	294	76	8	3
Other nonpsychotic mental disorders (302, 306-319)	59,181	19,748	39,433	46.6	3,368	8,801	1,813	2,920	1,929	547	370
VI. Diseases of the nervous system and sense organs	222,267	54,781	167,486	61.2	2,883	4,515	5,882	18,997	16,529	4,290	1,685
Quadriplegia (344.0)	4,911	97	4,814	([5])	11	19	18	35	13	1	.....
Paraplegia (344.1)	6,306	62	6,244	([5])	11	15	6	17	13	.....	.....
Epilepsy (345)	25,340	5,604	19,736	53.3	822	983	810	1,718	992	213	66
Disorders of the peripheral nervous system (350-359)	24,919	6,865	18,054	58.0	452	816	977	2,454	1,786	308	72
Others diseases of central nervous system (320-343, 344.2-344.9, 346-349)	73,341	13,206	60,135	59.9	924	1,446	1,588	3,912	3,859	1,113	364
Glaucoma (365)	10,257	1,467	8,790	64.5	14	56	125	535	563	141	33
Cataract (366)	21,151	15,241	5,910	66.7	42	222	1,001	5,823	5,601	1,731	821
Blindness (369)	4,866	123	4,743	61.3	7	11	15	41	33	11	5
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	32,514	8,300	24,214	62.6	277	461	857	3,082	2,736	622	265
Diseases of the ear and mastoid process (380-389)	18,662	3,816	14,846	57.2	323	486	485	1,380	933	150	59
VII. Diseases of the circulatory system	805,184	172,298	632,886	63.1	2,202	8,093	20,561	69,801	53,479	12,390	5,772
Chronic rheumatic heart disease (393-398)	4,350	959	3,391	60.7	19	63	148	411	251	56	11
Hypertensive disease without heart involvement (401, 403, 405)	178,227	10,540	167,687	59.8	322	946	1,617	4,259	2,752	485	159
Hypertensive heart disease (402, 404)	10,529	2,964	7,565	64.3	9	90	310	1,213	995	252	95
Acute myocardial infarction (410)	20,411	12,332	8,079	63.1	54	597	1,649	5,088	3,638	931	375
Other ischemic heart disease (411-414)	202,018	46,743	155,275	61.6	185	2,260	7,410	21,191	12,827	2,052	818
Other forms of heart disease (391, 392.0, 420-429)	197,057	43,161	153,896	65.5	529	1,396	3,744	15,777	14,758	4,330	2,627
Cerebrovascular diseases (430-438)	70,361	23,029	47,332	65.1	142	543	2,007	9,109	8,216	2,058	954
Atherosclerosis (440)	15,724	2,513	13,211	64.4	5	59	244	1,112	844	170	79
Other diseases of arteries, arterioles, and capillaries (441-448)	48,423	14,583	33,840	64.1	128	386	1,358	6,023	5,244	1,132	312
Varicose veins of lower extremities (454)	5,586	1,750	3,836	60.7	69	179	222	610	468	135	67
Hemorrhoids (455)	14,132	3,783	10,349	55.4	291	648	642	1,278	779	122	23
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	38,366	9,941	28,425	60.4	449	926	1,210	3,730	2,707	667	252
VIII. Diseases of the respiratory system	278,929	77,799	201,130	63.8	2,425	3,677	7,048	27,918	26,021	6,674	4,036
Acute respiratory infections (460-466)	19,093	5,710	13,383	62.7	248	301	533	2,053	1,928	419	228
Pneumonia and influenza (480-487)	42,713	18,971	23,742	66.3	540	989	1,532	5,462	6,001	2,264	2,183
Chronic bronchitis (491)	13,880	4,268	9,612	64.5	21	81	361	1,816	1,582	331	76
Emphysema (492)	9,977	1,944	8,033	64.9	7	45	140	820	717	184	31

See footnotes at end of table.

TABLE 18—Continued

VA Medical Centers—Hospital Care Component: Diagnostic Group[1] by Age—Patients Discharged—Fiscal Year 1986

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis						
					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)	193,266	46,906	146,360	62.9	1,609	2,261	4,482	17,767	15,793	3,476	1,518
IX. Diseases of the digestive system	331,637	98,164	233,473	59.2	5,683	10,765	13,488	34,748	25,255	5,653	2,572
Diseases of oral cavity, salivary glands, and jaws (520-529)	60,302	4,371	55,931	55.3	511	585	605	1,538	944	131	57
Ulcers of the digestive system (530.2, 531-534)	28,827	9,388	19,439	60.7	399	791	1,175	3,521	2,640	603	259
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	44,991	10,953	34,038	59.8	525	1,131	1,450	3,925	3,007	626	289
Hernia of the abdominal cavity (550-553)	38,072	19,405	18,667	60.2	1,002	1,624	2,358	7,215	5,650	1,204	352
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	92,635	31,364	61,271	60.3	2,006	3,165	3,758	10,352	8,435	2,323	1,325
Alcohol-related liver disorders (571.0-571.3)	24,377	6,534	17,843	55.8	220	955	1,452	2,742	1,067	90	8
Other diseases of liver, gallbladder, and pancreas (570, 571.4-577)	42,433	16,149	26,284	56.8	1,020	2,514	2,690	5,455	3,512	676	282
X. Diseases of the genitourinary system	193,509	54,969	138,540	63.1	2,176	3,591	4,902	18,545	18,323	4,812	2,620
Nephritis, nephrotic synrome, and nephrosis (580-589)	27,630	4,694	22,936	61.5	229	390	570	1,556	1,400	338	211
Other diseases of the urinary system (590-599)	108,592	25,454	83,138	63.2	1,069	2,137	2,478	7,687	7,750	2,562	1,771
Diseases of the prostate (600-602)	37,499	16,356	21,143	66.8	50	123	656	6,135	7,278	1,600	514
Other diseases of the male genital organs (603-608)	16,087	6,842	9,245	58.0	464	701	979	2,722	1,615	257	104
Disorders of breast and gynecological diseases (610-629)	3,701	1,623	2,078	51.6	364	240	219	445	280	55	20
XI. Complications of pregnancy, childbirth, and puerperium (630-676)	80	41	39	([5])	35	4	2	.....	.....	.....	.....
XII. Diseases of skin and subcutaneous tissue	82,376	21,992	60,384	56.9	2,037	3,128	3,118	7,153	4,886	1,089	581
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	40,784	12,655	28,129	56.1	1,303	1,865	1,855	4,104	2,676	555	297
Other diseases of skin and subcutaneous tissue (700-709)	41,592	9,337	32,255	58.0	734	1,263	1,263	3,049	2,210	534	284
XIII. Diseases of the musculoskeletal system and connective tissue	159,580	45,117	114,463	55.3	5,103	6,878	6,302	14,915	9,560	1,726	633
Osteoarthrosis and allied disorders (715)	32,919	6,239	26,680	62.5	186	399	558	2,390	2,095	447	164
Other arthropathies and related disorders (710-714, 716-719)	32,581	8,916	23,665	52.0	1,764	1,463	1,095	2,608	1,637	260	89
Dorsopathies (720-724)	46,555	14,408	32,147	54.3	1,451	2,638	2,432	4,723	2,535	467	167
Rheumatism, excluding the back (725-729)	19,887	7,310	12,577	56.2	661	1,071	970	2,582	1,693	260	73
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	27,638	8,244	19,394	54.6	1,041	1,307	1,247	2,612	1,600	292	145
XIV. Cogenital deformities (740-759)	7,919	2,076	5,843	56.9	197	252	293	714	486	101	33

XVI. Symptoms, signs, and ill-defined conditions (780-799)	220,615	51,391	169,224	60.0	2,793	5,137	6,778	18,016	13,506	3,336	1,825
XVII. Injury and poisoning	126,169	43,412	82,757	55.6	6,172	6,391	5,392	12,661	8,966	2,248	1,582
Fracture of skull (800-804)	2,813	1,567	1,246	43.3	531	453	205	246	103	19	10
Fracture of neck and trunk (805-809)	5,371	2,052	3,319	57.0	292	264	226	583	437	124	126
Fracture of upper and lower limb (810-829)	15,225	9,305	5,920	59.2	1,002	1,193	1,030	2,547	2,044	758	731
Dislocations, sprains, and strains of joints and adjacent muscles (830-848)	7,123	3,704	3,419	48.8	929	774	483	894	489	89	46
Intracranial injury, excluding those with skull fracture (850-854)	3,156	1,908	1,248	52.9	381	343	231	453	293	116	91
Internal injury of chest, abdomen, and pelvis (860-869)	1,396	575	821	52.8	104	103	73	182	73	18	22
Open wounds (870-897)	9,600	3,270	6,330	47.7	876	735	443	722	379	72	43
Burns (940-949)	2,699	990	1,709	54.0	133	164	138	326	182	26	21
Poisoning by drugs, medicinal, and biological substances (960-979)	7,749	2,289	5,460	53.3	409	446	247	554	483	104	66
Toxic effects of substances chiefly nonmedical as to source (980-989)	1,097	315	782	50.4	68	63	47	79	44	10	4
All other injuries (900-904, 910-939, 950-959, 990-995)	17,192	4,277	12,915	55.4	627	643	524	1,216	880	233	154
Complications of surgical and medical care, NEC (996-999)	39,067	13,160	25,907	59.3	820	1,210	1,745	4,859	3,579	679	268
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	13,681	.....	13,681	([5])	.....	.....	.....	.....	.....	.....	.....
XVIII. Factors influencing health status and contact with health services (V01-V82)	257,813	79,866	177,947	53.0	12,136	15,797	11,097	21,834	14,730	3,086	1,186

[1] *Patient Treatment File. This table, as well as all others in this discharge series, excludes approximately 249,412 one-day dialysis discharges. Included, however, are inter-VA hospital transfers.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal 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.*

[4] *Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.*

[5] *Average age not calculated for totals of less than 100 cases.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay[1]—Fiscal Year 1986

Type of Patient and Age Group	Total			Short Term[2]		Length of Stay (Days)													Total Days
	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 patients	1,055,258	21.6	8.8	13.3	97.8	97,652	179,201	226,024	224,771	105,983	85,646	88,720	21,336	16,108	3,597	1,567	2,424	2,226	22,762,153
Under 25	9,164	17.6	7.0	13.1	97.6	1,219	1,996	1,828	1,318	674	830	827	208	181	47	14	18	4	161,273
25-29	31,198	19.3	9.1	15.1	97.8	3,635	5,177	5,945	4,980	2,666	3,681	3,505	788	590	122	46	46	17	602,982
30-34	55,158	19.5	9.6	15.2	97.9	6,300	8,656	10,448	9,228	5,032	6,412	6,360	1,333	976	214	80	83	36	1,078,019
35-39	85,686	20.2	10.0	15.5	97.8	8,862	13,413	16,417	14,680	7,916	9,943	10,045	2,120	1,657	318	101	140	74	1,728,355
40-44	51,315	20.7	9.1	14.5	97.9	5,103	8,679	10,434	9,263	4,668	5,254	5,461	1,156	896	160	60	104	77	1,062,454
45-49	45,970	20.6	8.3	13.4	98.1	4,666	8,045	9,845	9,075	4,138	4,033	4,252	853	695	145	58	77	88	948,141
50-54	84,123	20.8	8.2	12.8	98.1	7,785	14,917	18,771	17,913	7,974	6,736	6,730	1,462	1,151	253	112	170	149	1,753,581
55-59	133,056	20.5	8.3	12.7	98.2	11,889	23,282	29,961	29,362	13,386	9,821	10,103	2,421	1,747	362	181	274	267	2,732,485
60-64	209,181	20.1	8.2	12.4	98.2	18,724	37,405	46,741	47,546	21,534	14,272	14,858	3,691	2,704	604	254	440	408	4,213,754
65-69	168,629	21.3	8.4	12.6	97.9	15,157	29,700	37,226	38,450	17,544	11,253	12,090	3,187	2,341	587	262	424	408	3,596,895
70-74	91,218	24.0	9.0	13.1	97.5	7,741	15,141	19,606	21,226	9,800	6,393	6,849	1,916	1,445	350	177	283	291	2,189,913
75-79	47,426	26.6	9.7	13.8	97.2	3,671	7,301	9,988	11,190	5,311	3,506	3,840	1,124	838	219	97	163	178	1,263,853
80-84	13,647	28.5	10.5	14.5	96.6	986	1,858	2,795	3,280	1,594	1,107	1,176	320	294	73	41	64	59	389,536
85 and over	29,487	35.3	11.0	14.9	96.6	1,914	3,631	6,019	7,260	3,749	2,405	2,624	757	593	143	84	138	170	1,040,912
Psychotic	90,148	72.3	20.3	23.2	91.6	4,969	6,142	10,034	14,975	11,903	11,940	16,598	5,085	4,399	1,219	577	992	1,315	6,520,298
Under 25	1,564	30.8	18.2	22.6	95.5	113	111	202	252	226	198	283	93	64	10	2	9	1	48,185
25-29	7,946	30.4	17.3	21.7	95.4	531	577	1,058	1,459	1,037	1,055	1,386	415	307	61	28	27	7	241,482
30-34	13,618	29.4	16.8	21.0	96.1	1,027	1,073	1,783	2,460	1,822	1,836	2,365	625	439	92	34	43	19	400,712
35-39	16,548	32.7	18.3	21.9	95.5	1,152	1,175	2,059	2,832	2,244	2,354	3,067	805	578	127	40	75	40	540,989
40-44	8,207	44.1	18.9	22.2	93.8	526	571	979	1,402	1,118	1,139	1,469	427	361	75	26	62	52	361,817
45-49	5,226	57.4	19.9	23.1	92.0	308	351	602	865	691	672	979	278	279	77	32	34	58	299,840
50-54	6,938	84.0	21.4	23.9	90.6	292	482	752	1,123	898	958	1,308	400	371	117	50	82	105	582,684
55-59	7,806	99.2	23.4	25.6	89.1	311	526	699	1,126	1,075	1,012	1,587	525	444	133	78	118	172	774,606
60-64	8,998	115.2	24.6	26.0	87.1	341	566	763	1,344	1,145	1,164	1,775	620	603	187	97	145	248	1,036,620
65-69	6,131	146.8	27.2	26.9	83.4	182	341	472	896	732	758	1,224	432	442	162	83	168	239	900,153
70-74	3,269	173.5	26.6	26.4	82.2	98	184	266	511	391	361	585	249	244	79	43	98	160	567,167
75-79	1,927	179.2	22.9	24.2	81.9	48	97	184	356	257	199	302	112	124	53	30	61	104	345,288
80-84	619	145.7	24.2	24.8	80.1	13	24	64	113	77	76	81	35	56	14	10	28	28	90,188
85 and over	1,351	244.7	22.3	22.9	81.1	27	64	153	236	190	158	187	69	87	32	24	42	82	330,567
Other Psychiatric	101,416	22.7	10.6	15.8	97.7	10,187	13,050	20,752	17,975	9,665	12,061	12,430	2,408	1,994	402	149	185	158	2,306,064
Under 25	1,573	20.0	11.9	16.5	98.0	175	204	259	268	138	256	202	27	30	8	3	3	.....	31,534
25-29	7,229	18.7	10.6	15.9	98.3	888	913	1,347	1,241	623	1,004	877	168	123	32	6	5	2	135,319
30-34	14,341	18.9	9.8	15.3	98.1	1,792	1,971	2,778	2,372	1,348	1,772	1,634	311	256	67	21	12	7	271,122
35-39	23,981	20.7	10.8	16.3	97.7	2,757	3,136	4,534	3,902	2,310	3,020	2,939	645	575	88	32	30	13	497,368
40-44	11,005	20.7	10.4	16.1	97.9	1,174	1,482	2,227	1,786	1,021	1,310	1,438	276	236	23	10	14	8	227,951
45-49	7,004	18.5	9.3	15.2	98.6	739	934	1,603	1,190	802	811	843	144	113	12	2	7	4	129,900
50-54	8,959	20.4	9.4	14.8	98.4	813	1,220	2,117	1,636	711	965	1,077	169	138	22	12	8	11	182,637
55-59	9,312	22.0	10.1	15.3	98.1	730	1,196	2,189	1,793	863	1,012	1,115	184	157	31	8	16	18	205,139
60-64	9,432	25.9	11.0	15.7	97.8	671	1,158	2,055	1,924	970	1,017	1,185	210	145	32	19	27	19	244,426
65-69	5,109	28.1	12.1	16.4	96.7	274	546	1,085	1,093	600	548	654	129	94	34	12	21	19	143,466
70-74	2,030	46.7	13.5	18.1	94.3	106	188	359	456	245	197	279	76	59	21	9	12	23	94,835
75-79	783	50.1	14.9	19.1	91.6	41	66	107	181	95	83	109	29	35	14	5	11	7	39,207
80-84	216	113.2	18.1	22.2	87.5	10	12	31	44	25	22	27	14	11	6	3	4	7	24,461
85 and over	442	178.1	18.9	21.1	83.5	17	24	61	89	54	44	51	26	22	12	7	15	20	78,699

Medical and surgical	863,694	16.1	7.8	12.1	98.6	82,496	160,009	195,238	191,821	84,418	61,645	59,692	13,843	9,715	1,976	841	1,247	753	13,935,791
Under 25	6,027	13.5	5.2	9.8	98.0	931	1,681	1,367	798	310	376	342	88	87	29	9	6	3	81,554
25-29	16,023	14.1	6.4	11.5	98.8	2,216	3,687	3,542	2,280	1,006	1,622	1,242	205	160	29	12	14	8	226,181
30-34	27,199	14.9	7.0	12.3	98.7	3,481	5,612	5,887	4,396	1,862	2,804	2,361	397	281	55	25	28	10	406,185
35-39	45,157	15.3	7.4	12.7	98.7	4,953	9,102	9,824	7,946	3,362	4,569	4,039	670	504	103	29	35	21	689,998
40-44	32,103	14.7	7.3	12.1	98.9	3,403	6,626	7,228	6,075	2,529	2,805	2,554	453	299	62	24	28	17	472,686
45-49	33,740	15.4	7.4	11.6	98.9	3,619	6,760	7,640	7,020	2,845	2,550	2,430	431	303	56	24	36	26	518,401
50-54	68,226	14.5	7.6	11.5	98.9	6,680	13,215	15,902	15,154	6,305	4,813	4,345	893	642	114	50	80	33	988,260
55-59	115,938	15.1	7.8	11.7	98.8	10,848	21,560	27,073	26,443	11,448	7,797	7,401	1,712	1,146	198	95	140	77	1,752,740
60-64	190,751	15.4	7.8	11.7	98.7	17,712	35,681	43,923	44,278	19,419	12,091	11,898	2,861	1,956	385	138	268	141	2,932,708
65-69	157,389	16.2	7.9	12.0	98.5	14,701	28,813	35,669	36,461	16,212	9,947	10,212	2,626	1,805	391	167	235	150	2,553,276
70-74	85,919	17.8	8.6	12.5	98.2	7,537	14,769	18,981	20,259	9,164	5,835	5,985	1,591	1,142	250	125	173	108	1,527,911
75-79	44,716	19.7	9.3	13.4	98.0	3,582	7,138	9,697	10,653	4,959	3,224	3,429	983	679	152	62	91	67	879,358
80-84	12,812	21.5	10.0	14.0	97.5	963	1,822	2,700	3,123	1,492	1,009	1,068	271	227	53	28	32	24	274,887
85 and over	27,694	22.8	10.6	14.5	97.5	1,870	3,543	5,805	6,935	3,505	2,203	2,386	662	484	89	53	81	68	631,646

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 249,412 one-day dialysis discharges.*

[2] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[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.*

TABLE 20

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group[1]—Fiscal Year 1986

Diagnostic Composition of Patients[2]	Total Discharged	Age Group							Marital Status					
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Never Married	Married	Separated	Widowed	Divorced	Unknown[3]
All discharges	1,055,258	95,520	137,001	130,093	342,237	259,847	61,073	29,487	135,903	554,620	55,387	77,342	215,126	16,880
Psychotic	90,148	23,128	24,755	12,164	16,804	9,400	2,546	1,351	30,626	26,412	6,665	3,687	21,289	1,469
Alcohol psychoses (291)	6,181	487	1,136	1,186	2,063	1,117	180	12	1,014	1,776	502	488	2,309	92
Drug psychoses (292)	984	340	253	86	130	130	34	11	255	392	69	32	216	20
Other psychoses (290, 293-299)	82,983	22,301	23,366	10,892	14,611	8,153	2,332	1,328	29,357	24,244	6,094	3,167	18,764	1,357
Other psychiatric	101,416	23,143	34,986	15,963	18,744	7,139	999	442	18,423	33,928	9,385	4,339	34,220	1,121
Alcohol dependence and abuse (303, 305.0)	58,531	11,076	17,988	12,045	13,114	4,027	271	10	10,457	16,315	5,513	2,846	22,825	575
Drug dependence and abuse (304, 305.1-305.9)	9,953	5,112	3,959	501	294	76	8	3	2,786	2,975	1,262	142	2,579	209
Other nonpsychotic mental disorders (300-302, 306-319)	32,932	6,955	13,039	3,417	5,336	3,036	720	429	5,180	14,638	2,610	1,351	8,816	337
Medical and surgical	863,694	49,249	77,260	101,966	306,689	243,308	57,528	27,694	86,854	494,280	39,337	69,316	159,617	14,290
All infectious and parasitic diseases (001-139)	13,239	1,984	1,791	1,452	3,574	2,903	901	634	2,350	6,295	785	1,050	2,477	282
Malignant neoplasms (140-208, 230-234)	93,242	1,184	2,831	8,804	37,827	32,584	7,325	2,687	7,976	55,392	3,960	8,490	15,870	1,554
Benign and unspecified neoplasms (210-229, 235-239)	15,295	467	918	1,622	5,868	5,086	1,045	289	1,314	9,689	545	1,095	2,439	213
Diabetes mellitus (250)	18,293	674	1,771	2,895	7,204	4,693	818	238	1,872	10,536	953	1,374	3,323	235
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	11,618	400	808	1,402	3,926	3,246	1,064	772	1,256	6,103	555	1,334	2,124	246
Disorders involving the immune mechanisms (279)	1,022	334	361	153	141	32	.....	1	455	258	83	7	179	40
Diseases of the blood and blood-forming organs (280-289)	9,079	364	552	775	2,847	3,023	970	548	819	5,453	363	913	1,394	137
Quadriplegia (344.0)	97	11	19	18	35	13	1	.....	18	47	3	4	24	1
Paraplegia (344.1)	82	11	15	6	17	13	.....	.....	12	23	6	4	16	1
Other diseases of the nervous system (320-343, 344.2-359)	25,675	2,198	3,245	3,375	8,084	6,637	1,634	502	2,772	15,408	1,070	1,618	4,430	379
Diseases of the sense organs (360-389)	28,947	663	1,236	2,483	10,861	9,866	2,655	1,183	2,421	17,199	1,091	2,698	4,913	625
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	106,159	796	4,406	13,261	43,680	32,469	7,621	3,926	6,961	69,160	3,621	8,625	16,154	1,638
Cerebrovascular diseases (430-438)	23,029	142	543	2,007	9,109	8,216	2,058	954	1,588	14,460	859	2,134	3,564	424
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	43,110	1,264	3,144	5,293	17,012	12,794	2,711	892	3,997	25,004	2,026	3,586	7,834	663
Acute respiratory diseases (460-466, 480-487)	24,681	788	1,290	2,065	7,515	7,929	2,683	2,411	2,520	13,234	1,016	3,159	4,287	465
Chronic bronchitis and emphysema (491-492)	6,212	28	126	501	2,636	2,299	515	107	440	3,583	257	618	1,238	76
Other respiratory diseases (470-478, 490, 493-519)	46,906	1,609	2,261	4,482	17,767	15,793	3,476	1,518	4,095	26,666	2,010	4,343	8,971	821
Diseases of the oral cavity, salivary glands, and jaws (520-529)	4,371	511	585	605	1,538	944	131	57	522	2,445	262	252	820	70
Hernia of the abdominal cavity (550-553)	19,405	1,002	1,624	2,358	7,215	5,650	1,204	352	2,026	11,222	825	1,417	3,612	303
Alcohol-related liver diseases (571.0-571.3)	6,534	220	955	1,452	2,742	1,067	90	8	715	2,754	408	466	2,067	124
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	67,854	3,950	7,601	9,073	23,253	17,594	4,228	2,155	7,169	37,839	3,304	5,249	13,210	1,083
Diseases of the male genital organs (600-608)	23,198	514	824	1,635	8,857	8,893	1,857	618	1,885	15,090	811	1,743	3,272	397
Other diseases of the genitourinary system (580-599)	30,148	1,298	2,527	3,048	9,243	9,150	2,900	1,982	3,101	18,087	1,148	2,798	4,408	606
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	1,664	399	244	221	445	280	55	20	269	754	92	109	410	30
Diseases of the skin and subcutaneous tissue (680-709)	21,992	2,037	3,128	3,118	7,153	4,886	1,089	581	3,170	10,800	1,235	1,652	4,697	438
Diseases of the musculoskeletal system and connective tissue (710-739)	45,117	5,103	6,878	6,302	14,915	9,560	1,726	633	4,166	27,513	1,957	2,383	8,402	696
Congenital anomalies (740-759)	2,076	197	252	293	714	486	101	33	200	1,298	91	115	337	35
Symptoms, signs, and ill-defined conditions (780-799)	51,391	2,793	5,137	6,778	18,016	13,506	3,336	1,825	4,835	30,029	2,302	4,117	9,218	892
Injuries and poisonings (800-904, 910-999)	43,412	6,172	6,391	5,392	12,661	8,966	2,248	1,582	6,258	20,950	2,413	3,290	9,528	973
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health services (V01-V82)	79,886	12,136	15,797	11,097	21,834	14,730	3,086	1,186	11,672	36,991	5,286	4,673	20,401	843
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 249,412 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 unknown.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Compensation and Pension Status, Age[1]—September 30, 1986

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non-Veterans[3]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	No Claim Pending	
All patients	55,358	17,382	7,994	340	9,048	37,793	9,965	27,828	183
Under 35	4,717	1,593	1,066	10	517	3,015	245	2,770	109
35-44	7,784	3,009	1,837	37	1,135	4,757	584	4,173	18
45-54	6,425	1,776	1,004	26	746	4,636	903	3,733	13
55-64	16,409	4,676	1,955	94	2,627	11,715	3,581	8,134	18
65-74	14,398	4,879	1,719	103	3,057	9,504	3,105	6,399	15
75-84	3,837	1,093	307	26	760	2,735	924	1,811	9
85 and over	1,788	356	106	44	206	1,431	623	808	1
Psychotic	13,785	5,929	4,535	103	1,291	7,845	2,476	5,369	11
Under 35	1,773	949	799	6	144	819	85	734	5
35-44	2,555	1,318	1,061	16	241	1,236	249	987	1
45-54	1,840	745	619	13	113	1,093	294	799	2
55-64	3,735	1,441	1,075	24	342	2,293	974	1,319	1
65-74	2,819	1,180	822	27	331	1,638	621	1,017	1
75-84	716	215	117	6	92	500	163	337	1
85 and over	347	81	42	11	28	266	90	176	.....
Other psychiatric	5,118	1,485	714	19	752	3,611	546	3,065	22
Under 35	940	191	71	2	118	732	21	711	17
35-44	1,710	644	365	7	272	1,064	60	1,004	2
45-54	656	133	62	.....	71	521	67	454	2
55-64	957	264	103	5	156	693	177	516	.....
65-74	597	197	90	3	104	399	146	253	1
75-84	172	41	18	.....	23	131	49	82	.....
85 and over	86	15	5	2	8	71	26	45	.....
Medical and surgical	36,455	9,968	2,745	218	7,005	26,337	6,943	19,394	150
Under 35	2,004	453	196	2	255	1,464	139	1,325	87
35-44	3,519	1,047	411	14	622	2,457	275	2,182	15
45-54	3,929	898	323	13	562	3,022	542	2,480	9
55-64	11,717	2,971	777	65	2,129	8,729	2,430	6,299	17
65-74	10,982	3,502	807	73	2,622	7,467	2,338	5,129	13
75-84	2,949	837	172	20	645	2,104	712	1,392	8
85 and over	1,355	260	59	31	170	1,094	507	587	1

[1] *Approximately 2.7 percent of the Patient Treatment File records were incomplete and, therefore, unavailable for inclusion in this table.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disabilities only.*

[3] *All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied benificiaries, donors, etc. A veteran who is admitted as an Office of Workers Compensation case is classified as a non-veteran.*

TABLE 22

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age[1]—Fiscal Year 1986

Type of Patient and Age Group	All Patients	Service-Connected				Nonservice-Connected			Non-Veterans[3]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	No Claim Pending	
All patients	1,055,258	317,998	98,349	4,540	215,109	731,731	172,604	559,127	5,529
Under 35	95,520	30,678	17,530	293	12,855	62,609	4,692	57,917	2,233
35-44	137,001	49,779	24,292	444	25,043	86,505	8,880	77,625	717
45-54	130,093	33,537	12,141	324	21,072	95,891	15,185	80,706	665
55-64	342,237	92,950	22,889	1,313	68,748	248,260	64,789	183,471	1,027
65-74	259,847	87,202	17,357	1,191	66,654	172,014	52,753	119,261	631
75-84	61,073	18,478	3,169	264	15,045	43,379	15,333	27,046	216
85 and over	29,487	5,374	971	711	3,692	24,073	10,972	13,101	40
Psychotic	90,148	41,656	31,080	376	10,200	48,278	11,042	37,236	214
Under 35	23,128	12,491	10,167	64	2,260	10,504	1,095	9,409	133
35-44	24,755	13,145	10,411	87	2,647	11,578	1,965	9,613	32
45-54	12,164	4,841	3,675	35	1,131	7,302	1,623	5,679	21
55-64	16,804	6,382	4,276	93	2,013	10,410	3,603	6,807	12
65-74	9,400	3,788	2,181	63	1,544	5,603	1,735	3,868	9
75-84	2,546	765	293	10	462	1,775	556	1,219	6
85 and over	1,351	244	77	24	143	1,106	465	641	1
Other psychiatric	101,416	26,780	10,276	285	16,219	74,205	10,055	64,150	431
Under 35	23,143	4,727	1,875	32	2,819	18,149	959	17,190	267
35-44	34,986	11,433	5,057	108	6,268	23,490	1,647	21,843	63
45-54	15,963	3,185	956	28	2,201	12,729	1,513	11,216	49
55-64	18,744	4,679	1,500	64	3,115	14,025	3,735	10,290	40
65-74	7,139	2,369	771	36	1,562	4,758	1,762	2,996	12
75-84	999	309	100	4	205	690	288	402	.....
85 and over	442	78	16	13	49	364	151	213	.....
Medical and surgical	863,694	249,562	56,993	3,879	188,690	609,248	151,507	457,741	4,884
Under 35	49,249	13,460	5,487	197	7,776	33,956	2,638	31,318	1,833
35-44	77,260	25,201	8,824	249	16,128	51,437	5,268	46,169	622
45-54	101,966	25,511	7,510	261	17,740	75,860	12,049	63,811	595
55-64	306,689	81,889	17,113	1,156	63,620	223,825	57,451	166,374	975
65-74	243,308	81,045	14,405	1,092	65,548	161,653	49,258	112,397	610
75-84	57,528	17,404	2,776	250	14,378	39,914	14,489	25,425	210
85 and over	27,694	5,052	878	674	3,500	22,603	10,356	12,247	39

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 249,412 one-day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[3] *All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as an office of workers compensation program case is classified as a non-veteran.*

VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex[1]– Fiscal Year 1986

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	1,055,258	90,148	101,416	863,694	21,109	2,955	1,748	16,406	1,034,149	87,193	99,668	847,288
Service-connected	102,889	31,456	10,561	60,872	2,734	1,049	277	1,408	100,155	30,407	10,284	59,464
10% or more	98,349	31,080	10,276	56,993	2,626	1,035	273	1,318	95,723	30,045	10,003	55,675
Less than 10%	4,540	376	285	3,879	108	14	4	90	4,432	362	281	3,789
Nonservice-connected with SC[2]	215,109	10,200	16,219	188,690	3,658	283	282	3,093	211,451	9,917	15,937	185,597
NSC with pension	172,604	11,042	10,055	151,507	3,051	432	170	2,449	169,553	10,610	9,885	149,058
NSC no claim pending	559,127	37,236	64,150	457,741	10,321	1,159	966	8,196	548,806	36,077	63,184	449,545
Nonveterans[3]	5,529	214	431	4,884	1,345	32	53	1,260	4,184	182	378	3,624

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 249,412 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. A veteran admitted as an Office of Workers Compensation Program case is coded as a non-veteran.*

TABLE 24

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—Fiscal Year 1986

Reported State of Residence	All Discharges			Type of Patient					
	Total	Hospitalized in Same State		Medical and Surgical		Psychotic		Other Psychiatric	
		Number	Percent	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
Total	1,055,255	932,989	88.4	863,692	88.3	90,147	90.1	101,416	87.9
United States	1,044,364	922,466	88.3	855,495	88.2	87,921	89.9	100,948	87.9
Alabama	21,711	19,301	88.9	16,927	88.6	2,375	91.3	2,409	88.5
Alaska	186	.....	.....	166	.....	7	.....	13	.....
Arizona	21,314	20,628	96.8	17,839	96.9	1,336	95.5	2,139	96.3
Arkansas	23,169	19,713	85.1	20,226	84.7	1,196	88.1	1,747	87.3
California	83,438	81,467	97.6	70,302	97.8	7,468	97.5	5,668	95.9
Colorado	10,743	9,463	88.1	8,621	89.8	885	90.7	1,237	74.1
Connecticut	9,756	9,158	93.9	7,812	95.5	681	81.6	1,263	90.7
Delaware	2,523	2,022	80.1	2,258	87.0	143	16.8	122	27.9
District of Columbia	4,630	4,424	95.6	3,904	96.8	352	83.8	374	93.6
Florida	51,882	48,853	94.2	44,560	95.1	3,963	89.0	3,359	88.1
Georgia	27,259	21,579	79.2	22,158	78.9	2,197	77.4	2,904	82.2
Hawaii	40	.....	.....	23	.....	3	.....	14	.....
Idaho	5,506	3,406	61.9	4,926	61.1	308	74.7	272	61.8
Illinois	55,758	47,623	85.4	43,814	84.1	4,956	89.8	6,988	90.8
Indiana	20,349	14,554	71.5	17,007	71.7	1,647	71.8	1,695	69.9
Iowa	15,762	12,976	82.3	12,447	80.2	1,341	91.9	1,974	89.1
Kansas	14,629	12,013	82.1	11,989	80.5	1,434	89.7	1,206	88.9
Kentucky	21,547	16,038	74.4	18,197	73.7	1,430	79.0	1,920	77.9
Louisiana	22,028	20,538	93.2	19,409	94.7	1,328	80.0	1,291	84.3
Maine	6,058	5,531	91.3	3,934	88.8	1,045	97.5	1,079	94.3
Maryland	14,948	9,855	65.9	11,668	64.4	1,070	73.3	2,210	70.4
Massachusetts	24,861	22,298	89.7	18,287	88.1	2,927	95.9	3,647	92.9
Michigan	28,574	27,380	95.8	21,997	95.6	3,370	97.8	3,207	95.4
Minnesota	19,125	15,991	83.6	15,311	81.8	1,757	91.6	2,057	90.6
Mississippi	18,326	14,719	80.3	15,798	79.7	1,304	84.4	1,224	84.4
Missouri	29,974	25,630	85.5	25,887	86.0	2,045	82.7	2,042	82.4
Montana	6,219	4,506	72.5	5,279	74.7	250	33.6	690	69.6
Nebraska	12,613	10,981	87.1	10,208	87.5	1,103	90.2	1,302	80.7
Nevada	5,458	3,692	67.6	4,929	68.5	287	60.6	242	57.9
New Hampshire	6,305	3,402	54.0	5,312	51.5	308	59.7	685	70.2
New Jersey	16,916	13,407	79.3	12,406	77.1	2,154	81.2	2,356	88.6
New Mexico	7,295	6,694	91.8	5,967	92.9	427	84.5	901	87.8
New York	70,750	69,293	97.9	58,253	98.1	5,720	96.7	6,777	97.2
North Carolina	26,456	24,554	92.8	20,873	92.6	1,911	92.5	3,672	94.3
North Dakota	2,819	2,153	76.4	2,304	80.5	180	59.4	335	57.3
Ohio	34,133	29,533	86.5	26,464	85.0	3,857	93.2	3,812	90.7
Oklahoma	16,718	14,221	85.1	14,458	87.3	827	73.2	1,433	69.1
Oregon	14,112	12,744	90.3	11,743	89.8	1,009	92.2	1,360	92.9
Pennsylvania	38,289	35,659	93.1	29,437	92.5	5,239	96.8	3,613	93.1
Rhode Island	4,698	4,268	90.8	3,962	92.3	268	77.6	468	85.9
South Carolina	18,451	13,684	74.2	16,270	75.7	1,127	67.7	1,054	57.4
South Dakota	8,552	7,695	90.0	6,674	88.7	614	94.0	1,264	94.7
Tennessee	25,696	24,862	96.8	21,802	97.2	1,872	96.3	2,022	92.6
Texas	82,124	77,369	94.2	68,268	94.1	6,387	96.1	7,469	94.0
Utah	5,733	5,544	96.7	4,667	97.6	506	91.3	560	94.5
Vermont	2,730	2,484	91.0	2,373	91.9	98	82.7	259	86.1
Virginia	26,030	21,451	82.4	21,246	83.2	2,523	89.6	2,261	67.4
Washington	17,601	15,715	89.3	14,746	89.1	1,683	93.0	1,172	86.7
West Virginia	15,768	13,138	83.3	12,603	85.2	1,025	64.2	2,140	81.6
Wisconsin	21,321	17,926	84.1	17,081	83.3	1,730	89.8	2,510	85.6
Wyoming	3,481	2,331	67.0	2,703	62.6	248	85.5	530	80.4
Outside United States	10,891	10,523	96.6	8,197	96.0	2,226	98.9	468	97.0
Canal Zone	.....	.....	.....	.....	.....	.....	.....	.....	.....
Guam	1	.....	.....	1	.....	.....	.....	.....	.....
Philippines, Republic of	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerto Rico	10,604	10,523	99.2	7,934	99.2	2,212	99.5	458	99.1
Other	286	.....	.....	262	.....	14	.....	10	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 249,412 one-day dialysis discharges, but includes transfers.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1986

Principal Diagnoses[2]	Total			Short Term[3]		Length of Stay (Days)													Total Days
	Patients	Average Days	Median Days[4]	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	1,055,258	21.6	8.8	13.3	97.8	97,652	179,201	226,024	224,771	105,986	85,646	88,720	21,336	16,108	3,597	1,567	2,424	2,226	22,762,153
I. Infectious and parasitic diseases	13,239	22.9	10.0	14.4	97.4	1,525	1,757	2,503	2,907	1,574	1,063	1,173	343	251	56	35	34	18	303,699
Pulmonary tuberculosis (011)	1,668	34.8	16.6	20.1	93.8	43	71	244	410	287	220	218	66	59	15	17	14	4	57,969
Tuberculosis, other (010, 012-018)	265	42.2	16.5	20.2	95.4	9	15	35	64	46	30	43	11	9	.....	1	1	1	11,187
Tuberculosis, late effects (137)	.....	....	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other infectious and parasitic diseases (001-009, 020-136)	11,306	20.7	8.8	13.4	98.0	1,473	1,671	2,224	2,433	1,241	813	912	266	183	41	17	19	13	234,543
Late effects of other infectious and parasitic diseases (138-139)	.....	....	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms	108,537	17.8	10.1	15.0	98.5	11,741	18,529	17,913	20,679	12,999	9,998	11,552	3,109	1,580	213	73	119	32	1,932,811
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0)	6,153	27.3	13.6	20.3	95.6	370	820	994	1,119	694	597	793	430	288	26	8	10	4	168,205
Malignant neoplasm of digestive organs and peritoneum (150-159,230.1-230.9)	14,112	22.6	15.4	19.4	98.2	968	1,359	1,919	2,688	2,244	1,874	2,182	535	272	35	11	23	2	319,622
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	24,240	19.8	13.4	17.6	98.7	1,682	2,714	3,789	5,172	3,586	2,805	3,342	770	295	47	10	25	3	479,071
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	3,458	26.2	14.0	20.3	97.0	217	593	462	544	402	354	544	199	119	11	3	6	4	90,760
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	8,048	15.7	7.9	13.1	98.7	1,391	1,253	1,425	1,496	816	644	718	183	85	16	6	12	3	126,508
Malignant neoplasm of genitourinary organs (179-189, 233)	17,233	16.4	10.0	14.0	98.7	1,192	2,798	3,537	3,888	2,150	1,488	1,563	358	199	22	16	16	6	282,660
Malignancies of all other systems (170-175, 190-199, 232, 234)	19,998	17.8	9.9	14.7	98.4	2,224	3,295	3,417	3,942	2,321	1,816	2,067	551	281	49	15	13	7	355,361
Neoplasms, benign (210-229)	12,605	6.3	2.4	5.3	99.6	3,259	5,107	1,839	1,319	512	262	211	47	29	4	2	12	2	79,006
Neoplasms of unspecified nature (235-239)	2,690	11.8	6.4	10.2	99.3	438	590	531	511	274	158	132	36	12	3	2	2	1	31,618
III. Endocrine, nutritional, and metabolic diseases and immunity disorders	30,933	16.1	8.6	11.8	98.3	2,206	4,501	8,100	8,335	3,199	1,833	1,709	473	387	84	31	50	25	498,670
Diabetes mellitus (250)	18,293	17.0	9.6	12.5	98.0	1,020	2,229	4,685	5,460	2,029	1,116	1,035	309	284	55	22	34	15	310,915
Diseases of the endocrine glands (240-246, 251-259)	3,096	14.5	7.1	9.8	99.2	298	603	833	766	276	149	119	26	15	3	2	4	2	44,861
Gout (274)	1,108	9.3	6.4	8.2	99.3	70	260	373	245	84	42	25	2	4	2	.....	1	.....	10,276
Obesity (278.0-278.1)	390	20.9	11.1	15.6	96.6	40	49	69	86	49	33	31	19	9	4	1	.....	.....	8,135
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	7,024	15.1	7.5	11.0	98.8	556	1,247	1,978	1,601	681	398	387	85	54	12	6	11	8	105,809
Disorders involving the immune mechanisms (279)	1,022	18.3	8.6	14.5	97.3	222	113	162	177	80	95	112	32	21	8	.....	.....	.....	18,674

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1986

Principal Diagnoses[2]	Total			Short Term[3]		Length of Stay (Days)													Total Days
	Patients	Average Days	Median Days[4]	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	9,079	9.6	5.3	8.2	99.5	2,190	1,821	1,654	1,881	759	367	304	50	32	6	4	8	3	87,381
Anemias (280-282.4, 282.7-285)	6,166	9.1	4.7	7.9	99.5	1,660	1,251	960	1,265	521	263	179	32	21	5	4	4	1	56,019
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	195	5.0	4.0	5.0	100.0	43	54	60	31	5	1	.....	1	.....	.....	.....	.....	.....	968
Other diseases of the blood and blood-forming organs (286-289)	2,718	11.2	6.3	9.0	99.4	487	516	634	585	233	103	125	17	11	1	.....	4	2	30,394
V. Mental disorders	191,564	46.1	14.6	19.2	94.8	15,156	19,192	30,786	32,950	21,568	24,001	29,028	7,493	6,393	1,621	726	1,177	1,473	8,826,362
Alcohol psychosis (291)	6,181	67.7	8.0	13.5	91.6	386	1,239	1,475	1,065	453	352	461	198	207	87	51	86	121	418,314
Drug psychosis (292)	984	24.3	9.3	13.2	98.4	82	125	244	221	119	82	82	10	9	3	.....	4	3	23,931
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	7,577	148.8	23.6	24.6	81.7	186	347	709	1,382	1,028	799	1,186	449	541	195	132	250	373	1,127,643
Schizophrenic disorders (295)	49,121	79.3	20.8	23.6	91.4	2,767	3,078	5,175	8,106	6,614	6,595	9,235	2,842	2,482	693	296	506	732	3,893,913
Other psychoses (296-299)	26,285	40.2	21.9	24.8	94.3	1,548	1,353	2,431	4,201	3,689	4,112	5,634	1,586	1,160	241	98	146	86	1,056,497
Neurotic disorders (300)	8,514	27.1	15.5	20.0	96.7	690	719	1,150	1,627	1,116	1,165	1,336	376	246	38	21	16	14	230,945
Personality disorders (301)	4,670	22.4	12.5	17.0	96.8	514	485	725	967	564	503	585	157	119	32	9	8	2	104,437
Alcohol dependence or abuse (303, 305.0)	58,531	16.3	8.5	14.3	99.0	5,856	8,693	14,067	9,813	4,586	6,913	6,979	823	644	76	22	44	15	952,902
Drug dependence or abuse (304, 305.1-305.9)	9,953	19.4	9.8	15.2	97.7	1,468	1,066	1,969	1,831	1,015	1,155	891	257	181	80	26	14	.....	193,061
Other nonpsychotic mental disorders (302, 306-319)	19,748	41.8	14.2	18.8	94.3	1,659	2,087	2,841	3,737	2,384	2,325	2,639	795	804	176	71	103	127	824,719
VI. Diseases of the nervous system and sense organs	54,781	24.2	5.2	8.6	97.2	5,186	18,419	13,004	8,646	3,257	1,953	2,068	610	679	259	139	245	316	1,327,394
Quadriplegia (344.0)	97	217.7	29.7	22.4	67.0	3	8	7	12	10	10	11	3	15	4	2	4	8	21,113
Paraplegia (344.1)	62	119.4	24.3	26.4	82.2	3	7	6	9	5	4	11	1	10	.....	.....	3	3	7,400
Epilepsy (345)	5,604	13.3	7.5	9.9	99.0	494	988	1,504	1,523	515	257	224	35	37	7	3	13	4	74,552
Disorders of the peripheral nervous system (350-359)	6,865	10.8	5.2	8.5	98.9	887	2,105	1,523	1,198	446	302	259	57	58	10	11	7	2	74,113
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	13,206	75.5	13.3	17.1	90.2	872	1,466	2,075	2,909	1,566	1,103	1,362	469	533	232	119	203	297	997,240
Glaucoma (365)	1,467	6.1	3.6	5.6	99.7	324	455	352	221	65	28	16	3	2	.....	.....	1	.....	8,907
Cataract (366)	15,241	4.4	3.2	4.0	99.8	840	8,621	4,435	1,027	187	50	44	14	9	1	3	10	.....	66,676
Blindness (369)	123	18.5	5.6	9.7	97.5	32	17	32	20	4	3	10	2	.....	2	.....	1	.....	2,280
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	8,300	5.8	3.7	5.5	99.8	1,234	3,160	2,157	1,190	317	122	90	16	9	2	1	2	.....	47,815
Diseases of the ear and mastoid process (380-389)	3,816	7.2	3.6	5.6	99.8	497	1,592	913	537	142	74	41	10	6	1	.....	1	2	27,298
VII. Diseases of the circulatory system	172,298	14.6	8.7	11.5	98.8	12,412	27,461	41,712	47,299	19,707	10,419	8,996	2,059	1,466	299	146	213	109	2,507,278

Chronic rheumatic heart disease (393-398)	959	14.0	9.8	13.5	99.7	55	175	198	212	129	89	79	20	1	.....	1	.....	.....	13,434
Hypertensive disease without heart involvement (401, 403, 405)	10,540	12.3	6.6	9.1	99.1	1,127	2,246	2,888	2,435	845	436	390	73	58	16	9	13	4	129,339
Hypertensive heart disease (402, 404)	2,964	14.7	9.5	11.5	98.7	92	338	848	954	364	176	128	24	24	4	4	6	2	43,669
Acute myocardial infarction (410)	12,332	13.5	11.3	12.3	99.5	958	867	2,054	4,938	2,021	850	511	73	35	6	3	12	4	166,289
Other ischemic heart disease (411-414)	46,743	9.6	6.8	8.7	99.6	3,415	10,360	13,801	11,666	4,169	1,827	1,165	169	106	24	5	28	8	450,932
Other forms of heart disease (391, 392.0, 420-429)	43,161	12.5	8.2	10.8	99.2	3,181	6,299	11,826	12,121	4,601	2,390	2,034	353	233	42	34	38	9	538,965
Cerebrovascular diseases (430-438)	23,029	26.5	12.3	16.2	96.7	1,016	2,178	4,429	6,427	3,154	2,034	2,229	698	545	115	59	77	68	609,867
Atherosclerosis (440)	2,513	24.1	13.7	17.8	96.8	105	375	326	559	391	297	259	102	68	20	5	4	2	60,499
Other diseases of arteries, arterioles, and capillaries (441-448)	14,583	20.2	12.4	16.0	97.7	919	2,216	2,030	3,414	2,295	1,431	1,485	393	297	57	18	19	9	294,030
Varicose veins of lower extremities (454)	1,750	20.9	12.6	16.9	97.4	109	195	315	399	229	189	203	55	45	6	2	3	.....	36,571
Hemorrhoids (455)	3,783	7.7	4.4	5.7	99.8	772	1,034	1,046	683	140	65	32	4	3	1	2	.....	1	29,106
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	9,941	13.5	10.4	12.1	99.3	663	1,178	1,951	3,491	1,369	635	481	95	51	8	4	13	2	134,577
VIII. Diseases of the respiratory system	77,799	15.5	8.4	11.3	98.8	3,976	12,110	21,793	21,654	8,104	4,326	3,890	917	603	149	68	129	80	1,203,479
Acute respiratory infections (460-466)	5,710	10.4	7.2	8.9	99.5	302	953	1,981	1,632	452	194	140	27	15	3	1	7	3	59,429
Pneumonia and influenza (480-487)	18,971	17.6	10.9	13.5	98.9	624	1,501	4,703	6,378	2,644	1,400	1,205	274	156	33	13	20	20	334,394
Chronic bronchitis (491)	4,268	16.6	7.9	10.3	98.9	190	622	1,365	1,248	386	221	150	35	30	7	3	6	5	70,717
Emphysema (492)	1,944	21.0	10.0	12.9	96.7	75	223	513	585	198	123	127	32	35	16	7	6	4	40,734
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	46,906	14.9	7.6	10.7	98.7	2,785	8,811	13,231	11,811	4,424	2,388	2,268	549	367	90	44	90	48	698,205
IX. Diseases of the digestive system	98,164	11.4	7.0	9.8	99.3	9,592	19,491	26,791	23,291	8,500	4,769	4,160	833	534	71	32	75	25	1,116,853
Diseases of oral cavity, salivary glands, and jaws (520-529)	4,371	8.3	3.8	5.8	99.6	887	1,385	1,235	537	143	79	65	25	10	2	1	1	1	36,242
Ulcers of the digestive system (530.2, 531-534)	9,388	11.4	7.4	10.1	99.3	1,049	1,503	2,567	2,354	875	499	394	72	60	4	5	4	2	106,768
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	10,953	9.2	5.8	8.0	99.4	1,721	2,486	2,848	2,358	735	381	290	64	47	7	3	12	1	100,421
Hernia of the abdominal cavity (550-553)	19,405	7.2	6.0	6.9	99.8	1,135	5,022	7,332	4,299	930	389	236	30	19	2	1	9	1	139,813
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	31,364	11.9	6.9	9.8	99.2	3,716	6,393	7,776	7,180	2,809	1,537	1,406	263	203	28	11	27	15	372,246
Alcohol-related liver disorders (571.0-571.3)	6,534	16.8	11.5	14.9	98.8	394	870	1,155	1,715	923	629	620	133	72	13	4	6	.....	109,730
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577)	16,149	15.6	10.5	13.3	99.1	690	1,832	3,878	4,848	2,085	1,255	1,149	246	123	15	7	16	5	251,633
X. Diseases of the genitourinary system	54,969	11.1	7.0	9.5	99.3	5,087	10,964	15,223	13,668	4,669	2,439	2,097	408	278	45	25	48	18	612,867
Nephritis, nephrotic syndrome, and nephrosis (580-589)	4,694	18.7	10.2	14.6	97.8	358	753	914	1,014	560	397	468	114	77	17	10	10	2	87,933
Other diseases of the urinary system (590-599)	25,454	12.6	7.6	10.2	99.1	2,226	4,665	6,608	6,656	2,424	1,295	1,127	216	164	20	11	26	16	319,975
Diseases of the prostate (600-602)	16,356	9.0	7.0	8.6	99.8	1,550	2,815	5,109	4,491	1,331	582	382	62	20	4	2	8	.....	146,918
Other diseases of the male genital organs (603-608)	6,842	7.2	5.2	6.6	99.6	664	2,136	2,186	1,270	292	145	108	15	17	4	1	4	.....	49,325
Disorders of breast and gynecological diseases (610-629)	1,623	5.4	3.5	5.2	99.9	289	595	406	237	62	20	12	1	.....	.....	1	.....	.....	8,716

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1986

Principal Diagnoses[2]	Total			Short Term[3]		Length of Stay (Days)												Total Days
	Patients	Average Days	Median Days[4]	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)	41	4.0	.9	4.0	100.0	19	7	7	7	1	.....	.....	.....	.....	.....	.....	.....	.....	164
XII. Diseases of skin and subcutaneous tissue	21,992	21.2	8.9	13.4	96.3	2,025	3,383	4,966	5,067	2,046	1,404	1,626	559	604	152	69	71	20	466,860
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	12,655	12.6	8.2	11.0	99.2	615	1,905	3,711	3,618	1,278	668	619	122	84	13	7	12	3	159,005
Other diseases of skin and subcutaneous tissue (700-709)	9,337	33.0	10.6	16.8	92.5	1,410	1,478	1,255	1,449	768	736	1,007	437	520	139	62	59	17	307,855
XIII. Diseases of the musculoskeletal system and connective tissue	45,117	13.9	7.8	11.3	99.0	3,909	9,575	9,576	10,294	5,258	2,926	2,530	532	352	74	24	49	18	628 919
Osteoarthrosis and allied disorders (715)	6,239	15.4	11.7	13.2	99.2	450	894	928	1,621	1,265	634	344	49	33	8	4	6	3	95,979
Other arthropathies and related disorders (710-714, 716-719)	8,916	14.1	6.4	9.9	98.9	822	2,281	2,223	1,728	794	444	417	102	67	14	5	12	7	125,470
Dorsopathies (720-724)	14,408	13.3	9.0	11.2	99.3	1,164	2,668	2,851	3,959	1,847	998	685	126	80	10	4	11	5	191,518
Rheumatism, excluding the back (725-729)	7,310	8.3	4.9	7.2	99.5	984	2,245	1,967	1,240	428	199	166	47	16	8	2	7	1	60,415
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	8,244	18.9	10.2	15.2	97.9	489	1,487	1,607	1,746	924	651	918	208	156	34	9	13	2	155,537
XIV. Congenital deformities (740-759)	2,076	11.6	6.2	9.7	98.9	227	550	468	416	172	104	81	30	18	7	.....	3	.....	24,014
XVI. Symptoms, signs, and ill-defined conditions (780-799)	51,391	11.3	6.2	8	99.0	6,690	11,653	13,243	11,272	3,842	1,985	1,676	463	377	84	24	55	27	578,302
XVII. Injury and poisoning	43,412	16.5	7.5	12.2	98.0	5,241	8,177	9,438	8,734	4,219	2,678	3,033	885	719	153	61	51	23	715,000
Fracture of skull (800-804)	1,567	10.2	6.3	8.9	99.2	165	348	482	347	85	55	50	19	11	3	2	.....	.....	15,987
Fracture of neck and trunk (805-809)	2,052	28.3	11.6	16.1	93.2	140	261	392	460	236	152	174	80	97	37	16	7	.....	58,087
Fracture of upper and lower limb (810-829)	9,305	22.3	12.1	16.3	97.0	788	1,101	1,569	2,082	1,307	855	982	292	254	44	13	12	6	207,809
Dislocations, sprains, and strains of joints and adjacent muscles (830-848)	3,704	8.3	5.2	7.1	99.5	436	1,094	1,054	701	217	98	65	16	17	1	1	3	1	30,644
Intracranial injury, excluding those with skull fracture (850-854)	1,908	24.1	5.6	11.3	97.0	489	360	273	300	151	96	129	45	35	10	5	8	7	45,969
Internal injury of chest, abdomen, and pelvis (860-869)	575	12.9	8.4	11.5	99.3	33	85	162	160	58	30	36	5	4	.....	2	.....	.....	7,430
Open wounds (870-897)	3,270	8.3	4.0	7.0	99.3	806	840	759	476	154	85	102	22	16	5	2	3	.....	27,214
Burns (940-949)	990	20.5	13.8	18.6	98.2	74	111	150	194	146	109	142	39	24	1	.....	.....	.....	20,323
Poisoning by drugs, medicinal, and biological substances (960-979)	2,289	7.6	5.0	7.3	99.9	438	567	583	417	135	81	52	12	3	.....	.....	1	.....	17,322
Toxic effects of substances chiefly nonmedical as to source (980-989)	315	7.2	3.5	6.2	99.0	77	93	80	36	10	7	7	2	3	.....	.....	.....	.....	2,268
All other injuries (900-904, 910-939, 950-959, 990-995)	4,277	14.3	5.2	8.3	98.6	811	1,026	1,047	701	285	149	142	49	41	11	3	6	6	60,961

Complications of surgical and medical care, NEC (996-999)	13,160	16.8	9.1	13.8	98.2	984	2,291	2,887	2,860	1,435	961	1,152	304	214	41	17	11	3	220,986
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	....	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
XVIII. Factors influencing health status and contact with health services (V01-V82)	79,866	24.2	16.5	19.5	97.5	10,470	11,611	8,847	7,671	6,112	15,381	14,797	2,572	1,835	324	110	97	39	1,932,100

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series, excludes approximately 249,412 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnosis included in this table are based on the "International Classification of Diseases 9th Revision Clinical Modification," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred is 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] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[4] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

VA Medical Centers--Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service[1] Fiscal Year 1986

Diagnostic Composition of Patients	Total	Period of Service						
		Post Vietnam[2]	Vietnam Era	Post Korea[3]	Korean Conflict[4]	World War II	World War I	All Other[5]
All discharges	1,055,258	58,499	203,163	63,581	144,915	541,404	25,918	17,778
Psychotic	90,148	13,119	35,244	7,087	10,347	22,221	1,172	958
Alcohol psychoses (291)	6,181	259	1,530	617	1,161	2,523	11	80
Drug psychoses (292)	984	183	410	51	67	251	11	11
Other psychoses (290, 293-299)	82,983	12,677	33,304	6,419	9,119	19,447	1,150	867
Other psychiatric	101,416	12,256	46,737	8,812	12,678	19,363	373	1,197
Alcohol dependence and abuse (303, 305.0)	58,531	5,741	23,914	6,655	9,476	12,047	7	691
Drug dependence and abuse (304, 305.1-305.9)	9,953	2,789	6,135	437	282	246	2	62
Other nonpsychotic mental disorders (300-302, 306-319)	32,932	3,726	16,688	1,720	2,920	7,070	364	444
Medical and surgical	863,694	33,124	121,182	47,682	121,890	499,820	24,373	15,623
All infectious and parasitic diseases (001-139)	13,239	1,328	2,644	741	1,567	6,123	569	267
Malignant neoplasms (140-208, 230-234)	93,242	1,144	6,205	3,976	13,018	64,996	2,310	1,593
Benign and unspecified neoplasms (210-229, 235-239)	15,295	377	1,639	701	2,094	9,959	259	266
Diabetes mellitus (250)	18,293	511	2,721	1,215	3,254	10,168	209	215
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	11,618	288	1,263	643	1,679	6,847	701	197
Disorders involving the immune mechanisms (279)	1,022	194	492	99	90	131	1	15
Diseases of the blood and blood-forming organs (280-289)	9,079	242	966	380	1,144	5,725	482	140
Quadriplegia (344.0)	97	8	28	11	14	36	.....	.....
Paraplegia (344.1)	62	5	22	2	6	26	.....	1
Other diseases of the nervous system (320-343, 344.2-359)	25,675	1,409	4,690	1,572	3,673	13,310	433	588
Diseases of the sense organs (360-389)	28,947	589	2,246	1,254	3,493	19,875	1,067	423
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	106,159	1,034	8,995	5,590	16,503	68,739	3,423	1,875
Cerebrovascular diseases (430-438)	23,029	162	1,423	895	3,127	16,218	831	373
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	43,110	949	5,134	2,376	6,547	26,603	774	727
Acute respiratory diseases (460-466, 480-487)	24,681	547	2,092	1,012	2,914	15,567	2,150	399
Chronic bronchitis and emphysema (491-492)	6,212	25	313	235	903	4,538	99	99
Other respiratory diseases (470-478, 490, 493-519)	46,906	1,108	4,057	2,062	6,347	31,187	1,355	790
Diseases of the oral cavity, salivary glands, and jaws (520-529)	4,371	403	824	320	686	2,029	54	55
Hernia of the abdominal cavity (550-553)	19,405	752	2,491	1,097	2,898	11,562	307	298
Alcohol-related liver diseases (571.0-571.3)	6,534	169	1,264	701	1,388	2,913	7	92
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	67,854	2,686	11,141	4,347	10,022	36,705	1,900	1,053
Diseases of the male genital organs (600-608)	23,198	428	1,741	785	2,706	16,682	536	320
Other diseases of the genitourinary system (580-599)	30,148	932	3,692	1,543	3,549	18,148	1,778	506
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	1,664	339	326	122	179	656	11	31
Diseases of the skin and subcutaneous tissue (680-709)	21,992	1,351	4,363	1,558	3,280	10,614	511	315
Diseases of the musculoskeletal system and connective tissue (710-739)	45,117	3,469	10,105	2,834	6,694	20,739	551	725
Congenital anomalies (740-759)	2,076	141	381	132	283	1,076	29	34
Symptoms, signs, and ill-defined conditions (780-799)	51,391	1,935	7,767	3,089	7,597	28,443	1,635	925
Injuries and poisonings (800-904, 910-999)	43,412	3,750	9,491	2,666	5,791	19,225	1,385	1,104
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health service (V01-V82)	79,866	6,849	22,666	5,724	10,444	30,980	1,006	2,197
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 249,412 one day dialysis discharges.*
[2] *Service on or after May 8, 1975.*
[3] *Service between February 1, 1955 and August 4, 1964.*
[4] *Service between June 27, 1950 and January 31, 1955.*
[5] *Consists of 228 Spanish-American War and Mexican Border period, 11,734 peacetime, 3,226 active and retired military, and 2,590 non-veterans.*

VA Medical Centers—Hospital Care Component: Surgical Procedures Performed by Affiliation Fiscal Year 1986

Total Surgical Procedures[1]	Total	Affiliated Hospitals[2]	Non-Affiliated Hospitals
Surgical procedures (01-86)	423,005	394,284	28,271
Operations on the nervous system (01-05)	9,518	9,220	298
Incision and excision of skull, brain, and cerebral meninges (01)	1,894	1,885	9
Other operations on skull, brain, and cerebral meninges (02)	856	851	5
Operations on spinal cord and spinal canal structures (03)	2,123	2,088	35
Operations on cranial and peripheral nerves (04)	4,329	4,137	192
Operations on sympathetic nerves or ganglia (05)	316	259	57
Operations on the endocrine system (06-07)	1,221	1,169	52
Operations on thyroid and parathyroid glands (06)	989	939	50
Operations on other endocrine glands (07)	232	230	2
Operations on the eye (08-16)	39,857	39,097	760
Operations on eyelids (08)	3,700	3,566	134
Operations on lacrimal system (09)	191	189	2
Operations on conjunctiva (10)	254	250	4
Operations on cornea (11)	988	973	15
Operations on iris, ciliary body, sclera, and anterior chamber (12)	1,715	1,690	25
Operations on lens (13)	29,460	28,897	563
Operations on retina, choroid, vitreous, and posterior chamber (14)	2,638	2,628	10
Operations on extraocular muscles (15)	287	285	2
Operations on orbit and eyeball (16)	624	619	5
Operations on the ear (18-20)	4,542	4,311	231
Operations on external ear (18)	1,689	1,518	171
Reconstructive operations on middle ear (19)	1,430	1,400	30
Other operations on middle and inner ear (20)	1,423	1,393	30
Operations on the nose, mouth, and pharynx (21-29)	19,969	19,156	813
Operations on nose (21)	5,865	5,589	276
Operations on nasal sinuses (22)	1,886	1,838	48
Removal and restoration of teeth (23)	2,033	1,909	124
Other operations on teeth, gums, and alveoli (24)	1,737	1,695	42
Operations on tongue (25)	1,546	1,497	49
Operations on salivary glands and ducts (26)	959	920	39
Other operations on mouth and face (27)	3,333	3,157	176
Operations on tonsils and adenoids (28)	967	944	23
Operations on pharynx (29)	1,643	1,607	36
Operations on the respiratory system (30-34)	31,385	29,652	1,733
Excision of larynx (30)	2,026	1,967	59
Other operations on larynx and trachea (31)	12,522	12,176	346
Excision of lung and bronchus (32)	2,797	2,681	116
Other operations on lung and bronchus (33)	9,481	8,534	947
Operations on chest wall, pleura, mediastinum, and diaphragm (34)	4,559	4,294	265
Operations on the cardiovascular system (35-39)	46,547	45,391	1,156
Operations on valves and septa of heart (35)	1,084	1,084	.....
Operations on vessels of heart (36)	6,251	6,248	3
Other operations on heart and pericardium (37)	6,335	6,229	106
Incision, excision and occlusion of vessels (38)	11,336	10,716	620
Other operations on vessels (39)	21,541	21,114	427
Operations on the hemic and lymphatic system (40-41)	7,418	7,081	337
Operations on lymphatic system (40)	6,591	6,296	295
Operations on bone marrow and spleen (41)	827	785	42
Operations on the digestive system (42-54)	90,920	81,506	9,414
Operations on esophagus (42)	7,135	6,644	491
Incision and excision of stomach (43)	3,007	2,734	273
Other operations on stomach (44)	5,952	5,241	711
Incision, excision, and anastomosis of intestine (45)	24,479	21,768	2,711

See footnotes at end of table.

TABLE 27 – Continued

VA Medical Centers—Hospital Care Component: Surgical Procedures Performed by Affiliation
Fiscal Year 1986

Total Surgical Procedures[1]	Total	Affiliated Hospitals[2]	Non-Affiliated Hospitals
Other operations on intestine (46)	4,260	3,967	293
Operations on appendix (47)	1,980	1,764	216
Operations on rectum and perirectal tissue (48)	4,391	3,741	650
Operations on anus (49)	5,068	4,336	732
Operations on liver (50)	1,692	1,598	94
Operations on gallbladder and biliary tract (51)	7,492	6,797	695
Operations on pancreas (52)	933	900	33
Repair of hernia (53)	18,147	16,146	2,001
Other operations on abdominal region (54)	6,384	5,870	514
Operations on the urinary system (55-59)	49,661	44,888	4,773
Operations on kidney (55)	2,372	2,302	70
Operations on ureter (56)	3,056	2,937	119
Operations on urinary bladder (57)	38,194	34,225	3,969
Operations on urethra (58)	5,165	4,580	595
Other operations on urinary tract (59)	874	844	30
Operations on the male genital organs (60-64)	31,431	28,548	2,883
Operations on prostate and seminal vesicles (60)	20,664	18,853	1,811
Operations on scrotum and tunica vaginalis (61)	938	824	114
Operations on testes (62)	2,602	2,387	215
Operations on spermatic cord, epididymis, and vas deferens (63)	3,291	2,820	471
Operations on penis (64)	3,936	3,664	272
Operations on the female genital organs (65-71)	829	751	78
Operations on ovary (65)	197	181	16
Operations on fallopian tubes (66)	25	24	1
Operations on cervix (67)	70	61	9
Other incision and excision of uterus (68)	195	176	19
Other operations on uterus and supporting structures (69)	218	199	19
Operations on vagina and cul-de-sac (70)	86	75	11
Operations on vulva and perineum (71)	38	35	3
Obstetrical procedures (72-75)	1	.....	1
Forceps, vacuum, and breech delivery (72)	.....	.....	.....
Other procedures inducing or assisting delivery (73)	1	.....	1
Cesarean section and removal of fetus (74)	.....	.....	.....
Other obstetric operations (75)	.....	.....	.....
Operations on the musculoskeletal system (76-84)	58,866	55,504	3,362
Operations on facial bones and joints (76)	2,693	2,658	35
Incision, excision, and division of other bones (77)	7,291	6,792	499
Other operations on bones, except facial bones (78)	4,230	4,066	164
Reduction of fracture and dislocation (79)	6,312	5,968	344
Incision and excision of joint structures (80)	11,026	10,386	640
Repair and plastic operations on joint structures (81)	10,203	9,778	425
Operations on muscle, tendon, fascia of hand (82)	3,193	2,953	240
Operations on muscle, tendon, fascia, and bursa, except hand (83)	4,635	4,265	370
Other procedures on musculoskeletal system (84)	9,283	8,638	645
Operations on the integumentary system (85-86)	30,840	28,010	2,830
Operations on the breast (85)	1,341	1,236	105
Operations on skin and subcutaneous tissue (86)	29,499	26,774	2,725

[1] *Patient Treatment File. The procedures included in this table are grouped based on the 'International Classification of Diseases 9th Revision Clinical Modification', (ICD-9-CM) DHHS Publication No. PHS 80-1260. The numbers following the operations are the identifying code numbers of this operation classification. Miscellaneous diagnostic and therapeutic procedures (87-99) and the following selected diagnostic procedures (16.21, 18.11, 20.31, 21.21, 29.11 and 31.41) are excluded.*

[2] *Affiliated facilities include 134 VA medical centers with a Dean's Committee.*

Operating Costs of VA Inpatient Facilities—Fiscal Year 1986

Activity	Total	Hospital Care				Nursing Care	VA Domiciliaries
		Total	Bed Section				
			Medical[1]	Surgical	Psychiatric		
Total Cost (in thousands)[2]	$6,239,304	$5,676,230	$3,008,552	$1,582,106	$1,085,572	$461,980	$101,094
Professional and ancillary:							
Medical services[3]	1,660,141	1,575,337	830,942	504,053	240,342	67,832	16,972
Nursing services	1,508,930	1,357,109	713,576	362,405	281,128	147,118	4,703
Chaplain services	25,700	22,026	11,537	4,482	6,007	2,607	1,067
Dietetics services	385,875	309,935	166,828	56,208	86,899	55,140	20,800
Dental services	42,326	36,707	17,834	7,267	11,606	3,224	2,395
Audiology and speech pathology	8,725	6,801	4,828	1,402	571	1,758	166
Direct care, Total	3,631,697	3,307,914	1,745,544	935,817	626,553	277,679	46,103
Administrative support	758,555	678,228	348,895	176,614	152,719	61,355	18,972
Engineering support	648,978	564,637	286,100	150,484	128,053	60,840	23,501
Building management[4]	320,954	281,239	143,649	71,547	66,043	35,136	4,579
Research support	165,151	160,131	98,711	33,380	28,040	3,358	1,662
Education and training support	394,765	382,980	215,894	114,697	52,389	9,908	1,877
Asset acquisitions[5]	319,205	301,102	169,758	99,568	31,776	13,704	4,399
Support, Total	2,607,608	2,368,317	1,263,007	646,290	459,020	184,301	54,990

[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.*

NOTE: Totals may not add due to rounding.

TABLE 29

EXTENDED CARE

VA Nursing Homes, Community Nursing Homes, and VA Domiciliaries: Patient Movement — Fiscal Year 1986

Item	VA Nursing Homes	Community Nursing Homes	VA Domiciliaries
Gains, Total	23,229	37,198	11,250
Direct gains — Total	13,536	29,753	6,812
Admissions after rehospitalization	[1] 698	[2] 2,947	256
Other admissions	12,838	26,806	6,556
Transfers in from similar facilities[3]	89	645	172
Returns from absent sick in hospital status	9,604	6,800	4,266
Losses, Total	22,603	36,692	11,269
Discharges and deaths while in bed occupant or authorized leave of absence status — Total	10,105	21,011	5,323
Discharges	8,161	16,612	5,274
Deaths	1,944	4,399	49
Losses to absent sick in hospital status	12,274	15,033	5,931
(Discharges and deaths while in absent sick in hospital status — Total)	2,577	7,503	1,587
Discharges	1,384	5,783	1,508
Deaths	1,193	1,720	79
Transfers out to similar facilities[3]	224	648	15
Remaining on September 30, 1985 — Total	11,258	12,610	6,340
Bed occupants	10,847	12,182	5,800
On authorized leave of absence	51	51	294
Absent sick in hospital	360	377	246
Patients treated[4]	23,940	41,124	13,250
Average daily census[5]	10,482	12,026	5,767

[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 calendar days in the fiscal year.*

TABLE 30

State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement[1] —Fiscal Year 1986

Item	State Home Hospitals	State Nursing Homes	State Domiciliary Homes
Gains, Total	3,487	11,537	9,690
Direct gains – Total	3,312	6,000	3,873
Admissions from state facilities	2,094	2,386	1,701
Other admissions	1,218	3,614	2,172
Returns from leave of absence status	175	5,537	5,817
Losses, Total	3,497	11,174	9,863
Discharges and deaths – Total	3,322	5,577	3,950
Discharges to state facilities	1,886	2,235	2,128
Other discharges	1,154	1,956	1,693
Deaths	282	1,386	129
Losses to leave of absence status	175	5,597	5,913
Bed occupants remaining on September 30, 1986	505	8,337	4,322
Patients treated[2]	3,827	13,914	8,272
Average daily census[3]	510	8,030	4,322

[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.*

EXTENDED CARE

TABLE 31

VA Medical Centers—Domiciliary Care Component: Selected Data Fiscal Year 1986

Facility	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [4 5]	Members Remaining on Sept. 30, 1986
Total	7,004	82.3	5,767	6,812	6,910	13,250	6,340
Arizona: Prescott	214	87.4	187	345	314	540	226
California: West Los Angeles	300	76.3	229	301	330	556	226
Florida: Bay Pines	200	88.0	176	350	346	550	204
Georgia: Dublin	262	82.8	217	218	245	477	232
Kansas: Leavenworth	650	74.2	482	557	546	1,083	537
Mississippi: Biloxi	167	74.3	124	176	188	325	137
New York: Bath	525	78.3	411	356	328	798	470
Ohio: Dayton	675	83.4	563	418	400	999	599
Oregon: White City	951	80.0	761	904	909	1,701	792
South Dakota: Hot Springs	400	71.8	287	468	472	802	330
Tennessee: Mountain Home	541	96.1	520	581	541	1,197	656
Texas:							
Bonham	224	81.3	182	149	164	352	188
Temple	528	90.3	477	770	758	1,257	499
Virginia: Hampton	446	74.9	334	533	527	892	365
West Virginia: Martinsburg	529	88.1	466	389	385	901	516
Wisconsin: Wood	392	89.3	350	469	472	835	363

[1] *Based on the number of operating beds at the end of each month of 13 consecutive months (September 1985–September 1986).*
[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 1986

Location	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [5]	Patients Remaining on Sept. 30, 1986
Total	11,317	92.6	10,482	13,536	12,682	23,940	11,258
Alabama:							
Tuscaloosa	120	95.8	115	63	60	180	120
Tuskegee	112	94.6	106	41	41	152	111
Arizona:							
Phoenix	120	96.7	116	128	127	247	120
Tucson	41	92.7	38	41	41	82	41
Arkansas: Little Rock	200	95.0	190	154	150	348	198
California:							
Fresno	60	86.7	52	120	108	169	61
Livermore	120	90.0	108	79	73	187	114
Loma Linda	60	95.0	57	136	132	192	60
Long Beach	180	98.9	178	205	207	394	187
Palo Alto	150	94.7	142	703	700	850	150
San Diego	60	88.3	53	166	169	224	55
Sepulveda	197	93.9	185	282	285	474	189
West Los Angeles	120	46.7	56	28	29	88	59
Colorado:							
Denver	60	80.0	48	232	210	264	54
Ft. Lyon	37	97.3	36	18	18	55	37
Grand Junction	42	92.9	39	37	34	76	42
Connecticut: West Haven	90	93.3	84	38	33	121	88
Delaware: Wilmington	60	95.0	57	77	78	136	58
District of Columbia: Washington	90	76.1	70	119	59	151	92
Florida:							
Bay Pines	239	94.1	225	407	401	641	240
Gainesville	120	95.0	114	102	101	218	117
Lake City	120	95.8	115	100	87	207	120
Miami	116	94.8	110	131	125	242	117
Tampa	120	92.5	111	229	219	339	120
Georgia:							
Atlanta	120	91.7	110	68	67	180	113
Augusta	40	92.5	37	35	35	72	37
Dublin	86	91.9	79	29	28	114	86
Idaho: Boise	60	86.7	52	154	112	172	60
Illinois:							
Danville	120	94.2	113	422	420	541	121
Hines	133	83.5	111	302	267	425	158
Marion	59	89.8	53	88	77	136	59
North Chicago	190	93.2	117	99	94	288	194
Indiana:							
Ft. Wayne	54	96.3	52	24	26	79	53
Indianapolis	58	93.1	54	195	177	242	65
Marion	69	95.7	66	62	52	120	68
Iowa: Knoxville	200	96.5	193	57	58	260	202
Kansas:							
Leavenworth	45	95.6	43	17	16	61	45
Topeka	79	94.9	75	21	23	100	77
Wichita	60	93.3	56	70	72	132	60
Kentucky: Lexington	100	97.0	97	58	61	161	100
Louisiana: Alexandria	93	91.4	85	23	22	110	88
Maine: Togus	60	93.3	56	90	98	150	52
Maryland:							
Ft. Howard	47	95.7	45	12	14	59	45
Perry Point	80	93.8	75	59	56	136	80
Massachusetts:							
Bedford	162	93.2	151	76	78	236	158
Brockton	100	95.0	95	38	35	135	100
Northampton	50	98.0	49	25	24	74	50
Michigan:							
Allen Park	72	94.4	68	44	46	117	71
Ann Arbor	120	85.0	102	296	299	416	117
Battle Creek	205	96.1	197	119	106	313	207
Iron Mountain	40	97.5	39	188	187	229	42
Saginaw	30	96.7	29	139	139	169	30
Minnesota: St. Cloud	51	86.3	44	119	36	160	124
Mississippi:							
Biloxi	32	100.0	32	17	12	46	34
Jackson	120	93.3	112	101	108	221	113
Missouri:							
Columbia	54	96.3	52	16	21	75	54
Poplar Bluff	49	93.9	46	25	26	75	49
St. Louis	93	97.8	91	117	131	226	95
Montana: Miles City	26	96.2	25	8	14	40	26
Nebraska: Grand Island	42	83.3	35	114	114	155	41

See footnotes at end of table.

TABLE 32—Continued

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1986

Location	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges and Deaths [4]	Patients Treated [5]	Patients Remaining on Sept. 30, 1986
Nevada: Reno	60	93.3	56	219	211	272	61
New Hampshire: Manchester	120	86.7	104	174	181	289	108
New Jersey:							
East Orange	60	95.0	57	55	48	104	56
Lyons	90	97.8	88	76	81	169	88
New Mexico: Albuquerque	47	97.9	46	187	187	235	48
New York:							
Albany	100	99.0	99	209	207	312	105
Batavia	47	72.3	34	69	46	99	53
Bath	167	98.2	164	79	84	255	171
Bronx	65	35.4	23	86	16	81	65
Brooklyn	300	96.3	289	86	83	383	300
Buffalo	36	94.4	34	79	73	109	36
Canandaigua	100	96.0	96	54	52	152	100
Castle Point	148	94.6	140	104	104	250	146
Montrose	122	91.8	112	76	84	197	113
Syracuse	50	92.0	46	56	60	103	43
North Carolina:							
Asheville	82	98.8	81	37	40	122	82
Fayetteville	39	94.9	37	28	29	68	39
Salisbury	93	97.8	91	78	78	171	93
North Dakota: Fargo	50	92.0	46	132	126	178	52
Ohio:							
Chillicothe	93	94.6	88	127	129	219	90
Cincinnati	206	90.8	187	143	126	325	199
Cleveland	166	89.2	148	219	130	311	181
Dayton	284	94.7	269	110	98	375	277
Oregon:							
Portland	120	90.8	109	246	188	307	119
Roseburg	75	98.7	74	44	44	119	75
Pennsylvania:							
Altoona	32	96.9	31	18	21	54	33
Butler	127	93.7	119	106	63	209	146
Coatesville	120	94.2	113	161	147	265	118
Erie	40	97.5	39	44	44	84	40
Lebanon	120	92.5	111	219	210	336	126
Pittsburgh (Univ. Dr.)	228	93.0	212	147	153	372	219
Wilkes-Barre	120	96.7	116	43	37	157	120
South Carolina: Columbia	120	92.5	111	172	168	288	120
South Dakota: Sioux Falls	75	94.7	71	90	92	167	75
Tennessee:							
Memphis	120	90.8	109	442	450	562	112
Mountain Home	58	96.6	56	37	36	94	58
Murfreesboro	48	95.8	46	24	15	63	48
Texas:							
Big Spring	40	92.5	37	76	76	114	38
Bonham	100	95.0	95	46	46	144	98
Dallas	120	90.0	108	241	251	363	112
Houston	93	91.4	85	233	217	317	100
Kerrville	120	93.3	112	98	129	246	117
Temple	120	94.2	113	117	115	237	122
Waco	84	97.6	82	12	12	96	84
Utah: Salt Lake City	10	70.0	7	41	39	47	8
Vermont: White River Junction	29	72.4	21	199	200	223	23
Virginia:							
Hampton	120	95.0	114	190	188	307	119
Richmond	120	94.2	113	100	98	216	118
Salem	100	95.0	95	148	142	244	102
Washington:							
American Lake	76	93.4	71	25	26	102	76
Seattle	55	87.3	48	296	233	296	63
Spokane	60	93.3	56	84	71	131	60
West Virginia:							
Beckley	42	97.6	41	6	6	48	42
Martinsburg	120	98.3	118	49	45	165	120
Wisconsin:							
Tomah	100	99.0	99	109	107	208	101
Wood	200	82.5	165	292	292	461	169
Wyoming: Cheyenne	47	95.7	45	34	34	81	47

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1985–September 1986).*
[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 1986

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[3]	Patients Remaining on Sept. 30, 1986
Total	12,026	29,753	28,514	41,124	12,610
Alabama:					
Birmingham	71	249	233	324	91
Montgomery	14	45	38	60	22
Tuscaloosa	43	72	78	127	49
Tuskegee	42	64	64	102	38
Alaska: Anchorage	24	84	81	100	19
Arizona:					
Phoenix	115	356	365	490	125
Prescott	54	158	137	200	63
Tucson	93	330	334	428	94
Arkansas:					
Fayetteville	21	87	91	109	18
Little Rock	136	391	445	599	154
California:					
Fresno	54	169	164	208	44
Livermore	25	56	53	77	24
Loma Linda	92	254	170	274	104
Long Beach	130	330	346	467	121
Martinez	71	193	171	250	79
Palo Alto	113	244	220	344	124
San Diego	58	132	156	226	70
San Francisco	43	194	155	197	42
Sepulveda	80	112	110	191	81
West Los Angeles	215	485	467	691	224
Colorado:					
Denver	78	199	186	282	96
Ft. Lyon	38	34	31	68	37
Grand Junction	30	95	100	127	27
Connecticut:					
Newington	49	141	95	148	53
West Haven	51	140	87	131	44
Delaware: Wilmington	60	168	139	207	68
District of Columbia: Washington	59	101	84	160	76
Florida:					
Bay Pines	147	526	514	662	148
Gainesville	74	212	220	296	76
Lake City	20	56	60	78	18
Miami	131	329	437	595	158
Tampa	156	522	521	680	159
Georgia:					
Atlanta	133	385	320	471	151
Augusta	126	278	266	387	121
Dublin	70	196	178	260	82
Hawaii: Honolulu	14	49	38	53	15
Idaho: Boise	30	135	131	168	37
Illinois:					
Chicago (Lakeside)	106	319	287	397	110
Chicago (West Side)	145	425	399	562	163
Danville	59	135	137	194	57
Hines	213	680	720	918	198
Marion	61	168	154	223	69
North Chicago	207	242	194	423	229
Indiana:					
Ft. Wayne	50	166	159	220	61
Indianapolis	75	227	210	298	88
Marion	111	115	118	235	117
Iowa:					
Des Moines	49	153	147	196	49
Iowa City	84	356	349	425	76
Knoxville	42	117	91	151	60
Kansas:					
Leavenworth	64	184	85	159	74
Topeka	103	144	127	240	113
Wichita	55	205	204	264	60
Kentucky:					
Lexington	80	255	257	345	88
Louisville	81	309	252	343	91

See footnotes at end of table.

Community Nursing Homes: Selected Data—Fiscal Year 1986

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[3]	Patients Remaining on Sept. 30, 1986
Louisiana:					
Alexandria	40	148	137	186	49
New Orleans	72	205	191	257	66
Shreveport	100	306	301	400	99
Maine: Togus	71	170	154	233	79
Maryland:					
Baltimore	47	128	144	187	43
Ft. Howard	21	40	48	64	16
Perry Point	69	72	57	131	74
Massachusetts:					
Bedford	79	91	97	172	75
Boston	120	305	288	413	125
Brockton	151	174	176	317	141
Northampton	74	90	81	161	80
Michigan:					
Allen Park	84	262	232	337	105
Ann Arbor	64	213	212	270	58
Battle Creek	130	190	188	321	133
Iron Mountain	20	74	70	91	21
Saginaw	79	226	217	300	83
Minnesota:					
Minneapolis	235	762	706	965	259
St. Cloud	102	110	125	226	101
Mississippi:					
Biloxi	160	266	278	428	150
Jackson	74	231	203	291	88
Missouri:					
Columbia	51	208	193	243	50
Kansas City	77	227	222	307	85
Poplar Bluff	38	104	119	150	31
St. Louis	88	285	236	362	126
Montana:					
Ft. Harrison	27	81	88	112	24
Miles City	21	61	54	78	24
Nebraska:					
Grand Island	9	27	25	33	8
Lincoln	22	88	83	104	21
Omaha	49	228	231	281	50
Nevada: Reno	36	118	85	136	51
New Hampshire: Manchester	35	99	84	126	42
New Jersey:					
East Orange	115	194	191	308	117
Lyons	63	88	114	156	42
New Mexico: Albuquerque	61	192	152	224	72
New York:					
Albany	48	77	78	123	45
Batavia	20	32	34	49	15
Bath	50	105	106	151	45
Bronx	51	141	127	177	50
Brooklyn	46	108	115	169	54
Buffalo	67	163	154	230	76
Canandaigua	39	28	31	68	37
Castle Point	21	50	41	61	20
Montrose	25	24	24	48	24
New York	37	93	93	125	32
Northport	95	146	149	252	103
Syracuse	42	76	55	101	46
North Carolina:					
Asheville	99	265	222	339	117
Durham	99	282	259	363	104
Fayetteville	46	137	138	194	56
Salisbury	74	156	139	227	88
North Dakota: Fargo	33	91	86	116	30
Ohio:					
Chillicothe	215	336	393	601	208
Cincinnati	70	211	242	299	57
Cleveland	210	316	287	484	197
Dayton	92	173	163	268	105

See footnotes at end of table.

Community Nursing Homes: Selected Data – Fiscal Year 1986

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges and Deaths[2]	Patients Treated[3]	Patients Remaining on Sept. 30, 1986
Oklahoma:					
Muskogee	68	243	240	307	67
Oklahoma City	75	386	380	477	97
Oregon:					
Portland	82	278	264	358	94
Roseburg	87	214	210	293	83
Pennsylvania:					
Altoona	33	89	94	127	33
Butler	28	65	59	92	33
Coatesville	218	247	257	490	233
Erie	28	91	85	119	34
Lebanon	136	253	263	375	112
Philadelphia	146	363	350	505	155
Pittsburgh (University Dr)	101	388	381	490	109
Pittsburgh (Highland Dr)	138	166	158	315	157
Wilkes-Barre	60	133	110	182	72
Puerto Rico: San Juan	54	135	152	206	54
Rhode Island: Providence	71	174	150	232	82
South Carolina:					
Charleston	48	142	137	184	47
Columbia	61	175	131	192	61
South Dakota:					
Ft. Meade	18	67	72	85	13
Hot Springs	6	14	12	18	6
Sioux Falls	40	182	184	216	32
Tennessee:					
Memphis	74	180	154	257	103
Mountain Home	117	260	259	384	125
Murfreesboro	43	48	63	106	43
Nashville	72	197	183	248	65
Texas:					
Amarillo	54	193	189	247	58
Big Spring	47	77	103	140	37
Bonham	50	151	152	205	53
Dallas	98	289	254	381	127
Houston	119	355	372	479	107
Kerrville	51	142	105	156	51
Marlin	21	54	48	72	24
San Antonio	125	392	379	504	125
Temple	72	231	218	298	80
Waco	91	112	117	212	95
Utah: Salt Lake City	91	264	294	368	74
Vermont: White River Junction	23	55	49	73	24
Virginia:					
Hampton	60	152	172	237	65
Richmond	61	162	159	223	64
Salem	80	120	91	162	71
Washington:					
American Lake	85	178	173	261	88
Seattle	111	345	358	480	122
Spokane	44	132	137	179	42
Walla Walla	34	119	107	137	30
West Virginia:					
Beckley	22	97	93	116	23
Clarksburg	104	298	234	337	103
Huntington	81	204	209	288	79
Martinsburg	91	186	143	244	101
Wisconsin:					
Madison	51	213	193	251	58
Tomah	92	127	140	241	101
Wood	116	284	308	403	95
Wyoming:					
Cheyenne	23	94	85	116	31
Sheridan	18	38	39	59	20

[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 34

State Domiciliary Homes: Selected Data—Fiscal Year 1986

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, 1986[3]
Total		4,322	3,873	3,950	8,272	4,322
Arkansas: Little Rock	Little Rock, AR	93	89	89	175	86
California: Yountville	San Francisco, CA	640	679	682	1,312	630
Colorado: Homelake	Denver, CO	71	43	53	119	66
Connecticut: Rocky Hill	Newington, CT	321	426	451	755	304
Georgia: Milledgeville	Dublin, GA	171	141	143	313	170
Idaho: Boise	Boise, ID	83	90	100	180	80
Illinois: Quincy	Iowa City, IA	95	82	85	176	91
Indiana: Lafayette	Indianapolis, IN	80	20	36	110	74
Iowa: Marshalltown	Des Moines, IA	100	58	71	173	102
Kansas: Fort Dodge	Wichita, KS	70	20	25	95	70
Louisiana: Jackson	New Orleans, LA	76	76	77	155	78
Maryland : Charlotte Hall	Washington, D.C.	48	62	32	98	66
Massachusetts:						
Chelsea	Boston, MA (OC)	266	305	311	576	265
Holyoke	Northampton, MA	29	20	24	51	27
Michigan:						
Grand Rapids	Allen Park, MI	139	58	67	208	141
Marquette	Allen Park, MI	83	40	23	110	87
Minnesota:						
Hastings	Minneapolis, MN	185	182	181	372	191
Minneapolis	Minneapolis, MN	179	88	86	273	187
Missouri: St. James	St. Louis, MO	33	38	42	76	34
Montana: Columbia Falls	Ft. Harrison, MT	61	37	34	99	65
Nebraska: Grand Island	Grand Island, NE	115	39	59	165	106
New Jersey: Menlo Park	East Orange, NJ	37	11	14	48	34
New Mexico: Truth or Consequences	Albuquerque, NM	8	33	22	34	12
New York: Oxford	Syracuse, NY	59	30	33	93	60
North Dakota: Lisbon	Fargo, ND	105	77	68	175	107
Ohio: Sandusky	Cleveland, OH	249	185	180	442	262
Oklahoma:						
Ardmore	Oklahoma City, OK	54	76	95	129	34
Clinton	Oklahoma City, OK	26	24	27	52	25
Sulphur	Oklahoma City, OK	17	33	20	47	27
Pennsylvania:						
Erie	Erie, PA	69	17	22	88	66
Hollidaysburg	Altoona, PA	167	207	211	376	165
Rhode Island: Bristol	Providence, RI	43	7	12	50	38
South Dakota: Hot Springs	Hot Springs, SD	61	21	29	87	58
Vermont: Bennington	White River Jct., VT	20	46	40	60	20
Washington:						
Orting	Seattle, WA	59	27	28	86	58
Retsil	Seattle, WA	112	158	182	290	108
West Virginia: Barboursville	Huntington, WV	149	240	259	411	152
Wisconsin: King	Madison, WI	95	60	26	145	119
Wyoming: Buffalo	Sheridan, WY	54	28	11	68	57

[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.*

EXTENDED CARE

TABLE 35

State Home Hospitals: Selected Data—Fiscal Year 1986

Location of State Home Hospital	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1986[3]
Total		510	3,312	3,322	3,827	505
California: Yountville	San Francisco, CA	28	847	853	886	33
Connecticut: Rocky Hill	Newington, CT	310	439	433	745	312
Illinois: Quincy	Iowa City, IA	15	386	390	401	11
Iowa: Marshalltown	Des Moines, IA	20	232	224	245	21
Massachusetts:						
Chelsea	Boston, MA (OC)	120	1,244	1,254	1,371	117
Holyoke	Northampton, MA	14	159	164	172	8
Oklahoma: Sulphur	Oklahoma City, OK	3	5	4	7	3

[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.*

State Nursing Care Homes: Selected Data—Fiscal Year 1986

Location	Location of Authorizing VA Facility	Average Daily Census[1]	Admissions	Discharges and Deaths	Patients Treated[2]	Remaining on Sept. 30, 1986[3]
Total		8,030	6,000	5,577	13,914	8,337
California: Yountville	San Francisco, CA	652	893	881	1,534	653
Colorado:						
Florence	Denver, CO	81	59	48	140	92
Homelake	Denver, CO	21	16	11	37	26
Georgia:						
Augusta	Augusta, GA	178	177	169	349	180
Milledgeville	Dublin, GA	214	66	42	258	216
Idaho: Boise	Boise, ID	79	33	33	113	80
Illinois:						
Manteno	Hines, IL	25	138	19	146	127
Quincy	Iowa City, IA	388	572	526	922	396
Indiana: Lafayette	Indianapolis, IN	268	126	90	384	294
Iowa: Marshalltown	Des Moines, IA	471	224	289	746	457
Kansas: Fort Dodge	Wichita, KS	60	30	22	82	60
Louisiana: Jackson	New Orleans, LA	123	78	74	203	129
Maine: Augusta	Togus, ME	100	78	76	175	99
Maryland: Charlotte Hall	Washington, D.C.	31	125	23	125	102
Massachusetts:						
Chelsea	Boston, MA (OPC)	54	183	181	238	57
Holyoke	Northampton, MA	251	129	137	384	247
Michigan:						
Grand Rapids	Allen Park, MI	544	181	173	725	552
Marquette	Iron Mountain, MI	82	58	29	126	97
Minnesota: Minneapolis	Minneapolis, MN	306	114	107	425	318
Missouri:						
Mexico	St. Louis, MO	91	112	83	189	106
Mt. Vernon	St. Louis, MO	152	145	172	316	144
St. James	St. Louis, MO	94	128	136	227	91
Montana: Columbia Falls	Ft. Harrison, MT	58	47	54	116	62
Nebraska: Grand Island	Grand Island, NE	495	184	170	673	503
New Hampshire: Tilton	Manchester, NH	87	27	25	113	88
New Jersey:						
Menlo Park	East Orange, NJ	316	121	122	433	311
Vineland	Wilmington, DE	259	238	230	491	261
New Mexico: Truth or Consequences	Albuquerque, NM	16	73	28	69	41
New York: Oxford	Syracuse, NY	64	33	32	96	64
Ohio: Sandusky	Cleveland, OH	261	76	67	344	277
Oklahoma:						
Ardmore	Oklahoma City, OK	136	116	114	253	139
Clinton	Oklahoma City, OK	125	114	113	242	129
Norman	Oklahoma City, OK	176	113	106	285	179
Sulphur	Oklahoma City, OK	138	120	116	257	141
Talihina	Oklahoma City, OK	155	140	133	288	155
Pennsylvania:						
Erie	Erie, PA	71	19	20	89	69
Hollidaysburg	Altoona, PA	190	202	201	390	189
Rhode Island: Bristol	Providence, RI	259	74	70	333	263
South Carolina: Columbia	Columbia, SC	145	135	138	282	144
South Dakota: Hot Springs	Hot Springs, SD	28	7	6	36	30
Vermont: Bennington	White River Jct., VT	118	149	154	271	117
Washington:						
Orting	Seattle, WA	101	46	48	150	102
Retsil	Seattle, WA	166	179	158	327	169
Wisconsin: King	Madison, WI	401	122	151	532	381

[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 37

Outpatient Medical Care: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis Fiscal Years 1977–1986

Fiscal Year	Total			Category of Visit					
				Examinations					
				Compensation and Pension			Determine Need for Medical Care		
	Total	Staff	Fee	Total	Staff	Fee	Total	Staff	Fee
1986	20,188,132	18,457,747	1,730,385	378,595	257,323	121,272	2,510,824	2,501,903	8,921
1985	19,600,849	17,789,582	1,811,267	385,837	267,533	118,304	2,510,342	2,495,140	15,202
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

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
1986	8,272,497	7,172,538	1,099,959	7,982,896	7,701,311	281,585	213,038	830,282	824,672	5,610
1985	8,108,273	6,919,654	1,188,619	7,540,486	7,291,225	249,261	235,320	820,591	816,030	4,561
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

[1] *Data adjusted.*

NOTE: Fiscal years 1977 through 1979 reflect breakouts for treatment, aid and attendance, and all other visits previously consolidated under "All Other."

PHARMACY

TABLE 38

Pharmacy Activity—Fiscal Years 1985–1986

Activity	FY 1986	FY 1985
VA Pharmacies		
Prescriptions dispensed – Total	52,069,321	48,154,978
Inpatient	988,319	1,066,401
Ambulatory – Total	51,081,002	47,088,577
Methadone	1,168,420	1,337,170
All other (including fee-basis filled by VA pharmacies)	49,912,582	45,751,407
Unit doses dispensed	165,207,370	158,574,347
Primary intravenous admixtures	2,038,796	2,150,330
Secondary intravenous admixtures ("piggy-backs")	9,306,356	8,821,978
Hyperalimentation	372,507	373,960
Fluids and sets	11,857,327	11,161,447
Fee-Basis		
Prescriptions filled by VA pharmacies	4,780,672	4,959,577
Prescriptions filled by participating pharmacies	352,167	498,849

Replacement and Relocation Hospital Construction Projects,[1] Fiscal Year 1986
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	10	7,369	$1,206,660,100	$622,826,853	52	
A. Projects completed, Total	....					
B. Projects under construction, Total	10	7,369	1,206,660,100	622,826,853	52	
Florida : Bay Pines	....	830	107,375,300	104,498,485	97	August 1978 (A)
Georgia : Augusta	....	750	88,146,000	1,451,897	2	August 1985 (A)
Minnesota : Minneapolis	....	845	180,975,300	126,005,889	70	August 1982 (A)
Oregon : Portland/Vancouver	....	610	140,100,000	95,609,503	68	August 1982 (A)
Pennsylvania : Philadelphia	....	776	108,152,300	3,450,197	3	November 1985 (A)
Tennessee : Mountain Home	....	530	57,985,000	9,210,476	16	March 1985 (A)
Texas : Houston	....	1,047	225,353,480	3,812,589	2	April 1986 (A)
Virginia : Richmond	....	814	116,348,720	115,391,962	99	November 1976 (A)
Washington : Seattle	....	490	111,119,000	92,793,328	84	May 1980 (A)
West Virginia : Martinsburg	....	677	71,105,000	70,602,527	99	July 1977 (A)
C. Projects authorized – not under construction, Total	....					

[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, or awarded, including contingencies.*

[3] *Based on general construction only.*

Modernization Construction Projects,[1]—Fiscal Year 1986
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		$398,070,208	$264,325,318	65	
A. Projects completed, Total	3		29,641,353	29,641,353	100	
Massachusetts : Brockton (WR)		SCI & Modernization Bldg 1 (PH2)	16,550,970	16,550,970	100	January 1986 (C)
Ohio : Chillicothe		Modernization Phase 2-Bldg. 24, 31, & 35	12,020,434	12,020,434	100	October 1985 (C)
Utah : Salt Lake		Amb. Care Addn/Remod. Pharmcy	1,069,949	1,069,949	100	April 1986 (C)
B. Projects under construction, Total	7		368,428,855	234,683,965	64	
Projects $1,000,000 and over	7		368,428,855	234,683,965	64	
Alabama : Birmingham	....	Ambululatory Care/Clinical Addition	44,196,813	25,822,610	58	September 1983 (A)
California : San Francisco	....	Remodel Buildings 2 , 4, and 200	16 428 617	8,949,672	54	June 1983 (A)
Colorado : Denver	....	Clinical Support Wing	44,097,000	41,230,515	99	December 1982 (A)
Louisiana : New Orleans	....	Clinical Expansion	61,940,925	60,069,780	97	May 1982 (A)
Mississippi : Biloxi	....	Modernize Various Buildings	46,164,500	41,233,157	89	November 1983 (A)
New Mexico : Albuquerque	....	Clinical Improvements	67,412,000	56,014,627	83	July 1983 (A)
New York : New York	....	Outpatient/Clinical Addn and Alterations	88,189,000	1,363,604	2	September 1985 (A)
C. Projects authorized–not under construction, Total	....					

[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, or awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 41

Nursing Home Care Units Construction Projects,[1]—Fiscal Year 1986 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	18	2,010	$117,476,107	$37,394,065	32	
A. Projects completed, Total	2	240	14,192,007	14,192,007	100	
Illinois : Hines		120	4,949,283	4,949,283	100	April 1986 (C)
New York : Bronx		120	9,242,724	9,242,724	100	October 1985 (C)
B. Projects under construction, Total	9	1,080	63,113,000	23,202,058	37	
Projects $1,000,000 and over, Total	9	1,080	63,113,000	23,202,058	34	
California : Loma Linda		60	3,877,281	1,884,813	49	June 1985 (A)
Florida : Miami		120	5,072,293	4,948,347	98	December 1984 (A)
Louisiana : Alexandria		120	4,877,093	2,935,294	60	July 1985 (A)
Missouri : St. Louis		60	4,620,224	2,784,695	60	June 1985 (A)
New Jersey : Lyons		240	13,857,003	5,286,255	38	September 1985 (A)
New York : Northport		120	7,361,608	1,226,500	17	September 1985 (A)
North Carolina : Durham		120	7,965,000	.....	....	September 1986 (A)
Puerto Rico : San Juan		120	8,379,000	.....	....	September 1986 (A)
Texas : San Antonio		120	7,103,498	4,136,154	58	September 1984 (A)
C. Projects authorized—not under construction, Total	7	690	40,171,100	.....	....	
Projects $1,000,000 and over, Total	7	690	40,171,100	.....	....	
Arizona : Prescott		60	4,162,000	.....	....	
: Tuscon		120	6,800,000	.....	....	
California : San Francisco		120	9,128,000	.....	....	
: West Los Angeles		120	7,628,100	.....	....	
New York : Syracuse		30	1,500,000	.....	....	
Tennessee : Murfreesboro		120	4,657,000	.....	....	
Texas : Amarillo		120	6,296,000	.....	....	

[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, or awarded, including contingencies.*

[3] *Based on general construction only.*

CONSTRUCTION

TABLE 42

Research and Education Construction Projects,[1]—Fiscal Year 1986 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	22		$44,316,245	$13,788,779	31	
A. Projects completed, Total	6		4,086,697	4,086,697	100	
Arkansas : Little Rock		Remodel Bldg 103 Educ. Tng. Ctr. (Phase 1)	164,568	164,568	100	August 1986 (C)
California : West Los Angeles		Renovate Center for Ulcer Research	988,434	988,434	100	June 1986 (C)
Iowa : Iowa City		Expand Research Animal Facility	222,264	222,264	100	March 1986 (C)
Louisiana : Shreveport		Administration/Animal Research Lab. Bldg.	611,103	611,103	100	May 1986 (C)
Ohio : Cincinnati		Renovate Vacated Surgical Space	1,423,066	1,423,066	100	February 1986 (C)
Wisconsin : Madison		Expand Animal House	677,262	677,262	100	December 1985 (C)
B. Projects under construction, Total	7		12,511,086	9,692,082	77	
Projects $1,000,000 and over, Total	2		9,547,337	8,281,006	87	
Arkansas : Little Rock		Remodel Bldg 103 Educ. Tng. Ctr. (Phase 2)	1,474,051	275,226	19	June 1986 (A)
California : Long Beach		Research Addition	8,073,286	8,005,780	99	June 1983 (A)
Projects under $1,000,000	5		2,963,749	1,411,076	48	
C. Projects authorized—not under construction, Total	9		27,718,462	.....	....	
Projects $1,000,000 and over, Total	8		26,853,699	.....	....	
California : Palo Alto		Animal Research Operatory	1,655,000	.....	....	
: Palo Alto		Expand Rehab. Engr. & Research Ctr. (PH3)	1,269,000	.....	....	
Idaho : Boise		Construct Research Facility	1,569,874	.....	....	
Illinois : Danville		Construct Learning Resource Center	1,555,000	.....	....	
New Jersey : East Orange		Reloc./Consol. Research, Expand Clin Lab	3,107,000	.....	....	
New York : Buffalo		Research Bldg/Clinical Exp	14,518,000	.....	....	
South Carolina : Columbia		Addition to Building 9 (Research)	1,375,825	.....	....	
Texas : Dallas		Renovate B–3, Research	1,804,000	.....	....	
Projects under $1,000,000, Total	1		864,763	.....	....	

[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, or awarded, including contingencies.*

[3] *Based on general construction only.*

Other Improvement Construction Projects,[1] Fiscal Year 1986
Completions and Year End Status

Location	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
TOTAL	887 Projects	$1,494,627,370	$423,503,387	28	
A. Projects completed, Total	176 Projects	112,936,378	112,936,378	100	
Arizona : Phoenix	Telephone System Replacement	273,159	(4)	100	July 1986 (C)
: Tucson	Microcirculatory Laboratory	436,419	(4)	100	July 1986 (C)
: Tucson	Renovate 4th Floor Bldg. 2	220,938	(4)	100	June 1986 (C)
: Tucson	FSES Corrections Bldg. 30	367,050	(4)	100	May 1986 (C)
Arkansas : Little Rock	Psych/Rehab Recreation Area	195,241	(4)	100	July 1986 (C)
: Little Rock	Renovate Bldg. 68 (EDUC)	310,681	(4)	100	January 1986 (C)
California : Fresno	Remodel Nursing Stations, 4E, 4W, 5E	279,273	(4)	100	July 1986 (C)
: Fresno	Telephone System Site Preparation	395,492	(4)	100	June 1986 (C)
: Loma Linda	Remodel Nursing Ward 2 SE	160,801	(4)	100	November 1985 (C)
: Loma Linda	Renovate OPC, Phase 3	273,790	(4)	100	February 1986 (C)
: Martinez	Remodel Exam Rooms, OP Area	228,249	(4)	100	January 1986 (C)
: San Diego	Corridor Wall Protection	304,262	(4)	100	August 1986 (C)
: San Francisco	Enclose Stairways, Bldg. 1, 7, 8	175,822	(4)	100	June 1986 (C)
: Sepulveda	Redesign Psych Ward - Phase 4	299,782	(4)	100	February 1986 (C)
: Sepulveda	Install CAT Scanner	213,287	(4)	100	April 1986 (C)
: West Los Angeles	Bldg. 205 Remodel Floor 1 for Pat. Prv.	158,795	(4)	100	August 1986 (C)
: West Los Angeles	Install Var. Speed Control on AHU Fans	234,700	(4)	100	June 1986 (C)
: West Los Angeles	Replace Bldg. T-54	426,873	(4)	100	April 1986 (C)
Colorado : Fort Lyon	Patient Privacy, 5B South	495,761	(4)	100	August 1986 (C)
: Fort Lyon	Renovate Bldg. 508 - Office Area	357,476	(4)	100	July 1986 (C)
Connecticut : Newington	Research Investigator Lab. Bldg. 5A	454,737	(4)	100	October 1985 (C)
: West Haven	Warehouse Conversion	260,552	(4)	100	July 1986 (C)
: West Haven	ADP Center	179,799	(4)	100	December 1985 (C)
Florida : Bay Pines	Install CAT Scanner - Bldg. 100	149,892	(4)	100	May 1986 (C)
: Gainesville	Construct Modular GRECC Bldg. T-4	125,196	(4)	100	May 1986 (C)
: Lake City	Outpatient and Clinical Addition	4,159,518	(4)	100	May 1986 (C)
: Lake City	Variable Air Volume and DDC Energy	323,237	(4)	100	February 1986 (C)
: Tampa	Energy Conservation Retrofit	93,730	(4)	100	May 1986 (C)
Georgia : Atlanta	Cardiac Cath., Lab	298,904	(4)	100	June 1986 (C)
: Augusta (LD)	Install Chill Water Lines	149,831	(4)	100	April 1986 (C)
: Augusta (FH)	Install Patient Bedside Units in Security Rooms, Downtown Division	117,384	(4)	100	May 1986 (C)
: Dublin	Pat. Privacy, Wards 6B, 7B & 8B	295,012	(4)	100	October 1985 (C)
: Dublin	A/C Dom Bldgs. 10, 14, & 16	229,899	(4)	100	July 1986 (C)
: Dublin	Install Automatic Sprinklers	984,627	(4)	100	May 1986 (C)
Idaho : Boise	Remodel Research Area	468,297	(4)	100	December 1985 (C)
: Boise	Renovate for CAT Scanner	76,288	(4)	100	July 1986 (C)
Illinois : Chicago (LS)	Renovate Clinical Lab	925,984	(4)	100	April 1986 (C)
: Chicago (LS)	Relocate Coronary Care Unit	403,631	(4)	100	February 1986 (C)
: Chicago (WS)	Renovate Psychiatric Ward Area	1,473,420	(4)	100	April 1986 (C)
: Chicago (WS)	Relocate Hematology Research Labs	330,168	(4)	100	December 1985 (C)
: Chicago (WS)	Renovate Space 3 North CAT Scanner	238,952	(4)	100	October 1985 (C)
: Hines	Prim. Distr. 2nd Distr. & 2nd Gen.	3,239,112	(4)	100	July 1986 (C)
: Hines	Renovate Adm. Office Nucl. Med. Svc.	162,109	(4)	100	October 1985 (C)
: Hines	Replacement CAT Scanner	247,919	(4)	100	April 1986 (C)
: Hines	Sun Deck Enclose for SCI	424,936	(4)	100	October 1985 (C)
: Marion	Relocate and Update ICU (Wards 3A)	389,523	(4)	100	November 1985 (C)
: Marion	Boiler Plant Emergency Generator	278,910	(4)	100	October 1985 (C)
: Marion	Vending/Bldg. Management Space	205,828	(4)	100	July 1986 (C)
: North Chicago	Essential Electrical Services	525,963	(4)	100	May 1986 (C)
Indiana : Indianapolis (CSR)	Renovate WDI and NHCU	262,499	(4)	100	October 1985 (C)
: Indianapolis (TSD)	Expand Outpatient Clinic	890,988	(4)	100	May 1986 (C)
: Marion	Remodel Fire Station	235,820	(4)	100	October 1985 (C)
Iowa : Des Moines	Remodel for Special Procedures	307,304	(4)	100	January 1986 (C)
: Knoxville	Replace Telephone Equipment	405,076	(4)	100	April 1986 (C)
Kansas : Leavensworth	Ungrd. Walkway, Bldg. 90 to Bldg. 71	737,077	(4)	100	April 1986 (C)
: Topeka	Medical Gas Outlets, Bldg. 1	266,956	(4)	100	April 1986 (C)
: Wichita	Rmdl. Bldg. 4 for Chaplin & Vol. Svc.	203,170	(4)	100	July 1986 (C)
: Wichita	MICU, Bldg. 2	381,885	(4)	100	August 1986 (C)
: Wichita	Med. Testing & Surgery Office Bldg. 1	415,045	(4)	100	July 1986 (C)
: Wichita	Renovate for OP Clinic	5,191,527	(4)	100	October 1985 (C)
Kentucky : Lexington	Renovate 3rd Floor, Bldg. 1	936,168	(4)	100	June 1986 (C)
: Louisville	Establish 8-Bed Coronary Care Unit	573,273	(4)	100	August 1986 (C)
Louisiana : Alexandria	Fire And Safety Improv. Bldg. 2 & 7	1,332,135	(4)	100	July 1986 (C)
: New Orleans	Renov. 3rd Flr. Pat. Rms. (West)	315,543	(4)	100	February 1986 (C)
: New Orleans	Upgrade Chases/Strwls, Bldg. #1 and 1A	273,960	(4)	100	April 1986 (C)
Maine : Togus	Elevator and Stairtower, Bldg. 203	308,716	(4)	100	July 1986 (C)
: Togus	Renovate Ward 4N, Bldg. 200	338,088	(4)	100	October 1985 (C)
Maryland : Fort Howard	Instl. Stair Tower/Sprink Haz. Bldg. #51	256,760	(4)	100	January 1986 (C)
: Perry Point	Auto Sprinkler 1H-5H	84,500	(4)	100	August 1986 (C)
: Perry Point	Expand Computer System	162,152	(4)	100	October 1985 (C)
Massachusetts : Boston	Recovery Room Expansion & Renov.	270,195	(4)	100	May 1986 (C)
: Boston	Renovate Wards, Phase 1	425,271	(4)	100	May 1986 (C)
: Brockton (WR)	Fire Sprinklers, Haz. Areas, Bldg. 1	98,717	(4)	100	January 1986 (C)
: Brockton (WR)	Inpatient Unit Dose Pharmacy	214,986	(4)	100	December 1985 (C)
: Brockton (WR)	Energy Conserv. Project, Bldg. 2	197,208	(4)	100	April 1986 (C)
: Northampton	Elevators, Bldg. - 6, 7, 8, 12	927,391	(4)	100	October 1985 (C)
: Northampton	ADP Site Preparation	60,906	(4)	100	January 1986 (C)

See footnotes at end of table.

TABLE 43—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1986
Completions and Year End Status

Location		Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Michigan	Allen Park	Consolidate & Exp. Neurology (DOMINO)	184,120	([4])	100	November 1985 (C)
	Allen Park	Consolidate & Exp. Dermatology	95,250	([4])	100	August 1986 (C)
	Allen Park	Renovate Ambulatory Care Area	266,461	([4])	100	March 1986 (C)
	Ann Arbor	Renovate Grnd. Flr. Bldg. 1, Pat. Sup. Area	275,713	([4])	100	September 1986 (C)
	Battle Creek	Renovate Bldg. 82	2,773,883	([4])	100	August 1986 (C)
	Battle Creek	Day Treatment Center, Bldg. 24	196,702	([4])	100	July 1986 (C)
	Battle Creek	Relocate Morgue To Bldg. 7	173,498	([4])	100	November 1985 (C)
	Iron Mountain	Remodel and Expand Lab Service	338,930	([4])	100	May 1986 (C)
Minnesota	St. Cloud	Fire & Safety Improvements (PH 1)	538,734	([4])	100	May 1986 (C)
	St. Cloud	Renovate for Privacy, Bldg. 49	1,634,198	([4])	100	July 1986 (C)
	St. Cloud	Fire & Safety Improvements (PH 2)	353,489	([4])	100	May 1986 (C)
	St. Cloud	Standby Generator, Phase 2	493,700	([4])	100	December 1985 (C)
	St. Cloud	Expand Laundry Washroom Bldg. 59	123,150	([4])	100	October 1985 (C)
Mississippi	Jackson	Construct Warehouse	1,639,059	([4])	100	January 1986 (C)
	Jackson	Expand Radiology	203,871	([4])	100	August 1986 (C)
Missouri	Kansas City	Renovate Bldg. 6 & 15 for Medical Res.	234,168	([4])	100	March 1986 (C)
	St. Louis (JB)	Renovate 2nd Flr., Bldg. 2, Educ. (RMEC)	400,707	([4])	100	January 1986 (C)
	St. Louis (JB)	Computer Room Addition, Bldg. 3	215,701	([4])	100	August 1986 (C)
	St. Louis (JB)	Chiller Water Plant Alteration	1,190,893	([4])	100	May 1986 (C)
Nebraska	Grand Island	Relocate Library Service	195,826	([4])	100	August 1986 (C)
	Grand Island	Remodel SPD	367,011	([4])	100	April 1986 (C)
	Lincoln	Safety and Fire Improvements	409,572	([4])	100	March 1986 (C)
	Lincoln	OP Clinic Addition	3,855,350	([4])	100	November 1985 (C)
New Mexico	Albuquerque	Warehouse Expansion Building 15	273,760	([4])	100	May 1986 (C)
New York	Bath	Clinical Improvements	175,117	([4])	100	December 1985 (C)
	Bronx	Lithotriptor Installation	267,000	([4])	100	February 1986 (C)
	Bronx	ADP Site Preparation - Phase II	332,555	([4])	100	November 1985 (C)
	Brooklyn	Adult Day Care Center	323,500	([4])	100	November 1985 (C)
	Brooklyn (SA)	Laundry Consolidation	4,807,869	([4])	100	November 1985 (C)
	Brooklyn (SA)	Fire Sprinklers	205,994	([4])	100	June 1986 (C)
	Brooklyn (SA)	TV System (Patient)	375,000	([4])	100	February 1986 (C)
	Buffalo	Additional CCU Beds Ward 8A	406,384	([4])	100	May 1986 (C)
	Buffalo	Snow Removal Equipment Facility	142,695	([4])	100	July 1986 (C)
	Castle Point	Water Supply System	1,687,303	([4])	100	March 1986 (C)
	Montrose	Fire Dampers, All Buildings	315,565	([4])	100	October 1985 (C)
	Northport	Enclose Stairwells, Etc.	1,534,551	([4])	100	July 1986 (C)
	Northport	Renovate Building 20	405,992	([4])	100	November 1985 (C)
North Carolina	Asheville	ADP Installation, Bldg. 47	147,182	([4])	100	July 1986 (C)
	Durham	Radiation Therapy	732,024	([4])	100	November 1985 (C)
	Salisbury	Renovate Oral Surgery & X-Ray	105,150	([4])	100	August 1986 (C)
	Salisbury	Therapeutic Pool & Locker Room Renov.	326,591	([4])	100	October 1985 (C)
	Salisbury	Unit Dose Renov.	131,973	([4])	100	November 1985 (C)
	Salisbury	Renovate Bldg. 2-58 (GM&S)	169,455	([4])	100	October 1985 (C)
	Salisbury	Renovate Ward Areas - Pat. Prv.	1,624,215	([4])	100	October 1985 (C)
North Dakota	Fargo	Remodel Room 35 for CAT Scan	137,462	([4])	100	June 1986 (C)
Ohio	Chillicothe	Elim. of Exit Defs. (Various Bldg.)	391,209	([4])	100	November 1985 (C)
	Chillicothe	Roof Insulation (25 Bldgs.) E-102	182,819	([4])	100	February 1986 (C)
Oklahoma	Oklahoma City	Correct FESES Deficiencies	259,691	([4])	100	July 1986 (C)
Oregon	Roseburg	Telephone System Construction	385,781	([4])	100	July 1986 (C)
	Roseburg	Addition To Warehouse	391,204	([4])	100	January 1986 (C)
	White City	Renovate Bldg. 205N (P/M Qtrs.)	248,428	([4])	100	December 1985 (C)
Pennsylvania	Butler	Renovate Kitchen	359,349	([4])	100	October 1985 (C)
	Butler	Modify Exits, Bldg. 1, 2, 3	121,429	([4])	100	December 1985 (C)
	Coatesville	Education Offices and Classrooms	258,681	([4])	100	May 1986 (C)
	Lebanon	Renovate Building 17 OP Clinic	361,604	([4])	100	August 1986 (C)
	Lebanon	Combine Kitchens, Bldgs. 1 & 17	240,077	([4])	100	May 1986 (C)
	Lebanon	Alcohol Treatment Unit	349,320	([4])	100	May 1986 (C)
	Philadelphia	Reloc/Renov Dental Suite, Bldg. 1	808,696	([4])	100	January 1986 (C)
	Pittsburgh (HD)	Central Laundry	3,635,581	([4])	100	May 1986 (C)
	Wilkes Barre	Recovery Room Relocation	185,665	([4])	100	January 1986 (C)
Puerto Rico	San Juan	Renovate Pharmacy Area, Bldg. 1	255,000	([4])	100	October 1985 (C)
Rhode Island	Providence	Renovate Wards 3A	405,088	([4])	100	February 1986 (C)
South Carolina	Columbia	Replace Engineer Storage Bldg.	142,760	([4])	100	December 1985 (C)
South Dakota	Fort Meade	Remodel Bldg. 148D for Medical Beds	360,356	([4])	100	January 1986 (C)
	Fort Meade	Construct ICU Bldg. 148	341,629	([4])	100	January 1986 (C)
	Hot Spring	Waste Water Treatment Plant	834,825	([4])	100	October 1985 (C)
Tennessee	Memphis	120 Bed SCI Bldg/Res. & Educ.	18,518,324	([4])	100	August 1986 (C)
	Memphis	Develop Pipe Basement 1C and 1D	187,145	([4])	100	April 1986 (C)
	Mountain Home	Extend Memorial Avenue	170,616	([4])	100	July 1986 (C)
	Nashville	Modify EENT and Audiology Space	183,592	([4])	100	June 1986 (C)
Texas	Big Spring	Expand Fire Sprinkler System	310,319	([4])	100	December 1985 (C)
	Dallas	Renovate Bldgs. 1 & 2 - Pat. Prv.	1,580,600	([4])	100	March 1986 (C)
	Dallas	Ground Equipment Storage Bldg.	253,492	([4])	100	January 1986 (C)
	Houston	Correct Electrical Deficiencies	2,152,251	([4])	100	November 1985 (C)
	Houston	Interim Improvement SCI Unit	1,557,712	([4])	100	December 1985 (C)
	Kerrville	Remodel Radiology (DOMINO A-3)	372,453	([4])	100	January 1986 (C)
	Kerrville	Modernize Pat. Rms. - Phase D	370,000	([4])	100	December 1985 (C)
	San Antonio	O.R. Gas and Electrical Tracks	250,803	([4])	100	June 1986 (C)
	San Antonio	New Telephone Equipment Room	377,000	([4])	100	April 1986 (C)
	Temple	Connecting Corridor, Bldg. 163	332,421	([4])	100	May 1986 (C)
	Temple	Expand Mental Hygiene Clinic	359,834	([4])	100	June 1986 (C)
	Temple	Emg. Gen. B. 162, Mod X-R Elec. B. 162 & 163	356,754	([4])	100	October 1985 (C)
Utah	Salt Lake City	Develop Research Labs. Bldg. 2	359,366	([4])	100	February 1986 (C)

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1986
Completions and Year End Status

Location	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Vermont : White River	Day Room Addition, Bldg. 31	99,380	([4])	100	July 1986 (C)
Virginia : Hampton	Install Elevator, Bldg. 114	246,968	([4])	100	March 1986 (C)
: Richmond	MRI Suite	1,353,575	([4])	100	February 1986 (C)
: Salem	Replace Old Chapel	2,548	([4])	100	January 1986 (C)
Washington : Spokane	Correct HVAC/JCAH Def. Bldg. 1 (PH 1)	384,998	([4])	100	August 1986 (C)
: Spokane	HVAC Improv. Pat. Wds., Bldg. 1 (PH 1)	376,709	([4])	100	August 1986 (C)
: Spokane	JCAH Improvements, Phase 2	339,803	([4])	100	February 1986 (C)
: Walla Walla	Renovate Bldg. 69	340,040	([4])	100	June 1986 (C)
West Virginia : Clarksburg	Renovate Auditorium	177,996	([4])	100	June 1986 (C)
: Martinsburg	Emergency Operating Facility	306,587	([4])	100	October 1985 (C)
Wisconsin : Madison	Expand Emergency Power, D-Wing	210,085	([4])	100	May 1986 (C)
: Madison	Hazardous Storage Bldg.	121,425	([4])	100	April 1986 (C)
: Madison	Telephone Equipment Room Site Prep.	328,398	([4])	100	May 1986 (C)
: Milwaukee (Wood)	Modernize Ward 7AS Bldg. 111	97,324	([4])	100	May 1986 (C)
Wyoming : Cheyenne	Expand Supply Warehouse Storage	151,099	([4])	100	January 1986 (C)
B. Projects under construction, Total	369 Projects	764,827,949	310,567,009	41	
Projects $1,000,000 and over, Total	87 Projects	670,124,230	272,420,543	41	
Alabama : Tuscaloosa	Outpatient Addition	7,906,716	6,592,665	83	August 1983 (A)
: Tuskegee	Replace Bed Building L62	9,642,900	7,686,057	80	September 1984 (A)
Arizona : Tucson	Clin. Add. for Lab, Surg., Pad, Etc.	12,978,357	12,829,442	99	September 1982 (A)
California : Fresno	Clinical Addition	4,491,644	1,504,287	33	April 1986 (A)
: Long Beach	120 Bed SCIU Addition	17,400,000	.....	...	September 1986 (A)
: Long Beach	Relocate MICU, Building 126	1,325,855	135,373	10	May 1966 (A)
: Martinez	2nd, 3rd Flrs.-Educ./Adm. Bldg.	1,666,044	561,741	34	January 1986 (A)
: Palo Alto (PAD)	Surg. Add. and F&S Imprv.	15,735,781	14,726,225	94	January 1983 (A)
: Palo Alto (PAD)	Correct Electrical Deficiencies	1,336,623	1,319,091	99	October 1984 (A)
: San Diego	SCI Unit/SCI/OP Clinic	9,411,059	.....	...	September 1986 (A)
: San Francisco	Modernize Intensive Care Unit	1,345,163	882,546	66	August 1985 (A)
Colorado : Grand Junction	Outpatient and Clinical Addition	8,347,500	.....	...	September 1986 (A)
Florida : Miami	Outpatient Add/Renov. & SCI Reloc.	17,382,101	15,533,012	89	April 1983 (A)
: Tampa	Radiation Therapy Unit	4,147,397	2,627,672	63	August 1985 (A)
Georgia : Dublin	Renovate Wards - Building 17	1,330,619	1,315,686	99	April 1984 (A)
Illinois : Chicago (WS)	OP Add. & Renov. of Bldg. 11A & B	19,361,037	15,220,881	79	August 1984 (A)
: Chicago (WS)	Remodel Surgical Suite (OR)	1,624,645	810,706	50	September 1985 (A)
: Danville	Renovate Bldg. 14 for Adm. Use	2,640,683	.....	...	July 1986 (A)
: Hines	New Warehouse/Service Building	7,609,163	6,218,653	82	April 1985 (A)
: Marion	Dental/Medical Support	1,193,469	804,564	67	December 1985 (A)
Indiana : Marion	Phone System Modernization	1,535,580	.....	...	September 1986 (A)
Iowa : Iowa City	Ambulatory Care/Clin. Addn. (PH 2)	19,187,000	.....	...	September 1986 (A)
Kansas : Leavenworth	F&S Imprv. (Exit & Sprinklers)	6,730,491	5,739,843	85	September 1986 (A)
Kentucky : Lexington (CD)	Renovate Floor 2, Building 1	1,085,000	.....	...	August 1986 (A)
: Lexington (CD)	Clinical Addition	26,384,000	.....	...	July 1986 (A)
: Louisville	Clinical and Education Addition	10,726,000	.....	...	August 1986 (A)
: Louisville	Correct Exit Defic. Building 1	1,070,000	.....	...	September 1986 (A)
Louisiana : Alexandria	Clinical Improvement	20,753,000	.....	...	September 1986 (A)
: New Orleans	Renovate Kitchen	1,317,900	1,039,501	79	August 1985 (A)
: Shreveport	Amb. Care Bldg./Linear Accel.	10,573,753	3,616,872	34	September 1985 (A)
Maryland : Perry Point	New Laundry Building	3,093,752	2,735,310	88	June 1985 (A)
: Perry Point	Elev. Bldg. 11, 13-15, 22, 80 & 82	1,524,229	743,353	49	September 1985 (A)
Massachusetts : Boston	MRI Suite	1,484,347	115,200	8	June 1986 (A)
: Brockton	Fire and Safety Improvements	1,436,589	1,417,537	99	March 1985 (A)
: Brockton	Modernize Buildings 2 & 7	18,777,050	3,893,841	21	September 1985 (A)
: Brockton (WR)	OPC Addn., Res. & Educ., Admn. Svc.	35,765,000	.....	...	September 1986 (A)
: Brockton (WR)	ADP Site Preparation	301,258	297,675	99	July 1984 (A)
: Northampton	Enclose Walkways	1,874,585	1,664,941	89	February 1985 (A)
Michigan : Allen Park	Install Sprinklers - Pat. Areas	1,546,000	.....	...	September 1986 (A)
: Iron Mountain	Sprinkler Hazard Areas, Bldg. 1	1,380,648	402,683	29	March 1986 (A)
Minnesota : St. Cloud	Renovate Wards 2nd Floor Bldg. 51	1,296,000	.....	...	September 1986 (A)
Missouri : St. Louis (JB)	Clin. Addn./Wd. Renov./New Amb. Cr. Bldg.	24,660,242	16,112,310	65	July 1983 (A)
: St. Louis (JB)	Remodel Ward 6N	1,085,000	.....	...	September 1986 (A)
Nebraska : Grand Island	F&S Improv. HVAC, PVIV Sup.	5,683,526	281,140	5	April 1986 (A)
: Omaha	Outpatient Clinical Addition	10,778,028	7,232,949	67	December 1984 (A)
New Hampshire : Manchester	Relocate Radiology and Chapel	1,524,571	752,494	49	January 1986 (A)
New Jersey : East Orange	Improve and Correct Envir. Def.	34,274,768	21,481,312	63	August 1983 (A)
: Lyons	Replace Sewage Plan	1,897,304	1,810,464	95	June 1983 (A)
New Mexico : Albuquerque	Construct Warehouse	1,617,908	1,617,638	99	June 1985 (A)
New York : Bath	Renovate Building 78, NHCU	5,622,821	2,241,007	40	August 1985 (A)
: Buffalo	Fire and Safety Improvements	7,055,697	3,935,546	56	September 1984 (A)
: Castle Point	Building Addition	7,721,025	.....	...	August 1986 (A)
: New York	Renovate 14S Prosth., Orths., Restor.	1,155,719	1,067,621	92	September 1985 (A)
: Northport	10 Bed SICU	1,828,054	241,100	13	March 1986 (A)
: Syracuse	F&S, Pat. Prv. & Sup. Sys. & HVAC	27,292,042	9,825,439	36	June 1985 (A)
North Carolina : Durham	Additional Elevators	2,821,777	2,289,800	81	January 1985 (A)
: Durham	Boiler Plant Replacement	2,800,000	.....	...	September 1986 (A)
: Fayetteville	Clinical Addition	10,384,593	4,520,869	44	July 1985 (A)
North Dakota : Fargo	Addition for Clinical Improv.	12,640,609	10,722,328	85	February 1984 (A)

See footnotes at end of table.

TABLE 43—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1986
Completions and Year End Status

Location	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Ohio : Chillicothe	Renovate Building 1 (PH 3)	4,190,000	.....	...	September 1986 (A)
: Cincinnati	Upgrade Electrical Distribution	2,939,698	2,879,198	98	September 1984 (A)
: Cincinnati	Remodel Morgue, Loading Dock	1,245,093	21,141	2	June 1986 (A)
: Cincinnati	Renovate 8th Floor, Psych. Ward	1,400,502	.....	...	August 1986 (A)
: Cleveland	Replace Fire Alarm System	1,088,922	989,476	91	September 1983 (A)
Pennsylvania : Altoona	Ambulatory Care Addition	8,562,000	5,523,042	65	September 1984 (A)
: Coatesville	Fire and Safety Improvements	9,770,194	468,360	5	June 1986 (A)
: Coatesville	Air Conditioning - Remaining Work	2,883,256	.....	...	June 1986 (A)
: Pittsburgh (HD)	Mod. HVAC, Fire/Smk. Det. & Sec. Ele.	27,365,000	.....	...	September 1986 (A)
: Pittsburgh (UD)	Outpatient Clinic Addition	20,494,043	16,740,768	82	September 1984 (A)
Rhode Island : Providence	Emergency Generator	1,433,540	1,407,026	98	September 1984 (A)
South Carolina : Charleston	Clinical Services Addition & Renov.	7,971,998	3,333,186	42	July 1985 (A)
South Dakota : Sioux Falls	Clinical and Support Services Add.	10,616,458	8,547,322	80	September 1984 (A)
Tennessee : Murfreesboro	Clin. Addition/Alterations (PH 2)	11,279,956	10,271,662	91	October 1983 (A)
Texas : Amarillo	Addition and Renov. of Clin. Sup.	17,188,820	4,561,146	27	December 1985 (A)
: Big Spring	Elec. Dist. & Essential Power Sys.	1,574,678	1,484,844	94	September 1985 (A)
: Dallas	Upgrade Primary Elec. Dist. Sys.	2,773,126	.....	...	September 1986 (A)
: Dallas	Fire and Safety Improvements	1,512,000	356,913	24	January 1985 (A)
: Kerrville	Update 2nd Dist. & Essential Elec.	1,552,972	721,497	46	January 1986 (A)
: San Antonio	Supply Warehouse and SPD	3,652,381	1,091,730	30	September 1985 (A)
: Temple	Clinical Expan. & Reloc. of Sup. Fac.	12,731,989	10,762,084	85	June 1983 (A)
: Waco	Fire and Safety Correction	3,914,910	3,657,737	93	April 1984 (A)
: Waco	New Dietetics Building	4,166,054	.....	...	August 1986 (A)
: Waco	Telephone System Replacement	1,060,000	27,063	3	August 1985 (A)
Virginia : Hampton	Fire and Safety Improvements	4,162,336	.....	...	September 1986 (A)
: Richmond	Linear Accelerator	1,495,000	.....	...	September 1986 (A)
West Virginia : Clarksburg	Clinical Addition And Alterations	21,755,000	.....	...	September 1986 (A)
Wisconsin : Tomah	Modernize Buildings 406 and 408	5,781,682	5,008,974	87	September 1984 (A)
Projects under $1,000,000, Total	282 Projects	94,703,719	38,146,466	40	
C. Projects authorized—not under construction, Total	342 Projects	616,863,043	.....	...	
Projects $1,000,000 and over, Total	191 Projects	559,977,718	.....	...	
Alabama : Tuskegee	Correct Fire Deficiencies	1,375,000	.....	...	
: Tuskegee	Correct Handicapped Barriers	1,477,000	.....	...	
: Tuskegee	Fire and Safety Improvements	1,318,000	.....	...	
California : Fresno	New Warehouse	1,671,476	.....	...	
: Fresno	Reconstruct MICU/CCU & Stepdown	1,546,000	.....	...	
: Livermore	F&S Imprv. 1 Svc. Elev. Exp. Amb. Care	5,686,000	.....	...	
: Livermore	Widen Bridge and Entrance Road	1,140,002	.....	...	
: Livermore	Post-Earthquake Utility Service	1,296,000	.....	...	
: Livermore	F&S Improv. & Seismic Bldgs. 64 & 65	1,121,437	.....	...	
: Long Beach	Construct Supply Warehouse	3,147,000	.....	...	
: Long Beach	Correct Fire Protection Defic.	1,536,000	.....	...	
: Long Beach	Reloc./Consol. Hemodial. 5N Bldg. 126	1,176,000	.....	...	
: Long Beach	Upgrade Secondary Electrical Distr.	4,399,000	.....	...	
: Long Beach	Expand/Renovate Radiation Therapy	1,150,240	.....	...	
: Long Angeles	Outpatient Clinic Building	39,100,000	.....	...	
: Palo Alto (PAD)	SCI Addition	14,360,000	.....	...	
: Palo Alto (MPD)	Correct Fire & Safety Defic.	1,428,552	.....	...	
: San Diego	Emer. Gen. & Conserv. of Energy	3,695,000	.....	...	
: San Diego	Fire and Safety Improvements	1,383,009	.....	...	
: San Diego	Remodel MICU/CCU	1,793,000	.....	...	
: San Diego	Non-Structural Seismic Corrections	4,838,000	.....	...	
: San Francisco	Non-Structural Seismic Defic.	1,488,512	.....	...	
: San Francisco	Nuclear Magnetic Resonance	1,873,000	.....	...	
: West Los Angeles	Bldg. 300 Floor 2N Rmdl. for Canteen	1,546,000	.....	...	
Connecticut : West Haven	Fire and Safety Improvements	5,813,000	.....	...	
Delaware : Wilmington	Patient Privacy	1,117,000	.....	...	
: Wilmington	Renovation of Dietetics	1,179,094	.....	...	
Dist. of Col. : Washington	Enclose C Roof (Hosp. Svs. Dev. Prog.)	1,343,000	.....	...	
: Washington	Additional Sprinklers	1,465,900	.....	...	
Florida : Gainesville	Install Diagnostic MRI	1,247,000	.....	...	
: Miami	Smoke Control Sys. & Fire Alarm	1,156,300	.....	...	
: Miami	Renovate MICU/CCU	1,583,000	.....	...	
: Miami	Relocate Radiotherapy	1,625,400	.....	...	
: Miami	Elevated Parking Structure	1,470,000	.....	...	
Georgia : Dublin	Patient Privacy, Bldg. 13	1,593,400	.....	...	
Idaho : Boise	Geothermal Conversion	3,636,802	.....	...	
Illinois : Chicago (LS)	Patient Transport Corridor	1,507,000	.....	...	
: Chicago (LS)	Modernization Wards 11th Flrs.	1,100,000	.....	...	
: Chicago (WS)	Fire and Safety/Pat. Priv. Improv.	5,136,000	.....	...	
: Chicago (WS)	Renov. Bldgs. 11A & 11B Phase II	14,672,000	.....	...	
: Danville	Reloc. Amb. Care, Nucl. Med. & Rad. Suite	1,571,000	.....	...	
: Hines	40 Bed Long Term SCI Unit	4,758,000	.....	...	
: Hines	New Linear Acceleration Facility	1,441,000	.....	...	
: Hines	Renov. 1st Flr., Bldg. 200 PH 1, Lb. Svc.	1,135,000	.....	...	
: Hines (DPC)	2nd Flr. Addition, Bldg. 215	1,439,000	.....	...	
: Hines	180 Bed Psychiatric Replacement Fac.	19,436,000	.....	...	
: Marion	Expand Dietetics/SPD	1,649,964	.....	...	

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1986
Completions and Year End Status

Location	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Indiana : Indianapolis (TSD)	Warehouse Fac./Laund. Consol, Fac.	1,693,000	.....	...	
: Indianapolis (TSD)	Radiation Oncology Treatment Ctr.	1,506,844	.....	...	
: Indianapolis (TSD)	F & S Improvement (WT & CS)	6,898,000	.....	...	
: Marion	Correct Elec. Defic. (PH 3)	1,691,000	.....	...	
: Marion	Addition To Laundry	1,285,128	.....	...	
: Marion	Renovate Dietetic Area, Bldg. 122	1,118,000	.....	...	
Iowa : Knoxville	Prov. Connect Corridors (W. Campus)	1,477,300	.....	...	
: Knoxville	Fire and Safety Improvements	3,003,000	.....	...	
Kansas : Topeka	F&S Pat. Prvcy. & Electrical Improv.	14,625,000	.....	...	
Kentucky : Lexington (CD)	F&S Improvements (Deadend Corr.)	1,500,000	.....	...	
Louisiana : New Orleans	Renovate SICU, 6W	1,054,000	.....	...	
: New Orleans	Renovate 3rd Flr. Patient Rms. (East)	1,950,200	.....	...	
Maryland : Fort Howard	Multi-purpose Building	1,573,942	.....	...	
: Fort Howard	Renovate 1st & 2nd Flrs. Bldg. 6	1,329,866	.....	...	
Massachusetts : Bedford	Ambulatory Care Addition	1,642,000	.....	...	
: Boston	Fire and Safety Improv: Sprinklers	2,961,000	.....	...	
Michigan : Ann Arbor	Linear Accelerator	1,430,367	.....	...	
Minnesota : St. Cloud	Renovate Wards 1st Floor Bldg. 50	1,471,230	.....	...	
Missouri : Kansas City	Renovate Dietetics (Incl. HVAC)	1,526,647	.....	...	
: Poplar Bluff	Electrical Distr. Sys. Improv.	1,641,000	.....	...	
: St. Louis (JB)	Remodel 1st Floor, Center & West	1,177,800	.....	...	
: St. Louis (JB)	Laundry Replacement	1,700,000	.....	...	
: St. Louis	Seismic Corrections	13,098,000	.....	...	
: St. Louis	Remodel Building #53	6,259,000	.....	...	
Mississippi : Jackson	Renovate Electrical System	1,527,000	.....	...	
: Jackson	Install Sprinklers	2,462,000	.....	...	
Montana : Fort Harrison	Renovate Dietetics	1,048,000	.....	...	
: Miles City	Remodel Ward 4	1,141,894	.....	...	
Nebraska : Omaha	Correct Elec. Fire & Safety Defic.	4,575,000	.....	...	
New Hampshire : Manchester	Relocate Radiology & Chapel	1,266,000	.....	...	
: Manchester	Clinical Upgrade & Warehouse Bldg.	1,014,000	.....	...	
New Jersey : Lyons	Renov. Bldg. 4 - Intermediate Care	2,934,000	.....	...	
: Lyons	Fire and Safety Improvements	11,231,000	.....	...	
New Mexico : Albuquerque	Renov. Seis., Ther., & Con. to Chill, B-4	1,568,000	.....	...	
New York : Albany	Modify Wards	20,202,000	.....	...	
: Albany	Install Sprinkler System	1,645,300	.....	...	
: Albany	Renovate 1C Clinics	1,220,000	.....	...	
: Albany	Telephone Site Preparation	1,284,850	.....	...	
: Albany	Renovate Chemistry Lab	1,921,156	.....	...	
: Albany	Renovate 1 D Admitting	1,325,000	.....	...	
: Bronx	Therapeutic Pool Addition	1,072,000	.....	...	
: Brooklyn	Renovate Wards (8W & 13W) Bldg. 1	1,468,085	.....	...	
: Brooklyn	Centralized Tray Service	1,733,000	.....	...	
: Brooklyn	Telephone Sys. Repl. Site Prep.	1,016,000	.....	...	
: Brooklyn (SA)	Mod. Kitchen & Pat. Dining Areas	3,799,000	.....	...	
: Buffalo	Remodel Main Kitchen	1,652,523	.....	...	
: Canandaigua	Total Sprinkler System	1,506,970	.....	...	
: Castle Point	Laboratory Addition	1,368,000	.....	...	
: Montrose	Additional Elevators, PH 2	1,177,491	.....	...	
: Montrose	Patient Privacy Building 4	1,274,000	.....	...	
: Montrose	Patient Privacy Building 15	1,758,100	.....	...	
: Syracuse	Parking Structure	6,355,000	.....	...	
North Carolina : Asheville	Dietetic Kitchen Renovation	1,055,909	.....	...	
: Durham	Clin. Add./Fire & Safety in Wings	27,639,000	.....	...	
: Salisbury	Geropsychiatric Building	16,880,000	.....	...	
: Salisbury	Fire and Safety Imprv. (Stdpipes & Fire Pumps)	1,765,980	.....	...	
Ohio : Chillicothe	Sewage Plant	1,200,000	.....	...	
: Cleveland	Clin. Imprv. & Reloc. of Surg. Svc.	8,040,000	.....	...	
: Cleveland	Fire and Safety Improvements	2,218,000	.....	...	
: Cleveland	Fire and Safety Improvements	4,541,000	.....	...	
: Cleveland	NHCU Renovation, Bldg. 6	1,393,000	.....	...	
: Dayton	Fire and Safety Various Bldgs.	1,350,000	.....	...	
: Dayton	Steam Sys. to Bldgs. 307, 310, 315 & 143	1,893,000	.....	...	
: Dayton	Renov. MICU/Cardiac Cath. Bldg. 300	1,037,802	.....	...	
: Dayton	Renov. 2nd & 3rd Flrs. for NHC Bld. 410	1,526,000	.....	...	
Oklahoma : Oklahoma City	Renovate 3 Wards - PH 1	1,577,729	.....	...	
: Oklahoma City	Renovate 3 Wards - PH 2	1,170,000	.....	...	
: Oklahoma City	Fully Sprinkler Bldg. 1	1,333,586	.....	...	
: Oklahoma City	HVAC Duct Return System	1,372,000	.....	...	
Pennsylvania : Coatesville	Warehouse Annex	1,109,000	.....	...	
: Coatesville	New Kitchen and Dining Hall	5,135,000	.....	...	
: Erie	Construct Warehouse/Prime Electric	1,335,616	.....	...	
: Philadelphia	Sprinkler Hospital, Bldg. (034APF)	1,569,500	.....	...	
: Pittsburgh (UD)	Deaden Corridor, Pat. Prv. & Bathrms	1,656,000	.....	...	
: Pittsburgh (HD)	Renov. Bldg. 5 for NHCU	1,154,000	.....	...	
: Pittsburgh	Radiation Therapy Suite	1,311,000	.....	...	
: Wilkes Barre	Alcohol Treatment Unit	1,444,000	.....	...	
Rhode Island : Providence	Renovate Ward 4A	1,863,000	.....	...	
South Dakota : Hot Springs	Renov. Dietetics, Bldg. 53 (Ph 1)	1,113,842	.....	...	
Tennessee : Memphis	Relocate & Expand SICU	1,109,000	.....	...	
: Murfreesboro	Life Safety Code Deficiencies	1,377,500	.....	...	

See footnotes at end of table.

TABLE 43—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1986
Completions and Year End Status

Location	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Texas : Big Spring	Renovate Surgery	3,158,000	.....	...	
: Bonham	Construct Cent. A/C Plant	1,239,400	.....	...	
: Dallas	Expand Cobalt Therapy	1,042,400	.....	...	
: Dallas	Expand Laundry for NHCU	1,532,200	.....	...	
: Temple	Correct Life Safety Code Defic.	1,493,144	.....	...	
: Waco	Renovate Bldgs. 10 & 90	9,700,000	.....	...	
Utah : Salt Lake City	Egress Improvements	1,493,047	.....	...	
: Salt Lake City	Expand Radiology	1,228,578	.....	...	
: Salt Lake City	Electrical Improvements	5,751,000	.....	...	
: Salt Lake City	F&S Improvements (Sprinklers)	1,533,238	.....	...	
: Salt Lake City	MRI Addition	1,465,000	.....	...	
Virginia : Hampton	Electrical System Modernization	1,709,000	.....	...	
: Salem	OP Clin., Nursing Unit (PH 1A)	47,796,000	.....	...	
: Salem	OP Clin., Nursing Unit (PH 1B)	10,036,000	.....	...	
Washington : American Lake	Laundry Replacement	1,973,000	.....	...	
: Spokane	Primary Electrical Defic.	1,040,914	.....	...	
: Spokane	Addn. Fire Sprinklers Bldgs. 1 & 8	1,328,812	.....	...	
West Virginia : Beckley	Update Electrical System	1,245,200	.....	...	
: Clarksburg	Ward Renovation (4A)	1,349,000	.....	...	
: Martinsburg	Water Treatment Plant (Comp. Items)	1,950,000	.....	...	
Wisconsin : Milwaukee	Fire and Safety Improvements	6,524,000	.....	...	
: Tomah	Modernize Buildings 403 & 404	5,262,000	.....	...	
Wyoming : Cheyenne	Exp. & Renov. Bldg. 1 for Clin. Func.	14,072,000	.....	...	
: Sheridan	Outpatient Clinic Addition	9,108,000	.....	...	
Projects under $1,000,000, Total	151 Projects	56,885,865	.....	...	

[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.*

National Cemetery Projects[1]— Completions and Year End Status—Fiscal Year 1986

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	55		$28,940,117	$7,007,355	24	
A. Projects completed, Total	21		5,144,232	5,144,232	100	
California : San Francisco		Automatic Irrigation Systems	196,500	190,500	100	February 1986 (C)
: San Francisco		Emergency Repair for Drain & Roadways	265,734	265,734	100	May 1986 (C)
Colorado : Ft. Logan		Const. Omaha & Denver Dr-RW & Ldscp.	94,695	94,695	100	June 1986 (C)
Florida : Bay Pines		Maintenance Storage Building	23,262	23,262	100	July 1986 (C)
Illinois : Rock Island		Cor. Drain/Ldscp Screen-Sec. O, P and Q.	193,152	193,152	100	October 1985 (C)
Indiana : New Albany		Develop New Gravesites	35,384	35,384	100	April 1986 (C)
Kentucky : Zachary Taylor		Develop New Gravesites	33,590	35,590	100	April 1986 (C)
Michigan : Ft. Custer		Installation of Well Pumps	4,268	4,268	100	June 1986 (C)
Mississippi : Biloxi		Storm Damage Repair/Cleanup	1,760	1,760	100	April 1986 (C)
Missouri : Springfield		Develop 3.7 Acres	270,853	270,853	100	June 1986 (C)
New York : Bath		Develop 6,500 Gravesites	93,813	93,813	100	July 1986 (C)
: Calverton		Develop 78,000 Gravesites & Add'l Fac.	2,706,187	2,706,187	100	December 1985 (C)
Ohio : Dayton		Garden, Landscape and Ent. Gate	305,670	305,670	100	June 1986 (C)
: Dayton		Tree Work	68,135	68,135	100	July 1986 (C)
Oregon : Eagle Point		Administrative/Service Building	263,208	263,208	100	October 1985 (C)
: Eagle Point		New Entrance and Roadway	234,731	234,731	100	June 1986 (C)
: Willamette		Drainage Correction for Sections B,D,G,T.	161,368	161,368	100	October 1985 (C)
Tennessee : Chattanooga		Drainage Improvements	93,845	93,845	100	October 1985 (C)
: Knoxville		Develop New Gravesites	52,379	52,379	100	June 1986 (C)
: Mountain Home		Develop 4 Acres	41,455	41,455	100	October 1985 (C)
Texas : Ft. Sam Houston		Site Drainage At Restroom Building	4,243	4,243	100	April 1986 (C)
B. Projects under construction, Total	23		11,164,708	1,863,123	17	
Projects $1,000,000 and over, Total	4		8,053,058	1,694,121	2	
Alabama : Ft. Mitchell		Develop 50 Acres/Admn & Srv Bldg.	2,599,839	1,222,000	48	January 1986 (A)
Colorado : Ft. Logan		Adm. Bldg/Entrance/Gate & Dr.	1,061,219	463,525	44	February 1986 (A)
Minnesota : Ft. Snelling		Administration and Service Building	3,274,000	.....	....	September 1986 (A)
West Virginia : West Virginia		Gravesite Development & Add'l Facilities	1,118,000	8,596	1	August 1986 (A)
Projects under $1,000,000, Total	19		3,111,650	169,002	5	
C. Projects authorized - not under construction, Total	11		12,631,177			
Projects $1,000,000 and over, Total	5		11,753,852			
California : Riverside		Dev. 40,000 Gravesites & Add'l Facilities	5,307,000			
Colorado : Ft. Logan		New Service Building Complex	1,189,852			
Hawaii : National Memorial		Overlook, Admin. Bldg. Store./Utiliz. Bldg.	2,387,000			
Tennessee : Chattanooga		Administration Bldg. & Road Relocation	1,870,000			
Wisconsin : Milwaukee		Administration/Service Building	1,000,000			
Projects under $1,000,000, Total	6		877,325			

[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, or awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 45

Domiciliary Construction Projects[1]—Completions and Year End Status—Fiscal Year 1986

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	5	1,308	$44,281,162	$15,025,295	34	
A. Projects completed, Total	1	208	6,849,420	6,849,420	100	
New York : Bath	....	208	6,849,420	6,849,420	100	April 1986 (C)
B. Projects under construction, Total	2	608	22,728,742	8,175,875	36	
Projects $1,000,000 and over	2	608	22,728,742	8,175,872	36	
Texas : Temple	....	408	13,600,000	.....	....	September 1986 (A)
Virginia : Hampton	....	200	9,128,742	8,175,872	90	April 1984 (A)
C. Projects authorized - not under construction, Total	2	692	14,703,000	.....	....	
Projects $1,000,000 and over, Total	2	492	14,703,000	.....	....	
California : West Los Angeles	....	300	9,134,000	.....	....	
Wisconsin : Milwaukee	....	192	5,569,000	.....	....	

[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, or awarded, including contingencies.*

[3] *Based on general construction only.*

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1986

National Cemetery	FY 1986 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year)[4]
		Used Cumulative[1]	Reserved	Set-Aside (Adjacent)	Cremain[2]	Casket[3]	
Total	52,220	1,640,721	60,213	32,836	53,181	459,043	
Alexandria, LA	148	6,763	145	.....	41	728	1992
Alexandria, VA	5	4,064	23	.....	73	1	Closed
Alton, IL	9	504	34	.....	7	6	Closed
Annapolis, MD	5	2,925	28	.....	1	2	Closed
Balls Bluff, VA	.....	25	.....	.....	.....	.....	Closed
Baltimore, MD	327	34,542	2,877	.....	763	33	Closed
Barrancas, FL	559	15,495	554	1,055	401	1,872	2006
Bath, NY	172	9,512	.....	.....	34	421	2030+
Baton Rouge, LA	10	5,034	46	.....	2	1	Closed
Bay Pines, FL	1,045	6,301	.....	772	302	261	1987
Beaufort, SC	192	12,329	162	.....	119	4,895	2018
Beverly, NJ	385	37,437	3,461	.....	144	.....	Closed
Biloxi, MS	343	4,090	524	458	276	3,961	1995
Black Hills, SD	429	7,919	407	.....	600	13,230	2030+
Calverton, NY	6,667	49,241	.....	15,333	5,205	81,776	2030+
Camp Butler, IL	308	9,847	267	.....	93	8,667	2030+
Camp Nelson, KY	192	6,861	60	.....	224	2,125	2020
Cave Hill, KY	.....	5,634	3	.....	25	.....	Closed
Chattanooga, TN	565	26,473	492	.....	44	13,279	2020
City Point, VA	19	5,505	74	.....	19	.....	Closed
Cold Harbor, VA	.....	971	.....	.....	.....	.....	Closed
Corinth, MS	25	6,368	17	.....	39	9,523	2030+
Crown Hill, IN	.....	795	.....	.....	.....	.....	Closed
Culpeper, VA	162	5,698	5	.....	40	5,046	2028
Cypress Hills, NY	26	18,569	55	.....	49	30	Closed
Danville, IL	110	6,745	.....	.....	264	12,499	2030+
Danville, KY	.....	393	1	.....	9	2	Closed
Danville, VA	2	2,155	25	.....	27	.....	Closed
Dayton, OH	542	27,696	2	.....	29	9,454	2006
Eagle Point, OR	270	2,578	.....	.....	201	4,062	2030+
Fayetteville, AR	102	3,879	87	.....	19	127	1988
Finn's Point, NJ	.....	2,703	2	.....	.....	.....	Closed
Florence, SC	126	4,910	53	.....	29	727	2012
Florida, FL*	.....	.....	.....	.....	.....	.....	.....
Fort Bayard, NM	38	2,041	.....	.....	37	2,515	2030+
Fort Bliss, TX	866	19,013	1,106	.....	345	6,638	2030+
Fort Custer, MI	479	1,781	24	.....	953	7,242	2030+
Fort Gibson, OK	308	8,763	110	.....	35	1,285	2014
Fort Harrison, VA	6	1,113	2	.....	.....	.....	Closed
Fort Leavenworth, KS[5]	.....	0	.....	.....	.....	.....	Closed
Fort Logan, CO	1,805	32,661	660	.....	1,714	10,353	2030+
Fort Lyon, CO	31	1,072	.....	.....	.....	6,148	2030+
Fort McPherson, NE	134	4,127	82	.....	3	1,608	2030+
Fort Meade, SD	.....	188	.....	.....	.....	.....	Closed
Fort Mitchell, AL*	.....	.....	.....	.....	.....	.....	.....
Fort Richardson, AK	96	1,502	.....	.....	279	1,193	2030+
Fort Rosecrans, CA	1,025	46,801	2,008	.....	479	1	Closed
Fort Sam Houston, TX	2,251	47,697	2,813	.....	84	17,576	2002
Fort Scott, KS	88	3,367	82	92	18	3,608	2019
Fort Smith, AR	232	6,380	199	.....	87	2,102	1998
Fort Snelling, MN	3,386	85,057	12,011	3,993	3,485	28,902	2030+
Glendale, VA	1	1,308	.....	.....	.....	.....	Closed
Golden Gate, CA	1,413	100,605	7,389	.....	5,545	23	Closed
Grafton, WV	3	2,086	45	.....	.....	.....	Closed
Hampton, (VAC) VA	.....	22	.....	.....	.....	.....	Closed
Hampton, VA	337	21,671	446	332	117	1,554	1989
Hot Springs, SD	.....	1,481	.....	.....	.....	1	Closed
Houston, TX	1,431	18,866	30	.....	20	10,949	2030+
Indiantown Gap, PA	681	2,220	.....	.....	1,111	13,318	2030+
Jefferson Barracks, MO	2,859	75,142	1,959	.....	491	14,143	2030+
Jefferson City, MO	4	1,583	52	.....	23	1	Closed
Keokuk, IA	78	2,794	59	.....	40	3,695	2030+
Kerrville, TX	.....	460	.....	.....	.....	.....	Closed
Knoxville, TN	131	7,626	187	.....	115	294	1989
Leavenworth, KS	743	35,084	524	.....	84	4,728	2030+
Lebanon, KY	23	2,162	29	.....	51	1,307	2030+
Lexington, KY	.....	1,388	.....	.....	9	.....	Closed
Little Rock, AR	403	17,633	286	.....	25	620	1988
Long Island, NY	2,858	235,709	11,966	.....	5,989	26	Closed
Los Angeles, CA	677	71,900	2	.....	2,017	.....	Closed
Loudon Park, MD	4	6,493	5	.....	132	8	Closed
Marietta, GA	107	16,548	364	.....	89	.....	Closed
Marion, IN	108	5,154	.....	.....	1	291	2030+
Massachusetts, MA	1,001	4,647	.....	1,772	1,438	20,656	2030+
Memphis, TN	819	32,517	529	.....	562	3,036	1991

See footnotes at end of table.

National Cemeteries—Location, Interments, and Status of Gravesites September 30, 1986

National Cemetery	FY 1986 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year)[4]
		Used Cumulative[1]	Reserved	Set-Aside (Adjacent)	Cremain[2]	Casket[3]	
Mill Springs, KY	43	1,890	29	.....	109	378	1997
Mobile, AL	8	3,615	237	.....	5	7	Closed
Mound City, IL	38	6,966	63	.....	24	1,257	2022
Mountain Home, TN	187	6,965	.....	.....	101	2,872	2030+
Nashville, TN	504	27,639	359	914	324	2,793	1991
Natchez, MS	67	5,178	48	.....	46	350	1992
National Memorial Cemetery of the Pacific, HI	800	30,547	639	.....	5,265	864	1989
New Albany, IN	44	5,004	142	.....	202	738	2005
New Bern, NC	125	5,925	91	.....	160	442	1991
Philadelphia, PA	23	10,370	37	.....	13	2	Closed
Port Hudson, LA	197	7,098	30	.....	14	791	1991
Prescott, AZ	8	2,966	.....	.....	.....	.....	Closed
Puerto Rico, PR	1,002	16,578	1,233	.....	20	16,175	2030+
Quantico, VA	615	2,031	.....	.....	3,534	56,149	2030+
Quincy, IL	6	497	1	.....	13	82	2000
Raleigh, NC	131	4,480	81	82	133	727	1991
Richmond, VA	19	7,286	200	.....	.....	.....	Closed
Riverside, CA	5,048	32,203	.....	6,867	4,860	15,434	2030+
Rock Island, IL	412	12,489	220	749	448	4,066	1994
Roseburg, OR	9	2,380	.....	.....	.....	.....	Closed
St. Augustine, FL	8	1,171	16	.....	36	.....	Closed
Salisbury, NC	140	14,969	62	.....	125	674	2008
San Antonio, TX	3	3,009	27	.....	23	173	Closed
San Francisco, CA	369	24,037	609	.....	442	15	Closed
Santa Fe, NM	859	15,752	390	.....	254	4,356	1994
Seven Pines, VA	3	1,134	1	.....	.....	.....	Closed
Sitka, AK	15	701	1	.....	4	36	2030+
Springfield, MO	306	8,572	190	.....	99	853	2005
Staunton, VA	2	843	5	.....	9	2	Closed
Togus, ME	.....	5,371	.....	.....	.....	.....	Closed
West Virginia, WV*	.....	.....	.....	.....	.....	.....	.....
Willamette, OR	2,531	62,189	1,911	.....	2,046	11,916	2001
Wilmington, NC	123	4,944	58	.....	1	60	1987
Winchester, VA	9	5,065	35	.....	91	1	Closed
Wood, WI	936	24,818	1	.....	158	461	1997
Woodlawn, NY	17	6,306	206	.....	5	1	Closed
Zachary Taylor, KY	442	9,110	918	.....	160	819	1988

** Not yet open.*

[1] *Includes all types of gravesites including columbaria niches.*

[2] *In-ground sites suitable for cremated remains and columbiaria niches.*

[3] *Gravesites available excluding reserved and adjacent gravesites set-aside.*

[4] *Cemeteries indicated as "closed" may continue to inter eligible family members in already occupied gravesites and previously reserved gravesites.*

[5] *Included with Leavenworth national cemetery data.*

Disability, Death: Number of Cases, Expenditures by Period of Service

Period of Service	Number of Cases as of Sept. 30, 1986	Total Expenditures (in Thousands)[1] Fiscal Year 1986	Estimated Average Annual Expenditure Per Case[2] Fiscal Year 1986	Fiscal Year 1985
Grand total	3,899,855	$14,222,329	$3,647	$3,505
Living veterans	2,883,463	10,852,927	3,764	3,666
Service connected	2,225,289	8,380,810	3,766	3,692
Retired Emergency Officers	64	615	9,608	8,949
Nonservice connected	658,106	2,471,501	3,755	3,581
Special acts	4	1	144	140
Deceased veterans	1,016,392	3,369,403	3,315	3,066
Service connected	331,394	2,021,498	6,100	5,836
Nonservice connected	684,992	1,347,904	1,968	1,809
Special acts	6	1	234	208
Prior periods[3]	6,200	12,269	1,979	1,855
Living veterans	65	385	5,920	4,436
Service connected	2	13	6,383	5,899
Nonservice connected	63	372	5,905	4,347
Deceased veterans	6,135	11,885	1,937	1,822
Service connected	69	463	6,711	6,424
Nonservice connected	6,062	11,422	1,884	1,770
Special acts	4	1	216	192
World War I	333,973	889,811	2,664	2,461
Living veterans	53,412	262,038	4,906	4,439
Service connected	9,870	48,844	4,949	4,692
Retired emergency officers	64	615	9,608	8,949
Nonservice connected	43,478	212,579	4,889	4,377
Deceased veterans	280,561	627,773	2,238	2,029
Service connected	20,419	132,654	6,497	6,273
Nonservice connected	260,142	495,118	1,903	1,703
World War II	2,019,725	6,947,678	3,440	3,317
Living veterans	1,518,150	5,409,271	3,563	3,460
Service connected	1,015,380	3,688,868	3,633	3,553
Nonservice connected	502,770	1,720,403	3,422	3,274
Deceased veterans	501,575	1,538,407	3,067	2,888
Service connected	151,099	846,663	5,603	5,347
Nonservice connected	350,476	691,744	1,974	1,863
Korean conflict	395,428	1,690,684	4,276	4,114
Living veterans	308,178	1,345,586	4,366	4,260
Service connected	220,155	936,330	4,253	4,170
Nonservice connected	88,023	409,257	4,649	4,494
Deceased veterans	87,250	345,098	3,955	3,615
Service connected	37,594	227,267	6,045	5,720
Nonservice connected	49,656	117,832	2,373	2,101
Peacetime	418,652	1,677,960	4,008	3,973
Living veterans	366,949	1,326,263	3,614	3,589
Service connected	366,945	1,326,263	3,614	3,589
Special acts	4	1	144	140
Deceased veterans	51,703	351,696	6,802	6,577
Service connected	51,701	351,696	6,802	6,577
Special acts	2	1	270	240
Vietnam era	725,877	3,003,927	4,138	4,021
Living veterans	636,709	2,509,384	3,941	3,849
Service connected	612,937	2,380,493	3,884	3,795
Nonservice connected	23,772	128,890	5,422	5,288
Deceased veterans	89,168	494,544	5,546	5,220
Service connected	70,512	462,755	6,563	6,288
Nonservice connected	18,656	31,788	1,704	1,601

[1] *Totals may not add due to rounding.*

[2] *Averages based on unrounded expenditures for veterans on the rolls at the end of the fiscal year.*

[3] *Includes Civil War, Indian Wars, Spanish-American War, and Mexican Border period.*

TABLE 48

Disability Cases: By Age Group, by Period of Service—September 1986

Age Group	All Periods[1]			World War I and Earlier[1]			World War II		
	Total[2 3]	Service Connected	Non-Service Connected	Total[2]	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected
Median age	62	60	66	91	90	91	66	66	67
Total veterans	[1] 2,883,463	2,225,289	658,106	53,477	9,872	43,541	1,518,150	1,015,380	502,770
Under 20	124	124	.....	.....	.....	.....	.....	.....	.....
20 to 24	11,043	11,043	.....	.....	.....	.....	.....	.....	.....
25 to 29	48,406	48,303	103	.....	.....	.....	.....	.....	.....
30 to 34	96,214	92,922	3,292	.....	.....	.....	.....	.....	.....
35 to 39	245,219	235,902	9,317	.....	.....	.....	.....	.....	.....
40 to 44	183,494	175,249	8,245	.....	.....	.....	.....	.....	.....
45 to 49	125,694	122,065	3,629	.....	.....	.....	.....	.....	.....
50 to 54	203,477	171,076	32,401	.....	.....	.....	.....	.....	.....
55 to 59	301,531	224,067	77,464	.....	.....	.....	99	32	67
60 to 64	563,869	423,993	139,876	.....	.....	.....	57,387	27,290	30,097
Under 65	1,779,071	1,504,744	274,327	.....	.....	.....	493,073	358,975	134,098
65 to 69	569,788	414,195	155,593	.....	.....	.....	550,559	386,297	164,262
70 to 74	287,589	193,430	94,158	.....	.....	.....	520,188	365,653	154,535
75 to 79	140,396	78,689	61,706	.....	.....	.....	266,386	172,693	93,693
80 to 84	41,360	19,231	22,127	201	27	172	132,506	70,956	61,550
85 to 89	25,341	7,805	17,526	14,794	3,578	11,206	38,071	16,150	21,921
90 to 94	34,373	6,252	28,076	33,480	5,605	27,831	9,319	3,005	6,314
95 and over	5,545	943	4,593	5,002	662	4,332	665	424	241
65 and over	1,104,392	720,545	383,779	53,477	9,872	43,541	456	202	254

Age Group	Korean Conflict			Vietnam Era			Peacetime Service Connected[3]
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	
Median age	56	56	55	40	40	39	47
Total veterans	308,178	220,155	88,023	636,709	612,937	23,772	366,949
Under 20	.....	.....	.....	.....	.....	.....	124
20 to 24	.....	.....	.....	.....	.....	.....	11,043
25 to 29	.....	.....	.....	936	833	103	47,470
30 to 34	.....	.....	.....	52,351	49,059	3,292	43,863
35 to 39	.....	.....	.....	228,541	219,224	9,317	16,678
40 to 44	.....	.....	.....	149,530	141,285	8,245	33,964
45 to 49	1,944	679	1,265	54,240	51,876	2,364	69,510
50 to 54	89,878	57,869	32,009	54,338	54,013	325	59,162
55 to 59	160,068	112,780	47,288	48,929	48,850	79	35,147
60 to 64	29,860	24,110	5,750	24,205	24,177	28	16,731
Under 65	281,750	195,438	86,312	613,070	589,317	23,753	333,692
65 to 69	15,239	14,192	1,047	17,055	17,044	11	17,306
70 to 74	6,890	6,427	463	5,467	5,465	2	8,845
75 to 79	2,867	2,713	154	915	913	2	4,107
80 to 84	999	969	30	163	159	4	1,928
85 to 89	315	309	6	39	39	.....	874
90 to 94	94	90	4	.....	.....	.....	134
95 and over	24	17	7	.....	.....	.....	63
65 and over	26,428	24,717	1,711	23,639	23,620	19	33,257

[1] *Includes 2 service-connected and 58 nonservice-connected with Mexican Border period, and 5 nonservice-connected Spanish American War veterans.*

[2] *Includes 64 Retired Emergency Officers.*

[3] *Includes 4 special acts.*

Terminations of Disability and Death Awards, by Period of Service—Fiscal Year 1986

Reasons for Termination	Grand Total	Total		World War I and Earlier[1]		World War II		Korean Conflict		Vietnam Era		Peacetime Service-Connected
		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	182,119	76,269	105,850	2,420	20,752	37,562	77,666	4,392	6,492	11,284	940	20,611
Death of veteran	116,743	52,799	63,944	2,376	15,505	36,661	45,332	4,087	2,927	4,741	180	4,934
Disability less than 10 percent	1,305	1,305	.....	.....	.....	31	.....	18	.....	367	.....	889
Disability less than permanent and total	239	.....	239	.....	.....	.....	81	.....	99	.....	59	.....
Estate in excess of $1,500	77	50	27	1	9	12	18	3	.....	23	.....	11
Excessive corpus of estate	711	.....	711	.....	269	.....	422	.....	18	.....	2	.....
Failure to cooperate	2,973	1,062	1,911	1	332	10	1,357	7	161	274	61	770
Income provisions	30,091	.....	30,091	.....	3,236	.....	24,020	.....	2,415	.....	420	.....
Person entitled is incarcerated	236	10	226	.....	.....	.....	143	1	55	3	28	6
Veteran on active duty or in receipt of retirement pay	4,759	4,759	.....	2	.....	35	.....	49	.....	1,695	.....	2,978
Failure to return questionnaire	4,142	.....	4,142	.....	571	.....	3,173	.....	323	.....	75	.....
Miscellaneous[2]	20,843	16,284	4,559	40	830	813	3,120	227	494	4,181	115	11,023
Death, total	146,328	27,328	119,060	2,164	48,532	9,689	49,194	2,514	14,509	9,454	6,825	3,447
Dependency not established or discontinued	28,368	6,446	21,922	6	81	495	11,356	411	7,838	4,805	2,647	729
Payee incarcerated	59	2	57	.....	.....	1	24	.....	13	1	20	.....
Death of payee	51,370	13,547	37,823	1,996	27,596	7,651	9,865	1,481	306	1,024	56	1,395
Income provisions	37,142	578	36,564	3	11,445	54	18,316	38	4,020	323	2,783	160
Excessive corpus of estate	603	17	586	.....	401	13	170	2	8	1	7	1
Person entitled (surviving spouse, child, parent) married	4,633	1,600	3,033	10	286	319	1,883	138	505	673	359	460
Failure to return questionnaire	10,571	853	9,718	1	4,725	218	3,699	90	817	393	477	151
Miscellaneous[2]	13,582	4,225	9,357	148	3,998	938	3,881	354	1,002	2,234	476	551

[1] *Includes all wartime periods prior to World War I. Disability includes 3 service-connected and 18 nonservice-connected veterans. Death includes 13 service-connected and 739 non-service-connected veterans.*

[2] *Includes temporary terminations.*

TABLE 50

Disability: Class of Dependent, Period of Service—September 1986

Class of Dependent	Total			World War I and Earlier[1]		World War II		Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value (Sept. 1986 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	2,225,289	$696,771,952	$313	9,872	$381	1,015,380	$302	220,155	$354	612,937	$324	366,945	$300
Veterans less than 30 percent disabled (no dependency benefit)	1,260,116	106,736,191	85	4,866	118	562,515	84	118,427	85	346,385	86	227,923	84
Veterans 30 percent or more disabled	965,173	590,035,761	611	5,006	638	452,865	573	101,728	668	266,552	632	139,022	654
Without dependents	284,764	154,676,128	543	2,591	604	139,537	496	29,990	589	65,282	566	47,364	618
With dependents	680,409	435,359,633	640	2,415	674	313,328	607	71,738	701	201,270	654	91,658	672
Spouse only	456,140	284,458,296	624	2,373	673	288,162	601	52,985	696	67,539	623	45,081	682
Spouse, child, or children	186,740	122,208,115	654	32	748	20,699	648	15,561	682	111,969	656	38,479	643
Spouse, child, or children, and parent or parents	1,813	2,051,239	1,131	.....	....	216	937	149	1,212	1,126	1,166	322	1,103
Spouse, parent, or parents	1,361	1,424,096	1,046	.....	....	605	947	333	1,155	238	1,044	185	1,178
Child or children only	30,420	20,301,652	667	10	709	2,791	650	2,052	662	18,857	676	6,710	653
Child or children and parent or parents	473	531,379	1,123	.....	....	25	879	33	1,150	336	1,114	79	1,231
Parent or parents only	3,462	4,384,856	1,267	.....	....	830	1,173	625	1,339	1,205	1,273	802	1,298
Total dependents on whose account additional compensation was being paid	1,068,530	.....	....	2,457	....	343,262	....	96,464	....	459,675	....	166,672	....
Spouses	646,054	.....	....	2,405	....	309,682	....	69,028	....	180,872	....	84,067	....
Children	414,435	.....	....	52	....	31,850	....	26,189	....	275,313	....	81,031	....
Parents	8,041	.....	....	.....	....	1,730	....	1,247	....	3,490	....	1,574	....

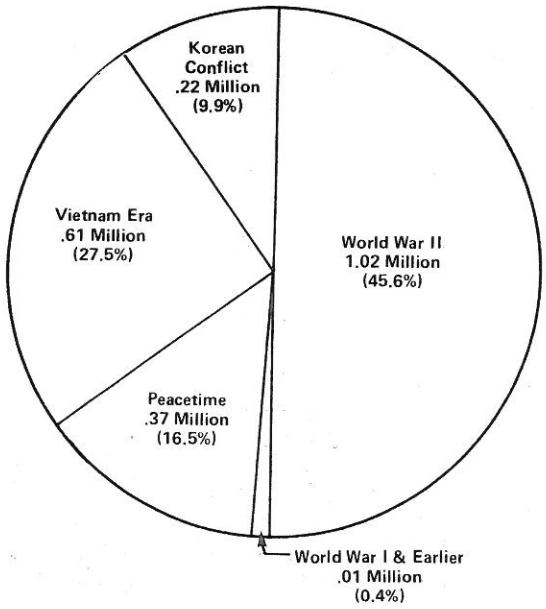
[1] *Includes Mexican-Border period.*

NOTE: Includes special monthly compensation, where applicable.

VETERANS RECEIVING COMPENSATION

By Period of Service

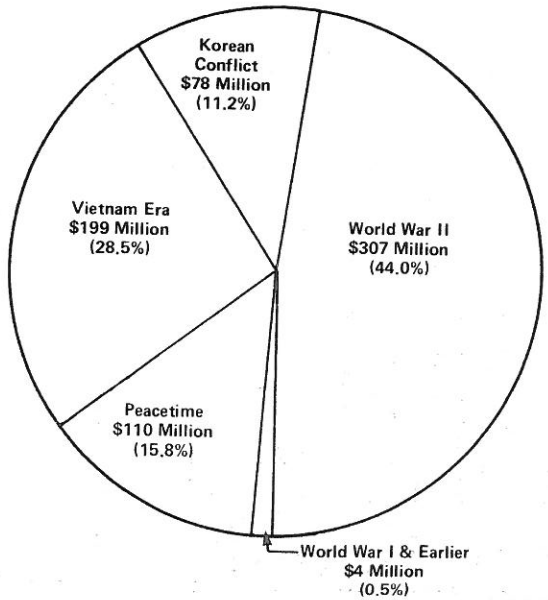
September 1986



MONTHLY VALUE OF COMPENSATION PAYMENTS

By Period of Service

September 1986



Death: Class of Beneficiary, Period of Service—As of September 30, 1986

Class of Beneficiary	All Periods			World War I and Earlier[1]		World War II	
	Number	Monthly Value (Sept. 1986 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	331,394	$169,808,099	$512	20,488	$533	151,099	$484
Compensation	26,122	2,081,857	80	10	85	18,626	80
Dependency and indemnity compensation	303,822	166,831,027	549	20,478	533	131,487	540
Dependency and indemnity compensation and compensation	1,450	895,215	617	.....	.....	986	614
Surviving spouse alone	236,027	138,343,504	586	19,685	534	115,497	559
Surviving spouse and children	20,706	14,374,191	694	239	793	2,658	716
Surviving spouse, children, and mother	904	736,828	815	.....	.....	27	963
Surviving spouse, children, and father	88	68,715	781	.....	.....	6	872
Surviving spouse, children, mother, and father	199	163,853	823	.....	.....	2	1,114
Surviving spouse and mother	5,001	3,598,793	720	.....	.....	1,852	720
Surviving spouse and father	498	347,536	698	.....	.....	183	713
Surviving spouse, mother, and father	432	308,229	713	.....	.....	61	782
Children alone	11,778	3,679,932	312	541	400	1,486	374
Children and mother	634	274,595	433	.....	.....	24	552
Children and father	61	25,580	419	.....	.....	1	814
Children, mother, and father	125	53,335	427	.....	.....	1	981
Mother alone	46,244	6,517,718	141	23	303	25,816	152
Father alone	4,456	676,845	152	.....	.....	2,426	182
Mother and father	4,241	638,445	151	.....	.....	1,059	194
Total survivors	380,271	.....	.....	20,770	.....	157,855	.....
Surviving spouses	263,855	.....	.....	19,924	.....	120,286	.....
Children	48,536	.....	.....	823	.....	4,988	.....
Mothers	57,780	.....	.....	23	.....	28,842	.....
Fathers	10,100	.....	.....	.....	.....	3,739	.....

Class of Beneficiary	Korean Conflict		Vietnam Era		Peacetime	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	37,594	$497	70,512	$539	51,701	$563
Compensation	6,203	78	4	66	1,279	78
Dependency and indemnity compensation	31,028	579	70,500	539	50,329	575
Dependency and indemnity compensation and compensation	363	619	8	637	93	645
Surviving spouse alone	25,618	626	39,382	633	35,845	623
Surviving spouse and children	1,219	694	10,785	688	5,805	692
Surviving spouse, children, and mother	13	805	571	802	293	828
Surviving spouse, children, and father	3	704	57	779	22	771
Surviving spouse, children, mother, and father	2	685	131	804	64	859
Surviving spouse and mother	628	703	1,689	722	832	726
Surviving spouse and father	53	674	185	680	77	721
Surviving spouse, mother, and father	27	702	259	698	85	714
Children alone	522	332	6,497	288	2,732	317
Children and mother	13	493	445	417	152	455
Children and father	2	424	46	413	12	411
Children, mother, and father	1	474	94	410	29	459
Mother alone	7,961	116	7,796	135	4,648	130
Father alone	763	111	796	116	471	123
Mother and father	769	115	1,779	142	634	144
Total survivors	40,769	.....	95,650	.....	65,227	.....
Surviving spouses	27,563	.....	53,059	.....	43,023	.....
Children	2,172	.....	26,480	.....	14,073	.....
Mothers	9,414	.....	12,764	.....	6,737	.....
Fathers	1,620	.....	3,347	.....	1,394	.....

[1] *Includes Spanish-American War, Mexican Border period, and Civil War.*

TABLE 52

Disability, Degree of Impairment, Type of Major Disability, Period of Service—Sept. 1986

Degree of Impairment	Total				Psychiatric and Neurological Diseases				General Medical and Surgical Conditions[1]			
	Number	Percent of Total[2]	Monthly Value (Sept. 1986 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	2,225,289	100.0	$696,771,952	$313	446,332	100.0	20.1	$560	1,778,957	100.0	79.9	$251
Zero percent (statutory award)	23,966	1.1	1,598,562	67	.....	.....	.....	.....	23,966	1.3	100.0	67
10 percent	880,554	39.6	60,190,810	68	126,556	28.4	14.4	68	753,998	42.4	85.6	68
20 percent	354,020	15.9	44,800,467	127	24,155	5.4	6.8	127	329,865	18.5	93.2	127
30 percent	310,370	13.9	65,927,394	212	74,502	16.7	24.0	211	235,868	13.3	76.0	213
40 percent	183,441	8.2	56,632,994	309	26,306	5.9	14.3	306	157,135	8.8	85.7	309
50 percent	110,309	5.0	48,074,828	436	41,448	9.3	37.6	430	68,861	3.9	62.4	439
60 percent	113,884	5.1	89,448,091	785	18,993	4.3	16.7	685	94,891	5.3	83.3	805
70 percent	65,133	2.9	60,334,944	926	25,532	5.7	39.2	875	39,601	2.2	60.8	960
80 percent	36,722	1.7	39,523,271	1,076	9,949	2.2	27.1	1,099	26,773	1.5	72.9	1,068
90 percent	14,059	0.6	16,865,635	1,200	3,856	0.9	27.4	1,226	10,203	0.6	72.6	1,190
100 percent	132,831	6.0	213,374,956	1,606	95,035	21.3	71.5	1,534	37,796	2.1	28.5	1,789
World War I and Earlier Periods[3]												
Total	9,872	100.0	3,764,535	381	1,813	100.0	18.4	608	8,059	100.0	81.6	330
Zero percent (statutory award)	132	1.3	8,569	65	.....	.....	.....	.....	132	1.6	100.0	65
10 percent	2,131	21.6	170,863	80	156	8.6	7.3	82	1,975	24.5	92.7	80
20 percent	2,592	26.3	391,356	151	332	18.3	12.8	160	2,260	28.0	87.2	150
30 percent	1,410	14.3	303,325	215	236	13.0	16.7	219	1,174	14.6	83.3	214
40 percent	844	8.5	261,160	309	149	8.2	17.7	315	695	8.6	82.3	308
50 percent	620	6.3	269,129	434	238	13.1	38.4	435	382	4.7	61.6	433
60 percent	686	6.9	554,372	808	97	5.4	14.1	619	589	7.3	85.9	839
70 percent	328	3.3	305,332	931	98	5.4	29.9	819	230	2.9	70.1	978
80 percent	246	2.5	242,019	984	50	2.8	20.3	902	196	2.4	79.7	1,005
90 percent	51	0.5	56,720	1,112	5	0.3	9.8	1,205	46	0.6	90.2	1,102
100 percent	832	8.4	1,201,690	1,444	452	24.9	54.3	1,420	380	4.7	45.7	1,473
World War II												
Total	1,015,380	100.0	306,525,317	302	230,216	100.0	22.7	477	785,164	100.0	77.3	250
Zero percent (statutory award)	13,296	1.3	888,007	67	.....	.....	.....	.....	13,296	1.7	100.0	67
10 percent	398,911	39.3	27,213,752	68	76,395	33.2	19.2	68	322,516	41.1	80.8	68
20 percent	149,745	14.7	18,913,760	126	11,931	5.2	8.0	126	137,814	17.6	92.0	126
30 percent	150,560	14.8	31,154,450	207	42,104	18.3	28.0	206	108,456	13.8	72.0	207
40 percent	85,997	8.5	25,838,959	300	13,832	6.0	16.1	298	72,165	9.2	83.9	301
50 percent	54,677	5.4	23,387,401	428	20,505	8.9	37.5	423	34,172	4.4	62.5	431
60 percent	56,916	5.6	45,640,760	802	9,522	4.1	16.7	674	47,394	6.0	83.3	828
70 percent	29,467	2.9	27,876,741	946	10,913	4.7	37.0	935	18,554	2.4	63.0	953
80 percent	18,240	1.8	19,267,060	1,056	4,682	2.0	25.7	1,098	13,558	1.7	74.3	1,042
90 percent	6,249	0.6	7,363,497	1,178	1,461	0.6	23.4	1,190	4,788	0.6	76.6	1,175
100 percent	51,322	5.1	78,980,930	1,539	38,871	16.9	75.7	1,498	12,451	1.6	24.3	1,666

Korean Conflict												
Total	220,155	100.0	78,002,963	354	39,692	100.0	18.0	738	180,463	100.0	82.0	270
Zero percent (statutory award)	6,674	3.0	446,024	67	.....	.....	.....	.....	6,674	3.7	100.0	67
10 percent	77,423	35.2	5,297,950	68	8,328	21.0	10.8	68	69,095	38.3	89.2	68
20 percent	33,894	15.4	4,286,148	126	1,762	4.4	5.2	126	32,132	17.8	94.8	126
30 percent	29,809	13.5	6,260,117	210	5,474	13.8	18.4	210	24,335	13.5	81.6	210
40 percent	18,659	8.5	5,728,708	307	2,146	5.4	11.5	307	16,513	9.2	88.5	307
50 percent	10,813	4.9	4,703,606	435	3,359	8.5	31.1	430	7,454	4.1	68.9	437
60 percent	13,087	5.9	10,651,340	814	2,106	5.3	16.1	709	10,981	6.1	83.9	834
70 percent	7,558	3.4	7,319,521	968	2,599	6.5	34.4	915	4,959	2.7	65.6	997
80 percent	4,253	1.9	4,703,368	1,106	1,120	2.8	26.3	1,129	3,133	1.7	73.7	1,098
90 percent	1,585	0.7	1,884,321	1,189	449	1.1	28.3	1,205	1,136	0.6	71.7	1,183
100 percent	16,400	7.4	26,721,860	1,629	12,349	31.1	75.3	1,584	4,051	2.2	24.7	1,767
Vietnam Era												
Total	612,937	100.0	198,367,039	324	109,613	100.0	17.9	623	503,324	100.0	82.1	258
Zero percent (statutory award)	892	0.1	58,168	65	.....	.....	.....	.....	892	0.2	100.0	65
10 percent	240,157	39.2	16,415,532	68	25,678	23.4	10.7	68	214,479	42.6	89.3	68
20 percent	105,117	17.1	13,282,618	126	6,291	5.7	6.0	126	98,826	19.6	94.0	126
30 percent	81,397	13.3	18,022,696	221	16,564	15.1	20.3	221	64,833	12.9	79.7	221
40 percent	52,975	8.6	16,966,678	320	6,744	6.2	12.7	321	46,231	9.2	87.3	320
50 percent	30,440	5.0	13,717,817	451	11,012	10.0	36.2	445	19,428	3.9	63.8	454
60 percent	28,348	4.6	20,721,324	731	5,098	4.7	18.0	686	23,250	4.6	82.0	741
70 percent	19,960	3.3	17,934,285	899	8,124	7.4	40.7	819	11,836	2.4	59.3	953
80 percent	10,291	1.7	11,286,654	1,097	2,916	2.7	28.3	1,098	7,375	1.5	71.7	1,096
90 percent	4,766	0.8	5,872,912	1,232	1,476	1.3	31.0	1,273	3,290	0.7	69.0	1,214
100 percent	38,594	6.3	64,088,355	1,661	25,710	23.5	66.6	1,549	12,884	2.6	33.4	1,882
Peacetime[4]												
Total	366,945	100.0	110,112,098	300	64,998	100.0	17.7	636	301,947	100.0	82.3	228
Zero percent (statutory award)	2,972	0.8	197,794	67	.....	.....	.....	.....	2,972	1.0	100.0	67
10 percent	161,932	44.1	11,092,713	69	15,999	24.6	9.9	68	145,933	48.3	90.1	69
20 percent	62,672	17.1	7,926,585	126	3,839	5.9	6.1	126	58,833	19.5	93.9	126
30 percent	47,194	12.9	10,186,806	216	10,124	15.6	21.5	211	37,070	12.3	78.5	217
40 percent	24,966	6.8	7,837,489	314	3,435	5.3	13.8	308	21,531	7.1	86.2	315
50 percent	13,759	3.7	5,996,875	436	6,334	9.7	46.0	425	7,425	2.5	54.0	445
60 percent	14,847	4.0	11,880,295	800	2,170	3.3	14.6	715	12,677	4.2	85.4	815
70 percent	7,820	2.1	6,899,065	882	3,798	5.8	48.6	796	4,022	1.3	51.4	964
80 percent	3,692	1.0	4,024,170	1,090	1,181	1.8	32.0	1,083	2,511	0.8	68.0	1,093
90 percent	1,408	0.4	1,688,185	1,199	465	0.7	33.0	1,211	943	0.3	67.0	1,193
100 percent	25,683	7.0	42,382,121	1,650	17,653	27.2	68.7	1,557	8,030	2.7	31.3	1,855

[1] *Includes tuberculosis (lung and pleura).*
[2] *Percent totals may not add to 100.0 percent due to rounding.*
[3] *Includes Mexican Border period. Excludes Retired Emergency Officers.*
[4] *Excludes Special Acts.*

NOTE: Includes special monthly compensation, allowance to dependents, unemployables receiving compensation at the 100 percent rate but appearing as less than totally impaired (60%-90%), and other special awards, where applicable.

TABLE 53

Disability: Type of Major Disability and Pension by Period of Service—September 1986

Type of Disability and Pension	Total				World War I and Earlier[1]		
	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	658,106	100.0	$197,484,084	$300	43,541	100.0	$371
Type of disability							
Psychiatric and neurological diseases	156,449	23.8	56,577,714	362	5,257	12.1	538
Psychoses	43,269	6.6	14,836,910	343	398	0.9	563
Other psychiatric and neurological diseases	113,180	17.2	41,740,804	369	4,859	11.2	536
General medical and surgical conditions[2]	381,680	58.0	114,551,674	300	31,414	72.1	331
Considered permanently and totally disabled at age 65	119,977	18.2	26,354,696	220	6,870	15.8	426
Type of pension							
PL 95-588	424,297	64.5	165,582,081	390	23,099	53.1	576
Sec 306	226,704	34.4	31,315,042	138	15,616	35.9	157
Old Law	7,105	1.1	586,961	83	4,826	11.1	81

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	502,770	100.0	$273	88,023	100.0	$380	23,772	100.0	$444
Type of disability									
Psychiatric and neurological diseases	105,899	21.1	343	31,544	35.8	369	13,749	57.8	422
Psychoses	23,583	4.7	330	11,438	13.0	330	7,850	33.0	390
Other psychiatric and neurological diseases	82,316	16.4	347	20,106	22.8	391	5,899	24.8	464
General medical and surgical conditions[2]	284,533	56.6	273	55,755	63.3	388	9,978	42.0	476
Considered permanently and totally disabled at age 65	112,338	22.3	207	724	0.8	228	45	0.2	261
Type of pension									
PL 95-588	315,753	62.8	355	65,359	74.3	462	20,086	84.5	495
Sec 306	185,037	36.8	135	22,365	25.4	145	3,686	15.5	165
Old Law	1,980	0.4	87	299	0.3	84	.....	.....	.....

[1] *Includes Spanish-American War and Mexican Border period.*
[2] *Includes tuberculosis (lungs and pleura).*

NOTE: Percent totals may not add to 100.0 percent due to rounding.

TABLE 54

Death: Class of Beneficiary, Period of Service—September 1986

Class of Beneficiary	Total			World War I and Earlier[1]	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value
Total cases	684,992	$109,180,817	$159	226,204	$153
Surviving spouse alone	597,662	99,417,194	166	253,333	155
Surviving spouse and child/children	31,735	5,985,091	189	3,762	202
Child/children alone	55,595	3,778,532	68	9,109	66
Total dependents	739,240	.....	.....	270,668	.....
Surviving spouses	629,397	.....	.....	257,095	.....
Child/children	109,843	.....	.....	13,573	.....

Class of Beneficiary	World War II		Korean Conflict		Vietnam Era	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	350,476	$160	49,656	$197	18,656	$140
Surviving spouse alone	308,888	166	31,484	246	3,957	261
Surviving spouse and child/children	17,012	187	6,004	199	4,957	171
Child/children alone	24,576	66	12,168	68	9,742	75
Total dependents	374,914	.....	60,975	.....	32,683	.....
Surviving spouses	325,900	.....	37,488	.....	8,914	.....
Child/children	49,014	.....	23,487	.....	23,769	.....

[1] *Includes Spanish-American War, Mexican Border period, Indian Wars, and Civil War.*

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
1986	125,026	116,225	31,169	78,591	6,465	8,801	884	7,917
1985	125,053	114,818	32,708	75,652	6,458	10,235	1,236	8,999
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

Persons in Training by Entitlement and Type of Training – Fiscal Year 1986

Program	Total	Institutions of Higher Learning	Resident Schools Other Than College	On-Job Training	Other
Post-Korean Conflict Educational Assistance Program (Title 38, U.S.C., Chapter 34)	307,637	257,437	35,197	9,473	5,530
Educational Assistance for Children of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	48,356	43,874	4,343	120	19
Educational Assistance for Spouses of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	5,877	5,014	854	9	.....
Vocational Rehabilitation Program for Disabled Veterans (Title 38, U.S.C., Chapter 31)	25,776	10,416	2,815	190	12,355
Post-Vietnam Era Veterans' Educational Assistance Program (Title 38, U.S.C., Chapter 32)	63,221	58,482	4,738	.....	1
Military Service Educational Assistance Program (Title 38, U.S.C., Chapter 30)	1	1	.....	.....	.....
Section 901 – Educational Assistance Test Program	679	NA	NA	NA	NA
Selected Reserve Educational Assistance Program (Title 38, U.S.C., Chapter 106)	31,678	31,678	.....	.....	.....
Emergency Veterans Job Training Program	([1])	NA	NA	NA	NA
Hostage Relief Act	2	2	.....	.....	.....

[1] *Emergency Veterans Job Training Program:* *Employer Applications* – *Received 14,250*; – *Approved 13,174*; *Veteran Applications* – *Approved 111,435*; – *Approved 94,804*

NA – Not available. No breakout by type of training is presently available.

TABLE 57

Guaranteed or Insured Loans, Direct Loans, and Property Management

Item	Cumulative Through Sept. 30, 1986	Fiscal Year 1986	Fiscal Year 1985
Guaranteed or Insured Loans			
Number of loans, total	11,948,802	313,769	178,931
Home	11,844,773	307,747	170,015
Manufactured home	104,029	6,022	8,916
Amount of loans ($000), total	$265,315,607	$21,965,777	$11,451,748
Home	$263,466,796	$21,832,718	$11,262,756
Manufactured home	$1,848,811	$133,059	$188,992
Amount of guaranty and insurance ($000), total	$120,793,772	$7,895,903	$4,363,150
Home	$119,909,868	$7,829,782	$4,269,279
Manufactured home	$883,904	$66,121	$93,871
Defaults and claims total:			
Defaults reported	3,962,516	182,323	170,385
Loans in default, end of period	.....	127,678	115,282
Defaults disposed of, total	3,834,838	169,927	157,125
Cured or withdrawn	3,283,312	136,725	127,635
Percent	85.6	80.5	81.2
Claims vouchered for payment	551,526	33,202	29,490
Rate per 1,000 loans outstanding	.....	7.9	7.0
Average number of loans outstanding	.....	4,193,009	4,213,011
Direct Loans			
Number of loans fully disbursed	333,203	4	5
Amount of loans fully disbursed ($000)	$3,437,861	$119	$151
Property Management			
Number acquired	577,316	29,972	25,462
Number sold	550,316	27,910	28,500
Number redeemed	6,433	187	165
Number on hand, end of period	.....	20,567	18,692

NOTE: Cumulative data include prior years' adjustments.

TABLE 58

VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1986[1]

(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	$244,879	$9,768,263	$1,014,121	$474,557	.....
Policy loans	25,297	1,009,224	78,001	29,541	38,280
Liens and receivables	15	607	80	61	699
Cash	10	2,914	156	115	11,911
Accrued interest	5,032	260,439	26,267	12,899	1,338
Due from U.S. Government	.....	.....	.....	.....	.....
Total	$275,233	$11,041,447	$1,118,625	$517,173	$52,228
LIABILITIES					
Policy reserves	$183,208	$7,919,229	$803,324	$407,132	$248,075
Reserve for payments under optional income settlements	44,694	550,706	6,100	2,458	4,595
Disability premium waiver reserves	120	570,213	69,715	13,001	.....
Disability income reserves	2,678	359,284	51,857	16,397	.....
Reserve for pending and unreported claims	5,232	86,622	4,382	3,747	5,549
Reserve for dividends	13,679	807,066	76,330	32,638	.....
Reserve for undelivered checks and payments due	449	6,982	208	78	24
Reserve for dividends left on credit or deposit	19,638	540,271	55,770	14,701	.....
Reserve for unearned premiums	.....	97,313	21,156	3,047	1,305
Unassigned funds (surplus)	5,535	103,761	29,783	23,974	[2] (–) 207,320
Total	$275,233	$11,041,447	$1,118,625	$517,173	$52,228

[1] *See footnote No. 1 on table 59.*

[2] *Total loss to date is $319,662 of which $112,342 has been met by Government appropriation.*

Summary of Operations (Accrual Basis)[1]

(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 1986	Cumulative to Sept. 30, 1986	Fiscal Year 1986	Cumulative to Sept. 30, 1986	Fiscal Year 1986	Cumulative to Sept. 30, 1986	Fiscal Year 1986	Cumulative to Sept. 30, 1986	Fiscal Year 1986	Cumulative to Sept. 30, 1986
INCOME										
Premiums	$173	$2,085,455	$721,730	$24,452,519	$76,824	$1,335,130	$20,278	$615,861	$30,251	$474,448
Policy proceeds left to be paid in installments	408	784,540	9,982	5,464,089	566	43,259	521	15,723	365	27,676
Dividends left on credit or deposit	2,501	93,653	97,023	1,855,037	15,723	89,754	5,051	24,862	.....	.....
Investment income	20,152	2,288,697	984,100	14,534,613	94,945	780,004	51,718	549,096	2,543	22,611
Extra hazard contributions from the U.S. Government	(–)3	142,456	1,598	4,822,902	.....	.....	.....	.....	.....	.....
Total	$23,231	$5,394,801	$1,814,433	$51,129,160	$188,058	$2,248,147	$77,568	$1,205,542	$33,159	$524,735
DISPOSITION OF INCOME										
Death benefits	$22,140	$1,631,373	$433,608	$12,272,527	$21,878	$395,781	$18,634	$256,184	$21,614	$374,841
Matured endowments	1,605	502,922	65,967	1,003,078	1,743	35,826	58,910	154,316	868	5,315
Surrender benefits	1,002	328,664	54,375	1,193,780	9,174	96,559	4,291	37,829	6,057	49,888
Disability benefits	354	389,190	71,276	1,201,086	4,506	43,576	2,883	39,303	9,255	135,106
Payments from policy proceeds left to be paid in installments	7,438	1,091,292	65,838	8,094,851	1,176	42,695	305	15,086	670	26,431
Dividends withdrawn	3,993	99,927	89,743	1,758,995	9,170	51,896	4,742	14,696	.....	.....
Net deposits for policy reserves	(–)26,074	231,250	182,096	9,453,796	53,639	931,289	(–)46,655	439,081	9,658	252,815
Reserve for dividends left on credit or deposit	(–)220	19,638	52,570	540,271	10,833	55,770	1,609	14,701	.....	.....
Administrative costs	.....	.....	.....	.....	.....	.....	1,235	25,294	.....	.....
Total	$10,238	$4,294,256	$1,015,473	$35,518,384	$112,119	$1,653,392	$45,954	$996,490	$48,122	$844,396
Net gain or loss (–) from operations before dividends and transfers	$12,993	$1,100,545	$798,960	$15,610,776	$75,939	$594,755	$31,614	$209,052	$(–)14,963	$(–)319,661
Dividends to policyholders	13,466	1,095,010	802,800	15,549,665	76,223	509,359	32,660	185,078	.....	.....
Transfers to U.S. Government	.....	.....	.....	.....	.....	55,613	.....	.....	.....	.....
Gain or loss (–) after dividends and transfers	$(–)473	$5,535	$(–)3,840	$61,111	$(–)284	$29,783	$(–)1,046	$23,974	$(–)14,963	$(–)319,661

[1] *Amounts included in tables 58 and 59 may differ from amounts indicated in Consolidated Financial Statements due to adjustments which are necessary to report Insurance Activity in accordance with the GAO Policy and Procedures Manual for Guidance of Federal Agencies (Title 2).*

Insurance in Force —Fiscal Year 1986

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[2]	Number of Policies	Amount of Insurance[2]	Number of Policies	Amount of Insurance[2]	Number of Policies	Amount of Insurance[2]	Number of Policies	Amount of Insurance[2]
In force at beginning of year	63,860	$247,999	3,105,575	$19,713,653	366,543	$3,094,086	144,053	$954,010	186,585	$1,691,985
Insurance issued during year	.....	.....	.....	.....	.....	.....	.....	.....	4,379	40,418
Insurance reinstated during year	1	10	13,290	55,045	238	1,813	1,769	7,162	58	550
Insurance terminated during year by:										
Death	4,942	21,651	64,531	380,093	2,533	20,842	2,939	17,942	2,428	21,363
Maturity as endowment	358	1,878	9,318	55,409	226	1,545	8,627	55,084	135	857
Permanent total disability	1	8	.....	.....	.....	.....	.....	.....	.....	.....
Lapse, expiry, and net changes	111	405	26,231	299,318	4,767	45,556	513	13,804	2,716	26,564
Cash surrender	305	1,213	11,039	64,184	2,107	17,881	881	6,177	1,790	15,973
Total terminated	5,717	25,155	111,119	799,004	9,633	85,824	12,960	93,007	7,069	64,757
In force at end of year	58,144	$222,854	3,007,746	$18,969,694	357,148	$3,010,075	132,862	$868,165	183,953	$1,668,196
Selected year end items:										
In force on five-year term plan	346	$2,224	889,994	$7,017,069	78,198	$718,650	.....	.....	83,555	$805,190
In force on all other plans	57,798	220,630	2,117,752	11,952,625	278,950	2,291,425	132,862	868,165	100,398	863,006
In force with disability income rider	648	4,060	263,474	2,031,442	53,289	469,780	6,775	51,045	.....	.....
In force under disability premium waiver	242	$1,589	143,105	$963,093	9,603	$82,752	11,300	$70,048	42,768	$403,111

[1] *Excludes paid-up additional insurance purchased by dividends.*
[2] *Amounts are in thousands.*

INSURANCE

TABLE 61

Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)

Item	Policy Year Ending June 30, 1986	Cumulative From Sept. 29, 1965
INCOME		
Premiums	$157,092,195	$2,510,273,411
Extra hazard payments	.....	513,046,301
Interest earned	39,325,400	273,883,913
Total	196,417,595	3,297,203,625
DISPOSITION OF INCOME		
Death claims	201,155,485	2,763,633,365
Net cost of extra mortality on conversions	(–)3,731,209	49,416,735
Expense of administration	7,077,327	83,122,022
Taxes and fees	2,788,551	51,685,780
Term to age 60 reserve (Retired Reserves)	5,159,194	31,006,491
Five-Year Term and conversion cost reserve (VGLI)	(–)1,978,905	32,669,911
Contingency reserve	(–)14,052,848	285,669,321
Total	196,417,595	3,297,203,625

EMPLOYMENT

TABLE 62

Employment: Full, Part-Time, and Intermittent by Facility Type

Facility Type	Sept. 30, 1986	Sept. 30, 1985	Percent Change
Total	240,423	247,156	–2.7
Central Office	4,237	4,502	–5.9
Field	236,186	242,654	–2.7
Medical centers (separate)	188,918	197,836	–4.5
Domiciliaries and medical centers[1]	22,324	18,777	+18.9
Regional offices (separate)	11,075	11,511	–3.8
Regional offices and medical centers	7,978	8,320	–4.1
Regional offices and insurance centers	1,329	1,497	–11.2
Independent outpatient clinics	1,235	1,304	–5.3
Data processing centers	1,619	1,740	–7.0
National cemeteries	1,030	987	+4.4
Supply depots and marketing center	418	427	–2.1
Miscellaneous activities (VCS field offices, national cemetery area offices, records processing center, prosthetic center, prosthetic distribution center, and VCS finance center)	260	255	+2.0

[1] *For 1986 this category includes VAMC West Los Angeles.*

EMPLOYMENT

TABLE 63

Employment: Full, Part-Time, and Intermittent by Pay System

Pay System	Sept. 30, 1986	Sept. 30, 1985	Percent Change
Total	240,423	247,156	–2.7
GS/GM	134,206	138,018	–2.8
Title 38 (excludes canteen)	63,764	63,485	+0.4
Wage system	37,299	40,361	–7.6
Canteen	3,516	3,542	–0.7
Non-U.S. citizens–Manila	180	171	+5.3
Senior executive service	128	136	–5.9
Others[1]	1,330	1,443	–7.8

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

Employment: Sex and Veteran Preference - September 30, 1986

Veteran Preference	Total		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
Total	240,423	100.0	109,885	100.0	130,538	100.0
With preference[1]	75,025	31.2	66,770	60.8	8,255	6.3
Without preference	165,398	68.8	43,115	39.2	122,283	93.7

[1] *Includes mother, spouse, widow, widower of veteran.*

TABLE 65 EMPLOYMENT

Employment: Minority Groups by Grade—Full-Time and Part-Time With Permanent Appointments September 30, 1986

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	209,572	32.9	52,492	9,258	6,148	1,092
GS/GM and Equivalent	171,185	29.9	37,446	7,114	5,745	858
GS-1 through GS-4	33,405	41.8	11,684	1,638	375	259
GS-5 through GS-8	57,041	36.0	17,005	2,388	810	353
GS-9 through GS-12	61,754	21.9	8,008	2,333	2,981	212
GS/GM-13 through GS/GM-15	18,816	16.5	738	750	1,579	34
GS-16 through GS-18	169	9.5	11	5	.....	.....
Other Pay Systems[2]	448	12.7	35	8	7	7
Wage System	37,939	46.8	15,011	2,136	396	227
Non-supervisory	33,889	47.2	13,473	1,939	377	212
Leader	639	48.5	259	42	6	3
Supervisory	3,411	42.8	1,279	155	13	12

[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 66 EMPLOYMENT

Employment of Women by Pay Category—Full-Time, Part-Time, and Intermittent—September 30, 1986

Pay Category	Total Employment	Women	
		Number	Percent
Total	240,423	130,538	54.3
GS/GM Total	134,206	79,732	59.4
GS-1 through GS-6	83,569	58,334	69.8
GS-7 through GS-12	44,014	20,320	46.2
GS/GM-13 and above	6,623	1,078	16.3
Title 38 (excludes Canteen)	63,723	38,513	60.4
Wage System	39,042	10,339	26.5
Canteen	1,773	1,228	69.3
Non-U.S. Citizens—Manila	180	93	51.7
SES	128	7	5.5
Other[1]	1,371	626	45.7

[1] *Includes purchases and hire, executive pay, hospital administration residents, and experts/consultants.*

TABLE 67

Employment of Handicapped Individuals with Targeted Disabilities by Pay Category - Full-Time, Part-Time, and Intermittent September 30, 1986

Pay Category	Total Employment	Handicapped Individuals With Targeted Disabilities	
		Number	Percent
Total All Pay Categories	240,423	4,000	1.66
Total White Collar	199,887	2,768	1.38
GS-1 through GS-4	37,752	1,148	3.04
GS-5 through GS-8	57,430	708	1.23
GS-9 through GS-11	26,213	432	1.65
GS-12 through GS/GM-13	10,973	197	1.80
GS/GM-14 through GS/GM-15	1,828	21	1.15
GS/GM-16 through GS-18 and SES	138	.....	.....
Other[1]	65,553	262	.40
Wage System	40,536	1,232	3.04
WG-1 through WG-3	20,500	938	4.58
WG-4 through WG-6	5,348	73	1.36
WG-7 through WG-9	3,277	53	1.62
WG-10 through WG-12	4,133	40	.97
WG-13 through WG-15	3	.....	.....
Other[2]	7,275	128	1.76

[1] *Includes Title 38, executive pay, hospital administration residents, experts/consultants, and foreign nationals.*
[2] *Includes leaders and supervisory personnel as well as purchase and hires.*

Appropriations, Expenditures and Balances—Cash Basis

Account Categories	Appropriations	Expenditures		Nonexpenditure Transfers	Covered into (–) U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1986	Cumulative through September 30, 1986				
General and Special Funds:							
Compensation and pension	$246,056,840,000	$14,412,478,493	$244,892,701,053	$(–)17,983,031	.....	.....	$1,146,155,916
Readjustment benefits	69,193,299,904	918,056,282	68,947,181,804	(–)196,022,000	.....	.....	50,096,100
Veterans insurance and indemnities	411,206,036	9,936,297	460,513,310	49,746,500	.....	.....	439,226
Medical care, current year	9,154,816,000	8,079,347,183	8,079,347,183	.....	$(–)704,906	.....	1,074,763,911
Medical care, 1954-85	94,850,472,226	1,015,959,102	93,787,590,754	(–)16,898,000	(–)892,655,026	.....	153,328,446
Medical and prosthetic research	2,333,474,061	181,245,672	2,295,486,022	.....	(–)3,584,982	.....	34,403,057
Assistance for health manpower training institutions, 1973-85[1]	296,693,000	986,289	295,662,702	.....	(–)433,825	.....	596,473
Medical administration and miscellaneous operating expenses, current year	51,221,691	42,957,949	42,957,949	.....	(–)827,018	.....	7,436,725
Medical administration and miscellaneous operating expenses, 1954-85	1,023,286,481	11,822,456	977,630,380	.....	(–)43,075,475	.....	2,580,626
General operating expenses, current year	713,819,340	665,160,952	665,160,952	.....	(–)1,250,215	.....	47,408,173
General operating expenses, 1954-85	11,065,205,650	64,361,180	10,884,054,604	.....	(–)168,766,222	.....	12,384,823
Construction of hospital and domiciliary facilities	1,042,596,863	.....	1,032,915,863	(–)9,681,000	.....	.....	.....
Construction, major projects	4,949,115,000	389,509,449	3,094,663,981	(–)17,265,240	.....	.....	1,837,185,779
Construction, minor projects	1,486,359,092	132,877,186	1,115,320,633	(–)33,964,558	.....	.....	337,073,903
Construction, minor projects (Corps of Engineers)	.....	.....	2,126,796	2,126,796	.....	.....	.....
Grants for construction of state extended care facilities, 1966-88	224,362,000	16,684,135	156,323,544	.....	(–)1,819,792	.....	66,218,663
Grants to the Rep. of the Philippines, no year	863,000	1,455	860,013	.....	.....	.....	2,988
Grants to the Republic of the Philippines, 1986	473,500	11,737	11,737	.....	.....	.....	461,763
Grants to the Republic of the Philippines, 1950-85	53,970,537	547,539	40,282,840	.....	(–)13,367,172	.....	320,525
Grants for the construction of state veterans cemeteries, 1980-87	23,339,000	3,709,592	8,455,034	.....	(–)3,753,378	.....	11,130,587
Loan guaranty revolving fund	639,020,742	162,768,746	2,351,146,143	1,992,285,502	.....	.....	280,160,100
Direct loan revolving fund	1,733,055,599	(–)28,668,690	(–)1,166,303,454	(–)2,810,622,045	.....	.....	88,737,008
Canteen service revolving fund	4,965,000	1,578,991	(–)41,059,021	.....	(–)20,172,086	.....	25,851,935
Rental, maintenance, and repair of quarters	.....	.....	(–)97,127	.....	(–)97,127	.....	.....
Service-disabled veterans insurance fund	4,500,000	(–)2,532,634	(–)7,608,665	.....	.....	.....	12,108,665
Soldiers' and sailors' civil relief	3,528,000	.....	2,011,031	(–)16,969	(–)1,500,000	.....	.....
Veterans reopened insurance fund	.....	40,123,418	(–)474,890,448	.....	.....	$474,557,000	333,448
Special therapeutic and rehabilitation activities fund	.....	59,144	(–)949,615	(–)100,000	.....	.....	849,615
Vocational rehabilitation revolving fund	3,447,000	(–)61,458	406,299	.....	(–)1,600,000	.....	1,440,701
Education loan fund	.....	(–)6,248,450	34,539,383	35,022,000	.....	.....	482,617
Servicemen's group life insurance fund	.....	(–)5,725,568	(–)132,262,220	.....	.....	133,197,999	(–)935,779
Supply fund	130,000,000	17,459,925	(–)33,348,557	(–)71,400	(–)15,677,579	.....	147,599,579
Reinstated entitlement program for survivors	51,000,000	9,855,540	39,331,198	.....	(–)4,706,333	.....	6,962,469
Emergency veterans job training	130 000 000	34,192,227	120,107,884	45,500,000	.....	.....	55,392,116
Total: Appropriations and funds	445,630 929,722	26,168,454,139	437,470,269,985	( )977,943 445	(–)1,173 991,136	607,754 999	5 400 970 158
Deduct proprietary receipts from the public	.....	113,252,817	.....	.....	.....	.....	.....
Total: Federal funds	445,630,929,722	26,055,201,322	437,470,269,985	(–)977,943,445	(–)1,173,991,136	607,754,999	5,400,970,158
Trust Funds:							
Post Vietnam era veterans education	1,458,297,510	225,251,268	920,905,075	114,755,180	.....	.....	652,147,615
General post fund, national homes	157,173,379	11,843,874	136,573,265	.....	(–)386	19,324,000	1,275,728
National service life insurance fund	39,270,762,155	1,037,408,426	29,493,912,461	.....	(–)89	9,768,263,000	8,586,605
U.S. Government life insurance fund	4,087,519,558	44,739,473	3,840,519,369	.....	(–)1,811,199	244,879,000	309,990
Veterans special life insurance fund	250,000	(–)72,155,598	(–)1,069,757,643	(–)51,150,000	(–)4,250,000	1,014,121,000	486,643
Sub-Total: Trust funds	44,974,002,602	1,247,087,443	33,322,152,527	63,605,180	(–)6,061,674	11,046,587,000	662,806,581
Deduct: Proprietary receipts from the public	.....	650,228,655	.....	.....	.....	.....	.....
Total: Trust funds	44,974,002,602	596,858,788	33,322,152,527	63,605,180	(–)6,061,674	11,046,587,000	662,806,581
Deduct: Intragovernmental transactions	.....	116,350,016	.....	.....	.....	.....	.....
Total: Veterans Administration	490,604,932,324	26,535,710,094	470,792,422,512	(–)914,338,265	(–)1,180,052,810	11,654,341,999	6,063,776,739
Appropriations and funds not included above:							
Personal funds of patients	.....	1,619,533	(–)51,600,450	.....	.....	.....	51,600,450
Funds due incompetent beneficiaries	.....	1,622	(–)16,675	.....	.....	.....	16,675
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	1,621,155	39,736,117,700	.....	(–)917,127,365	.....	51,617,125

[1] *Assistance for Health Manpower Training Institutions expired in 1985.*

Note: Totals may not add due to rounding.

TABLE 69

Net Outlays—FY 1985 And FY 1986[1]

(Dollars In Thousands)

Outlays	FY 1986	FY 1985
Grand Total	$26,535,710	$26,332,715
Medical Care Total	$9,351,202	$9,014,120
Medical Care	$9,095,306	$8,721,690
Medical and Prosthetic Research	$181,246	$215,124
Medical Administration and Miscellaneous Operating Expenses	$54,780	$65,571
Grants For Construction of State Extended Care Facilities	$16,684	$20,364
Grants to the Republic of the Philippines	$562	$339
Assistance for Health Manpower Training Institutions	$986	$2,171
Canteen Service Revolving Fund	$1,579	($11,027)
Special and Therapeutic and Rehabilitation Activities Fund	$59	($112)
Total Benefits Programs	$15,544,173	$15,675,496
Compensation	$10,416,201	$10,243,044
Pension	$3,874,368	$3,841,865
Burial Benefits and Miscellaneous Assistance	$121,909	$132,572
Veterans Job Training[2]	$34,192	$68,838
Readjustment Benefits	$918,056	$1,173,667
Reinstated Entitlement Program for Survivors	$9,856	($15,326)
Loan Guaranty Revolving Fund	($28,669)	$278,462
Vocational Rehabilitation Revolving Fund	($61)	($41)
Direct Loan Revolving Fund	($28,669)	($40,675)
Education Loan Fund	($6,248)	($6,325)
Veterans Insurance and Indemnities	$9,936	$10,916
Service Disabled Veterans Insurance	($2,533)	($3,168)
Veterans Reopened Insurance Fund	$40,123	$11,417
Servicemen's Group Life Insurance Fund	($5,726)	($19,750)
Construction Programs	$522,386	$521,478
Trust Funds (Net)	$596,860	$491,994
Post-Vietnam Era Veterans Education Account	$225,251	$182,458
General Post Fund	$11,844	$11,400
National Service Life Insurance	$1,037,408	$955,965
U.S. Government Life Insurance	$44,739	$45,698
Veterans Special Life Insurance	($72,156)	($66,823)
Proprietary Receipts from the Public	($650,226)	($636,704)
Intragovernmental Transactions	($116,350)	($80,412)
General Operating Expenses and Miscellaneous	$750,692	$710,039
General Operating Expenses	$729,522	$724,048
Grants for the Construction of State Veterans Cemeteries	$3,710	$534
Supply Fund	$17,460	($14,543)

[1] *This table replaces the gross expenditures table shown in previous years. Net outlays are now shown to reflect actual budget activities. Historical data for prior year outlays are available in the VA budget summary, volume V.*

[2] *In 1985, correct name was Emergency Veterans Job Training.*

Estimated Selected Expenditures by State—Fiscal Year 1986[1]

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 or Totally Disabled Service-connected Veterans	Widows/Widowers and Spouses of Totally Disabled Service-connected Veterans	Expenditures
World Totals	[2]$27,895,940,313	[3]387,646	$1,105,465,532	307,637	$854,383,033	48,356	5,877	$122,736,200
Philippines	119,546,286	2,392	6,817,133	1,251	6,110,006	1,109	32	1,662,178
Other foreign areas	81,291,224	430	6,123,738	303	5,668,995	122	5	454,743
Puerto Rico	353,049,466	3,093	10,490,161	1,110	4,227,418	1,447	164	3,819,476
Other U.S. areas	4,241,051	355	880,483	329	774,591	21	5	53,499
Total U.S.	27,337,812,286	376,267	1,081,154,017	304,644	838,602,023	45,657	5,671	116,746,304
Alabama	578,799,185	10,902	35,288,050	8,544	26,893,146	1,458	221	3,954,402
Alaska	71,232,494	1,545	2,799,426	1,442	2,458,021	64	10	107,247
Arizona	300,221,310	9,109	16,061,642	7,282	12,417,709	1,094	166	1,833,245
Arkansas	443,381,339	4,499	16,066,631	3,278	11,888,551	827	120	2,383,493
California	2,434,275,437	49,039	124,710,682	42,713	105,730,895	4,311	669	10,348,145
Colorado	348,548,690	9,144	25,580,770	7,712	20,734,083	838	137	1,960,640
Connecticut	267,024,897	2,726	7,399,485	2,268	5,649,153	270	21	754,403
Delaware	70,772,269	947	2,632,947	711	1,758,652	111	11	251,182
District of Columbia	865,471,823	2,133	1,525,335	1,828	984,955	207	13	256,612
Florida	1,562,052,526	21,692	52,891,193	17,685	40,512,917	3,202	523	7,117,991
Georgia	776,694,817	11,280	37,758,008	9,051	29,325,138	1,614	207	4,838,066
Hawaii	86,155,544	3,612	8,064,527	3,248	6,703,268	240	32	643,713
Idaho	97,094,689	1,844	6,177,845	1,511	4,744,083	198	24	524,243
Illinois	1,006,804,945	10,314	29,725,791	8,955	24,625,074	833	82	2,244,366
Indiana	437,997,767	6,628	22,750,038	5,187	17,346,719	752	46	1,960,466
Iowa	295,507,944	2,763	9,556,683	2,137	7,055,525	343	14	932,710
Kansas	282,339,185	4,533	14,034,762	3,731	11,533,116	486	46	1,264,123
Kentucky	447,195,538	5,521	18,878,507	4,064	13,912,471	949	85	2,590,422
Louisiana	499,629,204	6,457	18,816,963	5,172	15,038,972	891	77	2,114,274
Maine	166,630,813	2,092	7,210,016	1,587	4,943,182	264	34	816,652
Maryland	415,732,799	8,718	17,455,348	7,527	13,123,546	733	77	1,823,332
Massachusetts	838,447,015	6,372	17,168,535	4,748	11,367,609	1,235	69	3,299,816
Michigan	748,916,834	8,492	27,110,406	6,668	20,189,990	1,138	78	2,870,803
Minnesota	513,385,853	5,088	18,528,408	4,145	15,077,594	555	42	1,486,680
Mississippi	406,135,582	3,289	11,716,520	2,382	8,455,343	603	60	1,813,323
Missouri	637,750,097	8,011	25,228,892	6,850	21,336,798	775	94	2,168,896
Montana	92,696,462	1,451	4,942,954	1,179	3,974,599	150	20	42,009
Nebraska	197,176,936	3,462	8,859,312	2,943	7,271,076	349	55	864,617
Nevada	104,646,463	2,567	5,363,480	2,115	4,064,074	169	34	263,723
New Hampshire	118,976,976	1,964	5,247,271	1,587	3,754,576	194	16	453,789
New Jersey	628,436,611	4,617	14,760,190	3,420	9,745,235	603	69	2,055,471
New Mexico	209,602,436	3,931	10,519,915	3,133	7,911,268	486	67	1,172,788
New York	1,928,191,945	11,876	33,324,974	8,940	23,479,252	1,979	184	5,148,964
North Carolina	756,398,813	12,052	46,862,334	9,289	36,871,022	1,884	294	5,907,164
North Dakota	80,117,186	1,321	4,136,305	1,134	3,297,590	103	8	317,270
Ohio	1,020,991,329	11,309	34,676,065	9,164	25,514,900	1,257	123	3,554,296
Oklahoma	475,771,682	8,427	22,104,445	6,452	16,208,403	1,253	165	2,935,407
Oregon	376,417,719	5,009	19,520,400	3,995	14,748,771	431	66	1,245,282
Pennsylvania	1,310,864,955	10,922	31,239,951	8,526	22,482,238	1,429	100	4,028,632
Rhode Island	137,162,343	1,679	4,439,902	1,278	2,963,904	262	27	696,899
South Carolina	364,446,078	7,961	26,179,844	6,572	21,743,320	944	133	2,584,552
South Dakota	140,487,910	1,414	4,479,315	1,057	2,960,895	146	15	448,381
Tennessee	685,004,371	7,323	24,951,887	5,614	19,130,628	1,033	123	2,863,519
Texas	1,743,040,026	34,646	82,064,945	27,780	64,069,554	4,396	631	9,189,881
Utah	144,713,750	2,636	9,306,389	1,992	7,080,411	391	35	865,830
Vermont	76,818,769	504	1,803,229	307	865,900	94	10	280,671
Virginia	743,574,137	14,074	40,723,821	11,424	31,402,810	1,776	232	5,037,394
Washington	514,343,883	12,096	41,114,933	10,119	34,195,513	1,186	202	3,314,748
West Virginia	310,356,589	2,120	8,021,767	1,470	5,655,374	392	39	1,117,341
Wisconsin	510,668,111	5,144	18,599,264	3,881	13,218,883	658	54	1,756,117
Wyoming	68,707,876	1,012	2,773,715	847	2,185,317	101	11	242,314

[1] *Readjustment Benefits, Compensation and Pension, and Direct Loans for Disabled Veterans, for the fifty states, D.C., and Puerto Rico, were derived from the Federal Assistance Awards Data System. Like data for the Philippines, other foreign areas, and other U.S. areas was obtained from VA cost reports. Insurance and Indemnities for the 50 states and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.*

[2] *Excludes post-Vietnam era training, burial benefits, emergency job training, new G.I. bill, and various VA funds and expenditures.*

[3] *Estimated data. Includes 5,109 persons not identified by location.*

Estimated Selected Expenditures by State—Fiscal Year 1986

State	Readjustment Benefits—Continued				Direct Loans for Disabled Veterans	Insurance and Indemnities	Hospital and Domiciliary Construction[4]	Medical Services and Administrative Costs
	Vocational Rehabilitation		Automobiles and Other Conveyances for Disabled Veterans	Specially Adapted Housing for Disabled Veterans				
	Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)							
	Total Number Who Trained During Year[5]	Amount						
World Totals	[3] 25,776	$103,203,899	$15,783,436	$9,358,964	$97,857	$1,689,577,483	$567,164,758	$10,269,469,759
Philippines	.....	44,949	.....	.....	.....	1,320,299	.....	3,192,339
Other foreign areas	.....	.....	.....	.....	.....	3,914,762	.....	.....
Puerto Rico	372	2,288,672	154,595	.....	.....	2,572,396	574,401	113,248,950
Other U.S. areas	.....	49,242	3,151	.....	.....	296,204	.....	.....
Total U.S.	20,295	100,821,036	15,625,690	9,358,964	97,857	1,681,473,822	566,590,357	10,153,028,470
Alabama	679	3,993,846	304,656	142,000	.....	25,341,483	21,127,974	186,103,444
Alaska	29	231,456	2,702	.....	.....	1,990,870	14,340	51,064,762
Arizona	567	1,443,800	366,888	.....	.....	29,128,131	4,635,103	152,060,428
Arkansas	274	1,333,185	188,762	272,640	.....	15,437,633	2,302,901	154,971,022
California	1,346	6,276,256	1,628,278	727,108	.....	203,480,300	27,439,306	959,783,860
Colorado	457	2,667,510	8,377	210,160	.....	21,648,983	10,957,446	128,973,444
Connecticut	167	751,040	244,889	.....	.....	31,377,907	1,807,114	101,971,081
Delaware	114	591,775	31,338	.....	.....	2,979,570	112,816	34,778,108
District of Columbia	85	255,161	28,607	.....	.....	5,254,598	38,461,508	782,849,226
Florida	282	2,405,142	1,154,956	1,700,187	.....	125,538,143	20,393,227	446,381,292
Georgia	408	2,875,831	328,700	390,273	.....	31,234,944	7,165,220	204,832,703
Hawaii	92	702,295	15,251	.....	.....	10,837,094	169,190	21,508,505
Idaho	111	870,154	39,365	.....	.....	4,770,331	768,118	30,264,314
Illinois	444	2,463,877	392,474	.....	.....	82,538,636	17,401,175	479,956,625
Indiana	643	2,953,007	328,098	161,748	.....	27,142,422	1,896,695	142,262,003
Iowa	269	1,369,069	154,501	44,878	65,197	17,914,419	2,545,611	129,822,017
Kansas	270	1,151,985	85,538	.....	.....	15,609,130	7,910,339	121,697,989
Kentucky	423	2,116,866	223,248	35,500	.....	21,078,921	2,841,035	134,571,832
Louisiana	317	1,433,367	194,850	35,500	.....	21,282,424	22,758,629	170,497,685
Maine	207	1,303,943	146,239	.....	.....	9,481,819	708,320	46,193,387
Maryland	381	2,075,471	364,839	68,160	.....	35,611,926	5,745,588	120,713,303
Massachusetts	320	1,676,817	524,673	299,620	.....	55,875,359	11,647,860	299,037,901
Michigan	608	3,132,846	539,991	376,776	.....	53,425,492	5,403,781	243,610,915
Minnesota	346	1,659,603	200,871	103,660	.....	28,889,275	61,877,186	179,465,448
Mississippi	244	1,178,578	159,717	109,559	.....	12,298,292	13,396,907	126,766,668
Missouri	292	1,254,722	249,037	219,439	.....	34,663,399	15,217,823	250,318,502
Montana	102	549,052	377,294	.....	.....	8,264,445	429,637	28,257,454
Nebraska	115	682,845	40,774	.....	.....	13,492,112	7,186,857	84,313,604
Nevada	249	905,541	59,142	71,000	.....	7,001,648	945,176	42,656,992
New Hampshire	167	890,101	83,485	65,320	.....	7,828,931	803,614	30,682,228
New Jersey	525	2,477,235	482,249	.....	.....	64,923,353	26,020,853	166,814,675
New Mexico	245	1,257,769	112,770	65,320	.....	9,387,666	14,430,960	77,385,829
New York	773	4,080,683	616,075	.....	.....	133,786,143	31,681,505	788,113,481
North Carolina	585	3,246,662	401,018	436,468	32,660	36,190,454	9,363,984	204,779,385
North Dakota	76	433,451	87,994	.....	.....	4,329,785	5,757,399	33,897,833
Ohio	765	3,728,758	1,048,991	829,120	.....	64,030,620	5,250,843	346,616,913
Oklahoma	557	2,315,866	333,469	311,300	.....	18,412,076	14,494,329	113,914,606
Oregon	517	2,999,289	195,373	331,685	.....	17,046,745	22,506,386	142,241,729
Pennsylvania	867	4,096,681	632,400	.....	.....	90,985,831	34,954,755	452,070,983
Rhode Island	112	615,236	98,543	65,320	.....	5,740,549	531,958	47,504,062
South Carolina	312	1,352,028	246,458	253,486	.....	19,626,154	3,954,186	105,227,912
South Dakota	196	950,153	54,566	65,320	.....	1,810,950	6,622,670	77,091,663
Tennessee	553	2,458,480	499,260	.....	.....	21,290,840	18,190,162	267,071,169
Texas	1,839	7,189,426	938,767	677,317	.....	88,738,148	32,471,840	595,760,966
Utah	218	1,348,562	11,586	.....	.....	6,966,341	1,017,206	67,680,390
Vermont	93	635,725	20,933	.....	.....	1,873,158	786,322	32,013,121
Virginia	642	3,027,776	711,341	544,500	.....	51,465,050	12,103,329	220,182,008
Washington	589	2,981,652	249,560	373,460	.....	30,244,625	2,908,640	173,919,481
West Virginia	219	1,103,030	146,022	.....	.....	12,611,008	2,646,177	120,831,171
Wisconsin	551	3,013,815	238,309	372,140	.....	37,705,242	5,273,804	195,952,638
Wyoming	53	313,618	32,466	.....	.....	2,890,447	1,552,553	37,591,379

[4] *Includes $35,316,525 in grants for construction of state extended care facilities.*
[5] *Data not available for Philippines, other foreign areas, and other U.S. areas.*

Estimated Selected Expenditures by State—Fiscal Year 1986

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	3,899,781	$14,264,164,924	2,556,683	$10,420,190,964	1,343,098	$3,843,973,960	2,883,395	$10,857,527,017
Philippines	30,300	108,216,515	22,608	73,908,647	7,692	34,307,868	11,726	40,815,354
Other foreign areas	17,951	71,252,724	9,093	47,129,998	8,858	24,122,726	7,519	32,509,094
Puerto Rico	46,981	226,163,558	21,749	138,325,367	25,232	87,838,191	34,728	188,749,499
Other U.S. areas	2,891	3,064,364	2,598	2,451,805	293	612,559	2,391	2,253,444
Total U.S.	3,801,658	13,855,467,763	2,500,635	10,158,375,147	1,301,023	3,697,092,616	2,827,031	10,593,199,626
Alabama	85,970	310,938,234	48,792	200,509,929	37,178	110,428,305	58,430	219,145,907
Alaska	5,355	15,363,096	4,873	13,943,309	482	1,419,787	4,882	13,403,366
Arizona	57,064	163,211,790	44,039	135,978,953	13,025	27,232,837	45,902	129,496,506
Arkansas	59,147	254,603,152	31,457	172,240,485	27,690	82,362,667	41,438	196,875,032
California	326,006	1,118,861,289	234,286	898,134,076	91,720	220,727,213	249,122	827,575,294
Colorado	47,556	161,388,047	37,443	133,554,363	10,113	27,833,684	37,566	123,607,510
Connecticut	39,590	124,469,310	30,012	103,086,471	9,578	21,382,839	31,525	99,977,884
Delaware	9,403	30,268,828	6,537	23,220,121	2,866	7,048,707	7,053	22,822,877
District of Columbia	12,350	37,381,156	7,737	26,407,567	4,613	10,973,589	8,912	26,807,636
Florida	241,308	916,848,671	178,143	750,662,689	63,165	166,185,982	189,246	717,552,163
Georgia	109,920	430,828,158	68,177	312,173,250	41,743	118,654,908	77,637	314,948,205
Hawaii	12,082	45,576,228	10,175	40,188,770	1,907	5,387,458	9,915	35,406,306
Idaho	14,521	55,114,081	10,215	43,170,768	4,306	11,943,313	11,379	44,133,665
Illinois	119,875	397,182,718	71,157	251,733,052	48,718	145,449,666	86,462	301,010,190
Indiana	69,947	243,946,609	43,290	169,329,061	26,657	74,617,548	50,643	187,290,218
Iowa	37,678	135,604,017	22,937	90,228,623	14,741	45,375,394	27,241	103,746,504
Kansas	35,149	123,086,965	22,969	87,976,512	12,180	35,110,453	25,631	91,721,041
Kentucky	71,857	269,825,243	38,644	171,612,888	33,213	98,212,355	50,105	204,492,060
Louisiana	75,246	266,273,503	38,365	154,059,851	36,881	112,213,652	49,793	185,549,077
Maine	25,549	103,037,271	15,907	75,506,148	9,642	27,531,123	19,038	82,085,087
Maryland	63,545	236,206,634	44,299	181,223,107	19,246	54,983,527	47,188	173,114,613
Massachusetts	122,465	454,717,360	92,915	369,483,777	29,550	85,233,583	97,643	367,763,028
Michigan	119,188	419,366,240	81,303	314,483,794	37,885	104,882,446	90,301	336,131,277
Minnesota	62,235	224,625,536	41,384	153,345,979	20,851	71,279,557	47,296	172,863,755
Mississippi	58,375	241,957,195	27,983	144,601,603	30,392	97,355,592	39,322	176,644,165
Missouri	82,148	312,321,481	47,107	203,368,323	35,041	108,953,158	57,821	232,156,257
Montana	13,590	50,801,972	9,346	38,274,769	4,244	12,527,203	10,853	41,815,144
Nebraska	22,608	83,325,051	14,716	57,654,379	7,892	25,670,672	16,871	64,151,241
Nevada	17,144	48,679,167	13,075	38,665,374	4,069	10,013,793	14,256	39,163,623
New Hampshire	18,755	74,414,932	14,164	60,995,223	4,591	13,419,709	15,166	61,331,207
New Jersey	106,838	355,917,540	78,847	293,194,996	27,991	62,722,544	83,285	285,674,073
New Mexico	29,436	97,878,066	20,622	75,004,041	8,814	22,874,025	22,997	78,748,410
New York	259,400	941,285,842	172,157	681,932,110	87,243	259,353,732	197,429	745,497,727
North Carolina	115,906	459,169,996	66,052	315,244,971	49,854	143,925,025	79,894	335,605,361
North Dakota	8,749	31,995,864	5,790	21,743,387	2,959	10,252,477	6,868	25,873,057
Ohio	162,040	570,416,888	105,809	407,400,382	56,231	163,016,506	121,666	448,412,106
Oklahoma	72,203	306,846,226	44,407	208,123,497	27,796	98,722,729	53,322	239,093,687
Oregon	45,307	175,102,459	29,515	127,440,008	15,792	47,662,451	35,121	139,519,325
Pennsylvania	198,162	701,613,435	127,874	516,378,728	70,288	185,234,707	144,566	543,149,115
Rhode Island	19,993	78,945,872	14,320	62,651,589	5,673	16,294,283	15,352	62,400,253
South Carolina	59,371	209,457,982	32,732	137,643,464	26,639	71,814,518	39,148	140,708,150
South Dakota	12,585	50,483,312	7,106	30,961,722	5,479	19,521,590	9,353	39,540,423
Tennessee	91,271	353,500,313	47,159	219,221,288	44,112	134,279,025	61,993	257,248,293
Texas	267,883	944,004,127	180,693	720,805,335	87,190	223,198,792	197,024	709,162,271
Utah	16,259	59,743,424	12,470	47,799,715	3,789	11,943,709	12,975	47,433,611
Vermont	8,815	40,342,939	5,692	31,416,241	3,123	8,926,698	6,651	32,934,770
Virginia	103,494	419,099,929	69,992	326,131,203	33,502	92,968,726	75,692	307,280,456
Washington	74,450	266,156,204	57,029	214,707,544	17,421	51,448,660	59,176	207,226,131
West Virginia	41,005	166,246,466	22,394	106,148,338	18,611	60,098,128	29,204	129,481,038
Wisconsin	66,642	253,137,163	43,940	179,937,401	22,702	73,199,762	51,616	205,648,439
Wyoming	6,223	23,899,782	4,588	18,675,973	1,635	5,223,809	5,062	19,782,092

Estimated Selected Expenditures by State—Fiscal Year 1986

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	2,225,289	$8,383,612,826	658,106	$2,473,914,191	1,016,386	$3,406,637,907	331,394	$2,036,578,138	684,992	$1,370,059,769
Philippines	8,887	23,443,275	2,839	17,372,079	18,574	67,401,161	13,721	50,465,372	4,853	16,935,789
Other foreign areas	5,520	24,868,441	1,999	7,640,653	10,432	38,743,630	3,573	22,261,557	6,859	16,482,073
Puerto Rico	19,012	125,024,514	15,716	63,724,985	12,253	37,414,059	2,737	13,300,853	9,516	24,113,206
Other U.S. areas	2,296	1,884,486	95	368,958	500	810,920	302	567,319	198	243,601
Total U.S.	2,189,574	8,208,392,110	637,457	2,384,807,516	974,627	3,262,268,137	311,061	1,949,983,037	663,566	1,312,285,100
Alabama	41,158	153,954,076	17,272	65,191,831	27,540	91,792,327	7,634	46,555,853	19,906	45,236,474
Alaska	4,609	12,328,957	273	1,074,409	473	1,959,730	264	1,614,352	209	345,378
Arizona	38,465	109,370,820	7,437	20,125,686	11,162	33,715,284	5,574	26,608,133	5,588	7,107,151
Arkansas	26,367	142,213,197	15,071	54,661,835	17,709	57,728,120	5,090	30,027,288	12,619	27,700,832
California	201,230	677,858,977	47,892	149,716,317	76,884	291,285,995	33,056	220,275,099	43,828	71,010,896
Colorado	32,728	105,809,785	4,838	17,797,725	9,990	37,780,537	4,715	27,744,578	5,275	10,035,959
Connecticut	24,408	86,773,654	4,117	13,204,230	8,065	24,491,426	2,604	16,312,817	5,461	8,178,609
Delaware	5,788	18,395,279	1,265	4,427,598	2,350	7,445,951	749	4,824,842	1,601	2,621,109
District of Columbia	6,535	19,378,818	2,377	7,428,818	3,438	10,573,520	1,202	7,028,749	2,236	3,544,771
Florida	154,950	602,866,651	34,296	114,685,512	52,062	199,296,508	23,193	147,796,038	28,869	51,500,470
Georgia	56,837	239,658,598	20,800	75,289,607	32,283	115,879,953	11,340	72,514,652	20,943	43,365,301
Hawaii	8,878	31,529,723	1,037	3,876,583	2,167	10,169,922	1,297	8,659,047	870	1,510,875
Idaho	9,106	35,881,683	2,273	8,251,982	3,142	10,980,416	1,109	7,289,085	2,033	3,691,331
Illinois	63,533	205,728,918	22,929	95,281,272	33,413	96,172,528	7,624	46,004,134	25,789	50,168,394
Indiana	38,512	141,019,956	12,131	46,270,262	19,304	56,656,391	4,778	28,309,105	14,526	28,347,286
Iowa	20,259	74,924,650	6,982	28,821,854	10,437	31,857,513	2,678	15,303,973	7,759	16,553,540
Kansas	19,887	69,979,907	5,744	21,741,134	9,518	31,365,924	3,082	17,996,605	6,436	13,369,319
Kentucky	32,771	137,797,570	17,334	66,694,490	21,752	65,333,183	5,873	33,815,318	15,879	31,517,865
Louisiana	32,227	117,854,197	17,566	67,694,880	25,453	80,724,426	6,138	36,205,654	19,315	44,518,772
Maine	13,926	62,973,750	5,112	19,111,337	6,511	20,952,184	1,981	12,532,398	4,530	8,419,786
Maryland	38,322	137,634,099	8,866	35,480,514	16,357	63,092,021	5,977	43,589,008	10,380	19,503,013
Massachusetts	84,666	314,764,900	12,977	52,998,128	24,822	86,954,332	8,249	54,718,877	16,573	32,235,455
Michigan	74,093	271,470,256	16,208	64,661,021	28,887	83,234,963	7,210	43,013,538	21,677	40,221,425
Minnesota	37,372	128,669,233	9,924	44,194,522	14,939	51,761,781	4,012	24,676,746	10,927	27,085,035
Mississippi	23,031	112,736,958	16,291	63,907,207	19,053	65,313,030	4,952	31,864,645	14,101	33,448,385
Missouri	40,650	162,977,372	17,171	69,178,885	24,327	80,165,224	6,457	40,390,951	17,870	39,774,273
Montana	8,518	33,074,539	2,335	8,740,605	2,737	8,986,828	828	5,200,230	1,909	3,786,598
Nebraska	12,867	47,058,971	4,004	17,092,270	5,737	19,173,810	1,849	10,595,408	3,888	8,578,402
Nevada	11,788	31,852,752	2,468	7,310,871	2,888	9,515,544	1,287	6,812,622	1,601	2,702,922
New Hampshire	12,867	52,126,490	2,299	9,204,717	3,589	13,083,725	1,297	8,868,733	2,292	4,214,992
New Jersey	72,063	247,831,903	11,222	37,842,170	23,553	70,243,467	6,784	45,363,093	16,769	24,880,374
New Mexico	17,987	62,196,558	5,010	16,551,852	6,439	19,129,656	2,635	12,807,483	3,804	6,322,173
New York	156,997	586,044,489	40,432	159,453,238	61,971	195,788,115	15,160	95,887,621	46,811	99,900,494
North Carolina	55,637	247,164,785	24,257	88,440,576	36,012	123,564,635	10,415	68,080,186	25,597	55,484,449
North Dakota	5,298	18,943,917	1,570	6,929,140	1,881	6,122,807	492	2,799,470	1,389	3,323,337
Ohio	95,512	344,155,390	25,154	104,256,716	40,374	122,004,782	10,297	63,244,992	30,077	58,759,790
Oklahoma	37,892	169,256,562	15,430	69,837,125	18,881	67,752,539	6,515	38,866,935	12,366	28,885,604
Oregon	26,233	106,010,469	8,888	33,508,856	10,186	35,583,134	3,282	21,429,539	6,904	14,153,595
Pennsylvania	114,500	432,216,375	30,066	110,932,740	53,596	158,464,320	13,374	84,162,353	40,222	74,301,967
Rhode Island	12,899	52,586,507	2,453	9,813,746	4,641	16,545,619	1,421	10,065,082	3,220	6,480,537
South Carolina	26,866	99,247,330	12,282	41,460,820	20,223	68,749,832	5,866	38,396,134	14,357	30,353,698
South Dakota	6,326	26,238,161	3,027	13,302,262	3,232	10,942,889	780	4,723,561	2,452	6,219,328
Tennessee	39,645	172,265,900	22,348	84,982,393	29,278	96,252,020	7,514	46,955,388	21,764	49,296,632
Texas	153,701	561,713,219	43,323	147,449,052	70,859	234,841,856	26,992	159,092,116	43,867	75,749,740
Utah	11,170	39,670,974	1,805	7,762,637	3,284	12,309,813	1,300	8,128,741	1,984	4,181,072
Vermont	5,011	26,636,331	1,640	6,298,439	2,164	7,408,169	681	4,779,910	1,483	2,628,259
Virginia	59,029	246,675,844	16,663	60,604,612	27,802	111,819,473	10,963	79,455,359	16,839	32,364,114
Washington	50,178	172,032,853	8,998	35,193,278	15,274	58,930,073	6,851	42,674,691	8,423	16,255,382
West Virginia	19,211	87,614,104	9,993	41,866,934	11,801	36,765,428	3,183	18,534,234	8,618	18,231,194
Wisconsin	39,916	155,176,811	11,700	50,471,628	15,026	47,488,724	4,024	24,760,590	11,002	22,728,134
Wyoming	4,155	16,048,892	907	3,733,200	1,161	4,117,690	433	2,627,081	728	1,490,609

Index

Academic Affairs 10, 43
Administration, Office of 138
Adult day health care 14, 20
Affiliation, educational 10, 33, 44
Agent Orange 25-26, 126
Aging veteran population 2-3, 19, 40
AIDS 10, 37
Alcoholic and drug dependence treatment programs ... 20-21
Alzheimer's disease 21
Architect - engineer contracts 140, 147
Asbestos removal 102, 143
Audiology and Speech Pathology Service 23
Audiovisuals 139
Audits and investigations 114
Awards 50-51, 122-23
Barrier-Free Design 141
Biomedical Engineering 59
Blind Rehabilitation Service 23
Board of Contract Appeals 120
Board of Veterans Appeals 116-119
Bone marrow transplant unit 16
Budget ..... xvii, xix ff.
Budget and Finance (Controller), Office of 115-116
Building Management Service 60
Burial allowances 69, 74
Canteen Service 42-43
Capital facilities study 142
Cardiac catheterizations 17
Cardiology 17
Cemeteries and memorials ..... 101 ff.
Census, average daily inpatient 9
CHAMPUS 15-16
CHAMPVA 15-16
Chaplain Service 10, 41-42
Clinical nurse specialist 46
Community nursing home care 13
Community Residential Care Program 14
Compensated Work Therapy Program 22
Compensation and pension ..... 69 ff.
Congressional and Intergovernmental Affairs, Office of 125-126
Construction, Office of 139-143
Data Management and Telecommunications, Office of 128-130
Debt collection 111
Dentistry 31-32, 48
Dependents, medical care for 15-16
DHCP 10
Diagnoses 67
Dialysis program 16-17
Dietetic service 39
Discrimination complaints 111, 125
Domiciliary care 13-14
DRGs 10, 33
Driver education program 22
Duration of stay 67-68
Educational benefits ..... 75 ff.
Education, continuing 47
Educational attainment of veterans 5-6
Emergency management 61-62
Employment 57, 122
Employment assistance 92, 98-99
Energy Management Program 58-59
Engineering Service 58
Engineering Training Center 48
Equal Opportunity 124-125
Equipment assets 145
Extended care 11-12
Facilities ..... xviii, 139-144
Fair Housing Program 83
Female veterans 26-27, 66
Financial Annual Report ..... xix ff.
Fire protection 58
FOIA 111
Foreign affairs program 93
General Counsel 107-114
Geographic distribution of veterans 3
Geriatrics 11-12, 47
GEU's 12, 15
GRECC's 12, 15, 46
Headstones and markers 103-105
Health care ..... 9 ff.
Historic Preservation 143-44
History of the VA ..... xi-xii
Homeless veterans 39-40, 95
Hospital based home care 14
Hospital care 11
Housing assistance ..... 79 ff.
Hypertension Screening and Treatment Program 16
IMIS 43
Incentive Therapy Programs 22
Income of veterans 6-7
Independent living services 100
Information Management and Statistics, Office of .. 130-131
Information resources management 134
Information Technology Center 130
Inpatients, number treated 9-10
Inspector General 114-15
Interdisciplinary treatment programs 13
Korean conflict veterans 73
Labor-management relations 122
Leadership VA 122

Legislation, new 111-114
Library services 48-49
Life insurance ..... 85 ff.
Lithotripters, extracorporeal shock wave 18
Loan Guaranty Program 79-80
Logistics 137-38
Magnitude of VA programs ..... xv-xvi
Management, Office of the ADA for 127
Manpower management 116
Medical Administration Service 52-53
Medical Media Production Services 49
Medical Services 16-17
MEDIPRO 64
Mental Health and Behavioral Sciences Service 19-20
Mental hygiene clinics 19
MEDIPP 33, 62-63
MIA 96
MIRMO 63-64
Mission and goals ..... xiv-xv
National cemetery system 101-02
Neurology 29
Nuclear medicine 29-30
Nursing home care 12-13
Nursing 37-38
Obligations, health care 9
Occupational Safety and Health Program 59-60
Optometry 32-33
Organization chart xiii
Orthotics 24-25
Outpatient care 11-12
Outpatient medical visits 9-10
Outreach 93-95
Overview ..... xv ff.
Oxygen, home program 16
Palliative care 14
Paperwork management and regulations 134-36
Pathology 34-35
Patients, characteristics of 65
Personnel 120
Pharmacy 38-39
Podiatry 33-34
Population, projected veteran 4
POWs, former 27-28, 96
Presidential Memorial Certificate Program 139
Preventive health services 28-29
Program Analysis and Evaluation, Office of 136-37
Procurement and Supply, Office of 137-38, 144-47
Prosthetic and Sensory Aids 24-25, 52
PTSD 20, 21
Public and Consumer Affairs 126-27
Quality Assurance 10-11, 35-36, 64
Radiology 30-31
Readjustment counseling 21
Recreation 40-41
Recruitment 38, 44
Rehabilitation medicine 21-22
Rehabilitation research and development 51-52
Research, medical 10, 49-52, 54-55
Respiratory therapy 16
Resources (DM&S) 55-56, 61
RMECs 47-48
Scholarship Program, VA Health Professional 44
Security 60
Shared procurement program 38
Sharing agreements 61-62
Sickle cell anemia 17
Small and Disadvantaged Business Utilization,
  Office of 137, 147
Social Work 39-40
Specially adapted housing 82-83
Spinal cord injury 22-23
Staffing 10, 57, 121-22
STAMP 34-52
State
  Approving agencies 78
  Cemetery grants 105
  Home programs 14, 142
Statistical research 131-32
Telephone interviews 93-95
Traineeships, summer 46
Training, veterans 77
Unit dose medication system 38
Value engineering 142-43
VAnguard 127
Vet centers 21
Veterans assistance 91-96
Veterans
  Age 2
  Characteristics 5
  Employment 6-7
  Number 1-2
  Period of service 1-2
Vietnam era veterans 6, 25-26, 72-73
Vocational counseling 20, 97-100
Vocational Evaluation 20
Vocational Rehabilitation 97-100
Voluntary Service 10, 43
War veterans 72-74
Women veterans 4
Work experience of veterans 6-7
WWI veterans 73-74
WWII veterans 73

The VA: An Overview

Financial Annual Report

The Veteran

Health Care

Compensation and Pension

Educational Benefits

Housing Assistance

Life Insurance

Veterans Assistance

Vocational Rehabilitation
and Counseling

Cemeteries and Memorials

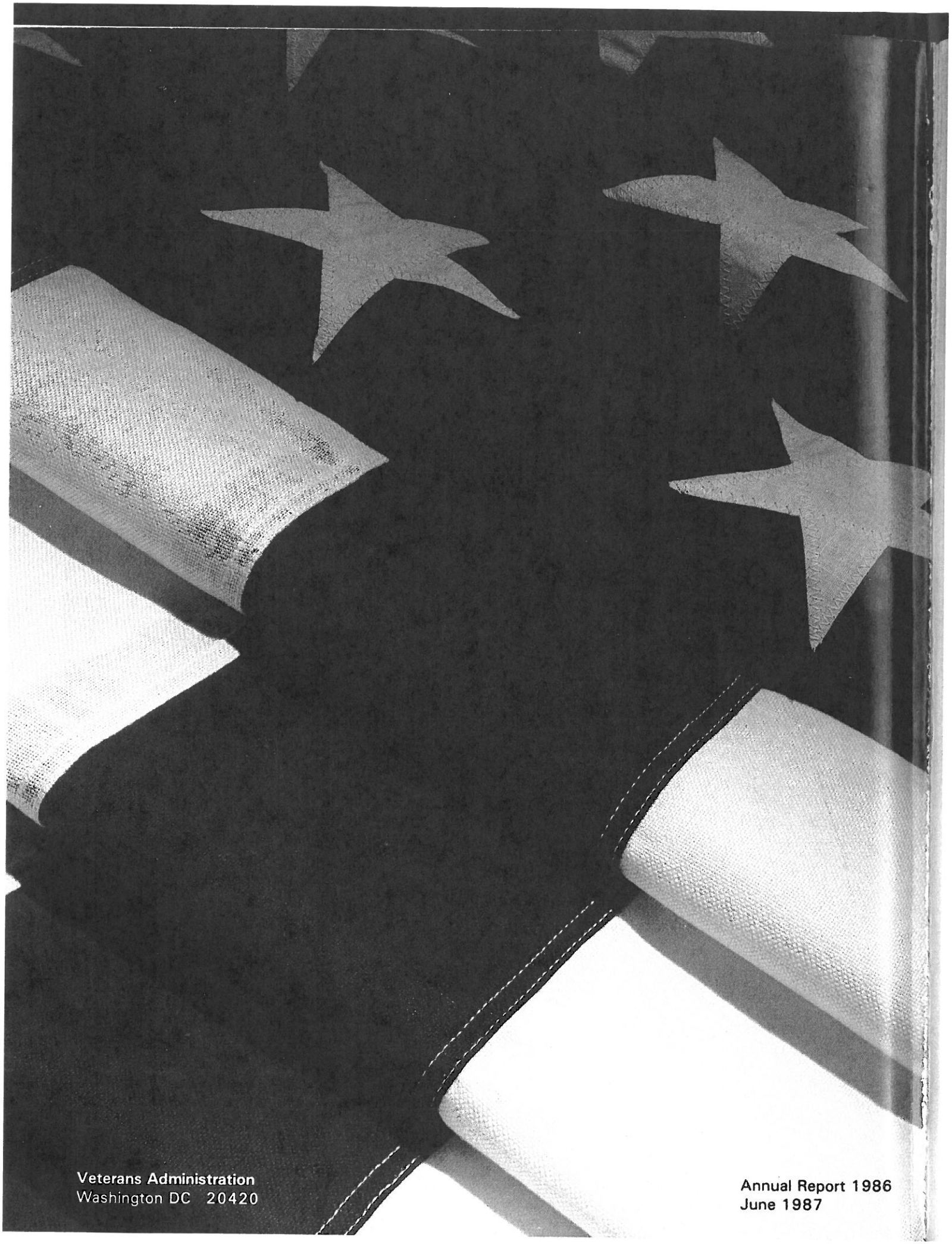
Administration and Management

Statistical Appendix

Margin Index

To use, bend book in half and follow margin index to page with black edge marker.

☆U.S. G.P.O. 1987-185-083



Veterans Administration
Washington DC 20420

Annual Report 1986
June 1987